University Hospitals Bristol and Weston NHS Foundation Trust

Public Trust Board Meeting Papers

Date: Tuesday 29 September 2020

Time: 11.00 – 13.30

Venue: Video Conference

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

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 Tuesday 29 September 2020 at 11.00 – 13.30 in Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU and by Video Conference
AGENDA

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
Preliminary Business				
1.	Apologies for Absence – *Verbal update*	Information	Chair	11.00
2.	Declarations of Interest – *Verbal update*	Information	Chair	11.02
3.	Patient Story	Information	Chief Nurse	11.05
4.	Minutes of the Last Meeting • **27 July 2020**	Approval	Chair	11.20
5.	Matters Arising and Action Log	Approval	Chair	11.22
6.	Chief Executive's Report	Information	Chief Executive	11.30
Strategic				
7.	Covid-19 Update	Assurance	Deputy Chief Executive and Chief Operating Officer	11.40
8.	UH Bristol/WAHT Integration Update	Assurance	Director of Strategy and Transformation	11.50
9.	Transforming Care Programme Board Report	Assurance	Director of Strategy and Transformation	11.55
10.	Sustainable Development Annual Report	Assurance	Director of Strategy and Transformation	12.00
11.	Review and Refresh of Trust Strategic Priorities and Objectives	Assurance	Director of Strategy and Transformation	12.05

Quality and Performance				
12.	Integration Performance Report	Assurance	Deputy Chief Executive and Chief Operating Officer, Chief Nurse, Medical Director, Director of People	12.15
13.	Committee Chair's Reports • Charity • Finance • People • Quality and Outcome • Acute Services Review	Assurance	Chairs of the Committees	12.25 *Paper to follow*
14.	Finance Report	Assurance	Director of Finance and Information	12.30
15.	Infection Control Annual Report - Weston	Information	Chief Nurse	12.35
16.	Learning from Deaths Annual Report	Assurance	Medical Director	12.40
17.	Safe Working Hours Guardian Report	Assurance	Guardian of Safe Working Hours	12.45
18.	Six-Monthly Nurse Staffing Report	Assurance	Chief Nurse	12.55
19.	Quarterly Patient Complaints and Experience Reports: • Q1 Complaints Report • Q1 Experience Report	Assurance	Chief Nurse	13.00
20.	Survey Results: • 2019 National Inpatient Survey Results • 2019 National Maternity Survey Results • 2019 National Cancer Survey Results	Information	Chief Nurse Deputy Chief Executive and Chief Operating Officer	13.05
Research, Innovation and Education				
21.	Clinical Research Network Annual Report 2019/20	Assurance	Medical Director	13.10
22.	CHD Network Annual Report	Assurance	Medical Director	13.15

23.	Education Annual Report	Assurance	Director of People	13.20
Governance				
24.	Treasury Management Policy	Approval	Director of Finance and Information	13.25
25.	Standing Financial Instructions – Review	Approval	Director of Finance and Information	13.30
26.	Updated Corporate Governance Statement six months post-merger	Approval	Director of Corporate Governance	13.35
27.	Governors' Log of Communications	Information	Director of Corporate Governance	13.40
Concluding Business				
28.	Any other urgent business	Information	Chair	
29.	Date of next meeting: **27 November 2020**	Information	Chair	

Meeting of the Board of Directors in Public on Tuesday 29th September 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 patient story we will hear from Martin, a long-standing patient of the Bristol Eye Hospital. By way of context, Martin is a retired Partner in a large surgery in Yate, is 66 years of age and has 4 children, the youngest of whom has severely disabilities. This means that whilst Martin's story will focus on his experiences at the Bristol Eye Hospital he has a broad experience of healthcare and hospitals in and around Bristol.

Over the years Martin has received two Cornea transplants, one in each eye. Martin will explain that, in recent years he has experienced many eye infections as a result of the rejection of one of the corneas resulting in him attending the Eye hospital on many occasions. He will talk about the value of good relationships with hospital staff and how he always receives great care and treatment from the Eye hospital staff: the consultants, optometrists, and latterly the admin staff in Optometry. In particular he will mention both Asaf Achinon and Katherine Smith in that respect.

Martin will go on to describe how in March this year he began to experience further issues with the health of his eyes requiring attendance at the Eye Hospital over the coming months. He will reflect on how the restrictions put in place as a result of emerging Covid-19 pandemic impacted on his experience of care and his observations on how the staff responded to these restrictions to support patients.

To conclude, Martin will emphasise his belief that the Eye Hospital offers a very caring service and one that he has benefitted from greatly in maintaining his sight. In this context, and In the spirit of working together, Martin will share some of his own ideas and observations for improving the quality of care at the hospital including; the

importance of maintaining good signage, developing a wider awareness amongst staff of the lived experience of low vision and sight loss and how this impacts on an individual's confidence and, how the expansion of services at the Eye Hospital (for example: the availability of Sclera lenses) would reduce the need to travel further afield for some aspects of treatment.
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

University Hospitals Bristol and Weston NHS Foundation Trust

Minutes of the Board of Directors Meeting held in Public

Thursday 30th July 2020, 10:30 – 13:30, 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
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
Steve West	Non-Executive Director

In Attendance

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

The Chair opened the Meeting at 10:30

Minute Ref	Item	Action
Preliminary Business		
01/07/20	**Welcome and Introductions/Apologies for Absence**	

	The Chair welcomed everyone to the meeting, especially those members of the public who were viewing the meeting live via YouTube. Members of the public were reminded that the video of the meeting would not be available to view after the meeting had finished and that recording of the meeting was not permitted. The Board noted that there had been no apologies of absence.	
02/07/20	**Declarations of Interest**	
	Members of the Board noted the following interests: • Guy Orpen and Steve West, Non-Executive Directors, held senior positions at the University of Bristol and the University of the West of England respectively. • William Oldfield, Medical Director, was a Trustee of Above and Beyond. • Paula Clarke, Director of Strategy and Transformation, was also the Chief Officer for the Nightingale Hospital Bristol hosted by North Bristol NHS Trust (one day per week). • Kam Govind, Non-Executive Director (Associate) was an employee of Bristol City Council.	
03/07/20	**What Matters To Me – A Patient Story**	
	The meeting began with a patient story, introduced by Jeff Farrar, Chair. He introduced Antonia Thomas, whose experience highlighted a personal insight into her healthcare journey both prior to and during the Covid-19 pandemic. Antonia had been referred to the Bristol Heart Institute in 2019 for a non-surgical closure of a patent foramen ovale, a congenital heart defect. She described her experience from the consultation with her GP, right the way through to when she underwent her operation at the Spire Hospital as a UHBW patient. She reported that the overall clinical expertise, quality of communication and support from all healthcare providers had been faultless, and that she had been given sufficient time to ask questions about her health and the journey she would follow. Antonia particularly congratulated the support she and her family had received from Psychological Health Services who had talked her through different strategies to manage the anxieties surrounding her situation. Although during the pandemic the operation had been cancelled on a number of occasions, which had caused a great level of apprehension, she said the level of care provided had been excellent. The Chair noted how positive it was to hear how well the wider-system had joined together in this situation and requested the details for Antonia's patient pathway in order to congratulate the staff involved with her treatment by letter. **Action: Details of the patient pathway relating to the Patient Story to be obtained for the Chair to write a letter to individual staff members involved with this successful story.** Kam Govind, Non-Executive Director, asked whether the Trust could have had done anything further to reduce Antonia's anxiety, to which	Deputy CEO/ COO

	Antonia stated that she understood that the pandemic was an unprecedented situation and under the circumstances there was nothing to fault in the process. William Oldfield, Medical Director, noted that many patients had provided feedback highlighting the frustration they had felt in having to repeat their medical history and care plans to different healthcare individuals, and Antonia was asked whether she had experienced the same. She responded that all care providers she encountered had known her medical history, had taken fast action to care for her, and emphasised the procedure from start to finish had been faultless. The Chair thanked Antonia for her story and said how powerful it had been for the Board to hear. He noted the joined up approach from the system which was very positive. *Antonia left the meeting* Julian Dennis, Non-Executive Director, noted the strength of the communication that Antonia had received from healthcare individuals and echoed her feedback in relation to a similar experience.	
04/07/20	**Minutes of the previous meeting**	
	The Board reviewed the minutes of the meeting of the University Hospitals Bristol and Weston NHS Foundation Trust held in public on 28 May 2020. **Members of the Board resolved to approve as a true and accurate record the above minutes.**	
05/07/20	**Matters arising and action log**	
	Board Members received and reviewed the action log as follows: **<u>06/06/20: Covid-19 Update</u>** **Chair to write to partner organisations to thank them for their support in response to the closure of Weston General Hospital.** The Chair reported that a letter had been sent to partner organisations. **Action closed.** **<u>15/06/20: Research and Innovation Report</u>** **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.** A letter had been sent to David Wynick. **Action closed.** **<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.** The Chief Nurse confirmed that a synopsis of the complaint response and action taken has been circulated to the Board. **Action closed.**	

	10/01/20: Strategic Capital update **Trust's strategic capital programme to be included in regional system discussions.** The Chief Executive said that regional discussions had looked forward to the development of a more integrated care system from next year between primary and community care and hospitals. A planned review of acute services between UHBW and North Bristol NHS Trust would explore local services integration to combine specialist services provided across the South West region. The benefits would see an improved system for patients to access. The Chair noted that much work had taken place already and recognised the efforts of those involved in this plan. **Action ongoing.** **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.** The Director of Strategy and Transformation reported that plans with Sirona had begun to achieve the transition of model care and said a discussion at a future Board Seminar would be planned before a detailed report was submitted to the Board in public. **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 Chair reported that a letter to the national commissioners had been drafted and would be sent towards the end of the month. It was noted that transgender awareness training was now available. The delivery of guidance had been delayed by Covid-19 and this was now unlikely to be presented to the BNSSG Governing Body until August. **Action ongoing.** **Members resolved to:** • **Approve** the action log.	
06/07/20	**Chief Executive's Report**	
	Chief Executive Robert Woolley gave a verbal update on the following key issues: • It was acknowledged that much work had progressed to make the hospitals safer in the midst of the pandemic and this had resulted in a reduction in capacity across the Trust. Risk assessments for staff	

had been introduced in key areas and 90% of risk assessments had been concluded for staff of a Black, Asian and Minority Ethnic (BAME) background.

- The Board heard that winter planning was currently a major focus for the Trust, the region and the wider NHS. There had been much participation in system and regional efforts to understand what additional capacity would be required for the winter period to respond to a potential second peak of the pandemic. The Trust had submitted its requests for capital funding for CT and MRI diagnostics, endoscopy as well as inputting into regional plans to increase the critical care capacity for the South West. It was noted that the Bristol Nightingale Hospital was on standby and work had been ongoing with partners across the seven networks to identify whether the facility could be utilised for additional diagnostic support during this financial year.
- It was reported that a Root Cause Analysis review had been ongoing in respect of the Covid-19 outbreak at Weston General Hospital which would help understand why the outbreak had occurred. It was noted that the review would look at the extent to which patients had experienced harm as a consequence of the outbreak. The Board heard that mechanisms had been put into place to support patients and families impacted by the outbreak. The NHS and Public Health England had also carried out work on how to deal with similar incidents. An independent review had been commissioned in line with the guidance around managing outbreaks, to understand the key learning around managing and controlling an outbreak for the wider system. This report was likely to be ready in the early autumn.
- The Board was advised that Heath Education England (HEE), who had concerns about medical trainee supervising at Weston General Hospital, had visited the hospital again since the merger. They had concluded that despite improvements made, there still remained some areas of concern and an action plan had been drafted to address these issues, with particular focus on supporting the medical division. The Board were assured that regular updates would be provided to it.
- The Care Quality Commission (CQC) had visited the emergency department at Weston General Hospital earlier in July and an initial feedback letter had been received. In summary, the letter concluded that there had been improvements since the last inspection in September 2019.However key areas for improvement had been identified which included:
    - Cultural difficulties between the clinical leadership in the department could stifle front door delivery.
    - Governance in the emergency department had improved but there had been concerns about the robustness of processes used to disseminate key learning from incidents.
    - The introduction of a Clinical Lead had made a good impact but the CQC recognised this resource required more support.
    - The processes for disseminating patient safety alerts.

- The oversight of the completion and monitoring of both mandatory training and nursing competencies was much improved, and work was needed to ensure that this was maintained.

During the ensuing discussion the following points were made:

- The Chair raised a question from the Governors in relation to the visibility of the Executive Team at Weston General Hospital. Robert Woolley said that considerable efforts had been made to ensure an executive presence was achieved at Weston General Hospital. It was noted that a formal rota had been organised for Executives which would be remain in place for the long term.
- Martin Sykes, Non-Executive Director, asked whether changes to the constitutional mandate targets would be made over the winter period to keep the safety of the waiting list at the forefront. It was noted that no changes had been reported but that a national review to look at the 4hr emergency target was being conducted and that waiting times were of national concern. The Board heard that the Trust had been working hard to ensure the clinical risk to patients on the waiting list was minimised and to safeguard urgent cases (which were being expedited) whilst also trying to reinstate usual services following the pandemic.
- In response to a query from Sue Balcombe, Non-Executive Director, in relation to the staff risk assessments, Robert Woolley confirmed that the assessments were optional and that this was agreed with staff in advance to ensure they were happy to continue with the process. As a result of the assessments, working environments had been altered for many staff. Matt Joint, Director of People added that the risk assessments had highlighted minimal concern and line managers had been encouraged to record the feelings and concerns of staff which would contribute to the lessons learned.
- Following on from this point, Robert Woolley emphasised the Trust's continuing commitment to support diversity and inclusion. He noted that the staff survey had highlighted bullying and harassment issues within the hospitals and he had been conducting regular staff messages by video to remind the organisation that this behaviour was unacceptable. As always, the aim of the Trust was to create a fair working environment for its staff. He added that the Trust was one of five that had been working with the national Race and Equality team to shift the culture of the hospitals over the coming months, the results would be shared across the wider NHS.
- Jayne Mee, Non-Executive Director said it was encouraging for the Executive Team to be present at Weston and asked how staff morale had been during this challenging period. Robert Woolley said the staff in general remained resilient and proud of their work; however it had been flagged that the pandemic was understandably tiring and staff were fearful of the investigation into the outbreak which might have an element of blame attached. The Board was assured that Executive Directors had been reassuring individuals that this was not the case and had confirmed the main interest of

	the review which was to collate learning to help make patients and staff safer. The Executive Team echoed these comments and added that staff members had raised disappointment at how the Media had portrayed their role in the outbreak. • In response to a query from Steve West, Non-Executive Director, in relation to the perception of the culture as summarised in the recent letter from the CQC, Robert Woolley said he had been satisfied with the divisional leadership within the Trust and noted that the Freedom To Speak Up mechanism was being widely utilised and promoted to understand where the cultural issues were within the organisation. • It was added that the vision and values of the Trust were being refreshed to bring together the two hospitals since the merger. **Members resolved to:** • **Receive the Chief Executive's Report for information.**	
07a/07/20	**Board Assurance Framework - Strategic Risk Register**	
	Robert Woolley, Chief Executive introduced the strategic risk register for Quarter 1 which had been presented to the Board for assurance that any risks to the achievement of the strategic objectives were being adequately mitigated or controlled. The Board heard that the risk register had been discussed in detail by the Audit Committee in July 2020 and two risks had been increased. These were in relation to recruitment and retention where staff shortages could be an issue longer term, and also in relation to capacity reduction within the hospitals. David Armstrong, Chair of the Audit Committee, reported that the Committee had requested that that the level of external assurance be reviewed and clarified in relation to major incident plans. He added that generally the Committee was satisfied with the level of control in both risk registers. **Members resolved to:** • **Receive the Strategic Risk Register for assurance.**	
07b/07/20	**Board Assurance Framework – Corporate Risk Register**	
	Robert Woolley, Chief Executive introduced the 2020/21 Corporate Objectives for Quarter 1 which updated the Board on progress in delivering the objectives. The Board were reminded that the objectives had been approved by the Board in June 2020 and were mostly on track with any delays to progress caused by the pandemic. Members were directed to a red risk in relation to the constitutional access standards and waiting list sizes as	

	raised by the Board in a previous item. The Chair confirmed that the corporate objectives had been reviewed by the committees in July 2020 and Bernard Galton noted that the People Committee would remain particularly focused on the recruitment policy to ensure a shift in the way the Trust recruited. Julian Dennis reported that the Quality and Outcomes Committee had expressed some concern over the potential overlap between committee meetings in respect of the corporate objectives, and the Board requested a review of how the corporate objectives were reviewed at Committee level to minimise duplication. **Action – Director of Corporate Governance to review how the corporate objectives were reviewed at Committee level to minimise duplication.** Martin Sykes, Non-Executive Director noted the risk in relation to constitutional standards needed rephrasing to reflect mitigations around protecting the patients on the waiting list going forward, and Mark Smith agreed that the risk would remain red for the rest of the year. **Action – The risk in relation to constitutional standards would be reviewed to reflect mitigations against the waiting list size.** **Members resolved to:** • **Receive the Corporate Objectives Q1 update for assurance.**	Director of Corporate Governance Deputy CEO/ COO
Strategic Items		
08/07/20	**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. The following points were highlighted to the Board: • The key priority for the Trust remained the safety of its patients and staff. • The Trust would closely monitor the "R rating" for any changes to the rate of infection. • The Outbreak Control Team was preparing a system wide report in relation to the lessons learned throughout the pandemic so far for the broader NHS to benefit from. • The frequency of the Bronze, Silver and Gold command meetings within the Trust had been reduced in response to the lower number of patients within the hospitals with Covid-19. • Recognition was given to all staff who had participated in the reconfiguration of the hospitals which had required a significant amount of work and adjustment. • There continued to be an emphasis on providing digital support to patients as seen throughout the pandemic and this would continue into the future. • Internal projects had been initiated to address capacity	

	constraints, along with the “talk before you walk” and ”THINK 111” systems for patients seeking urgent medical advice. • The Trust’s overall performance had been similar to other Trusts within the region and better for cancer and outpatients than the rest of the country. The Chair thanked the Deputy Chief Executive and Chief Operating Officer for the continued updated information which Board members and Governors had received throughout the course of the pandemic. **Members resolved to:** • **Receive the Covid-19 Update for assurance.**	
09/07/20	**UH Bristol/WAHT 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. She explained that the report had been considered by the Board’s Committees at their July meetings where progress against the benefits realisation had been made, with a focus on the risks to recruitment. **Members resolved to:** • **Receive the Weston Integration Update report for assurance.**	
10/07/20	**Transforming Care Programme Board Report – Q1**	
	Paula Clarke, Director of Strategy and Transformation, introduced a report which provided an update on Covid related actions being supported across the Trust and the key transformation and improvement work that had progressed during Quarter 1. The following points were highlighted to the Board: • The “Bright Ideas” competition would be relaunched to promote innovation across the Trust and would allow staff to be recognised for the improvements they had provided during the Covid pandemic response. In response to a query from Julian Dennis, Non-Executive Director, Paula Clarke assured the Board that work to digitise all adult inpatient Venous Thromboembolism (VTE) risk assessments had been progressing to improve compliance in this area. **After further discussion the Board resolved to:** • **Receive the Transforming Care Programme Board Report for assurance.**	
11/07/20	**Strategic Capital Update**	

	Paula Clarke, Director of Strategy and Transformation, introduced a report which provided an update on the strategic schemes to support the expansion of key clinical areas. The following points were highlighted to the Board: • A proposal to expand the Bristol Haematology and Oncology Centre outpatient clinic space and day unit facilities had been supported and would be progressed in year. • The expansion of cardiac inpatient facilities in the Bristol Heart Institute would be an essential project to both support increased capacity for cardiac care as well as enable expansion of general adult critical care beds helping reduce or avoid cancer surgery cancellations. • The strategic capital programme would require further review over the next 3 months in the context of the Covid response and the national financial regime. In response to a question from David Armstrong, Non-Executive Director, Paula Clarke confirmed that the fire prevention and safety improvements fell under operational capital and infrastructure lines and that this report was specifically designed for schemes the Board had approved under strategic capital investment. David Armstrong added that the strategic planning for the Trust's estate could be conducted more holistically and more in context with the Sustainability and Transformation Partnership (STP). Paula Clarke agreed that this would be a focus for the Board at its seminar discussions in September. Robert Woolley agreed to take an action to explore how updates on the capital connection to the wider STP would benefit the Board. **Action – Chief Executive to review the strategic capital connection to the wider STP.** Guy Orpen, Non-Executive Director noted not only the importance of the Trust's physical infrastructure but also digital infrastructure which should be reflected in Board seminar discussions. The Chair agreed this was needed and confirmed it would be discussed at the seminar in September. **After further discussion the Board resolved to:** • **Receive the Strategic Capital Update report for assurance.**	Chief Executive
Integrated Performance Report		
12/07/2020	**Integrated 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. The following points were highlighted to the Board:	

- The new look Integrated Performance Report had been developed to follow CQC domains as part of an annual refresh of the key performance indicators as discussed by the Quality and Outcomes Committee.
- Due to the constraints on the hospital during the pandemic, it had been challenging to meet the constitutional standards. Backlogs had been caused by capacity constraints due to social distancing, and transfers from primary care. Much work on the waiting list from a safety perspective had been undertaken, particularly in relation to cancer patients that had experienced long waits, as well as work to recover activity within the capacity limitations.
- The emergency departments had seen an increase in attendance which had been a challenge due to the configuration of the departments. The initiatives to support capacity constraints, such as the “talk before you walk” and ”THINK 111” systems for patients seeking urgent medical advice were emphasised and an internal project was being developed for bookable appointments in the department to manage patients more effectively.
- Spire Hospital was being utilised for additional capacity to support the recovery of the RTT and Diagnostics position which had been impacted due to a more vigorous cleaning process of essential scanners.
- The NHS had launched a new problem solving initiative for each of the regional Trusts and learning from these exercises would be shared.
- There had been an increase in the Referral to Treatment 52 week wait data due to the Covid-19 pandemic which was being explored from a patient safety harm perspective to identify actions to reduce the numbers of patients waiting over a year.

Quality Indicators:

Carolyn Mills, Chief Nurse reported that regular quality and safety audits in line with national guidance had restarted. She highlighted that Covid-19 had impacted on the quality indicators due to lower bed occupancy, however the Board was assured that significant variances had not been reflected in incident reporting, indicating a safe environment. It was noted that no patient survey data was being collated at Weston General Hospital as the paper system was not suitable to manage during the pandemic and this would be rectified by using a postal system in line with the Bristol site.

William Oldfield, Medical Director reported that that there had been no episodes of medicines mismanagement causing moderate harm for the reporting period. It was noted that there had been two omitted doses due to delayed supply and mortality indicators had also continued to fall. He made Board members aware that Venous Thromboembolism (VTE) risk assessments continued to be an issue across the organisation and work would continue towards achieving the national standard by implementing one system across the sites. He added that a VTE lead had been appointed at Weston to progress the standardised approach.

	Quality and Outcome Committee Chair's Report: Julian Dennis, Chair of the Quality and Outcomes Committee, reported that a presentation had been given to the Committee on real-time monitoring to highlight how patients move through the hospital system and he emphasised the high standard of this work which had been reflected within the Integrated Performance Report. He added that the Committee had also received an update on the progress being made for the consult anywhere programme. **Workforce Indicators**: Matt Joint, Director of People, reported that the workforce indicators had remained remarkably stable throughout the pandemic and noted the amount of progress being made around the implementation of virtual systems for training and events, including the Recognising Success awards. He said that the wider health system had been working well together with new links into care homes. He noted that it had not been possible to appoint to the role of Diversity & Inclusion Manager, which remained a resource risk, and that recruitment to this position would remain a priority. **People Committee Chair's Report:** Bernard Galton, Chair of the People Committee, reported that recruitment policies had been a discussion topic for the Committee with particular focus on the opportunity to recruit and retain new staff. The level of violence and aggression from patients within the hospitals had risen and the Committee had discussed various ways to overcome this issue. It was emphasised by the Committee that the investment in Microsoft 365 to enable effective people systems would be a priority to support the corporate objectives. He noted that the Committee had received a Freedom to Speak Up Report, an education update, and a talent management update. Martin Sykes, Non-Executive Director suggested that the quality of the appraisal process could be improved to support better compliance and it was confirmed that the new Agenda For Change appraisal pay progression system would improve this aspect. Bernard Galton directed Board members to the recently published NHS People Plan which contained useful information about developing employees. The Board discussed actions that could be prioritised in relation to the increased cases of violence and aggression being experienced in the hospitals. Matt Joint reported that a key priority was the launch of a campaign aimed at visitors to the hospital which would raise awareness of the consequences for such behaviour. Employees could also now access training on how to de-escalate situations which was being organised in partnership with Avon and Wiltshire Mental Health Partnership NHS Trust. He added that this this workstream was urgent to overcome such incidents. **Action – The Board requested a future discussion on the increased amount of violence being experienced within the Trust. The Director of People to bring a report to the Board.**	Director of People

	Sue Balcombe, Non-Executive Director noted the increased volume of patients attending the hospital with mental health illnesses and supported the importance of de-escalation training. **Members resolved to:** • **Receive the Integrated Performance Report for information.**	
13/07/20	**Committee Chair's Reports**	
	Audit Committee Chair's Report David Armstrong, Non-Executive Director introduced the Chair's Report for the Audit Committee. He reported that the Committee had focused on the strategic and corporate risk registers and noted that this mechanism was a well-controlled aspect of the Trust's governance. The Board heard that members reviewed the Internal Audit Plan for 2020 – 2021 which had taken into account the pandemic. Actions for the Committee included taking forward the external audit recommendations to formalise a quarterly review in order to monitor the progress of actions. **Charity Committee Chair's Report** Jeff Farrar, Chair, introduced the Chair's Report for the Charity Committee. The Board heard that Non-Executive Directors Jayne Mee and Sue Balcombe would be supporting the Committee. Board members were asked to approve the revised Terms of Reference and no objections were recorded. **Members resolved to:** • **Receive the Committee Chair's Reports for information.** • **Approve the Terms of Reference for the Charity Committee.**	
Finance		
14/07/20	**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 had significantly changed in response to the Covid-19 Pandemic since April 2020 and Payment by Results had been replaced by block payments from commissioners. Further guidance for how this would be managed from August onwards would be published shortly. • The Trust required £3.772m of true-up funding from commissioners in June 2020 compared to £0.498m for April and May. • The Trust incurred £9.5m of additional costs relating to Covid-19 with the month of June seeing the highest amount. This was mainly due to the restoration of clinical activity with an increase in high cost drugs and devices for specialist service requirements. • Assurance was provided to the Board that the usual maintenance	

	of financial control disciplines were being maintained, particularly in relation to bank and agency staff usage. • Additional Covid-19 funding would be allocated to two of the Trust's divisions in month four. • The outlook for the second half of the financial year would continue to be assessed by the Finance Committee. • The Trust had received £3.5m to support some of the capital implications for the restoration of services. **Finance Committee Chair's Report** Martin Sykes, Non-Executive Director introduced the Chair's Report for the Finance Committee and said that the Committee had received detailed assurance on the monthly performance. Members spent much time discussing the projection for the rest of the financial year and for 2021/22 the income for which would be reliant on national rules and dependant on patient activity. The digital agenda was reviewed, and had been included within the Terms of Reference. Eric Sanders, Director of Corporate Governance, requested the approval of the revised Terms of Reference for the Finance Committee which would remain under continuous review. David Armstrong, Non-Executive Director sought clarification on how the Board would remain sighted on any changes and it was agreed that members of the Board should send any comments to Eric Sanders over the next 48 hours which would be taken into account before the terms of reference were finalised. **Action – Board to send comments on the revised Terms of Reference to the Director of Corporate Governance.** **Members resolved to:** • **Receive the Finance Report for assurance.** • **Approve the Terms of Reference for the Finance Committee, subject to any comments received post meeting.**	Director of Corporate Governance
15/07/20	**Framework of Quality Assurance for Responsible Officers and Revalidation**	
	William Oldfield, Medical Director presented the Framework of Quality Assurance for Responsible Officers and Revalidation and highlighted the following: • The annual report was prepared for assurance to the Board but was not required by the national regulator due to Covid-19. • The data within the report applied to the Bristol hospitals and it was noted that the newly designated body of the University Hospitals Bristol and Weston NHS Trust was successfully created on 1^{s} April 2020 with more than 1000 doctors attached. • Significant improvements had been made to the appraisal process for locally employed doctors and clinical fellows and the new appraisal system "Fourteen Fish" had been rolled out across both campuses which would allow better data tracking.	

	• An improved quality assurance process at individual appraisal level would be implemented during the coming year. **Members resolved to:** • **Receive the Framework of Quality Assurance for Responsible Officers and Revalidation for assurance.**	
16/07/20	**Safeguarding Annual Reports for UHB and WAHT**	
	Carolyn Mills, Chief Nurse, presented the Safeguarding Annual Reports for University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust which provided assurance that the Trusts had continued to fulfil their statutory and regulatory responsibilities with regards to the safeguarding and welfare of children, young adults and adults during 2019/20. She explained that the three key risks had remained from the previous year and there were no new risks or issues to bring to the attention of the Board. She noted that moving into next year there would be a combined report for the merged organisation. The Chair noted the report had been reviewed by the Quality and Outcomes Committee and emphasised that training compliance was satisfactory. Martin Sykes, Non-Executive Director, sought clarification on the 656 Deprivation of Liberty Safeguards (DoLS) applications that were made to Local Authorities. It was explained that a change in legislation in 2014 had impacted on the front line practices for DoLS applications and noted that the amount of applications progressed by the Local Authorities had been consistent with the national picture. The Board was assured that the Trust continued to care for those patients in the way that would have been achieved before this change was implemented. **Members resolved to:** • **Receive the Safeguarding Annual Reports for UHB and Weston for assurance.**	
17/07/20	**Emergency Preparedness Annual Report**	
	Mark Smith, Chief Operating Officer presented the Emergency Preparedness Annual Report and highlighted the following: • It was noted that under The Civil Contingencies Act 2004, the Trust was recorded as a category 1 responder and held responsibility to effectively respond to a range of emergencies and business continuity incidents which included a no deal exit, the Covid-19 pandemic and winter planning constraints. • The Trust continued to be compliant against the 69 standards set out by NHS England and Improvement. • The report reflected the performance for both Bristol and Weston hospitals.	

	Julian Dennis, Non-Executive Director queried how effective this plan had been for the Covid-19 outbreak and Mark Smith confirmed that the pandemic influenza response had been adapted for the pandemic with policies being reviewed. He assured the Board that a formal review would be carried out to highlight lessons learned. Robert Woolley, Chief Executive added that the NHS had been reliant on the influenza plans at the start of the outbreak and a more specific pandemic plan may need to be established to reflect the symptoms of Covid-19. In response to a query from David Armstrong, Non-Executive Director, Mark Smith confirmed that internal business continuity failures had been captured in internal plans and covered a range of scenarios which could be made available to the Board for review. It was confirmed that Guy Orpen provided the Non-Executive Director support to Emergency Preparedness, Resilience and Response plans and the Chair said such responsibilities should be revisited. **Action – Director of Corporate Governance to review the statutory responsibilities of the Non-Executive Directors.** Jayne Mee, Non-Executive Director queried whether lessons learned were being incorporated into the wider system and internal training plans. Mark Smith highlighted regional learning events that were organised following a major incident. **Members resolved to:** • **Receive the Emergency Preparedness Annual Report for assurance.**	Director of Corporate Governance
18/07/20	**Quarterly Patient Experience Report**	
	Carolyn Mills, Chief Nurse presented the Quarterly Patient Experience Report and highlighted the following: • The report included the month of March when there was the change in national reporting requirements for patient experience and involvement activity due to the Covid-19 pandemic. • Where data was collated, no significant themes were identified. • The patient postal questionnaire would be redesigned and would be rolled out at the Weston site. • Virtual methods and ideas to engage with patients going forward was being explored. • It was noted that benchmarking data for Weston had been included within the report. **Members resolved to:** • **Receive the Quarterly Patient Experience Report for assurance.**	

19/07/20	**Annual Patient Complaints Report**	
	Carolyn Mills, Chief Nurse presented the Annual Patient Complaints Report for Bristol and highlighted the following: • The report provided a retrospective position for 2019/20. • The Trust had 14 complaints referred to the Parliamentary and Health Service Ombudsman (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'. This demonstrated robust processes and procedures for supporting the complainers. • The performance had remained largely static from the previous years. **Members resolved to:** • **Receive Annual Patient Complaints Report for assurance.**	
20/07/20	**National Staff Survey Results**	
	Matt Joint, Director of People, presented National Staff Survey Results and highlighted the following: • The data was collected in October and November 2019. • The Trust had received a 55.2% response rate which had increased by 12% over the past three years. It was noted that the increase was above the acute best and average in terms of annual increase. • The overall engagement had steadily increased and it was recognised that this needed further improvement. • In terms of appraisal compliance, it was noted that it was a key area to boost, as well as Diversity and Inclusion. • The Trust has positively impacted on wellbeing in the past 5 years with consistent improvements in the overall score. • It was noted that the response rate at Weston was 41.3% and significantly below the acute best scores and below the acute average scores. The engagement score remained unchanged over the past three years at 6.7. • Key areas of focus would be appraisal compliance, bullying and harassment and diversity and inclusion. During the ensuing discussion the following points were made: • Jayne Mee, Non-Executive Director, commented that three mediators would not be sufficient and asked whether mediation would be covered in training plans. Matt Joint responded that a plan had been developed for mediation training. • The Board speculated that the survey for this year may be pushed back and they discussed the need for a more user-friendly format which might encourage a better response rate. • Steve West, Non-Executive Director sought clarification on	

	whether local statistics could be addressed from survey responses. Matt Joint responded that heat maps were effectively being used to cover this aspect and that Freedom To Speak Up cases were being linked into the analysis. • In response to a query from the Chair, Matt Joint explained that local managers could achieve effective performance management by setting targets against the survey and by implementing balanced scorecards. The Board agreed that divisions performing well in this area should be recognised. **Members resolved to:** **Receive and note the National Staff Survey Results for assurance.**	
21/07/20	**Clinical Research Network West of England (CRN) Annual Report 2019/20**	
	This item was withdrawn from the meeting and would be presented to the Board in Public in September 2020.	
22/07/20	**Annual Review of Risk Appetite Statements**	
	Robert Woolley, Chief Executive presented the Annual Review of Risk Appetite Statements. He explained that Board members had reviewed the statements in great depth the previous year with the framework being adopted. The risk arrangements had been reviewed this year by the Senior Leadership Team and the Audit Committee with a recommendation to leave the definition unchanged. **Members resolved to:** • **Approve the Annual Review of Risk Appetite Statements.**	
23/07/20	**Board of Directors Annual Business Cycle**	
	Eric Sanders, Director of Corporate Governance presented the revised Board of Directors Annual Business Cycle. The cycle had been revised with input from the Chair of the Audit Committee and took into account the source of the item and its link with the Health NHS Board roles and building blocks to help ensure the Board was focusing on its key areas of responsibility. It was noted that strategic planning tended to take place at Board seminars and focus groups. Going forward, the review of enabling strategies needed to be incorporated into the plan, as well as giving further consideration to how stakeholder feedback is provided into the Board David Armstrong, Non-Executive Director highlighted the sub-headings of the plan and suggested that each was discussed at a future Board Seminar to ensure the right level of focus and responsibility was being met.	

	The Board: • **Approved the revised Annual Business Cycle** • **Noted that it will be kept under review so that it remains a live document** • **Discussed how stakeholder feedback can be provided into the Board to support its role**	
24/07/20	**Register of Seals – Q1**	
	Eric Sanders, Director of Corporate Governance presented the Register of Seals for Quarter 1. He noted one document that had been sealed which was in relation to construction around the University of the West England (UWE) with the theatre endoscopy scheme. **Members resolved to:** • **Receive the Register of Seals – Q1 for information.**	
25/07/20	**Governors' Log of Communications**	
	Eric Sanders, Director of Corporate Governance presented the Governors' Log of Communications and noted that some questions from the Governors were being responded to by the Executive Team. **Members resolved to:** • **Receive the Governors' Log of Communications for information.**	
Concluding Business		
26/07/20	**Any other urgent business**	
	There were no further items of business to be discussed.	
27/07/20	**Date of next meeting**: 29 September 2020 by video conference.	

University Hospitals Bristol and Weston NHS Foundation Trust

Public Trust Board of Directors Meeting
29 September 2020
Action Log

Outstanding actions from the meeting held on 30 July 2020					
No.	**Minute reference**	**Detail of action required**	**Responsible officer**	**Completion date**	**Additional comments**
1.	03/07/20	**What Matters To Me – A Patient Story** Details of the patient pathway relating to the Patient Story to be obtained for the Chair to write a letter to individual staff members involved with this successful story.	Deputy CE/COO	September 2020	**Work in Progress** Verbal update to be provided.
2.	07b/07/20	**Board Assurance Framework – Corporate Risk Register** Director of Corporate Governance to review how the corporate objectives were reviewed at Committee level to minimise duplication.	Director of Corporate Governance	September 2020	**Work in Progress** Proposal emailed to the Committee Chairs for consideration.
3.	07b/07/20	**Board Assurance Framework – Corporate Risk Register** The risk in relation to constitutional standards would be reviewed to reflect mitigations against the waiting list size.	Deputy CE/COO	September 2020	**Work in Progress** Verbal update to be provided.
4.	11/07/20	**Strategic Capital Update** Chief Executive to review the strategic capital connection to the wider STP.	Chief Executive	September 2020	**Work in Progress** Internal review of priorities in progress pending clarification of new NHS funding regime and the strategic investment plans of the BNSSG system and wider region.

5.	12/07/2020	**Integrated Performance Report** The Board requested a future discussion on the increased amount of violence being experienced within the Trust. The Director of People to bring a report to the Board.	Director of People	September 2020	**Work in Progress** The Managing Violence and Aggression Steering Group now established to facilitate collaboration, sharing of best practice and prioritisation of resources. The group includes representation from Divisional Directors, Clinical Chairs and a Heads of Nursing. Paper outlining the key initiatives shared at September's People Committee.
6.	14/07/20	**Finance Committee Chair's Report** Board to send comments on the revised Finance and Digital Committee Terms of Reference to the Director of Corporate Governance.	Director of Corporate Governance	September 2020	**Completed since last meeting** Terms of Reference updated.
7.	17/07/20	**Emergency Preparedness Annual Report** Director of Corporate Governance to review the statutory responsibilities of the Non-Executive Directors.	Director of Corporate Governance	September 2020	**Work in Progress** Verbal update to be provided.
8.	12/06/20	**Freedom to Speak Up Annual Report** Analysis of FTSU cases by gender and ethnicity to be investigated.	Director of Corporate Governance	October 2020	**Work in Progress** To be included in the next report.
9.	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** To be taken forward as part of action concerning strategic capital connection to the wider STP.
10.	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** Discussion at a future Board Seminar would be planned before a detailed report was submitted to the Board in public. Verbal update to be provided.

11.	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** Letter to the national commissioners to be sent towards the end of the July. Transgender awareness training was now available. The delivery of guidance had been delayed by Covid-19 and this was now unlikely to be presented to the BNSSG Governing Body until August. Verbal update to be provided.
Closed actions from the meeting held on 30 July 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 to partner organisations.
2.	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, Director of Research.
3.	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	**Completed** Synopsis of the complaint response and action taken has been circulated to the Board.

APPENDIX A

SENIOR LEADERSHIP TEAM

REPORT TO TRUST BOARD – SEPTEMBER 2020

1. INTRODUCTION

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

2. QUALITY, PERFORMANCE AND COMPLIANCE

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

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

3. STRATEGY AND BUSINESS PLANNING

The group received an update on the review and refresh to the Trust Strategy to ensure it was fit for purpose in the context of the Covid-19 pandemic and **approved** the strategic objectives identified as needing to be changed or added.

The group **approved** the refreshed Divisional Plans for 2020/2021 and the approach to the Phase 3 plan submission.

The group **supported** a changed approach to how the Strategic Senior Leadership Team was conducted so that it operated as a formal decision-making strategic transformation steering group and **approved** new terms of reference. This resulted in the creation/removal of Senior Leadership Team sub-groups.

The group **approved** the Transforming Care Priorities for 2020/2021.

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

The group **received** an update on progress with elective restoration programme. Winter Plans from the Divisions of Women's and Children's, Specialised Services, Medicine, Surgery and Weston were received and the group **confirmed approval** to work up details plans for the proposed schemes.

The group **approved** an extension to the Outpatients Pharmacy Service from Boots (Bristol) and Lloyds (Weston) for a further 12 months as, due to COVID-19, the re-tender had been delayed.

The group **supported** a proposal for funding to retain a centrally delivered fit testing team in the Trust.

4. RISK, FINANCE AND GOVERNANCE

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

The group **supported** proposals for changes to the Trust's performance management framework and monthly and quarterly divisional review meetings and noted further work

was being undertaken to develop the specific components of the framework such as key performance indicators and reporting intervals.

The group **received** the Quarter 1 Patient Safety Programme Board update.

The group **received** the Quarter 1 Patient Complaints and Patient Experience and Involvement report.

The group **received** reports on the Inpatient, Maternity and Cancer Patient Experience 2019 national surveys prior to submission to the Trust Board.

The group **received** an update from the Guardian of Safe Working prior to submission to the Trust Board.

The group **received** an update on the Neonatal Intensive Care Unit project including the timeline for the Full Business Case and the proposed Management Agreement with supporting Memorandum of Understanding.

The group **received** an update on the status of completion of actions with 'must do' requirements arising from the Care Quality Commission core services inspection at Weston Area Health Trust in 2019.

The group **approved** recommendations to increase staff immunisation compliance and ensure robust controls were in place.

The group **approved** the West of England Pathology Network Memorandum of Understanding.

The group **approved** options to support an accelerated programme to review, support the build of and deliver medical rosters back to the departments.

The group **approved** revised Terms of Reference for the Division of Surgery Divisional Board.

The group **received** an update on initiatives to manage violence and aggression towards staff, including the establishment of a steering group to provide oversight of a programme of activity to reduce the levels and impact of violence and aggression.

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

The group **received** five final internal audit reports, four with a satisfactory assurance rating (Learning from Death, Outpatients, Deprivation of Liberty Safeguards and Mental Capacity Assessments and Medicines Management – Weston General Hospital) and one with a satisfactory/limited assurance rating (Statutory Safety Regulations).

The group **received** the Congenital Heart Disease Network Annual Report prior to submission to Trust Board.

Reports from subsidiary management groups were **noted,** including updates from the Cancer Steering Group, Clinical Quality Group, Trust Research Group, Digital Hospital

Programme Board, Weston Integration Programme Board and the Cellular Pathology Performance Group.

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.

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
September 2020

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 29 September 2020

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

1. Report Summary

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. Key points to note
(Including decisions taken)

The recovery work of the Trust remains interlinked with close work with our system partners on reducing unplanned attendances, admissions and associated beddays.

Work continues to embed the improvements made to date at the backdoor, whilst the focus has shifted in terms of transformation work, towards attendance and admission avoidance. Success in these areas will be critical in supporting the restoration of BNSSG elective programmes, and well as delivery of our winter inpatient capacity plans.

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

- Risk 800

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	23 September 2020
Quality and Outcomes Committee	24 September 2020

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Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

Organisational Response to Novel Coronavirus (COVID-19) Pandemic and Recovery – September 2020 Update

Part 1 – Incident Management & Response

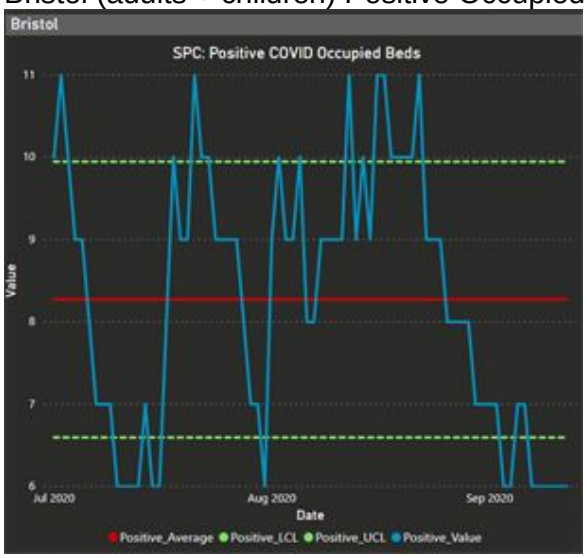
1) Purpose

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.

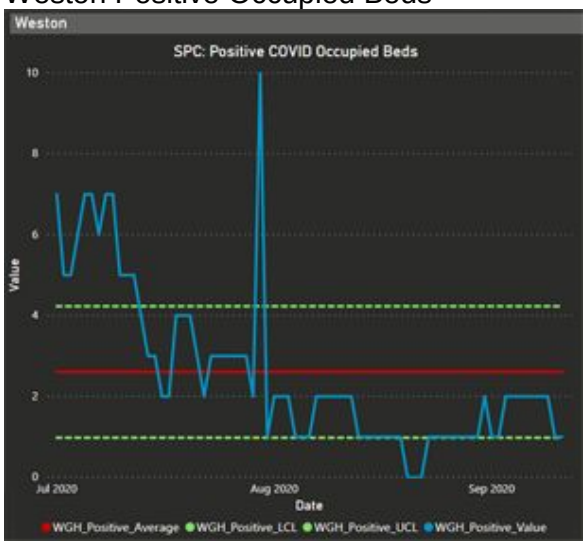
2) Local Context

The number of covid-19 confirmed cases across the UHBW sites remains low, as shown in the graphs below. At the time of writing (12 September 2020) there are three positive cases in BRI, one in BRHC and two at Weston:

Bristol (adults + children) Positive Occupied Beds



Weston Positive Occupied Beds



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Bristol's rate of infection per 100,000 was 15 (at 9 September 2020), and increased from 12 the previous week. The national rate is now 21. However, an update by Christina Gray, Bristol's Director of Public Health, clarified that this is to be expected given the local and national rising tide. Local outbreaks are well contained and are not contributing towards this increase, rather the increase is mainly in younger people (18-25 women are the key group) and is linked with travel and easing of lockdown. This shows positively that young people are coming forwards for testing and then (hopefully) self-isolating. In order to help UHBW manage any impacts this may have on our workforce we have asked for more detailed breakdowns in the data. Across BNSSG STP organisations there have been increases in staff requesting swabbing which are associated with schools returning, though there has not (yet) been a concurrent increase in positive results amongst BNSSG staff.

Going forwards, if BNSSG follows Europe and the US, we would expect to have a lag of 4-6 weeks followed by a more significant increase in illness rates. That said, we are not where we were in February given what we now know about non-symptomatic transmission and risk factors. Higher risk people should continue to be careful. Where transmission is currently increasing is within families / social contacts, rather than workplaces which do seem to be covid secure. This is clearly risky for older / vulnerable family members.

The above presents a number of ethical dilemmas, including visiting in care homes which may contribute towards spread of infection, versus the impact on individuals and families that not allowing visiting has. The ethical committee of BNSSG clinical cabinet will be convened to consider and advise on this specific issue.

The Joint Intelligence Group (CCG and LAs) will continue to meet to work on the shared view of what is happening in the system. Of note locally, North Somerset has 12 care homes reporting problems – not necessarily significant outbreaks, but one or two positive members of staff or residents. UHBW have offered support to the North Somerset system through our Whole System Operational Group at Weston General Hospital.

3) Responding to Capacity Requirements

i) Review of IPC Distancing within Weston Division

A detailed review of ward configurations has been conducted by a multidisciplinary team at Weston General Hospital. During the initial period following the outbreak and closure of the hospital, 42 beds were removed across the wards in order to maintain 2m social distancing between patients. The subsequent review has recommended that 28 beds be returned, following minor estates works such as moving curtain tracks and furniture into optimum positions. Bed spacing will be marked out on the flooring to support staff and patients in maintaining appropriate distancing. All 28 of these beds are back in use, and Winter planning escalation plans are being reviewed to manage demand with the net reduction of 14 beds from the pre-COVID bed base.

ii) Creation of an Admission Overflow Area in BRI ED

An admission overflow area has been established within the "old majors" area on the acute floor in the BRI. These 8 trolleys are used for patients awaiting admission into the wider Trust or the ED Observation Unit, or who require radiology. The aim of the area is to provide surge capacity which can be utilised in order to prevent corridor queuing and to ensure there is capacity within ED majors to offload acutely unwell patients coming in on ambulances. The ongoing model of care for periods of surge is being reviewed by the

adult Divisions in Bristol, and will be further supported by plans for capital developments which are currently being worked through.

4) Overseas Travel Policy

The Overseas Travel Policy had been revised to reflect the Trust position on changes to the government 'travel corridors', the withdrawal of exemption from quarantine for registered healthcare professionals, and parity between staff who can and cannot work remotely by reason of their role. Feedback from most Divisions and JUC have highlighted that the changes did not reflect NHS Employers guidance, have the potential to negatively impact service delivery, and do not support our diversity and inclusion position.

Changes to the Overseas Travel Policy were made as a result of a sudden and unanticipated removal of Spain, Balearic and Canary Islands and Luxembourg from the government approved travel corridor, which was further impacted by the withdrawal of a quarantine exemption afforded to registered healthcare professionals. The revised Policy limited the options for how a quarantine period could be treated and set out that staff subject to quarantine must cover the period through annual leave or unpaid leave only. The revised policy also withdrew 'repatriating with family/dependants overseas' as one of the exceptional circumstances which would be associated with the accommodation of a request for additional leave.

Feedback from the Divisions and from JUC has identified that the revision was not well received with concerns being expressed as:

- removal of remote working option creates extended absence which impacts service delivery and colleagues' ability to take leave
- withdrawal of support for repatriation with family/dependents sends a poor message to our overseas colleagues
- limited options for staff unable to work remotely

As a result, the Overseas Policy was revised to better reflect NHSE positions on a) flexible options for the management of any required quarantine periods, and b) impact on BAME/overseas staff.

5) System Response and Preparation for Winter

The BNSSG system response to covid-19 continues, with the Phase 3 planning period shortly to conclude. A summary of some of the key programmes currently underway and the progress being made is included below.

i) NHS 111 First

The national NHS 111 First / "talk before you walk" initiative launches on 1 December 2020. In preparation for this, BNSSG partners are working on the local implementation plan. To date this includes:

- a review of capacity within 111 / Care UK call handling and clinical validation, with new roles currently out to recruitment
- clinical focus on the 111 process, ensuring that access to urgent care for our patients is streamlined and simple to navigate
- work with colleagues in Primary Care, who should expect to receive a significant proportion of their registered patients referred to them by 111 for their urgent healthcare needs to be met

- a detailed system communications plan to ensure staff, patients and the wider public understand the changes and see the benefits of moving to a 111 first process
- System work on the model of delivery of a new central Bristol Urgent Treatment Centre, likely to be located within the Broadmead area (two building are currently being scoped). This will include a UTC, like that already in operation at South Bristol Community Hospital, with a co-located frailty assessment hub and an urgent care offer to people in mental health crisis (the model for this is currently being described by AWP clinicians). The start date for the UTC is yet to be set, but could be as early as March 2021, depending on which of the two potential locations is determined as the best fit.

ii) Hospital Discharge Policy

This national policy document sets out the Hospital Discharge Service operating model for all NHS trusts, community interest companies, and private care providers of NHS commissioned acute, community beds, community health services and social care staff in England.

The Government has provided funding, via the NHS, to help cover the cost of post discharge recovery and support services, rehabilitation and reablement care for up to six weeks following discharge from hospital. Within BNSSG, system partners have worked since the beginning of the pandemic on the delivery of this model, based on discharge to assess principles, at scale. Progress to date has seen a circa 60% improvement in the numbers of medically fit for discharge patients across our acute hospital sites. There is still an opportunity to make further progress, which use of this policy will support us to drive.

Health and social care systems are expected to build upon the hospital discharge service developed during the COVID-19 response, incorporate learning from this phase, and ensure discharge to assess processes are fully embedded for all people aged 18+. To support full implementation of discharge to assess, a set of discharge guidance action cards has been developed to summarise responsibilities for key roles within the hospital discharge process. Within UHBW Integrated Discharge Services, we are working through what else we need to do to promote positive change in discharge processes for people with complex needs.

The discharge to assess pathways are summarised for ease below, the aim of which is to support people to maximise their independence and remain in their own home. The Hospital Discharge Policy expects that on discharge from hospital:

- 65% of people will require no further care
- 35% of people will require an ongoing package of care
- Of those 35% of people who receive ongoing care, it is expected that 10% will require a package of lower intensity than at the start of recovery, and will have either an NHS Continuing Healthcare, or Care Act assessment.
- For those admitted to an acute hospital, 95% are expected to be discharged home as default.

The discharge to assess model sets out 4 pathways:

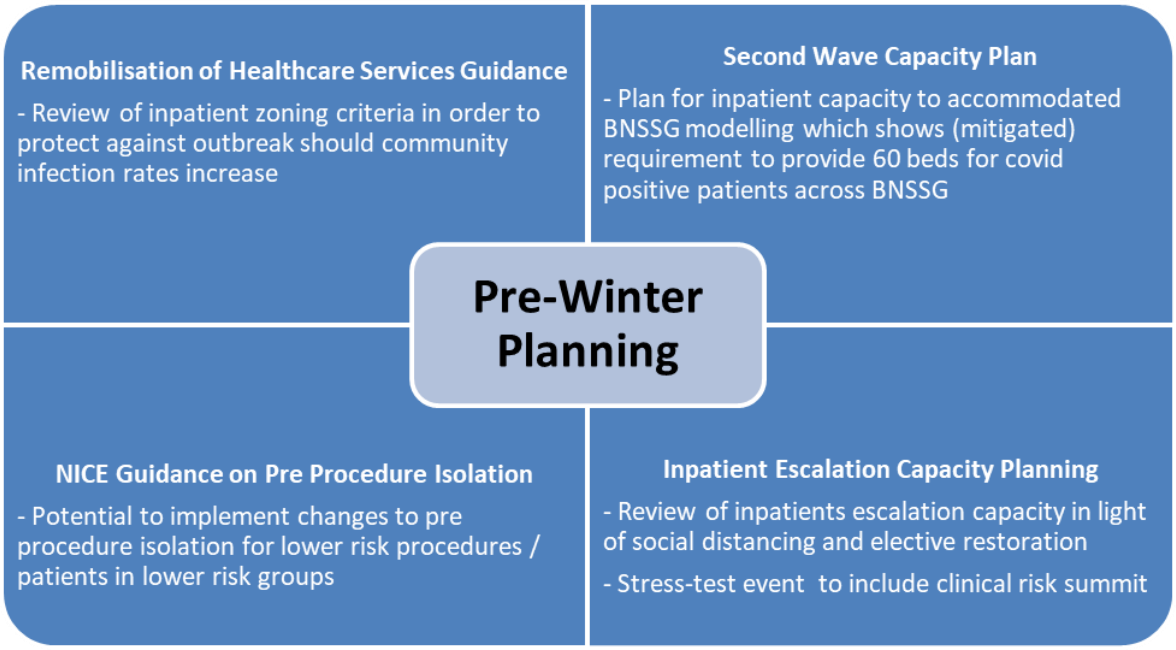
- Pathway 0 - 50% of people are expected to be discharged home with voluntary and community support.

- Pathway 1 - 45% of people are expected to be discharged home with up to six weeks recovery support from health and social care services, to maximise their independence and stay home for longer.
- Pathway 2 - 4% of people are expected to be discharged to bedded rehabilitation settings to support their return home.
- Pathway 3 - 1% of people are expected to be discharged into long-term care settings, such as a care homes.

It is well established across BNSSG, but most particularly in Bristol, that there is an over-reliance on discharge into bedded settings because of the ongoing shortage of home care services. Through the Sirona community services mobilisation and due to the covid response the homecare situation has improved, but there remains a way to go in order to achieve the low numbers of patients discharged into residential and nursing settings described above.

iii) Pre-Winter Planning

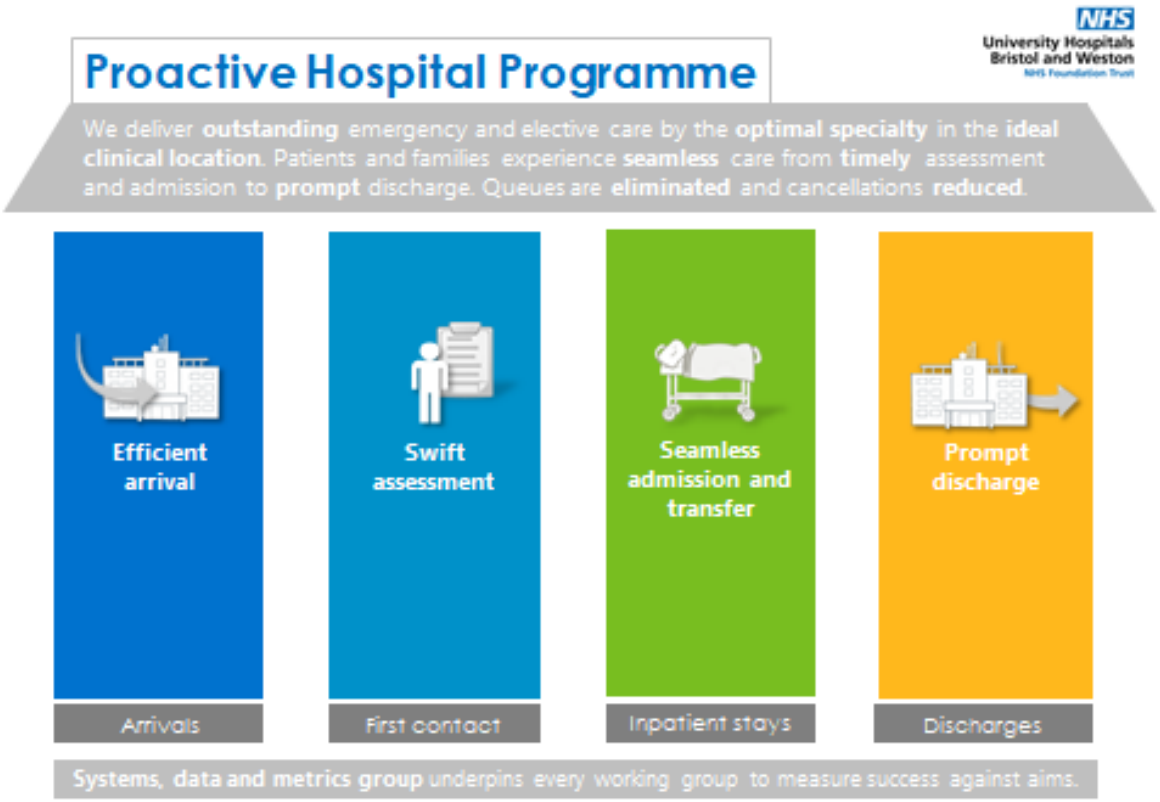
Internal capacity planning is focussing on the four areas below, which all interact to create the requirements for our inpatient plan this winter:



Work on the above will be ongoing over the next couple of weeks, with decisions to be made by Silver and SLT within the next reporting period. A summary of the agreements and Trust plan will be presented in next month's covid operational update.

6) Launch of UHBW's Proactive Hospital Programme

As part of our work to return to business as usual processes, we have reviewed the Trust urgent care programme structure. Whilst some business as usual working will revert to pre covid formats, there will be a new programme of transformation launched, focussing on a proactive hospital model. The working group structure for the programme is in the process of being scoped and agreed, but will focus on the following four pillars:

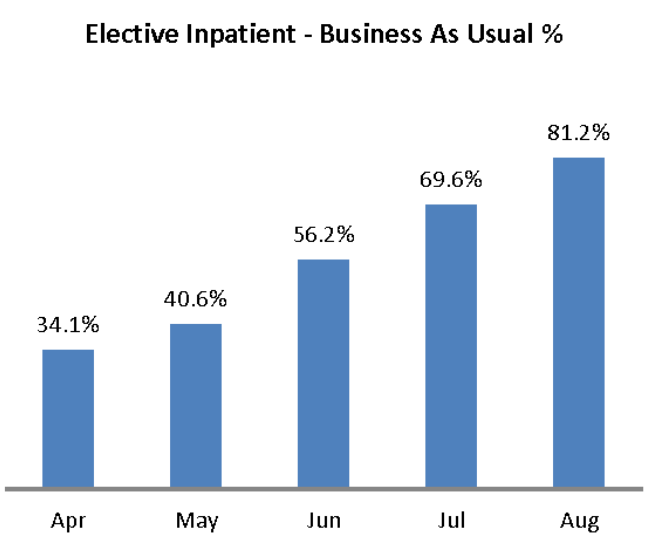


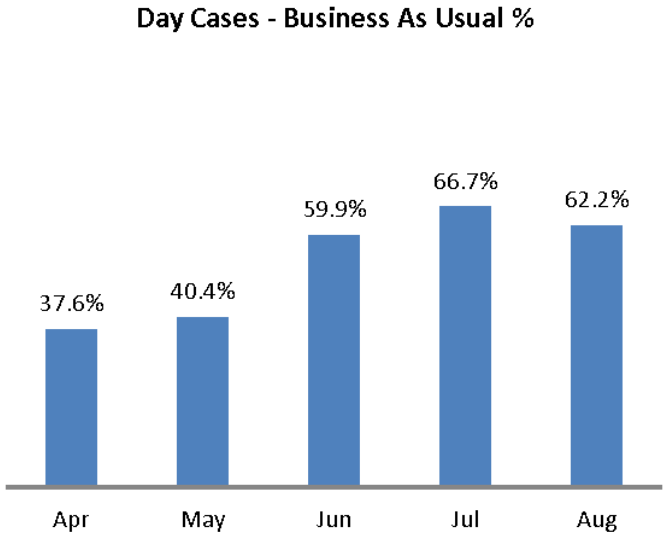
The intentions behind the programme will be tested with members of the (pre-covid) Urgent Care Steering Group on 17 September, prior to a launch programme and roll out. Following this, the Urgent Care Steering Group programme will be stood down formally and the new plan of work implemented.

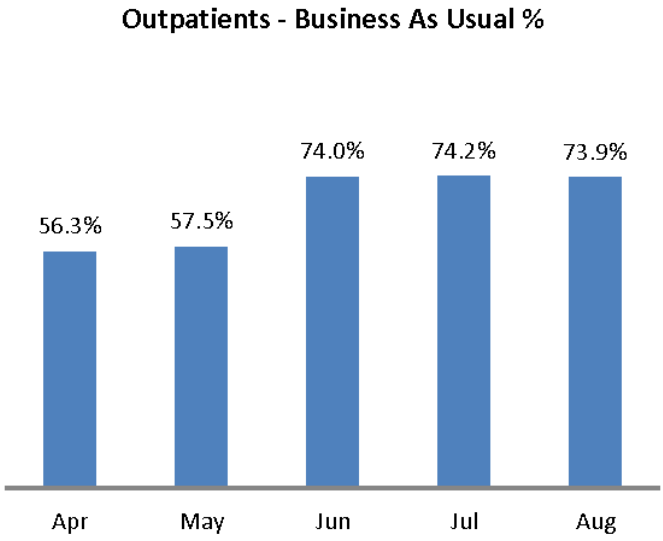
Part 2 – Restoration & Recovery

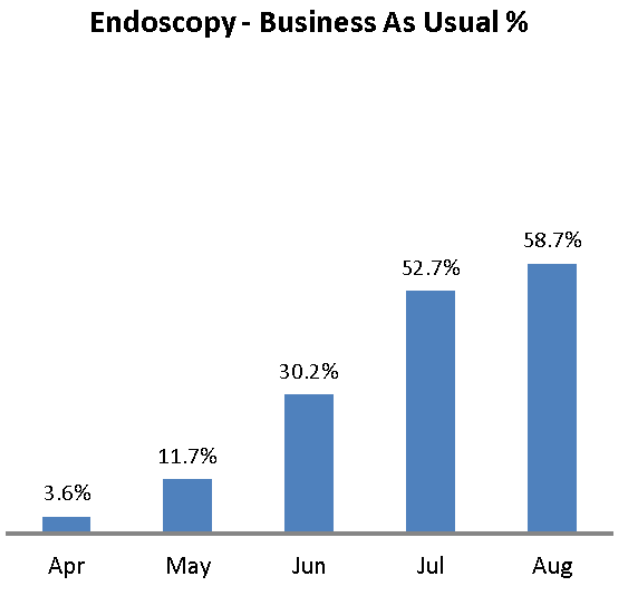
7) Restoration Progress

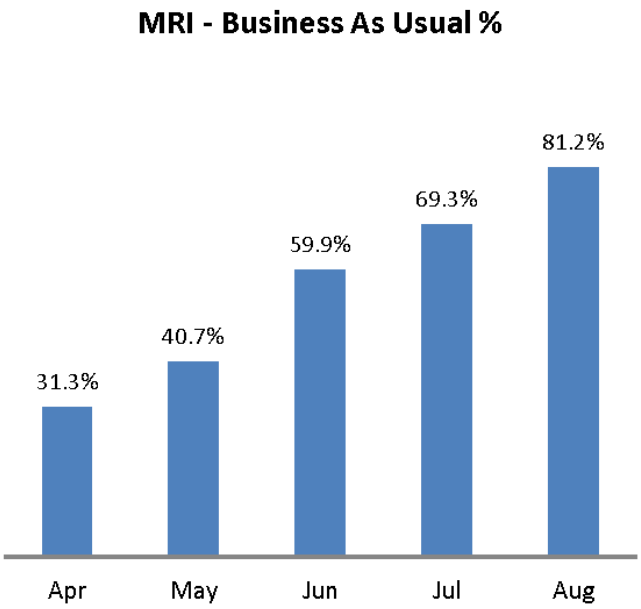
There has been demonstrable improvements in the proportion of activity that has been recovered compared to levels of activity in April and May 2020. In particular, elective inpatient and diagnostic activity has demonstrated a month-on-month improvement. However, day case and outpatient restoration has made more modest progress at ~65% for day case and ~74% for outpatient activity.

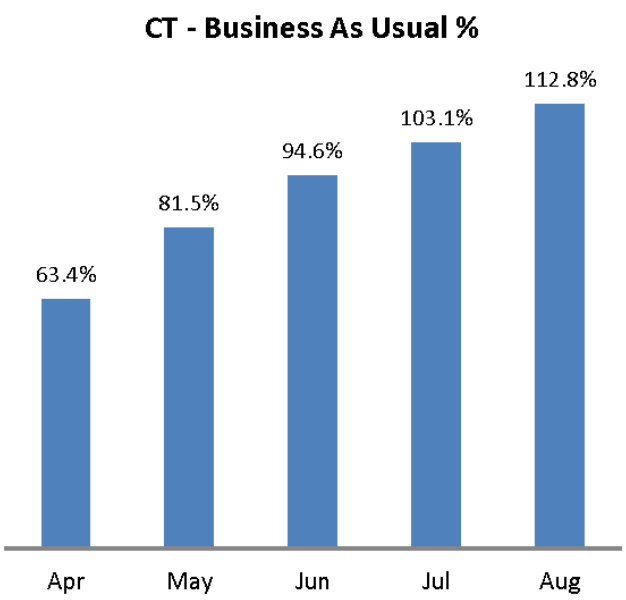












The following table has been provided by BNSSG CCG based on baseline data provided nationally through NHSEI. It provides details of the relative rate of restoration in NBT compared to UHBW as our closest comparator. Note that there is a reconciliation exercise underway to ensure that commissioner held baselines tally with provider held baselines. This explains the slight discrepancy between the figures in the table below and the charts above.

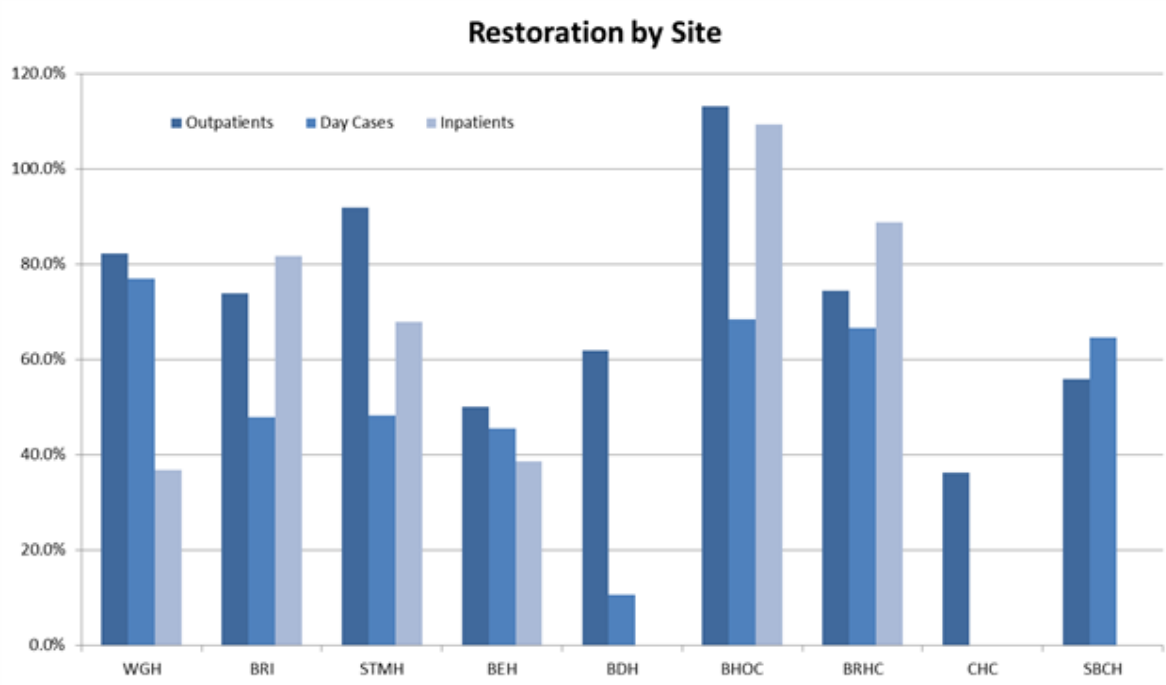
In general the impact of Covid-19 on the BAU levels and the rate of restoration has been broadly consistent between the two organisations. However, NBT have demonstrated stronger performance in restoring day case, outpatient and MRI activity in M3 and M4.

			Apr	May	Jun	Jul
Elective	Day Cases	NBT	41%	44%	68%	72%
		UHBW	36%	39%	58%	64%
	Inpatients	NBT	24%	38%	57%	66%
		UHBW	33%	37%	51%	64%
Outpatients	First Attendances	NBT	43%	52%	80%	84%
		UHBW	42%	44%	59%	63%
	Follow-Up Attendances	NBT	46%	55%	91%	85%
		UHBW	61%	60%	77%	75%
Diagnostics	MRI Tests	NBT	34%	50%	89%	90%
		UHBW	31%	41%	61%	72%
	CT Tests	NBT	61%	72%	99%	110%
		UHBW	63%	82%	96%	107%
	Endoscopy	NBT	5%	14%	35%	49%
		UHBW	2%	10%	33%	52%

The following chart considers the relative percentage of restoration by site for August 2020 compared to August 2019. The latest data indicates that all sites, across all work types, are continuing to be affected by the Covid-19 outbreak.

Elective inpatient activity is relatively low at WGH and the BEH. Day case activity is low across all sites, and in particular the BDH. Outpatient activity is relatively low in the BEH, BDH and CHC.

There is no significant difference between the rates of restoration in Weston compared to services on the Bristol campus.



The following sections consider the rate of restoration by work type – outpatients, day cases and inpatients – by division and sub-division.

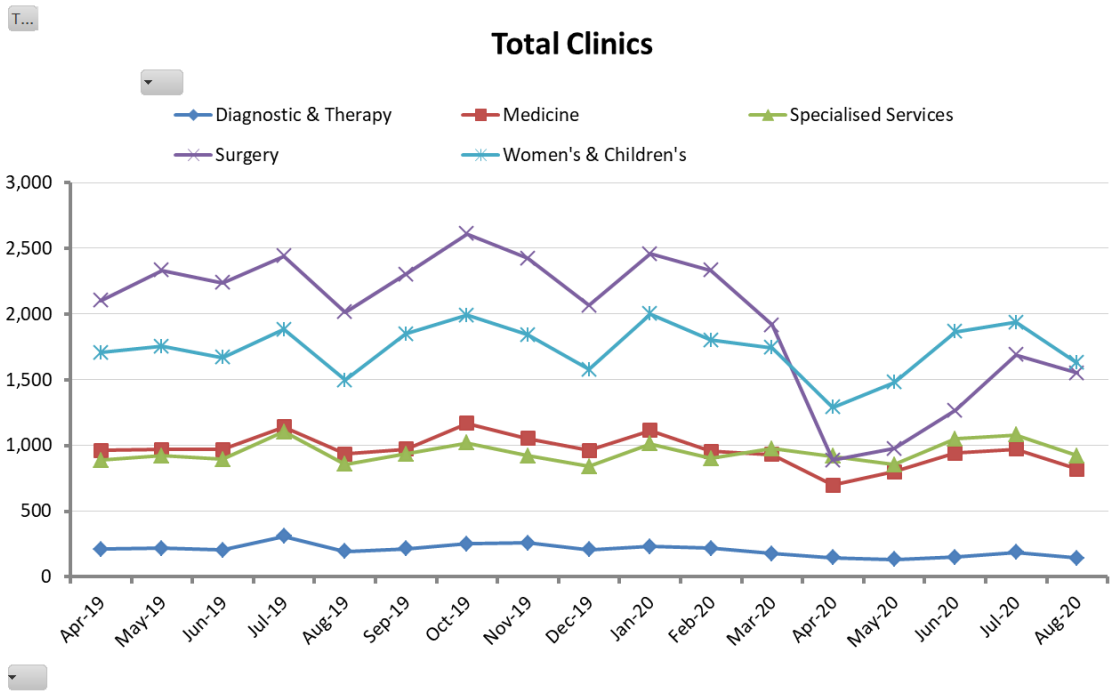
The key barriers to restoration and mitigations being progressed will be outlined.

Outpatients Restoration

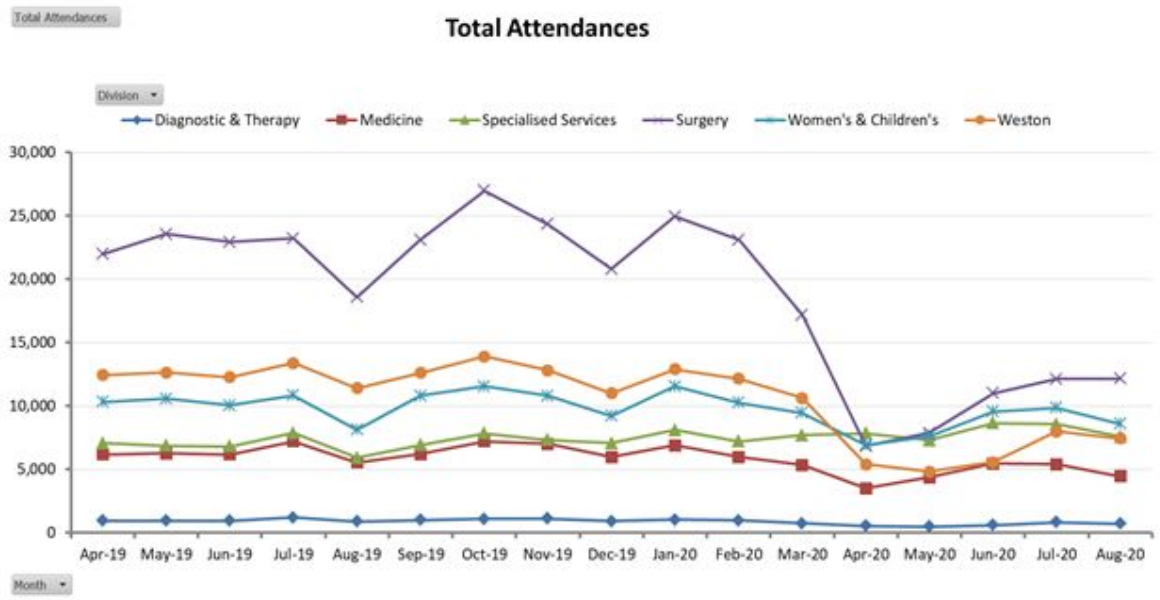
The following table provides a comparison between the levels of activity in August 2020 compared to August 2019. The biggest difference in levels of activity is in the BEH, BDH, and Paediatric specialties, ENT, GUM and Dermatology.

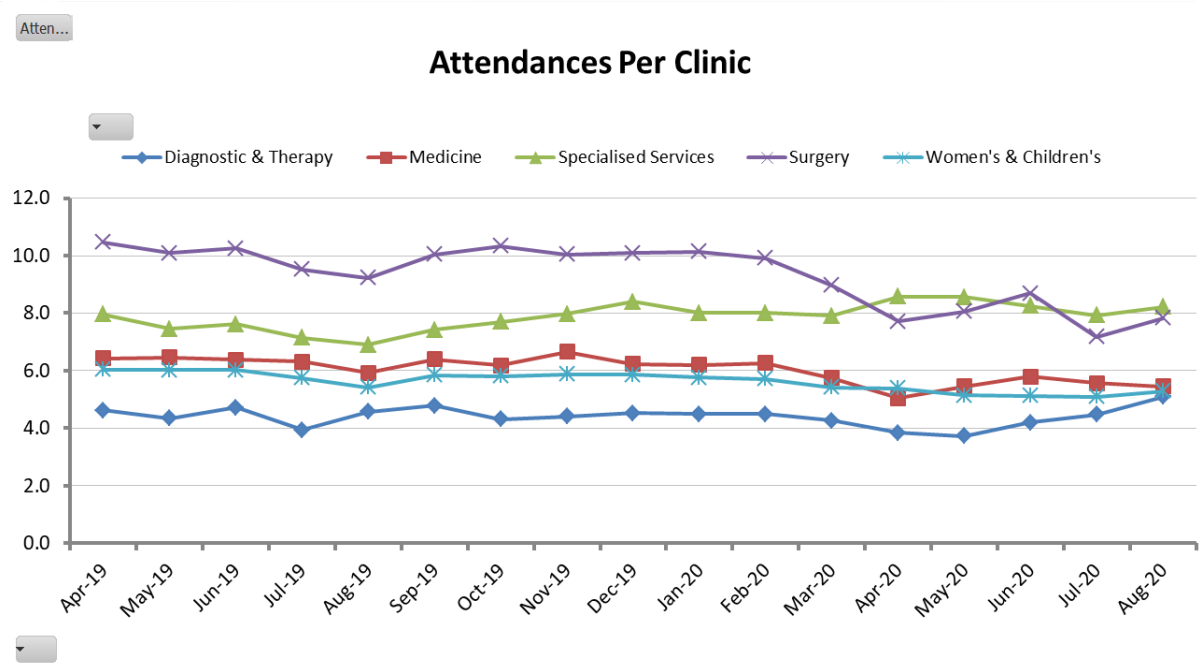
National Specialty	August 2019 Actual	August 2020 Actual	% BAU	Difference
Ophthalmology Specialties	11,043	5,159	46.7%	-5,883
Dental Specialties	4,062	2,490	61.3%	-1,572
Paediatric Specialties	6,321	4,872	77.1%	-1,449
ENT	2,659	1,355	51%	-1,304
Genito-Urinary Medicine	1,976	840	42.5%	-1,136
Dermatology	2,539	1,427	56.2%	-1,112
Trauma & Orthopaedics	3,059	2,207	72.1%	-852
Respiratory Physiology	800	249	31.1%	-551
Thoracic Medicine	1,540	1,095	71.1%	-445
Other	23,561	22,865	97%	-696
Grand Total	**57,560**	**42,560**	**73.9%**	**-15,000**

The following run charts consider, by division, for 2019/20 to date, the number of clinics scheduled, the sum of the activity scheduled and the number of patients seen per clinic as a marker of productivity.*



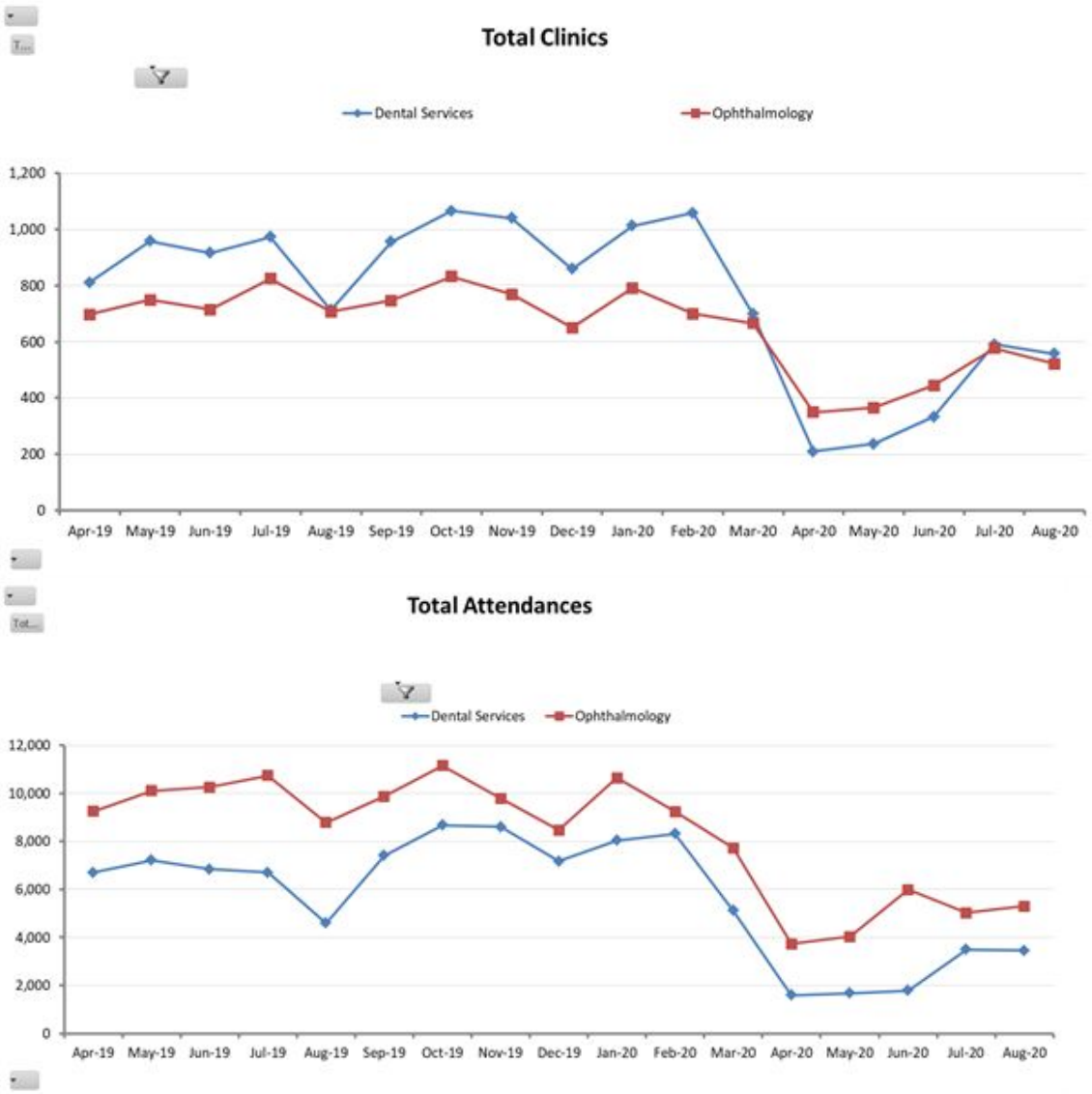
*note: it has not been possible to derive the number of clinics for Weston – therefore, the only data presented is total attendances





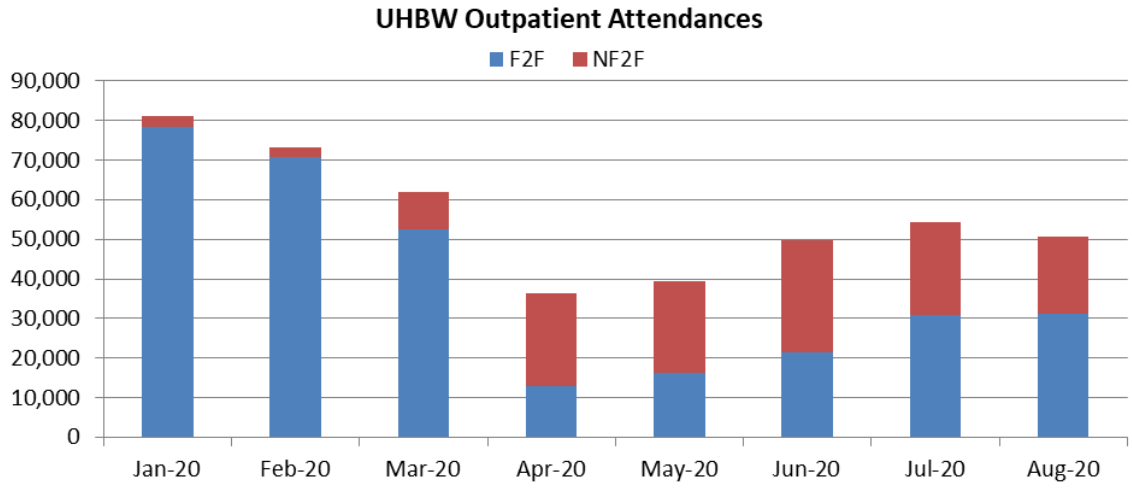
At divisional level, the shortfall in outpatient activity is disproportionately within the Division of Surgery. The division has seen the greatest reduction in scheduled clinics, attendances and consequently falls in outpatient clinic productivity.

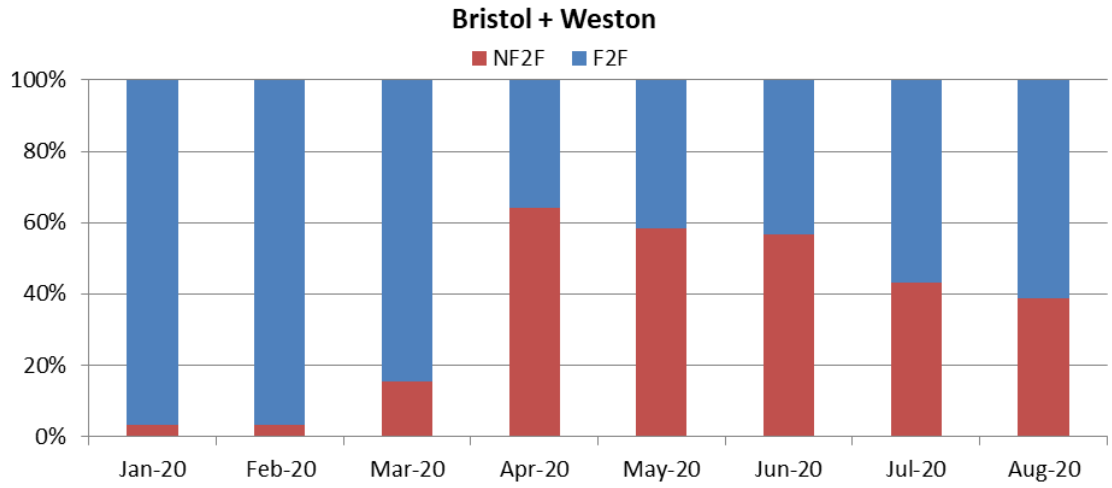
At a sub-divisional level, the suppression of outpatient activity within the Division of Surgery relates primary to ophthalmology and dental specialties.



The reported rates of outpatient restoration include both face-to-face and non-face-to-face activity. A significant proportion of outpatient activity continues to be delivered non-face-to-face. The majority of these attendances are via telephone rather than video clinics (Attend Anywhere).

However, the level of activity being delivered as non-face-to-face with the Divisions of Surgery and Women's and Children's has fallen, as clinics are opened up for patients requiring face-to-face reviews. The sum of non-face-to-face activity at Trust level has reduced from a high point of 28,211 in June 2020 to 18,031 in August 2020.





7

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Diagnostiics and Therapies	78	82	719	2,478	3,658	3,969	2,897	2,361
Medicine	144	170	1,574	3,149	4,033	4,837	4,338	3,002
Specialised Services	852	889	2,960	6,476	5,775	7,035	6,517	5,186
Surgery	562	536	1,862	4,344	4,416	5,946	3,030	2,341
Weston	3	7	500	2,596	698	1,478	2,747	2,567
Women's and Children's	878	667	1,890	4,219	4,509	4,946	3,939	2,574
UHBW TOTAL	**2,517**	**2,351**	**9,505**	**23,262**	**23,089**	**28,211**	**23,468**	**18,031**

Barriers to Outpatient Restoration

In **Ophthalmology Specialties**, outpatient clinics are high volume and the need to maintain social distancing within waiting room areas has resulted in a significant reduction in clinic volume.

As part of the initial Covid-19 response, provision was made to expand the BEH A&E to create a 'blue zone' for the care of patients that had been diagnosed with or suspected of having Covid. The expansion was made possible by the use of part of the outpatient facilities on the ground floor of the BEH. This has reduced the available capacity for outpatient activity.

The mitigation plans in development focus on the identification of alternative clinical environments to deliver outpatient care, and enhancing our ability to risk stratify patients at scale through a diagnostic hub. The following is a high-level summary of the mitigation plans:

- Nightingale Hospital Bristol – the development of an Ophthalmology diagnostic hub has been proposed for incorporation within the Nightingale Hospital Bristol (NHB). It is pending agreement of capital and revenue funding. The capital requirements are approximately £2m including equipment, image module (to share images between the hub and the BEH) and some estates works. The hub would provide diagnostic imaging services for Glaucoma, Cornea, and Medical Retina patients, and would enable the risk stratification of patients awaiting review at scale. The use of the NHB would enable the review of thousands of patients in a socially distanced manner. The anticipated throughput is in the region of 250 patients per day.

- Additional Ophthalmology outpatient capacity – there is a proposal at a feasibility stage of development to locate an ophthalmology outpatient facility at the Galleries Shopping Centre in Broadmead.

- 'Blue Zone' - work is underway to create an alternative, smaller 'Blue Zone' facility on the ground floor of the old Eye Bank (to the rear of the BEH) for patients that require isolation. This development will release the outpatient capacity that has currently been reserved for this purpose.

In **Dental Specialties**, the most challenging issue is the management of aerosol generating procedures (AGPs) in the open plan clinic environment. It is estimated that pre-Covid, approximately 70% of all outpatient procedures, inclusive of dental student activities in the BDH, were aerosol generating.

The mitigation plans in development focus on works to compartmentalise the clinic environment, upgrade the ventilation systems and change clinical practice where possible to reduce the risk of aerosol generation. The following is a high-level summary of the mitigation plans:

- Dental mobile unit – a mobile unit will be delivered by end of September / early October. The dental management team are working with Estates to find a suitable site for this unit. This facility will provide two rooms for oral surgery treatments, and it will meet the infection prevention requirements for AGPs.

- BDH ground floor works – works are scheduled to compartmentalise the ground floor departments of the BDH to create 20 bays for AGP treatments. The majority of these works will be delivered by the end of the calendar year, with some works scheduled for early in the new calendar year.

- BDH first and second floor works – this is a major capital scheme pending agreement of capital funding c. £3.9m. These works will create enclosed rooms for AGP activity. There will be a need for decant of clinical services to enable the works to the ground, first and second floors.

In **Paediatric Specialties**, there has been a reduction in the number of clinics and the productivity of clinics because of the need to maintain social distancing in waiting room areas.

In addition, it has been necessary to make additional plans to support the expansion of BRHC Children's Emergency Department (CED) to manage increased activity over the winter period. The Royal College of Emergency Medicine guidance is to split high/symptomatic and low/asymptomatic patients. To follow this guidance, the CED requires 24/7 access to a separate "clean" waiting area, with corresponding spaces for clinical review and treatment. The preferred option to expand the CED and deliver a second 'clean' area is the outpatients department Carousel on Level 3 of the BRHC, for at least a 6 month period from October 2020. This will result in the loss of approximately 3-4 clinic rooms over the week. These plans represent a risk to levels of outpatient activity currently being delivered in a face-to-face setting. The following is a high-level summary of the mitigation plans:

- Use of the Independent Sector – the BRHC will begin using the Children and Young Person's facilities at the Spire Hospital to undertake outpatient clinic activity from the end of September 2020.

- Additional Paediatric outpatient capacity – there is a proposal at a feasibility stage of development to locate a paediatric outpatient facility at the Galleries Shopping Centre in Broadmead.

- Nightingale Hospital Bristol – there is a proposal to establish a paediatric outpatient procedure service within the NHB. This service would offer infusions and other procedures such as allergy tests.

In **ENT**, the main driver of lower levels of activity is a physical lack of space. ENT has a total of 8 rooms that are normally used for consultations and procedures. However, the service is currently using 2 of those rooms as PPE don and doff areas, 1 as a designated procedure room and 5 as consultations rooms. This inability to see high volumes of patients and complete procedures in every room has had a significant impact on clinic efficiency.

The service has ordered specialist kit (goggles) to allow the otology consultants to see more patients and are in talks with NBT to reopen capacity on the Southmead site.

In **Genito-urinary Medicine** (GUM) services, asymptomatic patients requiring testing are signposted to our home testing by post service instead of walk-in clinics at the Central Health Clinic. This is to support social distancing and increase uptake of self-testing and is a pandemic driven change in service that the department aims to sustain.

There are also a number of walk-in community clinics that have not yet been able to restart as premises remain closed. The service is in discussions with the premises owners to confirm dates that they will resume.

In **Dermatology**, lower levels of activity are related to two factors: firstly, consultant vacancies to meet the summer surge in referrals. In prior years the service has employed two locums to support the service over the summer months. However, this year the locums were not available. A locum has been appointed in September, and efforts continue to recruit an additional locum.

Secondly, Light therapy services have yet to be restored – these associated activity is ~480 slots per month. This is because of a combination of social distancing and nursing vacancies. Plans are in place with Estates to move the location of the light therapy machines to meet social distancing requirements and nursing recruitment and training are underway. The anticipated date for restoring this service is November 2020.

Theatres Restoration

The following table provides a comparison between the levels of Day Case and Elective Inpatient activity in August 2020 compared to August 2019. The data indicates a significant reduction of day case activity across a range of surgical services, haematology and oncology services, and endoscopy (gastroenterology day case) services. Elective inpatient activity is also down across a range of specialties and sites.

Day Case:

National Specialty	2019/20 Actual	2020/21 Actual	% BAU	Difference
Adult Surgical Specialties	889	498	56%	-391
Haematology	899	513	57.1%	-386
Oncology	1298	1014	78.1%	-284
Gastroenterology	821	547	66.6%	-274
Ophthalmology	525	263	50.1%	-262
Dental Specialties	247	33	13.4%	-214
Dermatology	328	187	57%	-141
Paediatric Specialties	432	320	74.1%	-112
Cardiology	178	98	55.1%	-80
Paediatric Gastroenterology	79	35	44.3%	-44
Other	304	221	72.6%	-83
Grand Total	**6000**	**3729**	**62.2%**	**-2271**

Elective Inpatient:

National Specialty	2019/20 Actual	2020/21 Actual	% BAU	Difference
Ophthalmology	111	54	48.6%	-57
Trauma & Orthopaedics	69	30	43.5%	-39
Gynaecology	74	35	47.3%	-39
Upper GI Surgery	54	32	59.3%	-22
Thoracic Surgery	53	33	62.3%	-20
Paediatric ENT	37	21	56.8%	-16
Paediatric Plastic Surgery	24	9	37.5%	-15
Other	767	751	97.9%	-16
Grand Total	**1189**	**965**	**81.2%**	**-224**

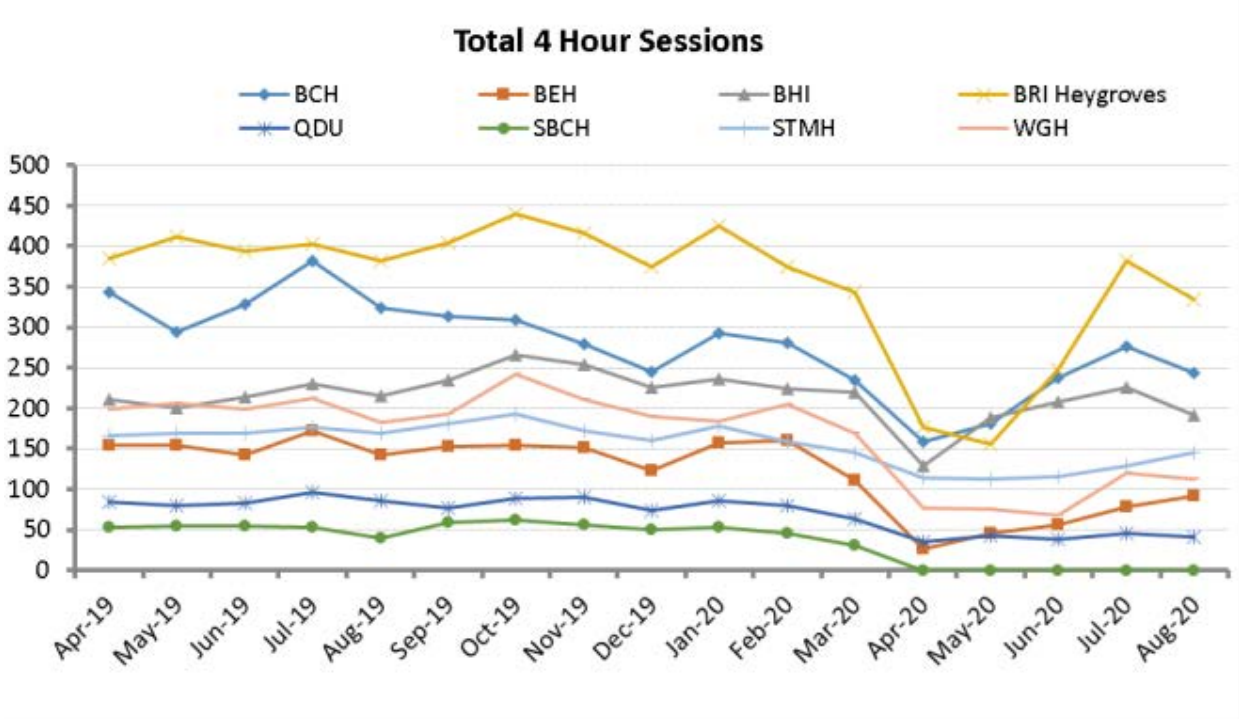
In **Haematology**, the drop in day case activity is related to a reduction in demand for Haematology services, but the service had been increasing its restored activity and was at 76% of activity in July 2020 compared to July 2019. As part of the response to Covid-19, the clinical teams amended some treatment schedules to reduce frequency as many patients

attend BHOC on a very regular basis. All patients have been reviewed and the clinical team is satisfied that the treatment that they are receiving is appropriate for their needs.

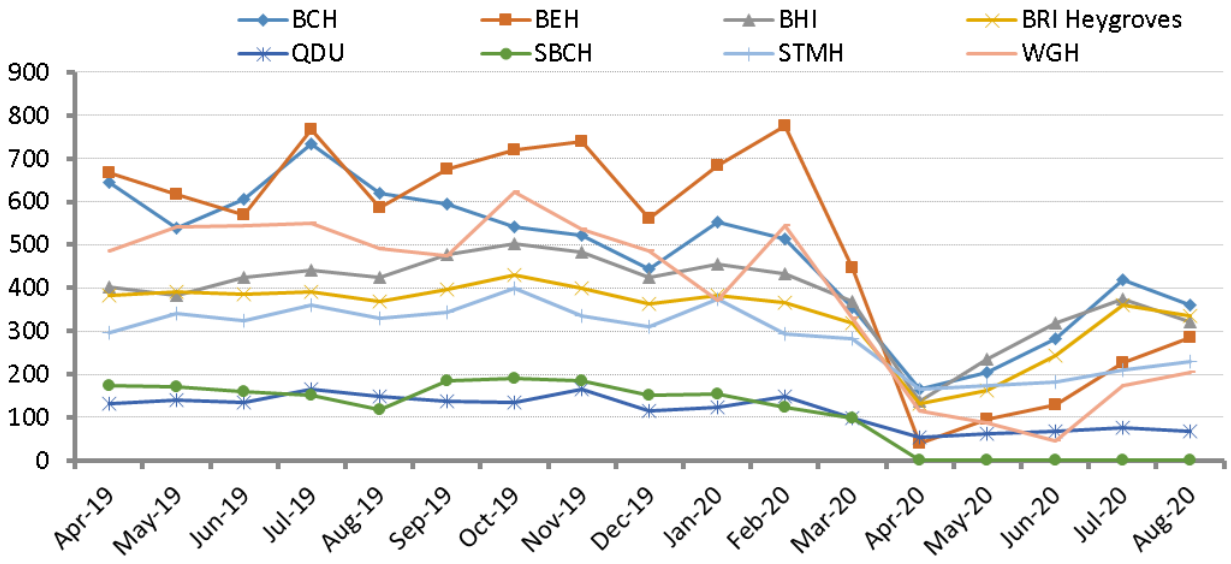
In order to maintain social distancing, the day unit services in Oncology and Haematology temporarily relocated to the BDH. The service recently vacated the BDH to enable dental student teaching to recommence, and consequently there has been a reduction in chair capacity. Plans are being developed as to relocate the apheresis service needs to relocate to enable a full restoration of chair capacity.

In **Oncology**, the reduction in day case activity in August 2020 is being investigated as the service had restored to 100% and 95% in June and July 2020 respectively – this may be related to coding issues. However, the service is aware of a reduction in demand in the earlier part of the year due to reductions in surgical operating, some treatments being suspended and lower referrals into the service.

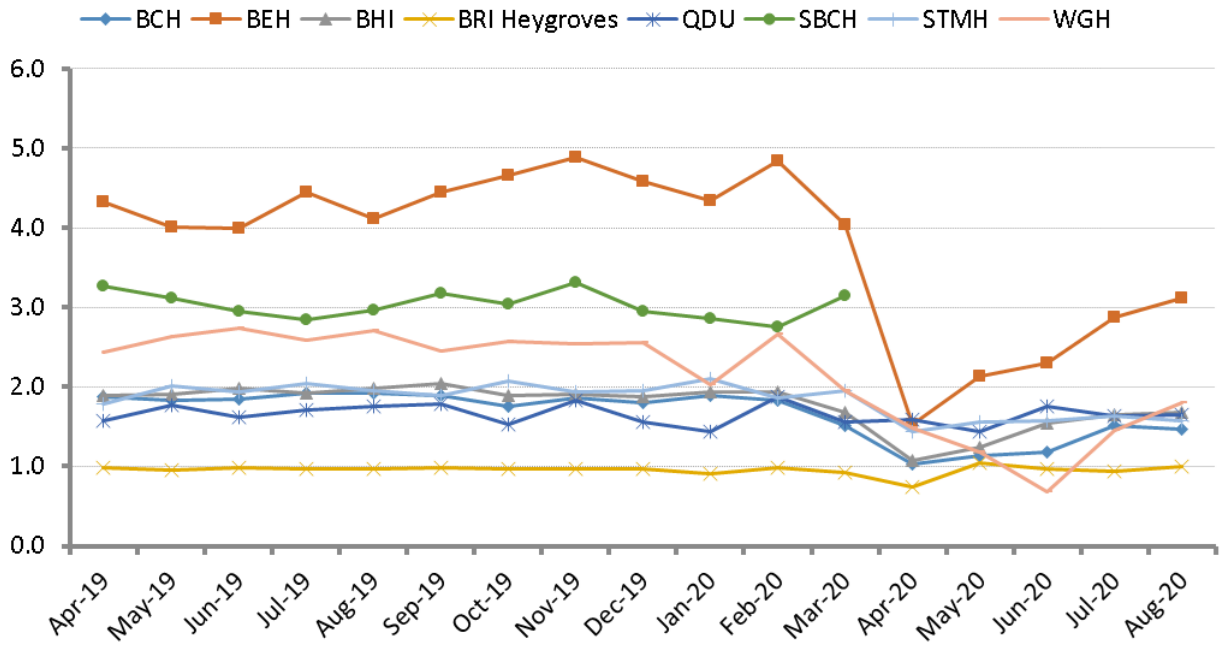
In **Adult and Paediatric Surgical Specialties**, there has been a significant reduction in scheduled theatre lists and productivity across all theatre suites. The following run charts provide the number of scheduled sessions by theatre suite, the total number of patients and the number of patients per 4 hour operating session.



Total Patients



Patients Per 4 Hour Session



Barriers to Theatre Restoration

One of the greatest challenges is the requirement for 14 days pre-operative isolation for elective cases, which has resulted in scheduling challenges such as the inability to backfill operating lists in the event of a cancellation. Patient choice is also a factor with some patients declining dates for surgery because they are unwilling to isolate for this length of time.

The implementation of the new pre-operative SOP, which changes the requirements for some patients from pre-operative isolation to social distancing, has been approved by Silver. However, the SOP is pending implementation following the publication of other PHE guidance related to infection prevention and control.

The other significant factor affecting rates of restoration across all theatre suites is the number of theatres that are able to be staffed and open for scheduled patients.

The Trust has a compliment of 39 operating theatres. At present, only 31 of the 39 operating theatres are being used for scheduled operations; 3 have been prioritised for use by endoscopy, 3 have been reserved for amber admissions and recovery (in the BRI, BRHC and STMH); 2 have been reserved as a contingency to accommodate ITU cases in Weston. Note that surgical operating on the SBCH site has been suspended. The reduction in theatres is being compensated for with the use of theatres in the Independent Sector (approximately 3 theatres across Spire and Nuffield).

Plans are being progressed to re-open all theatres for scheduled activity, but this is contingent upon additional staffing and an alternative location for amber recovery being identified – potentially at the net loss of inpatient beds.

The Trust has a compliment of 8 endoscopy rooms. 4 are being used for scheduled cases. The opening of additional rooms is contingent upon additional staffing, and infection control assessment. The reduction in endoscopy rooms is being compensated for by the use of 3 theatres, and endoscopy room capacity in the Independent Sector (Nuffield, with some access to lists at Emerson's Green; Prime Endoscopy).

Infection control requirements have resulted in reductions in theatre and endoscopy productivity. There has been an increase in down time between procedures to protect against particles that may be in the air, and to facilitate enhanced cleaning between procedures. For amber or blue cases, additional 'clean' runners have to be allocated, which has reduced the overall staffing levels, which reduces the overall pool of staff to support the restoration of operating lists.

For full aerosol generating procedures, there is also the additional need to don and doff PPE. The challenge has been both the time taken and the lack of space for staff to complete this

task – not all of our theatres have facilities such as anaesthetic rooms which can serve this purpose.

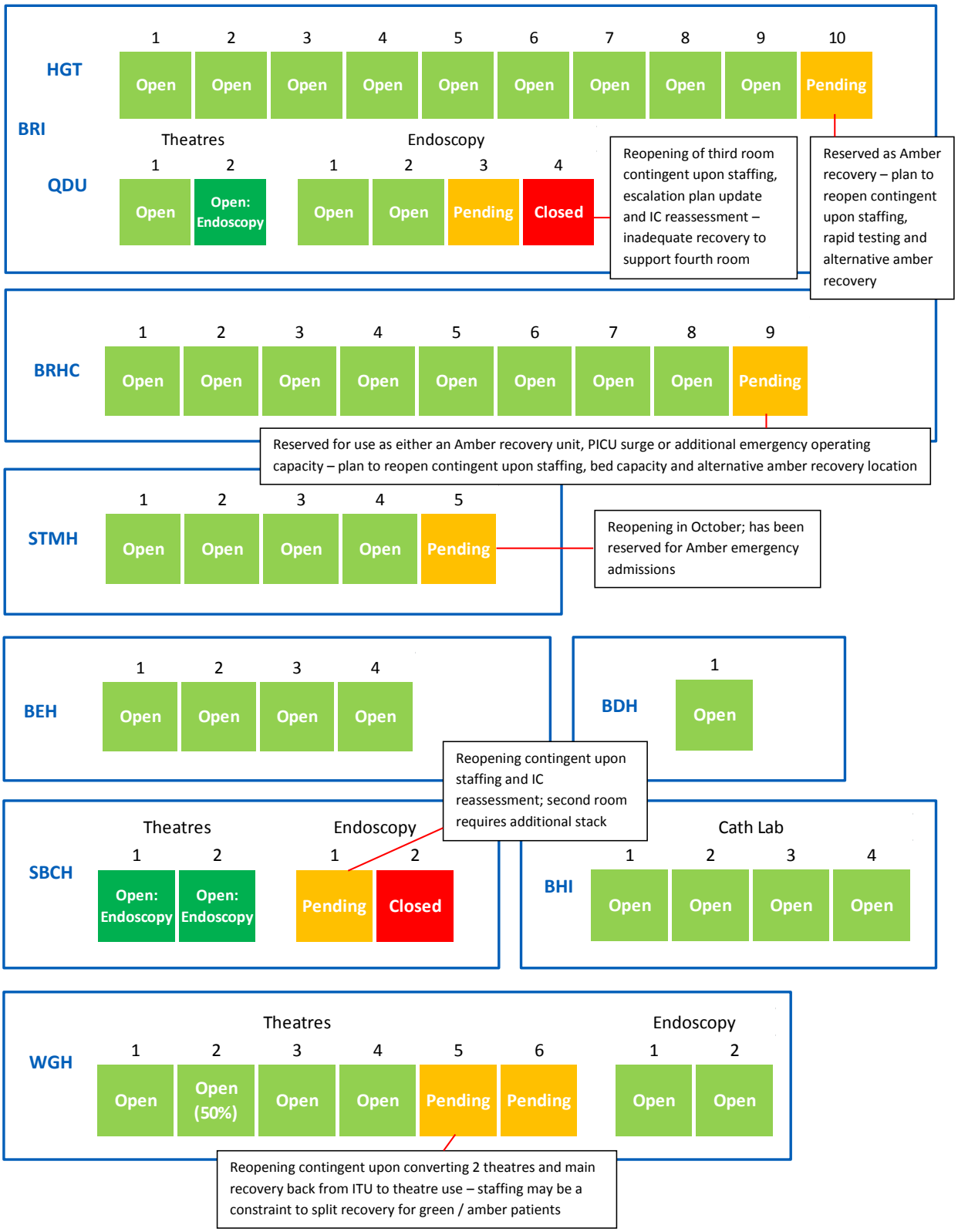
SBCH theatres have been prioritised for the use of endoscopy because of the number of air changes in a theatre setting reduces the downtime between procedures, and hence productivity of endoscopy lists, and the theatres also have better facilities to don and doff PPE.

The size of the theatre and endoscopy recovery spaces is also a rate limiting factor with the need to separate green from amber / blue patients. This is less likely to be a factor in the case of NBT with their Mediroom facilities for recovery.

The Divisions are progressing plans to reopen all theatres. The following diagram indicates which theatres are currently open for scheduled cases. The theatres or endoscopy rooms marked as ‘Pending’ are currently the focus of divisional plans for restoration.

Plans for restoration will be overseen by the newly reconfigured Trust Silver meeting. Mitigations will continue to be developed by divisions through the Phase 3 planning process, including Adopt and Adapt initiatives designed to help address the gap in restoration progress.

Status of Theatres, Endoscopy Suites, Cath Labs



8) Conclusion

The recovery work of the Trust remains interlinked with close work with our system partners on reducing unplanned attendances, admissions and associated beddays. Work continues to embed the improvements made to date at the backdoor, whilst the focus has shifted in terms of transformation work, towards attendance and admission avoidance. Success in these areas will be critical in supporting the restoration of BNSSG elective programmes, and well as delivery of our winter inpatient capacity plans.

9) Recommendations

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

Lucy Parsons and Philip Kiely
Deputy Chief Operating Officers, Urgent and Planned Care
12 September 2020

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 29th September 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.
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 core activities and performance are adversely affected by the allocation of resources required to manage service level 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.**
N/A

8

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

Meeting of Board of Directors in Public
29th September 2020

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

1. Introduction

Good progress continues to be made to bring the staff and services at Weston General Hospital together with the services across the wider University Hospitals Bristol and Weston NHS Foundation Trust. This remains a key priority for the Trust and is continuing at the same time as we restore services after the initial phase of Covid-19 and as we plan for the expected demands of winter.

2. Clinical services update

Service leads from both Weston and Bristol teams have been working together to design future arrangements for services as one new organisation and ensure that opportunities are being taken to improve the patient experience, service stability, and make changes that incorporate best practice from both the Weston and Bristol teams. The first wave of bringing clinical services together is underway, with the following five services in advanced discussions:

a. Adult Therapies
b. Lab Services
c. Sexual Health
d. Gynaecology
e. Pharmacy

A further nine clinical specialties are also beginning the process of creating single service arrangements this month.

3. How Critical Care services are working together

The outcome of the 2019 Healthy Weston review envisaged significant changes to the way in which critical care is delivered at Weston General Hospital and that the achievement of these changes would be greatly enhanced through the merger.

To enable the future model of Critical Care, recruitment to a dedicated transfer service between Weston and Bristol (ambulance with consultant-led transfer team), is now underway. Furthermore, work with IT provider Philips is in an advanced stage, to roll out a single ITU clinical system. This will provide a digital link to the Bristol Royal Infirmary to provide oversight and monitoring from the larger unit of the patients cared for at Weston Hospital ITU.

Since the establishment of these priorities, the Covid-19 pandemic has, of course, had a significant impact on the need for critical care capacity throughout the country, and has also provided a stimulus to accelerate team collaboration, leading to:

- Improved rapid transfer of patients from WGH and BRI to the regional haematology service and more seamless repatriation of patients to Weston who no longer required specialist care.

- Bristol consultants working on the Weston Intensive Care Unit (ITU) daily and weekend rotas, to provide additional capacity and to promote common working practices.

This enhanced collaboration has seen a number of benefits begin to emerge, including:

- Sharing of good practice, resulting in changes to a number of treatment protocols.
- Strong collaboration between the two services on planning for the future in the context of the continuing challenges presented by Covid-19 and particularly in relation to the need to expand critical care capacity across the region.

4. Recruitment and retention planning

Making improvements to the recruitment and retention of medical, nursing / allied health professionals and administrative posts at Weston, is a key part of our plans. The Merger Taskforce Steering Group is providing strategic leadership to this and with the new challenges of Covid19, we have expanded our taskforce approach to cover the whole of the Trust.

Specific recruitment activity in Weston has included:

- The appointment of one consultant and two Clinical Fellows in the Emergency Department
- A monthly registered nurse virtual open day, show-casing Weston Hospital alongside our other divisions.
- Weston specific nurse open day. From this event, four interviews have taken place, with two more planned. Three offers have been made to date. Short films were created to help sell Weston as a place to live and work.
- Joint Bank Recruitment Campaign, delivered via social media, Spotify and internal posters.
- Nurse Recruitment Lead position out to advert.

5. Corporate Trust Services integration

Work continues to progress well on bringing together Trust corporate services across Bristol and Weston to form single teams. This is helping us to reduce duplication, improve organisational resilience and to ensure that there is a common approach across UHBW. Out of a total of 21 areas, four corporate services have now completed this process, with a further twelve areas out to staff consultation this month. We continue to plan to complete this work by April 2021.

6. Research and Development in Weston

Covid-19 related studies have been prioritised across the Trust and on this basis Weston has been contributing to three important studies. *Recovery* is a randomised trial looking at various treatment options. This study has had a significant impact on Covid-19 treatment providing robust evidence on the benefits of dexamethasone and the ineffectiveness of hydroxychloroquine.

ISARIC is a data collection study that collects important information about all patients with proven or suspected Covid-19 infection in the hospital. There will also be a sub study collecting data on patients with cancer who become infected.

Siren is a Public Health England study that involves collecting samples from NHS staff. The purpose of the study is to understand whether prior infection with SARS-CoV2 (the virus that

causes Covid-19) protects against future infection with the same virus. It involves tracking antibodies over a period of time.

We are currently looking at those studies that are paused to decide on the feasibility and timing of reopening them in the future. Commercial research has been difficult to attract to a small Trust but as a part of a large teaching trust it is anticipated the department will be able to participate in more of this type of work.

Members are asked to:

- Note developments with Weston integration programme

Meeting of the Board in Public on Tuesday 29th September 2020

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

This Transforming Care update provides highlights of the key transformation and improvement work that has progressed during quarter 2 (July-September 2020).

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

- 2020/21 Transforming Care priorities were approved by SLT in August 2020
- Following the changed approach to how Strategic SLT (SSLT) will operate as a formal decision-making strategic transformation steering group, Transformation Board has been dissolved. Oversight of the Transforming Care benefits delivery will be via SSLT.

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 previously been received.

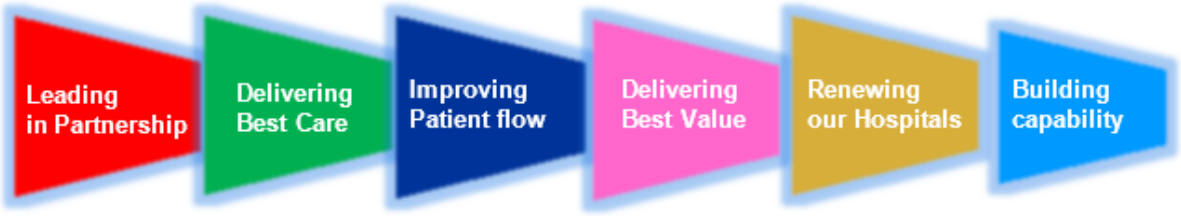
Business SLT	23rd September 2020

Quarter 2 Transforming Care programme report

This Transforming Care update provides highlights of the key transformation and improvement work that has progressed during quarter 2 (July-September 2020).

The SPORT report below (Appendix 1) provides further detail of initiatives.

2020/21 Transforming Care priorities



The following priorities were approved by SLT on 19th August 2020, following a delay due to Covid-19 pandemic priority projects.

	Primary/ Secondary Care interface	Delivery of **immediate** priorities identified : Endocarditis **integrated pathway** with primary care and community, Restructuring the **GP Direct Admission** pathway in the BRI, Paediatric **Advice and Guidance**/Education sessions
	Healthy Weston	Delivery of the four **acute provider** work streams agreed following the **public consultation:** • Critical care • Acute Paediatrics • Emergency Surgery • Urgent and Emergency care
	SW Region Adopt and Adapt rapid service reviews	Delivery Healthier Together Adapt and Adopt outputs for **Diagnostics** – MRI/CT, **Endoscopy**, **Theatres** and **Outpatients.** Adapting **best practice** from other hospitals/systems.
	Redesign of outpatient care	Delivering **high quality** outpatient care to our population by: • Ensuring patients are part of decisions relating to their care • Developing efficient system pathways by working with our partners • Embracing innovative delivery methods • Creating sustainable services for all patients
	Critical Care Outreach	To agree **clinical model** including job descriptions, write **options appraisal** and **business case** for the implementation of a nurse led critical care outreach service for **adult patients** inpatient wards in the Bristol campus
	Named Consultant	To ensure there are defined processes to **allocate, accurately record** and update a named consultant for **each patient**

	Women & Childrens transformation programme	To take advantage of, learn from, and **build** on the improvement and transformation **opportunities** that Covid-19 has created, working with **system partners** to deliver the **best possible care for children** in light of the 'new world' in which we find ourselves.
	Proactive Hospital	To deliver **outstanding** emergency and elective care by the **optimal specialty** in the **ideal clinical location**. Patients and families experience **seamless** care from **timely** assessment and admission to **prompt** discharge. Queues are **eliminated** and cancellations **reduced**.
	Working smarter programme	**Identification and delivery** of improvements to ensure the organisation makes the **best use of the resources** and facilities we have to deliver care**. Learning** from benchmarking tools such as the Model System and Getting It Right First Time (GIRFT) reviews
	Space Review and Home working	• To identify **additional space** and/or **methods of working** to support services across the trust **resume** their **activity** given the additional restrictions (e.g. social distancing) during the Covid-19 recovery phase • To develop the Trusts **strategic** approach to **home working**
	Sustainability programme	Delivery of year one of the **sustainability strategy**, including: • Sustainable **waste** project • Sustainable **procurement** project • **Carbon neutral** project • **Clean** air strategy
	Transformation, Improvement and Innovation capability	**Building** of organisational capacity and **capability** to deliver Transformation, Improvement and Innovation (T,I &I) through delivery of year two of the T,I &I strategy, including: • **Quality Improvement** (QI) Academy dosing model • **Expansion** of QI faculty

There are a number of enablers to delivering the Transforming Care Priorities. In particular, the delivery of the key digital projects planned for 2020/21 will enable many of the priorities.

All of the programmes have commenced, except:

- Primary/Secondary care interface, as the Associate Medical Director for Primary care has returned to her GP practice as part of the Covid-19 response;
- Named Consultant, which is planned to commence in January 2021, when a clinical lead has been identified and the transformation team have capacity.

Each project will have benefits developed in line with Transformation, Improvement and Innovation framework. Oversight of the benefits delivery will be via the Strategic Senior Leadership Team (SSLT).

Quality Improvement and Bright Ideas

Following a pause due to Covid-19, Quality Improvement Academy courses have been developed so they can be effectively delivered remotely:

- Bronze courses re-commenced on 22nd September 2020, and will be held monthly
- Completion of Silver cohort 6 and commencement of Silver cohort 7 in early October
- The final day of the Gold programme will take place on 30th September 2020

A diagnostic survey has been launched for Trust staff to share how they feel about making improvements at work. The results will be used to inform developments required to embed a quality improvement culture across the Trust. The survey is open until 31st October 2020.

The final submission date for the Covid-19 Bright Ideas competition is 20th September 2020, so far, eleven entries have been received. The October panel will see the shortlisted entries from the Covid-19 and nine shortlisted submissions from the delayed Spring 2020 competition

Appendix 1: Transforming Care – Progress Summary Q2 July – September 2020/21

Successes	Priorities

• Selected to deliver a training session on 'Moving from a top down to bottom up improvement approach - An NHS Trust's Journey', at the Institute of Health Improvement (IHI) annual conference in December 2020
• Transformation, Improvement and Innovation Benefits framework developed
• 2020/21 Transforming care priorities approved by SLT
• Surgery Division working smarter workshop to identify ideas and priorities
• Weston Emergency Department -All GP expected patients are filtered via BrisDoc professional line, to direct patients to right level of care
• Women and Childrens Division drop in sessions providing coaching for divisional staff delivering improvement projects
• Clinical practice group toolkit developed, to support the clinical integration of services on Bristol and Weston campuses, and Acute Services Review (ASR)
• Design and facilitation of Stroke pathway table top exercise, to assess the impact of the proposed system pathways from a UHBW perspective
	• Development of Transforming Care benefits report
	• Use of office space in Bristol campus by teams to support the delivery clinical services
	• Redesign of pathways to reduce physical overcrowding in Trust Emergency departments, including:
	  • delivery of GP 24/7 telephone paediatric advice and guidance
	  • use of Same Day Emergency clinic in both Bristol and Weston adult services
	• Bright ideas panel for delayed Spring and Covid-19 focus competitions
	• Undertake redesign of Outpatient Care self-assessment tool with prioritised specialties
	• Collaboratively working with system partners to develop the redesign of outpatient care toolkits
	• Re-establishment of Quality Improvement Academy training remotely
	• Recruitment to the new QI trainer post
	• Establishment of cross-divisional proactive hospital working groups, focusing on Arrivals, First assessment, Admission and Transfer and Discharge

Opportunities	**Risks and Threats**
• Working with UHBW Finance service improvement team to strengthen the use of financial data in project diagnostics, and delivery of financial benefits • Task and finish group established to explore opportunities for using robotic process automation	• Impact of restoring services on operational teams, and their capacity to engage with Transforming Care priorities • Ability to maintain delivery of projects at pace, as operational and transformation capacity becomes stretched

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 29 September 2020

Report Title	**Sustainable Development Annual Report**
Report Author	**Sam Willitts, Head of Sustainability**
Executive Lead	**Paula Clarke, Director of Strategy and Transformation**

1. Report Summary

This report is to provide the Trust Board with assurance that we are making progress in achieving the commitments in our Sustainable Development Strategy.

2. Key points to note
(Including decisions taken)

The report highlights where successes have been made with the Trust's Sustainable Development Strategy, and shows continued progress towards sustainability targets and objectives. Governance and resources have been put in place over the past year, which will enable the required step-change to move the strategy forwards.

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

The risks associated with this report include:
Risk that the Trust fails to deliver the Sustainable Development Strategy. ID: 3472

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

- This report is for **Assurance.**
- The Board is requested to recognise the successes, and to support the step change required for delivery of the strategy going forwards.

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

Sustainability Implementation Group	8th September 2020
Sustainable Development Board	10th September 2020

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NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Sustainable Development Annual Report 2019-20

10

Respecting everyone
Embracing change
Recognising success
Working together

INTRODUCTION

Our Vision for a Sustainable Trust - Foreword by Robert Woolley, Chief Executive

As an NHS Trust we dedicate our working lives to both caring for and improving the health of our patients and the wider population of the South West. It would be wrong therefore if we as a Trust did not fully embrace sustainable development.

In its simplest form sustainability is about doing more with less and making the very best impact we can on our environment and community for the future betterment of all. As part of our innovative 'Fit For Future' initiative we have in 2019/20 bolstered our Sustainability team. In addition to this, through our Board's endorsement of a comprehensive Sustainable Development Strategy , we have empowered this team to widen the best practices they have developed in estates and facilities to all parts of our business and its wider supply chain.

- Our Trust is successful because it takes a long-term view. Sound judgement, good science, financial diligence and a culture of striving for excellence are good foundations for any sustainable organisation.
- We aim to be one of the most sustainable healthcare providers in England. We have achieved a lot but there remains much work as well as opportunities to do things in better, smarter and more efficient ways moving forward – for the good of patients, staff and our communities in Bristol and Weston.

Bristol citizens have clearly demonstrated their concern about climate change, most visibly in the Youth Strike 4 Climate and Extinction Rebellion movements demanding action to tackle the unprecedented global climate emergency. Like with any health related matter, 'prevention is always better than cure'. But when there are systemic issue, more invasive interventions are often needed to ensure things get better. At present our planet has systemic issues as a result of how we use it; this needs to change and we need to act responsibly today for the sake of future generations.

In late 2019, University Hospitals Bristol NHS Foundation Trust and North Bristol NHS Trust were among the first NHS organisations in the UK to declare a climate emergency, which shows a clear and positive commitment to tackling climate change and the effects on the health of our population.

There is only one planet and there is no 'Plan B' if we do not succeed in tackling this emergency.

Supporting our Communities in Bristol and Weston

There is a causal-link between aspects such as emissions from greenhouse gases (including SOX and NOX) and long-term negative health effects and even mortality rates. The last thing we want to do as a compassionate and caring Trust, is to harm the very populations we seek to protect and care for by polluting the air of Bristol, Weston and beyond.

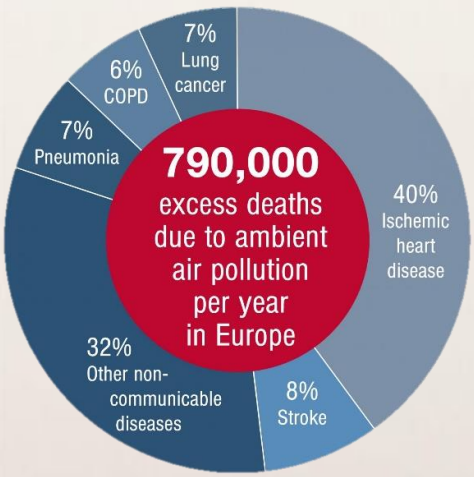
The work already well underway, future planned projects and long-term behaviours set out by the Sustainable Development Strategy (SDS) will make sure we have both a clear vision and measurable 'evidence base' on our impacts on air quality and other sustainability aspects. We are already working hard to make sure Bristol and Weston's air gets cleaner and healthier each year by our actions and example, becoming a clean air hospital.

But it's not just about direct emissions at our hospital sites (from our boilers, Combined Heat and Power engine (CHP) and generators), through our wider supply chains, we produce waste and emissions, and we must therefore also reach out and encourage our wider supply chain business 'ecosphere' to do more to help too. As one example, we aim to be a zero-to-landfill Trust by 2025. By using less resources and by creating less waste, we can spend more of our publicly funded money on healthcare and through our research developing tomorrow's treatments and care.

Our Duty of Care as an 'Anchor' Organisation

The Trust acts as an 'Anchor' organisation in the communities we serve. Anchors get their name because they have 'sticky capital' (i.e. are unlikely to move given their connection to the local population) and have a significant influence on the health and wellbeing of a local community through their sizeable assets.

As would be expected, given the Trust's status as a very large public-sector organisation, there are a wide range of statutory and mandatory targets for sustainable development including, on an international level, the United Nations' Sustainable Development Goals; at National level, UK Climate Change Act; at a health sector level, NHS Long Term Plan (net zero before 2050) and at local leve,l the Bristol One City Plan (carbon neutral by 2030).



The European Heart Journal estimated 790,000 excess deaths are caused by air pollution in Europe annually. Bristol as a major UK city is known to have high levels of pollution.

Bristol has well known issues with congestion and air pollution, but has ambitions to be a 'smart' city and one that continues to lead in terms of 'green' innovation and collaboration.

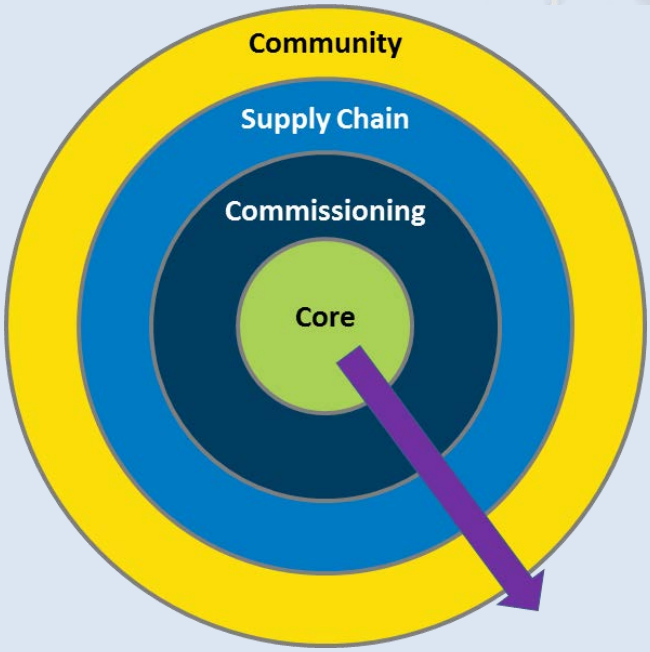
Bristol was the first UK city to develop a climate strategy in 2004, and since then, the city has been a leader in the UK and Europe delivering on progressively more ambitious targets. As the first UK city to become a European Green Capital in 2015 and the UK's first council to declare a climate emergency in 2018, Bristol is a leading voice in the response to climate change. People of Bristol are increasingly concerned about climate change (88% reported being concerned or very concerned in 2019, a continuing upward trend).

It is this culture and campaigning by 'Extinction Rebellion' and others which Bristol has responded to in developing the 'One City Climate Strategy'.

Aligning Our Efforts with NHS and UN Sustainable Development Goals

The UN Sustainable Development Goals (SDGs) form a global action plan to end extreme poverty, inequality and climate change by 2030, and have been signed by every member of the UN, including the UK. The 17 goals have been agreed globally; these provide a framework for sustainable development which we have applied to our strategy. At a national level, sustainability in the NHS is led by the NHS England and Improvement Sustainable Development Unit (SDU). The NHS Long Term Plan asks that all Trusts have a Green Plan. Our Sustainable Development Strategy (Green Plan) covers a highly comprehensive set of criteria, targets and actions

Whilst we must consider our core business (running 9 hospitals, with some 10,000 staff seeing over 1 million patients with Annual turnover nearing £1bn) we must also consider our wider supply chains and influence



The further from the centre the less control the organisation has but the more value/impact can be achieved in supporting individuals, patients and community to support their health through healthy lifestyles and choices.

- The Trust is an Anchor organisation in Bristol - what we do makes an impact. How we manage our buildings, activities and supply chains matters.
- We are building sustainability into all our business and operating planning.
- We are committed to and actively contributing to delivering Bristol's One City Plan including achieving carbon neutrality by 2030.
- We are committed to contributing to all 17 of the UN Sustainable Development Goals by 2025.

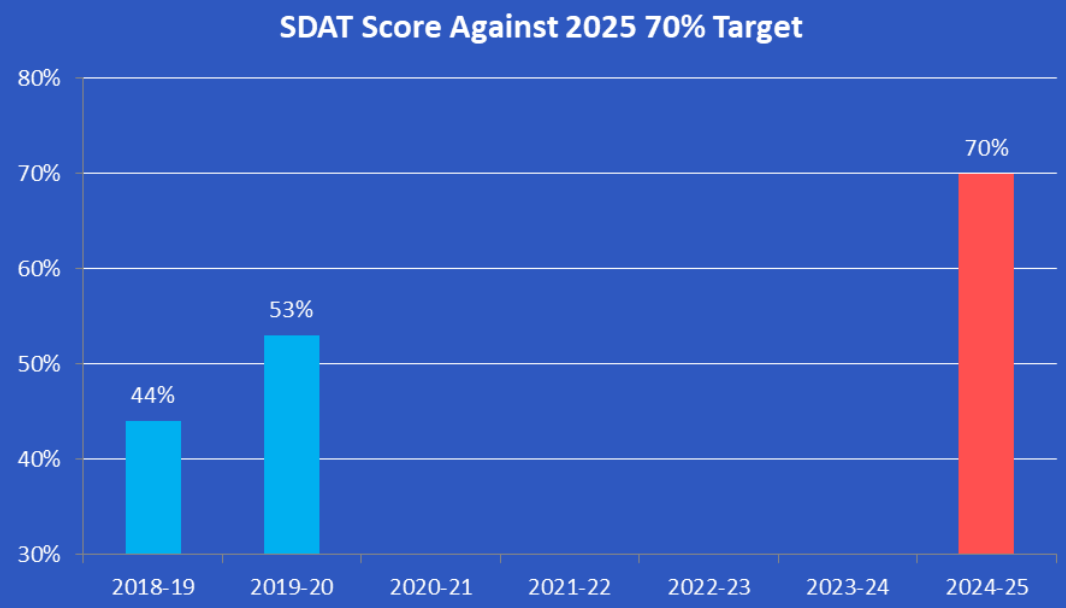
Assessing Performance

Our Sustainable Development Strategy covers a comprehensive set of targets developed from the NHS's own exemplar sustainability mapping tool known as the Sustainable Development Assessment Tool (SDAT). This annual report, and others that will follow, use the SDAT to measure our performance over time across a broad range of sustainable areas. We will also provide an update for each of our five work streams (Carbon Neutral, Sustainable Procurement, Clean Air, Waste Management and Sustainable Care Models) and the engagement work that ties them all together.

PROGRESS IN 2019-20

Sustainable Development Assessment Tool (SDAT)

Area	2018-19	2019-20	Change
Asset Management and Utilities	70%	79%	9%
Travel and Logistics	49%	58%	9%
Adaption	27%	40%	13%
Capital Projects	44%	52%	8%
Green Space & Biodiversity	33%	41%	8%
Sustainable Care Models	41%	41%	0%
Our People	66%	69%	3%
Sustainable use of Resources	32%	38%	6%
Corporate Approach	40%	55%	15%
Carbon/GHGs	41%	52%	11%
Overall Score	**44%**	**53%**	**8%**



Carbon Neutrality

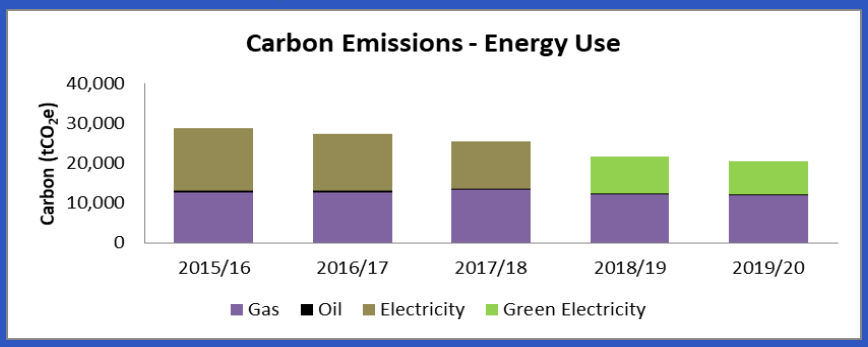
In 2019, the Trust heard the wider call from society and joined the many organisations and public bodies to declare a climate emergency. This declaration has driven the development of our Sustainable Development Strategy, formed our new team and established our target for carbon neutrality by 2030.

We aim to be carbon neutral in all our activities by 2030

"It's great to be part of the new sustainability team.

I am excited to be taking on the challenge of achieving our target of carbon neutrality by 2030."

Ned Maynard, Senior Energy and Sustainability Manager



Since last year's update, we have progressed with a number of projects to reduce our direct greenhouse gas emissions.

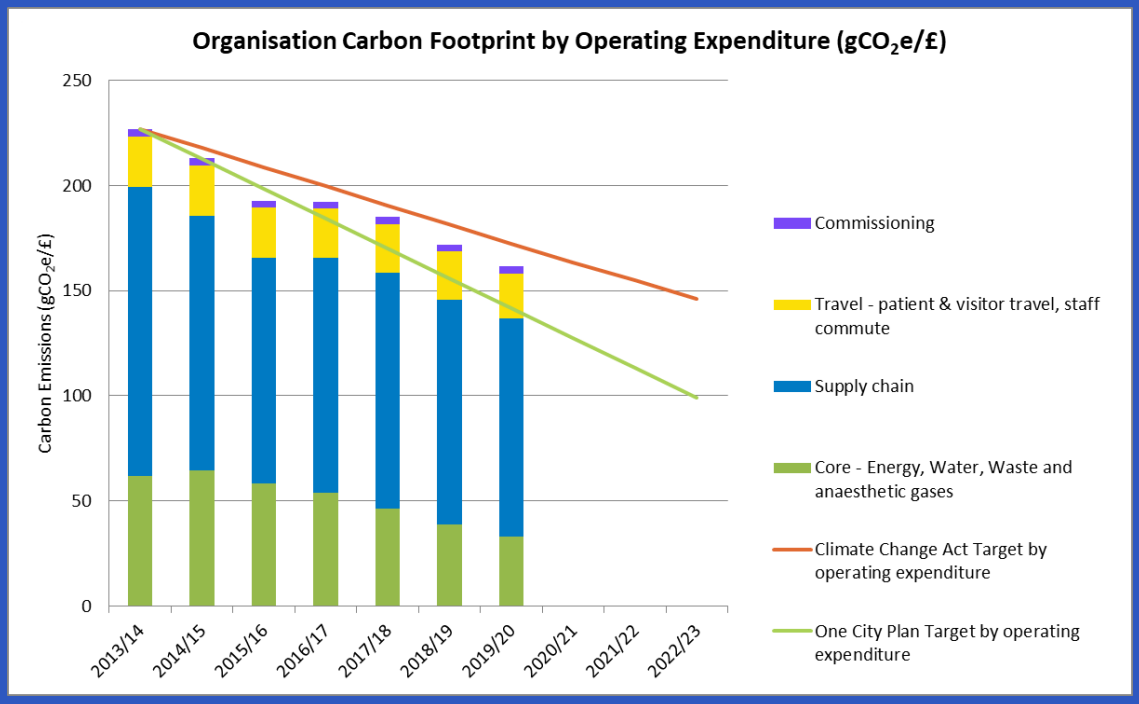
Heating and Electricity

£11.8m has been spent installing CHP technology at our Bristol city centre site, to provide lower carbon heating and electricity to our buildings and infrastructure. CHP is an energy efficient technology that generates electricity and captures the heat that would otherwise be wasted to provide useful thermal energy for heating systems. The new Bristol CHP will provide 3.36 Mw of power, covering our entire base load for electricity. A 550KW CHP has also been installed at Weston General Hospital which will help to reduce the hospital's greenhouse gas emissions by 485 tonnes per year.

The past 12 months has also seen the installation of a Nitrous Oxide abatement system to minimise local air pollution and a district heating system to provide more efficient heating and allow for future expansion to other areas of the city.

Lighting
In the last year, we have completed Phase 1 of our LED lighting conversion project in Bristol with a capital allocation of £753,000. This project has already delivered £50k of energy cost savings by the end of March 2020, in addition to carbon emission reductions and an improved environment for our patients and staff. We are now heading into Phase 2 which will convert all remaining lighting in Bristol to efficient LEDs. Weston is also making progress with LED lighting with a project for 1000 fittings to be installed by the end of 2020, saving 27 tonnes of CO_2e per year.

Insulation
New insulation has been added to existing heating and cooling pipework across the Bristol hospitals to boost operating efficiency.



As shown in the above graph, we have continued to see a reduction in greenhouse gas emissions based on our operating expenditure into 2019-20, primarily driven by a reduction in our energy, water, waste and anaesthetics activities. This shows that the projects we are implementing are working, but if we are to meet our 2030 goal, we will need to begin working on our biggest emissions area – supply chain.

Sustainable Procurement (Supply Chain)

Our Sustainable Procurement work stream will be pushing for the sustainability of our supply chain going forward. Given the level of expenditure and buying power of the Trust, we have a huge opportunity to influence our supply chain. Following our declaration of a climate emergency, we have written to all our suppliers engaging them in how they can support us in reducing our carbon emissions.

"We welcomed the opportunity to support the Trust through contacting suppliers to get their support in achieving carbon neutrality. We are committed to embedding sustainability in our procurement processes."

Rachael Pemberton, Bristol and Weston Purchasing Consortium

Information for Suppliers and Contractors

NHS Bristol Zero Carbon 2030

On Friday 4th October 2019, North Bristol NHS Trust and University Hospitals Bristol NHS Foundation Trust, joined other NHS trusts nationally to declare a Climate Emergency as we recognise the impacts of climate change on our patient's health.

The declaration publicly acknowledges that we, the NHS, recognise climate change is a threat to public health and that of our patients. As such, we seek to minimise our own impacts on the environment and those of our suppliers and contractors.

As part of our declaration, we have also signed up to the Bristol One City Plan goal of carbon neutrality by 2030.

The procurement of our goods and services account for 65% of our annual carbon emissions.

We are committed to working with you, our suppliers and contractors, to ensure we work together towards this highly ambitious goal.

Please pledge your support to help us achieve our carbon neutral ambition.

Before 2020, sustainability did not play a formal role in our procurement of goods and services. From 2020, all schemes over £1m in value will now be subject to a Sustainable Impact Assessment (SIA), with targets for 100% of business cases to include an SIA by 2025.

Clean Air (Transportation)

We aim to cut air pollution becoming an excellent rated Clean Air Hospital by 2025

How we get to work, how our patients travel to us and how we manage our business and wider supply chain travel all has an impact. Following on from the decision not to grant us permission for our planned state-of-the-art transport hub, we have the opportunity to reconsider all aspects of travel and related parking.

Our team want to foster a modal shift from using the car to public transport, cycling and walking. We will work with our community and local planning authorities to design solutions that reduce transport mileage, reduce fleet emissions and embrace sustainable forms of transport. We must also build far more infrastructure for electric vehicles.

"We have worked hard over the last year to change how we manage transport to improve services, encourage greener forms of transport and improve car sharing. We recognise we still have more to do and are committed to becoming a Clean Air Hospital.

We will monitor our progress against the Clean Air Hospital Framework with a plan to achieve excellence by 2025."

Stewart Cundy, Senior Sustainable Transport and Travel Manager

In the last year, we have provided £6000 of purchase loans for staff bikes and increased our Cycle2Work scheme limit to £3000 per bike. This has been combined with a £3000 grant to increase cycle capacity and improved cycling facilities to encourage sustainable travel to and from Trust sites.

The fleet has also received £75,000 in upgrades including the purchase of 6 electric bikes for staff use to replace a diesel van. The Trust has two electric vans which are used for deliveries to hospitals around the main Bristol city centre campus. The vans, which have been in place for five years, are also used to make deliveries from the hospitals to GP practices.
Below: staff at South Bristol Community Hospital use electric bikes to visit patients at home.

We aim to deliver the following in the next year:

- Continue our free shuttle bus from Cabot Circus/city centre
- 50% Increase in electric charging hook ups
- Lift share target to increase from 7% to 10%
- Improve staff access to Cycle to Work schemes
- Work with Bristol City Council to improve bus routes and smarter shelters (time of arrival displays)
- Consider greater use of rail for business transport
- Consider 100% electric patient transport or, as a minimum, hybrid vehicles
- Improve facilities for cyclists and those who are able to walk to work reducing reliance on car parking

We worked with North Somerset Council to offer a free bike scheme to enable our staff to get to work.

The COVID-19 pandemic has had a huge impact on the Trust, most notably on travel. Results from our staff survey shows that during the peak of lockdown, individual car rides increased significantly, as bus commuting plummeted. This would have resulted in increased greenhouse gas emissions but thankfully they were offset by a significant increase in staff working from home.

Unfortunately, this trend doesn't look set to continue. People reported their plans for the future involved returning to similar pre- COVID-19 levels with the exception of bus travel. This has highlighted the need for the Trust to develop transport strategies to improve the uptake of low carbon transport in a post- COVID-19 world.

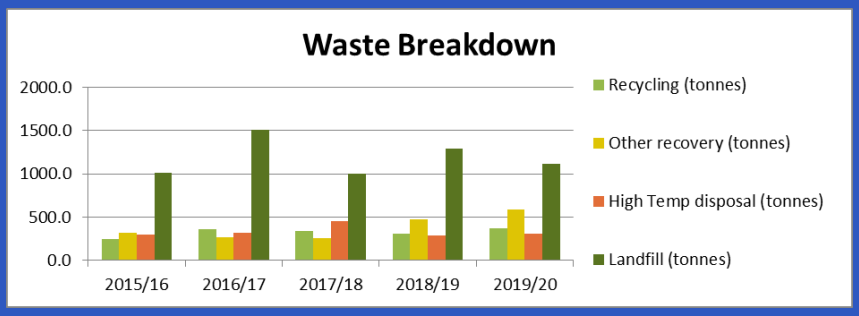
Waste Management

We aim to achieve zero waste to landfill by 2025

"We are committed to achieving our zero waste to landfill target by 2025

'The Trust recycling rate has increased by 40% in the last year showing the commitment of our staff to improving our sustainability'

Joe Duarte, Portering and Waste Manager



We have recycled close to 233 tonnes of mixed waste, 175 tonnes of confidential waste and 9 tonnes of glass. 375kg of old batteries were also recycled, which were collected in reused mayonnaise tubs from the catering department placed around the hospital. This was achieved partly through the introduction of a Waste Management Portal where staff could participate in circular economy and access available equipment and materials that would otherwise have been discarded.

The movement to a paperless NHS is supported by staff reducing the use of paper at all levels; this reduces the environmental impact of paper, reduces the cost of paper to the NHS and can help improve data security. The Trust is continuing to roll out a number of IT programmes to enable paperless working.

We have also reduced waste through the actions of our Children's Theatres team in the Bristol Royal Hospital for Children, who have introduced the RecoMed project which diverts single-use, clinical, PVC, medical devices such as oxygen masks and tubing, from our clinical waste streams, destined for landfill or incineration. Collection is free and saves the Trust disposal costs. The items are recycled into horticultural products such as tree ties. At the time of writing, the project has diverted a total of 257.16 kg and we are moving to roll out this approach across the rest of the Trust.

Theatre teams have also made the switch from disposable to washable surgical hats. In St Michael's Hospital, this has already saved 25,000 hats, equating to £2,700 per year.

Sustainable Care Models

Providing Better Care – Using Less Resources

It is not surprising that how we provide care has a significant impact on how sustainable we can be. Clearly the care of the patient is at the forefront of all we do even when this means having a negative environmental impact e.g. some cutting edge and lifesaving therapies can be very energy intensive. However, it does not mean we should not consider the environment.

Working across the health system – the Healthier Together Digital work stream and Trust projects working on telemedicine, outpatients and smarter working are improving services, delivering care closer to home and reducing our environmental impact. The Transformation Team are looking to capture the sustainability improvements being delivered through their work.

"It is possible to provide appropriate care in ways that work better for the patient and reduce our impact on the environment."

Sam Willitts, Head of Sustainability

Our experience with managing the COVID-19 crisis has shown how we can provide remote consultations for lower risk patients and our wider back-office teams can also use these virtual technologies to work remotely.

- Travel can be reduced and consulting rooms don't need to be used as intensively etc.
- We need to consider all aspects of our business using LEAN and AGILE approaches – where we can use virtual technologies well, these should be used to reduce our overall space needs.
- We also can provide desks for our teams and not a desk per person as work is an activity and not a space.

At any one time, only 50-60% of back office spaces are occupied so we need to consider this in how we design, build and heat space going forward.

Staff Engagement

"We're really excited about the formation of our new team and the possibilities it brings to embed sustainability in the way our Trust operates, but our work would go to waste without everyone in our wider Trust on board with our sustainability message. Communicating and engaging with our staff is an essential element of all our sustainable development work streams."

Alexandra Heelis, Sustainability Officer

The main element of our staff engagement programme is called Green Impact, in partnership with Students Organising for Sustainability.

As part of our Trust values we seek to recognise success, and this is very much at the heart of our Green Impact Awards held each year. Whilst our buildings and infrastructure all play a part, the largest tool we have to do the right thing is via our staff and wider networks.

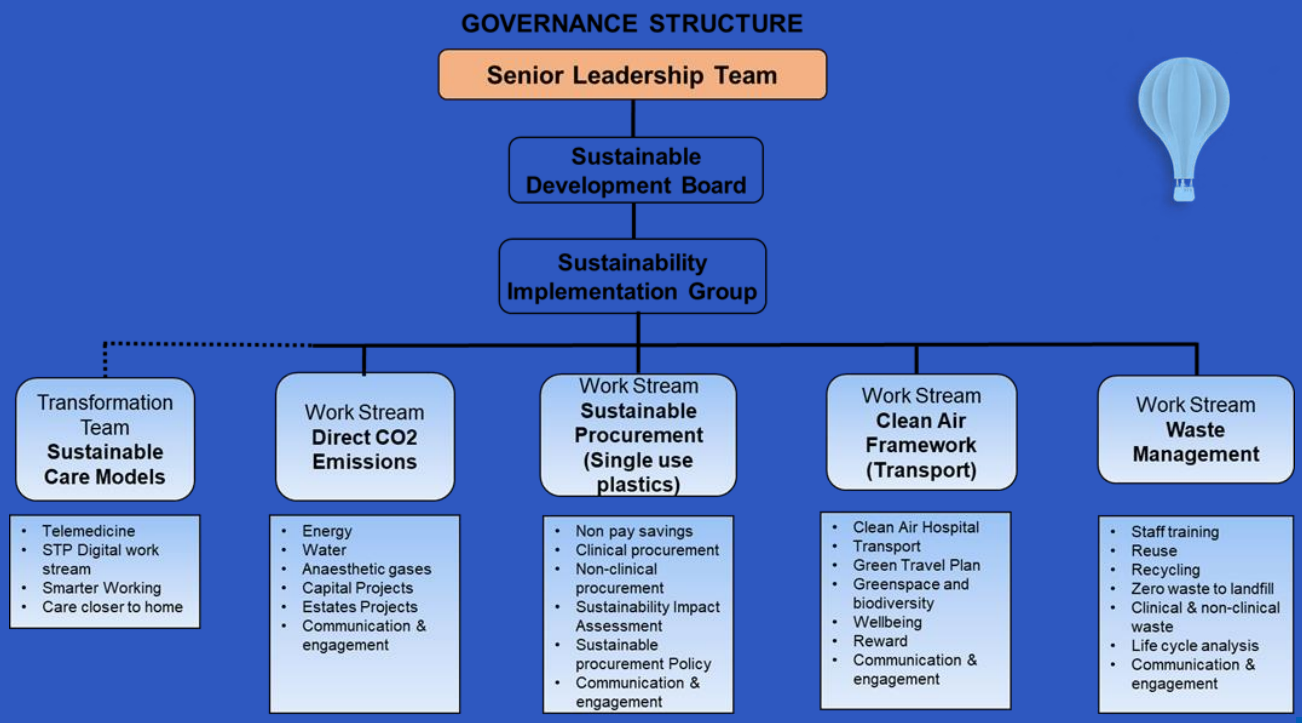
In 2019, we saw our highest number of teams taking part in Green Impact, engaging over 200 additional colleagues and completing over 60 more actions than previous years.

23 teams achieved a TLC, Bronze, Silver or Gold Award with additional awards handed out for:

- Innovation for engagement: The Queen's Day Unit
- Innovation for improvement: Children's Theatres
- Best newcomer: West of England Hearing Implant Programme
- Most improved: Children's Hearing Centre
- Sustainability Hero: Amelia Pickard, Paediatric Consultant (pictured below receiving award from Paula Clarke, Executive Director Strategy and Transformation)

The New Team

The main development in 2019-20 has been the establishment of our new sustainability team and reporting structure. This team consists of existing departments throughout the Trust forming with newly created roles and structures to formalise and provide authority to embed our new sustainable approach. The structure below ensures we have dedicated staff working on each of our work stream areas: Sustainable Care Models, Carbon Neutrality, Sustainable Procurement, Clean Air and Waste Management.



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"As part of the Fit For Future review it was recognised that we needed to invest in our sustainability capabilities if we are to meet our goal of being one of the most sustainable NHS Trusts in the UK.

Since this review in 2019 we have brought in a range of new talent including dedicated energy and sustainability managers. A number of innovative schemes are also now well underway such as the replacement of our old CHP plant. The Trust is serious about sustainability and its profile amongst staff and within our wider divisional, corporate and clinical structures is greatly improving too."

Sam Willitts, Head of Sustainability

THE JOURNEY AHEAD

The NHS responded to the challenge of COVID-19 with energy, dedication and skill; we step-changed our capacity in ICU and fast-tracked treatments and care. The push to meet the challenge of COVID-19 has shown what we are capable of. We need to use this energy, innovation and dedication to introduce a step change in our approach to the management of natural and social capital too.

Infrastructure and Utilities

With an estate of over 2 million square feet, the development and ongoing stewardship of this vast and varied estate is an important pillar of our journey to be one of the most sustainable organisations in the South West.

In this regard, we have already committed to achieve BREEAM Excellent in all new building projects and BREEAM Good in any large refurbishments. Also, any project with spend over £1m will be subject to a formal Sustainability Impact Assessment as part of the business case approval process.

We have recently recruited two new energy and sustainability managers to push forward the sustainability of our infrastructure, including overseeing the continued expansion of our CHP projects.

"I am delighted we are soon to be going live with our new upgraded CHP system. As early adopters of this co-generation technology our older CHP had reached the end of its life. The new system is more efficient, cleaner and will have enhanced capacity. We remain focused on reducing our carbon footprint and achieving our 2030 carbon neutral target ."

Matt James - Associate Director, Estates

Green Spaces and Biodiversity

Our greenspaces matter. Whilst we don't have many external spaces, we do want to make the most of them for the benefit of nature, patients and our staff - in partnership with our neighbours and the council – we are committed to enhancing our green spaces.

"Sustainability is now a core part of how we plan, design and construct our capital projects. Aspects like green space and natural light provide a therapeutic environment, whilst also enhancing the working lives of our dedicated staff. We are designing and building green innovation into all our major strategic projects and it's already having a really positive impact"

Carly Palmer - Associate Director, Capital Projects

In June 2019, the horticultural team from the Estates department of Bristol University very kindly donated their time and expertise to restore a second courtyard garden at St Michael's Hospital to its former glory. This was following the restoration of a first courtyard garden in partnership with Avon Wildlife Trust and Skanska volunteers in 2017.

These two gardens are part of a wider network of green spaces across the Trust, recognised for their mental and physical health benefits for staff, patients and visitors. The Trust green spaces map is now in its 2nd edition showcasing 14 green spaces, and their accessibility, across our Bristol city centre site. We plan to expand these projects in the future to include green space maps for South Bristol Community Hospital and Weston General Hospital as well as a Green spaces and Biodiversity Strategy for the whole Trust.

Climate Change Adaptions

The climate is changing - that is a fact we must accept and prepare for. The UK is already seeing the impacts of climate change from higher peak temperatures to more extreme weather events. How we cool our buildings, manage rain water and provide secure roofing and cladding in higher than average winds must be considered. Water scarcity will also become a more drastic issue as we move through the 21st century. Our approach will be informed by guidelines defined in the new CIBSE Guide L 2020.

Beyond our estate, we need to support our communities in becoming resilient and ensuring our supply chains are able to cope with impacts of climate change.

To plan for the future in this regard, we have adopted the Healthier Together Climate Change Adaption Plan 2018-23 that we played an active role in creating.

Healthier **Together**

Improving health and care in Bristol,
North Somerset and South Gloucestershire

Collaboration

We are already working hand-in-hand with our North Bristol NHS Trust counterparts to harness the more than 20,000 people in our combined staff. This collaboration will be extended as we move to an Integrated Care System (ICS) that will help the NHS operate more joined up and collaboratively rather than as individual Trusts.

Forming an ICS will allow for more efficient allocation of resources to take action on future areas including:

- single use plastics;
- recycling and disposal of waste;
- greenhouse gas emissions of anaesthetics;
- energy use for heating and lighting;
- energy from sustainable sources;
- water use;
- vehicle emissions;
- sustainable food sourcing

.

"As a Trust we have been working with partners to reuse as much office furniture as possible - whether we give our partners unwanted furniture, saving on the environmental and financial costs of disposal - or they give us furniture, saving us procuring new items.

Recycling includes introducing recycling bins into public areas. In Trust owned cafes (Brewnel's) food containers have been changed from polystyrene to recyclable material. Our takeaway cup lids are recyclable.

We have also been working with partners to recycle various plastic clinical waste items.

Staff are able to make use of an allotment on the Trust's Bristol city centre campus. Lots of vegetables and fruit have been growing. Each month the Trust holds a lunchtime allotment meeting where staff can find out more.

Incredible Edible Bristol supported us in developing the allotment and BID installed new planters outside two of the Trust's buildings on the city centre campus. People are encouraged to harvest the produce for free or do a bit of weeding and watering"

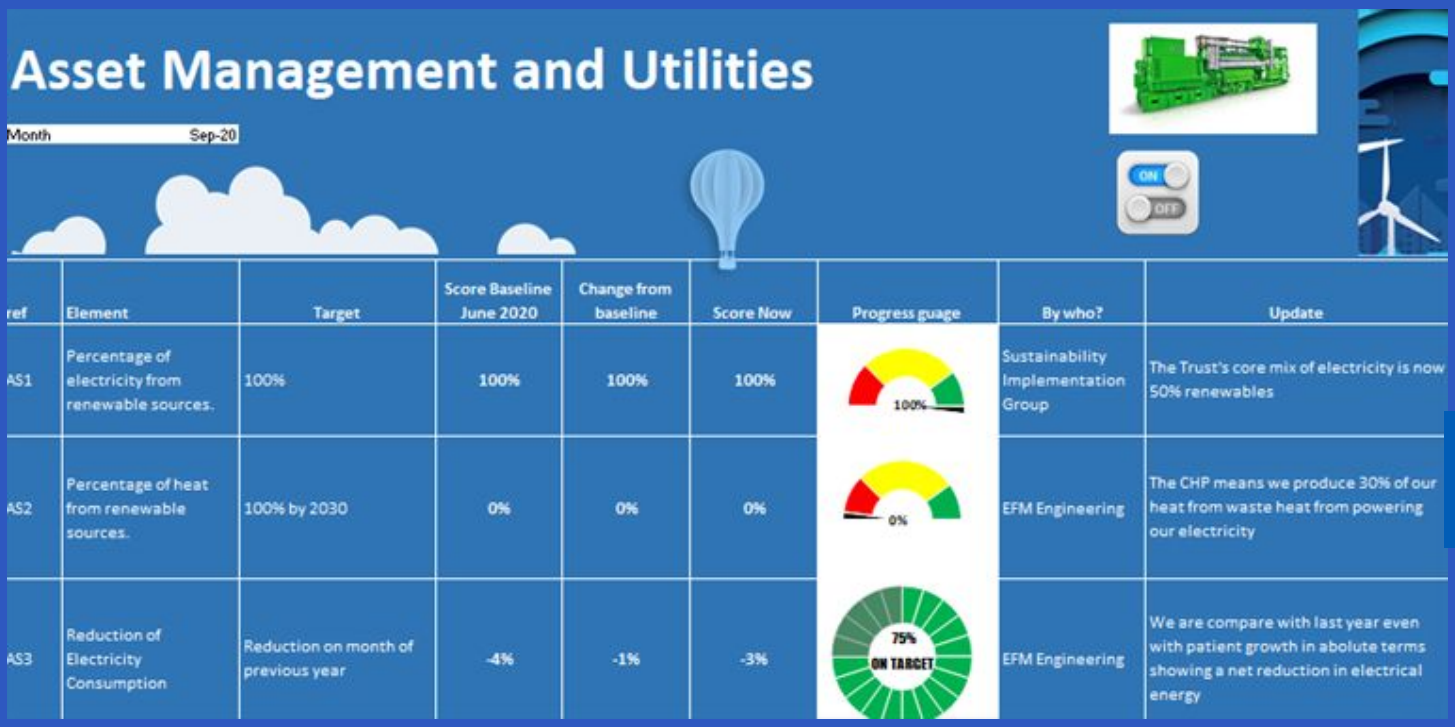
Dena Ponsford - Associate Director, Facilities

Keeping Us On Track

The Trust has invested in a comprehensive range of dashboards to measure, monitor, track and visualise all aspects of our performance. These Key Performance Indicators (KPIs)will be managed by our sustainability team and inform quarterly Board updates and monthly sustainability management updates.

This will allow our managers, work stream leads and departments to track progress and provide quarterly updates to the Trust Board. We aim to deliver on this plan and we will publish the latest position at the next annual update.

Below is an example of the new dashboards we have created to track progress against our KPIs. These will be live from Autumn 2020.



ref	Element	Target	Score Baseline June 2020	Change from baseline	Score Now	Progress guage	By who?	Update
AS1	Percentage of electricity from renewable sources.	100%	100%	100%	100%	100%	Sustainability Implementation Group	The Trust's core mix of electricity is now 50% renewables
AS2	Percentage of heat from renewable sources.	100% by 2030	0%	0%	0%	0%	EFM Engineering	The CHP means we produce 30% of our heat from waste heat from powering our electricity
AS3	Reduction of Electricity Consumption	Reduction on month of previous year	-4%	-1%	-3%	75% ON TARGET	EFM Engineering	We are compare with last year even with patient growth in abolute terms showing a net reduction in electrical energy

SUMMARY

In January 2019, NHS England launched the NHS Long Term Plan which laid out the future direction of the NHS over the next ten years. The plan commits the NHS to ambitious targets for carbon emission reduction, vehicle exhaust emission reduction and tackling the use of single use plastics within the NHS supply chain.

Since the last update, the Trust has continued to work towards being the most sustainable healthcare provider in the South West. It has bolstered its sustainability team, approved a comprehensive SDS and created a reporting and governance approach to manage the multitude of initiatives, schemes and risks and opportunities associated with this journey.

We have also invested in our infrastructure, from our new CHP to improved cycling facilities. Our Board has approved the SDS and we must now work towards completion of the many stringent targets we have set for ourselves within the wider NHS SDAT framework including achieving carbon neutrality by 2030.

Whilst this report plays reflects on the great work undertaken by the Trust and our people to improve our impact on the environment and to also encourage sensible uses of natural resources, the challenge ahead remains considerable. The NHS is responsible for 4-5% of the UK's total carbon footprint, whilst the UK Government has now committed to net-zero by 2050. The NHS has responded to this challenge in England by committing to this 'as soon as possible'. We as a Trust have committed to our own target of 2030, in line with Bristol's One City Plan.

Whilst carbon is a major consideration for sustainability, as this update shows, it is only one part of sustainable development. Our skill and capacity are developing and we are now considering all of our long-term plans in harmony with sustainability objectives (this is not just about our buildings) and we are encouraged by the wider ground swell of support for this movement in our local communities in Bristol and Weston. We need to continue to play our part, and seek to innovate and lead in this field - where we can we must influence and continue to lead by example.

The challenge ahead will not be easy, but we must focus on this as there is no Plan B for our planet or indeed our health. What we do now and how we manage our estate and clinical services makes an impact; by being smarter, we can reduce this whilst improving outcomes for our patients and the health of our community. Using resources in a smarter way means we have more available to apply to treatments, care and world leading research.

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Your Trust needs you!

How you can get involved with theTrust

Becoming a member of University Hospitals Bristol and Weston NHS Foundation Trust is a great way to support, find out more, or get involved in the work of our hospitals.

It's free to join and how much you choose to get involved is up to you. You can:

- Have a say in how we develop our services
- Come along to our health matters events
- Receive regular e-news updates
- Stand as a governor
- Receive discounts from many brands

You can join online at:
www.uhbw.nhs.uk/p/working-with-us/become-a-member-of-our-trust

For more information please contact the membership office:

Telephone: (0117) 342 3764

Email: foundationtrust@uhbw.nhs.uk

Contact the Sustainability Team

Email: sustainabledevelopment@uhbw.nhs.uk

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Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 29 September 2020

Report Title	**Review and Refresh of Trust Strategic Priorities and Objectives**
Report Author	**Sarah Nadin, Associate Director of Strategy and Business Planning**
Executive Lead	**Paula Clarke, Director of Strategy and Transformation**

1. Report Summary

The exercise to review and refresh our Trust Strategy, with the aim of ensuring our Trust Strategy is fit for purpose in the context of the Covid-19 pandemic and is agile in responding to our new operating environment, has now been completed.

The review process tested our current Trust Strategic Priorities and Objectives against a standard framework, which outlined the factors characterising our changed operating and planning context. It makes a set of recommendations to ensure that our strategic remains agile and relevant in setting the longer term direction of the Trust.

2. Key points to note

(Including decisions taken)

It was concluded through the review process that;

- Our 2025 strategic priorities were co-created through internal and external consultation in 2019. They are, therefore, recent and the sources used to create their content remain relevant.
- Our 2025 strategic priorities are, by their nature, high level and broad in range and the adaptations we need to make as an organisation to respond to the Covid-19 pandemic do not change our overall strategic direction as an organisation.
- Each of our Strategic Objectives have been categorised into 4 tiers of priority and this has been used to inform the setting of corporate and divisional objectives in 2020, to ensure that the areas of required focus are prioritised in this year's annual planning. The outcome of this exercise is outlined in Appendix 2.
- A number of objectives were identified as either being missing or needing to be changed as part of the review. These have been developed with our Senior Leadership Team and are outlined in Appendix 3.
- As part of the strategy refresh to reflect our new world drivers, a review of our structures and governance for strategic decision-making was also completed to ensure we have fit for purpose processes to deliver our strategic vision.

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**. • Trust Board are asked to note the process which has been completed to test the relevance of UHBW's Embracing Change, Proud to Care 2025 Trust strategy against the changing operating context associated with the Covid-19 pandemic and approval is sought for the following: - That the matrix outlined in Appendix 2 is added as an addendum to our Embracing Change, Proud to Care 2025 Trust strategy to demonstrate how our strategic objectives have been prioritised in response to the changes in our operating and planning context. - That the new and revised strategic objectives outlined in Appendix 3 are approved, added as an addendum to the Trust's strategy and used as the framework for annual planning. • Assurance is provided to Trust Board that the delivery of the strategy into action will be managed via revisions to our strategic governance structure to provide a greater focus on delivery.

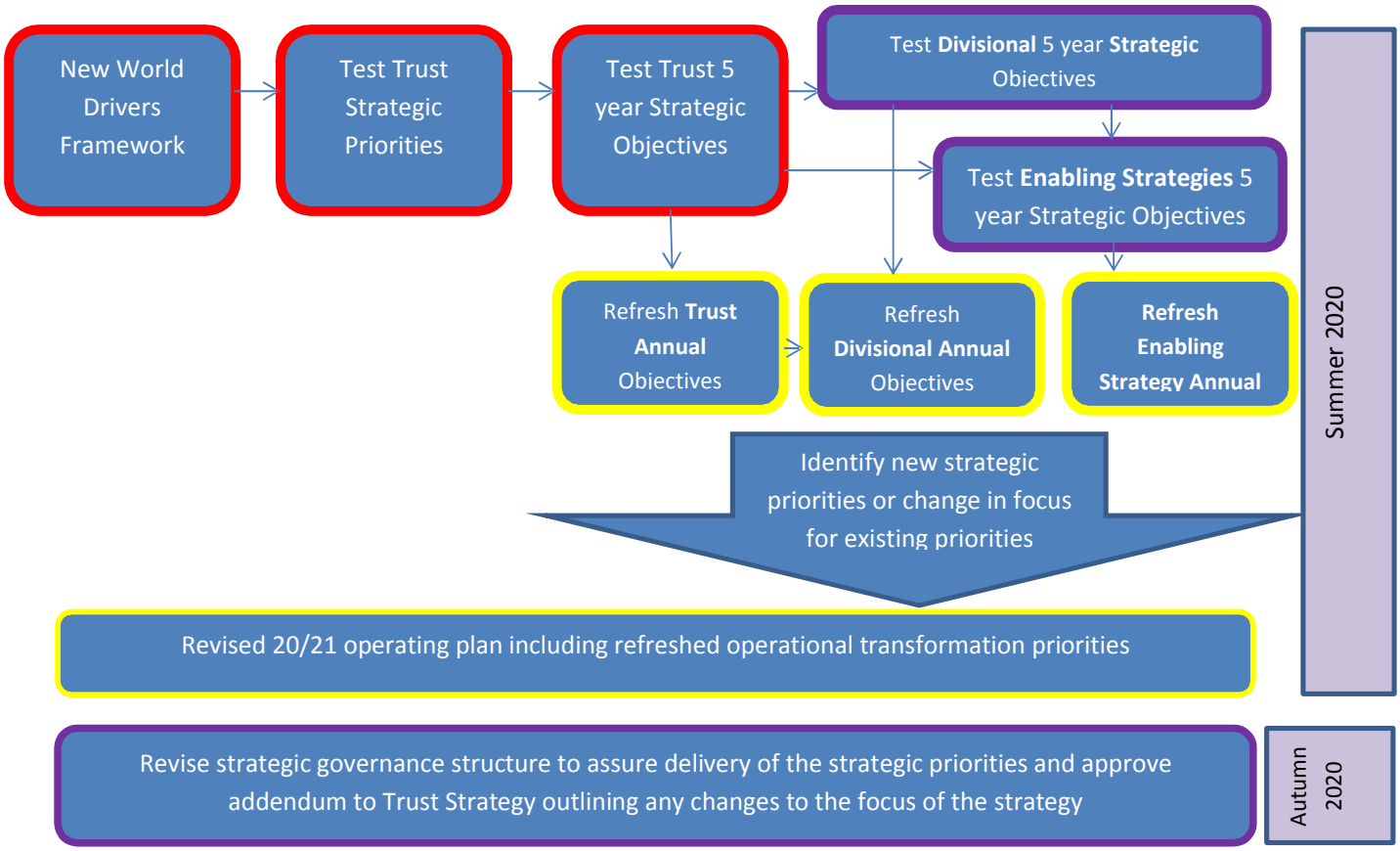
5. History of the paper **Please include details of where paper has <u>previously</u> been received.**	
Senior Leadership Team	19th August 2020

Stocktake Review of Trust Strategic Priorities and Objectives Outlined in *Embracing Change; Proud to Care our 2025 Vision* in the Context of the Covid-19 Pandemic

1. Aim of Strategic Review Exercise

A process was completed through summer 2020 within University Hospitals Bristol and Weston NHS Foundation Trust to test both the ambition and deliverability of our current trust strategy and the actions we plan to take in the long and short term, in the context of the Covid-19 pandemic and the resulting changes to our operating environment.

This process undertaken is outlined in the diagram below.



It is acknowledged that although our Trust wide five year strategic plan, *Embracing Change: Proud to Care our 2025 Vision* was published last year, our operating context has shifted dramatically due to the Covid-19 pandemic. It is vital to ensure that we remain agile as an organisation in the actions we take and dynamic in how we make strategic choices by accounting for this changing context in our plans.

To provide a framework against which to test our strategy, a set of 'New World Drivers' was developed with the Trust Board and Senior Leadership Team. These are outlined in Appendix 1 and describe the factors associated with our new operating and planning environment and our current strategic priorities were tested against these factors.

Our Trust strategy also outlines a series of detailed strategic objectives which we plan to deliver over the five year period to 2025 to drive our priorities. These 'New World Drivers' also provided a framework against which to test and re-frame the relative priority of each of these longer term objectives, classifying each within one of the four following categories;

- Still right at same pace
- Still right and accelerate
- Reprioritise in the short term
- Missing or need to be amended.

The review of our strategic priorities and objectives has been completed as a rapid table top exercise and the resulting recommendations are outlined in this paper.

A parallel exercise has been completed to review our Divisional and Enabling Strategies using the same framework and methodology to ensure there is alignment across our portfolio of strategies.

To complete the process and ensure that the priority areas of focus are delivered in 2020 / 21, our annual corporate objectives and divisional annual objectives were tested and revised accordingly.

2. Review of our 2025 Strategic Vision and Priorities against our New World Drivers

The aim of this exercise was to establish whether or not our strategic vision as an organisation and the strategic priorities which we produced and approved in 2019 are still relevant, or need to be amended in response to the Covid-19 pandemic and the resulting changes to our operating context.

Our Strategic Priorities were mapped against the 'New World Drivers' and the outcome of this exercise is outlined in Appendix 1.

The following conclusions were drawn from this exercise;

- Our 2025 strategic priorities were co-created through internal and external consultation in 2019. They are therefore recent and the sources used to create their content remain relevant.
- Our 2025 strategic priorities are by their nature high level and broad in range and the adaptations we need to make as an organisation to respond to the Covid-19 pandemic do not change our overall strategic direction as an organisation.

3. Our Five Year Strategic Objectives

Our 2025 Trust Strategy *Embracing Change; Proud to Care* outlines our longer list of strategic objectives, which we aim to deliver over the five year period of the strategy, set against each of the six Strategic Priorities.

A table top exercise was undertaken to test the continued relevance of our strategic objectives and to categorise them to ensure we are informing our annual and longer term planning with the relative priority of our objectives.

As with the exercise to test our Strategic Priorities, our Strategic Objectives were also tested against the 9 'New World Drivers' which characterise our environment in the context of the Covid-19 pandemic.

The following conclusions were drawn from this exercise;

- Each of our Strategic Objectives have been categorised into 4 tiers of priority and this has been used to inform the setting of corporate and divisional objectives in 2020 / 21, to ensure that the areas of required focus are prioritised in this year's annual planning. It is recommended that this prioritisation matrix is added as an addendum to our Trust Strategy. The outcome of this exercise is outlined in Appendix 2

- A number of objectives were identified as either being missing or needing to be changed as part of this review. These have been developed with our Senior Leadership Team and it is recommended that these are now added as an addendum to our Trust Strategy. These are outlined in Appendix 3.

4. Delivery of our Refreshed Trust Strategy

As part of the strategy refresh to reflect our New World Drivers, a review of our structures and governance for strategic decision-making was also completed to ensure we have fit for purpose processes to deliver our strategic vision.

Amendments to the mechanisms through which we govern and oversee the delivery of our strategy into action have also been made to achieve alignment, direction and agile decision making for all aspects of strategy delivery and transformation:

In summary, these key changes are;

- A changed approach to how we conduct **Strategic Senior Leadership Team (SSLT).** This will operate as a formal decision-making strategic transformation steering group, overseeing delivery against a strategic critical path.
- A revised Clinical Strategy Group operating as **Clinical Strategy Delivery Group** that has a defined and structured delivery focus for:

- Local acute integrated care through system interface (e.g. diagnostics, stroke, frailty, child health partnership) with a specific remit for engagement into emergent Integrated Care Partnerships.
- Specialist delivery including network interfaces (e.g. NICU, Critical Care, Children's) and the strategic networks being proposed through sub regional Partnership Boards.

- A new **Strategic Estate Development Programme Board**
- A **programme management approach** to strategic delivery and transformation. This will be based around a strategic critical path and a portfolio of standardised approaches and methodologies

Trust Board are asked to note the changes being made to the mechanisms through which we deliver our Trust Strategy within the organisation.

5. Recommendations

- Trust Board are asked to note the process which has been completed to test the relevance of UHBW's Embracing Change, Proud to Care 2025 Trust strategy against the changing operating context associated with the Covid-19 pandemic and approval is sought for the following:

  - That the matrix outlined in Appendix 2 is added as an addendum to our Embracing Change, Proud to Care 2025 Trust strategy to demonstrate how our strategic objectives have been prioritised in response to the changes in our operating and planning context.

  - That the new and revised strategic objectives outlined in Appendix 3 are approved, added as an addendum to the Trust's strategy and used as the framework for annual planning.

- Assurance is provided to Trust Board that the delivery of the strategy into action will be managed via revisions to our strategic governance structure to provide a greater focus on delivery.

Appendix 1 - Our 2025 Strategic Priorities mapped against the 'New World Drivers'

Our Current Strategic Priorities (as per 2025 strategy)	**Our New World Drivers (June 2020)**
1. Our Patients We will excel in consistent delivery of high quality, patient centred care, delivered with compassion	• **Backlog in non-Covid services which needs to be managed and recovered**, with the **risk of widening health inequalities** and a significant number of people not accessing health care when they ought to be. • **New internal operating model** alongside **Infection and Prevention Control safety measures**, driving the need for **different solutions to create capacity** and **supporting staff wellbeing , new ways of working** and safety considerations.
2. Our People We will invest in our staff and their wellbeing, supporting them to care with pride and skill, educating and developing the workforce for the future	• **People Focused**: creating **innovative, flexible and resilient workforce models and promoting wellbeing** through **system approaches.** • Maximise our role as an **anchor institution in supporting economic recovery through local employment** and **volunteering** and managing the implications of a **changing global workforce supply**
3. Our Portfolio We will consolidate and grow our specialist clinical services and improve how we manage demand for our general acute services, focusing on core areas of excellence and pursuing appropriate, effective out of hospital solutions.	• Recognition of **general & acute and critical care bed shortfalls** in the South West Region – likely to secure national investment
4. Our Partners We will lead, collaborate and co-create sustainable integrated models of care with our partners to improve the health of the communities we serve.	• **Accelerated collaboration**/mutual aid and **pan-system clinical leadership** – Further enabled by **Weston integration & Bristol acute services review** with North Bristol Trust • Increasing importance of **system perspective** and **opportunity to drive common cross sector goals** across our local system and beyond, including **accelerated implementation of consistent community service model** (Sirona) and **discharge from hospitals**
5. Our Potential We will be at the leading edge of research and transformation that is translated rapidly into exceptional clinical care and embrace innovation	• **Virtual-by-default** and **digital approach** in clinical and non-clinical communications , training and service delivery with changed public expectations • New **opportunities for research and innovation** with **Academic Health Sciences Centre designation**, **partnership with Universities** and **internal innovations.**
6. Our Performance We will deliver financial sustainability for the Trust and contribute to the financial recovery of our health system to safeguard the quality of our services for the future.	• Changes to our **commissioning and planning environment**; • Probable **changes to FT autonomy**, financial regime and IS sub-contracts. National approach to **acute consolidation** and the South West **regional Partnership Boards** in North and Peninsula

Appendix 2 - Prioritisation of our 5 Year Strategic Objectives

The table below outlines the prioritisation of strategic objectives in the context of the New World Drivers outlined above. The purpose of this is to help inform how our shorter term annual objectives and initiatives are prioritised i.e. where we want to accelerate, change pace or refocus.

STILL RIGHT AT SAME PACE	STILL RIGHT AND ACCELERATE
• Deliver outstanding care evidenced through our CQC rating. • Deliver the quality objectives outlined in our quality strategy (ensuring timely access to services; improving patient and staff experience; improving outcomes and reducing mortality; delivering safe and reliable care), supported by our digital hospital programme. • Place patient, staff and public engagement at the heart of everything we do. • Develop our role as a beacon of excellence for education in the South West of England, developing exceptional people for exceptional careers, working with our academic partners and training the workforce of the future. • Enhance our leadership and management capability through delivery of a comprehensive programme of training and development based on robust succession planning. • Achieve upper quartile performance against workforce measures, including equality, diversity and inclusion. • Closer co-design with patients and families and partners to take account of the whole person. • Provide staff with improvement skills and capabilities through QI academy. • Create an environment that makes it easy to innovate through our QI hub. • Sustain and improve our performance in initiating and delivering high quality clinical research trials. • Remain agile, using evidence to excel in getting it right first time. • Work smarter and not harder, by eliminating waste and ensuring we add value from every action we take, however small, to maintain our financial health in the context of severe local and national financial pressures. • Resolve internal problems that slow patient flow which impact on the effective delivery of general and specialist care.	• Ensure that patients have access to the right hospital care when they need it and that we create effective interfaces with out of hospital services to discharge patients as soon as they are medically fit. • Deliver a strategic workforce plan that enables us to recruit and retain staff as an organisation and as a local healthcare system. • Ensure that we have a highly skilled and productive workforce that is as diverse as the community we serve. • Create innovative workforce solutions and a robust plan for the new roles we will need and how we will fund and grow these roles. • Support and enable staff to work more closely with teams in partner organisations and across multiple settings. • Ensure we access, listen to and use staff feedback to inform targeting actions to improve the day to day experience of our staff. • Build, support and participate in networks of specialist services in South West England, Wales and beyond, with clinical academic centres of excellence for cancer, children's, cardiovascular and other services. • Mandate our teams to support delivery of appropriate care out of hospital. Our default as a system to be care for people out of hospital first. • Use technology to improve the safety and effectiveness of our services and be able to offer greater accessibility in and out of our hospitals. • Develop our provider to provider relationships with primary and community care, with an expectation that our teams will actively seek new ways of working together for the benefits of patients • Continue to lead and support the BNSSG Healthier Together partnership to progress towards an integrated care system by 2021, with the aim of making BNSSG 'Outstanding'. • Actively pursue opportunities to work more effectively with our voluntary sector and charitable partners. • Build our reputation as a world class leader in population health and biomedical research, maximising the potential of the Biomedical Research Centre to undertake cutting edge studies that will improve care and treatment into the future.

REPRIORITISE (in the short term)	MISSING AND NOW NEEDED OR REQUIRES RADICAL RETHINK/BIG STRATEGIC CHOICE
• Ensure our services are responsive and achieve all constitutional access standards. • Critically evaluate the productivity of our services to support continuous improvement. • Promote healthy lifestyles, helping to prevent ill health and improve mental and physical wellbeing through all of our activities. • Achieve upper quartile productivity benchmarks across all measures utilising the benchmarking and productivity information available to us through Getting it Right First Time (GiRFT), the Model Hospital and other programmes. • Evaluate the financial sustainability of all clinical services with the aim of moving Reference Cost Index to below 100 for all • Increase our income through innovative commercial approaches. • Use digital and research excellence and academic expertise to maximise the implementation of evidence based clinical pathways across hospital, primary and community provision	***Need to rethink*** • Secure contracts with commissioners which reflect demand and work with partners to reduce costs across the system through pathway redesign – *working with commissioners to develop clear understanding of new contract arrangements and establish internal systems and ways of working to maximise opportunities and ways of operating within other contract arrangements.* • 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. – *To create solutions for non-face to face interactions and ways of working, both clinically and non-clinically.* • Continue to develop our estate and provide a modern, nurturing environment for staff and patients. • Commit to the vision and principles of the BNSSG Acute Care Collaboration strategy and further develop partnerships with Weston and North Bristol Trust improved outcomes for our populations and our clinical and financial sustainability. ***Missing*** • System wide assessment of capacity, in light of Covid safe model of operating, to address backlogs and meet new levels of demand including new models across providers and our relationship with private and independent sector. Including establishing systems and pathways to maintain reduction in demand where appropriate, or patients accessing care in more appropriate parts of the system (eg urgent care, outpatients, diagnostics). • Using new innovative solutions to providing capacity to address long term deficits in capacity driven by changes to our operating model. • Specific expansion of critical care capacity, linking into the regional and Severn network to build resilience and support development of role as regional and specialist provider. • Develop systems to sustain long term requirements for staff health and safety, including flexible ways of working to enable all staff, clinical and non-clinical to perform their roles to the best of their ability. • Maximise our role as an anchor institution in supporting economic recovery through local employment and volunteering • Take active steps to address existing and emerging inequalities in access to services for our population.

Appendix 3 - New and Revised Strategic Objectives

3.1 Revised Strategic Objectives

Current Objective	Proposed Revised Objective
Secure contracts with commissioners which reflect demand and work with partners to reduce costs across the system through pathway redesign	**Change to - *Work with commissioners to develop a clear understanding of new contract arrangements and establish systems and ways of working with provider partners to maximise value across pathways of care within alternative contract arrangements.***
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.	**Expand to include - *Create solutions for non face-to-face interactions and ways of working, both clinically and non-clinically and assess high impact AI opportunities***
Commit to the vision and principles of the BNSSG ACC strategy and further develop partnerships with Weston and NBT to deliver improved outcomes for our populations and our clinical and financial sustainability.	**Expand to include – *Complete an Acute Services review in partnership with North Bristol Trust to establish Bristol as the regional centre of excellence for service, teaching and research and fully realise the benefits of collaborative working for our local and regional populations***
Continue to develop our estate and provide a modern, nurturing environment for staff and patients.	**Expand to include – *provide the physical estate and facilities to respond flexibly to the impact of COVID 19, including additional and remodelled clinical space to keep both patients and staff safe and meet increased clinical need.***
Achieve upper quartile performance against workforce measures, including equality, diversity and inclusion.	**Expand to include –*understanding and addressing equality, diversity and inclusion issues further highlighted by the COVID 19 pandemic.***

3.2 New Strategic Objectives

New world driver area to add	Proposed New Objectives
System wide assessment of capacity, in light of COVID safe model of operating, to address backlogs and meet new levels of demand including new models across providers and our relationship with private and independent sector.	***Engage with partners to develop a system wide capacity and demand model that maximises delivery of the right care in the right place, first time***
Establishing systems and pathways to maintain reduction in demand where appropriate, or patients accessing care in more appropriate parts of the system (eg urgent care, outpatients, diagnostics)	***Work within the Healthier Together Integrated Care System to apply the learning from transformational changes rapidly implemented in response to the pandemic, agreeing and implementing system and organisational solutions that maximise impact for our populations***
Using new innovative solutions to providing capacity to address long term deficits in capacity driven by changes to our operating model.	
Specific expansion of adult critical care capacity, linking into the regional and Severn network to build resilience and support development of role as regional and specialist provider.	***Develop and implement an adult Bristol critical care strategy with North Bristol Trust that builds resilience and enables further development of Bristol as the lead tertiary centre for specialist service delivery in the South West.***
Develop systems to sustain long term requirements for staff health and safety, including flexible ways of working to enable all staff, clinical and non-clinical to perform their roles to the best of their ability.	***Sustain the long term requirements for staff wellbeing and health and safety, including ways of working and technological solutions to enable all staff, clinical and non-clinical to perform their roles to the best of their ability.***
Maximise our role as an anchor institution in supporting economic recovery through local employment and volunteering	***Maximise our role as an anchor institution in supporting economic recovery through local employment and volunteering***
Take active steps to address existing and emerging inequalities in access to services for our population.	***Work with system partners to improve equity of access to our services for all patients, including actively understanding and addressing the impact of any service change.***

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 29 September 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.**	
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.**	
Quality and Outcomes Committee	24 September 2020

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Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

University Hospitals Bristol and Weston NHS Foundation Trust

Integrated Performance Report

September 2020

Executive Summary

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: August 2020

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. Month-on-month, from April to August, the volumes have increased but are still below 2019 levels. There remain considerable constraints on outpatient, diagnostic and theatre capacity, related primarily to social distancing and staffing, which is adversely affecting scheduling and productivity.

The number of attendances in the Emergency Departments continues to normalise. In April 2020, the Trust saw 46% of the 2019 average monthly attendances. By July 2020 this was up to 81%. However, 4 hour performance has deteriorated from 93% in April to 82% in August. This is comparable to 2019 where August 2019 performance was also 82%.

There are a number of significant backlogs that have developed during the Covid outbreak and the resulting reduction in activity. These include

- Referral To Treatment patients waiting 52+ weeks. As at end of August there were 1077 patients waiting over a year for the start of treatment, compared to 52 patients at the end of March 2020. The largest volumes are in Dental and Adult General Surgery which account for 60% of this backlog.
- The overall Referral To Treatment waiting list size is increasing, following two months of significantly reduced referrals in April and May. At end of August the list was at 39,363; a rise of 4,799 (14%) from end of May. The largest increases in waiting list size are in Ophthalmology (2,000 increase April to August) and Adult General Surgery (1,000 increase).

The focus of the organisation is working with system partners to develop its phase 3 plans to support the restoration of services and to expedite the care of patients, that generally are relatively lower clinical priority, that have consequently been waiting for a long time on waiting lists.

There is also considerable work being undertaken with system partners to help manage demand on our non-elective services, to reduce waiting times and increase the resilience of our services through the winter period.

Contents – Headline Indicators

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: August 2020

SPORT

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: August 2020

Safe | **Caring**

Successes	Priorities
• From 1st September 2020, the local patient experience survey has re-started in Weston. • After a reduction in the number of reported incidents in April and May 2020, incident reporting has returned to pre-Covid pandemic levels.	• To develop a new process for reviewing and learning from hospital associated thrombosis incidents involving an initial review by a pharmacist and subsequent clinical review by a doctor for a subset of more complex cases. • To recommence quarterly nutrition monitoring audits following a pause during the initial impact of the Covid pandemic. Data should be available for Quarter 2 in due course.
Opportunities	**Risks & Threats**
• To review, streamline and align data collection in patient areas across UHBW for a number of quality indicators by implementing Perfect Ward App in Bristol and ensuring consistent approach 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: August 2020

Responsive | **Effective**

Successes

- Attainment of the 62 day GP referred and 31 day first definitive treatment cancer waiting time standards in July
- Patients waiting over 104 days on a GP referred suspected cancer pathway for reasons other than choice, clinical reasons or late referral reduced to under 10 from a high point of 53 as at 5th July.
- Adoption of Advice in Guidance (A&G) in Weston Hospital continues to grow. Utilisation of A&G is a key component of the adopt and adapt programme for BNSSG, UHBW has demonstrated continued commitment to the achievement of this system objective.
- Work has been undertaken to establish a proactive crowding check list in BRI Emergency Department, which triggers the opening of an overflow clinical area adjacent to the ED, where patients who have admission decisions can be cared for until admission to an inpatient area can be facilitated.

Priorities

- Develop recovery trajectories as part of the "Phase 3 Planning Process" that returns activity to pre-Covid levels to ensure elective and outpatient demand can be met.
- Sustain minimal numbers (<10) of patients waiting over 104 days on a GP referred suspected cancer pathway for capacity reasons
- Sustain safe waiting times for patients awaiting cancer diagnosis and/or treatment
- Implementation of the redesign of outpatient care programme and the self-assessment of specialities against outpatient care strategic priorities has commenced through the outpatient steering group.
- An action plan has been produced to address issues relating to RTT data quality in Weston. The Intensive Support Team will provide support and guidance once we have written to them outlining our requirements
- Inability to queue internally within the Emergency Departments due to social distancing requirements remains a significant safety and patient experience concern.

Opportunities

- Phase 3 planning round with the local system will review mitigations and actions for recovery of elective work. This will cover demand management, use of additional capacity and the implementation of Adopt and Adapt proposals.
- 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 has been arranged via 3 sessions at the end of September to allow readiness for new functionality across the Bristol sites
- The Emergency Department leads are engaged with system partners to consider a variety of options to reduce the number of patients needing to attend the ED, with a particular focus on those self-presenting and alternative care pathways available to them within primary care.

Risks & Threats

- Rising suspected cancer referrals from GPs combined with the restrictions imposed by Covid precautions make achieving the 14 day first appointment standard challenging, particularly as a number of services have needed to move away from virtual appointments as these are not optimal now infection risks are lower
- There continues to be a significant increase in 52-week breaches with end of August position showing 1077 breaches across UHBW.
- Due to social distancing rules, the Trust has reduced capacity for routine patients due to the prioritising of Cancer and Urgent patients. This continues to prevent recovery of the Referral To Treatment (RTT) position and the prediction is that this will result in a waiting list size of 53,000 by end of March 2021
- Numbers of patients presenting in mental health crisis to ED continues to be very high, a picture reflected nationally. Many of these patients are already known to Mental health services, but unable to access community services.
- The migration of data to a new Patient Administration System (PAS) continues at Weston. There remains a large volume of patients on the waiting list that require checking and consideration of the impact on performance needs to be considered

SPORT

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: August 2020

Well-Led

Successes

- In August, the training records of 79 new starters were pass-ported from prior NHS locations, with compliance noted for 734 individual subjects, removing the need for refresher training in these.
- Rollout of unified bank rates across Bristol and Weston, taking effect from 1st September.
- A total of 443 staff have accessed the e-learning *'Challenges between colleagues: what we all can do',* designed to support staff experiencing conflicts with colleagues.
- A Manager training session intended to upskill in supporting positive behaviours and addressing bullying issues has been launched with Employee Services.
- A total of 224 staff have accessed the e-learning *'Cultural awareness for an inclusive workplace',* designed to support the D&I strategy.

Priorities

- Commencement of HR Consultations under the Corporate Services Integration programme (specifically Employee Services, Medical HR and Recruitment).
- Securing agenda for change job matching training to enable the Trust to respond to the high volumes seen as a result of the corporate services integration.
- Development of new financial wellbeing initiatives and other benefits, including investigation of electric car salary sacrifice.
- Delivery of the Flu vaccination programme which launches on September 28th until the end of February 2021.
- Delivery of the appraisal recovery plan in order to improve the Trust appraisal position.
- The 'Working from home' survey closed, with a total of **1,438** staff having participated. Divisional reports have been sent to HRBPs for review; an action plan to improve ongoing support available to continued home workers is now to be developed.
- Delivery of a collaborative BNSSG virtual nurse recruitment event with the aim of securing as many student nurses as possible across the local healthcare system.
- Delivery of the technical merge of the e-rostering systems in Bristol and Weston resulting in a single database across the whole site. Merge planned for November 2020.

Opportunities

- SLT approval has been given to proceed with an accelerated medical e-rostering roll out, in principle supported by Covid capital. This will also support any future demand for a Trust-wide super roster in the event of a further pandemic surge impacting services.
- Ongoing collaboration with BNSSG Partners with the permanent establishment of the BNSSG terms & conditions (T&Cs) group following success of the regional Covid T&Cs group. This will improve sharing of developments and initiatives between local organisations.
- The workplace wellbeing advocate network being launched in Weston to encourage local teams to take a proactive, local approach to peer wellbeing support as underpinned by the Trust Workplace Wellbeing Framework 2020-25.
- Working with Culture Weston, a promotional film to market Weston and the wider newly merged Trust is being developed for recruitment and attraction purposes

Risks & Threats

- Reduction in the combined overall compliance for both Bristol and Weston across the 11 core skills programmes, decreasing by 2% to 86% in the last month.
- Loss of the Bristol City Council contract from March 2021 with Avon Partnership OH Service (APOHS) will have a significant financial impact on the service.
- Trust wide appraisal compliance remains significantly under target.
- Continued risk to deliver the D&I Strategy and associated work plan with the ongoing D&I Manager vacancy.
- The impact of COVID on the ability for overseas recruits to travel and relocate in the UK to work at UHBW. EU countries are being added and then removed from the quarantine list gives uncertainty. The Air bubble with India does not remove the need to quarantine. The Philippines Government has ordered the suspension of overseas deployment of medical and allied health professionals.
- Use of a £15k RRP for Consultants by a neighbouring NHS Trust (specifically for Stroke) poses threat to UHBWs ability to recruit to these hard to fill posts.
- A further rise in high cost nurse agency supply as operational activity continues to increase, after a significant reduction in use during the pandemic.

Dashboard

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: August 2020

CQC Domain	Metric	Standard Achieved?
Safe	Infection Control (C. diff)	N
	Infection Control (MRSA)	Y
	Serious Incidents	N/A
	Patient Falls	Y
	Pressure Ulcers	Y
	Medicines Management	P
	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	P
	Cancer Two Week Wait	N
	Cancer 62 Days	Y
	Cancer 104 Days	N/A
	Diagnostic Waits	N
	Outpatient Measures	P
	Outpatient Overdue Follow-Ups	N
Effective	Mortality (SHMI)	Y
	Mortality (HSMR)	N
	Fracture Neck of Femur	P
	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	N/A
	Performance to Plan	N/A
	Divisional Variance	N/A
	Savings	N/A

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

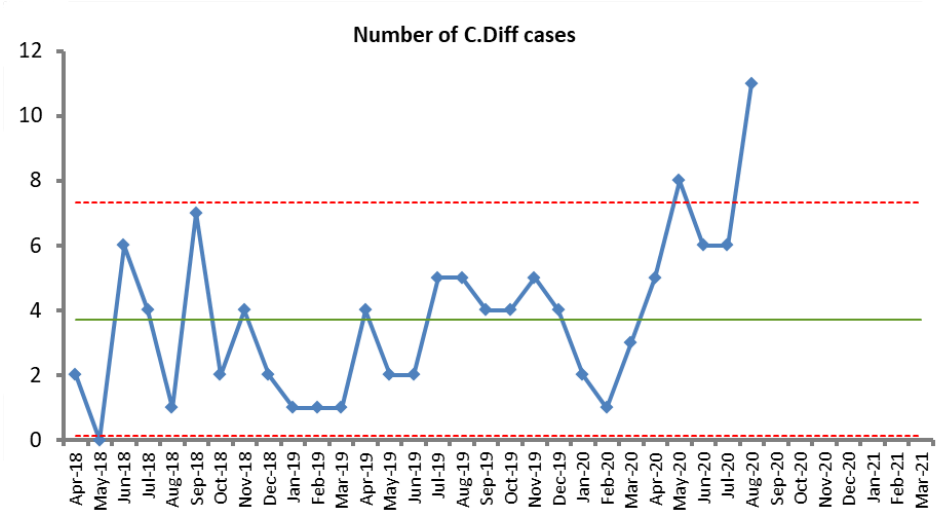
Infection Control – C.Difficile

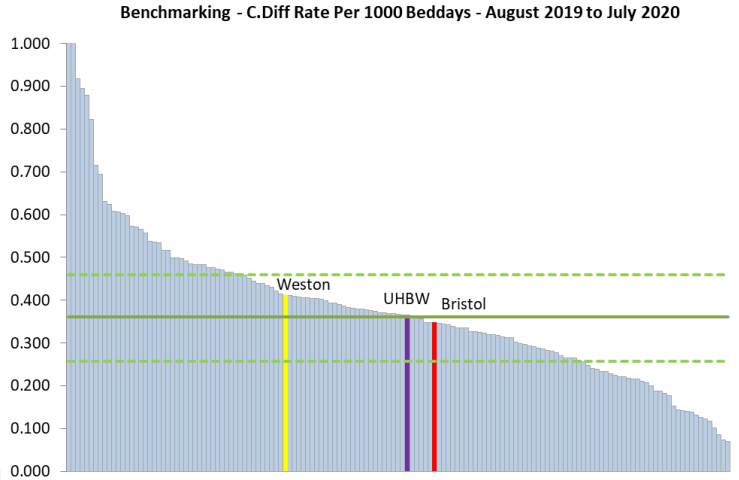
University Hospitals Bristol and Weston NHS Foundation Trust

August 2020

N *Not Achieved*

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 eleven cases of hospital-onset, healthcare associated (HOHA) C diff in August 2020, nine in our Bristol hospitals and two in Weston Hospital.
Commentary:	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.) The benchmarking data of cases per 1,000 beddays in the twelve months to August 2020 shows UBHW to be just below the median. There has been no commissioner review of C.Difficile cases during the Covid pandemic.
Ownership:	Chief Nurse





	Aug-20	2020/2021
Medicine	1	11
Specialised Services	2	6
Surgery	3	8
Weston	2	6
Women's and Children's	3	5
TOTAL	**11**	**36**

Infection Control - MRSA

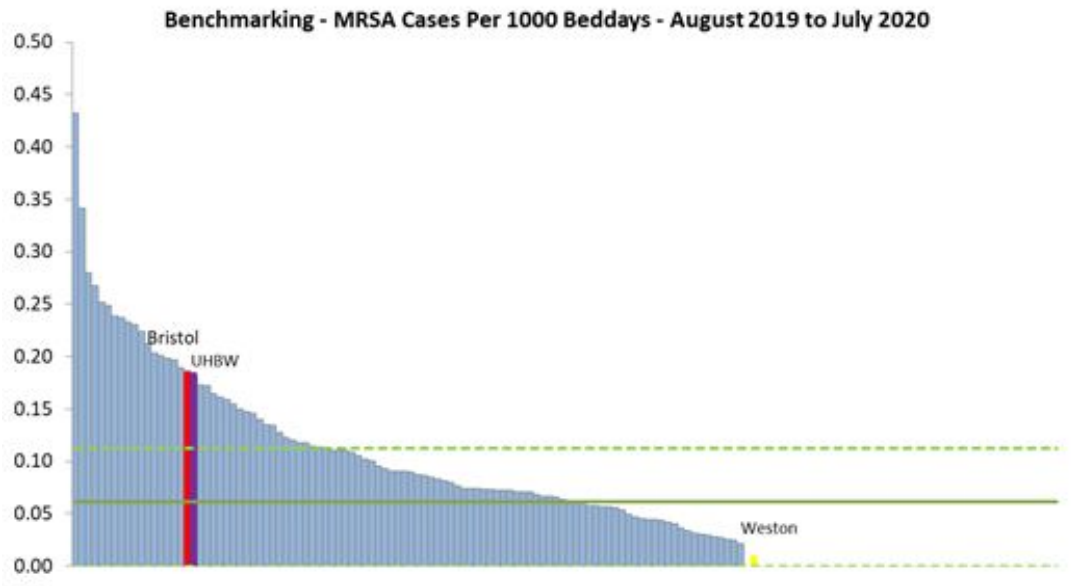
NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

August 2020

Y *Achieved*

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

	Aug-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

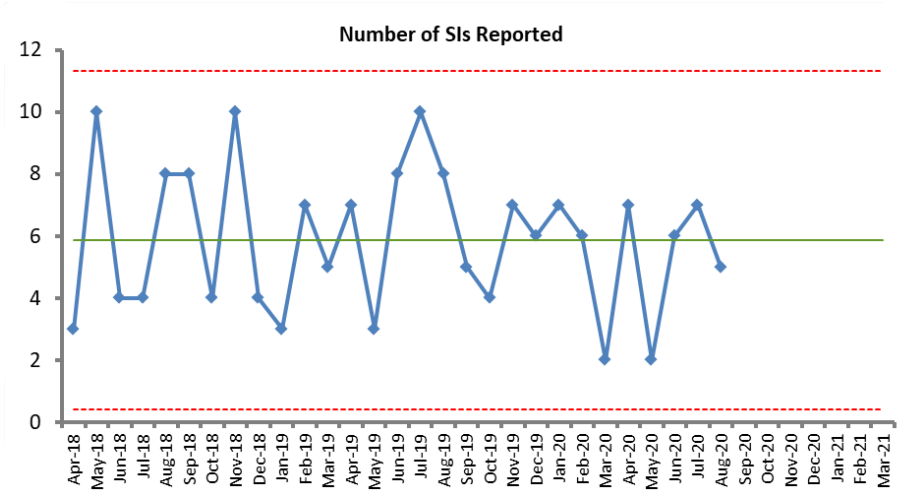
University Hospitals Bristol and Weston NHS Foundation Trust

August 2020

N/A *No Standard Defined*

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. In 2021, a new Patient Safety Incident Response Framework is to be implemented in NHS providers following learning from early adopters in 2020.
Latest Data:	Five serious incidents were reported in August 2020, four on the Bristol sites and one on the Weston site, There were zero Never Events.
Commentary:	In Bristol the reported serious incidents comprise of one pressure injury, one fall, one treatment delay and one major incident. In Weston the reported serious incident was a pressure injury. The major incident relates to complete site power loss where the back-up generators failed to switch on. Investigations are being undertaken to identify the learning from this occurrence. 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

	Aug-20	2020/2021
Medicine	1	5
Specialised Services	0	0
Surgery	2	6
Trust Services	1	1
Weston	1	13
Women's and Children's	0	2
TOTAL	**5**	**27**



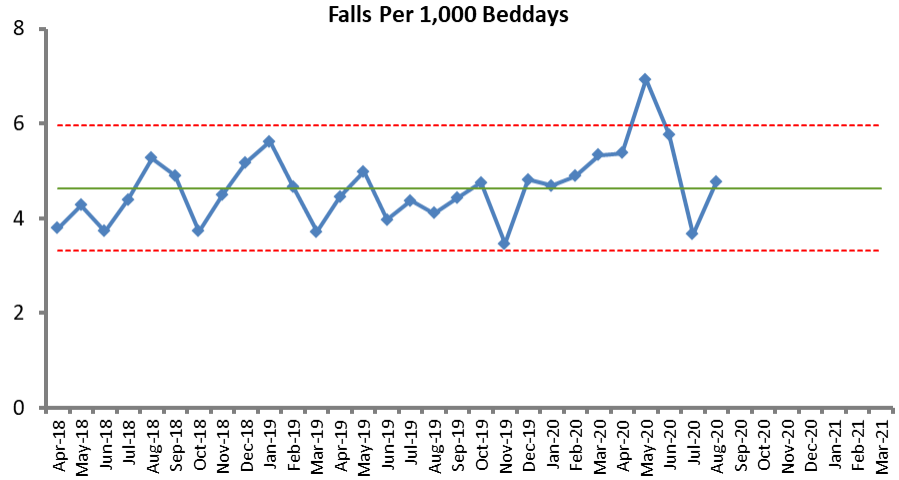
Harm Free Care – Inpatient Falls

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

August 2020

Y *Achieved*

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:	In August, the rate of falls per 1,000 beddays was 4.76 across UHBW (5.02 in our Bristol hospitals and 3.85 in Weston General Hospital. There were 136 falls in UHBW in August 2020, one of which resulted in moderate or higher level of harm.
Commentary:	The moderate harm incident involved the patient falling after attempting to mobilise. This incident is subject to an RCA investigation. Actions: • An operational group has been established to plan the delivery of training and education to support staff in services which were reconfigured in June, whilst recognising this has to be achieved differently. • Support from the Education team will be sought for this work. 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. Work to address this is planned for September. • 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



	Aug-20	
	Falls	**Per 1,000 Beddays**
Diagnostics and Therapies	1	-
Medicine	73	8.93
Specialised Services	22	4.93
Surgery	13	3.90
Trust Services/Trustwide	1	-
Weston	24	3.85
Women's and Children's	2	0.31
TRUST TOTAL	**136**	**4.76**

Harm Free Care – Pressure Injuries

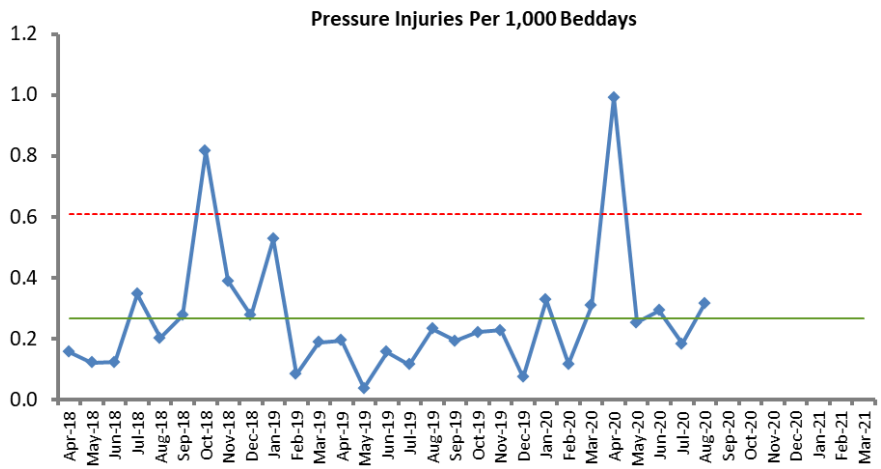
NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

August 2020

Y *Achieved*

Standards:	To reduce and sustain the number of hospital acquired pressure injuries per 1,000 beddays below an improvement goal of 0.4.
Performance:	In August 2020, the rate of pressure injuries per 1,000 beddays was 0.32 across UHBW (0.27 in our Bristol hospitals and 0.48 in Weston General Hospital.) There were nine pressure injuries in UHBW in August 2020, all category 2 pressure injuries (three in Weston and six in Bristol). There were no category 3 or 4 pressure injuries.
Commentary:	There was one unstageable pressure injury in Bristol - secondary to a total contact cast and occurred on the heel of a frail, elderly patient, an RCA investigation is underway. Actions: • Scoping the "fresh eyes" review of pressure injuries by the Deputy Director of Nursing (Transformation) has commenced. This project is intended to identify any additional learning and risk reduction opportunities. • The Division of Weston have set up a Pressure Injury Prevention Group, membership of which includes tissue viability nurses across the Trust. • Targeted training in hot spot areas. • Updating intranet pages with training resources available • Benchmarking training materials for children's services with Alder Hey and Great Ormond Street Hospitals, including medical device related incidents • Developing a plaster cast pressure injury pathway for high risk patients - to reduce risk of cast related pressure ulcers.
Ownership:	Chief Nurse

	Aug-20	
	Pressure Injuries	**Per 1000 Beddays**
Medicine	2	0.40
Specialised Services	1	0.12
Surgery	3	0.49
Weston	3	0.48
Women's and Children's	0	0.07
TOTAL	**9**	**0.32**



Medicines Management

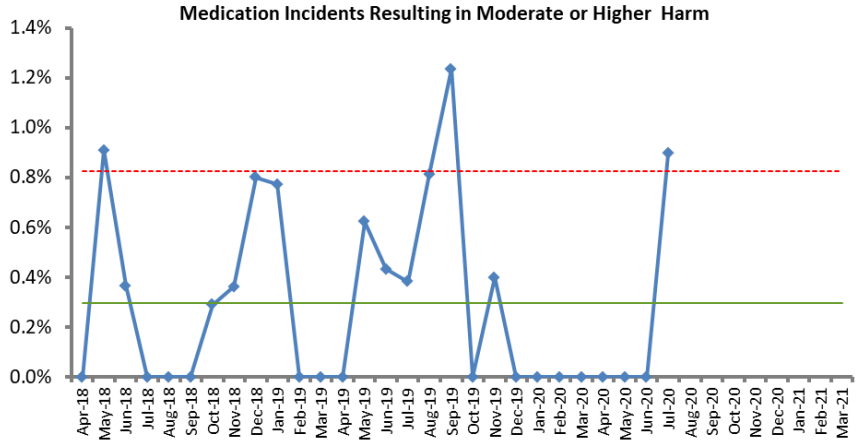
NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

July/Aug 2020

P *Partially Achieved*

Standards:	Number of medication errors resulting in moderate or greater harm to be below 0.5%. Please note this indicator is a month in arrears. Percentage of non-purposeful omitted doses of critical medicines to be below 0.75% of patients reviewed in the month.
Performance:	Three moderate harm medication incidents were reported in July 2020 across Bristol sites, out of 335 reported. This was 0.90%. Unintentional omitted doses of critical medicines were identified in one patient out of 675 patient drug charts audited at the Bristol sites (0.15%) in August. For 2019/20 as a whole the percentage of omitted medicines was 0.41% in UH Bristol.
Commentary:	Medication incidents resulting in moderate and above harm which occurred in Bristol included an extravasation injury in a neonate (under investigation) and an incident involving opiate toxicity for which actions have been put in place to reduce the risk of recurrence. The medication incidents resulting in moderate and above harm which occurred in Weston was due to poor management of diabetic ketoacidosis. Education will be rolled out to medical and nursing staff, and will form part of the learning during 'Hypoglycaemia awareness week' in October 2020. The omitted dose in Bristol related to IV vancomycin. The dose was missed as the patient was transferred from one ward to another at the time that the dose was due. A blood sample for vancomycin level was taken following the omitted dose and normal dosing schedule resumed. The omitted dose audits in Weston were being completed as part of the national Medicines Safety Thermometer which ceased in March 2020. An alternative audit plan will be put in place. Actions: • To continue to share learning from medication incidents across UHBW via safety bulletins, safety briefs, training opportunities • To embed the actions from the 72 hour review into the moderate harm incident.
Ownership:	Chief Nurse

	Jul-20		
	Moderate or Higher Harm Incidents	**Total Audited**	**Percentage**
Bristol	2	293	0.68%
Weston	1	42	2.38%
TOTAL	**3**	**335**	**0.90%**



Essential Training

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

August 2020

P *Partially Achieved*

Standards:	Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%, which was set by Bristol and has been adopted by Weston.
Performance:	In August 2020, Essential Training overall compliance reduced to 86% compared to 88% previous month (excluding Child Protection Level 3).
Commentary:	August 2020 compliance for Core Skills (mandatory/statutory) training reduced to 86% overall across the eleven programmes. There were reductions in eight of the programmes, where compliance reduced by two percentage points in six of the programmes. There was no change in the remaining three programmes. Overall compliance for 'Remaining Essential Training' reduced to 91% compared to 92% previous month. This figure continues to exclude Weston data. • The move to a condensed induction and completion of essential training via e-Learning requires greater assurance that staff achieve compliance during their probationary period. The L&D team is sending reminders to staff after one week and 3 months of starting with the Trust, and is tracking the compliance of these groups. • Fire Safety trainer vacancies are being filled on an expedited basis and a 'Train the Trainer' approach is being utilised to help meet training demands. Particular monitoring also continues on Resus (73%) and Information Governance (82%). • A Task & Finish Group met in August, to focus increasing training compliance, including staff surveys, department surgeries, and closer alignment of training with the precepts contained in the Probation Policy. This group will meet again in October to formulate remedies at departmental levels.
Ownership:	Director of People

Essential Training	Aug-20	KPI
Equality, Diversity and Human Rights	96%	90%
Fire Safety	81%	90%
Health, Safety and Welfare (formerly Health & Safety)	91%	90%
Infection Prevention and Control	85%	90%
Information Governance	82%	95%
Moving and Handling (formerly Manual Handling)	85%	90%
NHS Conflict Resolution Training	88%	90%
Preventing Radicalisation	90%	90%
Resuscitation	73%	90%
Safeguarding Adults	89%	90%
Safeguarding Children	89%	90%

Essential Training	Aug-20	KPI
UHBW NHS Foundation Trust	86%	90%
Diagnostics & Therapies	91%	90%
Medicine	83%	90%
Specialised Services	88%	90%
Surgery	86%	90%
Women's & Children's	85%	90%
Trust Services	89%	90%
Facilities & Estates	90%	90%
Weston	85%	90%

Venous Thromboembolism Risk Assessment

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

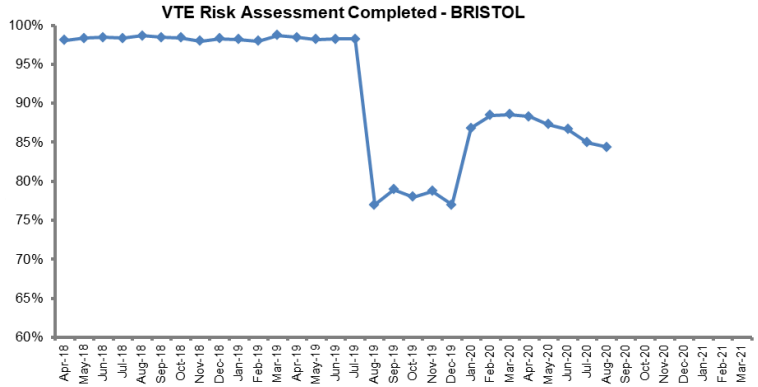
August 2020

N *Not Achieved*

Standards:	Venous Thromboembolism (VTE) is a significant cause of mortality and disability in England. At least two thirds of cases of hospital-associated thrombosis are preventable through VTE risk assessment and the administration of appropriate thromboprophylaxis. From 2010, Trusts have been required to report quarterly on the number of adults admitted as inpatients in the month who have been risk assessed for VTE on admission to hospital using the criteria in the National VTE Risk Assessment Tool. The expectation for UHBristol was to achieve 95% compliance, with an amber threshold to 90%.
Performance:	In our Bristol hospitals, the VTE risk assessment is completed electronically using the Medway system. In Weston General Hospital there was a paper based VTE risk assessment. For August, Bristol achieved 84.4%. Weston captures the data quarterly and the latest data (Quarter 4 2019/20) saw Weston averaging 89% per month.
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 has now taken up the role for UHBW as a whole. • The VTE Group is reconvening, and a new process for reviewing and learning from hospital associated thrombosis incidents is planned involving an initial review by a pharmacist and subsequent clinical review by a doctor for a subset of more complex cases. • 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

	Aug-20		
	Assessment Done	Total Patients	Performance
Diagnostics and Therapies	20	20	100.0%
Medicine	1,751	2,246	78.0%
Specialised Services	1,894	2,047	92.5%
Surgery	1,157	1,492	77.5%
Women's and Children's	1,329	1,482	89.7%
TOTAL	**6,151**	**7,287**	**84.4%**



Nurse Staffing Levels

University Hospitals Bristol and Weston NHS Foundation Trust

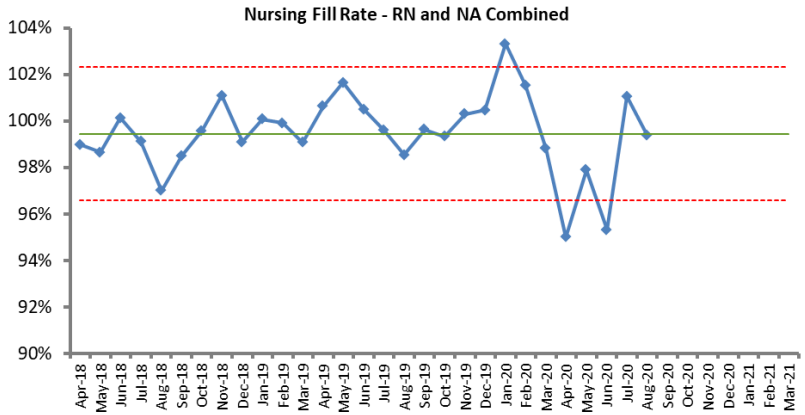
August 2020

N/A ***No Standard Defined***

Standards:	It is an NHS England requirement to publish and report monthly safer staffing levels to the Trust Board. High level figures are provided here and further information and analysis is provided in a separate more detailed report to the Board.
Performance:	The report shows that in August 2020, UHBW had rostered 298,890 expected nursing, midwifery and nursing assistants' hours in the inpatient areas, the number of actual hours worked recorded on the system was 294,292. This gave an overall fill rate of 99% for UHBW.
Commentary:	Overall for August 2020, the trust had 94% cover for RN's on days and 96% RN cover for nights. The unregistered level of 106% for days and 113% for nights reflects the activity seen in August 2020. 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: Aug-20

	Total	RNs	NAs
Medicine	104.5%	96.1%	115.4%
Specialised Services	104.0%	97.4%	123.2%
Surgery	99.3%	94.4%	111.5%
Weston	104.9%	98.6%	112.6%
Women's and Children's	90.2%	92.2%	80.6%
Bristol Divisions	*98.2%*	*94.4%*	*107.9%*
TRUST TOTAL	**99.4%**	**94.9%**	**109.2%**

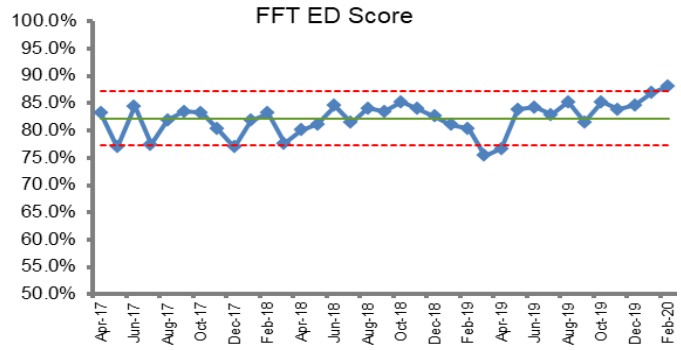


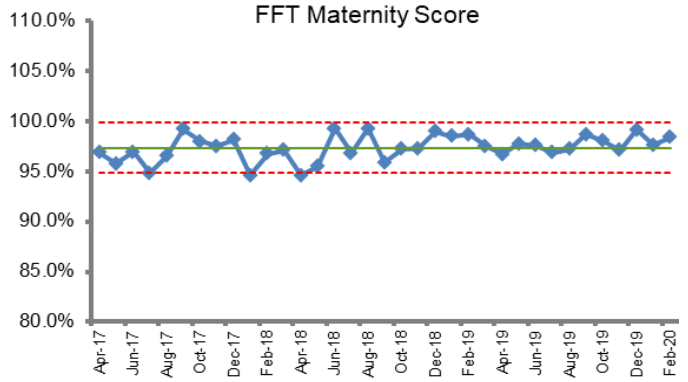
Friends and Family Test

NHS
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%**

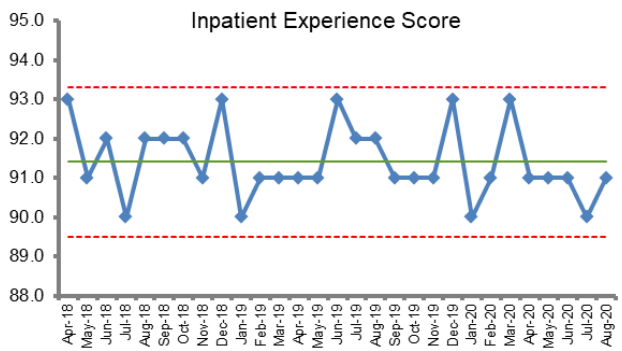
Patient Surveys

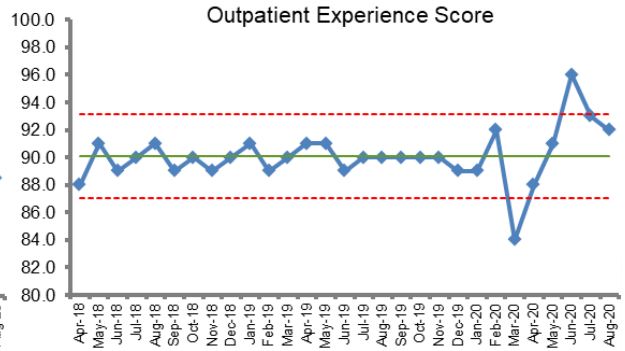
University Hospitals Bristol and Weston NHS Foundation Trust

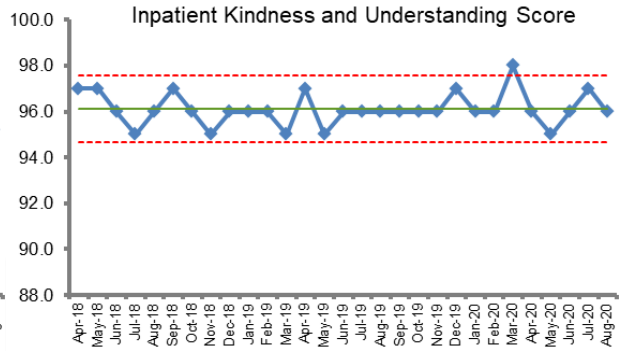
August 2020

Y *Achieved*

Standards:	For the inpatient and outpatient postal survey, five questions about topics our patients have told us are most important to them are combined to give a score out of 100. For inpatients, the target is to achieve a score of 87 or more. For outpatients the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target score of 90 or over.
Performance:	For August 2020, the inpatient score was 91/100, for outpatients it was 92. 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.
Commentary:	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. 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-19 pandemic has meant that Weston General Hospital does not currently have any regular, hospital-wide patient survey programme. Restoration of a local patient survey (which includes the national FFT question) at Weston General Hospital is planned from September 2020. Actions: • The extension of the Bristol 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 once implemented later in 2020.
Ownership:	Chief Nurse







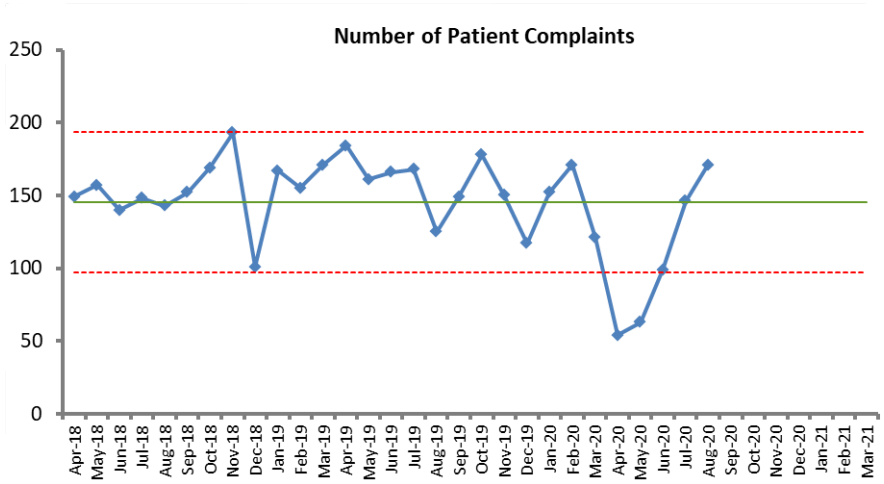
Patient Complaints

University Hospitals Bristol and Weston NHS Foundation Trust

August 2020

N *Not Achieved*

Standards:	For all formal complaints, 95% of them should have the response posted/sent to the complainant within the agreed timeframe, with a lower tolerance (Red) of 85%. 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 August 2020, there were 171 complaints in total, with 53 formal complaints. 67% of formal complaints (30 out of 45) were responded to within timeframe, a decline compared to the 80% reported in July 2020. This comprises 28 out of 39 (72%) in Bristol and 2 out of 6 (33%) in Weston. Eight of the 15 total breaches were attributable to delays in Divisions – most notably the Division of Weston and Division of Medicine. In total, 89% of informal responses (62 out of 70) were responded to by the agreed deadline, compared with 92% in July 2020. The Trust received two dissatisfied complaints responses out of 30 sent out in June 2020, 6.7% (this measure is reported two months in arrears). Actions: • Assessing options to support improvement of complaints performance in Division of Weston
Commentary:	
Ownership:	Chief Nurse



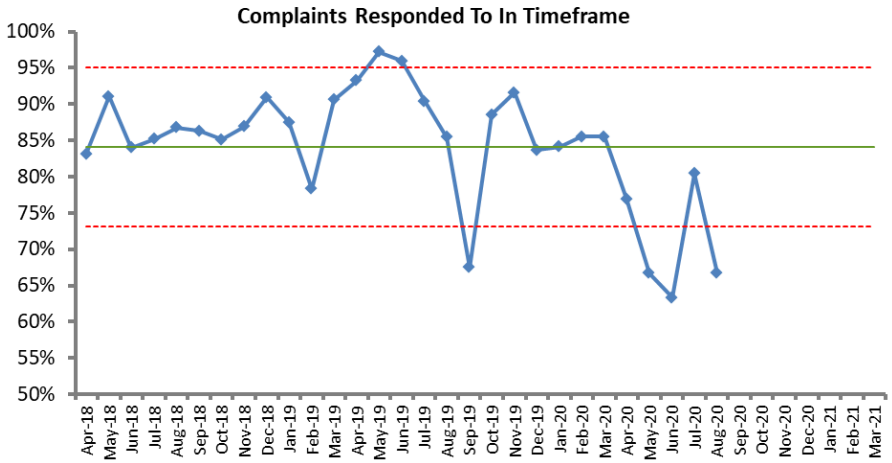
Number of Complaints Received

	Aug-20	2020/2021
Diagnostics and Therapies	6	17
Facilities and Estates	6	21
Medicine	43	136
Specialised Services	18	60
Surgery	35	128
Trust Services	2	22
Weston	35	68
Women's and Children's	26	81
TOTAL	**171**	**533**

Patient Complaints

University Hospitals Bristol and Weston NHS Foundation Trust

August 2020



Responses In Timeframe

	% In Timeframe	Number of Responses
Diagnostics and Therapies	100%	2
Facilities and Estates	0%	0
Medicine	53%	15
Specialised Services	100%	4
Surgery	70%	10
Trust Services	100%	2
Weston	21%	6
Women's and Children's	83%	6

Emergency Care – 4 Hour Standard

University Hospitals Bristol and Weston NHS Foundation Trust

August 2020

N *Not Achieved*

Standards:	Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours. Due to the Covid pandemic, trajectories for 2020/21 have not been agreed with NHS Improvement.
Performance:	Trust level performance for August was 82.1% across all four Emergency Departments (13,512 attendances and 2420 patients waiting over 4 hours).
Commentary:	**Bristol Royal Infirmary** In August attendances continued to increase and on some days attendances are back to pre Covid-19 levels. The activity split between those patients self-presenting to the Fast Flow area and those being conveyed by ambulance, has almost normalised due to increases in Fast Flow attendances. However the percentage of patients arriving by ambulance, an indicator of acuity, although down from unprecedented levels seen in the last few months still remains slightly above normal range. The reconfiguration of the departments footprint to enable delivery of the required national emergency patient pathways for Covid-19 is embedded operationally, and being kept under review as new guidance is received. Emergency patients continue to be managed in pathways defined as non-symptomatic and symptomatic for Covid-19 and ED remains the point of arrival for all symptomatic GP expected patients. Due to the reduced number of patients presenting with potential covid 19 symptoms, the incident triage area (ITA) put in place to triage patients into the most appropriate pathway at the start of the pandemic is being stood down. Patients will continue to be screened for potential covid symptoms through normal triaging processes, with the ITA able to be re-established within the ED footprint should this be required. Ambulance queuing in the ambulance bay and associated delayed transfers of care remains a significant challenge due to the impact of lost capacity in the overall bed base and inability to queue internally due to social distancing requirements. As this is a significant safety and patient experience concern for both the Adult and Children's ED, work has been undertaken to establish a proactive crowding check list, which triggers the opening of an overflow clinical area adjacent to the ED, where patients who have admission decisions can be cared for until admission to an inpatient area can be facilitated. The department leads are engaged with system partners to consider a variety of options to reduce the number of patients needing to attend the ED, with a particular focus on those self-presenting and alternative care pathways available to them within primary care. Incidents of crowding due to surges in arrivals and compromised flow out of the ED in some patient pathways have increased in line with activity and there has been a consequential impact on 4 hour performance. The ability to socially distance patients waiting to be seen in the waiting area for the Fast flow stream is increasingly challenging and mitigated, were possible, by the issuing of masks and a no visitor policy in all but exceptional circumstances. Expansion of the ED waiting area is a priority scheme for this winter in the Capital investment programme. Numbers of patients presenting in mental health crisis continue to be very high, a picture reflected nationally. Many of these patients are already known to Mental health services, but unable to access community services due to reported curtailment of service provision due to the pandemic. Some of these patient's experience significant delays ahead of being able to access onward mental health services and system wide work continues to address this. Unfortunately as a consequence of this and the crowding issues above staff across all disciplines continue to be exposed to unacceptable levels of violence and aggression from patients and relatives.

Emergency Care – 4 Hour Standard

University Hospitals Bristol and Weston NHS Foundation Trust

August 2020

Commentary:	**Bristol Royal Hospital for Children:** Attendances continue to rise month on month since April; attendances in August were only 85% of those seen last year but this is a sharp increase on previous months since COVID began, which had shown 65% or fewer attendances compared with the equivalent months of last year. 4 hour performance remained high despite the numbers increase, with 94% of patients managed within 4 hours. Average triage time was 20 minutes and average time for patients to be seen of 40 minutes. The use of Sunflower Ward an observation unit continues to work well. The department are running an east and west side and continue to stream paediatric patients through the creation of the separate waiting areas, to maintain social distancing. ED are due to expand into Carousel as part of winter plans, this was due to start in October but is now likely to start in November due to delays with changes needing to be made within the outpatient clinic rooms. ED will continue to use Carousel where possible at escalation points, this will be afternoon/evenings and weekends, this is when the department has an increase in attendances. At times children are having to come through to the main Children's hospital entrance due to ambulance queuing. ED are working for CCG's to help consider other options to reduce the number of attendances to ED, the ED redirection working group continues to discuss opportunities/developments to reduce ED attendances. **Bristol Eye Hospital** In August, ED attendances decreased by 6.45% on July attendances. The total number of breaches increased from 13 in July to 19 in August. Performance against the 4 hour target was 98.82%. The Eye Hospital ED continues to offer a telephone advice line to patients and referrers to minimise attendances to the department. Unfortunately due to temporary staffing pressures this is not always consistently staffed, this situation will improve from the end of September. Following advice from Infection Control, waiting space within part of outpatients and ED and been reconfigured to allow social distancing of "one metre plus". This reconfiguration has allowed most of the ED queue to be brought inside the building, significantly improving patient experience. The Division has received confirmation that capital funding can be provided to create a permanent ED Blue zone. The creation of a permanent Blue zone will release outpatient space that is required to fully restore outpatient services, as well as providing a safe and efficient model for seeing possible COVID patients.

Emergency Care – 4 Hour Standard

University Hospitals Bristol and Weston NHS Foundation Trust

August 2020

Commentary:	**Weston General Hospital** Throughout the month of August 2020 the attendances fluctuated daily however we have seen 763 patients less in comparison to August 2019, however on some days hitting (winter) pre-covid attendance numbers. The departments recognise that the patients attending are of high acuity which has influenced the high conversion rates throughout the month. 4 hour performance for August 2020 averaged 83.38%, with the Bank Holiday on the 31st reaching 95.05%. Adhering to the national guidance for COVID19 a review of the inpatient bed base was conducted where 43 beds were removed from the site in June/July. This was further reviewed in August and 24 beds were put back into the wards. Following this increase we are still 19 beds down on last year which means that flow has been challenging which has led to patients remaining bedded within the Emergency Department overnight, this accounted for 68 12 hour breaches that have occurred, mainly in the first half of the month. Unfortunately when patients are bedded overnight this contributes to poor flow within the ED following day because of limited space to see the new patients. The number of confirmed COVID19 patients has remained low throughout the month of August and the Blue ward was moved to another area to increase the availability of Green beds to assist flow through the Division. There are plans for further bed modelling through September. In comparison to the previous month we have received around the same number of ambulance conveyances to the department which are now at pre-covid numbers. We continue to have surges throughout the day with a large proportion of conveyances being in the late afternoon. There are plans to meet with SWAST with the view to review and align where possible in line new pathways and on-going redirection work. August saw a challenging start to the month that improved considerably in the later part of the month. There continues to be considerable work on alternative pathways and admission/attendance avoidance at the front door on the lead into winter.
Ownership:	Chief Operating Officer

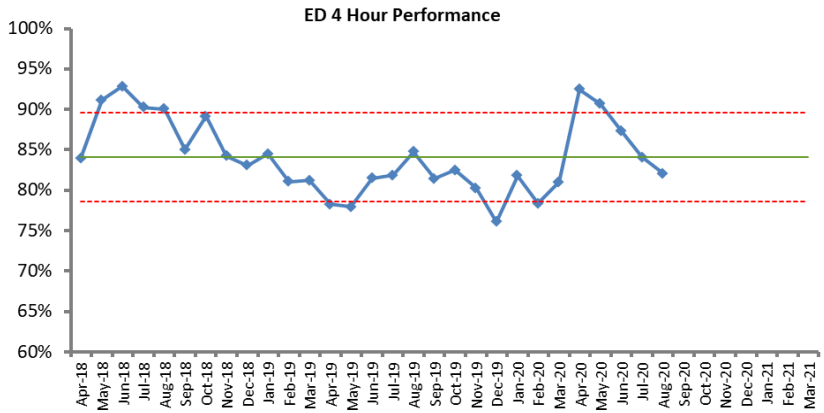
4 Hour Performance	Aug-20	2020/2021
Bristol Royal Infirmary	71.7%	80.8%
Bristol Children's Hospital	93.8%	93.0%
Bristol Eye Hospital	98.8%	99.0%
Weston General Hospital	82.7%	84.9%

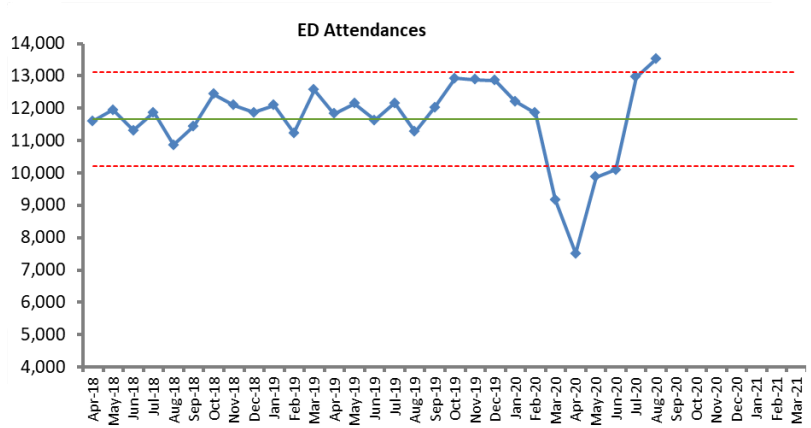
Total Attendances	Aug-20	2020/2021 Year To Date	2019 Monthly Average
Bristol Royal Infirmary	4,068	19,186	6,190
Bristol Children's Hospital	2,387	9,878	3,849
Bristol Eye Hospital	1,591	7,034	2,095
Weston General Hospital	3,682	12,496	4,258

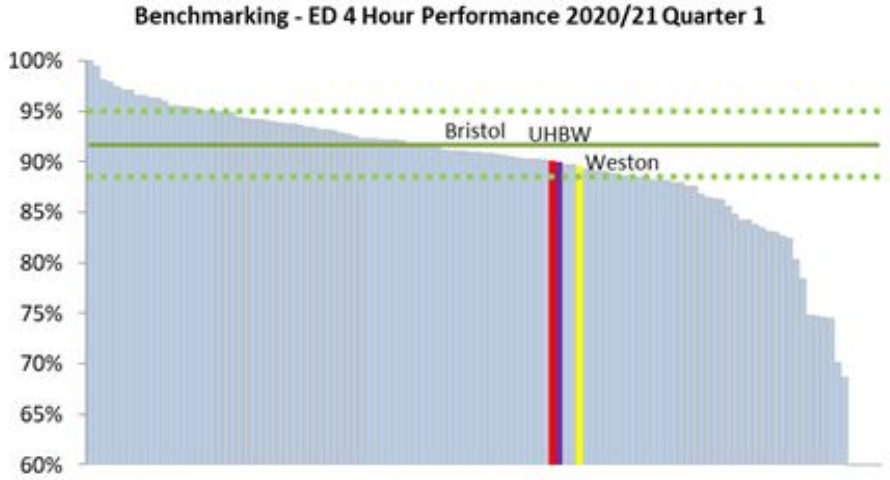
Emergency Care – 4 Hour Standard

University Hospitals Bristol and Weston NHS Foundation Trust

August 2020



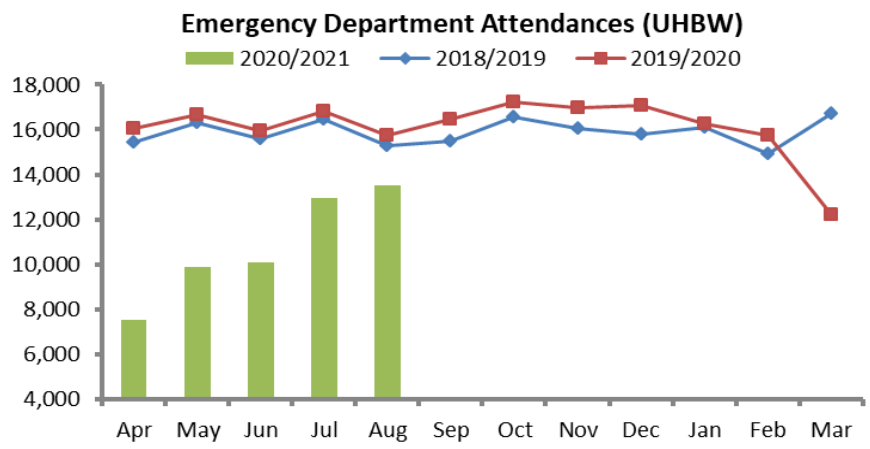


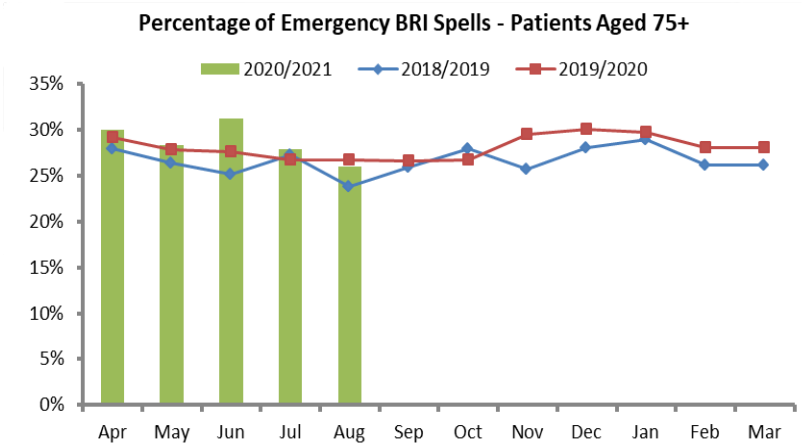


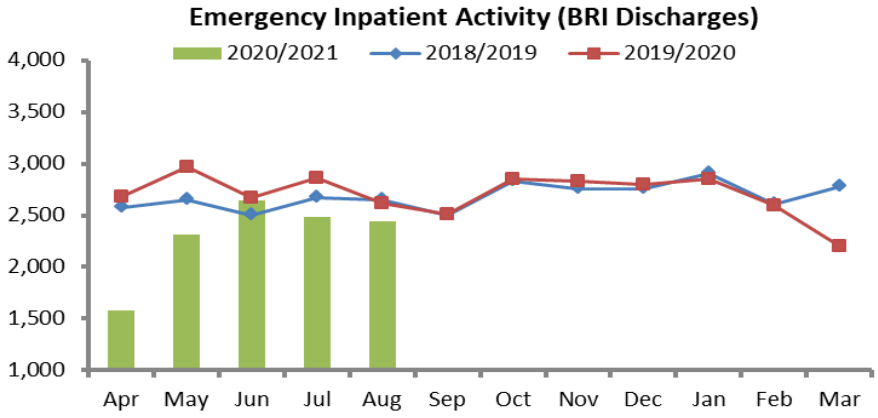
Emergency Care – Supporting Information

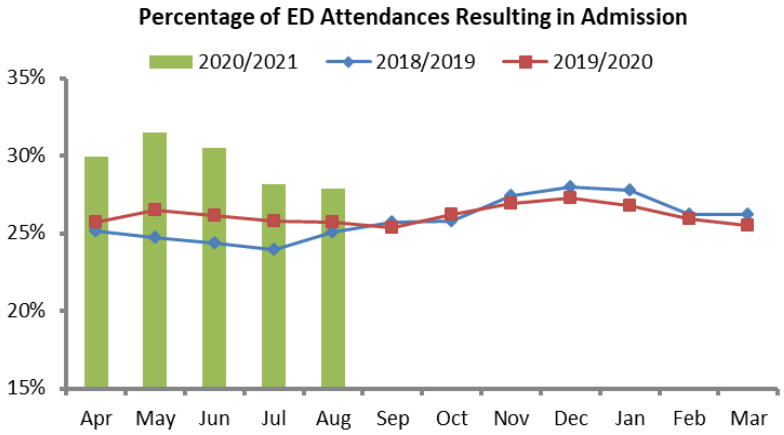
University Hospitals Bristol and Weston NHS Foundation Trust

August 2020









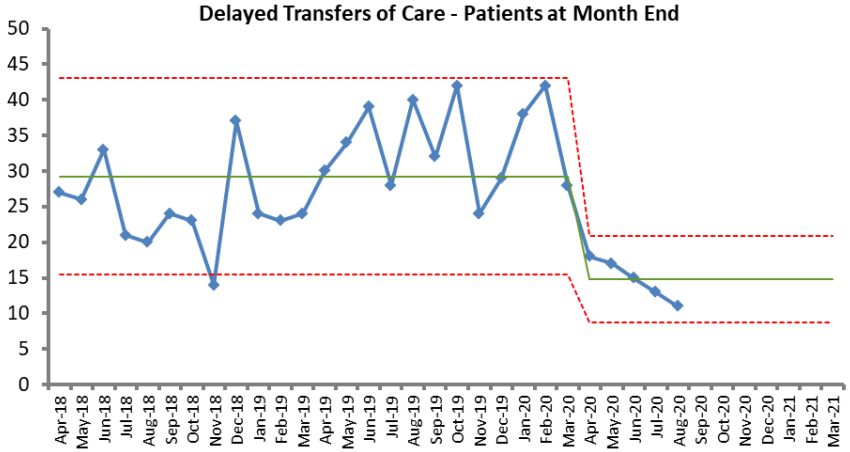
Delayed Transfers of Care

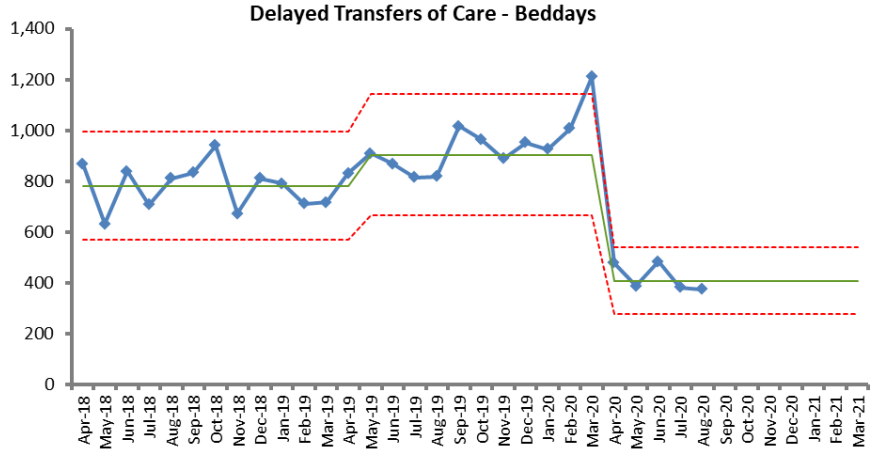
University Hospitals Bristol and Weston NHS Foundation Trust

August 2020

N/A *No Standard Defined*

Standards:	Patients who are medically fit for discharge should wait a "minimal" amount of time in an acute bed.
Performance:	At the end of August there were 11 Delayed Transfer of Care patients across Bristol and Weston. There were 4 at Bristol, 1 at South Bristol and 6 at Weston. There were 382 beddays consumed by DToC patients. There were 183 beddays at Bristol (including 40 at South Bristol) and 192 at Weston.
Commentary:	340 Single Referral Forms (SRF) were managed by the Integrated Discharge Service (IDS) in August 2020 . This is the highest number since January 2020. 104 SRFs were for Pathway 1/Homefirst, 58 Pathway 2 and 38 Pathway 3s. 70 SRFs were managed from other commissioners. 42 Continuing Health Care Fast Track Assessments (CHCFT) were completed in August. Care Home Selection (CHS) continue to aim to reduce delays for self-funding patients with long term care needs by sourcing placements in either an intermediate care setting or at home. CHS managed 1 self-funding patient in August 2020. The COVID discharge SitRep continues to be collated, quality checked and submitted by the IDS team on a daily basis (including weekends) for all the wards in the Trust. New Government Discharge Guidance was made available at the end of August 2020 with new targets for discharge destinations. The IDS is currently discussing the implications for ward processes.
Ownership:	Chief Operating Officer





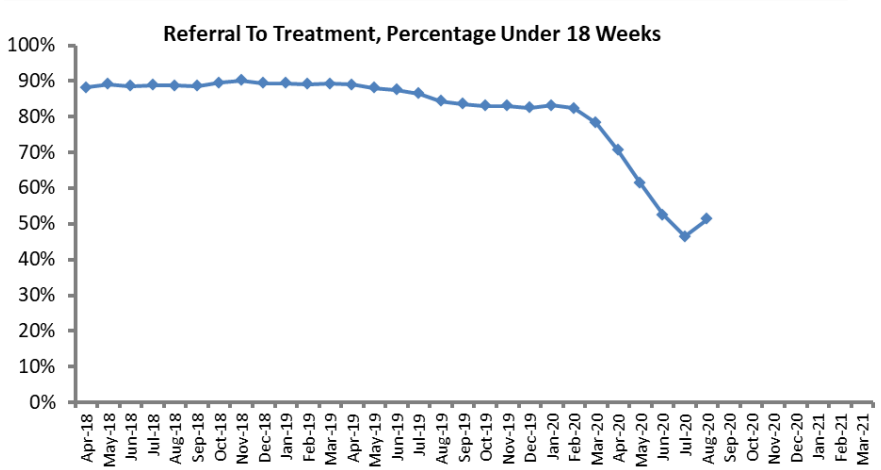
Referral To Treatment

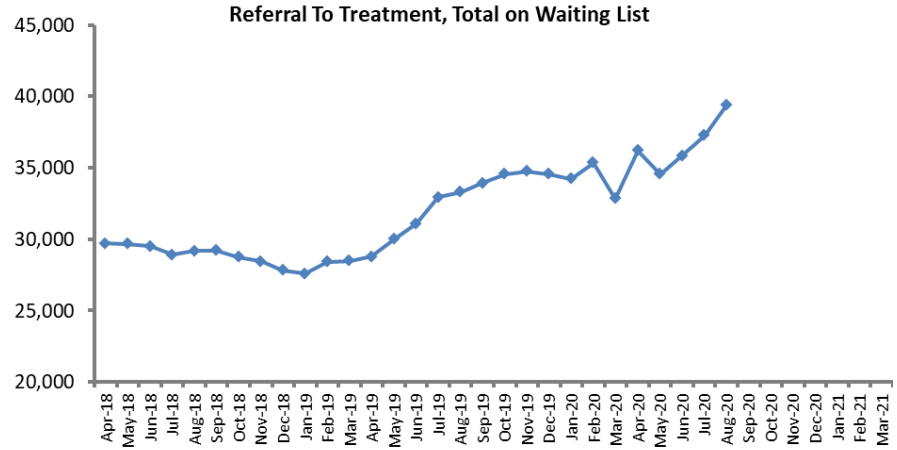
University Hospitals Bristol and Weston NHS Foundation Trust

August 2020

P *Partially Achieved*

Standards:	The number of patients on an ongoing Referral to Treatment (RTT) pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks. NHS England / Improvement also issued guidance that Trusts should aim to reduce the overall waiting list size, with Trusts being expected to reduce from the end of January 2020 volume. The combined waiting list was 40,911 (34,229 at Bristol and 6,682 at Weston).
Performance:	At end of August, 51.4% of patients were waiting under 18 weeks. The total waiting list was 39,363. So the overall standard was Partially Achieved as waiting list size is below the January 2020 position. Note that the chart below is Bristol only to March 2020 and then Bristol and Weston combined from April.
Commentary:	The focus of discussions with divisions and wider system partners is on restoring of activity through the Phase 3 planning process. This will involve demand management, review of additional capacity in the independent sector and also additional capacity within the organisation through waiting list initiatives. Changes in rules around social distancing and length of time for self-isolation prior to admission could also impact on recovery levels. The largest increases in waiting list size are in Ophthalmology (2,000 increase April to August), GI Surgery (1,000 increase), Adult ENT (400).
Ownership:	Chief Operating Officer

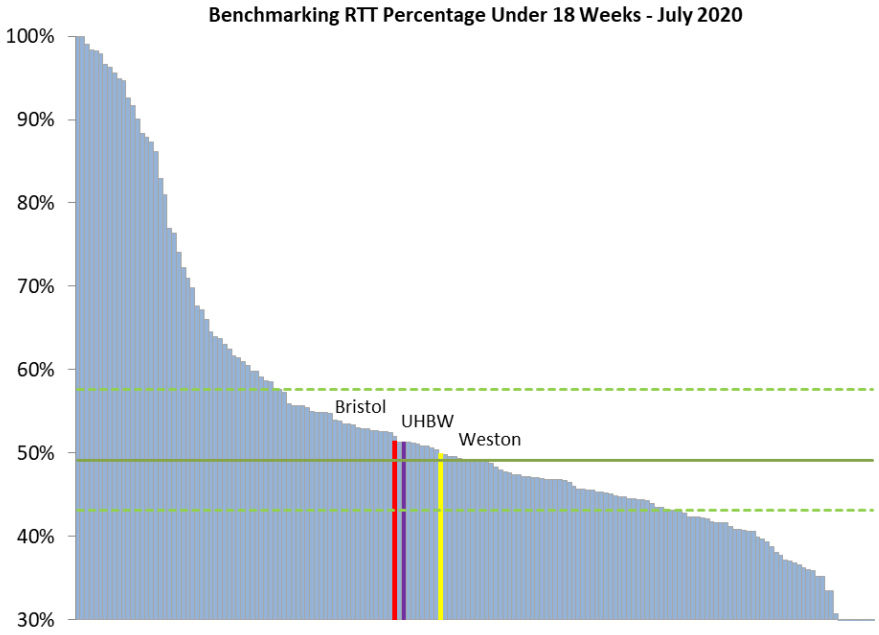




Referral To Treatment

University Hospitals Bristol and Weston NHS Foundation Trust

August 2020



	Aug-20		
	Under 18 Wks	Total Waiting	Performance
Diagnostics and Therapies	24	24	100.0%
Medicine	2,959	3,576	82.7%
Specialised Services	2,528	4,298	58.8%
Surgery	8,708	21,090	41.3%
Weston	2,033	4,067	50.0%
Women's and Children's	3,964	6,308	62.8%
TOTAL	**20,216**	**39,363**	**51.4%**

Referral To Treatment – 52 Weeks

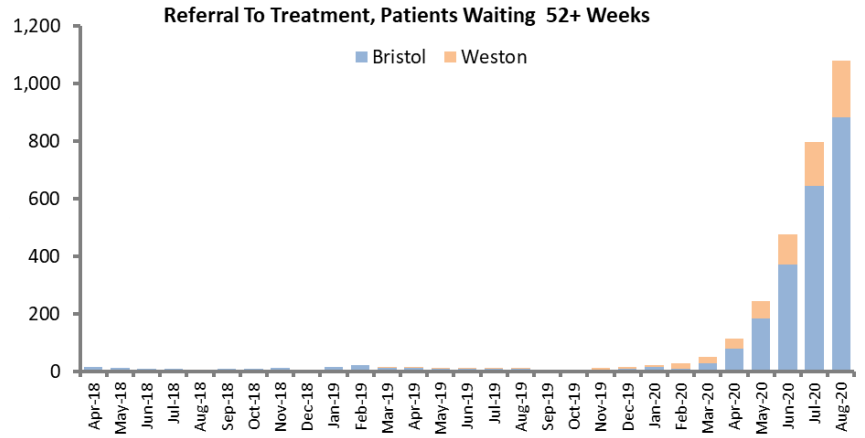
University Hospitals Bristol and Weston NHS Foundation Trust

August 2020

N *Not Achieved*

Standards:	No patient should wait longer than 52 weeks for treatment
Performance:	At end of August, 1077 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. With these cancellations and those patients that continue to wait to be dated this has resulted in an unprecedented number of breaches; and continues to grow. As part of the Phase 3 planning process, divisions have worked through recovery trajectories for 52 weeks; initially modelling through to end of November. There are currently 4,167 patient who would breach 52+ weeks by end of November and divisional plans have reduced that to 2,066 through additional capacity. The largest volumes are in Dental and Adult General Surgery which account for 60% of this backlog. Planning through to March 2021 predicts 4,830 patients waiting 52+ weeks by end of the financial year. However there are additional plans and mitigations to be worked through, such as waiting list initiatives, use of independent sector as well as potential changes to social distancing and self-isolation rules
Ownership:	Chief Operating Officer

	Aug-20
Diagnostics and Therapies	0
Medicine	7
Specialised Services	151
Surgery	571
Weston	194
Women's and Children's	154
TOTAL	**1077**



Elective Activity and Referral Volumes

University Hospitals Bristol and Weston NHS Foundation Trust

August 2020

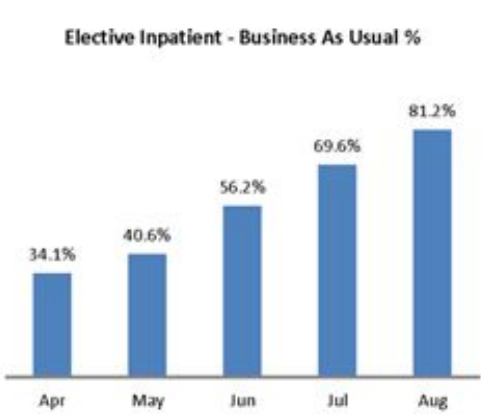
BRISTOL AND WESTON PLANNED ACTIVITY AND REFERRALS APRIL 2019 TO AUGUST 2020

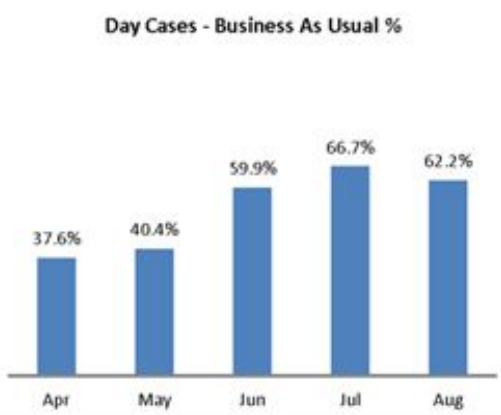
Elective Activity – Restoration

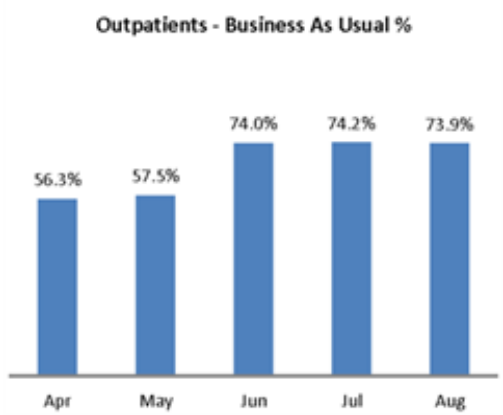
University Hospitals Bristol and Weston NHS Foundation Trust

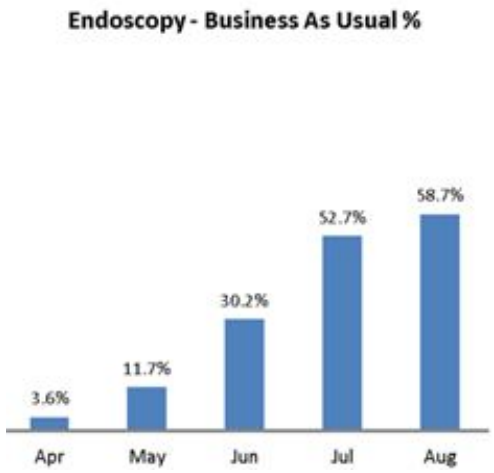
August 2020

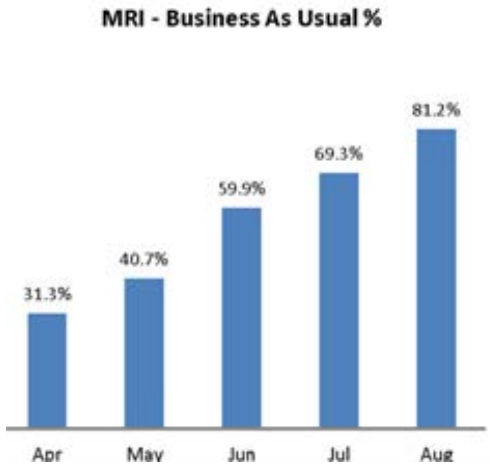
As part of the Phase 3 planning process, NHS England are measuring "Business As Usual" percentages. This reports activity this year as a percentage of activity in the same month last year. So the August data below is August 2020 activity as a percentage of August 2019 activity.

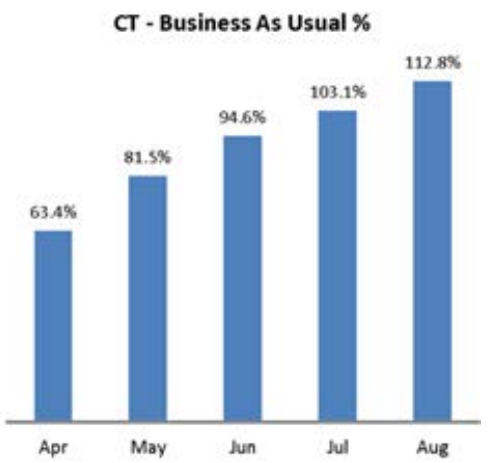












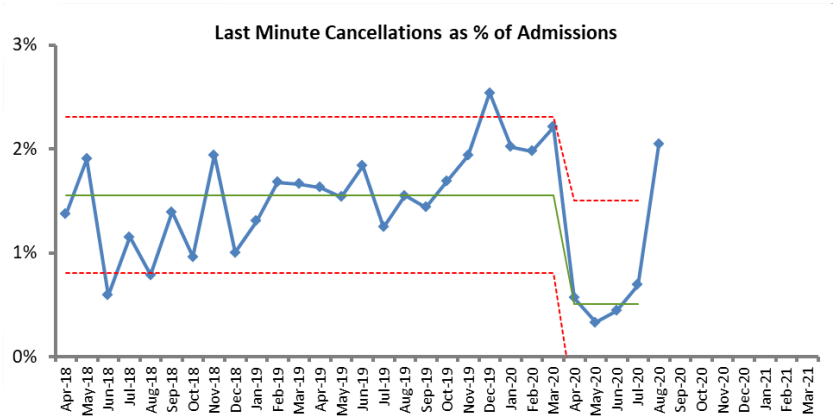
Cancelled Operations

University Hospitals Bristol and Weston NHS Foundation Trust

August 2020

P *Partially Achieved*

Standards:	For elective admissions that are cancelled on the day of admission, by the hospital, for non-clinical reasons: (a) the total number for the month should be less than 0.8% of all elective admissions (b) 95% of these cancelled patients should be re-admitted within 28 days
Performance:	In August, there were 87 last minute cancellations, which was 2.1% of elective admissions. Of the 31 cancelled in July, 30 (97%) had been re-admitted within 28 days.
Commentary:	The significant reduction in elective activity due to Covid resulted in far fewer last minute cancellations in April through to July. August has seen an increase back to pre-Covid levels, which is under review with the divisions. However the Trust achieved 95% of last month's LMCs being re-admitted within 28 days in August. National reporting of Cancelled Operations was suspended from Quarter 4, so there is no current benchmarking data.
Ownership:	Chief Operating Officer



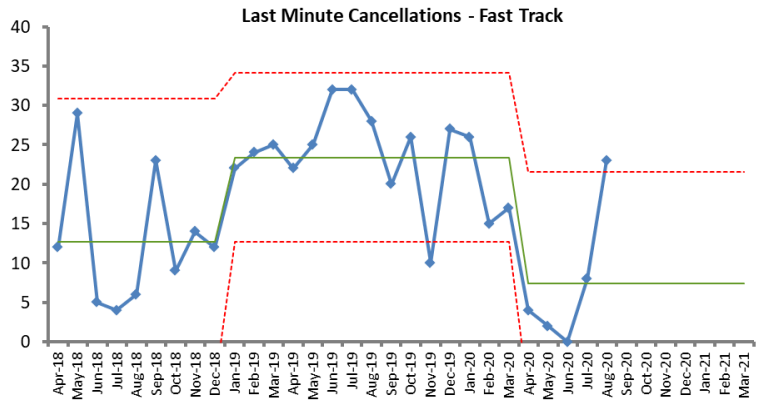
LAST MINUTE CANCELLATIONS	Aug-20	2020/2021
Diagnostics and Therapies	0	0
Medicine	2	6
Specialised Services	12	43
Surgery	54	69
Weston	4	6
Women's and Children's	15	35
TRUST TOTAL	**87**	**159**

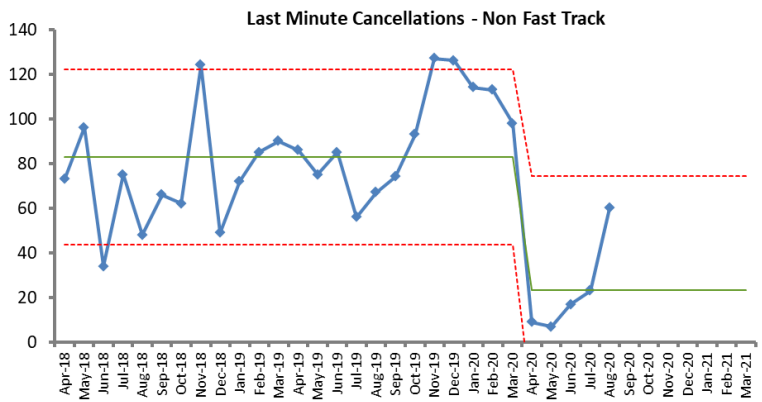
Cancelled Operations

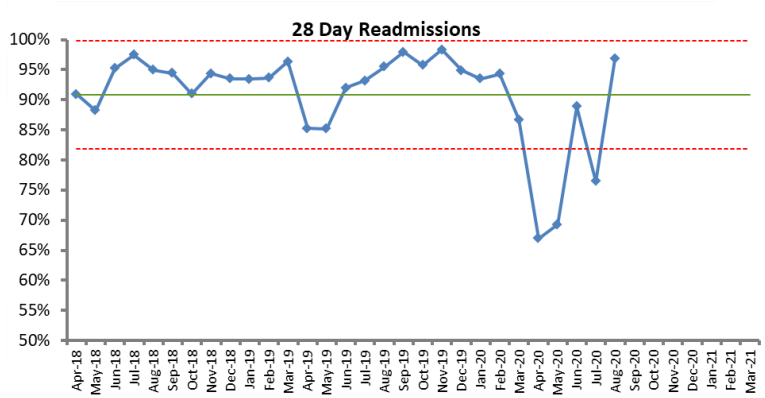
University Hospitals Bristol and Weston NHS Foundation Trust

August 2020

Bristol data only







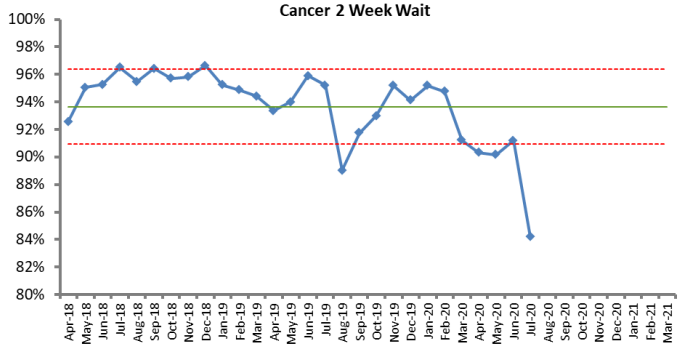
Cancer Two Week Wait

University Hospitals Bristol and Weston NHS Foundation Trust

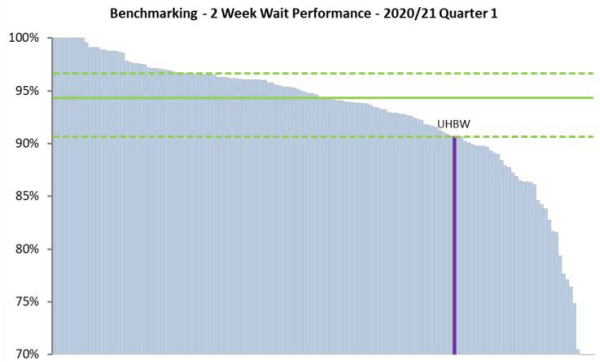
July 2020

N *Not Achieved*

Standards:	Urgent GP-referred suspected cancer patients should be seen within 2 weeks of referral. The national standard is that 93% of patients should be seen within this standard
Performance:	For July, 84.2% of patients were seen within 2 weeks. This is combined Bristol and Weston performance.
Commentary:	The standard remains non-compliant due to the impact of the Covid-19 outbreak and the ongoing precautions to reduce the risk of infection. Compliance is forecast to deteriorate further over summer due to increasing demand. The reason for non-compliance is due to the difficulty of scheduling endoscopy within 14 days due to social distancing and the need for patients to isolate; increased patient choice due to the inconveniences around the pandemic; and capacity issues in skin and ear, nose and throat following a necessary switch from virtual appointments back to more face-to-face work. All areas continue to work proactively to improve waiting times within the constraints imposed by managing the ongoing epidemic. It is unlikely compliance with the standard will be regained until all social distancing and Covid related restrictions are lifted.
Ownership:	Chief Operating Officer



	Under 2 Weeks	Total Pathways	Performance
Other suspected cancer (not listed)	2	2	100.0%
Suspected children's cancer	11	11	100.0%
Suspected gynaecological cancers	134	152	88.2%
Suspected haematological malignancies excluding	22	22	100.0%
Suspected head and neck cancers	357	374	95.5%
Suspected lower gastrointestinal cancers	153	251	61.0%
Suspected lung cancer	20	22	90.9%
Suspected skin cancers	513	527	97.3%
Suspected testicular cancer	2	2	100.0%
Suspected upper gastrointestinal cancers	55	150	36.7%
Suspected urological cancers (excluding testicular	37	38	97.4%
Grand Total	**1,306**	**1,551**	**84.2%**



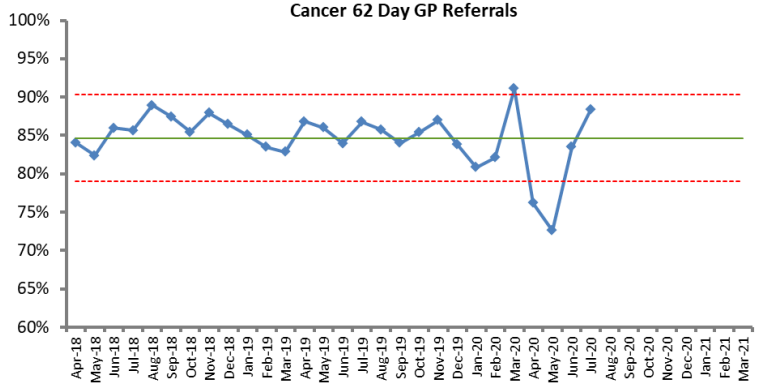
Cancer 62 Days

University Hospitals Bristol and Weston NHS Foundation Trust

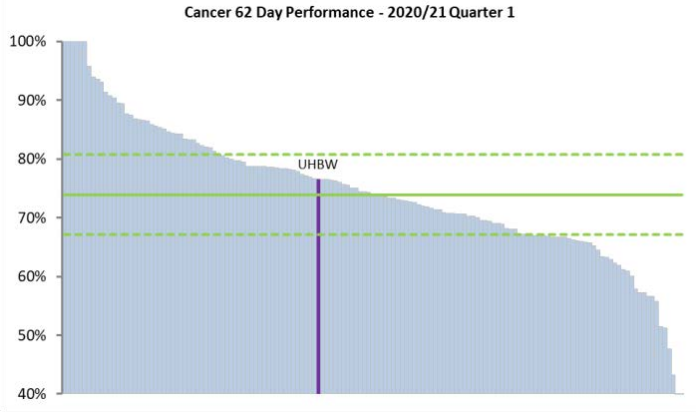
July 2020

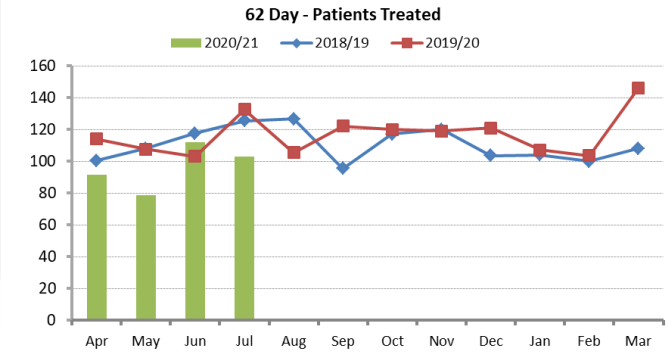
Y *Achieved*

Standards:	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. The national standard is that 85% of patients should start their definitive treatment within this standard.
Performance:	For July, 88.3% of patients were seen within 62 days. This is combined Bristol and Weston performance.
Commentary:	The standard was compliant in July. The impact of the Covid epidemic accounted for over half of breaches. The waiting time rules changed in July to allow more flexibility around patient choice and delays for medical reasons, which has contributed to the improvement as medical deferrals and patient choice have always been a very significant cause of breaches of this standard. Activity against this standard is close to pre-pandemic levels, despite referrals in still being significantly lower. This could be interpreted as meaning those patients not being referred are the lower risk patients who do not have cancer.
Ownership:	Chief Operating Officer



	Within Target	Total Pathways	Performance
Breast	5.0	5.0	100.0%
Childrens	0.0	1.0	0.0%
Gynaecological	11.0	13.5	81.5%
Haematological	3.5	4.5	77.8%
Head and Neck	3.0	5.0	60.0%
Lower Gastrointestinal	4.0	8.0	50.0%
Lung	9.5	10.5	90.5%
Other	1.0	1.0	100.0%
Sarcoma	1.0	1.0	100.0%
Skin	41.5	41.5	100.0%
Upper Gastrointestinal	6.0	6.5	92.3%
Urological	5.5	5.5	100.0%
Grand Total	**91.0**	**103.0**	**88.3%**





Cancer 104 Days

University Hospitals Bristol and Weston NHS Foundation Trust

Snapshot taken 13th September 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 the Covid-19 outbreak the Trust consistently had 0 patients waiting over 104 days for inappropriate reasons (i.e. those other than patient choice, clinical reasons, or recently received late referrals into the organisation). As at 13th September 2020 there were 2 such waiters. This is a marked fall from 53 such waiters in early July. No patients currently waiting over 104 days have been assessed as at risk of harm from their waiting time at present.
Commentary:	The Trust is aiming to sustain minimal (<10) waiters over 104 days on a GP referred cancer pathway for 'inappropriate' reasons, provided there is no Covid 'second peak' which impacts significantly on service provision. It is likely that total numbers of waiters over 104 days (for any reason) will remain higher than pre-pandemic whilst national precautions against the virus remain, due to higher levels of patient choice. Avoiding harm from any long waits remains a top priority and is closely monitored.
Ownership:	Chief Operating Officer

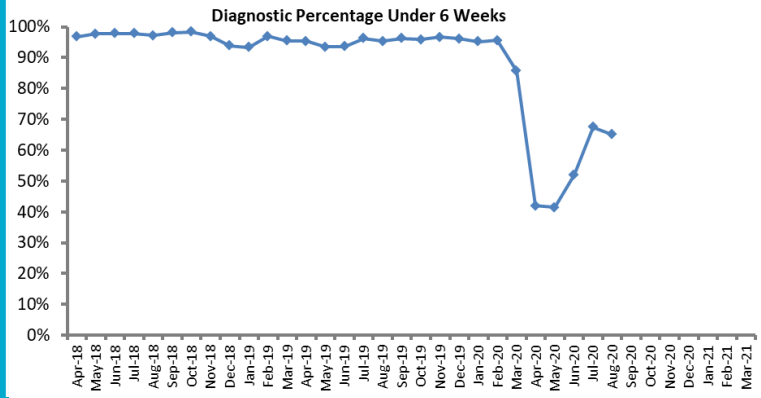
Diagnostic Waits

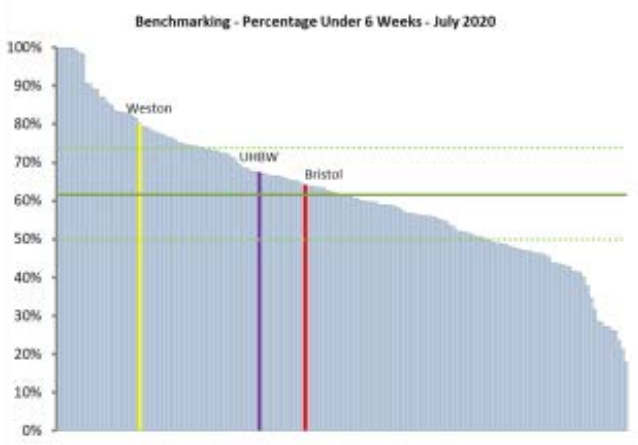
University Hospitals Bristol and Weston NHS Foundation Trust

August 2020

N *Not Achieved*

Standards:	Diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is that 99% of patients referred for one of the 15 high volume tests should have their test carried-out within 6 weeks, as measured by waiting times at month-end.
Performance:	At end of August, 65.1% of patients were waiting under 6 week, with 12,728 patients in total on the list. This is Bristol and Weston combined.
Commentary:	The overall waiting list size has increased by 5,142 from end of April to end of August 2020. This reflects the re-commencement of diagnostic referrals but activity currently below 2019 levels. This means capacity cannot currently meet demand, hence a rise in the waiting list. This has caused a short term improvement in 6 week performance as the new referrals will, initially, be under 6 weeks. As part of the "Phase 3" planning round with commissioners and NHS England, Trusts have to develop plans to bring diagnostic activity back to 2019 levels ("Business As Usual") in four key diagnostic modalities: MRI, CT, Ultrasound and Endoscopy. As of August, CT is at 95%, MRI at 80%, Ultrasound at 67% and Endoscopy at 59% of "Business As Usual" levels. Additional diagnostic capacity is being utilised at other locations both within and outside the Trust to increase activity levels . This includes activity at the Independent Sector as well as additional use of space within the Trust's own estate such as at South Bristol, and also use of waiting list initiatives to help clear backlogs.
Ownership:	Chief Operating Officer





	Aug-20		
	Under 6 Weeks	Total On List	% Under 6 Weeks
Audiology	246	296	83%
Colonoscopy	290	820	35%
CT	1,254	1,546	81%
Cystoscopy	39	54	72%
DEXA Scan	345	679	51%
Echocardiography	884	1,464	60%
Flexi Sigmoidoscopy	117	320	37%
Gastroscopy	386	982	39%
MRI	1,688	2,680	63%
Neurophysiology	106	108	98%
Sleep Studies	0	0	-
Ultrasound	2,656	3,503	76%
TOTAL	**8,011**	**12,452**	**64.3%**
Weston	1,786	2,747	65%
Bristol	6,225	9,705	64%

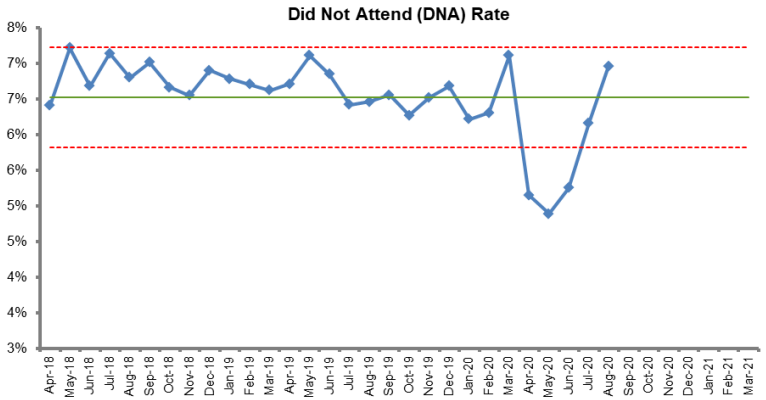
Outpatient Measures

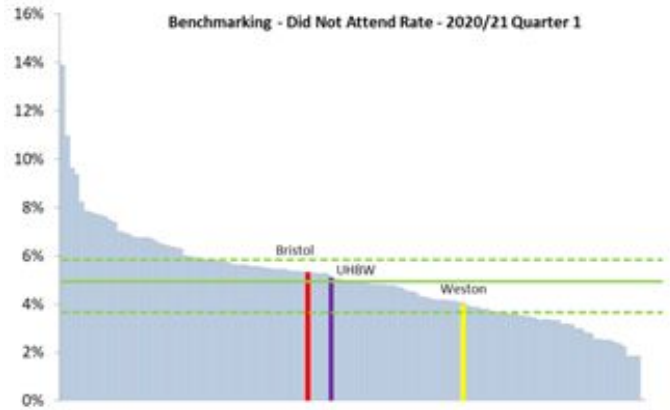
University Hospitals Bristol and Weston NHS Foundation Trust

August 2020

P *Partially Achieved*

Standards:	The number of outpatient appointments where the patient Did Not Attend (DNA), as a percentage of all attendances and DNAs The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made. The DNA Target at Trust level is to be below 6.7%, with an amber tolerance of between 6.7% and 7.2%. For Hospital Cancellations, the target is to be on or below 9.7% with an amber tolerance from 10.7% to 9.7%.
Performance:	In August the DNA Rate was 7.0% across Bristol and Weston, with 3831 DNA'ed appointments. The Hospital Cancellation Rate was 11.5% with 8421 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) but is returning to prev-Covid levels in July (see chart below). Hospital Cancellation rates and DNA rates in August now see a return to Pre-COVID levels. This is associated with an increase in outpatient activity and restoration of face to face activity.
Ownership:	Chief Operating Officer



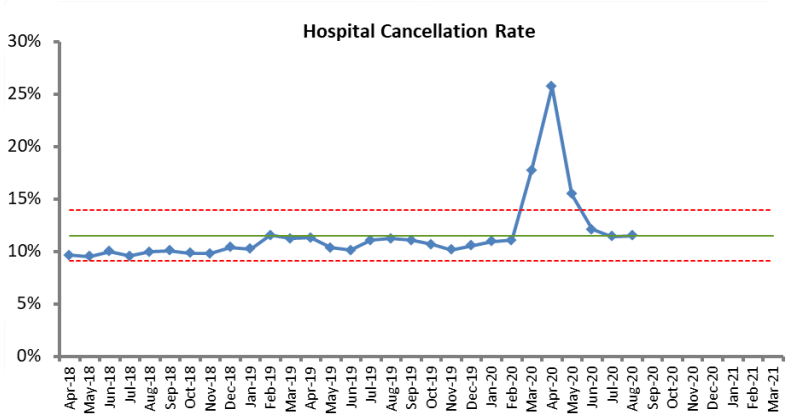


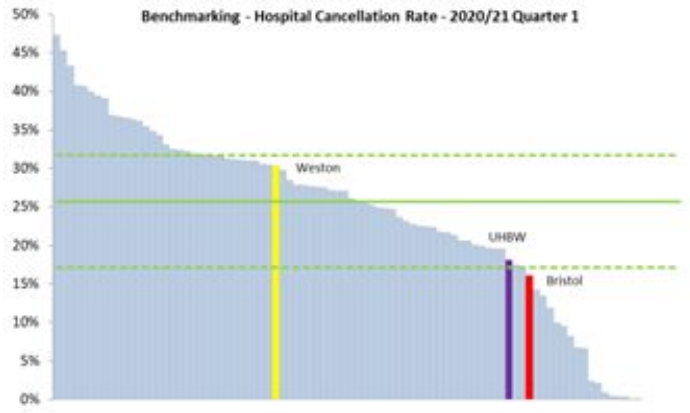
	Aug-20	
	DNAs	DNA Rate
Diagnostics and Therapies	319	5.4%
Medicine	561	10.1%
Specialised Services	522	5.4%
Surgery	1,088	7.5%
Weston	453	5.6%
Women's and Children's	888	7.8%

Outpatient Measures

University Hospitals Bristol and Weston NHS Foundation Trust

August 2020





	Aug-20	
	Cancellations	Rate
Diagnostics and Therapies	381	5.5%
Medicine	1,000	13.5%
Specialised Services	1,758	13.5%
Surgery	1,236	6.5%
Weston	2,240	21.1%
Women's and Children's	1,806	11.3%

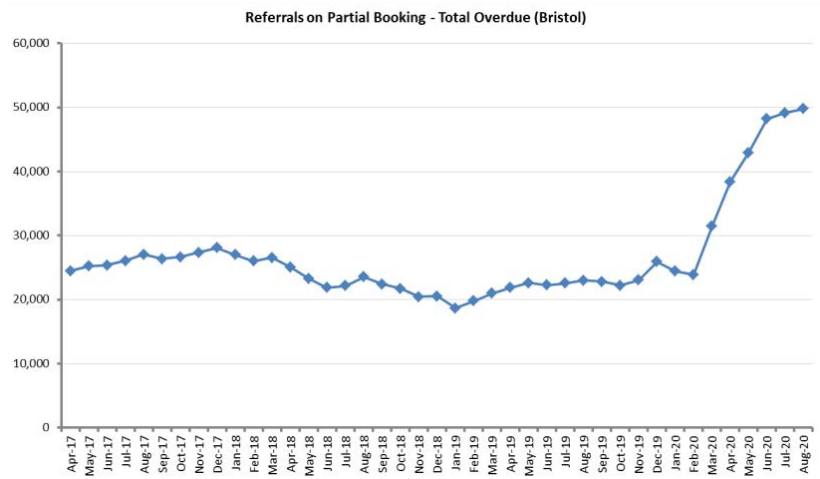
Outpatient Overdue Follow-Ups

University Hospitals Bristol and Weston NHS Foundation Trust

August 2020

N *Not Achieved*

Standards:	This measure looks at referrals where the patient is on a "Partial Booking List" (Bristol) or a "Pending List" (Weston), which indicates the patient is to be seen again in outpatients but an appointment date has not yet been booked. Each patient has a "Date To Be Seen By", from which the proportion that are overdue can be reported.
Performance:	Numbers overdue by 9+ months is 2,753 at Bristol and 75 at Weston. The total overdue is 49,821 at Bristol and 11,752 at Weston. Please note trend data is not available for Weston; only the latest positon..
Commentary:	As a result of the COVID -19 response there has been a loss of capacity in outpatients for follow up appointments, this is observed trust wide. Outpatient activity has increased to 68% of pre-covid levels, which is not sufficient to manage follow up backlog demand. Capacity is being focussed on the delivery of the most clinically urgent cases. The number of overdue follow-up patients at Bristol has risen by around 20,000 since January . That increase is predominantly in three specialties: 11,000 of that increase is in Ophthalmology, with 5,000 in Dental Services and 3,000 in Respiratory/Sleep Studies,
Ownership:	Chief Operating Officer



		Bristol						
		Apr-19	Jul-19	Oct-19	Jan-20	Apr-20	Jul-20	Aug-20
Outpatients Overdue by 9+ Months	Diagnostics and Therapies	0	0	0	0	0	3	4
	Medicine	4	4	5	27	208	162	341
	Specialised Services	181	323	503	619	555	293	309
	Surgery	264	450	630	1,052	1,371	1,805	1,979
	Women's and Children's	349	111	62	63	67	94	120
	TRUST TOTAL 9+ months	**798**	**888**	**1200**	**1761**	**2201**	**2357**	**2753**

	Weston (7th Sept position)		
Pendling List	**9+ Months Overdue**	**Total Overdue**	**Total On List**
Acute Paeds	0	228	605
Cardiology	0	2	364
Cardiothoracic	0	1	44
Colorectal	67	135	169
Diabetes	6	325	1,094
ENT	0	267	534
Gastroenterology	0	241	1,052
General Medicine	2	5	9
General Surgery	0	50	92
Gynae	0	70	220
Haematology	0	13	685
Lipid	0	0	114
Movement	0	1	197
Oncology	0	0	224
Ophthalmology	0	1,242	1,852
Orthopaedics	0	560	856
Respiratory	0	305	746
Rheumatology	0	410	1,759
Stroke	0	0	16
Trauma	0	0	70
Urology	0	55	1,050
TOTAL	**75**	**3,910**	**11,752**

Mortality - SHMI

University Hospitals Bristol and Weston NHS Foundation Trust

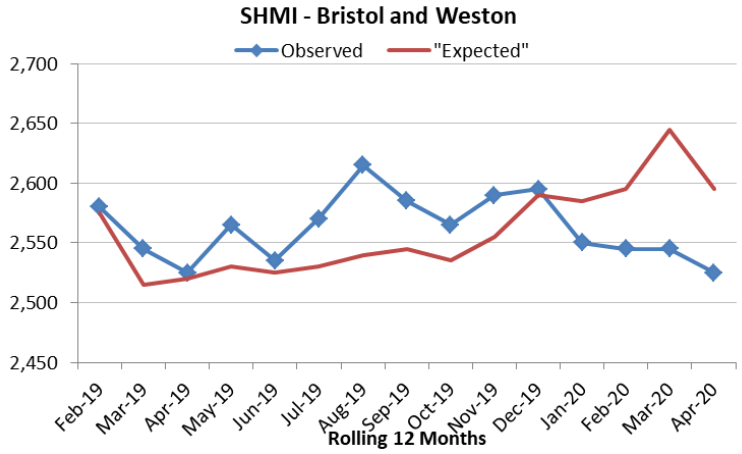
April 2020

A *Achieved*

Standards:	Mortality indicators are used as alerts to identify something that needs closer investigation. This indicator is published nationally by NHS Digital and is six months in arrears. Each publication covers a rolling 12 months. SHMI is derived from statistical calculations of the number of patients expected to die based on their clinical risk factors compared with the number of patients who actually died. There is no target. A SHMI of 100 indicates these two numbers are equal, but there is a national statistically acceptable range calculated by NHS Digital and a SHMI that falls within this range is "as expected".
Performance:	Prior to March 2020, NHS Digital published data for Bristol and Weston separately. From the March 2020 data set, it was combined data. The Summary Hospital Mortality Indicator for 12 months to April 2020 was 97.3 This is in NHS Digital's "as expected" category.
Commentary:	NHS Digital have commented that SHMI is not designed for the type of pandemic activity seen with Covid-19 and the statistical modelling used to calculate SHMI may not be as robust if such activity were included. The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required and investigating any identified alerts.
Ownership:	Medical Director

Rolling 12 Month SHMI

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



Mortality - HSMR

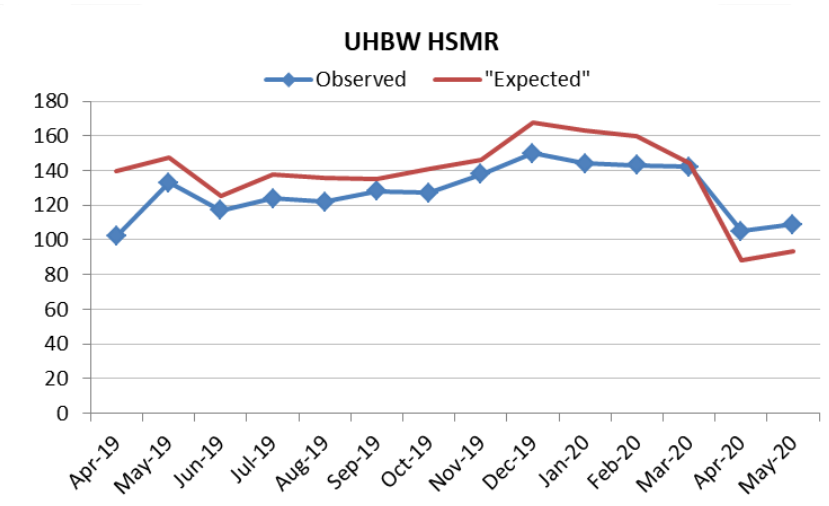
University Hospitals Bristol and Weston NHS Foundation Trust

May 2020

N *Not Achieved*

Standards:	Reported HSMR is from CHKS (Capita Health Knowledge System) and is subject to annual rebasing. HSMR data published by the Dr Foster unit is rebased more frequently so figures will be different, although our position relative to other Trusts will be the same.
Performance:	HSMR for UHBW for the month of May 2020 is 116.9; the Trust is ranked in the upper quartile of the national peer. This comprises an HSMR for Bristol of 106 and of 132 for Weston. For the 12 months August 2019 to July 2020, UHBW as a whole was 93.8 (Bristol was 92.6, Weston 95.8) and the national peer value was 90.8. The peer distribution shows the Trust in the mid-range.
Commentary:	Actions: • As reported last month, further local analysis of HSMR during the Covid pandemic will be conducted. • The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required and investigating any identified alerts.
Ownership:	Medical Director

	UHBW		
	Observed	**"Expected"**	**HSMR**
Apr-19	102	140	72.9
May-19	133	148	90.0
Jun-19	117	126	93.2
Jul-19	124	138	90.1
Aug-19	122	136	89.9
Sep-19	128	135	94.6
Oct-19	127	141	90.0
Nov-19	138	146	94.4
Dec-19	150	168	89.4
Jan-20	144	163	88.4
Feb-20	143	160	89.4
Mar-20	142	144	98.6
Apr-20	105	88	119.2
May-20	109	93	116.9



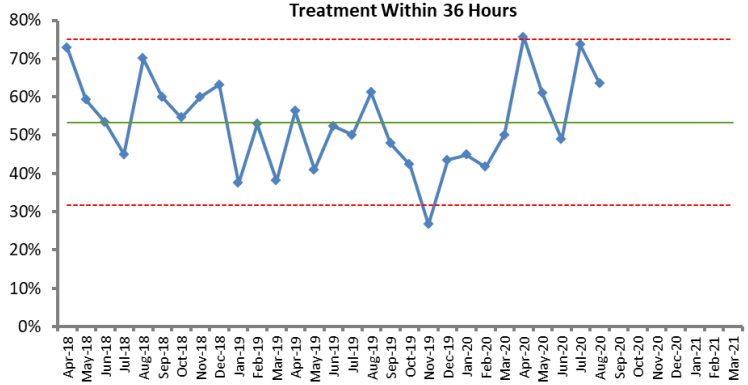
Fractured Neck of Femur (NOF)

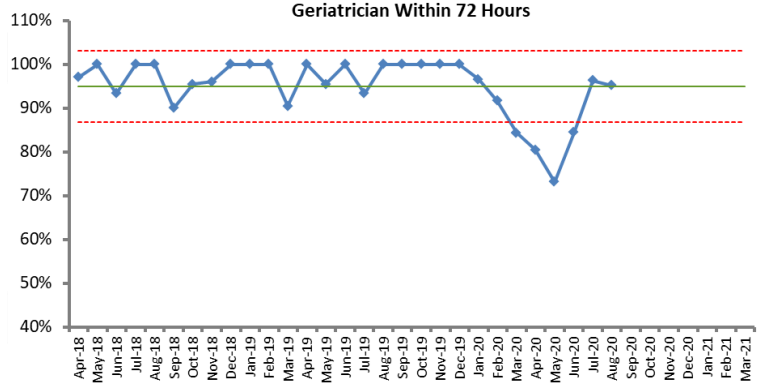
University Hospitals Bristol and Weston NHS Foundation Trust

August 2020

P *Partially Achieved*

Standards:	Fractured neck of femur best practice comprises eight elements, all of which need to be provided within relevant time scales to demonstrate care provided to individual patients has met best practice standards. Two of the eight individual criteria are monitored in this report: time to theatre within 36 hours and ortho-geriatrician review within 72 hours.
Performance:	In July, there were 41 fracture neck of femur discharges that were eligible for Best Practice Tariff (BPT) across Bristol and Weston (23 at Bristol and 18 at Weston). For the 36 hour target, 63% (26 patients) were seen with target. For the 72 hour target, 95% (39 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. Some of the new consultants have started and we anticipate the remaining consultants can start in the next 4-6 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. • New "team" approach to on call has been implemented in September. This allows multi-specialism teams of consultants to be able to cover theatre, furthering our ability to complete fractured neck of femur surgery daily.
Ownership:	Medical Director





		36 Hours		72 Hours	
	Total Patients	Seen In Target	Percentage	Seen In Target	Percentage
Bristol	23	12	52%	21	91%
Weston	18	14	78%	18	100%
TOTAL	**41**	**26**	**63%**	**39**	**95%**

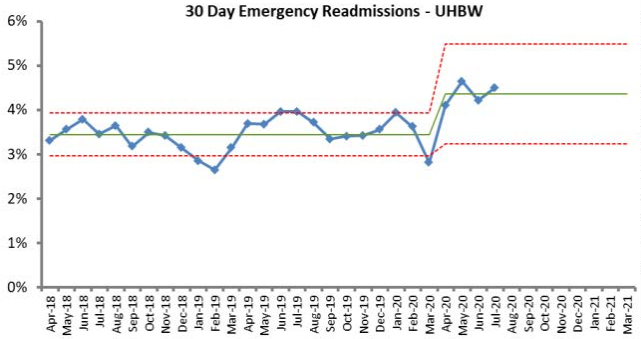
Readmissions

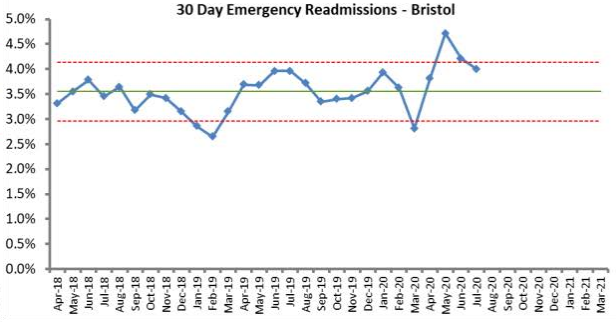
NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

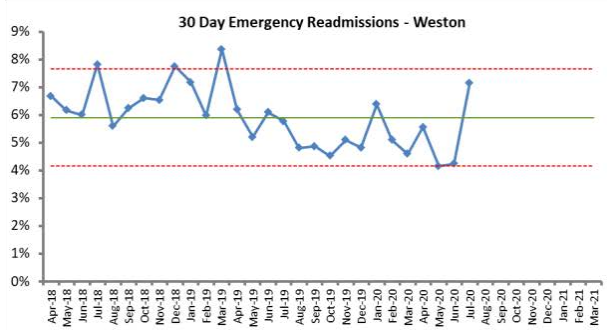
July 2020

N *Not Achieved*

Standards:	This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. 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 July, there were 11,831 discharges, of which 532 (4.5%) had an emergency re-admission within 30 days. From April this is Bristol and Weston combined. The Bristol readmission rate was 4.0% and the Weston readmission rate was 7.1%
Commentary:	There is an increase in Emergency Readmission rates since April, see UHBW run chart below. The Weston readmission rate has remained within normal limits although July did spike and this will be reviewed next month to see if it's a step change. Bristol readmission rates exceeded normal limits from April which resulted in the combined UHBW step change. The driver for the change in Bristol data was the significant reduction in elective work, as elective activity does not usually generate an emergency readmission. As the table below shows, most emergency readmissions occur after a previous emergency (rather than elective) episode. If July's elective activity had been at pre Covid levels, the overall readmission rate would've been 3.6% which would've been within normal limits.
Ownership:	Chief Operating Officer







Bristol Data

	Readmissions Following Elective			Readmissions Following Emergency		
Discharge Month	Readmissions	Discharges	% Re-admitted	Readmissions	Discharges	% Re-admitted
Jan-20	119	7,202	1.65%	407	6,168	6.60%
Feb-20	102	6,800	1.50%	352	5,736	6.14%
Mar-20	50	5,503	0.91%	246	5,028	4.89%
Apr-20	20	2,514	0.80%	216	3,671	5.88%
May-20	34	2,960	1.15%	326	4,684	6.96%
Jun-20	57	4,050	1.41%	331	5,161	6.41%
Jul-20	47	4,764	0.99%	351	5,192	6.76%

Workforce – Bank and Agency Usage

University Hospitals Bristol and Weston NHS Foundation Trust

August 2020

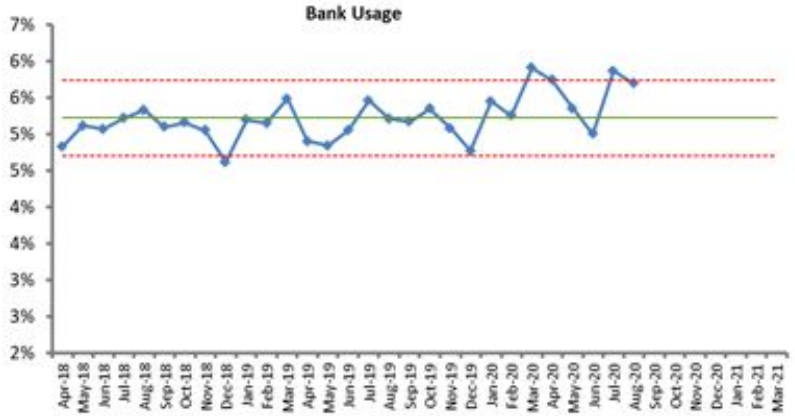
P *Partially Achieved*

Standards:	Usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets for 2018/19. The red threshold is 10% over the monthly target.
Performance:	In August 2020 total staffing was at 11100 FTE. Of this, 5.7% was Bank (631FTE) and 1.5% was Agency (171 FTE).
Commentary:	**Bank usage** reduced by 20.3 FTE There were reductions in five divisions, with the largest divisional reduction seen in Surgery, reducing to 90.7 FTE compared to 97.7 FTE in the previous month. Increases were seen in two divisions, with the largest divisional increase seen in Medicine, increasing to 163.8 FTE compared to 165.5 FTE in the previous month. **Agency usage** increased by 21.0 FTE The largest divisional increase was seen in Medicine, increasing to 68.5 FTE compared to 53.1 FTE in the previous month. The largest divisional reduction was seen in Weston, reducing to 54.1 FTE from 57.0 FTE the previous month. During the month of July, both the Bristol and Weston Employee Staff Record (ESR) and finance ledger systems were merged. This has seen some cost centres within Weston moving to sit in corresponding divisions i.e. Trust Services and Estates & Facilities. Whilst the substantive workforce numbers now come from the newly merged ledger, the bank and agency FTE for Weston are not yet recorded on the ledger, so these figures continue to be derived from other sources, as in previous months, and combined with the Bristol bank and agency usage from the ledger. • A further 72 appointments and reappointments have been made to the Trust Staff Bank in August across all staff groups, supporting the aim to reduce reliance on agency supply. • Ongoing successful recruitment to the medical locum bank which has seen a further 15 new registrations during August. • The autumn bank recruitment campaign has now gone live with a focus on RNs and NAs. • High cost non framework nurse agency supply increased further during August, due to operational pressures. Increased use of Tier 1 agency supply has also been seen in the last month.
Ownership:	Director of People

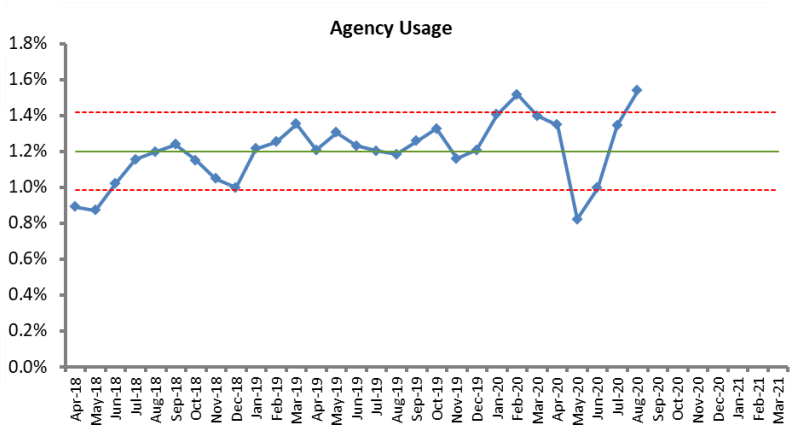
Workforce – Bank and Agency Usage

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

August 2020



Bank	August FTE	August Actual %	KPI
UHBW NHS Foundation Trust	**631.1**	5.7%	**5.0%**
Diagnostics & Therapies	19.2	1.8%	1.3%
Medicine	163.8	11.1%	10.3%
Specialised Services	66.6	6.0%	5.2%
Surgery	90.7	4.8%	5.8%
Women's & Children's	58.8	2.7%	1.9%
Trust Services	25.8	2.4%	3.0%
Facilities & Estates	56.1	6.3%	6.7%
Weston	150.2	10.5%	6.1%



Agency	August FTE	August Actual %	KPI
UHBW NHS Foundation Trust	**170.6**	1.5%	**1.6%**
Diagnostics & Therapies	1.1	0.1%	0.9%
Medicine	68.5	4.7%	2.4%
Specialised Services	14.5	1.3%	0.9%
Surgery	18.4	1.0%	0.9%
Women's & Children's	8.6	0.4%	0.8%
Trust Services	0.0	0.0%	0.2%
Facilities & Estates	5.4	0.6%	0.2%
Weston	54.1	3.8%	5.1%

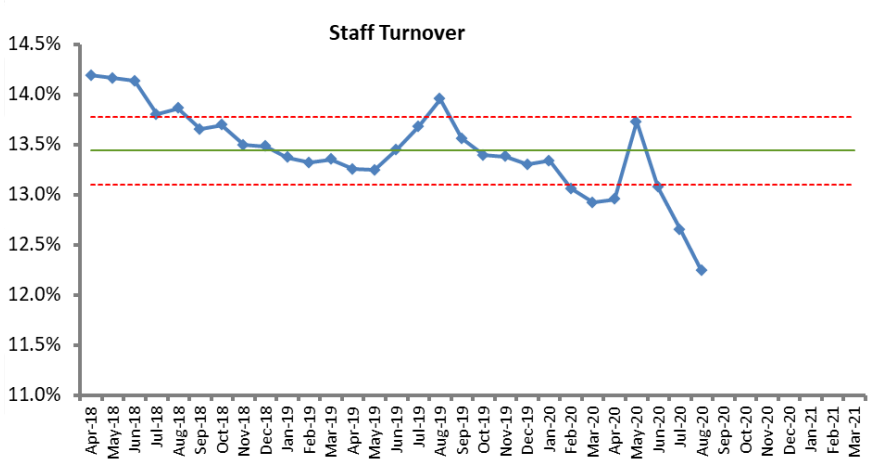
Workforce – Turnover

University Hospitals Bristol and Weston NHS Foundation Trust

August 2020

Y *Achieved*

Standards:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 12.3% by the end of 2018/19. The red threshold is 10% above monthly trajectory.
Performance:	In August 2020, there had been 1045 leavers over the previous 12 months, with 8534 FTE staff in post on average over that period; giving a turnover of 1045/ 8534 = 12.2%.
Commentary:	Turnover reduced to 12.2% compared with last month. Five divisions saw reductions whilst the remaining three divisions saw increases in turnover in comparison to the previous month. The largest divisional reduction was seen within Diagnostics and Therapies, reducing to 10.3% from 11.8% the previous month. Women's and Children's had the largest divisional increasing, rising from 9.9% to 10.2%. • The exit questionnaire process/system is fully functional again, with further developments made to include Weston in the reporting. • Return rates continue to be average. The next quarterly report is being prepared for October. Further promotion through Newsbeat is also planned in October. • Final ratification of policies awaited to support the launch of the new guidance and tools for Flexible Working and Flexible Retirement options to support the retention of staff.
Ownership:	Director of People



Turnover	Aug-20	KPI
UHBW NHS Foundation Trust	12.2%	**13.1%**
Diagnostics & Therapies	10.3%	12.5%
Medicine	14.0%	15.2%
Specialised Services	11.7%	13.3%
Surgery	11.2%	13.2%
Women's & Children's	10.2%	10.9%
Trust Services	8.6%	12.4%
Facilities & Estates	13.6%	12.8%
Weston	20.1%	15.0%

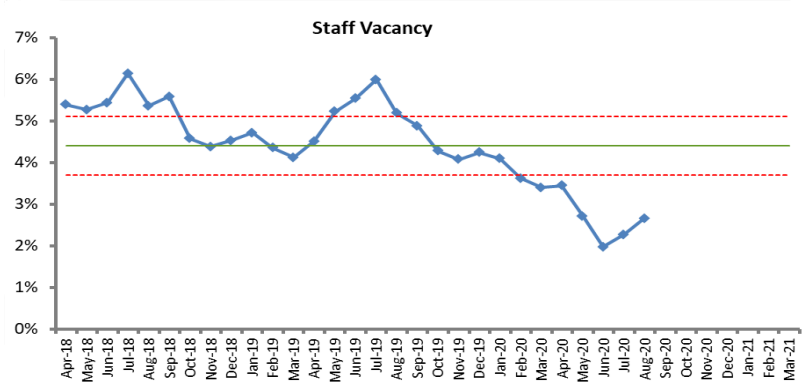
Workforce – Vacancies

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

August 2020

Y *Achieved*

Standards:	Vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a Trust-wide target of 5%.
Performance:	In August 2020, funded establishment was 10,579 FTE, with 281 FTE as vacancies (2.7%).
Commentary:	Overall vacancies increased to 2.7% compared to 2.3% in the previous month. The largest divisional reduction was seen in Weston, where vacancies reduced to 85.3 FTE from 109.0 FTE the previous month. The largest divisional increase was seen in Medicine, vacancies increased to 44.9 FTE from 12.3 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. • Successful launch of the Trainee Nursing Assistant internal comms campaign has been seen. Twice weekly drop in information sessions are available, ahead of the advert going live in October 2020. • Weston EU nurse recruitment - following a successful virtual open day, 4 candidates have been interviewed with 2 more to be interviewed. 3 offers to date. • 5 Return to Practice candidates have been recruited for the September cohort; all are due to go on induction early September ahead of the course starting on 21st September. • Sub Groups focusing on key recruitment priorities for UHBW are now established under the Trust-wide Recruitment & Retention Taskforce Steering Group. • Appointment of a Band 6 Cardiac Radiographer to join the Cardiac Catheter Labs which is a traditionally hard-to-fill position. Pharmacy have successfully appointed to 2 specialist senior posts: Emergency Department Specialist Pharmacist & Lead Education and Training Pharmacist. 1 Consultant and 2 clinical fellows interviewed and offered for Weston ED department as a result of talent head hunter activity.
Ownership:	Director of People



Vacancy	Aug-20	KPI
UHBW NHS Foundation Trust	2.7%	5.6%
Diagnostics & Therapies	2.8%	5.5%
Medicine	3.5%	6.5%
Specialised Services	3.0%	5.5%
Surgery	4.2%	4.5%
Women's & Children's	-3.7%	1.0%
Trust Services	-0.9%	4.9%
Facilities & Estates	10.2%	9.1%
Weston	6.5%	10.9%

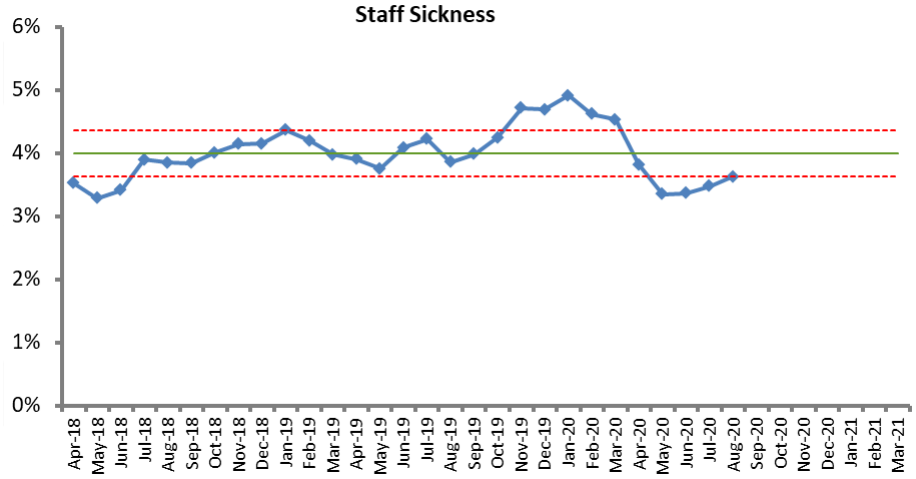
Workforce – Staff Sickness

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

August 2020

Y *Achieved*

Standards:	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2018/19. The red threshold is 0.5% over the monthly target.
Performance:	In August 2020, total available FTE days were 316,194 of which 11,447 (3.6%) were lost to staff sickness.
Commentary:	Sickness absence increased to 3.6% compared with 3.5% the previous month, based on updated figures for both months. This does NOT include Medical Suspension reporting. There were increases within five divisions. The largest divisional increase was seen within Weston, increasing by 0.7 percentage points to 4.5% from 3.8% the previous month. There were reductions within two divisions. The largest divisional reduction was seen within Surgery, reducing by 0.3 percentage points to 3.7% from 4.0% the previous month. Medical Suspension continues to be the method used to record Covid-19 absences. During August, 1.7% of available FTE was lost to Medical Suspension compared to 2.7% the previous month: 0.5% Covid-19 Sickness, 1.3% Covid-19 Isolation/Shielding. Medical Suspension does not count towards an employee's sickness entitlement, but shows on the employee's absence record. • A total of 934 staff have accessed the e-learning *'Staying well during Covid'.* • The first quarterly report from Care first (EAP), shows 72 staff have accessed support in the first quarter • '*Healthy Teams - Covid edition*' has been converted into an e-learning session and launched through Newsbeat. This guide aims to help Managers to better understand impacts of the pandemic on staff wellbeing, and access proactive tools to support staff, with the aim of reducing poor wellbeing and staff sickness.
Ownership:	Director of People



Sickness	Aug-20	KPI
UHBW NHS Foundation Trust	3.6%	**4.0%**
Diagnostics & Therapies	2.5%	3.0%
Medicine	3.9%	4.4%
Specialised Services	3.0%	3.4%
Surgery	3.7%	4.0%
Women's & Children's	3.2%	3.7%
Trust Services	2.5%	3.5%
Facilities & Estates	6.5%	6.7%
Weston	4.5%	4.1%

Workforce – Appraisal Compliance

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

August 2020

N *Not Achieved*

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 August 2020, 6,484 members of staff were compliant out of 10,090 (64.3%).
Commentary:	Overall appraisal compliance increased to 64.3% from 64.1% compared to the previous month. All divisions are non-compliant. There were increases in three divisions, the largest increase seen within Facilities and Estates, increasing to 64.9% from 59.8% the previous month. The largest divisional reduction was seen within Weston, reducing to 78.9% from 81.9% the previous month. Key areas of focus to improve compliance include: • The development of 'real time' reporting currently being tested. To go live in October • Robust divisional recovery plans to be reviewed at performance reviews in September/October • Stakeholder workshop to scope the alignment of appraisal for Weston to ensure the experience for staff is consistent and reporting is streamlined going forward • Review and update of existing tools and resources for managers including HR Web and E-learning in response to themes being received into the appraisal inbox
Ownership:	Director of People

Appraisal (Non-Consultant)	Aug-20	Jul-20	KPI
UHBW NHS Foundation Trust	64.3%	64.1%	**85.0%**
Diagnostics & Therapies	60.8%	59.8%	85.0%
Medicine	53.7%	54.0%	85.0%
Specialised Services	81.7%	82.8%	85.0%
Surgery	49.5%	50.8%	85.0%
Women's & Children's	65.3%	64.2%	85.0%
Trust Services	66.5%	66.8%	85.0%
Facilities & Estates	64.9%	59.8%	85.0%
Weston	78.9%	81.9%	85.0%

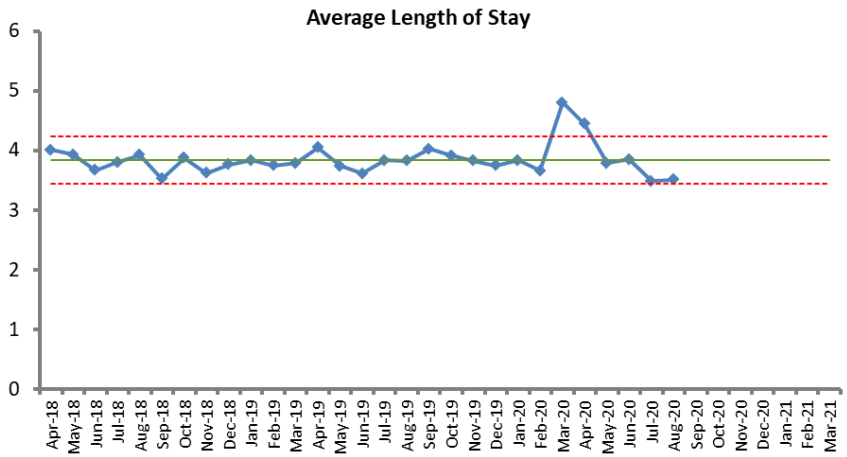
Average Length of Stay

University Hospitals Bristol and Weston NHS Foundation Trust

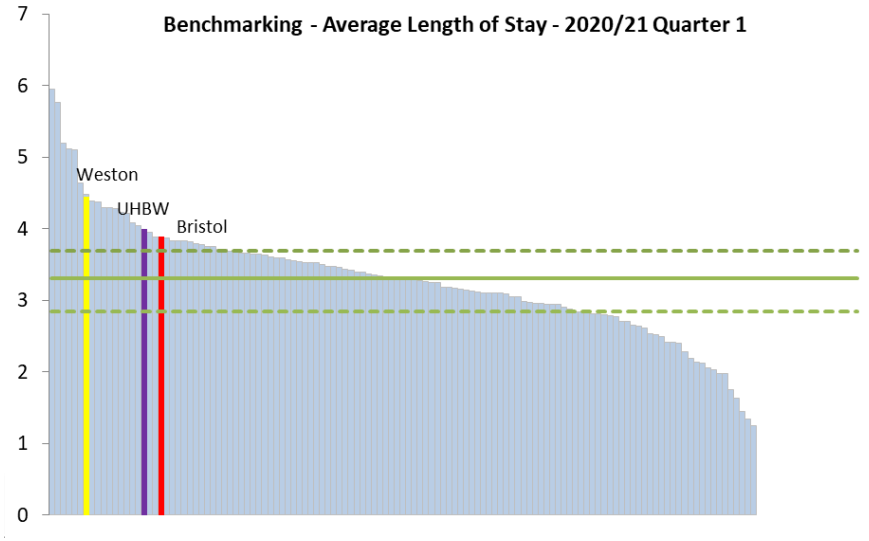
August 2020

N/A *No Standard*

Standards:	Average Length of Stay is the number of beddays (1 beddays = 1 bed occupied at 12 midnight) for all inpatients discharged in the month, divided by number of discharges.
Performance:	In August there were 7,507 discharges at Bristol with an average length of stay of 3.6 days. For Weston there were 1,789 discharges with an average length of stay of 3.2 days. For Bristol there were 5,718 discharges with an average length of stay of 3.6 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



	Aug-20
Medicine	3.89
Specialised Services	7.09
Surgery	3.15
Weston	3.20
Women's and Children's	2.59



Finance – Performance to Plan

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

August 2020

Performance to NHSI Plan	Plan to date £m	Actual to date £m	Variance to date favourable/ (adverse) £m
Income from Activities	309.830	307.872	(1.958)
Income from Operations	60.277	57.860	(2.417)
Employee Expenses	(225.210)	(226.055)	(0.845)
Other Operating Expenses	(127.252)	(121.688)	5.564
Depreciation (owned & leased)	(11.965)	(11.901)	0.064
PDC	(4.965)	(5.094)	(0.129)
Interest Payable	(1.070)	(0.995)	0.075
Interest Receivable	0.355	0.001	(0.354)
Reported Financial performance	**(0.000)**	**0.000**	**0.000**
Depreciation (donated)	0.000	(0.783)	(0.783)
Donated Income	0.000	0.192	0.192
Surplus/(deficit)	**(0.000)**	**(0.591)**	**(0.591)**

Finance – Divisional Variance

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

August 2020

Year to Date Variance £'000 (Fav/(Adv)) - Excludes COVID										
Category	Diagnostics & Therapies	Medicine	Specialised Services	Surgery	Weston Clinical Division	Women's & Children's	Facilities & Estates (Weston and Bristol Sites)	Trust Services	Other	Total
Nursing & Midwifery	122	(1,341)	192	113	2,060	(46)	0	(44)	(65)	**991**
Medical & Dental Pay	153	(680)	(96)	(423)	443	(620)	0	(31)	(1,298)	**(2,552)**
Other Pay	154	(96)	(91)	25	(100)	(231)	213	323	(193)	**4**
Non Pay	305	(148)	2,240	2,117	2,175	1,423	(22)	(424)	(411)	**7,255**
Income from Activities	(15)	5	83	(150)	(67)	(85)	0	0	1,509	**1,280**
Income from Operations	(33)	68	14	(247)	(155)	63	(35)	(67)	(2,124)	**(2,516)**
Total	**686**	**(2,192)**	**2,342**	**1,435**	**4,356**	**504**	**156**	**(242)**	**(2,582)**	**4,463**

Year to Date COVID Spend/ Variance £'000 (Fav/(Adv))										
Category	Diagnostics & Therapies	Medicine	Specialised Services	Surgery	Weston	Women's & Children's	Facilities & Estates (Weston and Bristol Sites)	Trust Services	Other	Total
Nursing & Midwifery	(6)	(1,097)	(410)	(489)	(726)	(1,126)	0	(19)	(183)	**(4,055)**
Medical & Dental Pay	(2)	(592)	(240)	(769)	(444)	(489)	0	(84)	(36)	**(2,656)**
Other Pay	(294)	(24)	(106)	(48)	(256)	(51)	(252)	(79)	(10)	**(1,120)**
Non Pay	(231)	(1,371)	(252)	(1,008)	(799)	(80)	(794)	(2,159)	(8)	**(6,702)**
Income from Activities	0	0	0	0	0	0	0	0	(156)	**(156)**
Income from Operations	(39)	0	(99)	0	(383)	0	(783)	(105)	1	**(1,408)**
Total	**(572)**	**(3,084)**	**(1,107)**	**(2,314)**	**(2,607)**	**(1,746)**	**(1,829)**	**(2,444)**	**(392)**	**(16,096)**

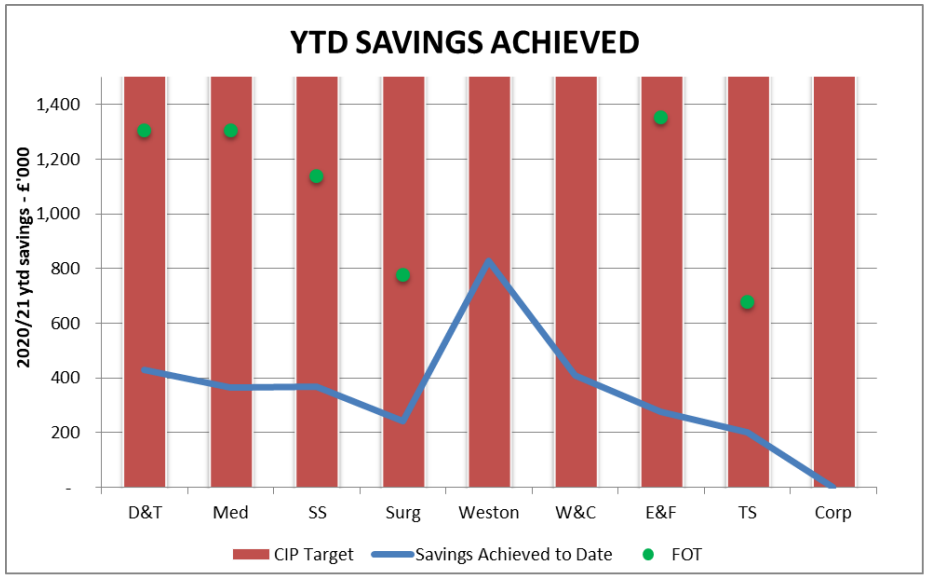
COVID variance here includes income losses that are not included on the NHSI returns as are matched through the true up process

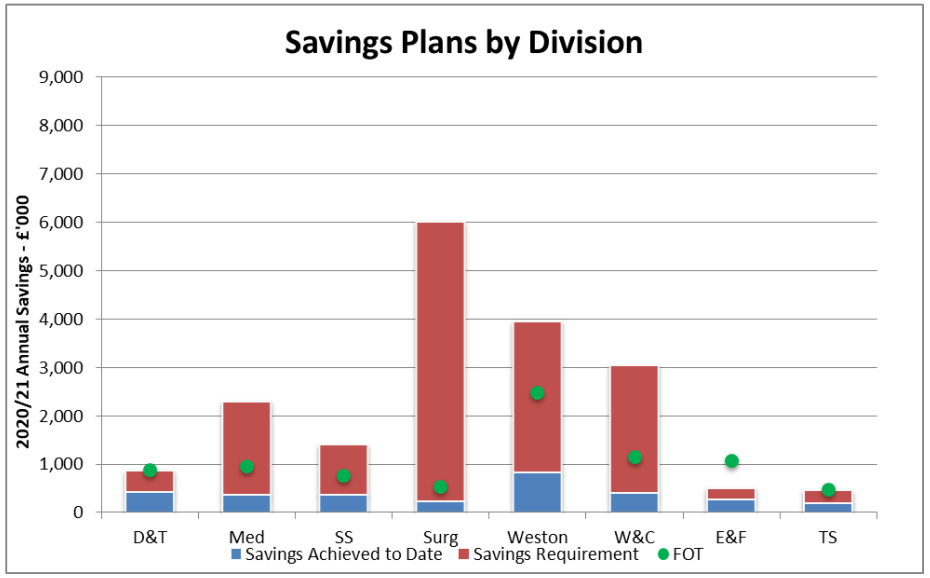
Total Trust COVID spend is higher as includes that recorded centrally and not attributed to a Division.

Finance – Savings

University Hospitals Bristol and Weston NHS Foundation Trust

August 2020





Care Quality Commission Rating - Bristol

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:

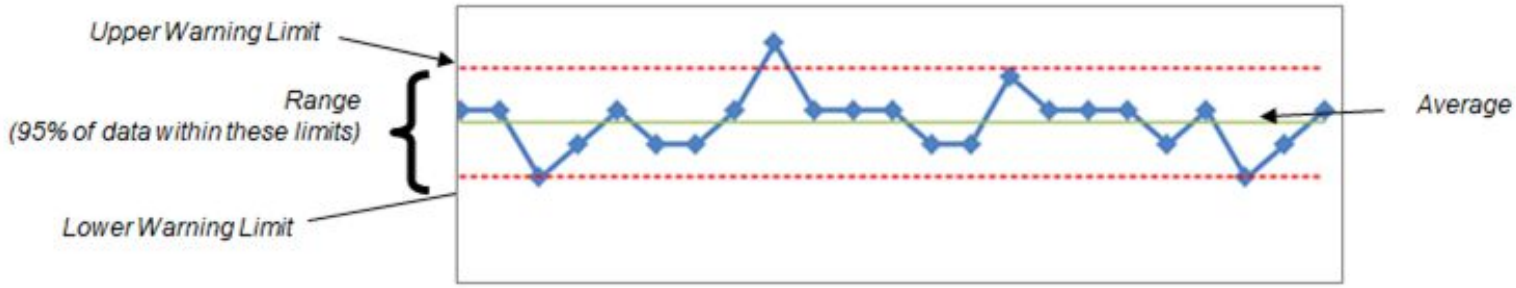
Ratings for Weston General Hospital

	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

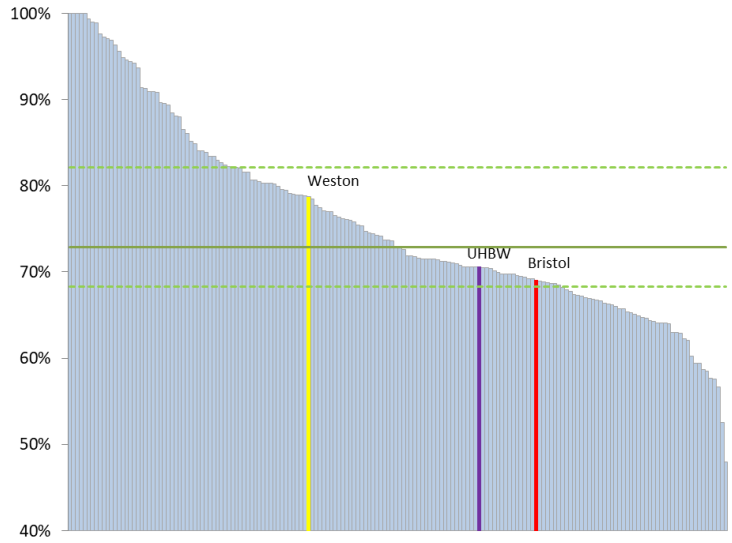


The blue line is the Trust's monthly data and the green solid line is the monthly average for that data. The red dashed lines are called "warning limits" and are derived from the Trust's monthly data and is a measure of the variation present in the data. If the process does not change, then 95% of all 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 Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Quarterly Totals 19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
Patient Safety																				
Infections	DA01	MRSA Trust Apportioned Cases	4	1	0	0	0	0	2	0	1	1	0	0	0	0	0	3	1	0
	DA02	MSSA Trust Apportioned Cases	48	10	4	4	3	3	5	2	1	0	4	2	3	1	10	8	6	4
	DA03	CDiff Trust Apportioned Cases	41	30	4	4	5	4	2	1	3	5	6	6	4	9	13	6	17	13
	DA06	EColi Trust Apportioned Cases	80	30	5	8	6	9	4	3	4	4	9	2	4	11	23	11	15	15
Infection Checklists	DB01	Hand Hygiene Audit Compliance	97.2%	98.1%	97.9%	97.7%	97.7%	97.8%	97.6%	96.9%	98.3%	98.3%	98.5%	98.1%	97.8%	97.8%	97.7%	97.6%	98.3%	97.8%
	DB02	Antibiotic Compliance	77.9%	82.1%	82.1%	75.1%	73.8%	71.8%	74.9%	80.8%	88.7%	-	-	-	78.7%	86.5%	73.5%	79.1%	-	82.1%
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	-	-	96%	96%	95%	98%	97%	92%	-	-	-	98%	91%	95%	-	-	-	-
	DC02	Cleanliness Monitoring - Very High Risk Areas	-	-	98%	98%	97%	99%	99%	98%	-	-	-	99%	96%	98%	-	-	-	-
	DC03	Cleanliness Monitoring - High Risk Areas	-	-	96%	96%	96%	98%	98%	97%	-	-	-	99%	97%	97%	-	-	-	-
Serious Incidents	S02	Number of Serious Incidents Reported	73	14	5	4	7	6	7	6	2	3	1	3	3	4	17	15	7	7
	S02a	Number of Confirmed Serious Incidents	68	4	5	3	6	5	7	6	2	2	1	1	-	-	14	15	4	-
	S02b	Number of Serious Incidents Still Open	4	10	0	1	0	1	0	0	0	1	0	2	3	4	2	0	3	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%	60%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	S04	Serious Incident Investigations Completed Within Timescale	98.5%	57.9%	100%	100%	100%	100%	100%	100%	75%	71.4%	33.3%	100%	50%	50%	100%	92.3%	60%	50%
	S04a	Overdue Exec Commissioned Non-SI Investigations	18	-	4	2	0	1	1	2	2	-	-	-	-	-	3	5	-	-
Never Events	S01	Total Never Events	4	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0
Patient Falls	AB01	Falls Per 1,000 Beddays	4.52	5.47	4.43	4.75	3.46	4.82	4.68	4.89	5.33	5.59	7.1	6.26	3.73	5.02	4.35	4.95	6.35	4.39
	AB06a	Total Number of Patient Falls Resulting in Harm	26	2	1	4	1	2	7	4	1	1	0	0	0	1	7	12	1	1
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.182	0.268	0.193	0.221	0.228	0.074	0.327	0.117	0.308	0.715	0.055	0.202	0.187	0.269	0.174	0.251	0.3	0.228
	DE02	Pressure Ulcers - Grade 2	49	25	3	5	6	2	9	2	7	11	1	3	4	6	13	18	15	10
	DE04A	Pressure Ulcers - Grade 3 or 4	8	1	2	1	0	0	0	1	0	0	0	1	0	0	1	1	1	0
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	87.4%	86.1%	78.9%	78%	78.7%	77%	86.8%	88.5%	88.6%	88.3%	87.3%	86.7%	85%	84.4%	77.9%	87.9%	87.3%	84.7%
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	93.4%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	N04	Number of Hospital Associated VTEs	38	-	1	2	0	3	0	8	-	-	-	-	-	-	5	8	-	-
	N04A	Number of Potentially Avoidable Hospital Associated VTEs	3	-	0	0	0	0	0	0	-	-	-	-	-	-	0	0	-	-
	N04B	Number of Hospital Associated VTEs - Report Not Received To Date	20	-	1	2	0	2	0	8	-	-	-	-	-	-	4	8	-	-
Nutrition Audit	WB10	Fully and Accurately Completed Screening within 24 Hours	86.9%	-	86.9%	-	-	87.9%	-	-	88.2%	-	-	-	-	-	87.9%	88.2%	-	-
Safety	Y01	WHO Surgical Checklist Compliance	99.9%	99.9%	100%	99.9%	99.9%	99.9%	100%	100%	99.9%	99.9%	99.8%	99.9%	100%	99.9%	99.9%	99.9%	99.9%	99.9%
Medicines	WA01	Medication Incidents Resulting in Harm	0.33%	0.21%	1.23%	0%	0.4%	0%	0%	0%	0%	0%	0%	0%	0.68%	-	0.14%	0%	0%	0.68%
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	0.41%	0.39%	0%	0.26%	0.37%	0.27%	1.65%	0.21%	0.43%	-	0.99%	0.26%	0.49%	0.15%	0.3%	0.92%	0.47%	0.33%

Appendix – Bristol Scorecards

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Topic	ID	Title	Annual 19/20	Annual 20/21 YTD	Monthly Totals Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Quarterly Totals 19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
Out of Hours	TD05	Out of Hours Discharges (8pm-7am)	7.8%	8.8%	7.6%	6.1%	7%	9.2%	8.2%	8.2%	8.1%	7.8%	9.9%	9.3%	7.8%	9%	7.4%	8.2%	9.1%	8.4%
Timely Discharges	TD03	Percentage of Patients With Timely Discharge (7am-12Noon)	22.8%	20.3%	21.4%	24%	23.3%	22.4%	24%	22.8%	21.8%	21.1%	18.5%	20%	22%	19.7%	23.2%	22.9%	19.8%	20.9%
	TD03D	Number of Patients With Timely Discharge (7am-12Noon)	9211	2424	713	870	873	781	850	731	611	356	394	511	626	537	2524	2192	1261	1163
Staffing Levels	RP01	Staffing Fill Rate - Combined	100.3%	98.3%	99.6%	99.3%	100.3%	100.5%	103.3%	101.5%	98.8%	94.2%	98.4%	100.4%	100.4%	98.2%	100%	101.2%	97.7%	99.3%
Clinical Effectiveness																				
Mortality	X04	Summary Hospital Mortality Indicator (SHMI) - National Quarterly Data	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	X04A	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	102.1	97.3	103	102.4	101.8	100.3	98.3	96.8	96.2	97.3	-	-	-	-	101.5	97	97.3	-
	X02	Hospital Standardised Mortality Ratio (HSMR)	90	118	94.6	90	94.4	89.4	88.4	89.4	98.6	119.2	116.9	-	-	-	91.2	91.9	118	-
Readmissions	C01	Emergency Readmissions Percentage	3.6%	4.19%	3.35%	3.4%	3.42%	3.55%	3.93%	3.62%	2.81%	3.82%	4.71%	4.21%	4%	-	3.46%	3.5%	4.27%	4%
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	45.6%	53.8%	47.8%	42.3%	26.7%	43.5%	44.8%	41.7%	50%	68.8%	41.2%	41.9%	66.7%	52.2%	36.7%	45.9%	48.4%	60.4%
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	96.3%	78.6%	100%	100%	100%	100%	96.6%	91.7%	84.4%	62.5%	47.1%	80.6%	93.3%	91.3%	100%	90.6%	67.2%	92.5%
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	43.5%	41%	47.8%	42.3%	26.7%	43.5%	44.8%	33.3%	37.5%	37.5%	17.6%	29%	60%	52.2%	36.7%	38.8%	28.1%	56.6%
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	56.2%	59.3%	54.3%	59.6%	52.6%	51.3%	57.1%	69.7%	60.5%	57.6%	54.3%	71.4%	51.4%	-	54.8%	63.5%	61.8%	51.4%
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	70.3%	87.6%	69.6%	70.2%	68.4%	69.2%	78.6%	75.8%	65.8%	81.8%	85.7%	88.1%	94.3%	-	69.4%	71.8%	85.5%	94.3%
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	60.8%	68.2%	81.8%	88.9%	55.6%	71.4%	58.8%	33.3%	37.5%	77.8%	50%	64.3%	100%	57.1%	72%	47.1%	64.5%	76.9%
Dementia	AC01	Dementia - FAIR Question 1 - Case Finding Applied	83.2%	56.2%	91%	85.9%	84.8%	79.6%	77.6%	78.6%	72.3%	49.4%	-	-	57.5%	60.8%	83.3%	76.3%	49.4%	59%
	AC02	Dementia - FAIR Question 2 - Appropriately Assessed	89.6%	85.7%	83.8%	89.7%	88.1%	86.5%	86.1%	88.9%	97.2%	92%	-	-	75%	89.3%	88.1%	90.7%	92%	82.7%
	AC03	Dementia - FAIR Question 3 - Referred for Follow Up	85.2%	100%	100%	60%	100%	100%	-	100%	100%	-	-	-	100%	100%	71.4%	100%	-	100%
Outliers	J05	Ward Outliers - Beddays Spent Outlying.	9692	8933	887	794	633	1164	1423	699	911	1752	1722	1775	1731	1953	2591	3033	5249	3684
Patient Experience																				
Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	91	91	91	93	90	91	93	91	91	91	90	91	92	91	91	90
	P01g	Patient Survey - Kindness and Understanding	-	-	96	96	96	97	96	96	98	96	95	96	97	96	96	96	96	97
	P01h	Patient Survey - Outpatient Tracker Score	-	-	90	90	90	89	89	92	84	88	91	96	93	92	90	90	91	93
Friends and Family Test Coverage	P03a	Friends and Family Test Inpatient Coverage	35.5%	-	34.2%	36.2%	31%	35.3%	32.3%	33.1%	-	-	-	-	-	-	34.1%	32.7%	-	-
	P03b	Friends and Family Test ED Coverage	16.6%	-	15.2%	16.9%	15.8%	16.6%	16.7%	15.4%	-	-	-	-	-	-	16.4%	16%	-	-
	P03c	Friends and Family Test MAT Coverage	26.5%	-	16.5%	17.7%	36.1%	26.8%	28.2%	21.8%	-	-	-	-	-	-	26.6%	25.3%	-	-
Friends and Family Test Score	P04a	Friends and Family Test Score - Inpatients	98.7%	-	99%	98.4%	98.7%	98.6%	98.7%	99.2%	-	-	-	-	-	-	98.5%	98.9%	-	-
	P04b	Friends and Family Test Score - ED	84%	-	81.5%	85.2%	83.8%	84.6%	86.9%	88.1%	-	-	-	-	-	-	84.6%	87.5%	-	-
	P04c	Friends and Family Test Score - Maternity	97.6%	-	98.7%	98.1%	97.1%	99.1%	97.7%	98.4%	-	-	-	-	-	-	98%	98%	-	-
Patient Complaints	T01	Number of Patient Complaints	1842	465	149	178	150	117	152	171	121	50	62	98	119	136	445	444	210	255
	T03a	Formal Complaints Responded To Within Trust Timeframe	88%	73.8%	67.5%	88.6%	91.5%	83.6%	84.1%	85.5%	85.5%	75.5%	70%	65.5%	80.5%	71.8%	88.3%	85%	71.6%	76.3%
	T03b	Formal Complaints Responded To Within Divisional Timeframe	91%	85.7%	75%	90%	95.8%	83.6%	86.6%	90.3%	91.3%	85.7%	70%	96.6%	90.2%	76.9%	90.3%	89.2%	87.5%	83.8%
	T05A	Informal Complaints Responded To Within Trust Timeframe	89.5%	95.1%	90.3%	93.4%	83.3%	91.2%	92.4%	82.4%	100%	95.2%	100%	100%	93.9%	88.7%	90.1%	91.9%	98.5%	91.4%
	T04c	Percentage of Responses where Complainant is Dissatisfied	7.51%	3.41%	7.5%	5.71%	8.45%	5.46%	10.98%	1.61%	2.9%	4.08%	0%	3.45%	-	-	6.63%	5.63%	3.41%	-

Appendix – Bristol Scorecards

NHS
University Hospitals Bristol and Weston
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			Annual		Monthly Totals												Quarterly Totals			
Topic	ID	Title	19/20	20/21 YTD	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
Referral to Treatment (RTT) Performance	A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	-	-	83.6%	83%	83%	82.5%	83.2%	82.4%	78.3%	69.1%	59.6%	51.6%	45.8%	51.5%	-	-	-	-
	A03a	Referral To Treatment Number of Ongoing Pathways Over 18 Weeks	-	-	5574	5866	5903	6028	5745	6223	7134	9489	11983	15242	17877	17113	-	-	-	-
Referral to Treatment (RTT) Wait Times	A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	134	2160	5	4	5	10	15	11	30	78	184	372	643	883	19	56	634	1526
	A07	Referral To Treatment Ongoing Pathways 40+ Weeks	-	-	219	202	219	282	305	315	411	772	1242	1832	2774	3811	-	-	-	-
Cancer (2 Week Wait)	E01a	Cancer - Urgent Referrals Seen In Under 2 Weeks	93.5%	88.5%	91.7%	93%	95.2%	94.1%	95.2%	94.7%	91.2%	90.3%	90.2%	91.2%	84.2%	-	94%	93.8%	90.7%	84.2%
	E01c	Cancer - Urgent Referrals Stretch Target	37.3%	36.5%	33.7%	38.6%	37.8%	35.1%	49.7%	24.3%	18.8%	59.6%	45.9%	36.2%	20.5%	-	37.3%	31.2%	44.7%	20.5%
Cancer (31 Day)	E02a	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	95.7%	94%	94.4%	96.6%	97%	95.7%	92.3%	96.1%	97.4%	94.5%	89.8%	95%	96%	-	96.4%	95.4%	93.3%	96%
	E02b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98.7%	99.7%	97.1%	97.7%	99.2%	100%	98%	100%	99.1%	100%	100%	99.2%	100%	-	98.9%	99%	99.6%	100%
	E02c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	92.7%	83.5%	91.7%	93.3%	92.3%	93.5%	94.5%	92.7%	92.5%	83.3%	90.2%	72.7%	89.1%	-	93.1%	93.2%	81.9%	89.1%
	E02d	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	95.3%	97.9%	96.2%	96.5%	96.8%	94.3%	94.5%	98.5%	99.5%	98%	97.1%	99.4%	97.1%	-	95.9%	97.4%	98.2%	97.1%
Cancer (62 Day)	E03a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85.5%	80.8%	84%	85.4%	87%	83.9%	80.8%	82.1%	91.1%	76.2%	72.6%	83.5%	88.3%	-	85.4%	85.4%	78.1%	88.3%
	E03b	Cancer 62 Day Referral To Treatment (Screenings)	66.1%	20%	85.7%	55.6%	53.8%	33.3%	36.4%	33.3%	81.8%	100%	-	0%	0%	-	48.4%	51.6%	25%	0%
	E03c	Cancer 62 Day Referral To Treatment (Upgrades)	86.7%	89.4%	80.8%	82.9%	84%	89.2%	86.3%	83.9%	91.2%	84.5%	91.3%	93.2%	89.4%	-	85.5%	87%	89.4%	89.4%
	E03f	Cancer Urgent GP Referrals - Numbers Treated after Day 103	41.5	2	3.5	3	4.5	2	4	3	0.5	0	0	0	2	-	9.5	7.5	0	2
Cancelled Operations	F01	Last Minute Cancelled Operations - Percentage of Admissions	1.79%	0.88%	1.44%	1.69%	1.94%	2.54%	2.02%	1.98%	2.21%	0.57%	0.33%	0.45%	0.69%	2.04%	2.03%	2.06%	0.44%	1.34%
	F01a	Number of Last Minute Cancelled Operations	1394	153	94	119	137	153	140	128	115	13	9	17	31	83	409	383	39	114
	F02	Cancelled Operations Re-admitted Within 28 Days	92.6%	74.1%	97.9%	95.7%	98.3%	94.9%	93.5%	94.3%	86.7%	67%	69.2%	88.9%	76.5%	96.8%	96.3%	91.7%	68.6%	89.6%
Admissions Cancelled Day Before	F07	Percentage of Admissions Cancelled Day Before	2.08%	0.63%	1.93%	2.6%	1.95%	2.24%	1.76%	1.85%	3.98%	0.31%	0%	0%	0%	2.51%	2.26%	2.41%	0.08%	1.2%
	F07a	Number of Admissions Cancelled Day Before	1625	109	126	183	138	135	122	120	207	7	0	0	0	102	456	449	7	102
Primary PCI	H02	Primary PCI - 150 Minutes Call to Balloon Time	61.7%	64.6%	60.5%	55.9%	68.4%	59%	64.1%	48.6%	53.8%	63.4%	62.9%	67.6%	-	-	61.3%	55.8%	64.6%	-
	H03a	Primary PCI - 90 Minutes Door to Balloon Time	84.6%	86.7%	83.7%	88.2%	94.7%	84.6%	92.3%	68.6%	66.7%	80.5%	91.4%	89.2%	-	-	89.2%	76.1%	86.7%	-
Diagnostic Waits	A05	Diagnostics 6 Week Wait (15 Key Tests)	-	-	96.21%	95.85%	96.65%	96.1%	95.22%	95.51%	85.73%	40.52%	39.22%	47.02%	64.18%	65.11%	-	-	-	-
Outpatients	R03	Outpatient Hospital Cancellation Rate	11.4%	13.5%	11.1%	10.7%	10.2%	10.6%	11%	11.1%	17.7%	23.5%	13.5%	10.5%	9.7%	9.9%	10.5%	13.3%	16.1%	9.8%
	R05	Outpatient DNA Rate	6.6%	6%	6.6%	6.3%	6.5%	6.7%	6.2%	6.3%	7.1%	5.4%	5.1%	5.3%	6.4%	7.2%	6.5%	6.5%	5.3%	6.8%
Outpatient Ratio	R01	Follow-Up To New Ratio	2.15	2.51	2.15	2.07	2.15	2.11	2.17	2.12	2.26	2.52	2.72	2.62	2.4	2.37	2.11	2.18	2.62	2.38
ERS	BC01	ERS - Available Slot Issues Percentage	17.4%	13.8%	14.6%	17%	20.6%	18.7%	17.3%	18.6%	23.5%	12.3%	14.9%	-	-	-	18.6%	19.4%	13.8%	-
Delayed Discharges	Q01A	Acute Delayed Transfers of Care - Patients	289	32	19	30	19	21	27	29	21	9	10	5	4	4	70	77	24	8
	Q02A	Non-Acute Delayed Transfers of Care - Patients	117	18	13	12	5	8	11	13	7	9	7	1	0	1	25	31	17	1
	Q01B	Acute Delayed Transfers of Care - Beddays	8304	988	783	708	590	731	713	790	962	278	238	198	131	143	2029	2465	714	274
	Q02B	Non-Acute Delayed Transfers of Care - Beddays	2902	511	233	257	298	220	212	217	249	201	150	88	32	40	775	678	439	72

Appendix – Bristol Scorecards

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Topic	ID	Title	Annual 19/20	Annual 20/21 YTD	Monthly Totals Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Quarterly Totals 19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
Green To Go List	AQ06A	Green To Go List - Number of Patients (Acute)	-	-	58	83	69	75	95	107	87	32	46	39	46	64	-	-	-	-
	AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	26	31	20	27	26	30	36	21	18	12	8	22	-	-	-	-
	AQ07A	Green To Go List - Beddays (Acute)	-	-	2393	2480	2388	2398	3166	2751	3110	1253	1450	1367	1437	1730	-	-	-	-
	AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	840	948	812	784	776	907	1002	871	531	403	588	464	-	-	-	-
Length of Stay	J03	Average Length of Stay (Spell)	3.89	3.74	4.02	3.91	3.83	3.75	3.83	3.66	4.8	4.68	3.43	3.76	3.49	3.6	3.83	4.05	3.89	3.54
	J04D	Percentage Length of Stay 14+ Days	6.7%	6.2%	6.8%	6.6%	6.2%	6.3%	6.6%	6.6%	8.4%	7.7%	5.2%	5.8%	6.5%	6.2%	6.4%	7.1%	6.1%	6.4%
14 Day LOS Patients	J03	Average Length of Stay (Spell)	3.89	3.74	4.02	3.91	3.83	3.75	3.83	3.66	4.8	4.68	3.43	3.76	3.49	3.6	3.83	4.05	3.89	3.54
AMU	J35	Percentage of Cardiac AMU Wardstays	4.6%	0.3%	4.2%	7.4%	5.2%	3.9%	4.3%	5.5%	1.4%	0%	0.3%	1.3%	0%	0%	5.5%	3.7%	0.5%	0%
	J35A	Percentage of Cardiac AMU Wardstays Under 24 Hours	35%	100%	41.9%	38.6%	33.3%	33.3%	40.6%	23.1%	80%	-	100%	100%	-	-	35.7%	37%	100%	-

Emergency Department Indicators

ED - Time In Department	B01	ED Total Time in Department - Under 4 Hours	80.44%	87.05%	81.42%	82.47%	80.28%	76.12%	81.79%	78.39%	80.99%	92.23%	91.55%	87.36%	85.42%	81.85%	79.63%	80.36%	90.05%	83.6%
	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%	87.05%	81.42%	82.47%	80.28%	76.12%	81.79%	78.39%	80.99%	92.23%	91.55%	87.36%	85.42%	81.85%	79.63%	80.36%	90.05%	83.6%
	BB07	BRI ED - Percentage Within 4 Hours	68.51%	80.81%	70.93%	72.03%	70.87%	63.41%	69.93%	65.81%	69.2%	91%	89.84%	81.18%	76.81%	71.67%	68.8%	68.25%	86.61%	74.17%
	BB03	BCH ED - Percentage Within 4 Hours	90.4%	92.99%	89.51%	90.31%	85.94%	84.42%	93.11%	88.58%	90.47%	90.24%	90.27%	94.09%	95.1%	93.83%	86.78%	90.76%	91.75%	94.44%
	BB04	BEH ED - Percentage Within 4 Hours	97.82%	99%	97.4%	98.8%	96.84%	98.55%	97.04%	98.2%	98.74%	99.18%	99.31%	98.52%	99.25%	98.82%	98.08%	97.91%	98.97%	99.04%
	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	8	11	1	5	0	0	0	0	0	8	17	0	0
Time to Initial Assessment	B02	ED Time to Initial Assessment - Under 15 Minutes	96.8%	97%	96.2%	98.8%	97.8%	94.6%	96%	96.3%	93.5%	99.3%	97.6%	95.8%	97.4%	95.5%	97%	95.3%	97.4%	96.5%
	B02b	ED Time to Initial Assessment - Data Completness	96.9%	96.9%	98.2%	96.6%	98.3%	93.7%	96.1%	96.3%	96.2%	97.5%	97.4%	96.6%	97.4%	95.7%	96.1%	96.2%	97.1%	96.5%
Time to Start of Treatment	B03	ED Time to Start of Treatment - Under 60 Minutes	50.8%	69.4%	50.9%	50.1%	48.4%	47.9%	55.3%	48.3%	62.3%	90.3%	78.6%	65.7%	63.1%	59.4%	48.8%	54.7%	76.4%	61.2%
	B03b	ED Time to Start of Treatment - Data Completeness	96.9%	98.4%	96.7%	97.4%	97.2%	97.2%	97.6%	96.7%	97.2%	99.5%	99%	98.3%	98.1%	97.4%	97.3%	97.2%	98.9%	97.8%
Others	B04	ED Unplanned Re-attendance Rate	3.7%	3.3%	3.5%	3.9%	4.2%	4.2%	3.7%	4%	3.7%	3.3%	3.4%	2.9%	3.5%	3.4%	4.1%	3.8%	3.2%	3.4%
	B05	ED Left Without Being Seen Rate	1.6%	1%	1.9%	1.4%	1.4%	1.9%	1.3%	1.5%	1.2%	0.5%	0.7%	1%	1.2%	1.3%	1.5%	1.4%	0.8%	1.2%
Ambulance Handovers	BA09	Ambulance Handovers - Over 30 Minutes	352	-	53	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Appendix – Weston Scorecards

NHS
University Hospitals Bristol and Weston
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Category	Measure	19/20	2021 YTD	Apr-20	May-20	Jun-20	Jul-20	Aug-20	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
SAFE	CDiff Trust Apportioned Cases	14	6	0	2	0	2	2	2	6		
	MRSA Trust Apportioned Cases	2	0	0	0	0	0	0	-	-		
	Falls per 1,000 Beddays	4.13	4.40	4.82	6.36	3.41	3.40	3.85	4.99	4.40		
	Numerator	396	121	28	35	14	20	24	77	121		
	Denominator	95807	27530	5813	5506	4103	5879	6229	15422	27530		
	Falls Resulting in Harm	8	3	1	0	1	1	0	2	3		
	Pressure Ulcers per 1,000 Beddays	0.93	0.80	1.72	0.91	0.73	0.17	0.48	1.17	0.80		
	Numerator	89	22	10	5	3	1	3	18	22		
	Denominator	95807	27530	5813	5506	4103	5879	6229	15422	27530		
	Number of Category 2 Ulcers	79	19	9	4	2	1	3	15	19		
	Number of Category 3 Ulcers	10	3	1	1	1	0	0	3	3		
	Number of Category 4 Ulcers	1	0	0	0	0	0	0	-	-		
	Medication Incidents Resulting in Harm	n/a	0.00%	0.00%	0.00%	-	-	-	0.00%	-		
	Numerator		0	0	0	-	-	-	0	-		
	Denominator		43	18	25	-	-	-	43	43		
	Non-Purposeful Omitted Doses of the Listed Critical Medication	n/a	0.00%	-	-	-	-	-	-	-		
	Numerator	n/a	0	-	-	-	-	-	-	-		
	Denominator	n/a	0	-	-	-	-	-	-	-		
	Nurse Staffing Levels	101.63%	95.27%	98.88%	96.03%	72.31%	104.18%	104.85%	89.19%	95.27%		
	Numerator	637802	258213	50670	56675	38566	55970	56332	145911	258213		
	Denominator	627603	271045	51241	59021	53335	53724	53724	163597	271045		
	Nurse Staffing Levels (RN)	94.19%	84.05%	82.83%	79.52%	64.09%	97.16%	98.61%	75.57%	84.05%		
	Numerator	327860	126315	24263	26823	19306	27562	28361	70392	126315		
	Denominator	348101	150280	29293	33732	30125	28368	28762	93150	150280		
	Nurse Staffing Levels (NA)	110.89%	109.34%	120.31%	118.04%	83.01%	112.04%	112.61%	107.21%	109.34%		
	Numerator	309942	131895	26406	29852	19259	28407	27971	75517	131895		
	Denominator	279502	120631	21948	25289	23200	25355	24839	70437	120631		
CARING	Patient Survey - Patient Experience Tracker Score	-	n/a	-	-	-	-	-	-	-		
	Patient Survey - Kindness and Understanding	-	n/a	-	-	-	-	-	-	-		
	Patient Survey - Outpatient Tracker Score	-	n/a	-	-	-	-	-	-	-		
	Number of Complaints Received	219	68	4	1	1	27	35	6	68		
	Number of Complaints Received (Formal)	0	47	2	4	5	19	17	11	47		
	Number of Complaints Received (Informal)	0	33	2	3	2	8	18	7	33		
	Formal Complaints Responded To Within Trust Timeframe	n/a	50%	100%	50%	0%	80%	21%	67%	50%		
	Numerator		15	3	1	0	8	3	4	15		
	Denominator		30	3	2	1	10	14	6	30		

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Category	Measure	19/20	2021 YTD	Apr-20	May-20	Jun-20	Jul-20	Aug-20	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
CARING (Cont	**Formal Complaints Responded To Within Divisional Timeframe**	**n/a**	**77.27%**	**100%**	**100%**	**100%**	**90%**	**33%**	**100%**	**77.27%**		
	Numerator	n/a	17	3	2	1	9	2	6	17		
	Denominator	n/a	22	3	2	1	10	6	6	22		
	Formal Complaint Response Time Breaches Attributable to Division	**n/a**	**5**	**0**	**1**	**0**	**0**	**4**	**1**	**5**		
	Percentage of Responses where Complainant is Dissatisfied	**n/a**	**0.00%**	**0.00%**	**-**	**-**	**-**	**-**	**-**	**-**		
	Numerator	n/a	0	0	-	-	-	-	-	-		
	Denominator	n/a	4	4	-	-	-	-	4	4		
RESPONSIVE	**ED 4 Hour Performance**	**74.44%**	**84.92%**	**93.24%**	**87.44%**	**86.97%**	**80.34%**	**82.73%**	**89.48%**	**84.92%**		
	Numerator	37389	10612	1835	1831	1081	2819	3046	4747	10612		
	Denominator	50228	12496	1968	2094	1243	3509	3682	5305	12496		
	RTT 18 Week Performance	**85.52%**	**63.71%**	**78.72%**	**72.30%**	**59.79%**	**51.67%**	**49.99%**	**70.97%**	**63.71%**		
	Numerator	63283	14755	4314	3570	2621	2217	2033	10505	14755		
	Denominator	74002	23160	5480	4938	4384	4291	4067	14802	23160		
	52+ Week Breaches	**79**	**547**	**36**	**61**	**103**	**153**	**194**	**200**	**547**		
	Diagnostic 6 Week Wait	**96.19%**	**72.65%**	**64.16%**	**64.96%**	**81.01%**	**79.94%**	**65.02%**	**73.62%**	**72.65%**		
	Numerator	24817	5769	299	482	1186	2016	1786	1967	5769		
	Denominator	25799	7941	466	742	1464	2522	2747	2672	7941		
	LMCs as Percentage of Admissions	**3.50%**	**2.43%**	**2.63%**	**0.00%**	**0.00%**	**1.27%**	**4.17%**	**1.39%**	**2.43%**		
	Numerator	173	6	1	0	0	1	4	1	6		
	Denominator	4947	247	38	24	10	79	96	72	247		
	28 Day Readmissions	**93.33%**	-	**-**	**-**	**-**	**-**	**-**	**-**	**-**		
	Numerator	70	0	-	-	-	-	-	-	-		
	Denominator	75	0	-	-	-	-	-	-	-		
	Acute Delayed Transfers of Care - Patients	**92**	**24**	**0**	**0**	**9**	**9**	**6**	**9**	**24**		
	Non-Acute Delayed Transfers of Care - Patients	**0**	**0**	**-**	**-**	**-**	**-**	**-**	**-**	**-**		
	Acute Delayed Transfers of Care - Beddays	**2888**	**609**	**0**	**0**	**198**	**219**	**192**	**198**	**609**		
	Non-Acute Delayed Transfers of Care - Beddays	**0**	**0**	**-**	**-**	**-**	**-**	**-**	**-**	**-**		
	Outpatient Hospital Cancellation Rate	**16.21%**	**26.54%**	**37.29%**	**27.76%**	**23.51%**	**21.67%**	**21.08%**	**30.41%**	**26.54%**		
	Numerator	35462	13700	4513	2397	2058	2492	2240	8968	13700		
	Denominator	218805	51620	12104	8636	8755	11499	10626	29495	51620		
	Outpatient DNA Rate	**6.15%**	**4.59%**	**3.81%**	**3.56%**	**4.68%**	**4.84%**	**5.58%**	**4.05%**	**4.59%**		
	Numerator	9816	1651	252	194	315	437	453	761	1651		
	Denominator	159556	35972	6622	5457	6734	9038	8121	18813	35972		

Appendix – Weston Scorecards

University Hospitals Bristol and Weston NHS Foundation Trust

Category	Measure	19/20	2021 YTD	Apr-20	May-20	Jun-20	Jul-20	Aug-20	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
EFFECTIVE	**Summary Hospital Mortality Indicator (SHMI) - National Monthly Data**	**859**	**496**	**152.70**	**135.15**	**103.72**	**58.15**	**46.19**				
	Numerator	616	214	65	59	24	39	27				
	Denominator	890	235	43	44	23	67	58				
	Hospital Standardised Mortality Ratio (HSMR)	**1032**	**0**	**-**	**-**	**-**	**-**	**-**	**-**	**-**		
	Numerator	543	0	-	-	-	-	-	-	-		
	Denominator	631	0	-	-	-	-	-	-	-		
	Fracture Neck of Femur Patients Treated Within 36 Hours	**82.35%**	**76.92%**	**80.00%**	**75.00%**	**64.29%**	**82.61%**	**77.78%**	**74.60%**	**76.92%**		
	Numerator	224	80	20	18	9	19	14	47	80		
	Denominator	272	104	25	24	14	23	18	63	104		
	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	**97.79%**	**95.19%**	**92.00%**	**91.67%**	**92.86%**	**100.00%**	**100.00%**	**92.06%**	**95.19%**		
	Numerator	266	99	23	22	13	23	18	58	99		
	Denominator	272	104	25	24	14	23	18	63	104		
	Fracture Neck of Femur Patients Achieving Best Practice Tariff	**72.43%**	**73.08%**	**0.76**	**0.67**	**0.64**	**0.83**	**0.72**	**69.84%**	**73.08%**		
	Numerator	197	76	19	16	9	19	13	44	76		
	Denominator	272	104	25	24	14	23	18	63	104		
	Ward Outliers - Beddays Spent Outlying.	**0**	**1503**	**175**	**294**	**79**	**437**	**518**	**548**	**1503**		
	30 Day Emergency Readmissions	**5.29%**	**5.75%**	**5.56%**	**4.15%**	**4.24%**	**7.15%**	**5.98%**	**4.74%**	**5.75%**		
	Numerator	1579	385	68	43	33	134	107	144	385		
	Denominator	29825	6700	1223	1035	778	1875	1789	3036	6700		
EFFICIENT	**Staff Sickness**	**4.13%**	**4.06%**	**3.73%**	**3.59%**	**3.54%**	**3.85%**	**4.53%**	**3.62%**	**4.06%**		
	Numerator	21990	7136	1606	1285	1245	1388	1612	4136	7136		
	Denominator	533060	175781	43100	35802	35214	26091	35574	114116	175781		
	Appraisal Compliance	**71.37%**	**69.01%**	**63.58%**	**60.38%**	**61.78%**	**81.87%**	**78.93%**	**61.91%**	**69.01%**		
	Numerator	11223	4155	770	730	797	944	914	2297	4155		
	Denominator	15724	6021	1211	1209	1290	1153	1158	3710	6021		
	Workforce Bank Usage	**n/a**	**9.33%**	**9.82%**	**9.07%**	**6.52%**	**11.05%**	**10.46%**	**8.50%**	**9.33%**		
	Numerator	n/a	722	162	151	103	157	150	415	722		
	Denominator	n/a	7743	1649	1662	1574	1422	1436	4885	7743		
	Workforce Agency Usage	**n/a**	**3.57%**	**4.57%**	**3.54%**	**2.00%**	**4.01%**	**3.77%**	**3.39%**	**3.57%**		
	Numerator	n/a	277	75	59	31	57	54	166	277		
	Denominator	n/a	7743	1649	1662	1574	1422	1436	4885	7743		

Appendix – Weston Scorecards

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Category	Measure	19/20	2021 YTD	Apr-20	May-20	Jun-20	Jul-20	Aug-20	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
EFFICIENT (Cont.)	**Workforce Turnover Rate**	**14.91%**	**18.94%**	**12.84%**	**21.21%**	**21.30%**	**21.03%**	**20.08%**	**17.94%**	**18.94%**		
	Numerator	2546	965	160	203	205	203	195	567	965		
	Denominator	17073	5094	1244	956	960	965	969	3160	5094		
	Workforce Vacancy Rate	**12.64%**	**8.95%**	**11.19%**	**8.68%**	**9.53%**	**8.28%**	**6.48%**	**9.80%**	**8.95%**		
	Numerator	2571	663	178	138	152	109	86	468	663		
	Denominator	20334	7406	1590	1590	1592	1317	1317	4772	7406		
	Average Length of Stay	**3.34**	**3.86**	**3.70**	**5.40**	**4.50**	**3.50**	**3.20**	**4.49**	**3.86**		
	Numerator	99654	25892	4561	5585	3497	6501	5748	13643	25892		
	Denominator	29825	6707	1223	1035	778	1882	1789	3036	6707		
ACCESS	**ED 12 Hour Trolley Waits**	**796**	**134**	**0**	**1**	**7**	**58**	**68**	**8**	**134**		
	ED Time to Initial Assessment - Under 15 Minutes	**2**	**73.57%**	**1**	**1**	**1**	**1**	**1**	**79.94%**	**73.57%**		
	Numerator	5750	9193	1687	1643	911	2456	2496	4241	9193		
	Denominator	10984	12496	1968	2094	1243	3509	3682	5305	12496		
	ED Time to Start of Treatment - Under 60 Minutes	**57.96%**	**80.33%**	**99.64%**	**87.92%**	**84.79%**	**71.42%**	**72.68%**	**91.54%**	**80.33%**		
	Numerator	6366	10038	1961	1841	1054	2506	2676	4856	10038		
	Denominator	10984	12496	1968	2094	1243	3509	3682	5305	12496		
	ED Unplanned Re-attendance Rate	**6.19%**	**6.80%**	**6.59%**	**6.71%**	**6.31%**	**7.03%**	**6.90%**	**6.58%**	**6.80%**		
	Numerator	3122	834	130	144	68	238	254	342	834		
	Denominator	50459	12265	1972	2146	1078	3387	3682	5196	12265		
	ED Left Without Being Seen Rate	**2.29%**	**0.78%**	**0.20%**	**0.62%**	**0.48%**	**1.14%**	**0.92%**	**0.43%**	**0.78%**		
	Numerator	1148	97	4	13	6	40	34	23	97		
	Denominator	50228	12496	1968	2094	1243	3509	3682	5305	12496		
QUALITY	**MSSA Trust Apportioned Cases**	**5**	**2**	**0**	**1**	**0**	**0**	**1**	**1**	**2**		
	Number of Serious Incidents Reported	**32**	**13**	**4**	**1**	**3**	**4**	**1**	**8**	**13**		
	Total Never Events	**2**	**1**	**0**	**0**	**0**	**1**	**0**	-	**1**		
	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	**n/a**	**37.50%**	**-**	**-**	**37.50%**	**-**	**-**	**37.50%**	**37.50%**		
	Numerator	n/a	3	-	-	3	-	-	3	3		
	Denominator	n/a	8	-	-	8	-	-	8	8		
	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	**77.58%**	**69.57%**	**83.33%**	**-**	**50.00%**	**45.45%**	**88.89%**	**73.08%**	**69.57%**		
	Numerator	173	32	15	-	4	5	8	19	32		
	Denominator	223	46	18	-	8	11	9	26	46		
	High Risk TIA Patients Starting Treatment Within 24 Hours	**64.42%**	**69.39%**	**55.56%**	**44.44%**	**60.00%**	**85.71%**	**83.33%**	**52.17%**	**69.39%**		
	Numerator	134	34	5	4	3	12	10	12	34		
	Denominator	208	49	9	9	5	14	12	23	49		
	VTE Risk Assessment	**93.83%**	-	**-**	**-**	**-**	**-**	**-**	-	-		
	Numerator	24069	-	-	-	-	-	-	-	-		
	Denominator	25653	-	-	-	-	-	-	-	-		

University Hospitals Bristol and Weston NHS Foundation Trust

Item to follow:

Agenda item 13 00

Committee Chair's Reports:

- Charity
- Finance
- People
- Quality and Outcome
- ASR Programme Board

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors on 30 July 2020

Reporting Committee	**Charity Committee - meeting held on 14th August 2020**
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 30 June 2020. It was noted that the Charity had received a charity had received a substantial legacy of £152k. It was reported that a number of funding requests had been received after the deadline for consideration by the Committee, and it was agreed that these would be considered outside the meeting via email.

- The Committee received and noted an update on the project to take the Charity to independent status and potential merger with Above & Beyond. The project was progressing well and in line with the plan. It was noted that Above & Beyond was undertaking a strategic refresh which was due to report at the end of September 2020, and given this it was agreed that the Trust should await the outcome of this before making any decision about income received.

Key Decisions and Actions

- The Committee considered a report which proposed the rationalisation of the charitable fund structure. The report identified when the funds had last been accessed, which demonstrated that some funds had not been accessed for over 10 years. It was suggested that as a first step the charity should write to the fund holders to encourage them to spend the monies they held, and to describe the action that would be taken should the funds not be spent. The proposed future structure and gaps in fund holder names would be discussed with the Divisional Director for Weston. The Committee agreed this approach and that fund holders should be given the opportunity to use the monies within their funds and understand the future intention of the charity.

- The Committee approved a bid to commission a not-for-profit organisation to produce and publish on-line and app based guides to help the public understand the layout of Weston General Hospital to support their visits.

Date of next meeting:	**6 October 2020**

Meeting of the Board of Director – 29 September 2020

Reporting Committee	**People Committee – September 2020**
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 highlighted the following:

- The National Staff survey was due to commence during the autumn and the questions had now been published. Changes to the questions included an additional question on Covid-19 to capture staff feelings from the events of the last 6 months.

- As winter approached, Flu was an obvious preoccupation, and the aim was for over 90% of staff to be vaccinated this year.

- A new Diversity and Inclusion Manager had been appointed.

- Jayne Mee, Non-Executive Director raised the issue of staff having to take annual or unpaid leave if they were required to quarantine. The Director of People confirmed that staff recruited from overseas were not required to take leave if they were required to self-isolate on arrival, and would be paid. In respect of staff that had travelled overseas, they did not have an automatic right to be paid as there was an element of choice in their decision to travel. However, the wording of the policy had been updated to accommodate most circumstances, with staff being able to work from home if required during their quarantine, and he assured the Committee that no staff members had lost out financially as a result of this.

- An update on the management of appraisal performance was provided. Whilst the measures being put in place were noted, there was still concern that these would not be sufficient to recover the position in respect of appraisals, and this process needed to be tightly managed and controlled. It was agreed that in order to achieve this, an update should be provided to every meeting of the People Committee to maintain focus and pressure on this issue.

The Committee received an update on the Arts Programme Overview from the Arts Programme Director, which focussed on the work undertaken during the Covid-19 pandemic. The Chair welcomed the positive impact the arts programme had during the pandemic and the new ways of engagement that had been developed.

Dr Alistair Johnstone attended the meeting to present the regular Guardian of Safe Working Hours Report. The shortfall in the hours junior doctors could provide due the reallocation of some of their time towards education and training was noted, as was the fall in the availability of locums due to NBT increasing its locum rates. A paper providing more details on both these issues was requested for the next meeting of the Committee.

The Director of Corporate Governance attended the meeting to provide an update on the first Speaking Up Summit. It was reported that there had been good representation from across the Trust, and all attendees were united in their desire to drive positive change. At the summit there was agreement about where the overall areas of concern were, and further work was agreed to collate the evidence to support where targeted action could be taken. The second summit had taken place the previous day and further positive progress had been made. The Chair supported the work being done and recognised the potential it had to bring together strands that could positively impact on culture. He requested that the Committee receive regular updates on this initiative.

The People Committee received and endorsed the following reports:

- The Annual Education Report
- The quarterly update on Organisational Development, covering the key areas of Diversity & Inclusion; Performance Management; Bullying and Harassment; and Wellbeing.

For Board Awareness, Action or Response

The Committee discussed proposed amendments to its terms of reference, and the Chair suggested that a further discussion take place outside the meeting regarding the new stakeholder section with the Trust Chair and other Committee Chairs.

The Committee had a further discussion regarding the continued difficultly in the completion of fire evacuation training. It was reported that the issue was that the training sessions were being repeatedly cancelled by the Divisions and the Chief Executive would escalate the issue to ensure Divisions were taking responsibility for this. The Trust Chair added that the Governors had raised this as a formal issue and it had been agreed that a report would be brought to a future meeting of the Board.

The People Committee discussed how the views of the Trust's Staff Networks could be better recognised and considered by the Trust Board and its Committees, and it was agreed that a full report should be brought to its next meeting.

Key Decisions and Actions

The Director of People provided a detailed report on the recent increase in violence and aggression being experienced by frontline staff within the Trust. This issue had become more apparent after the lifting of lockdown where attacks on staff had increased significantly, with ED being the worse affected area. The unit had used a red card mechanism, a training initiative to deescalate incidents, and posters designed by ED staff to advertise zero tolerance. Feedback from staff suggested that these measures were having an effect. A steering group had also been set up to look at this issue in detail going forward. Concern was expressed that there was still a lack of clarity over the zero tolerance policy and what actions staff could take, and the Director of People was asked to report back to the next meeting with details of the proposed pilot of body worn cameras and full details of the steering group that had been set up.

Date of next meeting:	**26 November 2020**

Meeting of the Board of Director – 29 September 2020

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

For Information

The Committee received an update in respect of the Covid-19 pandemic and which outlined the restoration programme that had been put in place to re-establish normal services. It was reported that the number of patients being treated for Covid-19 within the Trust remained low and work was underway with system partners to understand the potential demand over next few months. Capacity restraints imposed in order to deal with Covid-19 were being improved and beds had been reinstated. It was hoped that the introduction of the 111 First initiative would help to reduce attendances to the Emergency Department which had seen a return to pre-pandemic levels. It was reported that there were particular challenges in the restoration of services in the Eye and Dental Hospitals. The Non-Executive Directors present welcomed the comprehensive plans that had been put in place in order to re-establish normal services. During the ensuing discussion the issue of staff testing was raised, and it was reported that the Trust was following WHO advice and PHE recommendations in respect of this. There was some concern that a negative test could provide a sense of false reassurance as this was only valid for the moment the moment the test was taken.

The meeting considered a range of quality and access information including the Integrated Performance Report (IPR) and Root Cause Analysis Report. The following was highlighted and discussed:

- The issue of 12 hour breaches at Weston General Hospital was discussed, and it was asked how overnight stays in the Emergency Department there would be addressed. The Medical Director reported that a piece of work was ongoing to support the reduction of patients in the Emergency Department at Weston, with an escalation process, bed modelling and better monitoring all being looked at. Work was also being undertaken with system partners to avoid admissions during times of pressure at Weston.

- A number of uses were highlighted in the IPR which fell within the remit of the People Committee and Jayne Mee, Non-Executive Director, undertook to raise these at the meeting of the People Committee the following day.

The Committee received the following reports for assurance:

- Monthly Nurse Safe Staffing Report
- Learning from Deaths Annual Report for 2019/20
- Infection Prevention Control Annual Report for Weston
- Quarterly Patient Complaints and Experience Reports

- Pharmacy and Medicines Optimisation Annual Report 2019/20

For Board Awareness, Action or Response

The Committee discussed proposed amendments to its terms of reference, and the Chair suggested that a further discussion take place outside the meeting regarding the new stakeholder section with the Trust Chair and other Committee Chairs.

The Committee discussed the following surveys, which were due to be received by the Trust Board the following week:

- 2019 National Cancer Survey Results
- 2019 National Inpatient Survey Results
- 2019 National Maternity Survey Results

These were discussed in detail and no substantive concerns were raised.

Key Decisions and Actions

In respect of the Root Cause Analysis Report, concern was expressed regarding a delay in providing a pressure relieving mattress. Greater assurance that mattresses and boots could be provided in a timely manner in future was requested for the next meeting of the Committee.

It was reported that the process to review Clostridium difficile (C.Diff) cases with CCG colleagues remains on hold and therefore it is yet to be confirmed whether current cases were caused by a lapse in care whilst in hospital. It was suggested that in future this should be reflected in the IPR for greater clarity.

Date of next meeting:	**26 October 2020**

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors on 29 September 2020

Reporting Committee	**Acute Services Review Programme Board**
Chaired By	**Jayne Mee, Non-Executive Director**
Executive Lead	**Paula Clarke, Director of Strategy and Transformation**

For Information

This report provides a summary of the first meeting of Acute Services Review Programme Board (ASRPB) held on 22 September 2020. The ASRPB is a meeting in common of the North Bristol NHS Trust Acute Services Review Committee and the University Hospitals Bristol and Weston NHS Foundation Trust Acute Services Review Committee, which are both formal sub-committees of the respective Trust Boards. It meets bi-monthly and reports to the Board after each meeting.

For Board Awareness, Action or Response

ASR Project Initiation Document

The ASRPB reviewed the Project Initiation Document (PID) in detail and approved its content. The PID document is available in the Diligent Boards reading room, or on request by Board members.

The discussion highlighted the need for clear and comprehensive communications relating to the ASR, both internally within both organisations and externally to system and regional partners. The communications need to signal the positive collaboration between the two organisations and outline the cultural and behavioural imperatives that must be embraced at all levels to make it a success.

Memorandum of Understanding

A draft MOU was reviewed and discussed. It was agreed that the MOU was an important document, and could be used as a mechanism to agree and communicate the shared principles underpinning the organisations joint working.

The ASRPB also discussed whether the MOU should be used to outline wider strategic collaboration between NBT and UHBW rather than be limited solely to the ASR. As an example, members were keen to see the MOU contain positive commitments to align capital plans and commit to joint procurement of future systems/services (where relevant to both organisations).

Additional work was commissioned from the organisations' governance teams to finalise a draft MOU for further considerations, and it was agreed to escalate the issue of making the MOU a wider strategic document for discussion by Trust Boards. ***The Board is asked to discuss the MOU as a potentially wider strategic document.***

Key Decisions and Actions	
ASRPB Terms of Reference The ASRPB reviewed and discussed the Terms of Reference which were approved by Trust Boards in August/September 2020, and adopted them with no suggested amendments.	
Date of next meeting:	**November 2020**

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 29 September 2020

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

1. Report Summary

The purpose of this report is to:

- inform the Board of the financial position of the Trust for August 2020.

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 Trusts 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 July the Trust required £0.9m of true-up funding, (compared with £3.3m in July, £3.8m in June, £0.3m in May and £0.2m in April). Activity was reduced in August with a reduction in non pay expenditure as well as a decrease in Covid-19 related costs.

To date the Trust has incurred £16.1m of additional costs relating to Covid-19, compared with £13.7m by the end of last month.

The Covid costs are excluded from the Divisional. Clinical and Support Divisions were £7.0m favourable to budget to the end of July, compared to £6.4m in July and £5.7m in June. 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 £3.1m of savings against a target of £7.5m on this basis. The savings targets will be reviewed in line with future national planning guidance.

The Trust has a revised capital plan of £64.5m comprising of £53.2m CDEL, £10.1m of additional PDC and £1.2m of donations. Spend to date is £18.1m against a plan of £21.7m. The Trust had cash balances of £209.7m.
3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
Risks to delivery of the capital programme are described in section 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 <u>previously</u> been received.**
N/A

Report of the Finance Director

Section 1 – Executive Summary

Performance to NHSI Plan	Plan to date £m	Actual to date £m	Variance to date favourable/ (adverse) £m
Income from Activities	309.830	307.872	(1.958)
Income from Operations	60.277	57.860	(2.417)
Employee Expenses	(225.210)	(226.055)	(0.845)
Other Operating Expenses	(127.252)	(121.688)	5.564
Depreciation (owned & leased)	(11.965)	(11.901)	0.064
PDC	(4.965)	(5.094)	(0.129)
Interest Payable	(1.070)	(0.995)	0.075
Interest Receivable	0.355	0.001	(0.354)
Reported Financial performance	**0.000**	**0.000**	**0.000**
Depreciation (donated)	0.000	(0.783)	(0.783)
Donated Income	0.000	0.192	0.192
Surplus/(deficit)	**0.000**	**(0.591)**	**(0.591)**

The performance summary reflects the Provider Finance In-Year Monitoring Return (PFR) submitted by the Trust for month 5.

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.

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 August required £0.855m of true-up funding compared to £3.258m in July. This takes the breakeven funding to £8.383m year to date.

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. The increase in activity continued in July, whilst covid costs reduced. In August the Covid costs continued to reduce. This, combined with reduced non pay expenditure on drugs and supplies for non-Covid related activity, resulted in a reduction in the true-up funding.

To date the Trust has incurred £14.5m of additional costs relating to Covid-19, (£2.2m of which related to August, compared to £2.8m in July) and has reduced income of £1.6m. Details are provided in the table at the end of this section.

Income from activities is £2.0m adverse to plan, of this £0.6m relates to private patients, £0.4m relates to a prior year adjustment and £0.9m is in respect of income no longer received from Weston. The NHSE/I plan is a combination of UHB and WAHT whereas the income flow between the two Trusts has ceased.

Income from operations is £2.4m adverse to plan. The NHSE/I plan includes non-recurring items from 2019/20 such as the BHOC Fire Insurance (£1.6m year to date), GDE and other IT income (£0.4m), and education funding (£1.0m). The plan also assumes income flows between Weston and UHBristol which have ceased following the merger (£3.2m year to date). Other significant items include loss of commercial income due to activity change (car parking, catering, research, £1.9m year to date). In addition, the assumptions made by NHSE/I 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 (£2.2m). These differences will continue until the plan is revised. These are offset by the year to date true-up of £8.4m.

Employee expenses, £0.8m adverse to plan, include £7.8m additional Covid-19 related costs. Agency is £3.4m below NHSI plan.

Other operating expenditure is £5.6m below plan and includes £6.7m in relation to Covid-19. Supplies and services is £7.0m below plan, this reflects reduced activity in the year to date.

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

Year to Date COVID Spend/ Income Loss £'000										
Category	**Diagnostics & Therapies**	**Medicine**	**Specialised Services**	**Surgery**	**Weston**	**Women's & Children's**	**Facilities & Estates**	**Trust Services**	**Other**	**Total**
Nursing & Midwifery	(6)	(1,097)	(410)	(489)	(726)	(1,126)	0	(19)	(183)	**(4,055)**
Medical & Dental Pay	(2)	(592)	(240)	(769)	(444)	(489)	0	(84)	(36)	**(2,656)**
Other Pay	(294)	(24)	(106)	(48)	(256)	(51)	(252)	(79)	(10)	**(1,120)**
Non Pay	(231)	(1,371)	(252)	(1,008)	(799)	(80)	(794)	(2,159)	(8)	**(6,702)**
Income from Activities	0	0	0	0	0	0	0	0	(156)	**(156)**
Income from Operations	(39)	0	(99)	0	(383)	0	(783)	(105)	1	**(1,407)**
Total	**(571)**	**(3,084)**	**(1,108)**	**(2,314)**	**(2,607)**	**(1,746)**	**(1,829)**	**(2,444)**	**(392)**	**(16,096)**

*Note COVID Costs for Weston Site (including Corporate and Facilities and Estates) Month 1-3 are all in Weston Clinical Division, split from Month 4 onwards.

The NHSE/I return reports £14.7m of additional expenditure (£0.2m higher than the spend in the table above as it requires the Nightingale costs to be reported as full rather than marginal). The analysis of this expenditure is as follows:

	April/ May £m	**June £m**	**July £m**	**August £m**	**Total £m**
Staff related costs*	2.643	1.753	1.331	1.133	6.860
National procurement	0.813	0.378	0.086	0.012	1.289
Increased ITU capacity (inc staff)	0.746	0.311	0.296	0.016	1.369
Testing	0.265	0.392	0.238	0.220	1.115
Release of bed capacity	0.000	0.436	0.213	0.191	0.840
Nightingale costs (inc staff)	0.179	0.351	0.074	0.013	0.617
Other	0.822	0.506	0.630	0.627	2.585
Total	**5.468**	**4.127**	**2.868**	**2.212**	**14.675**

*Excludes ITU or Nightingale Staff

Staff related costs reduced as the most student contracts are coming to an end, temporary workforce increases have reduced as have additional shifts. The spend to date includes £3.0m additional shifts worked by existing staff, £2.0m for workforce expansion and £1.6m for sickness backfill.

The costs of increasing ITU capacity was not expected to reduce. Further analysis is expected to require an adjustment in September.

Expenditure on the Nightingale hospital included significant IT and other set up costs earlier in the year and therefore the reduction is expected.

Other costs include decontamination, isolation pods, equipment, mortuary costs, remote working support and enhanced patient

Section 2 – Division and Corporate Services Performance

The table below provides a summary of the variance against budget for Clinical Divisions and Estates and Facilities. Costs related to Covid-19 are now excluded.

Year to Date Variance £'000 (Fav/(Adv))									
Category	**Diagnostics & Therapies**	**Medicine**	**Specialised Services**	**Surgery**	**Weston Clinical Division**	**Women's & Children's**	**Facilities & Estates**	**Trust Services**	**Total**
Nursing & Midwifery	122	(1,341)	192	113	2,060	(46)	0	(44)	**1,056**
Medical & Dental Pay	153	(680)	(96)	(423)	443	(620)	0	(31)	**(1,254)**
Other Pay	154	(96)	(91)	25	(100)	(231)	213	323	**197**
Non Pay	305	(148)	2,240	2,117	2,175	1,423	(22)	(424)	**7,666**
Income from Activities	(15)	5	83	(150)	(67)	(85)	0	0	**(229)**
Income from Operations	(33)	68	14	(247)	(155)	63	(35)	(67)	**(392)**
Total	**686**	**(2,192)**	**2,342**	**1,435**	**4,356**	**504**	**156**	**(242)**	**7,045**

Given the uncertainty regarding the financial framework at the start of 2020/21, the divisional budgets have not been set in line with the resources plan, as has been the case in previous years. Funding for 2019/20 has continued with some changes made, for example planned developments which have progressed have been funded and agreed divisional support has been allocated. However budgets have not been reduced for savings targets and funding for planned changes in activity has not been allocated. As the planning guidance becomes clearer, the budgets will be reviewed accordingly. The reported variances should be considered in this context.

Divisional performance continues to be measured against income and expenditure run rates, summarised in the tables and commentary below. The costs associated with Covid-19 have been removed from both the current and previous months reported.

Diagnostics & Therapies	1920 Monthly Average £'000	20/21 Actuals M1 (Excl. Covid) £'000	20/21 Actuals M2 (Excl. Covid) £'000	20/21 Actuals M3 (Excl. Covid) £'000	20/21 Actuals M4 (Excl. Covid) £'000	20/21 Actuals M5 (Excludes Covid)	20/21 Actuals YTD (Excl. Covid) £'000
Pay - Nursing & Midwifery	(95)	(101)	(96)	(91)	(95)	(100)	(484)
Pay - Medical & Dental	(680)	(689)	(645)	(653)	(630)	(682)	(3,299)
Pay - Other	(3,119)	(3,255)	(3,249)	(3,249)	(3,285)	(3,216)	(16,255)
Pay Subtotal	**(3,894)**	**(4,046)**	**(3,990)**	**(3,993)**	**(4,010)**	**(3,998)**	**(20,037)**
Non Pay - Blood	29	22	14	29	32	37	134
Non Pay - Drugs	(543)	(624)	(570)	(485)	(710)	(404)	(2,792)
Non Pay - Clinical Supplies & Services	(685)	(565)	(428)	(584)	(599)	(574)	(2,751)
Non Pay - Other	(520)	(426)	(393)	(355)	(394)	(605)	(2,174)
Non Pay Subtotal	**(1,719)**	**(1,594)**	**(1,378)**	**(1,394)**	**(1,671)**	**(1,546)**	**(7,582)**
Income from Activities	44	1	2	3	3	2	11
Income from Operations	497	348	312	373	379	394	1,806
Total	**(5,072)**	**(5,290)**	**(5,054)**	**(5,011)**	**(5,299)**	**(5,148)**	**(25,802)**

Medicine	1920 Monthly Average £'000	20/21 Actuals M1 (Excl. Covid) £'000	20/21 Actuals M2 (Excl. Covid) £'000	20/21 Actuals M3 (Excl. Covid) £'000	20/21 Actuals M4 (Excl. Covid) £'000	20/21 Actuals M5 (Excludes Covid)	20/21 Actuals YTD (Excl. Covid) £'000
Pay - Nursing & Midwifery	(2,910)	(2,897)	(2,747)	(3,162)	(2,956)	(2,963)	(14,726)
Pay - Medical & Dental	(1,843)	(1,890)	(1,968)	(1,926)	(1,866)	(1,994)	(9,644)
Pay - Other	(648)	(667)	(662)	(683)	(705)	(683)	(3,401)
Pay Subtotal	**(5,401)**	**(5,454)**	**(5,378)**	**(5,772)**	**(5,527)**	**(5,640)**	**(27,771)**
Non Pay - Blood	(36)	(38)	(44)	(36)	(37)	(38)	(192)
Non Pay - Drugs	(1,526)	(1,841)	(1,607)	(2,341)	(1,750)	(1,617)	(9,157)
Non Pay - Clinical Supplies & Services	(463)	(238)	(207)	(331)	(300)	(293)	(1,369)
Non Pay - Other	(645)	(630)	(658)	(380)	(639)	(516)	(2,822)
Non Pay Subtotal	**(2,670)**	**(2,746)**	**(2,516)**	**(3,087)**	**(2,726)**	**(2,464)**	**(13,540)**
Income from Activities	213	7	2	2	2	0	13
Income from Operations	209	172	227	253	199	164	1,015
Total	**(7,649)**	**(8,021)**	**(7,665)**	**(8,604)**	**(8,052)**	**(7,940)**	**(40,282)**

Specialised	1920 Monthly Average £'000	20/21 Actuals M1 (Excl. Covid) £'000	20/21 Actuals M2 (Excl. Covid) £'000	20/21 Actuals M3 (Excl. Covid) £'000	20/21 Actuals M4 (Excl. Covid) £'000	20/21 Actuals M5 (Excludes Covid)	20/21 Actuals YTD (Excl. Covid) £'000
Pay - Nursing & Midwifery	(1,906)	(1,914)	(1,802)	(1,842)	(1,925)	(2,020)	(9,503)
Pay - Medical & Dental	(1,763)	(1,685)	(1,638)	(1,751)	(1,718)	(1,787)	(8,578)
Pay - Other	(1,043)	(1,055)	(1,050)	(1,070)	(1,071)	(1,087)	(5,332)
Pay Subtotal	**(4,712)**	**(4,653)**	**(4,490)**	**(4,663)**	**(4,713)**	**(4,894)**	**(23,413)**
Non Pay - Blood	(650)	(469)	(605)	(554)	(635)	(555)	(2,819)
Non Pay - Drugs	(3,221)	(2,885)	(3,199)	(3,729)	(3,646)	(3,117)	(16,576)
Non Pay - Clinical Supplies & Services	(1,523)	(821)	(819)	(1,183)	(1,982)	(1,539)	(6,345)
Non Pay - Other	(698)	(543)	(555)	(498)	(499)	(492)	(2,587)
Non Pay Subtotal	**(6,092)**	**(4,719)**	**(5,179)**	**(5,963)**	**(6,763)**	**(5,703)**	**(28,327)**
Income from Activities	433	139	83	81	(149)	53	207
Income from Operations	387	243	150	176	537	39	1,145
Total	**(9,984)**	**(8,989)**	**(9,437)**	**(10,369)**	**(11,089)**	**(10,505)**	**(50,389)**

Surgery	1920 Monthly Average £'000	20/21 Actuals M1 (Excl. Covid) £'000	20/21 Actuals M2 (Excl. Covid) £'000	20/21 Actuals M3 (Excl. Covid) £'000	20/21 Actuals M4 (Excl. Covid) £'000	20/21 Actuals M5 (Excludes Covid)	20/21 Actuals YTD (Excl. Covid) £'000
Pay - Nursing & Midwifery	(2,546)	(2,416)	(2,287)	(2,538)	(2,584)	(2,536)	(12,360)
Pay - Medical & Dental	(3,437)	(3,438)	(3,450)	(3,394)	(3,380)	(3,533)	(17,195)
Pay - Other	(1,697)	(1,743)	(1,692)	(1,723)	(1,730)	(1,711)	(8,599)
Pay Subtotal	**(7,679)**	**(7,596)**	**(7,430)**	**(7,654)**	**(7,694)**	**(7,780)**	**(38,154)**
Non Pay - Blood	(93)	(65)	(98)	(104)	(90)	(108)	(465)
Non Pay - Drugs	(1,295)	(743)	(719)	(976)	(1,013)	(919)	(4,370)
Non Pay - Clinical Supplies & Services	(1,178)	(632)	(786)	(913)	(964)	(923)	(4,218)
Non Pay - Other	(544)	(480)	(404)	(515)	(518)	(370)	(2,287)
Non Pay Subtotal	**(3,110)**	**(1,919)**	**(2,007)**	**(2,508)**	**(2,586)**	**(2,320)**	**(11,339)**
Income from Activities	(174)	16	10	7	8	3	44
Income from Operations	311	196	246	189	232	194	1,057
Total	**(10,652)**	**(9,303)**	**(9,181)**	**(9,966)**	**(10,040)**	**(9,902)**	**(48,392)**

Weston	1920 Monthly Average £'000	20/21 Actuals M1 (Excl. Covid) £'000	20/21 Actuals M2 (Excl. Covid) £'000	20/21 Actuals M3 (Excl. Covid) £'000	20/21 Actuals M4 (Excl. Covid) £'000	20/21 Actuals M5 (Excl. Covid) £'000	20/21 Actuals YTD (Excl. Covid) £'000
Pay - Nursing & Midwifery	(2,807)	(2,403)	(2,462)	(2,319)	(2,562)	(2,588)	(12,333)
Pay - Medical & Dental	(2,278)	(2,116)	(1,840)	(1,956)	(1,794)	(2,042)	(9,748)
Pay - Other	(1,285)	(1,201)	(1,296)	(1,223)	(1,193)	(1,149)	(6,062)
Pay Subtotal	**(6,370)**	**(5,720)**	**(5,598)**	**(5,498)**	**(5,549)**	**(5,780)**	**(28,145)**
Non Pay - Blood	(51)	(44)	(55)	(63)	(43)	(48)	(253)
Non Pay - Drugs	(743)	(647)	(539)	(597)	(656)	(582)	(3,021)
Services	(575)	(468)	(277)	(197)	(422)	(357)	(1,721)
Non Pay - Other	(528)	(356)	(432)	(385)	(291)	(87)	(1,551)
Non Pay Subtotal	**(1,897)**	**(1,515)**	**(1,303)**	**(1,242)**	**(1,412)**	**(1,074)**	**(6,546)**
Income from Activities	30	1	(1)	0	1	0	0
Income from Operations	280	87	83	70	374	146	761
Total	**(7,957)**	**(7,147)**	**(6,819)**	**(6,670)**	**(6,585)**	**(6,708)**	**(33,929)**

Women's and Children's	1920 Monthly Average £'000	20/21 Actuals M1 (Excl. Covid) £'000	20/21 Actuals M2 (Excl. Covid) £'000	20/21 Actuals M3 (Excl. Covid) £'000	20/21 Actuals M4 (Excl. Covid) £'000	20/21 Actuals M5 (Excl. Covid) £'000	20/21 Actuals YTD (Excl. Covid) £'000
Pay - Nursing & Midwifery	(4,554)	(4,522)	(4,337)	(4,464)	(4,401)	(4,392)	(22,116)
Pay - Medical & Dental	(3,729)	(3,668)	(3,782)	(3,826)	(3,754)	(3,696)	(18,727)
Pay - Other	(1,329)	(1,361)	(1,486)	(1,389)	(1,400)	(1,393)	(7,030)
Pay Subtotal	**(9,612)**	**(9,551)**	**(9,605)**	**(9,680)**	**(9,556)**	**(9,481)**	**(47,872)**
Non Pay - Blood	(179)	(238)	(135)	(180)	(188)	(187)	(928)
Non Pay - Drugs	(1,169)	(1,357)	(1,578)	(1,655)	(1,439)	(1,287)	(7,316)
Services	(1,063)	(584)	(530)	(766)	(996)	(810)	(3,685)
Non Pay - Other	(723)	(600)	(699)	(642)	(651)	(587)	(3,179)
Non Pay Subtotal	**(3,134)**	**(2,779)**	**(2,942)**	**(3,243)**	**(3,273)**	**(2,872)**	**(15,108)**
Income from Activities	180	8	25	(2)	(5)	162	188
Income from Operations	573	333	539	444	352	363	2,032
Total	**(11,993)**	**(11,989)**	**(11,983)**	**(12,481)**	**(12,481)**	**(11,827)**	**(60,761)**

Estates and Facilities	1920 Monthly Average £'000	20/21 Actuals M1 (Excl. Covid) £'000	20/21 Actuals M2 (Excl. Covid) £'000	20/21 Actuals M3 (Excl. Covid) £'000	20/21 Actuals M4 (Excl. Covid) £'000	20/21 Actuals M5 (Excl. Covid) £'000	20/21 Actuals YTD (Excl. Covid) £'000
Pay - Nursing & Midwifery	0	0	0	0	0	0	0
Pay - Medical & Dental	0	0	0	0	0	0	0
Pay - Other	(2,249)	(2,319)	(2,295)	(2,332)	(2,269)	(2,337)	(11,551)
Pay Subtotal	**(2,249)**	**(2,319)**	**(2,295)**	**(2,332)**	**(2,269)**	**(2,337)**	**(11,551)**
Non Pay - Blood	0	0	0	0	0	0	0
Non Pay - Drugs	0	0	0	(1)	(1)	0	(1)
Non Pay - Clinical Supplies & Services	(32)	(36)	(43)	(47)	(38)	(26)	(189)
Non Pay - Other	(2,276)	(2,115)	(1,895)	(2,232)	(2,164)	(2,215)	(10,622)
Non Pay Subtotal	**(2,308)**	**(2,151)**	**(1,938)**	**(2,280)**	**(2,203)**	**(2,241)**	**(10,812)**
Income from Activities	7	0	0	0	0	0	0
Income from Operations	443	297	129	213	951	381	1,971
Total	**(4,107)**	**(4,173)**	**(4,104)**	**(4,398)**	**(3,521)**	**(4,196)**	**(20,392)**

Trust Services	1920 Monthly Average £'000	20/21 Actuals M1 (Excl. Covid) £'000	20/21 Actuals M2 (Excl. Covid) £'000	20/21 Actuals M3 (Excl. Covid) £'000	20/21 Actuals M4 (Excl. Covid) £'000	20/21 Actuals M5 (Excl. Covid) £'000	20/21 Actuals YTD (Excl. Covid) £'000
Pay - Nursing & Midwifery	(368)	(402)	(373)	(370)	(392)	(366)	(1,903)
Pay - Medical & Dental	(175)	(218)	(218)	(205)	(224)	(107)	(971)
Pay - Other	(2,776)	(2,801)	(2,760)	(2,853)	(2,800)	(2,819)	(14,033)
Pay Subtotal	**(3,319)**	**(3,422)**	**(3,351)**	**(3,428)**	**(3,415)**	**(3,292)**	**(16,908)**
Non Pay - Blood	(2)	0	(0)	(0)	0	0	(0)
Non Pay - Drugs	(15)	(3)	(12)	(6)	(9)	(17)	(47)
Non Pay - Clinical Supplies & Services	(15)	(18)	(13)	(6)	(16)	(29)	(82)
Non Pay - Other	(1,174)	(1,147)	(940)	(943)	(1,149)	(1,034)	(5,212)
Non Pay Subtotal	**(1,205)**	**(1,167)**	**(965)**	**(955)**	**(1,174)**	**(1,080)**	**(5,341)**
Income from Activities	0	0	0	0	0	0	0
Income from Operations	757	390	439	516	497	369	2,211
Total	**(3,768)**	**(4,199)**	**(3,876)**	**(3,867)**	**(4,093)**	**(4,003)**	**(20,038)**

Divisional position

The variances to budget and run rate narrative excludes any impact relating to Covid-19.

Diagnostic and Therapies

Run rate

The overall run rate for month 05 is £0.151m lower than month 04 and remains higher than the average for 2019/20 and quarter 4 2019/20. There was a decrease in run rate for drugs in month 05 of £0.306 following an unusually high rate of spend in pass through drugs in month 04. The pay run rate is in line with each of the months this year and is consistent with run rates in 2019/20. Income remains in line with the previous four months.

Variance to budget

The division reports a favourable variance at month 05 of £0.686m. There is a favourable variance on non pay of £0.304m which is due to lower than planned activity in radiology and pathology due to the impact of Covid 19. Pay reports a favourable variance of £0.430m due to vacancies in radiology, pathology and pharmacy (partly offset by agency and bank costs).

Income from operations reports an adverse variance of £0.033m, this is due to a reduction in research income.

Medicine

Run rate

The overall expenditure rate in month 05 is consistent with month 04. The overall run rate remains consistent with the final quarter of 2019/20. The pay expenditure run rate showed a small in month increase due to higher expenditure on medical staff particularly on junior medical staff partly due to the house change overlap.

The non pay expenditure run rate showed a further reduction this month reducing by £0.262m. There was a reduction in the rate of drug spend of £0.133m however this is relates to pass through spend which can fluctuate significantly between months.

Variance to budget

The division reports adverse variance to budget of £2.193m. The key reason for this is an adverse variance on pay of £2.117m. Nursing reports an adverse variance of £1.341, a worsening of £0.322m in month, driven by high levels of sickness cover £0.640m, ECO/RMN costs £0.350m and costs of covering vacancies £0.470m. Medical staff reports an adverse variance of £0.680m, due to additional shifts in ED and rota changes within General Medicine.

Non pay reports an adverse variance of £0.149m, this includes a favourable variance on drugs and clinical supplies of £0.315m driven by lower than planned activity. This is offset by an adverse variance on other non pay which is driven by outsourced costs in Dermatology and a charge for Hepatitis C ODN peer support £0.464m.

Specialised Services

Run rate

Overall run rate decreased by £0.584m in month 05. The overall run rate is now higher than the average for 2019/20 and for quarter 04. Income reduced by £0.488m however there was a spike in month 04 due to changes in what was recorded as Covid income, the current month run rate has reverted back to levels seen in the earlier part of the year. The pay run rate increased by £0.181m with small increases across most pay categories. The pay run rate for month 05 is consistent with that reported in Quarter 4 2019/20.

The non - pay run rate decreased significantly by £1.060m mainly driven by a decrease in clinical supplies and services £0.443m and a decrease in drug spend of £0.529m due to lower levels activity particularly for pass through costs. Overall the non pay run rate for month 05 remains below that experienced in quarter 04 2019/20 due to lower levels of activity.

Please note it is expected that clinical supplies and services run rate will increase above levels experienced in 2019/20 due to how nationally procured high cost devices are accounted for.

Variance to budget

The division reports a favourable variance to budget of £2.342m, this is driven by a significant favourable variance on non pay £2.240m due to lower than planned elective surgery being undertaken and a reduction in outsourcing costs. Pay reports a favourable variance of £0.004m this includes a favourable variance on nursing of £0.192 , an adverse variance on medical staff of £0.096m and an adverse variance on other staff of £0.092m. Income reports a favourable variance of £0.098m.

Surgery

Run rate

The month 05 run rate is consistent with month 04 and remains lower than experienced both for the average for 2019/20 and Q4 2019/20. The pay run rate has been consistent all year and remains consistent with last financial year.

The non pay run rate in month 05 is slightly lower but still consistent with month 04 both being significantly lower than the average for the previous financial year, this is driven by lower than expected activity volumes and hence consequently lower levels of spend on clinical supplies and drugs.

Variance to budget

The division reports a favourable variance to month 05 of £1.435m. Pay reports an adverse variance of £0.286m which includes a favourable variance on nursing of £0.113m driven by reduced activity offset by an adverse variance for medical staff of £0.477m driven by requirement to backfill vacant and maternity leave posts as premium rates.
Non pay reports a significant favourable variance of £2.117m including favourable variances on drugs £0.342m and clinical supplies £1.843m both driven by a lower than planned activity levels.

Women's and Children's

Run rate

The overall run rate is lower than for month 04 and lower than experienced in quarter 04 2019/20. The pay run rate has been broadly consistent all year and is comparable to 2019/20 both for the average monthly rate and for Quarter 04.
The run rate for non pay decreased in month 05 by £0.401m reflecting reduced levels of pass through drug spend this month. The run rate remains lower than for the previous financial year reflecting lower levels of activity.

Variance to budget

The division reports a favourable variance to month 05 of £0.504m. Pay reports an adverse variance of £0.897m of which £0.620m related to medical staff due to maternity leave cover, requirements to cover on call ED over establishments and some backdated charges from other trusts.
Non pay reports a significantly favourable variance of £1.424m with favourable variance on drugs of £0.279m and clinical supplies £0.786m due to lower than planned activity levels.

Weston Division

Run rate

The overall run rate for month 05 is broadly consistent with previous months of this financial year. Key points are a decrease in run rate for non pay this month of £0.338m, this being a consequence of adjustments to the maternity pathway payments. Levels of non pay expenditure remain well below the previous financial year due to lower than planned levels of activity. Pay expenditure remains lower than experienced in 2019/20 Nursing expenditure is consistent with month 04 and is lower than in 2019/20, partly due to a significant number of vacant posts whilst medical staff expenditure has shown an increase this month as activity is being restored.

Variance to budget

The division reports a favourable variance to month 05 of £4.356m. Pay reports a favourable variance of £2.402m with significant favourable

variances on both nursing £2.060 and medical staff £0.443m. Non pay reports a favourable variance of £2.176m driven by lower than planned activity levels.

Estates and Facilities

Run rate

The overall run rate increased in month 05 by £0.675m, this is almost entirely due to a change in reporting related to Covid income so is not of any great concern.
Both pay and non pay monthly run rates have remained consistent all year.

Variance to budget

The division reports a favourable variance to budget of £0.156m. Pay reports a favourable variance of £0.213m due to vacancies in Estates trade staff ancillary staff and senior managers. Both non pay and income report minor adverse variances of £0.022m and £0.035m.

Trust Services

Run rate

The overall run rate has remained consistent all year across pay and non pay and presents no areas of concern. The income run rate has remained broadly consistent all year, though it remains lower than the average for 2019/20.

Variance to budget

Trust Services reports an adverse variance to month 05 of £0.242m including an adverse variance on non pay of £0.424m this being driven partly by costs incurred relating to increased maintenance contracts and prior year Connecting Care charges and immigration surcharges . Pay reports a favourable variance of £0.249m due to a large number of vacancies within Digital Services.

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	2020/21 M4	2020/21 M5
Activity Based							
Accident & Emergency	11,958	9,038	5,520	7,820	8,882	9,509	9,850
Emergency Inpatients	4,074	3,268	2,226	2,981	3,408	3,417	3,354
Day Cases	5,135	4,036	1,824	2,238	3,109	3,555	2,936
Elective Inpatients	1,062	850	387	465	640	855	886
Non-Elective Inpatients	1,244	1,209	976	1,126	1,099	1,178	1,126
Excess Beddays	1,498	1,623	1,721	608	1,400	325	1,177
Outpatients	54,736	46,990	26,466	29,740	39,846	40,341	38,000
Bone Marrow Transplants	14	11	8	11	7	11	10
Critical Care Beddays	4,352	4,316	2,619	3,456	3,182	3,753	3,343

Volumes by Point of Delivery (Weston Site)

	2019/20 M1-11 Average	2019/20 M12	2020/21 M1	2020/21 M2	2020/21 M3	2020/21 M4	2020/21 M5
Activity Based							
Accident & Emergency	4,287	3,050	1,964	2,093	1,259	3,516	3,666
Emergency Inpatients	1,206	1,095	808	750	382	1,039	1,008
Day Cases	1,128	880	496	344	480	889	828
Elective Inpatients	89	60	17	10	7	37	31
Non-Elective Inpatients	9	8	9	8	32	(14)	18
Excess Beddays	388	388	193	172	142	133	175
Outpatients	10,952	9,169	5,486	4,930	5,728	7,806	7,221
Critical Care Beddays	144	149	116	109	94	108	100

- 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.
- These arrangements have been extended until 30 September 2020.
- The year to date national true-up for the Trust is £8.383m, an increase of £0.855m in month 5.
- 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 (Month 05)		
		Plan £m	Actual £m	Variance fav/(adv) £m
Allied Healthcare Professionals	0.062	0.026	0.019	(0.007)
Diagnostic Testing	0.207	0.086	0.052	(0.035)
Estates & Facilities	0.619	0.121	0.121	-
Healthcare Scientists Productivity	0.198	0.082	0.062	(0.021)
HR Pay and Productivity	0.028	0.020	0.020	-
Income, Fines and External	0.615	0.198	0.083	(0.115)
Medical Pay & Productivity	0.348	0.132	0.114	(0.018)
Medicines	0.535	0.249	0.241	(0.008)
Non Pay	4.038	1.485	1.023	(0.462)
Nursing Pay & Productivity	0.364	0.130	0.130	(0.000)
Productivity	2.252	1.008	0.331	(0.677)
Trust Services	0.447	0.186	0.186	-
Weston Merger	2.700	1.125	0.737	(0.388)
Plans to be developed from Pipeline	6.163	2.624	-	(2.624)
Total	**18.575**	**7.473**	**3.119**	**(4.353)**

Analysis by Division:

	2020/21 Annual Target £m	Year to date (Month 05)			Forecast Outturn £m
		Plan £m	Actual £m	Variance fav/(adv) £m	
Diagnostics & Therapies	0.868	0.384	0.430	0.046	0.877
Medicine	2.303	0.973	0.364	(0.609)	0.943
Specialised Services	1.407	0.555	0.369	(0.186)	0.769
Surgery	6.019	2.532	0.242	(2.290)	0.536
Weston	3.955	1.520	0.830	(0.690)	2.467
Women's & Children's	3.054	1.152	0.408	(0.745)	1.137
Estates & Facilities	0.505	0.144	0.278	0.133	1.076
Finance	0.000	0.000	0.079	0.079	0.198
Human Resources	0.135	0.061	0.024	(0.037)	0.044
Trust Headquarters	0.090	0.040	0.049	0.010	0.112
Digital Services	0.239	0.110	0.047	(0.063)	0.125
Total	**18.575**	**7.473**	**3.119**	**(4.353)**	**8.285**

The Trust has delivered savings of £3.119m for the year to date, 42% against its target. Forecast savings total £8.285m (45% achievement).

- The savings target for 2020/21 is £18.575m. The Trust has achieved savings of £3.119m to date, a shortfall of £4.353m.
- Divisions behind plan include Surgery £2.290m; Women's & Children's £0.745m; Weston £0.690m; Medicine £0.609m and Specialised Services £0.186m. 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 2020/21 Capital programme

The Trust's approved core programme for 2020/21 is £114.8m, which includes £40m slippage from 2019/20. The approved programme has increased in month to include Critical Infrastructure funding of £3.5m and Weston Urgent & Emergency Care (UEC) funding of £1.2m. At the time of writing, the Trust is awaiting formal confirmation of funding allocations for BRI UEC, Endoscopy Adapt and Adopt schemes and Critical Care bed modelling.

The new Capital and Cash Funding Regime implemented in April 2020 allocates a funding envelope to each STP (excludes donations and central Public Dividend Capital). The BNSSG envelope is £76.9m and the Trust's approved allocation is £53.2m. To deliver within the envelope the Trust reassessed the forecast outturn and committed to identify £46.4m slippage to deliver a revised approved programme of £64.5m.

	£m
STP envelope	53.2
Digital PDC	5.0
Critical Infrastructure PDC (allocated July 2020)	3.5
Covid PDC	0.4
Donations	1.2
Weston UEC PDC	1.2
Total	**64.5**

Following a profile exercise delivered through the Trust Capital Group, the current forecast outturn is £81.2m, £16.7m above the current plan. The forecast STP envelope outturn is £70.4m, which is £17.2m above the STP allocation. Work continues to close this gap with a re-assessment of Estates projects being undertaken, alongside a RAG status review of all schemes over £100k.

Expenditure to date is £18.1m, £3.6m lower than the plan, as summarised in the table below. The key variances below plan are strategic schemes, £1.9m, and operational capital, £1.5m. The month 5 actual spend of £18.1m is not reflective of the forecast outturn of £81.2m, hence the continuing work to review the current forecast.

Applications	Approved Plan £m	Forecast Outturn £m	Plan to date £m	Actual to date £m	Variance to date £m
Strategic Schemes	40.2	21.2	12.7	10.8	(1.9)
Medical Equipment (inc Covid-19)	19.3	15.9	2.2	2.9	0.7
Operational Capital	19.4	17.0	2.7	1.2	(1.5)
Fire Improvement	3.5	3.5	-	0.2	0.2
Digital Services	10.1	8.6	2.2	1.4	(0.8)
Estates Replacement	5.4	5.2	0.7	0.8	0.1
Weston	11.9	5.3	1.2	0.8	(0.4)
Critical Infrastructure	3.5	3.5	-	-	-
Weston UEC	1.2	1.2	-	-	-
Gross Expenditure	**114.8**	**81.2**	**21.7**	**18.1**	**(3.6)**

2 Covid-19 capital bids

The Trust has submitted various bids for Covid capital funding, each with different objectives and criteria. These include bids for Covid Phases 1, 2 and 3, and regional Adapt & Adopt schemes. It is understood the expected UEC and Critical Care bed modelling funding are allocated from the Phase 2 bids with no further funding available for other schemes within these bids.

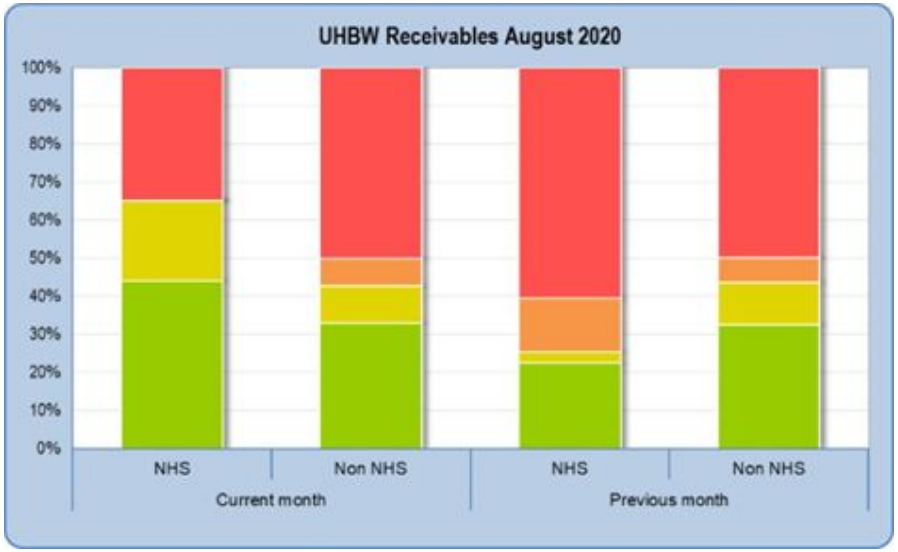
3 Challenges and risk

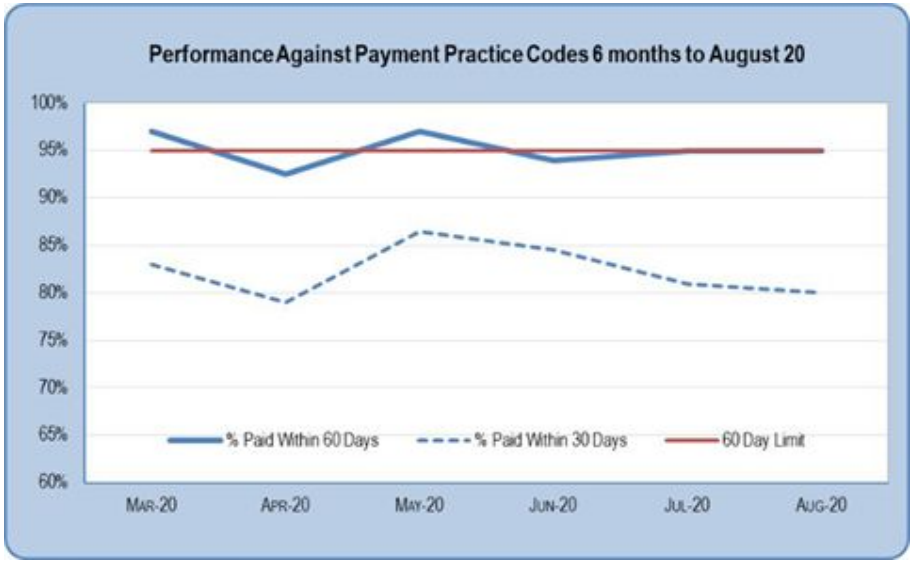
NHSEI are expected to undertake a mid-year review of forecasts given concern that allocations will not be spent in year. The delays in approving bids risks further delay in the Trust's approved programme with uncertainty over prioritisation. As well as the impact on this year's CDEL, slippage will further impact on the already restricted 2021/22 programme.

The urgency for submitting bids did not allow for a thorough assessment of the revenue consequences. This is being revisited and the Trust continue to liaise with NHSE/I on the impact the revenue funding regime for the second half of 2020/21 and the cost pressure on the financial position in future years.

Delivery of a reprioritised programme at pace will impact upon the already challenged resources in Estates, Procurement and IM&T.

Section 6 – Statement of Financial Position and Cashflow





Key Points

- The net current assets at 31 August were £22.3m, £4.5m above plan.
- The Trust's cash and cash equivalents balance was £209.7m, £9.1m above plan. £9.8m was received in September in for various payments.
- The total receivable position at 31 August was £25.9m (£21.6m NHS and £4.3m non-NHS). The £9.8m received in September reduces receivables to £16.1m
- NHS receivables over 90 days old were £7.5m and non NHS receivables over 90 days old were £2.2m. Three receivables totalling £4.4m, relating to contract income, account for 37% of the total outstanding balance. These are in the process of being resolved.
- In August, 95% of invoices were paid within the 60 day target set by the Prompt Payments Code and 80% within the 30 day target set by the Better Payment Practice Code (BPPC).

Section 7 – Risk

In previous months the financial risks to delivering the 2020/21 financial plan, the Trust's savings targets and capital investment programme was considered and presented to the Finance Committee. The assessment of risk within these areas was limited given the uncertainty regarding the financial framework and planning requirements post 1st August 2020.

The national planning guidance has only just been published, with subsequent additional information and processes provided at a regional level. The Trust will review and assess the impact of both the national and regional requirements and will include an assessment of the financial risks to the Trust.

The assessment of risk will be presented for formal consideration at the Risk Management Group on the 13th October and will be included within the October Finance Committee report.

Two other areas of risk will be included in the report to RMG; delivery of the financial key controls whilst working remotely and specific financial risks upon merger of the two organisations accounting systems and processes.

When the finance department was required to deliver its transactional services remotely in response to the Covid pandemic, the key controls used within the areas of cash, payroll, accounts payable, accounts receivable and treasury management were maintained and adapted at pace to ensure these services could continue to support the delivery of Trust services. Having established new ways of working the Head of Transactional Services and Head of Payroll are completing a review of the key controls which includes assurance that they are being consistently applied by both Weston and Bristol staff whilst working remotely. Any risks from this review will be included on the risk register appropriately.

Of note is that the Trust has received the highest assurance category possible from NHS Business Services Authority (Pensions) for the quality of its 2019/20 contribution figures which were provided for both Bristol and Weston.

A successful merger of the Bristol and Weston financial ledgers was achieved in line with plan during July. Therefore, from July the risks associated with managing and reporting the Trust financial position between 2 systems were fully mitigated. However, as with all integration projects there are now a new set of risks which have to be assessed and managed. These risks will be formally assessed within the RMG report but are described in this report for information.

1. Risk that invoices are paid for goods not received or services not provided – the merger of 2 organisations can be seen as an opportunity for external persons to act fraudulently and raise invoices to the Trust which are not legitimate. This is considered **LOW** risk as there is an established process for approving invoices, all invoices not matched to a PO must be approved by the appropriate budget holder prior to being processed for payment. Where there is a query regarding an invoice further information is requested from the supplier.
2. Risk that costs are reported more than once in the general ledger – the individual Weston and Bristol ledgers used different sets of cost codes. As part of the merger the Weston codes have been mapped to the Bristol equivalents. Due to being unfamiliar with the coding system there is a risk that invoices are coded to the incorrect code and a manual adjustment is also made to the correct code resulting in a duplicate cost in the system. This is considered **LOW** risk as the management accountants will review the expenditure run rates as part of their month end process, investigating any significant movements from prior months, exposing any duplication.
3. Risk that delays in paying invoices will cause suppliers to put the Trust on 'stop', impacting essential supplies, – a number of issues have impacted on the payment of invoices. i) Essential downtime required to transfer invoices from the Weston system to the merger system; ii) Missing Weston invoices, a consequence of a manual process for distributing invoices for approval and iii) Technical issues for Weston budget holders using the invoice approval systems. This is considered **LOW** risk. The delay caused by the downtime has been recovered, removing this element of risk. The number of missing invoices is no longer significant as the backlog has been eliminated. Issues with the invoice approval system have been resolved but is not yet operational. Invoices are currently emailed to budget holders for approval which continues to create delays. A planned relaunch of the invoice approval system in October will reduce the risk further.

4. Risk that balances transferred from the Weston ledger will need to be written-off deteriorating the Trust financial position – following the transfer of the closing balances from the Weston balance sheet, analysis is underway to ensure that all balances can be justified. Any balances which are not considered appropriate under the UHBW Trust policy/procedure will need to be written-off and will be considered a cost to the Trust. This is considered **MEDIUM** risk.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 29 September 2020

Report Title	**Infection Prevention and Control Annual Report 2019/20 Weston Area Health NHS Trust**
Report Author	**Selena Luff , Lead Infection Prevention and Control Nurse; Sarah Dodds Director of Nursing / Director of Infection Prevention and Control**
Executive Lead	**Carolyn Mills, Chief Nurse**

1. Report Summary

The purpose of the report is to inform patients, public, staff, Trust board members and the Clinical Commissioning Group of the Infection Prevention and Control work plan and achievements undertaken in 2019/2020 within Weston Area Health NHS Trust, including the demonstration of progress against performance targets.

2. Key points to note

All NHS Organisations must have effective systems in place to control healthcare associated infections as set out in the Health and Social Care Act (2008) and preventing healthcare associated infection is a top priority for the public, patients and staff.

The Quality and Outcomes Committee is asked to note the Infection Prevention and Control Annual Report for Weston Area Health NHS Trust for 2019/20.

The key issues to note are:

1 Achievements against the Trust performance of Hospital Acquired infection are demonstrated:

- Meticillin resistant *staphylococcus aureus* (MRSA) – 2 cases
- Meticillin sensitive *staphylococcus aureus* (MSSA) – 5 cases
- *Clostridium difficile* (CDI) – 15 cases
- *Escherichia coli* (*E. coli*)- 19 cases

2 The Trust experienced a cluster of concurrent Norovirus outbreaks during November 2019 combined with the Trust being in the highest escalation status at this time caused considerable operational issues.

3 Influenza immunisation of front line staff increased from 80.4% in 2018/19 to 84% in 2019/20.

4 Hand hygiene compliance remained good during 2019/20, with an average compliance rate of 97%.

5 Antimicrobial Stewardship Audits achieved compliance to standards 1 and 2 consistently, and above 90% for all months. However, adherence to standard 3 was not as good throughout the year achieving 77% compliance (target 90%).

6 The monthly cleanliness audits in the very high risk areas achieved an average score of 98.4% (National requirement >98%).

7 The Patient Led Assessment of the Care Environment audit occurred in October 2019 and the Trust was above the National average for 5 out of the 8 domains.

8 The World Health Organisation has declared a Global Pandemic, owing to the spread of COVID-19; all staff were supported with the most up to date national guidance in order to manage the Infection prevention and control requirements.

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

The risks associated with this report will be managed through the Division of Weston and escalated through to the Trust Corporate Risk Register when required.

4. Advice and Recommendations

- This report is for **Information.**

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

Infection Prevention and Control Group	17th September 2020
Quality and Outcomes Committee	24th September 2020

Weston Area Health NHS Trust

INFECTION PREVENTION AND CONTROL

ANNUAL REPORT

April 2019 - March 2020

Sarah Dodds

Director of Nursing/ Director of Infection Prevention and Control (DIPC)

Selena Luff

Lead Infection Prevention and Control Nurse

April 2020

Contents

WESTON AREA HEALTH NHS TRUST

INFECTION PREVENTION AND CONTROL ANNUAL REPORT – 2019/20

1.0 EXECUTIVE SUMMARY

The Annual Report for 2019/2020 informs patients, public, staff, Trust Board members and the Clinical Commissioning Group of the Infection Prevention and Control activities undertaken within the Trust and demonstrates progress against the required performance targets.

- There were 2 Trust apportioned meticillin resistant *staphylococcus aureus* (MRSA) bloodstream infections in 2019/20 against a zero trajectory.
- The Trust did not meet its *Clostridium difficile* (CDI) objective of no more than 14 Trust apportioned cases in 2019/20, finishing the year with 15 cases. The case definition changed for 2019/20 and our total number of cases included 7 community onset cases where the patient had been an inpatient at Weston in the previous four weeks. Each case has been fully reviewed to determine whether there have been any lapses in care and hence whether the case could have been avoided. 12 of the 15 cases were deemed to be unavoidable.
- There were 5 Trust apportioned meticillin sensitive *staphylococcus aureus* (MSSA) bloodstream infections reported in 2019/20 against our locally agreed target not to exceed 5 cases. A variety of sources for these infections were identified with no significant themes.
- 19 Trust apportioned *E. coli* bloodstream infections were reported during 2019/20. Each case has been reviewed and learning shared. 7 of the cases related to urinary sepsis; 5 of these patients had a urinary catheter.
- The Trust experienced a cluster of concurrent Norovirus outbreaks during November 2019 combined with the Trust being in the highest escalation status at this time caused considerable operational issues. A full review of these outbreaks has been undertaken.
- 3 categories of Surgical Site Infection Surveillance were included in the 2019/20 programme: hip replacement, knee replacement and large bowel surgery. Rates of infection in the large bowel and hip replacement categories were slightly above the national average. Knee replacement surgery was reported as below the national average.
- Influenza immunisation of front line staff increased from 80.4% in 2018/19 to 84% in 2019/20; therefore the Trust met its target of vaccinating at least 80% of front line staff.

- Hand hygiene compliance remained good during 2019/20, with an average compliance rate of 97%. Validation audits, however, reported a lower percentage, with actions taken forward through the directorates.
- To ensure that Infection Prevention and Control remains embedded throughout the organisation, monthly Infection Prevention and Control performance reports are now well established and are disseminated Trust wide. This information is also updated monthly on the Trust intranet, to enable all staff to access it.
- The Infection Prevention and Control Team completed a comprehensive annual programme of work, including a programme of healthcare associated infection (HCAI) surveillance, policy review, audit, education and training. Post infection reviews were completed for all hospital acquired infections including surgical site infections.
- Antimicrobial Stewardship Audits achieved compliance to standards 1 and 2 consistently, and above 90% for all months. However, adherence to standard 3 was not as good throughout the year achieving 77% compliance (target 90%).
- The ITU air handling unit (AHU) was refurbished during 2019/20.
- The monthly cleanliness audits in the **very high risk areas** achieved an average score for April 2019 to February 2020 of 98.4% (National requirement >98%).
- The Patient Led Assessment of the Care Environment audit occurred in October 2019 and the Trust was above the National average for 5 out of the 8 domains.
- Plans and ambitions for 2020/21 will be agreed following our merger with University Hospitals Bristol NHS Foundation Trust in April 2020.

2.0 INTRODUCTION

Welcome to the Weston Area Health NHS Trust's Infection Control Report for 2019/20.

The purpose of this report is to provide assurance to our Patients, Trust Board and our Clinical Commissioning Group that the Trust implements successful prevention and control of infection as a key factor in the delivery of high quality and safe care of our patients, and in the safety and wellbeing of our staff and visitors.

All NHS organisations must have effective systems in place to control healthcare associated infections as set out in the Health and Social Care Act (2008).

Control of infection is an essential activity for all healthcare providers, as the nature of hospital treatments increases risk of infection through exposure to other patients, and use of invasive devices that can break the skin (one of the body's most important defences against infection).

Whilst healthcare associated infection is caused by many micro-organisms, the ones most commonly associated with healthcare activity are:

- MRSA
- MSSA
- *Clostridium difficile* (CDI)
- *Escherichia coli* (*E. coli*)

MRSA and MSSA belong to the same family of micro-organisms, although MRSA has increasingly become resistant to some of the antibiotics that are commonly used to treat infection.

MRSA and MSSA can cause infections in wounds, skin, invasive devices and the blood (bacteraemia). *Clostridium difficile* is an infection of the bowel, and is linked to use of antibiotics. *E. coli* form part of the bacteria normally in the bowel; they can cause urinary tract and bloodstream infections.

Preventing healthcare associated infection is a top priority for the public, patients and staff and focuses on the following actions:

- Only admitting patients when necessary and discharging as soon as possible, as risk of infection increases with length of stay in hospital
- High standards of cleaning

- Hand hygiene and use of gloves and aprons
- Isolation in a single room when patients have transmissible infections
- Only using antibiotics when absolutely essential and for the shortest time possible
- Ensuring appropriate aseptic techniques are in use to manage invasive procedures
- Only using invasive devices such as drips and drains when necessary and removing these as soon as they are no longer needed

The Trust Board has collective responsibility for the prevention and control of infection in order to minimise, and where possible, eradicate the risks of infection, and receives assurance that the Trust has mechanisms in place for this through monthly performance updates. The minutes of the quarterly Infection Prevention and Control Committee feed into the Trust Quality and Safety Committee where more detailed assurance is provided to the Board.

The Director of Infection Prevention and Control for the period of this report was the Director of Nursing who is a member of the Quality and Safety Committee, and Chair of the Infection Prevention and Control Committee, which produces an annual report for the Board, and an annual plan for Board's approval. The Director of Infection Prevention and Control reported on a regular basis directly to the Chief Executive; over the past year this has been specifically with regards to Norovirus, Influenza and COVID-19.

The Trust is committed to the exemplary application of infection prevention and control practice within all areas. This is achieved by ensuring that all staff are provided with access to infection prevention and control advice from both the Infection Prevention and Control Team and Occupational Health Service; have access to personal protective equipment, training and policies. Individual and corporate responsibilities for infection prevention and control are as stipulated in all job descriptions and contracts of employment with individual annual monitoring through the appraisal systems and personal development plans. The policies and arrangements outlined are to encourage, support and foster a culture of Ward to Board responsibility for the control and prevention of infection, with the intention of continually improving the quality and safety of patient care, and ensuring the full confidence of the local population in the quality of care the Trust delivers.

The policies and arrangements accord with the aims and objectives and requirements of national policy and strategy.

The report covers the management arrangements and governance in place for infection prevention and control within Weston and details outcomes and progress against the key performance targets.

Whilst there were 2 cases of MRSA bacteraemia this year and 5 cases of MSSA, staff have embraced the education and learning from these incidents and are working through quality improvement methodology to ensure improvement is fully embedded. With the changes in apportioned cases of *Clostridium difficile*, the numbers recorded have increased to 15 against a Trust threshold of 14. It is noted that 8 of these are classified as Hospital Onset Healthcare Associated cases with learning also obtained through the detailed review of each of the 7 Community Onset Healthcare Associated cases. It was positive to see the achievement in the reduction of *E. coli* bacteraemia this year.

The winter period was challenging with regards to the containment of Norovirus and Influenza which led to several wards being affected. However, a detailed lessons learnt was captured, and actions specifically with regards to the movement of patients out of hours is being delivered through increased education of infection prevention and control.

The staff are commended in recognising the value of ensuring as many clinical and non-clinical staff as possible received their influenza vaccination, which was led through a peer vaccination programme. Over 84% of front line staff had their vaccination during 2019/2020, which placed them the 5th highest within the South West region.

I would like to take this opportunity to thank Angela Lovell, Infection Prevention and Control Nurse and Isabel Baker, Consultant Microbiologist and Infection Control Doctor for their significant contribution and commitment which they have given to Infection Prevention and Control and who have left this year for new posts within the NHS.

At the time of writing the World Health Organisation has declared a Global Pandemic, owing to the spread of COVID-19. This has been an unprecedented time for the infection prevention and control team who have worked tirelessly and gone above and beyond to keep patients safe and to ensure that staff are aware and supported with the most up to date national guidance. The culture of collaborative working and making infection prevention and control everyone's responsibility has never been more evident at Weston during this time.

Sarah Dodds
Director of Nursing
Director Infection Prevention and Control

3.0 OVERVIEW OF PROGRESS FOR 2019/2020

We set ourselves 14 ambitious objectives for 2019/20 with progress set out in the table below.

We said we would….	**How we did**
Achieve zero MRSA bloodstream infections	We did not achieve this. We reported 2 MRSA bloodstream infections against a plan of zero.
Achieve no more than 5 MSSA bloodstream infections	We achieved this. We reported 5 MSSA bloodstream infections against a plan of no more than 5.
Achieve no more than 14 *Clostridium difficile* infections	We did not achieve this. 15 *Clostridium difficile i*nfections were reported in total, 12 of the cases were assessed as unavoidable with no lapses of care identified. Each case has also been reviewed and agreed by the Clinical Commissioning Group.
Improving compliance with the EU sharps directive 2013	We partially achieved this. This remains on the Trust risk register as the plan to introduce safety scalpels/blades in 2019/20 is still in progress. This will be reviewed as part of the larger merged organisation.
Reducing the prevalence of urinary catheters in use across the Trust to less than 20%	We did not achieve this. The measurement of this ceased in November 2019 as part of the NHS safety thermometer. Catheter associated infections continue to be monitored as part of the *E. coli* bloodstream infection reduction programme.
Reducing the prevalence of indwelling device related bloodstream infections by 10%	We achieved this. Urinary catheter and peripheral vascular cannula associated bloodstream infections reduced by 30% in 2019/20.
We said we would ….	**How we did**
Monitor the number of surgical site infections	We partially achieved this.

in hip replacement, knee replacement and large bowel surgery	We completed continuous surveillance in the hip and knee replacement categories and completed nine months of surveillance in the large bowel surgery category; surveillance was not undertaken from April to June 2019, owing to vacancy within the Infection Control nursing team.
Instigate a post infection review for all cases of hospital acquired infection (including surgical site infections)	We achieved this. Reviews were completed for all hospital acquired infections including surgical site infections in 2019/20.
Achieve over 90% training compliance	We did not achieve this Compliance averaged 82.28% in 2019/20; this was monitored quarterly through the Infection Prevention and Control Committee.
Continue to monitor and achieve a high compliance to hand hygiene	We achieved this. Hand hygiene compliance averaged 97% in 2019/20.
Be involved in the planning of the upgrade/refurbishment of mortuary facilities	We achieved this. The project commenced in March 2020 and is due for completion in July 2020.
Maintain an effective antimicrobial stewardship programme	We partially achieved this. 86% compliance to antibiotic prescribing was achieved in year. Owing to the antimicrobial pharmacist vacancy from April to June 2019 there was no auditing in the first quarter of 2019/20 or in March 2020, owing to the COVID-19 pandemic.
Work collaboratively to achieve a 10% reduction in *E. coli* bloodstream infections	We achieved this. 19 hospital acquired cases were reported in 2019/20 compared to 22 in 2018/19. This is a 14% reduction.
Commit the Trust to a ward refurbishment programme	We did not achieve this. Collaborative working with the Estates team has commenced and once the merger with University Hospitals Bristol has occurred, it is hoped that a programme can be progressed.

4.0 INFECTION PREVENTION AND CONTROL ARRANGEMENTS

4.1 Infection Prevention and Control Team

The Infection Prevention and Control Team (IP&C Team) underwent some changes to personnel and roles during the year. At year end the team consisted of:

- Sarah Dodds – Director of Infection Prevention and Control
- Dr Mbiye Mpenge – Consultant Microbiologist, including Antimicrobial Lead (10 PAs)
- Selena Luff – Deputy Director of Infection Prevention and Control and Lead Infection Prevention and Control Nurse – 1.0 wte
- Natalie Howse – Infection Prevention and Control Nurse – 1.0 wte (commenced in post August 2019)
- Thomas Clarke - Antimicrobial Pharmacist – 1.0 wte (commenced in post June 2019)
- Shona Smith – Administrator (role shared with safeguarding and tissue viability) – 1.0 wte
- Susan Sellars – Administrator (role shared with safeguarding and tissue viability) – 0.7 wte

4.2 Infection Prevention and Control Committee

The Infection Prevention and Control Committee meets quarterly. Members of the Committee are:

- Director of Nursing / Director of Infection Prevention and Control (Chair)
- Infection Control Doctor
- Consultant Medical Microbiologist
- Antimicrobial Pharmacist
- Infection Prevention and Control Nurses
- Directorate Representatives – Associate Directors of Nursing
- Matrons
- Theatre/Endoscopy representative
- Facilities Manager/Housekeeping Manager
- Decontamination Lead/Head of Property Services
- Clinical Commissioning Group representative
- Member of Patient Council

The duties of the Committee are:

- Oversee and direct all Infection Prevention and Control activity within the Trust and provide the Chief Executive with relevant information and advice.
- Oversee and direct all decontamination and environmental decontamination activity within the Trust and provide the Chief Executive with relevant information and advice
- Interpret and advise on national Infection Prevention and Control policy, relating it to the local situation. Ensure NHS core standards, and Department of Health recommendations on Infection Prevention and Control are implemented.
- Review infection surveillance data, monitor performance and make recommendations for further action.
- Maintain and approve Infection Prevention and Control policies and guidelines that promote a quality patient experience.
- Ensure the Trust meets its statutory requirements in relation to Infection Prevention and Control, and the decontamination of medical and surgical equipment, eg. The Health and Social Care Act 2008 (updated 2015) – Code of Practice on the prevention and control of infections and the Care Quality Commission regulations.
- Ensure that training and supervision systems are in place for all staff and contractors working within the Trust, and that those systems are regularly monitored.
- Recommend an annual Infection Prevention and Control programme; monitor and review the progress of the programme and produce an annual report.

The annual committee review demonstrated that all these duties had been achieved.

The Trust Board received a performance report each month and the Infection Prevention and Control annual report is reviewed at the Board Quality and Safety Committee.

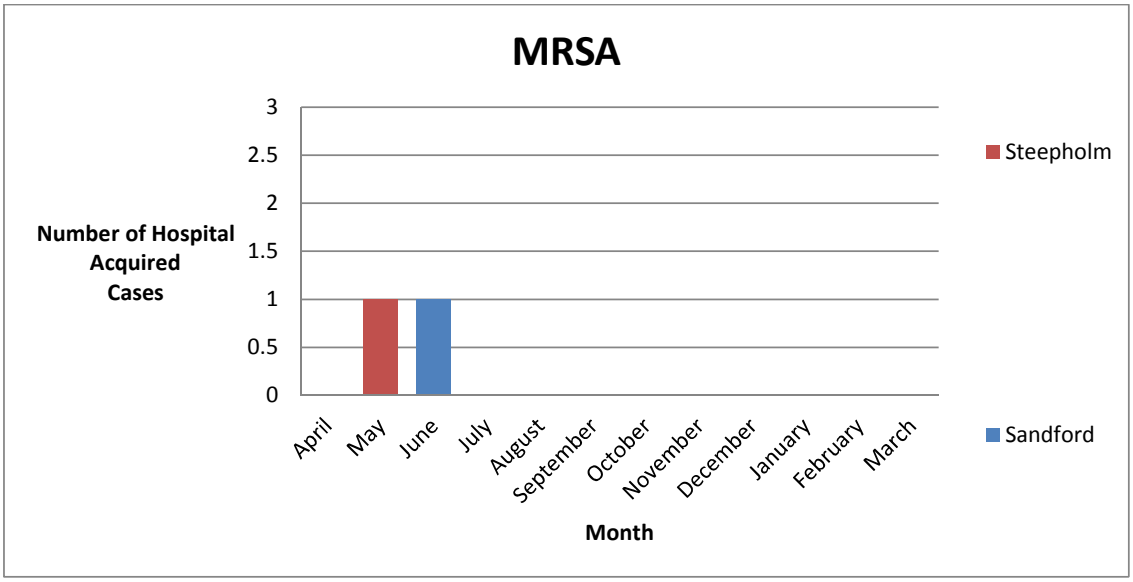
5.0 Health Care Associated Infections (HCAI)

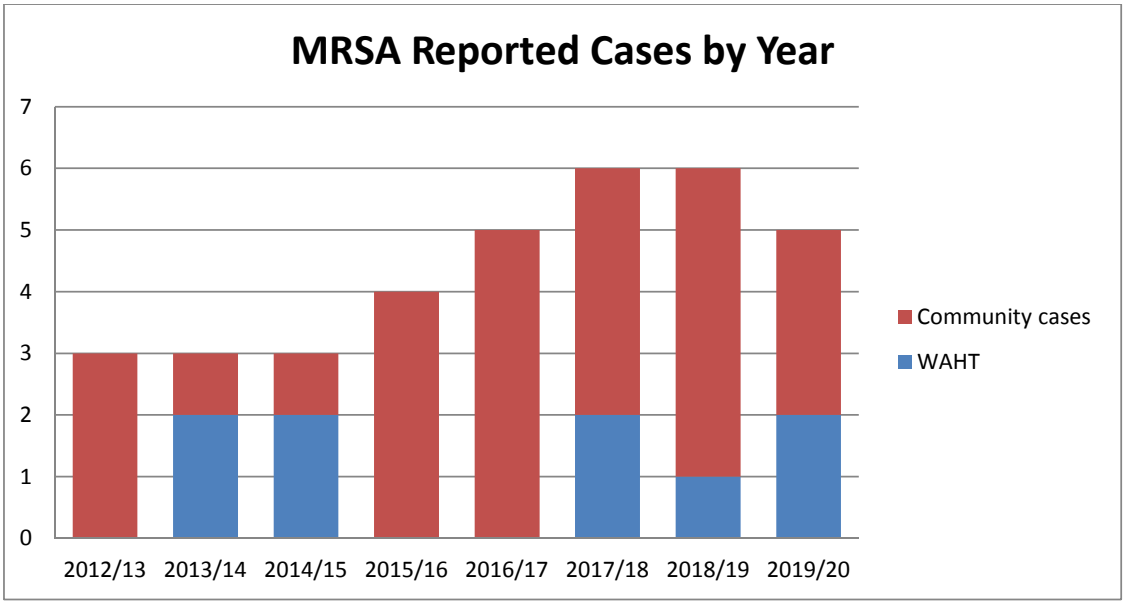
STATISTICS AND SURVEILLANCE

5.1 MRSA (Meticillin resistant *staphylococcus aureus*) bloodstream infections

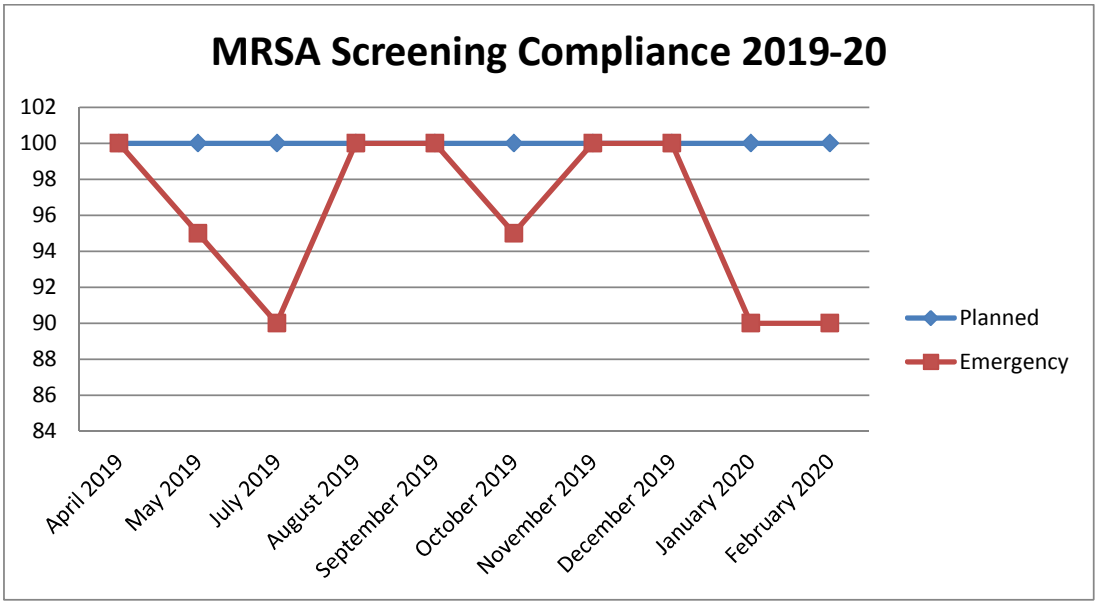
All MRSA bloodstream infections are reported nationally and are assigned as being related to the Trust, or not related to the Trust (that is, acquired in the community or other settings) following a post infection review. The Trust has a zero threshold for cases of MRSA bloodstream infection.

2 cases were reported during 2019/20. The cases were fully investigated; 1 was associated with urosepsis; the patient isolated MRSA from their urine. The second case involved a patient who was known to have had an MRSA infection in the past. Detailed Root Cause Analysis was undertaken and action plans for both cases have been signed off by the Infection Prevention and Control Committee. Learning was identified with timing of blood culture collection, evidence of decolonisation being used effectively and awareness that decolonisation treatment is stocked on every ward.





There is a programme of screening for MRSA in place when patients are admitted as emergency patients, or for planned elective surgery; the average compliance for screening for emergency patients was 96%, and for elective patients 100% was achieved on each audit.



Review of the universal MRSA screening policy was again undertaken in 2019/20 as part of our annual programme of work and the decision was to continue this process in order to support a safe elective pathway for patients.

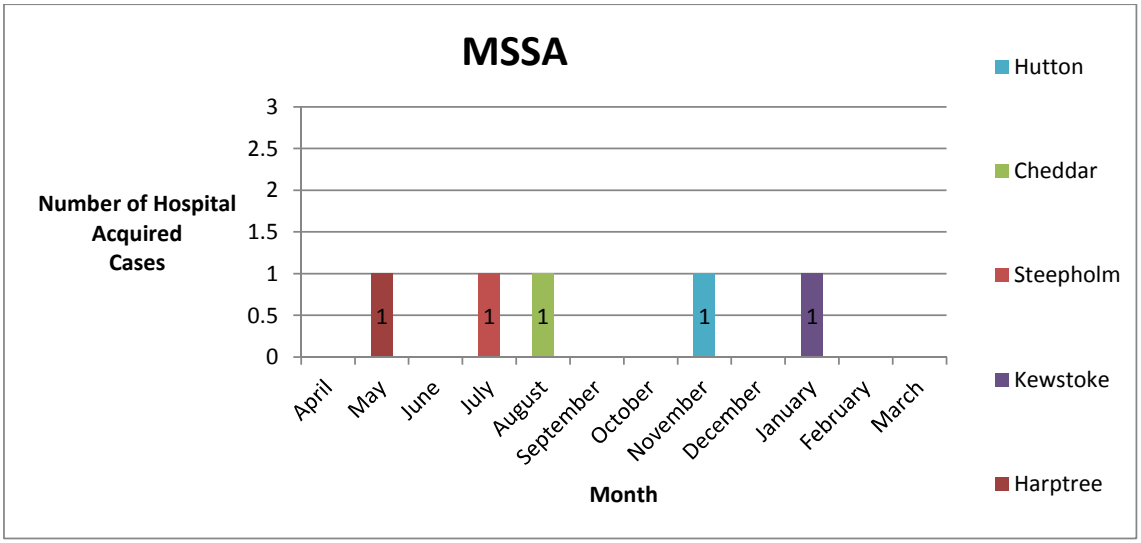
5.2 MSSA (Meticillin sensitive *staphylococcus aureus*) bloodstream infections

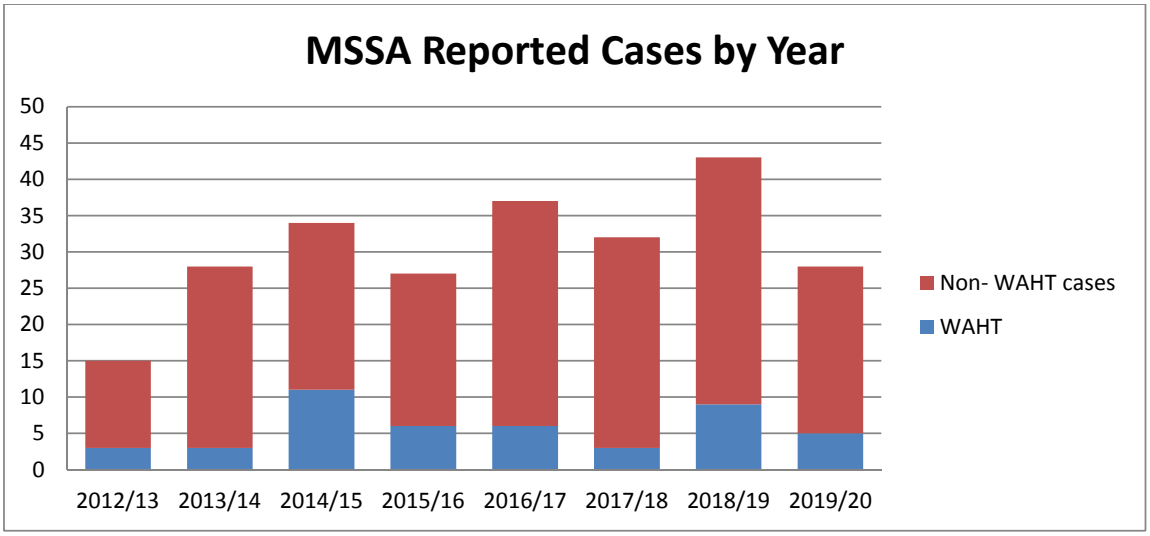
The same reporting and investigation for MSSA bloodstream infections is carried out as for MRSA infections.

The Trust reported 5 cases during 2019/20, meeting our agreed local threshold of not exceeding 5 cases. Post infection reviews for each case were completed. Sources for 4 of the 5 infections were able to be identified; urosepsis, skin/soft tissue, peripheral vascular cannula and respiratory. Device related cases of these infections have reduced significantly during 2019/20 following some focussed work with all of the clinical teams on urinary catheter and peripheral vascular cannula care.

A robust MSSA screening programme of patients undergoing elective joint replacement surgery and pacemaker insertions is fully embedded in practice and managed through the Pre-operative Assessment Unit.

In 2019, the Trust joined the Quality Improvement for Surgical Teams (QIST) collaborative to focus on improving outcomes for patients undergoing elective joint replacement surgery. As part of the Quality improvement, the Trust reviewed and refined its processes for MSSA screening in this group of patients and subsequently has not reported any surgical site infections due to this bacterium.





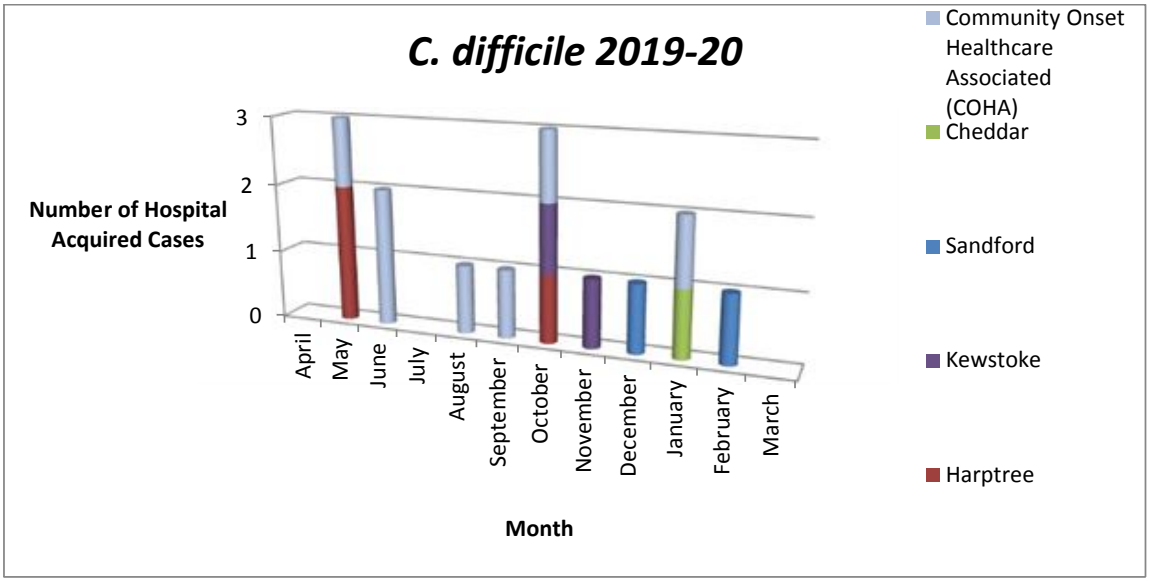
5.3 *Clostridium difficile* infections (CDI)

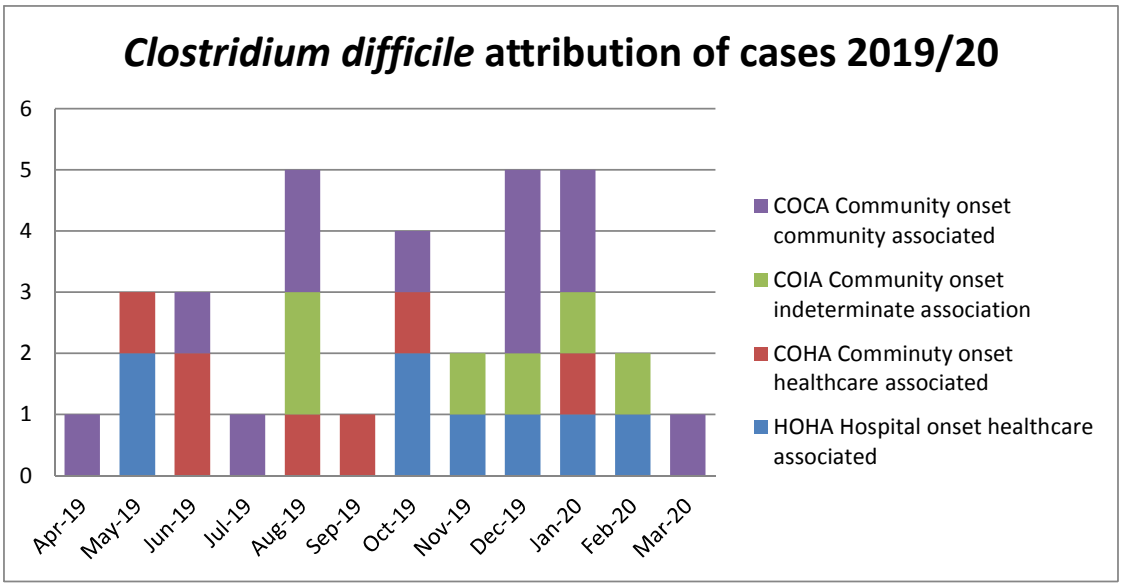
Changes were made to the *Clostridium difficile* infection assignment categories for acute Trusts in April 2019 that now includes cases that are detected in the hospital three or more days after admission and cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the Trust reporting the case in the previous four weeks.

The Trust has continued to report low numbers of *Clostridium difficile* infections in 2019/20; reporting 15 cases in total against our threshold of 14 cases. 8 of the cases were detected in the hospital three or more days after admission and the remaining 7 cases were all associated with an inpatient admission in the previous four weeks.

A process to undertake a post infection review, whereby each hospital attributable case is reviewed and assessed by our Commissioners, has been continued, and we were able to identify whether there have been any lapses in care which may have contributed to the CDI. Of the 15 cases reported, lapses in care were identified in 3 of those cases. The lapses related to delays in sending stool samples and prompt isolation. Action plans to facilitate improvements in practice have been monitored, reviewed and signed off at the quarterly Infection Prevention and Control Committee.

Ribotyping of each case was undertaken and has shown that there was no evidence of cross-transmission within the Trust.





To prevent CDI, the following actions were continued or implemented during 2019/20:

- Antimicrobial pharmacist in post to support the antimicrobial stewardship programme in the Trust (post vacant from April to June 2019)

- Consultant Microbiologist leading on antimicrobial stewardship
- Quarterly meetings of the Antimicrobial Stewardship Committee
- Continued focus on antimicrobial prescribing with auditing of ward areas (auditing not undertaken in April, May and June 2019 owing to vacancy and in March 2020 owing to COVID-19 pandemic)
- Spot check auditing of completion of the infection control risk assessment on admission
- Strict policy around isolating patients who are either infected or colonised with *Clostridium difficile*
- Continued collaboration with GPs and other community colleagues to reduce the use of antibiotics outside of hospital
- The post infection review (PIR) of cases uses a multi-disciplinary approach with the engagement of both medical and nursing teams

5.4 *Escherichia coli* (*E. coli*) bloodstream infections

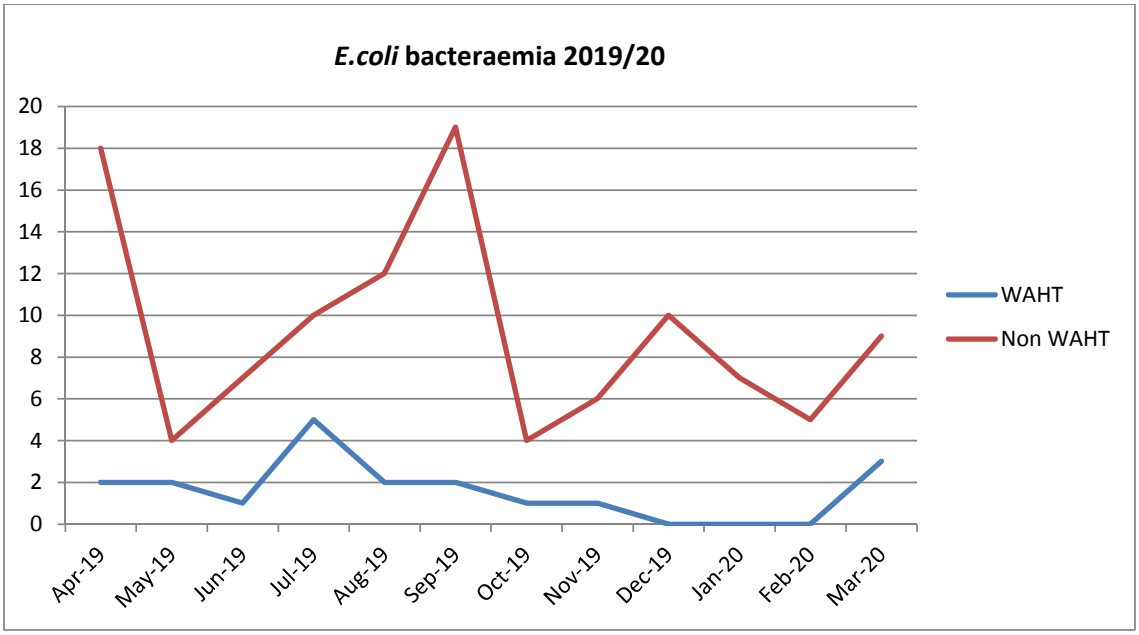
A healthcare community wide ambition to further reduce these infections by 10% was agreed with the Clinical Commissioning Group for 2019/20.

Most strains of *E. coli* form part of the bacteria which are normally in the bowel; however, they can cause urinary tract and bloodstream infections. Of the 129 infections reported, 85% (110) were admitted from the community with the infection.

A post infection review of each of the 19 hospital acquired *E. coli* bloodstream infections has been undertaken and any identified learning shared with the medical and nursing teams. Areas of good practice have also been fed back to the relevant teams.

7 cases were associated with urinary sepsis; a urinary catheter was thought to be a causal factor in 5 (71%) of those 7 cases. The catheter passport and catheter care plan was launched in September 2019 following work by the catheter management group.

The Trust achieved the further 10% ambition target in reducing these infections in 2019/20.



5.5 Carbapenemase Producing *Enterobacteriaceae (CPE)*

CPEs are a group of bacteria that usually live harmlessly in the gut of humans or animals but have become resistant to multiple antibiotics. As with *E. coli*, they can cause infections of the urinary tract, and the bloodstream.

Owing to the serious nature of these bacteria it is now a requirement to report patients that are admitted to the hospital, or who have these bacteria identified in specimens sent to the hospital laboratory. No cases of CPE colonisation or infection were identified in 2019/20.

Risk assessment for CPE is carried out on all planned and emergency admissions in line with the current Trust policy and high risk patients are screened in line with national guidance.

5.6 Surgical Site Infection Surveillance

It is a mandatory requirement for NHS Trusts in England to complete one category of orthopaedic surgical site infection surveillance for a minimum of a three month period each year, using the National Surgical Site Infection Surveillance Service (NSSIS). This service is co-

ordinated by the Communicable Disease Surveillance Centre at Public Health England in Colindale.

Surveillance into hip replacement, knee replacement and large bowel surgery categories has been completed during 2019/20, exceeding the mandatory requirement and thereby allowing patients access to this data as it is publically available.

Large bowel surgery surveillance was undertaken by the colorectal clinical nurse specialist from July 2019 to March 2020. The Trust reported 13 infections during this period: this is an 11% infection rate compared to the national average of 10.6%. 50% of the infections were reported in patients who had undergone surgery as an emergency as opposed to planned elective surgery. The colorectal teams have worked hard to reduce the impact of surgical site infection in their patient group and have been commended by their South West peers for their improvement in this area. The introduction of antibiotic coated sutures as an additional preventative measure has recently been introduced and is currently being evaluated.

Surveillance of hip and knee replacement surgery was undertaken throughout the year. 4 infections were identified in the hip replacement category, yielding an infection rate of 1.8% compared to a national average of 0.9%. A high outlier letter was received, the review and improvement required is being addressed by the orthopaedic teams. 1 infection was identified in the knee replacement category, giving an infection rate of 0.4% compared to the national average of 1.2%.

Results of the surveillance are disseminated to the Medical Director, Consultant Surgeons and Surgical Directorate Management Team. These results are then discussed at the Surgical Directorate Governance meetings and appropriate actions taken as required. They are also reported at the Infection Prevention and Control Committee on a quarterly basis.

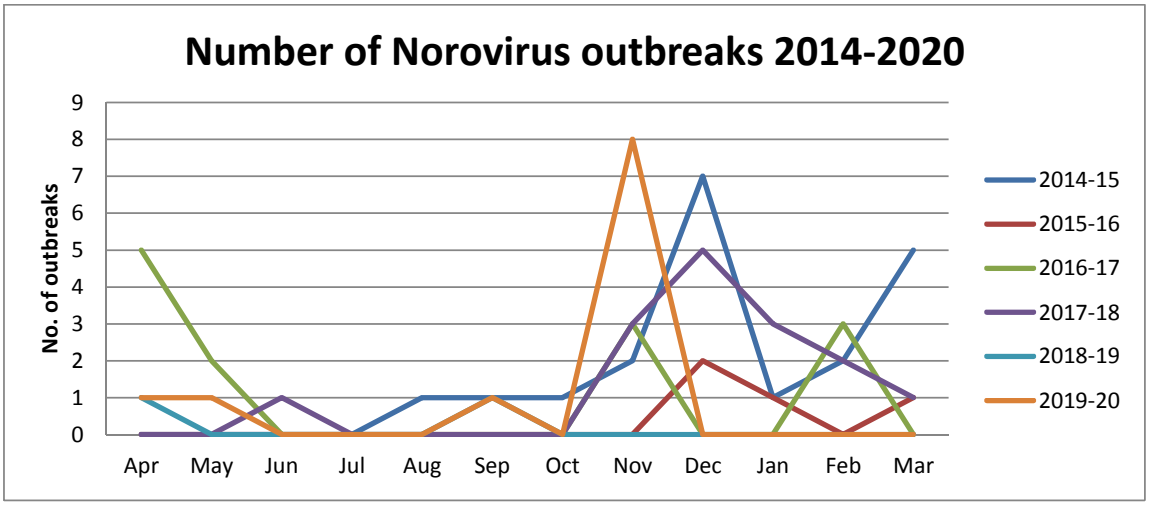
6.0 UNTOWARD INCIDENTS INCLUDING OUTBREAKS

6.1 Norovirus Outbreaks

The on-site testing facility for norovirus ensures that we have early identification and management of any outbreaks. All outbreaks were managed in accordance with current national guidance, reported to Public Health England and information uploaded to a national voluntary norovirus reporting portal.

The Trust experienced high levels of norovirus leading to outbreaks during 2019/20, particularly during November where 8 outbreaks occurred, some concurrently. The outbreaks during November caused considerable operational pressures at a time of increased activity with in excess of 80 beds unusable on some days. The outbreaks affected 107 patients and 27 staff,

with the wards closed for a total of 82 days. 227 bed days were lost to the Trust, owing to the ward closures. A detailed report into the outbreaks was reviewed by the Infection Prevention and Control Committee in January 2020 and recommendations and actions required regarding reduction of patient movement and additional staff training were agreed. This report was also reviewed by NHS England/Improvement Infection Control Nurse lead.



A full survey of the Trust's ventilation systems, to include air flows and whether areas are under positive, neutral or negative pressure is required. This would give the Trust further assurance that patients are placed as safely as possible in an area that has efficient and effective ventilation and that does not increase the risk of infection. This is currently identified as a moderate risk on the Estates' risk register.

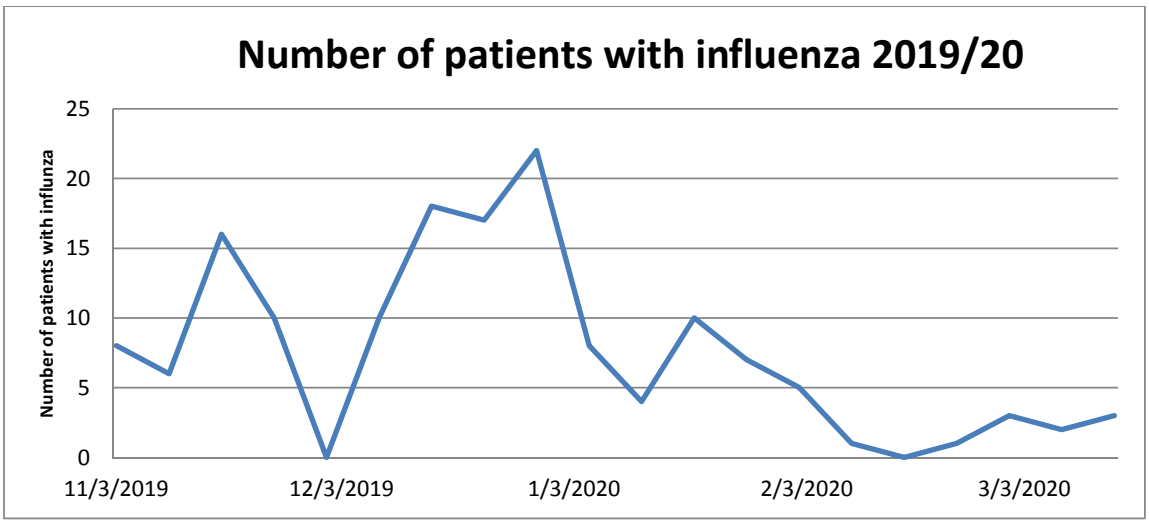
The Infection Prevention and Control Team continues to work closely with both North Somerset Community Partnership and our Commissioner colleagues to raise awareness of how to stop norovirus spreading; using the norovirus toolkit to communicate the message out to the public, schools and care homes. A winter resilience event was held in North Somerset in October 2019 for care home managers and staff and was well attended. A further event is planned for September 2020 with involvement from the Trust and Public Health England.

6.2 Influenza

The Trust is able to test for influenza on-site with prompt reporting, which allows for appropriate patient placement.

155 patients tested positive for Influenza A and B viruses between October 2019 and March 2020, 114 of those required inpatient admission. Only 1 of the 155 cases isolated Influenza B.

There was a peak in cases during November 2019 and again in January 2020, which was consistent with levels of influenza circulating in the community.



The 'flu' vaccination programme is led by the Director of Infection Prevention and Control, the required reporting is to the Trust Board, Clinical Commissioning Group and NHS England and improvement occurred throughout the Flu campaign. The Trust improved the rate of influenza immunisation of front line staff from 80.4% in 2018/19 to 84% in 2019/20, thus achieving the Commissioning for Quality and Innovation (CQUIN) target, which was set at 80%.

Influenza Vaccination 2019/20			
	Numerator	Denominator	
Staff Group	**Vaccine Uptake**	**Headcount**	%
All Doctors	201	257	78%
Nurses, Midwives, Health Visitors	369	409	90%
All other professionally qualified clinical staff	154	194	79%
Support to Clinical Staff	419	501	84%
Total Frontline staff	**1143**	**1361**	**84%**

6.3 COVID-19 pandemic

Preparedness and testing for COVID-19 (coronavirus) began at the end of January 2020 with the first positive case of COVID-19 confirmed in the hospital in March 2020.

Public Health England published infection prevention and control guidance and this was updated frequently, which required rapid review and implementation. The Trust followed this guidance and updated practice as soon as possible, ensuring that staff were kept fully briefed on the specific requirements.

6.4 Risk Register

The Infection Prevention and Control Risk register is reviewed and updated on a monthly basis at the Director of Infection Prevention and Control meeting and then reviewed at the quarterly Infection Prevention and Control Committee. The register is dynamic and further reviewed at the Trust Risk Management Group to ensure adequate mitigations are in place. Risks above 12 are reviewed with regards to escalation to the Trust Corporate Risk register. The highest risk on the register remained:

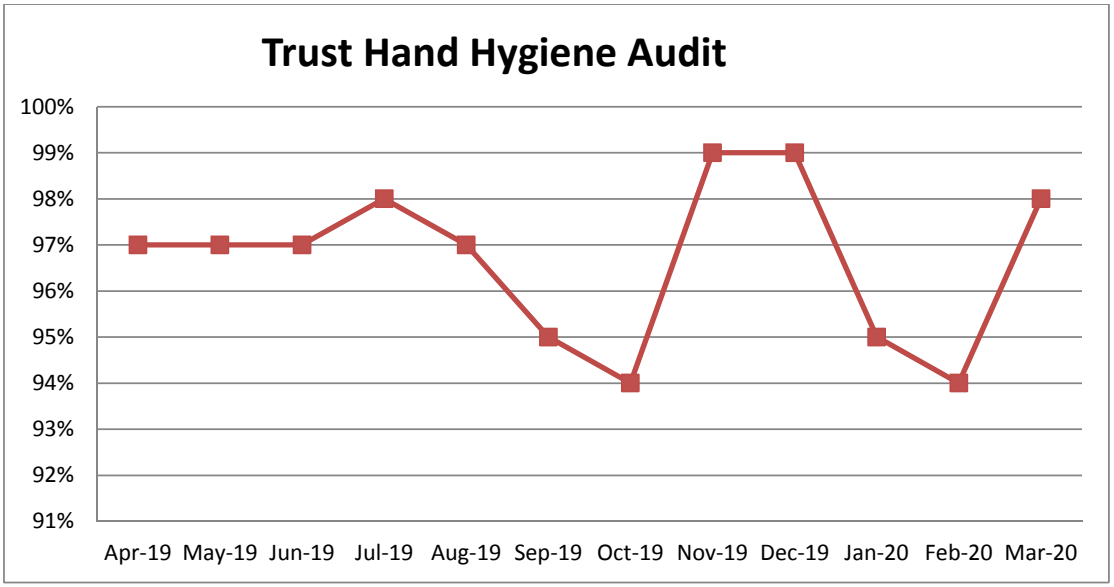
Risk 101 Risk of Norovirus and Influenza outbreaks impacting on the organisation, operational flow and patient safety.

7.0 HAND HYGIENE AND ASEPTIC PROTOCOLS

7.1 Hand hygiene

Hand hygiene is considered to be the most important infection prevention measure. Alcohol hand gels are available at the patient's chair or bedside, as this is the point where hand hygiene is recommended by the World Health Organisation. The Trust also provides alcohol hand gel at the entrances to the hospital, wards and departments for use by staff and visitors. All staff are expected to be "bare below the elbows" (that is, not wearing watches, bracelets or stoned rings and with short sleeves or long sleeves rolled up) when they are in direct contact with a patient or their immediate environment.

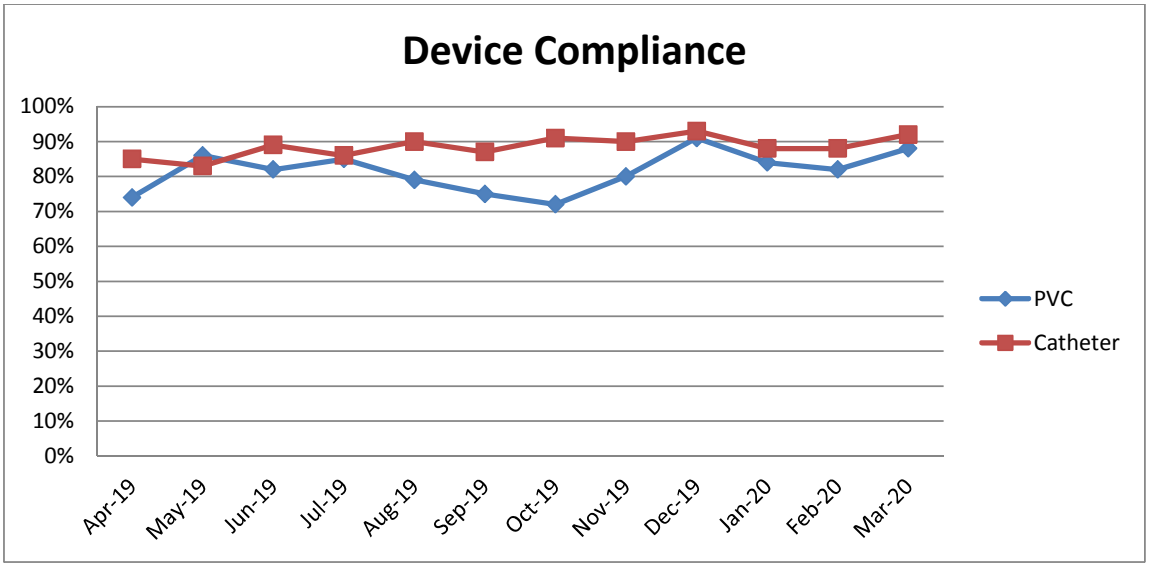
Compliance to hand hygiene is monitored in wards and departments on a monthly basis, and reported via Directorate Governance and the Infection Prevention and Control Committee. Compliance for 2019/20 is outlined in the chart below.



Validation hand hygiene audits are undertaken quarterly by an independent auditor. Results are lower than those reported by the individual wards but are not entirely comparable, owing to more detailed questions and increased length of observation. Action plans have been put in place to improve compliance in those areas where sub-optimal results have been received. Wards with an unacceptable compliance level are asked to complete weekly audits until the rate is above 95%. Wards also use the "Glo Box" to assess the hand hygiene technique of staff within the ward environment. Additional hand hygiene training and education has been implemented where there have been areas of concern with poor compliance.

7.2 Aseptic Protocols

Adherence to aseptic technique when accessing a site on the body susceptible to infection is essential to prevent infection. This includes wounds, drips and drains. Care of devices such as drips, drains and catheters is part of the Trust's training programme. Insertion and management of invasive devices is audited monthly by Ward Sisters or one of their staff designated to support infection prevention. The results of these audits are shown in the chart below.



The "Perfect ward" electronic audit tool which is used gives instant results, thus facilitating immediate feedback to practitioners. The Ward Sister is able to implement actions for improvement following the audit being undertaken.

8.0 ANTIMICROBIAL STEWARDSHIP

Antimicrobial stewardship involves the regular review of antibiotic use across the trust and data collected on ward rounds attended by an antimicrobial consultant and antimicrobial pharmacist.

In Quarter 1 for financial year 2019/20 antimicrobial stewardship (AMS) ward rounds were not performed, as an antimicrobial pharmacist was not in post. From July 2019 AMS ward rounds with a consultant microbiologist and antimicrobial pharmacist recommenced.

As in previous years the AMS ward rounds assessed prescribing compliance to three main audit standards:

1. Documented indication
2. To guideline prescribing, and
3. Documented stop/review date.

Data was collected from July 2019 to February 2020. Data for the month of March 2020 is sparse, owing to the coronavirus outbreak, at which point AMS ward rounds were stopped for infection control purposes.

Compliance to standards 1 and 2 were consistently achieved and above 90% for all months. However, adherence to standard 3 was not as good throughout the year achieving 77% compliance (target 90%).

Communication of the monthly report was circulated to prescribers and consultant leads in an attempt to improve compliance.

CQUIN compliance:

CQUINs for financial year 2019/20 although had aspects which were antimicrobial prescribing related, focused more on the clinical decision making which resulted in the prescribing of an antimicrobial. The Microbiology leads worked closely with the Multi professional teams to support and embed the changes in practice which were required to achieve the CQUINS.

CQUIN 1a: Lower Urinary Tract Infections in Older People: Partial achievement (>60%) was obtained by Quarter 4.

CQUIN 1b: Improving appropriate antibiotic prophylaxis for elective colorectal Surgery: Partial achievement (>60%) was obtained.

Consumption data:

Consumption data looks at the Trust's overall antibiotic use over the financial year.

As illustrated by figure 1 below, overall consumption on a month by month basis follows a trend we would expect given the circumstances. December consumption saw the standard "winter spike", which relates to admissions for chest infections and/or influenza. The slight anomalies to the usual data are:

- The March peak in consumption; this is not surprising given the COVID outbreak, uncertainty around optimal treatment, and whether this included antibiotic therapy (even though it is a virus)
- The June peak
- The January, February troughs

Figure 1: Total consumption data (Defined Daily Doses/1000 admissions) from April 2019 to March 2020 at Weston

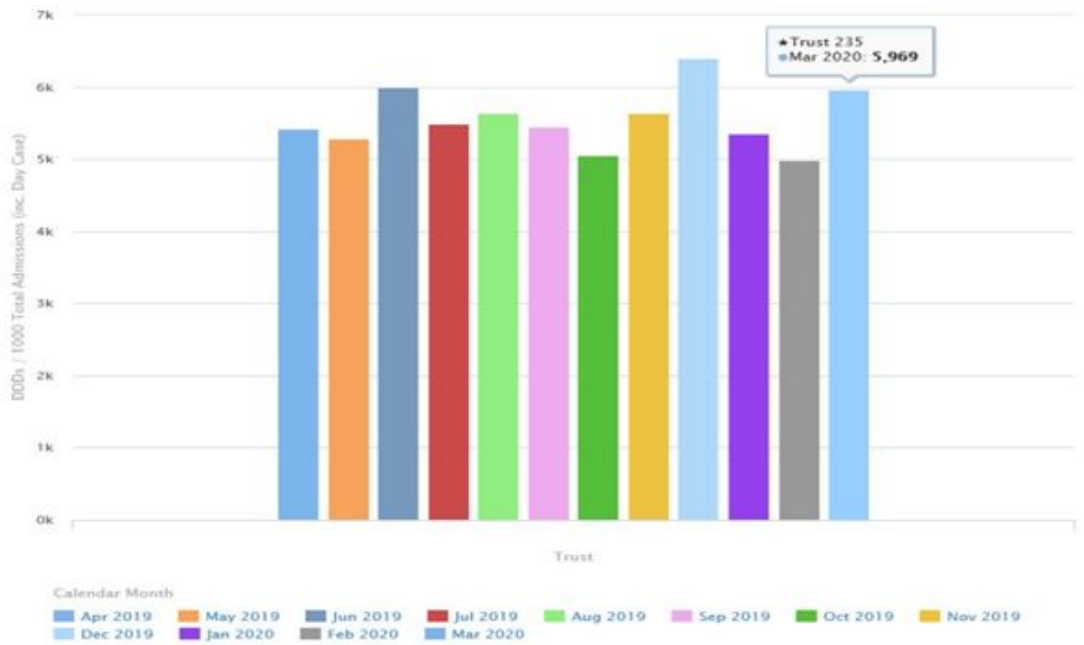
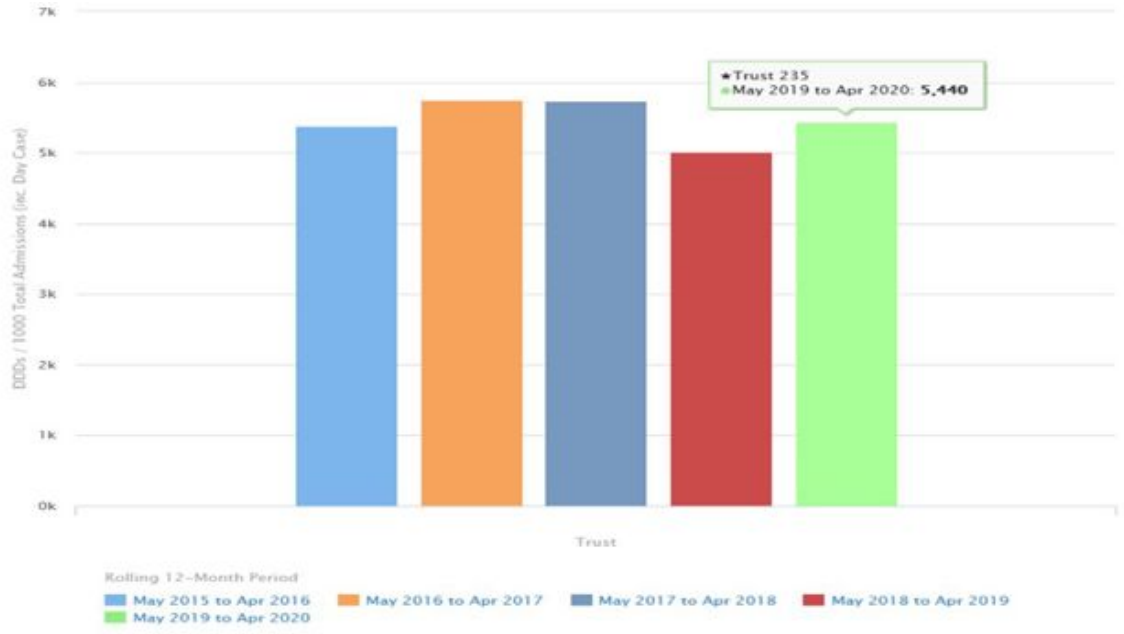


Figure 2: Overall consumption for financial years 2016/17 through to April 2020 at Weston



Unfortunately, financial year 2019/20 saw an overall increase in antibiotic consumption compared to 2018/19. However, given the vacancy for the antimicrobial pharmacist for Quarter 1, a microbiologist leaving towards the end of the year, and the COVID-19 outbreak, this is perhaps understandable.

Circulating the monthly reports along with training and educating the new foundation year doctor cohort at induction and at other training opportunities on antimicrobial prescribing is another strategy which will help the regular review of antibiotics in the trust.

9.0 INFECTION PREVENTION AND CONTROL POLICIES

Infection Prevention and Control guidelines and policies are available for staff access through the Trust Intranet. The following policies were revised or implemented in 2019/2020.

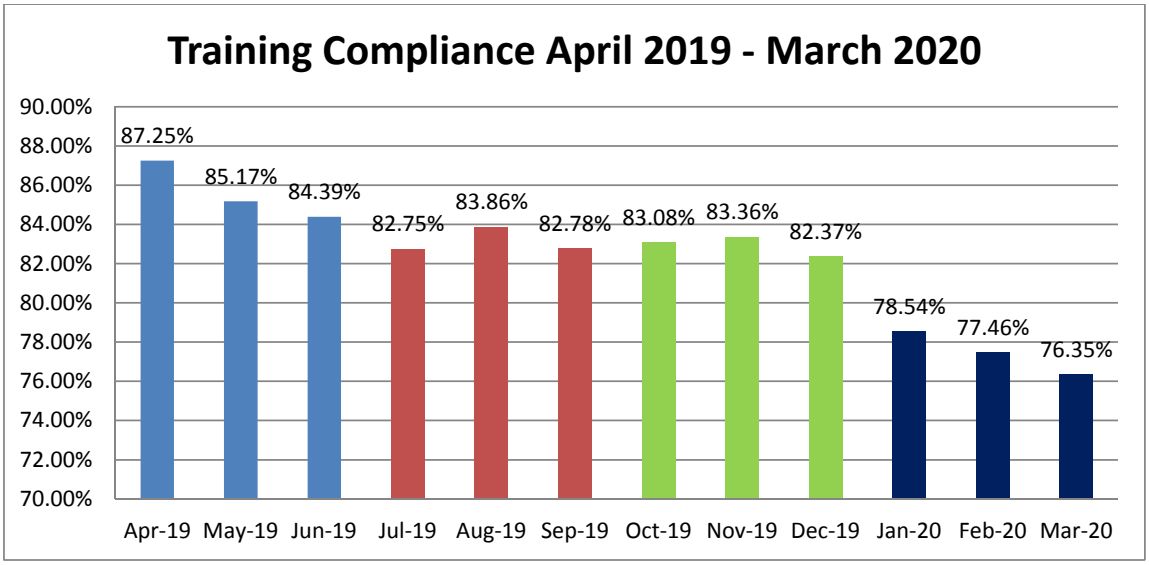
- Theatre Infection Control policy
- Fit Testing policy

All policies are now due to be merged as part of the newly formed University Hospitals Bristol and Weston NHS Foundation Trust from April 2020.

10.0 EDUCATION AND TRAINING

Attendance at Infection Prevention and Control training is mandatory for staff, with face-to-face updates on a two-yearly basis, with compliance levels set at 90%.

The 90% standard has not been achieved throughout 2019/20, owing to both sub-optimal attendance at planned training updates and cancellation of face-to-face training owing to trainer absence and the COVID-19 pandemic since January 2020.



The Infection Prevention and Control Team are proactive and work closely with the Trust's training team to deliver the educational programme and to improve compliance levels.

The Infection Prevention and Control Team undertake local training sessions in clinical areas as and when required. Owing to a vacancy within the Infection Prevention and Control Team it has not been possible to organise link practitioner meetings throughout the year. The team will link with our Bristol colleagues to arrange a one-day conference next year and to reinstate our link nurses to further strengthen infection prevention and control in the clinical areas.

11.0 DECONTAMINATION AND WATER SAFETY

The Trust Authorising Engineer is Tom Hall and the Decontamination Lead for Microbiology was Dr Isabel Baker up to February 2020. Decontamination activities are reported through the Infection Prevention and Control Committee. The Trust contracts with Nuffield Hospitals for an off-site sterilisation service; this contract is monitored regularly, and there have been no incidents of concern raised with this contract.

The decontamination policy was reviewed in January 2019 and will now look to be merged to ensure there is a fit for purpose decontamination policy for the whole of University Hospitals Bristol and Weston (UHBW) NHS Foundation Trust.

The Pathology Steriliser is managed by the Head of Pathology Services, with confirmation that the appropriate testing and maintenance has been carried out in year.

The Water Safety Group held its final meeting as Weston Area Health NHS Trust in January 2020; this group had made real progress under the direction of Dr Baker at its quarterly meetings. Improvements have been made against the actions identified in previous audits from the external Water Hygiene Authorising Engineer.

All members of the estates and maintenance team attended a water hygiene general awareness course. A site wide *Legionella* risk assessment has been completed with the major recommendations completed and signed off. Expansion vessels are recognised as dead legs in the water system and the monthly flushing of drain points has been added to the planned preventative maintenance (PPM) schedule.

Testing for *Legionella* has continued regularly in line with the Water Safety Policy.

- A new sampling regime has been agreed with the water safety group which tests half of the sentinel outlets and half of the showers every three months on a rolling
- The flushing of all outlets was changed to once a day and only positive outlets are still testing twice daily.
- A programme was instigated to change 60 non-compliant hand wash basins and taps. This has been completed.
- The annual *Legionella* compliance audit (national standard) was completed by the Consultant Microbiologist and Lead Infection Prevention and Control Nurse in July 2019. Compliance was achieved in all areas.
- Six-monthly testing for Pseudomonas was completed in high risk areas, with consistently satisfactory negative results.
- The chlorine dosing system (Abulox®) has remained in situ for most of the year. This was previously put in place to mitigate the risk of *Legionella* growing in the water. However, as the remedial work required on the water system in the Trust has made good progress, this has significantly reduced this risk, which has enabled the system to be fully decommissioned and taken out of service.
- Frequent monitoring of the presence of *Legionella* in the water has subsequently been undertaken, without any evidence of increasing levels.

12.0 ESTATES & FACILITIES

12.1 Ventilation System Compliance

All of the operating theatres passed their annual verification testing in 2019/20.

The ITU air handling unit (AHU) was refurbished during 2019/20 with new open coils fitted to improve heating and frost control along with replacement cooling coil, and new high efficiency motors and control installed to achieve energy savings.

A Programme is being identified to replace the Moducel units supplying conditioned air to ward general areas as part of the merger capital maintenance backlog fund over the next 3 years. The AHUs verification contract has been put out to competitive tender and order placed in late 2019 for a period of 3 years to ensure all required verifications are taking place as per the Health Technical Memorandums (HTM) and enable continuity of scheduling and cost effectiveness of service.

12.2 Environmental Health Officer Visit

The last unannounced visit by the North Somerset Council Environmental Health Officer was 28 January 2019. The Local Authority Inspector awarded the Trust's kitchens a five star rating for hygiene.

The Trust was notified by Public Health England on 26 May 2019 that there was an outbreak of listeria detected within a sandwich and salad supply chain in the North West. The Trust was receiving products supplied by a company linked to this outbreak. The impact of this was monitored closely and there were no cases identified at Weston. The Trust immediately stopped using the company and sourced another approved sandwich and salad supplier.

12.3 Capital Works to Enhance the Environment

Ambulatory Emergency Care (AEC)
We have provisioned additional space within the AEC department to allow for six "fit to sit" treatment areas along with comfort cooling to ensure enhanced environment for patients.

Medical Day Case Unit/Discharge Lounge:
Total refurbishment of the discharge lounge was completed to create an enhanced modern environment for patients awaiting transport.

By re-allocating space, an area was completely refurbished to construct treatment bays for medical day case to treat day patients in a calm, relaxed modern environment.

Mortuary:
The mortuary body store was completely refurbished and new body store fridges installed along with a new entrance/exit for funeral directors.

Part of this work also involved repurposing of a store room to construct a cold room contained within the mortuary footprint, all of the above to ensure privacy and dignity is enhanced and maintained.

Site Wide Lighting:

Estates undertook a lighting replacement programme where some 1,000 light fittings have been replaced by energy saving LED lights, enhancing the workplace and providing a cost saving to the Trust.

Site Porta Cabins:
Work has been carried out on the site porta cabins housing Trust administration teams with replacement doors, blinds and decoration to ensure staff wellbeing in the workplace.

13.0 HOUSEKEEPING SERVICES

The Trust carried out monthly cleanliness audits in the **very high risk areas,** where consistently high levels of cleanliness must be maintained. These areas are: Theatres, Day Case Unit, ITU, Endoscopy and the Emergency Department. The average score achieved for April 2019 to February 2020 was 98.4%, which is the agreed national standard for these very high risk areas.

High risk areas have been audited through the Perfect ward application by the Clinical teams.

The auditing process that is carried out by Facilities is now in line with University Hospitals Bristol (UHB) and the new Auditing software will therefore recommence from August 2020 when all very high risk, high risk, and significant risk areas will be audited.

All audit reports are reported through Infection Prevention and Control and are reviewed by the Directorates and through the Infection Prevention and Control Committee.

13.1 Patient Led Assessment of the Care Environment (PLACE) Assessment

PLACE is the system for assessing the quality of the patient environment. The assessment applies to hospitals, hospices and day treatment centres providing NHS funded care.

The PLACE assessment was undertaken on Wednesday 2 October 2019 and was carried out by members of the local Health Watch and the Patient Council. The patient assessors were overseen and supported by Trust staff and an external verifier from Musgrove Park Hospital, Taunton.

6 teams carried out the assessment in one day and visited 10 wards and 4 departments.
The information that was recorded on the day was submitted and the results were published nationally in January 2020.

The PLACE system had been subject to a national review with the question set significantly refined and revised. As the changes have been extensive, it is important to note that the results of the 2019 assessments will not be comparable to earlier collections.

Overall, the highest national average domain score was for cleanliness, at 98.6%; Weston Area Health Trust scored 98.76%.

The Trust is above average for five out of the eight domains.

Cleanliness	Food			Privacy, Dignity & Wellbeing	Condition Appearance & Maintenance	Dementia	Disability
	Food	Organisation Food	Ward Food				
98.76%	92.37%	85.37%	96.62%	84.96%	95.87%	87.13%	89.04%
	Combined National average of all three domains 91.45%						

13.2 Patient Feedback

A patient satisfaction questionnaire is sent out to all inpatients every six months. The questionnaire asks a number of questions regarding the Trust Cleaning and Linen services.

46 inpatients were surveyed in January 2020 regarding cleaning and linen services, all of the forms were returned and completed.

The table below highlights the scores:

Cleanliness	% Rated Excellent or Good 2020
Percentage of patients rated the cleanliness of their bed area as either good or excellent	97.22%
Percentage of patients rated the overall cleaning standards of the ward area as either good or excellent	97%
Percentage of patients who rated the cleanliness of linen as either good or excellent	100%
Percentage of patients who rated the quality of the bed linen either good or excellent	100%

13.3 Deep Cleaning

During 2019/20 the wards had a rolling plan to deep clean wards once a week. This included deep cleaning a bay every day. Beds are pulled from the walls and the areas are sanitised using a chlorine dioxide cleaning solution. Main Theatres and the Day Case Unit are deep cleaned twice a year by contract cleaners. The Trust uses the NHS colour coding scheme for all equipment and cleaning cloths. All mops are washed and dried at the on-site laundry room on a daily basis.

All housekeeping staff have an in-depth induction by the Housekeeping Training and Quality Control Coordinator. The induction includes deep cleaning methods, Control of Substances Hazardous to Health (COSHH), Infection Prevention and Control, waste management and the procedure for completing the cleaning schedules. This is then followed up by one-to-one practical training at ward level by the housekeeping trainer.

13.4 Waste

Waste training has been delivered to more than 500 members of staff this year to raise awareness of the implementation of the Offensive waste stream which has now been implemented across the Trust.

Monthly waste audits are undertaken to ensure compliance regarding the correct disposal of waste. The results of these audits are sent to all Ward and Department leads for any actions or comments.

“Ban the bin” campaign was implemented in February 2020 to reduce labour time in the collection and disposal of office waste. This has been very effective and has reduced waste bins by 151 in the first month.

Magnetic signs have been introduced for Clinical and Offensive waste in order to easily swap the use of a bin that change waste streams i.e. clinical to offensive waste or vice versa.

14.0 INFECTION PREVENTION AND CONTROL PLANS AND AMBITIONS 2020/21

Reducing and sustaining reductions in healthcare associated infections will remain a priority objective for the Trust in 2020/21.

Our key priorities will be discussed and agreed as a newly merged organisation, this process has been delayed owing to the COVID-19 pandemic.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 29 September 2020

Report Title	**Learning from Deaths Annual Report**
Report Author	**Mark Callaway, Deputy Medical Director**
Executive Lead	**William Oldfield, Medical Director**

1. Report Summary

This is the Annual report for the learning from deaths process for 2019/2020.

2. Key points to note
(Including decisions taken)

- The report demonstrates a similar number of adult deaths within the organisation as to the 2 previous years.
- There was no avoidable death in the 2019/2020.
- The project for the introduction of the Medical Examiner system is on course, and is likely to deliver 100% screening of adult deaths by the beginning of next year.
- The process of Learning from Deaths in patients with learning difficulties has been refined and embedded.

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

The risks associated with this report include:
Consistent engagement with the Consultant body is required to ensure timely reviews.

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

- This report is for **Assurance.**

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

Quality and Outcomes Committee	24th September 2020

University Hospitals Bristol NHS
NHS Foundation Trust

Learning from Deaths

Annual report

2019/2020

MP Callaway

16th September 2020

Introduction

The Learning from Deaths process has been established within the organisation and all adult deaths, excluding out of hospital cardiac arrests, continue to be screened. This process allows the quality of patient care to be assessed and where the patient notes trigger the need for a Structured Case Note Review (SCNR) these are then are distributed to the relevant Division for further assessment and further in depth reviews are undertaken.

This report summarises the activity in Quarters 1, 2 and 3 with provisional data from Quarter 4 2019/2020. Provisional data from Quarter 4 has been included as this is the last set of data pre the onset of the Covid-19 pandemic.

Divisional Leads for Mortality

Medicine	Dr A Beale and Dr R Maxwell
Surgery	Mr P Wilkerson
Spec Services	Dr Y Ismail

Leads for Learning from Deaths

Dr E Redfern and Dr M Callaway

Report

The figures for 2019/2020 are very similar to the figures reported for last year. There were 1326 adult in patient deaths in 2018/2019 compared to 1352 for this year. The breakdown on each of the categories remains similar in addition. The Impact of the Covid-19 pandemic is not represented in these figures but will be represented in the Quarter 1 report for 2020/2021.

All adult in patient deaths were screened and any of the mandatory categories triggered a SCNR. As highlighted in the last report, the team no longer has a lead mortality nurse in place with the notes being screened by medical staff who are completing the death certificate. We are now only reviewing the deaths within mandatory categories for and this has led to a reduction in the number of notes requiring a SCNR. This follows on from our extensive previous audit which demonstrated that although screening additional categories produced a large quantity of data it did not identify any further potentially avoidable deaths. This system is now more in line with neighbouring Trusts and means there is consistency within the system as we move to developing the cross-Bristol Medical Examiner system which will provide an initial screen of all notes and replace the work of the lead mortality nurse.

	Quarter 1 (Apr – Jun 19)	Quarter 2 (July – Sept 19)	Quarter 3 (Oct – Dec 19)	Quarter 4 (Jan – Mar 20)	Totals
Total deaths (in Patients)	325	294	366	357	**1352**
OOHCA	36	28	19	17	**100**
Total excluding OOHCA	299	266	347	340	**1252**
Total SCNR identified	70 (23%)	48 (18%)	17 (4%)	25 (7%)	**160 (13%)**
Medicine	40 (13%)	20 (7%)	10 (3%)	19(6%)	**89**
complete	15	1	6	10	**32**
pending	28	19	8	9	**57**
Surgery	18 (6%)	9 (4%)	3(1%)	4(1%)	**34**
complete	12	2	2	2	**18**
pending	6	7	1	2	**16**
Specialised Services	12 (4%)	17 (6%)	4 (1%)	2(1%)	**35**
complete	6	10	1	2	**19**
pending	6	0	3	0	**16**
Number triggering MDO Review	1	0	0	0	**1**
Number of SI reports in the last episode of care related to patient death	5	6	0	1	**12**
Number of avoidable deaths	0	0	0	0	**0**
Number of Deaths in patients with Learning Difficulties	3	2	3	2	**10**

Proposals going forward for 2020/2021

Changes to the review system

1. **Medical Examiners**

A new system overseeing the method of certification of death is being rolled out in England. This system is dependent on the appointment of Medical Examiners (ME) who will review all adult deaths within acute providers and discuss each case with both the clinical team and next of kin prior to the issuing of a death certificate. This work is ongoing and has developed since the previous report. Both Trusts, UHBW and NBT, approved the business plan for the appointment of a Lead Medical Examiner (LME) for Bristol and Weston and a Lead Medical Examiner Officer. Working closely with stakeholders, including the Coroner, and supported by Dr Julian Dennis, lead Non-Executive Director for Learning from Deaths, Dr David Crossley, an ITU Consultant from Weston General Hospital, was appointed to the role and started on 18th May. A lead Medical Examiners Officer, Ms Charlotte Crew has also been appointed. In addition, 17 of the 18 PA's worth of Medical Examiners have been recruited, with the last Medical Examiner taking up their role from January 1st 2021

Despite the Covid-19 pandemic the project Board has been meeting regularly and although the statutory requirement for the Medical examiner system has been delayed, with the appointment and commencement of the lead ME and MEO we have begun to recruit teams of Medical Examiners to review all in patient deaths. Currently the level of review is at 15% of all deaths and the project plan is on course to deliver 50% of reviews by the end of October and 100% of reviews by the end of the year. This is 3 months before the compulsory introduction of Medical Examiners on April 1sr 2021.

The introduction of the system will mean that all bereaved families will have the opportunity to discuss their relatives care with either a ME or MEO as this is part of the remit of this service

Stakeholder involvement is key in this project and several multidisciplinary and multifaith stakeholder meetings had occurred prior to the pandemic

It is likely that the provision of the Medical Examiner service will replace the work undertaken by the lead nurse for Mortality and although the Medical Examiners will not be undertaking Structured Case Note Reviews (SCNR), any concerns raised by their initial review will be entered into the appropriate Trust's governance process.

2. **Covid-19**

The onset of the Covid-19 pandemic has changed the way we work. The adoptability of the Learning from Deaths process has been utilised quickly to assess the way we manage patients during this period of change. Twenty four patients who died from Covid-19 between 14th March and 22nd April but who were not admitted to intensive care were reviewed. This task has been completed by Dr A Beale (joint mortality lead in Division of Medicine). This will be presented as a separate report, but shows no areas of clinical concern in management of this group of Covid-19 patients.

The patients identified as developing Covid-19 whilst an inpatient, as defined by the Public Health England for Hospital acquiring of infection, and subsequently dying, both in Weston and UHBristol have been identified and screened initially by the Office of the Medical Directors. These patients were then referred to a Harm Panel. The Harm panel consisted of Dr Oldfield, Dr Redfern, Dr Reed, Dr Callaway and Ms Morgan. The first Harm Panel assessing patients who died in Weston General Hospital convened on August 25th and the second for Bristol patients is due to sit on September 22nd. Following the Harm Panel any patient where harm was identified has a duty of candour conversation conducted and the patient's care was assessed by a Root cause Analysis under the Trust Policy.

All adult deaths from Covid-19 have been subject to a structured case note review and this work will be presented in the quarter 1 report for 2020-2021.

As part of the work up for the preparation the Trust supported mandatory introduction of the ReSPECT form for all adult in patients for all admissions. This mandatory introduction was supported by Gold Control and introduced into the organisation on March 27th. This action was co-ordinated with NBT who adopted the same process.

ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) is a process to plan a person's clinical care in the event of a future emergency when they might be unable to make or express choices.

This proved to be a major influence on the decision making around end of life care during this time and ensured the involvement of the patient in their care

3. **Reviews and Involvement of the Consultant Body**

The Senior Leadership team supported the proposal to include a structured Case Note review into the Supporting Professional Activity of all consultants caring for Adults. The philosophy supporting this decision was that it allowed all Doctors to review the care being provided within the organisation.

There are several outstanding reviews that have spent a long time allocated to reviewers and we are currently working with all the Clinical Divisions to ensure all consultants deliver on their professional responsibilities with regard to the Learning from Deaths process.

This work is being co-ordinated via the MD office and remains ongoing.

With the introduction of the Medical Examiners there have been or are several changes in personnel in the Learning from Deaths team and as such, a piece of work is being conducted this autumn, in collaboration with both the lead Medical Examiner and the Divisions to refresh the process of SCNR and learning from deaths as the new system is introduced

4. **The involvement of LEDER team**

The LEDER process for co-ordinating for reviewing and assessing deaths in patients with learning Difficulties has been refined and embedded into the process for learning from deaths. The LEDER nurse will liaise and request a mortality review, SCNR, which is completed promptly and signed off within the Division. The number of deaths in patients with learning difficulties is being cross

reference with the LEDER team. The reviews of patients with learning difficulties who have died in both Weston General and UHBristol is now being co-ordinated by a single team with active participation in the Mortality Surveillance group

Conclusion.

The Learning from deaths process demonstrates that although there is consistency between the number of deaths and the number of these deaths triggering review and that the majority of cases demonstrate good care, with only a small amount of cases being referred for a second review to assess potential avoidable death.

There were no avoidable deaths in 2019/2020.

Dr Mark Callaway

Dr Emma Redfern

Dr William Oldfield

16th September 2020

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board in Public on Tuesday 29th September 2020

Report Title	**Report On Safe Working Hours And Annual Report Of Rota Gaps: Doctors And Dentists In Training September 202**
Report Author	**Dr Alistair Johnstone, Guardian of Safe Working Hours**
Executive Lead	**Dr William Oldfield, Medical Director**

1. Report Summary

This paper provides data on rates of exception reporting across the Trust, data on rota gaps for the past 6 months and a narrative report of actions taken to ensure safe staffing during the initial wave of COVID-19 in Spring 2020. The pandemic temporarily caused a significant change in working practices for all members of staff and, in part, this report serves as assurance for the Board that, despite this, systems remain in place to ensure safe working practices of doctors and dentists in training across the Trust.

2. Key points to note
(Including decisions taken)

The paper describes the key ongoing risks / issues in relation to junior doctor working including:

- Rota gaps
- Recovering training time lost to the pandemic
- Planning for a future spike in covid case numbers
- Availability of suitable rest spaces
- Challenges meeting requirements of 2018 contract
- eRostering

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 previously been received.

SLT Business Meeting	23/09/20
People Committee	25/09/20

REPORT ON SAFE WORKING HOURS AND ANNUAL REPORT OF ROTA GAPS : DOCTORS AND DENTISTS IN TRAINING September 2020

Executive summary

This paper provides data on rates of exception reporting across the Trust, data on rota gaps for the past 6 months and a narrative report of actions taken to ensure safe staffing during the initial wave of covid 19 in Spring 2020. The pandemic temporarily caused a significant change in working practices for all members of staff and, in part, this report serves as assurance for the Board that, despite this, systems remain in place to ensure safe working practices of doctors and dentists in training across the Trust

Introduction

The 2018 Junior Doctors contract and a locally adapted version of it, is now used for all training grade doctors and local equivalents employed by the Trust from August 2019.

The contract mandates that regular, publicly accessible, reports are made to the Board to provide overview of junior doctor workload and highlight any issues, such as staffing gaps on rotas, which may have negative impacts on safe working practices. This report may form part of future external inspections and will be published on the external facing Trust website.

There is continuous monitoring of excessive working hours through a system called Exception Reports. These reports are completed by the junior doctors and submitted electronically to their supervisors for review and further action where required. The system is overseen by the Guardian of Safe Working who can intervene if issues remain unresolved.

High level data

Number of doctors / dentists in training (total):	638
No of locally employed doctors on 2018 TCS	150
Amount of time available in job plan for guardian to do the role:	2 PAs per week
Admin support provided to the guardian (if any):	From Medical Directors Team
Amount of job-planned time for educational supervisors:	0.25 PAs per 3 trainees (this is less than comparable Trusts locally and less than Weston General although I understand this is under review)

Medical Staffing during the initial Covid 19 response

During February and March 2020 it became apparent that significant changes in the working practices of all medical staff may be required in the event of rapidly escalating numbers of patients with coronavirus infection.

In response to a joint agreement from NHS employers and the BMA some local changes (appendix A) were made to the safe working rules with the aim of facilitating increased staff numbers available if the situation deteriorated whilst ensuring maximum shift length and rest rules were respected. These rules were stood down before the agreement from NHS employers and the BMA came to an end in August 2020.

A significant number of the junior medical staff were diverted to work on a "medical mega rota" of over 150 junior doctors ensuring safe split between covid and non covid wards, including acute respiratory care and intensive care. The plan saw the majority of doctors of F1 – ST3 grade moved to medical rotas with more senior doctors retained in their parent speciality. Day to day allocation of staff to these teams was coordinated by a newly created Medical Hub (partially) using the eRostering software and staffed by medical and HR staff. The majority of anaesthetic trainees were moved from their training rotations to support intensive care staffing.

Final year medical students were graduated early and around 20 of them started working with us as additional F1 staffing – boosting the numbers of doctors available on the wards.

Moving such a large number of doctors to the medical wards had the inevitable consequence of significantly increasing the workload for remaining doctors on the non medical wards. Senior doctors were often asked to work additional hours and significantly change their working practices.

As there were rapidly created new processes for rewriting rotas and ensuring payment for additional duties the actual number of exception reports during this emergency period significantly fell compared to the similar period the year before. The significant increase in staffing numbers on the medical wards coupled with a less severe rise in cases in Bristol than seen in other parts of the country meant that doctors on the "medical mega rota" rarely had to stay late at the end of shifts and were more likely to get breaks than normal. The exception report numbers below should be seen in this context.

Despite moving back to more traditional department staffing there appear to have been residual positive effects from all the previous changes – at the recent junior doctor forum concerns about excessive workload were significantly lower than seen over previous years. It will be interesting to see if this trend continues as the volume of elective work increases to more normal levels.

A huge amount of good will, flexibility and willingness to change and was demonstrated by the entire medical workforce who responded magnificently to this sudden pandemic. Teams who were not accustomed to working together and doctors who were displaced from their normal speciality rotas managed to ensure that high quality care was always provided to all the patients who came to our hospital.

Exception Reporting

The number of exception reports submitted across the Trust, which has been fairly consistent for several years dropped off significantly from March 2020 onwards due to the changes described above.

Year	2020								
Sum of No. episodes	**Column Labels**								
Row Labels	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Grand Total**
Diagnostics and Therapies							1		1
Medicine	26	28	6	1		3	5	7	76
Specialised Services	1	14						3	18
Surgery	21	17	32	27	11	1	2	2	113
Women's and Children's	3	3	1			3	2		12
Grand Total	**51**	**62**	**39**	**28**	**11**	**7**	**10**	**12**	**220**

For comparison the number of reports during 2019 is shown below

Year	2019												
Sum of No. episodes	**Column Labels**												
Row Labels	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Grand Total**
Medicine	13	13	11	11	5	11	10	39	37	31	28	17	226
Specialised Services	24	11	23	10	8	13	4	6	17	21	8	6	151
Surgery	30	11	13	25	14	10	17	15	25	14	17	4	195
Women's and Children's	4	1	3	6	4	29	5	11	7	10	7	15	102
Grand Total	**71**	**36**	**50**	**52**	**31**	**63**	**36**	**71**	**86**	**76**	**60**	**42**	**674**

As Health Education England formally suspended the standard education / training requirements during the initial pandemic response (and non essential training and study leave were cancelled) there were virtually no exception reports for failure to attend agreed educational events.

Work schedule reviews

The contract has introduced a system of work schedule reviews for rotas where the template rota does not seem to accurately reflect the actual rota worked by the doctor. Traditionally a “template rota” has been designed by the Medical HR department to be compliant with the various rota rules and then individual departments have adapted this to fit leave and varying numbers of staff. This means that actual work rotas can vary significantly from the template rota (which now determines the pay of the junior doctor)

It remains extremely challenging to manually write and review rotas. The Trust has purchased an eRostering solution (Allocate) however roll out has been slower than expected. This remains a significant concern. Whilst there plans to roll this system out more widely this work seems to have been stalled by the covid pandemic.

Internal Locum bookings

The Trust has traditionally been very reliant on using locum doctors (both from external staff and using its own internal staff) to fill gaps on rotas and respond to fluctuations in workload. The new contract introduces much stricter safe working limits and all locum work carried out by internal staff needs to be taken into account when calculating total work hours. Trainees are allowed to "opt out" of the maximum 48 hour working week average to work up to 56 hours.

Whilst many junior doctors welcome the ability to carry out additional work the effect that these additional hours have on fatigue and morale is of concern.

2020	Feb	March	April	May	June	July	Aug
Additional hours in hospital	2453	2373	4617	2958	3694	3706	5397
Additional hours on call from home	1220	895	1879	1490	1462	1599	1473

This additional work has remained remarkably similar in volume to that carried out in 2019 – despite the pandemic – and perhaps suggests that this additional activity could be more efficiently delivered by an increase substantive staff numbers.

External Locum bookings

Additional doctors are also occasionally contracted through external locum agencies. The total number of external agency bookings until the end of July 2020 is shown below

Division	Number of shifts worked.	Number of hours.	Accumulative number of shifts Jan 20 to date.	Accumulative number of hours Jan 20 to date.
W&C	8	91	123	1287
Med	38	300	456	3687
SH&N	17	154	95	958
SpS	24	228	207	1615
Trust (OH)	0	0	17	116
D&T	0	0	0	0
TOTAL	**87**	**773**	**898**	**7663**

Rota Gaps

"Rota gaps" – where the numbers of doctors filling a rota is less than expected – are a common cause for dissatisfaction, fatigue and poor morale. Where a rota has a "gap" – either due to sickness or from fluctuation in the number of trainees sent to the Trust by the Deanery – the remaining doctors on the rota often have to cover the additional on call and service components to ensure safe patient care.

The rota gaps seen during the past 12 months are shown in Appendix B

There has been a marked reduction in rota gaps over the past few years through creative use of Trust grade positions and increased numbers of Locally employed Doctors. There are still some areas which struggle to recruit to advertised posts due to limited supply of suitably trained doctors – this is especially problematic in sub specialist areas of training.

Qualitative information

Issues arising – Immediate Safety Concerns

The exception reporting process allows junior doctors to flag up incidents where they believe that their work pattern puts their safety, or that of their patients, at risk. These reports are examined closely to identify whether there are any recurring themes and departments are encouraged to make action plans to avoid recurrence.

Year	2020
ISC	yes

Sum of No. episodes	**Month**			
Division	**Jan**	**Feb**	**Mar**	**Grand Total**
Medicine	4	3		7
Specialised Services		3		3
Surgery			1	1
Grand Total	**4**	**6**	**1**	**11**

Significantly, almost all of these safety concerns were submitted following concerns about workload on the cardiology wards. The division has since made a significant effort to address these issues through measures such as additional locally employed doctors and redesign of the on call cover arrangements for the wards. Whilst the number of safety concerns has reduced, anecdotal information from the Junior Doctors Forum would suggest that workload in this area remains high and I will keep this under review.

Issues arising – Other areas requiring consideration

Recovering training time lost due to pandemic

Whilst this issue is one for the Director of Medical Education to address it is important to note that the pandemic has significantly impacted the training opportunities available for doctors in training posts. In many instances this has impacted their ability to fully achieve the competencies required for successful completion of their ARCP. Any requirements from HEE to provide "catch up" training must be delivered within the constraints of the safe working rules and I will continue to monitor to ensure that trainees are not being encouraged to carry out additional training in their own time.

Planning for future pandemic

The vast majority of doctors are now back working in rotas very similar to the ones they would have been working on before the first wave of the pandemic. Work is now underway to ensure any learning from implementing emergency rotas during the initial implementation is fed into any planning for future spkies in disease rates. There is a considerable risk that, if case numbers spike significantly over winter, large scale reorganisation of work schedules may be required at short notice. HEE has made it clear that they wish Trusts to continue to provide as normal an educational experience as possible even if case numbers rise again.

Availability of suitable staff rest space

The pandemic has brought into sharp focus some of the space constraints the Trust has from being a city centre site spread over many, often very old, buildings. Social distancing rules have reduced the number of people allowed to use staff rest spaces at a time where having space to recharge has never been more important. Whilst we have refurbished the main BRI junior doctors mess it is clear that, due to various site reconfigurations over the past few years, it is now no longer large enough or in an easily accessible place.

I would ask that the Board ensure that adequate junior doctor rest spaces are prioritised during any future hospital building development. These spaces are easily "forgotten" but are vital for wellbeing and attracting high quality medical staff to work in out Trust.

2018 Junior Doctor Contract Refresh (agreed from July 2019)

The 2018 contract further tightened the hours restrictions for junior doctors employed by the Trust – with a particular focus on reducing the frequency of weekend working and reducing the number of consecutive shifts worked. Whilst there has been some progress made on this much of it has been delayed by the pandemic and there are still areas of concern where the rules – especially around weekend frequency – are difficult to achieve.

This is particularly true in small specialities or those with significant weekend workload, such as ED.

eRostering

The roll out of eRostering across the Trust for junior doctor staffing is progressing slower than planned. This means that several of the key functions of the contract – such as work service reviews and managing additional locum work within the safety rules – are extremely difficult to implement.

Positives / Successes

I feel that it is important to stress some of the positive aspects of work carried out during the pandemic period. As a physician I am immensely proud of how every doctor in the hospital responded to the

unprecedented pandemic and hugely grateful for all the other staff in the Trust who oversaw one of the biggest changes to workforce delivery ever seen. In addition, I would like to highlight a couple of particularly successful aspects.

Mess

The junior doctor mess in Dolphin House has been refurbished using a £60,000 grant from the NHS. Lead by Dr McCoubrie (Wellbeing Lead) and the junior doctors themselves this space is now much more fit for purpose with a complete internal refurbishment, a new kitchen and new furniture.

Wellbeing

The Wellbeing team has provided incredible support to all staff during this extremely difficult time and some of the resources provided – including, for example, psychologists being available for people to talk to and a variety of online resources being made available - have been extremely helpful.

Support from local people and businesses

It was quite moving to see the support and donations that were made by local people and businesses to the hospital during the pandemic. Many junior doctors received hot meals and other items donated to the Trust and these small tokens of support made a very difficult situation more bearable for many. I would like to personally extend my thanks to all those that supported the NHS in this way.

Summary

It has been an extraordinary period in the history of the NHS and, in general, the Trust has responded magnificently to a truly unprecedented challenge. Whilst the format of this report has been a little unusual I hope the Board have found it a useful insight into some of the effects the pandemic has had on our junior medical staff.

Dr Alistair Johnstone

Guardian of Safe Working

Appendix A – Summary of temporary adjustments made to rota rules during the initial response to the Covid 19 pandemic.

Decision: Junior Doctors Working Hours restrictions and payment for additional work

Paper by: Dr Alistair Johnstone, Guardian of Safe Working Hours

Background

As the Covid-19 infection spreads we are likely to see significant pressure on junior doctor staffing as a result of:

- Rising numbers of staff with symptoms being required to self isolate. This will increase greatly if there is an additional requirement for whole families to isolate if any member of the household has symptoms
- Increased demand for medical staff skills, especially in areas such ED, critical care, anaesthetics and medicine
- Caring responsibilities – especially if schools / childcare facilities are closed

The 2016 Junior Doctor Contract has strict working time limits designed to ensure that junior doctors are adequately rested and able to provide high quality clinical care. These rules, however, will likely prove to be in conflict with a sudden demand for workforce.

Safe Working Regulations during an emergency

It is likely that this emergency situation will last for at least 3 months and when case numbers of seriously ill patients rise they are likely to rise suddenly. Any rules that are agreed need to be flexible enough to allow a rapid response to a changing situation whilst attempting to protect, as far as possible, the negative effects of overworking and fatigue.

The negative effects of overwork and fatigue are well documented and include increased medical errors, accidents / injuries whilst travelling to work, burnout and reduced immunity to infections

It is essential that adequate provision for breaks is maintained at all times and is much more rigorously enforced by departments and divisions than during normal times. Consideration should be made to formalise the process of ensuring staff get adequate breaks.

I propose that we introduce the following step wise approach to relaxing junior doctors working limits to be introduced as the situation develops.

Step One – “business as usual”

We should aim to observe the current safe working rules for as long as possible – ensuring that the junior doctor workforce is not burned out before the peak of the infection spreads. Any move away from these rules should be for as short a time as possible whilst maintaining adequate cover during the emergency.

This does not prevent the development of alternative rotas or "ghost rotas" which may be activated if the situation deteriorates – early communication of any plans to the junior doctors will allow people to plan issues such as childcare. Junior doctors will have to be prepared to work flexibly and understand that planning is required for a deteriorating situation. Development of these rotas should begin immediately if this has not already happened and plans communicated / discussed with junior medical staff.

The requirement to provide 6 weeks notice to changes in work schedules is temporarily suspended.

Step Two – "Significantly increased numbers of very sick patients or rotas experiencing shortages of medical staff"

During this phase any changes to work practices should ideally be made through agreement with the staff, however it is completely reasonable to "enforce" changes to rotas / work schedules if necessary to maintain safety. Doctors should not be compelled to work additional hours against their will unless Step Three below has been activated

To be approved by: Divisional Director (or nominated deputy) and immediately notified to Guardian of Safe Working by email (GuardianSafeWorking@uhbristol.nhs.uk)

These measures will help increase available workforce numbers but will do so at the risk of more fatigue. They should only be introduced if the Divisional Director is assured that all other alternative measures – such as cancelling non urgent activity and reallocation of suitably trained staff to impacted areas – have been implemented.

The aim should be to stay at this stage for the minimum amount of time necessary but it is accepted that this may be for a prolonged period.

Step Three – "Major incident declared"

In the most extreme situation immediate changes to a rota or the **staff being compelled to work additional hours** may need to be enforced but in order to provide enough staff for the duration of the emergency some of the safe working limits will still need to apply. At this stage it is important that work is spread as evenly as possible across the available workforce – allowing some individuals to significantly breach hours limits whilst others do not is not sustainable over the time period a major incident is likely to be in force.

To be approved by: On call Executive Director and notified to Guardian of Safe Working by email as soon as practical

Contract rule	Step One	Step Two	Step Three
Approved by	Current Contract	Divisional Director or deputy	Medical Director or on call executive
6 weeks notice for changes to work schedule	Removed	Removed	Removed
Maximum 48 hour average working week	Averaged by no of weeks in rota cycle / numer of junior doctors on the rota	Averaging cycle relaxed to 26 weeks (as per EWTD)	Removed
Maximum of 72 hours in any consecutive period of 168 hours (7 days)	Maintained	Maintained	Maintained
Maximum 13 hour shift length	Maintained	Maintained	Relaxed as long as adequate rest following longer shifts is ensured to prevent burnout
46 hours of rest after any number of night shifts (before switch to daytime shifts)	Maintained	Maintained except for the situation where a doctor is asked at the beginning of a shift to go home and sleep before coming later in the day (minimum 10 hours) for a later shift	Relaxed to a minimum of 22 hours but with the intention of this not being a recurring situation
48 hours of rest after any stretch of day shifts (see below)	Maintained	Maintained except for the situation where a doctor is asked at the beginning of a shift to go home and sleep before coming later in the day (minimum 10 hours) for a later shift	Relaxed to a minimum of 24 hours but with the intention of this not being a recurring situation
Max 4 consecutive long (10+ hours) shifts or 7 consecutive normal day shifts	Maintained	Relaxed to: Maximum 6 long shifts or 9 day shifts up to a maximum 72 hours	Relaxed to: Maximum 6 long shifts or 9 day shifts up to a maximum 72 hours
Max frequency of 1 in 3 weekends can be worked (or 1 in 2 where this is currently the rota)	Maintained	Removed	Removed
Breaks – 30 minutes for approximately every 5 hours worked. 3 x 30 minutes breaks for night shifts of 12 or more hours	Maintained	Maintained	Maintained

Appendix B - Rota Gaps 2019 - 20

Division	Rotas	Ro-cordinator	HRBP	Rota slots (WTE)	Post Funding Deanery	Post Funding Trust	Current WTE on	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
Surgery	OMFS	Kuldip Bhakerd	Karen Gronback	6	5	2	4												
Surgery	DCT OMFS	Kuldip Bhakerd	Karen Gronback	8	8	0 although 3 clinical fellows	8		No gaps - 1 clinical fellow unable to work at the moment so temp gap covered by locums										
Surgery	F1 General Surgery	Natasha Fourie	Karen Gronback	15 WTE	15 - Deanery Funded	0 WTE	15.6										**No gaps**		
Surgery	F2 General Surgery	Natasha Fourie	Karen Gronback	11 WTE	11 Deanery Funded (4 x F2's, 5 x CT1/2)	2 Trust Funded posts (1 x Clinical	9.6	1 F2 Gap (recruitment episode)									**1.4 gaps**		
Surgery	ST3-8 General Surgery	Natasha Fourie	Karen Gronback	13 WTE	8 Deanery Funded (7 x Deanery ST3-8, 1	4 Trust funded Fellows	13.5			No gaps							**No gaps**		
Surgery	F2 & CT1/2 T&O	Malgorzata Bojarska	Karen Gronback	10 WTE	6 Deanery Funded (3 x F2's, 3 x CT1/2)	6 Trust Funded (4 x Clinical Fellows,	7	3 gaps (2x education fellows and 1 clinical fellow)									**3 gaps**		
Surgery	ST3-8 T&O	Malgorzata Bojarska	Karen Gronback	8	8	0 WTE	7		1 gap following Felicity CCTing 24/09/19								**1 gap**		
Surgery	GP ENT	Malgorzata Bojarska	Karen Gronback	5 WTE	5 Deanery Funded (5 x GPVTs)	0 WTE	6										**No gaps**		
Surgery	ST1-2 ENT	Malgorzata Bojarska	Karen Gronback	5 WTE		5 Trust Funded (3 x Clinical fellows, 1	4			2 gaps.							**1 gap**		
Surgery	ST3-8 ENT	Malgorzata Bojarska	Karen Gronback	7 WTE	7 Deanery Funded	0 WTE	6	2 Gaps	2 Gaps	No gaps							**1 gap**		
Surgery	GP Ophthalmology	Helen Gilroy	Karen Gronback	2 WTE	2 Deanery Funded	0 WTE	2										**No gaps**		
Surgery	ST3-8 Ophthalmology 1st on-call	Helen Gilroy	Karen Gronback	6 WTE	6 Deanery Funded	0 WTE	6.4	1 Gap (maternity leave)	No gap								**No gaps**		
Surgery	ST3-8 Ophthalmology 2nd on-call	Helen Gilroy	Karen Gronback	6 WTE	3 Deanery Funded	3 Trust funded	4		1 Gap								2 gaps		
W&C	ST3-8 Paediatric Anaesthesia	Tom Woodward	Lisa Balmforth	8 WTE	4 Deanery Funded	4 Trust funded (fellows)	12	-0.2											
Surgery	ST3-8 General Anaesthesia 1st on-	Amy Still (Catherine Challifour - d	Karen Gronback	8 WTE		Deanery Funded, 10-12 fellows / post-CCT fellows across these three rotas	8.5										**Rotas rewritten for Covid. No gaps**		
Surgery	ST3-8 General Anaesthesia 2nd on	Amy Still (Catherine Challifour - d	Karen Gronback	8 WTE	Usually plan for 10-12		9										**Rotas rewritten for Covid. No gaps**		
Surgery	ST3-8 Obstetrics Anaesthesia	Amy Still (Ben Gupta - Consultar	Karen Gronback	6 WTE			7.2										**Rotas rewritten for Covid. No gaps**		
Surgery	ST3-8 Cardiac Anaesthesia	Amy Still	Karen Gronback	8 WTE	6 Deanery Funded	2 Trust funded (fellows)	5.8										**Rotas rewritten for Covid. No gaps**		
Surgery	ST3-8 Intensive Care Advanced	Dan Freshwater-Turner	Karen Gronback	3 WTE	2 Deanery Funded	0 WTE	6.6										**Rotas rewritten for Covid. No gaps**		
Surgery	ST3-4 Intensive Care/CT1/2 Intensiv	Dan Freshwater-Turner	Karen Gronback	10 WTE	4 Deanery Funded	6 Trust funded (specialty doctors	17.6										**Rotas rewritten for Covid. No gaps**		
SPS	FY2 and CMT Heam/Onc	Sophie Dunk	Rebecca Hocking	11	10 WTE	1 WTE	2 x FY2 and 9 CMT's					1 F2 Gap Clinical Oncology (out to recruitment)				1 F2 Gap haematolgy (out to recruitment)			
SPS	Haematology ST3+	Sophie Dunk	Rebecca Hocking			8.5 WTE	8.5 Deanery												
SPS	Medical & Oncology SpR	Sophie Dunk	Rebecca Hocking	10	11	0	11.4												
SPS	Cardiology SpR	Richard Bennett	Rebecca Hocking			17 WTE	9												
SPS	Cardiac Surgery SpR	Mark Yeatman	Rebecca Hocking	13 WTE	7	6	7												

TS	Occupational Health	Simon Williams	Rebecca Ridsdale	3	1	2	3																	
Medicine	General Medicine F1 (including Cardiology)	Gabriella Robson	Emma Harley / Caroline Taylor	21 WTE	21	0 WTE	20																	
Medicine	General Medicine SHO	Gabriella Robson	Emma Harley / Caroline Taylor	31 WTE	28	2 WTE												1 F2 Gap General Psychiatry (recruitment episode underway)					
Medicine	General Medicine Higher	Gabriella Robson	Emma Harley / Caroline Taylor	21	13	5 WTE	18																	
Medicine	ED SHO	Emily Broughton	Emma Harley / Caroline Taylor	14 WTE	2 ACCS / 4 GPVTS / 1 Deanery (2017-18	7 WTE	12.15						10 ST1-2 clinical fellow gaps											
Medicine	ED Middle Grade	Emily Broughton	Emma Harley / Caroline Taylor	10 WTE	6 wte	4 wte	8.1						7 ST4 clinical fellow gaps											
Medicine	Dermatology	Florence Garty	Emma Harley / Caroline Taylor	6	4.6 wte	2 wte	5.6	On-call commitment being removed from August																
Medicine	GUM	Sharon Moses	Emma Harley / Caroline Taylor	0	1 wte	0 wte	1																	
W&C	O&G FY2 & ST1-2	Sarah Walker (as of Dec 19)	Lisa Balmforth	11	12 WTE	0 WTE	11	0.4																
W&C	O&G ST3-5	Sally Harris (as of Dec 19)	Lisa Balmforth	9	6 WTE	3.6 WTE	9.6	-0.6																
W&C	O&G ST6+	Marie O'Sullivan (Lucasta Dillow	Lisa Balmforth	9	7.2 WTE	3.4 WTE	9																	
W&C	PICU ST3-8	Juli Talmud / Clare Smith	Lisa Balmforth	18	10.5	9 WTE	17.5	5.5	0.5	1.1	0.1	0.1	0.1											
W&C	Paeds Cardiac Surgery	Andrew Parry	Lisa Balmforth	3	0 WTE	3 WTE	3	1 Trust gap (Recruitment underway)																
W&C	Paeds Neurosurgery	Wesley Ramcharan	Lisa Balmforth	6	0 WTE	3 WTE	3	1	1	1	1	1	1	2	2	2	2	2	2					
W&C	Paeds Surgery FY2 & ST1-2	Juliette King	Lisa Balmforth	5	1F2 / 1 ST1-2	3 CF	5																	
W&C	Paeds Surgery ST3+	Ibrahim Mostafa	Lisa Balmforth	9	4 wte	4 wte	10.2	-0.2																
W&C	NICU ST1-3	Adam Smith-Collins	Lisa Balmforth	9	7 wte	3 wte	8.4	0.4	0.4															
W&C	NICU ST4+	Adam Smith-Collins	Lisa Balmforth	9	7.2 wte	1.7 wte	10.2	-0.8	-0.6		-0.2	0.4	0.4	0.4	-0.1	-0.1	-0.1	-0.1	-0.1					
W&C	Paediatric Oncology ST6-8	Rachel Dommett	Lisa Balmforth	6	3 wte	3 wte	7.2	-1.6	1 gap (recruitment underway)															
W&C	Paediatric Cardiology ST3-8	Barry O'Callaghan / Richard Ferg	Lisa Balmforth	8	5.6 wte	3 wte (1 CF st1-2, 2 ST3-8)	9.6																	
W&C	General Paeds F2 & GPVTS	Marion Roderick	Lisa Balmforth	6	6 WTE 3 F2 / 3 GPVTS	0 wte	6																	
W&C	General Paeds ST1-3	Marion Roderick	Lisa Balmforth	13 wte	13 wte (2 ED F2s / 10.8 ST1-3)	0 wte	13.5	-0.5																
W&C	General Paeds ST4+	Marion Roderick	Lisa Balmforth	27 WTE	25 wte	4 wte	30	-0.4	-4.2	-3.6	-1.6													
W&C	Paeds ED FY2 & GPVTS	Sam Milsom	Lisa Balmforth	5	5	0	5																	
W&C	Paeds ED GPVTS Community	Sam Milsom	Lisa Balmforth	2	2	0	2																	
W&C	Paeds ED ST1-3	Sam Milsom	Lisa Balmforth	11	11	0	12.8																	

W&C	Paeds T&O	Malgorzata Bojarska	Lisa Balmforth	4	4	0	4																	
D&T	Radiology ST1	Iara Sequeires	Philippa Finch	5	5	0	4																	
D&T	Radiology ST2-5	Iara Sequeires	Philippa Finch	10	10	0	10																	
D&T	Peadiatric Perinatal Pathology	Andrew Day	Philippa Finch	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	1					
D&T	Chemical Pathology	Andrew Day	Philippa Finch	2	2	0	1																	
D&T	Microbiology		Philippa Finch	5	5 - Funding sits with NBT for these posts	0	5																	
SpS	FY2 and CMT Heam/Onc	Eleanor Hucker	Rebecca Hocking	8	8		8					1	1											
SPS	Haematology ST3+	Amanda Clark	Rebecca Hocking	8.5	8.5	0	8	0.5	0.5	0.5	0.5	0.5	0.5	0.5										
SPS	Medical & Oncology SpR	Susan Masson	Rebecca Hocking	11	11	0	8.2	2.8	2.8	2.8	2.8	2.4	0.6											
SPS	Cardiology SpR	Ashley Nisbet	Rebecca Hocking	16	9	7	13	1.6 Deanery+2 Trust	1.6 Deanery	0.6 Deanery+2 Trus	0.6 Deanery	0.6 Deanery	0.6 Deanery	0.6 Deanery										
SPS	Cardiac Surgery SpR	Mark Yeatman	Rebecca Hocking	13	6	7	12	1 Trust Funded	1 Trust Funded	1 Trust Funded	1 Trust Funded	1 Trust Funded	1 Trust Funded											
SPS	Clinical Genetics	Sarah Smithson	Rebecca Hocking	2	2	0	0.6	1.4	1.4	1.4	1.4	1.4	1	1										

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 29 September 2020

Report Title	**Six-Monthly Report of Safe Staffing February – July 2020**
Report Author	**Helen Morgan, Deputy Chief Nurse;** **Debbie Tunnel Associate Director HR Operations**
Executive Lead	**Carolyn Mills, Chief Nurse;** **William Oldfield, Medical Director**

1. Report Summary

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

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

The NHS Improvement "Developing Workforce Safeguards" (October 2018) recommends that Trust reports include safe staffing information for Allied Healthcare Professionals (AHPs) and Medical staff as well as nursing and midwifery staff. Due to the current pandemic, this report is retrospective and less detailed than usual. However it aims to provide the Trust Board with assurance regarding safe staffing during this 6 month period.

2. Key points to note

(Including decisions taken)

This report includes safe staffing data and narrative from Weston for the first time.

The last 6 months have been challenging with a Trust wide reconfiguration of beds and staff adjusting to new environments and teams. Led by the Chief Nurse, interim divisional reviews of nursing and midwifery establishments and skill mix are planned during September and October, to review the impact of these changes and to provide assurance for ongoing safe staffing.

The Trust level quality performance dashboard for the last six months indicates that overall the standard of patient care during this period was of good quality (safety/clinically effective/patient experience).

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

University Hospitals Bristol and Weston NHS Foundation Trust

This paper can assure the Board of Directors that UHBW has had safe staffing levels over the last six months.
3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
The risks associated with this report include: **ID 920** - Risk that there are insufficient numbers of doctors in training to safely cover rotas.' The current rating is 12 and the level is high risk. There are two risks relating to medical staffing on the Weston Divisional risk register, as follows: 1. Risk that inability to recruit substantive medical staff reduces ability to provide safe and affordable care 2. Risk that medical staffing will not be at the required numbers There is an increasing reliance upon locally employed doctors to support rota compliance however; there are insufficient numbers of suitably qualified locally employed doctors, both within the UK and overseas.
4. Advice and Recommendations *(Support and Board/Committee decisions requested)*:
• This report is for **Assurance.**
5. History of the paper **Please include details of where paper has previously been received.**
N/A

University Hospitals Bristol and Weston NHS Foundation Trust

Report on Medical, Nurse and Allied Health Professionals (AHP's) Staffing Levels UHBW (February - July 2020).

September 2020 Trust Board

1.0 Introduction

Following publication of the Francis Report 2013 and the subsequent "Hard Truths" (2014) document, NHS England and the Care Quality Commission issued joint guidance to Trusts on the delivery of the commitments associated with publishing staffing data on nursing, midwifery and care staff levels. These include:

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

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

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

This report includes safe staffing data and narrative from Weston for the first time. Due to the current pandemic, this report is retrospective and less detailed than usual. However it aims to provide the Trust Board with assurance regarding safe staffing during this 6 month period.

This report details

1.1 Nursing and Midwifery

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

1.2 **Allied Healthcare Professionals (AHPs)**

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

1.3 **Medical Staff**

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

2.0 Significant Changes to staffing levels in the last six months

2.1 Nursing and Midwifery

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

Due to the impact of Covid19, the hospital has been reconfigured to enable the safe zoning of patients into blue, amber or green areas, depending on their Covid status. The hospital reconfiguration has impacted on nursing staff, many of whom have moved specialty or ward to accommodate these changes. Led by the Chief Nurse, interim divisional reviews of nursing and midwifery establishments and skill mix are planned during September and October, to review the impact of these changes and to provide assurance for ongoing safe staffing.

The majority of UH Bristol's funded establishments that are non Covid related have had no significant changes over the last six months, with two exceptions in Surgery and Women's:

Surgery - ITU is 10.00 WTE RNs over recruited in line with the recruitment planning for the phase 1 critical care expansion project.

Women's – 2.00 band 6 Midwives funded via the OPP, following an assessment of Birth Rate Plus requirements.

2.2 Allied Healthcare Professionals (AHPs)

Division	Service	WTE	Approval
Women's and Children's	Physio – community respiratory outreach Physio – suction education	Band 7 - 1.00 Band 7 - 0.50	ESDP funded BNSSG funded for 6 months
D&T	Physio – Outpatients Dietician – Oncology OT – Oncology	Band 6 - 1.00 Band 6 - 1.00 Band 6 - 0.60	All funded via OPP

	Physio – Oncology SLT – Oncology Dietician – adult metabolic service	Band 6 - 1.00 Band 6 - 1.00 Band 7 - 0.60	
Medicine	Physio – NIV Team	Band 7 - 1.00	Funded via OPP

No other significant changes have been reported in the last six months in other Divisions.

2.3 **Medical Staff**

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

In February 2020, there were 25.3 whole time equivalent vacancies (including doctors in training and locally employed doctors) across UHBristol and 11 WTE vacancies at Weston. These were absorbed by a mix of locum shifts, short term clinical fellow posts, acting up, additional hours, and rewriting of rotas.

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

3.0 Principles of Safe Staffing for General Inpatient Wards

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

Ratio of number of patients per nurse: In setting wards establishment and skill mix UHB use the principles of one registered nurse per 6 patients on a day shift and one registered nurse to 8 patients on a night shift.

Based on the above principles nursing and midwifery establishments continue to provide a ratio of the number of patients per RN between 2.3 - 8 on a day shift and 2.3 - 8 on a night shift. The ratio of registered to unregistered staff for UHBW for adult inpatient areas continues to range between 50:50 and 90:10. Where the ratio of registered nurses is less than 60% this is based on the professional judgment of the senior nurses and supported by patient acuity and dependency scoring. There have been no changes to these ratios in inpatient areas in the last six months.

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

4.0 Regulatory requests for staffing information

A CQC inspection took place in the Emergency department at Weston General Hospital on July 28th and 29th 2020. The report is awaited. An update on the report, any staffing issues highlighted and actions taken will be included in the next 6 monthly report.

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

5.1 **Nursing and Midwifery**

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

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

The graph and table below (fig 1) show 6 monthly staffing fill rates for inpatient ward areas: Key issues to note:

- The total average fill rate for RN and NA staffing has remained within the green threshold for each month, except for Feb and July 2020, which saw slight increases above 100%.

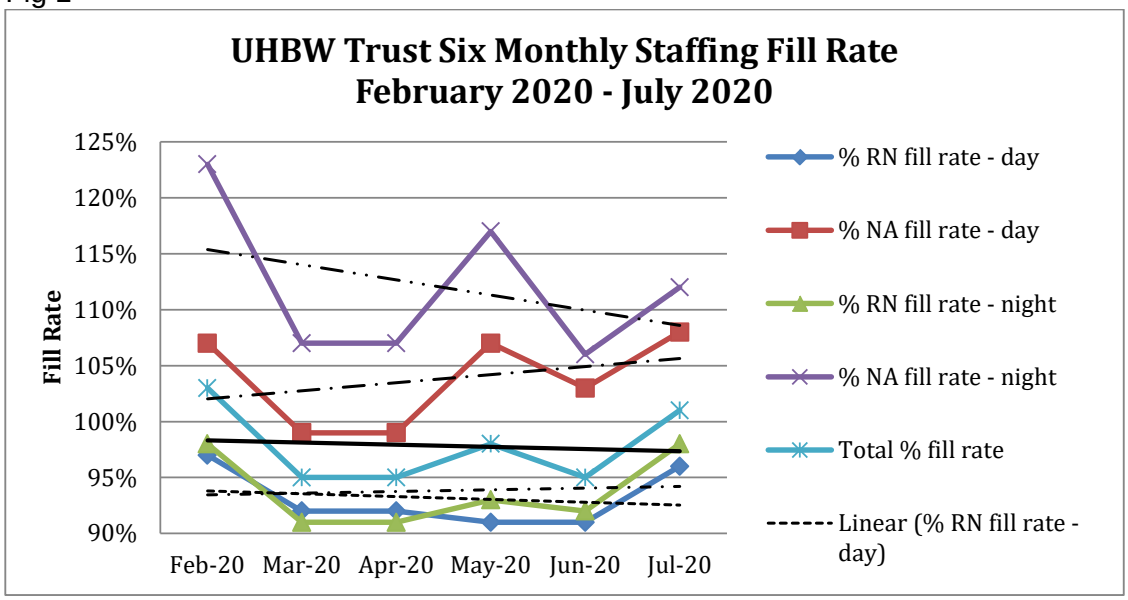
- The average RN day fill rate for the Trust has remained at 90% or above consistently for the period. Lower fill rates were seen during the lockdown period when fewer beds were open. The fill rate has not exceeded 100% in any month.

- The average RN night fill rate follows a similar pattern as the day fill rate. There is a definite increase in July following the hospital reconfiguration and restoration of clinical services. The overall fill rate for RN's at night has not exceeded 100% in any month.

- The average NA day fill rate continues to trend above 100%, this is driven by the high use of NA staff in the Weston division.

- The NA night fill rate continues to be consistently above the planned staffing levels for nights. This is driven primarily by Enhanced Care Observation requirements.

Fig 1



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

UHBW Trust Position	% RN fill rate - day	% NA fill rate - day	% RN fill rate - night	% NA fill rate - night	Total % fill rate
Feb 20	**97%**	**107%**	**98%**	**123%**	**103%**
Mar 20	**92%**	**99%**	**91%**	**107%**	**95%**
Apr-20	**92%**	**99%**	**91%**	**107%**	**95%**
May-20	**91%**	**107%**	**93%**	**117%**	**98%**
Jun-20	**91%**	**103%**	**92%**	**106%**	**95%**
Jul-20	**96%**	**108%**	**98%**	**112%**	**101%**
Trust 6 month Average	**93%**	**104%**	**94%**	**112%**	**98%**

Note: the red rating has been set at 75% to be in line with the national guidance that states that:-
A shortfall of more than 8 hours or 25% (whichever is reached first) of registered nurse time available compared with the actual requirement for the shift. For example, if a shift requires 33 hours of registered nurse time, a red flag event would occur if 5:45 hours or less of registered nurse time is available for that shift (which is the loss of more than 25% of the required registered nurse time).

5.2 Red Flags

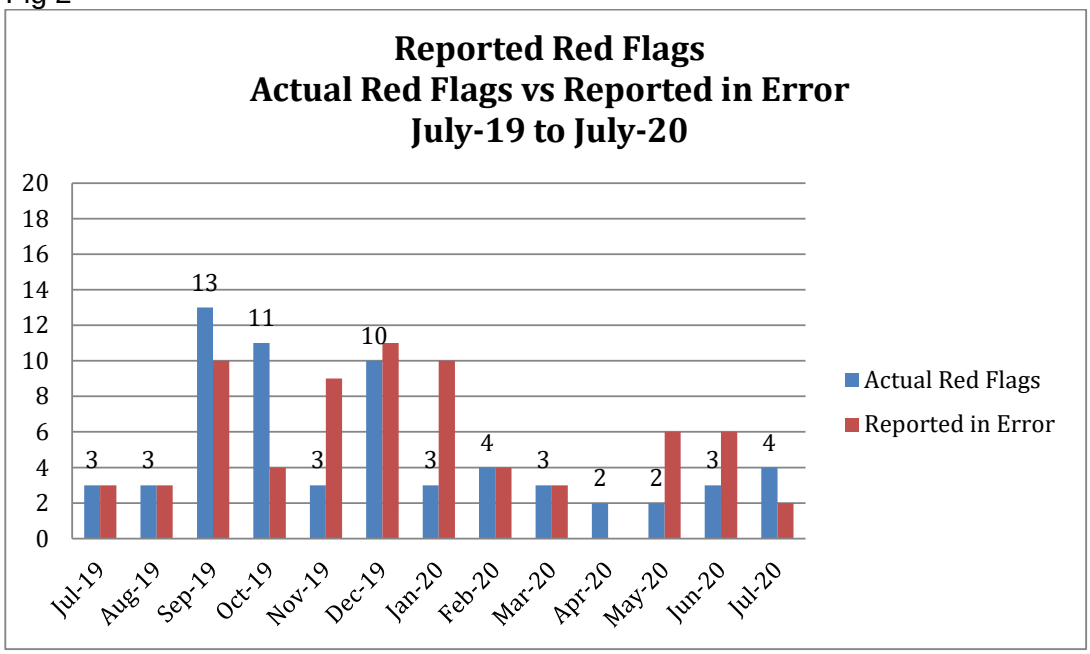
Combined UHBW red flag incident (fig 2) reporting commenced from April 20. Reporting prior to this on both Weston and Bristol sites was not comparable.

- The number of correctly reported red flag incidents across all in patient wards for this period was 18, compared to 43 in the previous 6 months (see Fig 2).

- The number of incorrectly report red flag incident decreased from 47 to 21 in the same period.

- It should be noted that there has been a decrease in the number of reported Red flag incidents as the number of empty beds due to the pandemic was high and therefore staffing requirements reduced during this 6 month period.

Fig 2



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

- Unfilled staffing gaps where the Trust was unable to secure a temporary staff member to cover at short notice. In this situation the Trust SOP for ensuring safe staffing was followed

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

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

5.3.1 Weighted Activity Unit (WAU)

Nursing and Midwifery

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

For the financial year 2018 – 2019 Bristol (fig 3) sits in quartile 1 (best) for cost per WAU and shows an improvement from the previous year 2017/2018 where it sat in the second (best) quartile. This means that it spends less on staff per unit of activity than a number of Trusts both nationally and within our peer group.

For the financial year 2018-2019 Weston (fig 4) sits in quartile 4 (worst) for cost per WAU. This means that it spends more on staff per unit of activity than a number of Trusts both nationally and within our peer group. A detailed staffing review for Weston is planned for October.

The Trust's agency spend also was noted as benchmarking well at 2.7 up to March 2020 against a peer median of 3.4% and a national median of 5.5%. There was no comparable data on the Model Hospital dashboard for Weston at the time of writing this report. Future reporting is being explored. The implementation of the e-rostering system for nurses and midwives together with SafeCare ensures the Trust is able to "review nursing spend at a divisional level. This continues to enhance the understanding of nursing costs and reasons behind budget spend and creates a greater visibility of critical staffing shortages

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

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

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

Allied Healthcare Professionals (AHPs)

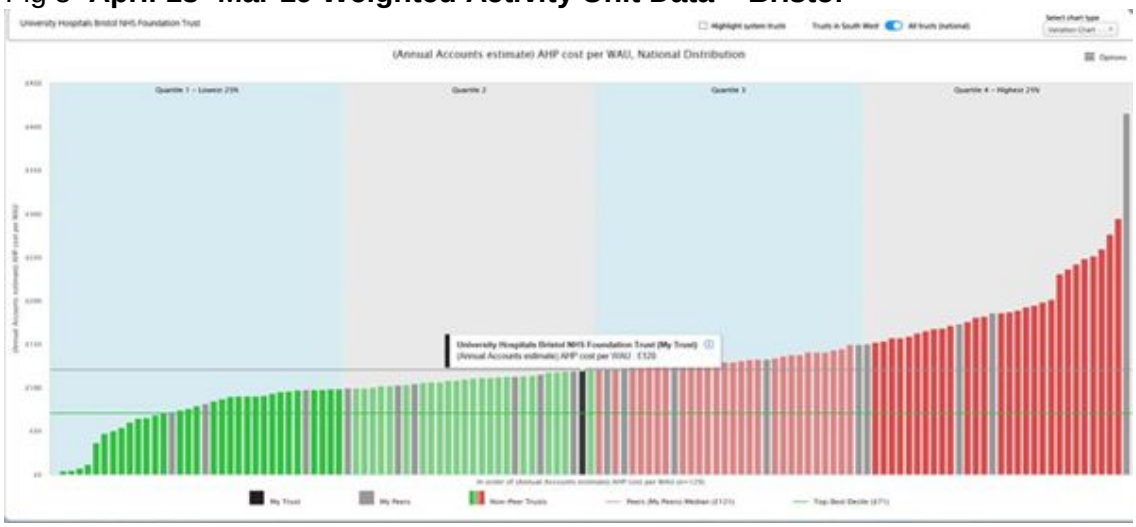
For the financial year 2018 – 2019 Bristol (fig 5) sits in quartile 2.

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

- All Adult Physios, OT, Dieticians and SALTs within Diagnostics and Therapies Division
- Adult Radiology including MRI – Bristol site

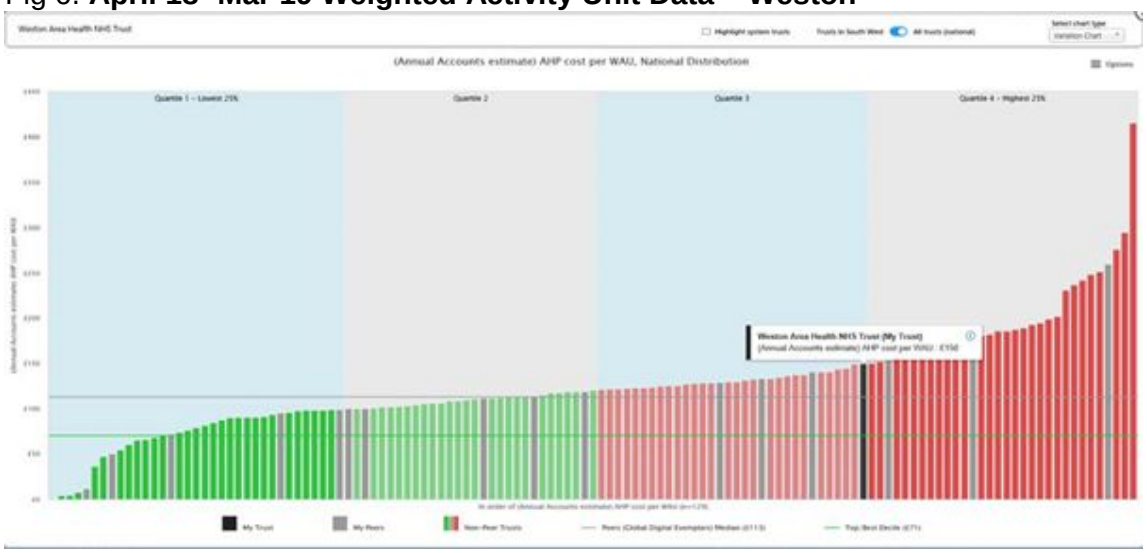
Plans to extend E-Rostering to other AHP group will be included in the divisional operating plans for 20/21 in line with the NHSI levels of attainment work mandating all clinical teams are on E-Rostering by 2021.

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



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

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



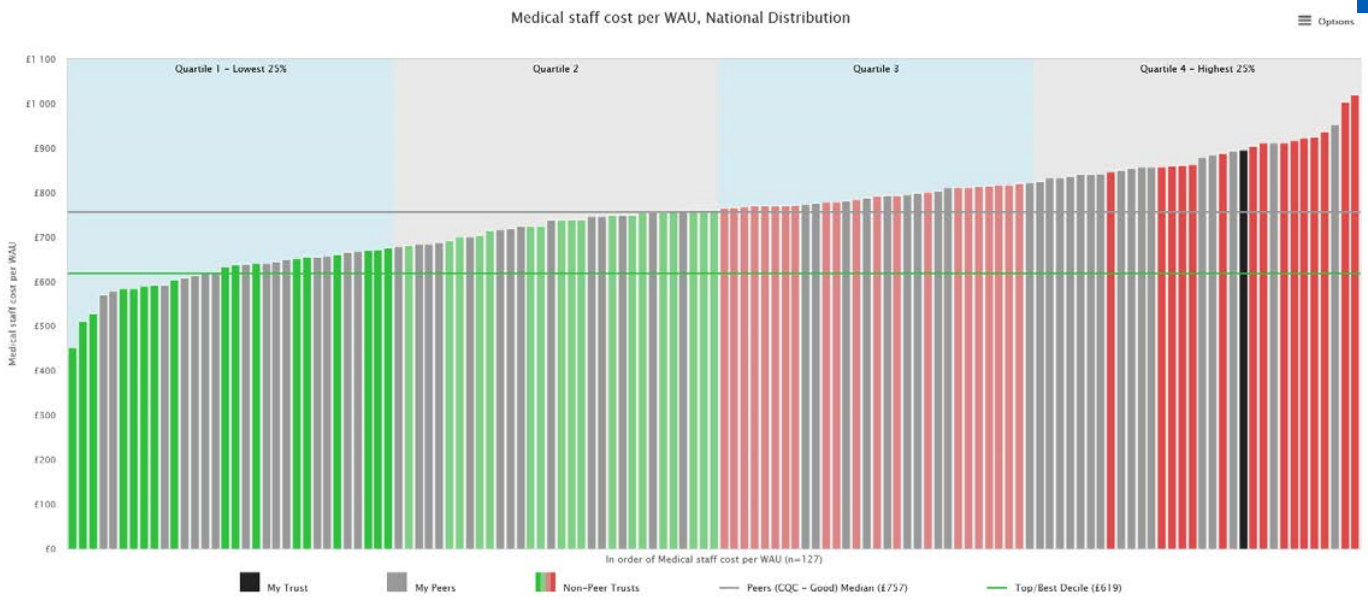
Medical Staff

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

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

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

Fig 7

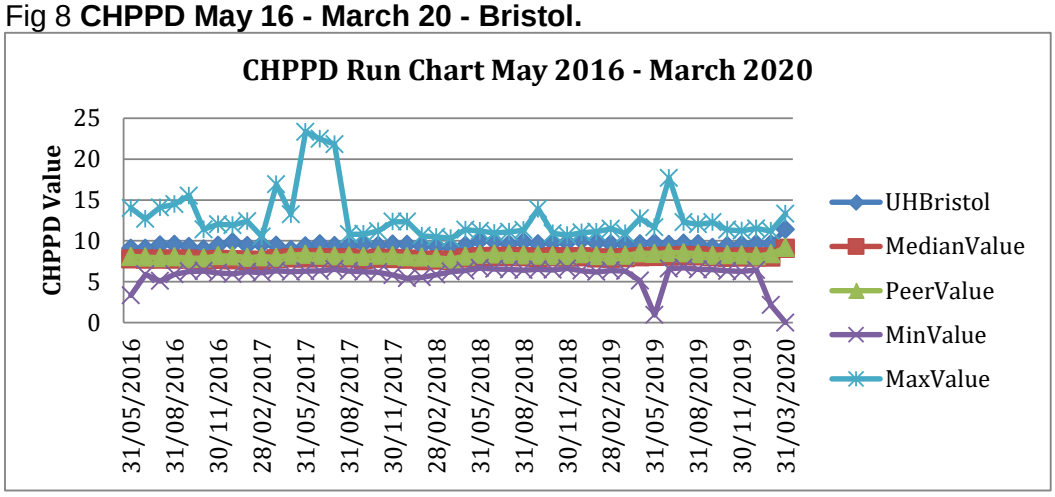


5.3.3 Nursing Care Hours Per Patient per Day (CHPPD)

CHPPD data was put on hold during the pandemic and so only includes data up to March 20. Bristol and Weston hospital sites are shown separately

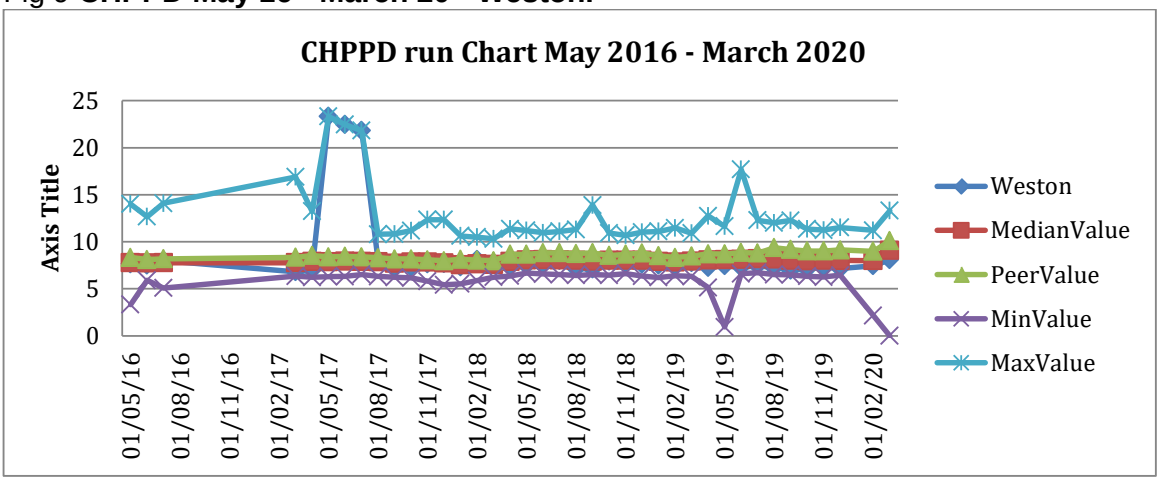
The graph below (fig 8) shows that Bristol CHPPD sits above the national mean and that of the model hospital peer group giving assurance that the Trust has safe levels of staffing. This figure needs to be considered alongside the WAU productivity measure and the Trust's performance against quality metrics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

Fig 8 **CHPPD May 16 - March 20 - Bristol.**



The graph below (fig 9) shows that Weston CHPPD sits just below or at the national mean and that of the model hospital peer group. CHPPD will be reviewed at the Chief Nurse led staffing review meeting at Weston in October.

Fig 9 **CHPPD May 16 - March 20 - Weston.**



6.0 Staffing Risks held on the corporate risk registers

6.1 **Nursing and Midwifery**

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

6.2 **Allied Healthcare Professionals (AHPs)**

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

6.3 **Medical Staff**

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

There are two risks relating to medical staffing on the Weston Divisional risk register, as follows:

1. Risk that inability to recruit substantive medical staff reduces ability to provide safe and affordable care
2. Risk that medical staffing will not be at the required numbers

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

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

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

The development of the locum bank, which is linked to the e-rostering roll out, is also supporting access to a broader pool of doctors which helps mitigate against the reduction in available working hours of our existing medical staff. The Temporary Staffing Bureau has continued to build on previous successful growth of the internal locum bank with a rolling external marketing campaign. In the 6 month period (February - July) 68 new doctors have been successfully recruited to the locum bank and 72 doctors re-appointed (doctors leaving a fixed term role with the Trust) to the locum bank. This increased bank pool also supports the ongoing drive to reduce agency reliance.

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

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

7.0 Performance against key quality metrics.

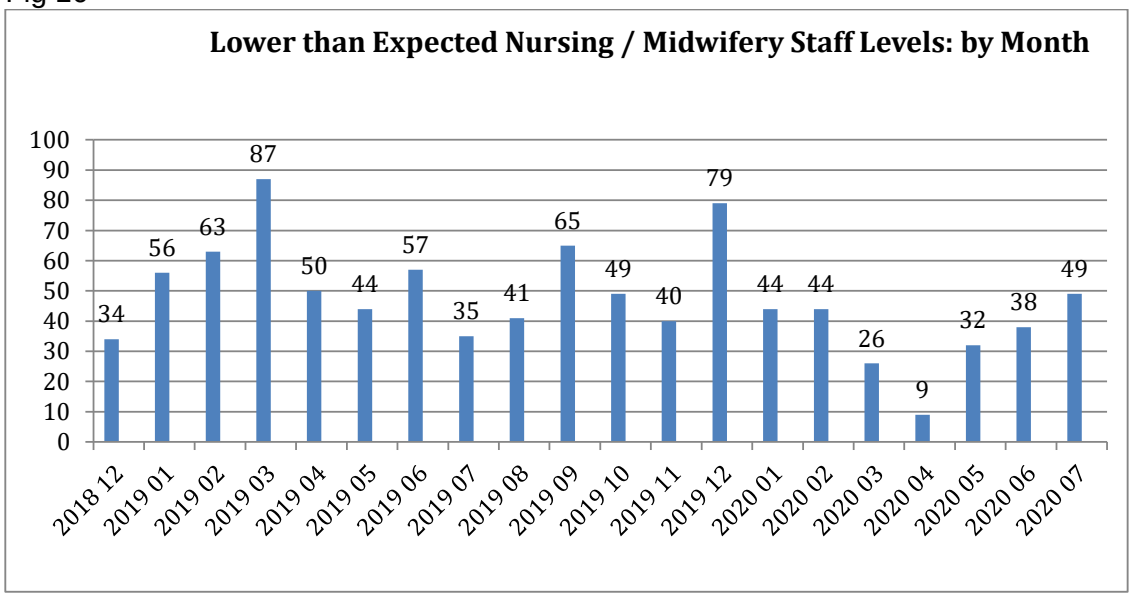
The Trust level quality performance dashboard for the last six months indicates that overall the standard of patient care during this period was of good quality (safety/clinically and effective/patient experience).

7.1 Staffing Incidents

Nursing and Midwifery

The number, content and any themes arising staffing incidents related to staffing (fig 10), are reviewed and discussed monthly at Nursing Controls Group and via Divisional Performance and Ops Reviews. Fig 10 includes incidents at Weston from April 20 only, as methods of reporting prior to this were not comparable.

Fig 10



There was a decrease in reported incidents during March and April due to the impact of the Covid 19 pandemic. There has been a steady rise in reported incidents since May 2020 when restoration of services commenced. A high number of these incidents relate to the recent hospital reconfiguration, as staff adjust to new environments and teams.

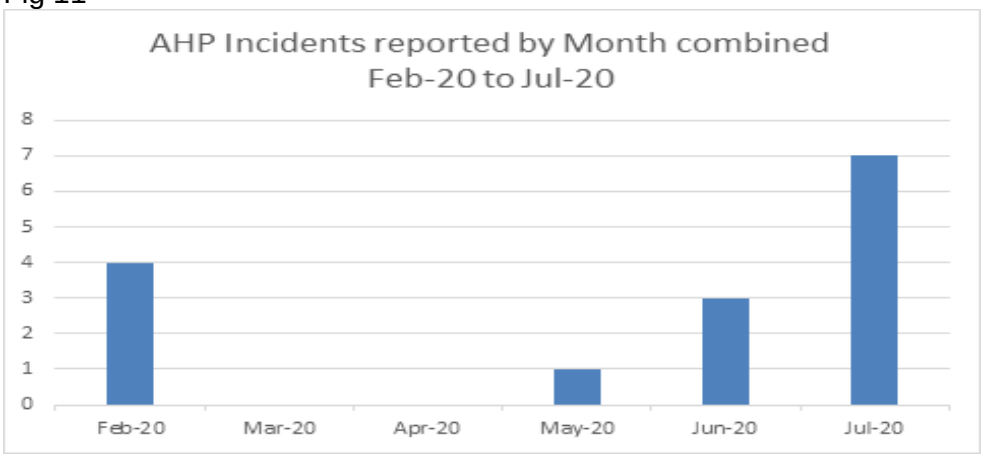
Where lower than expected staffing forms were submitted, the actual harm was generally assessed as near miss to minor actual harm impact, there were no lower than expected staffing incidents reported with more than minor in this period

Allied Healthcare Professionals (AHPs)

Lower than expected staffing level incidents for AHP's, for February 2020 to July 2020 is shown below (fig 11).

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

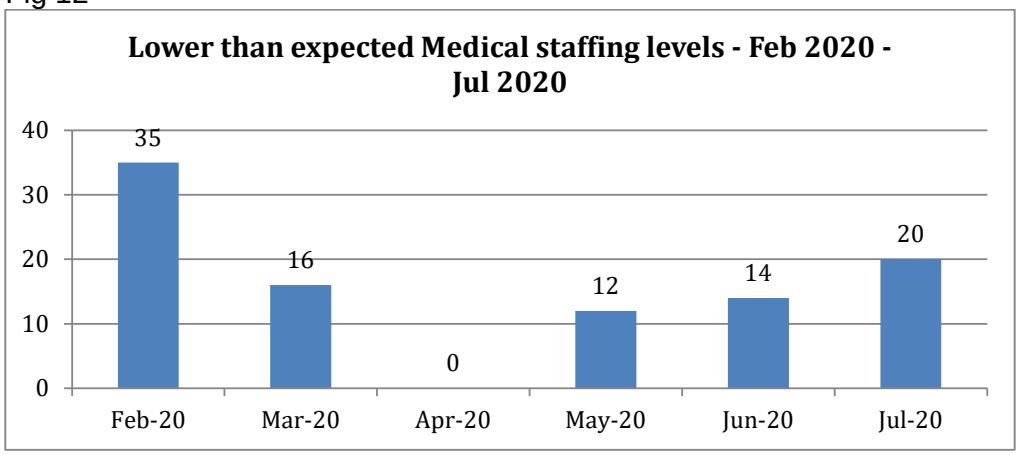
Fig 11



Medical Staff

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

Fig 12



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

In particular, the number of reported incidents was significantly lower during the period of March to June 20 that Covid-19 rotas were active.

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

8.0 Workforce Planning for the Future

Nursing and Midwifery

8.1 **Nursing Associates**

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

A business case for 20 Trainee Nursing Associates per year, over the next 3 years was approved by the Trust Senior Leadership Team (SLT) in June 2019. The first cohort commenced their training in October 2019 of which 14 remain on the programme. The programme was paused across BNSSG during the start of Covid but has subsequently recommenced. A further cohort of 20 is being planned to commence

in February 2021 and an active marketing and recruitment campaign has been developed from September 2020.

8.2 **Nursing Degree Apprenticeships**

Health Education England has recently announced additional national funds of £8300 per year for organisations able to support a nursing degree apprenticeship. The funding may go some way toward backfill however, the scale of supernumerary demands of the programme still results in significant affordability questions that currently no immediate solution has been identified. A possible BNSSG system wide approach is being explored.

Medical Staff

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

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

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

8.4 **Physician Associates**

The Division of Medicine continues to support the recruited Physician Associates (PA). The work-stream is being supported by a medical lead and fellow and feedback indicates that the PAs have felt well supported and inducted into the clinical environments. The medicine division is reporting a positive impact of the roles. An under graduate placement circuit was in development with UWE however, due to a pause of business, the business sign off for the clinical supervision model was unable to be progressed. This ambition is now being resumed with the aim to review the opportunity to support from April 2021.

8.5 **Apprenticeship pathways**

A number of new pathways for longer term career pathways and workforce roles have also been developed as part of the AHP workforce response. Two level band 4 assistant practitioner posts to support radiology are due to commence with Weston College in Oct/November 2020. Four Operating Department Practitioner apprenticeships for supporting a longer term theatre workforce will commence in January 2021 and one radiography band 6 programme. Collectively these will support the development of a broader workforce response for future service and patient care demands.

9.0 Conclusion

Nursing and Midwifery

Reviewing and aligning nursing and midwifery staffing against the care needs of our patients remains a high priority across the Trust. The last 6 months have been challenging with a Trust reconfiguration of beds and staff adjusting to new environments and teams. The Chief Nurse and Divisional Teams have continued to

review and monitor both short term and longer term staffing skill mix and establishments, in line with UHBW principles for initiating a staffing review and the principles of safe staffing in line with speciality specific guidance/recommendations.

This paper can assure the Board of Directors that UHBW has had sufficient processes and oversight of its staffing arrangements to ensure safe nursing and midwifery staffing levels over the last six months.

Medical Staff

The Trust continues to implement medical e-rostering. In response to the potential Covid-19 surge in demand for hospital services, the Bristol campus moved all junior doctors (except Women's and Children's) onto a single 'super roster' for each grade of medic. This provided a suitable level of clinical support to all areas but also allowed for resilience when doctors themselves had to self-isolate due to infection. This working practice can be implemented again if there is a second spike and potentially there will be an accelerated roll out to enable all doctors and working patterns to be on Healthroster.

These super rosters were managed centrally on the HealthRoster system by a dedicated team of staff. This approach proved successful for managing the junior doctors, supporting locum payments and visibility to the junior doctors of (changing) shifts.

The Senior Leadership Team in August 2020 approved an accelerated e-rostering rollout to ensure all medics in Bristol are on the HealthRoster system in close partnership with Allocate, the supplier of the medical e-rostering system. This will ensure the Trust is in a stronger position to manage staff movements and respond to activity across all Divisions if there is a second wave of the pandemic. The original e-rostering implementation plan is now being reviewed to scope the remaining services which require e-rostering roll out to ensure pace to the conclusion of the programme.

In Weston, there were a number of covid rotas set up in a similar way to Bristol for ITU, ED and Surgery and Medicine combined. Registrar rotas remained in place albeit with some changes to their working patterns. The next phase for the Weston campus will be to roll out Healthroster for all medics following a supported implementation from Allocate.

Allied Healthcare Professionals (AHPs)

With the information available, this paper can assure the Board of Directors that UHBW has had sufficient oversight of its staffing arrangements to ensure safe AHP staffing levels over the last six months.

Appendix 1:

UHBristol's principles for initiating a nurse staffing review (2014)

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

OR when there is:

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

Appendix 2.

Care Hours per Patient Per Day and How its calculated

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

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

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

Weighted Activity Unit

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

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

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

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

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

Meeting of the Board of Directors in Public on Tuesday 29 September 2020

Report Title	**Quarter 1 Complaints Report**
Report Author	**Tanya Tofts, Patient Support and Complaints Manager**
Executive Lead	**Carolyn Mills, Chief Nurse**

1. Report Summary

Summary of performance in Quarter 1

	Q1	
Total complaints received	**228**	
Complaints acknowledged within set timescale	**98.6%**	
Complaints responded to within agreed timescale – formal investigation	**71.3%**	
Complaints responded to within agreed timescale – informal investigation	**97.9%**	
Proportion of complainants dissatisfied with our response (formal investigation)	**2.8%**	

2. Key points to note

(Including decisions taken)

Improvements:

- The target of 95% for responses completed within the agreed deadline was exceeded during each month of Q1 for informal complaints.
- For the first time the Trust has reported dissatisfied cases at under the 8% threshold for three consecutive months, with an overall percentage for the quarter (reported two months in arrears) of just 2.8%.

However:

- Only 71.3% of formal complaints were responded to within the timescale agreed with the complainant

Note:

The Patient Support & Complaints service continued to triage and respond to all complaints received during the main period of lockdown; the service was then fully re-opened on 1st July. This Q1 report covers a period when the volume of complaints received by the Trust was roughly half of what we would normally expect to see – which is directly attributed to the pandemic. As per the previous Quarter 4, in view of the current operational pressures associated with the pandemic and reconfiguration of services, Divisions have once again not been asked to respond to the summary data in this report, however normal reporting will resume for Quarter 2.

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 **Assurance.**	
5. History of the paper **Please include details of where paper has previously been received.**	
Patient Experience Group	20/8/20
Senior Leadership Team	23/9/20
Quality and Outcomes Committee	24/9/20

University Hospitals Bristol and Weston NHS Foundation Trust

Complaints Report

Quarter 1, 2020/2021

(1 April 2020 to 30 June 2020)

Author: Tanya Tofts, Patient Support and Complaints Manager

Quarter 1 Executive summary and overview

	Q1	
Total complaints received	228	↓
Complaints acknowledged within set timescale	98.6%	↓
Complaints responded to within agreed timescale – formal investigation	71.3%	↓
Complaints responded to within agreed timescale – informal investigation	97.9%	↑
Proportion of complainants dissatisfied with our response (formal investigation)	2.8%	↓

Successes	Priorities
• The target of 95% for responses completed within the agreed deadline was exceeded during each month of Q1 for informal complaints. • For the first time the Trust has reported dissatisfied cases at under the 8% threshold for three consecutive months, with an overall percentage for the quarter (reported two months in arrears) of just 2.8%. • For the first time, this report includes data and information on complaints received by the Division of Weston. • The Patient Support and Complaints service has fully restarted during the quarter, with all complaints that had been put on hold during the Covid-19 outbreak now either under investigation or resolved.	• To re-open the Patient Support & Complaints Team 'drop in' service as soon as this can be done whilst maintaining the safety of patients and staff. • To implement the proposed new process for dealing with informal complaints in 'real time'. • To implement outstanding tasks from the Patient Support & Complaints Team work plan for 2019/20 that, by necessity, had to be carried over to the 2020/21 plan due to the impact of the merger with Weston.
Opportunities	**Risks & Threats**
• Opportunity to review the format of this report as part of the integration of the complaints service with the Division of Weston. • Opportunity to review the patient complaints survey currently sent to complainants six weeks after their complaint is closed. At the point of this report, Weston and Bristol were sending out different versions of the survey; however, since July 2020, the same one is being sent out to all complainants.	• Since the end of Q1, in advance of corporate services integration, the Division of Weston has adopted the same systems and processes for complaints handling as other UHBW divisions, however until consultation has taken place and the respective services have merged, there remains an ongoing risk that UHBW complaints processes are not fully implemented there. • Additional training is required for Weston staff who are responsible for investigating complaints and drafting formal responses.

1. Complaints performance – Trust overview

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

During Q1 of 2020/21, the complaints service, along with the majority of services provided by the Trust, was significantly impacted by the Covid-19 pandemic.

At the end of March 2020, a UK-wide lockdown was implemented by the government and the Patient Support and Complaints Team staff were asked to work from home. During April 2020, the team contacted all enquirers/complainants who had an existing case under investigation, to advise them that their case had been placed into one of the following categories, and to explain what would happen next:

- Urgent complaints that required a response within the usual timeframe (or where the investigation had already been completed and the response was due);
- Non-urgent complaints that could be placed on hold until the Divisions were in a position to investigate and respond to them. Complainants were advised that the team would be in touch at the end of June/beginning of July 2020 to progress their enquiry; or
- Non-urgent simple cases where the enquirer could be signposted to an alternative source of support or assistance, such as NHS 111, the Gov.uk website, etc.

By the beginning of July 2020, all complainants whose enquiries had been put on hold had been contacted and their enquiry progressed. Due to the significant decrease in the number of new enquiries coming in to the service during Q1, the team was able to acknowledge and respond to all new enquiries in a timely manner, as well as progressing the existing cases. The only part of the service that has been closed during the pandemic is the face-to-face drop in service, in order to enquire the safety of patients and staff.

1.1 Total complaints received

The Trust received 228 complaints in quarter 1 (Q1) of 2020/21. This total includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)[1] but does not include concerns which may have been raised by patients and dealt with immediately by front line staff. Figure 1 provides a long-term view of complaints received per month. The impact of the Coronavirus outbreak can start to be seen in the significant reduction in the number of complaints received at the beginning of Q1 and the gradual increase towards the end of the quarter.

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

Figure 1: Number of complaints received

Figure 2: Numbers of formal v informal complaints

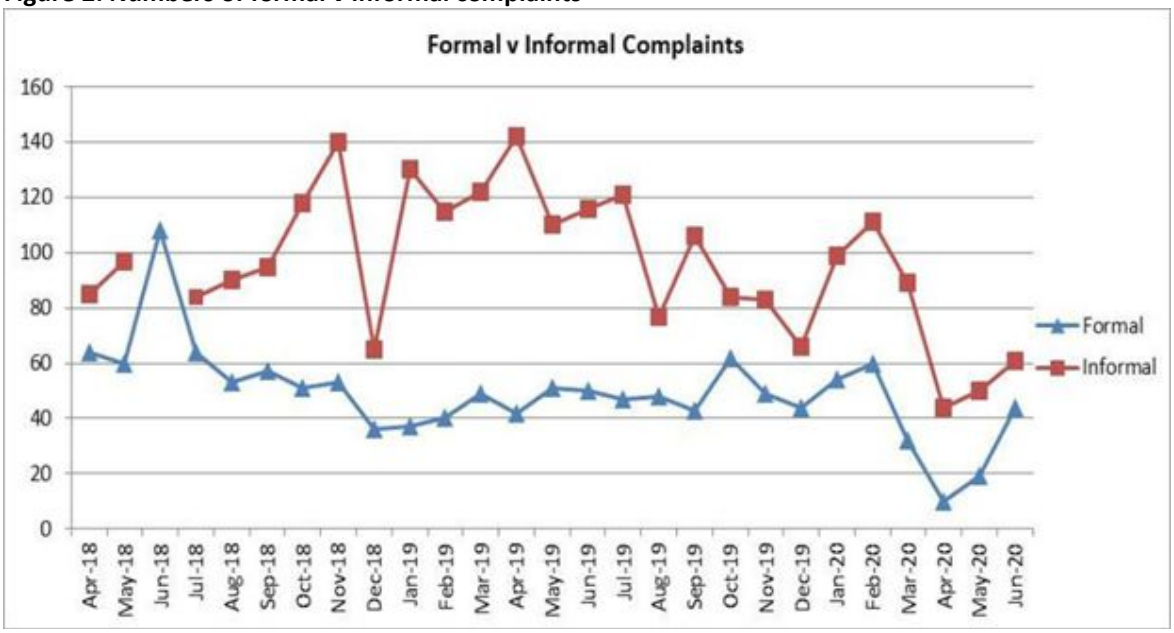


Figure 2 (above) shows complaints dealt with via the formal investigation process compared with those dealt with via the informal investigation process, over the same period. We continue to deal with a higher proportion of complaints via the informal process, which means that these issues are being dealt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

1.2 Complaints responses within agreed timescale

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

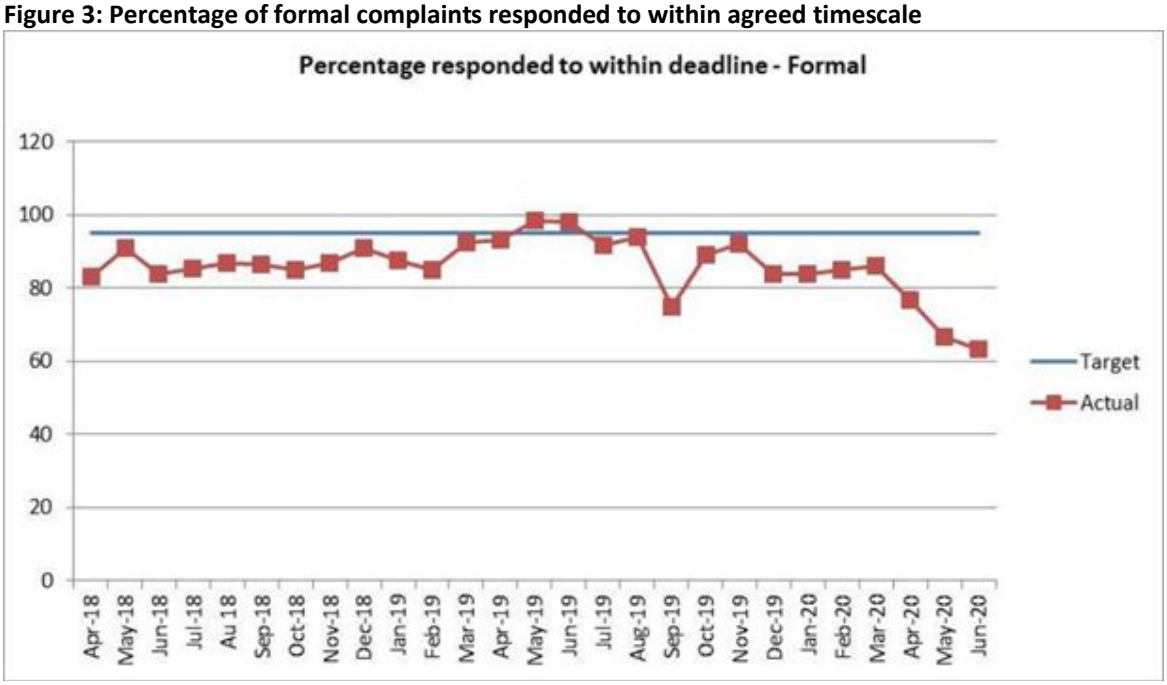
When a complaint is managed through the informal resolution process, the Trust and complainant also agree a timescale and this is usually 10 working days.

1.2.1 Formal Investigations

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

In Q1 2020/21, 71.3% of responses were posted within the agreed timescale. This represents 27 breaches out of the 94 formal complaint responses which were sent out during the quarter[2]. This is a deterioration on the 84.9% reported in Q4 of 2019/20. Figure 3 shows the Trust's performance in responding to complaints since April 2018. Please see section 3.3 of this report for details of where these breaches occurred and at which part of the process they were delayed.

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



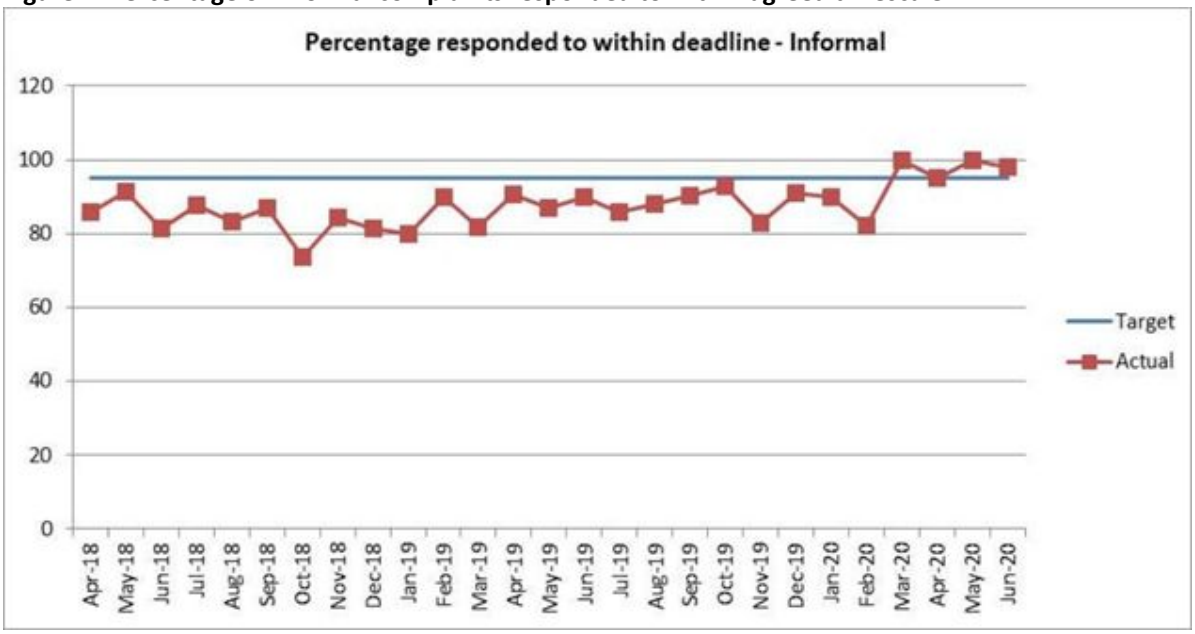
1.2.2 Informal Investigations

In Q1 2020/21, the Trust received 155 complaints that were investigated via the informal process. During this period, the Trust responded to 140 complaints via the informal complaints route and 97.9% (137) of these were responded to by the agreed deadline, an improvement on the 91.1% reported in Q4. It should be noted that the target of 95% was exceeded for each month of Q1.

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

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

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



1.3 Dissatisfied complainants

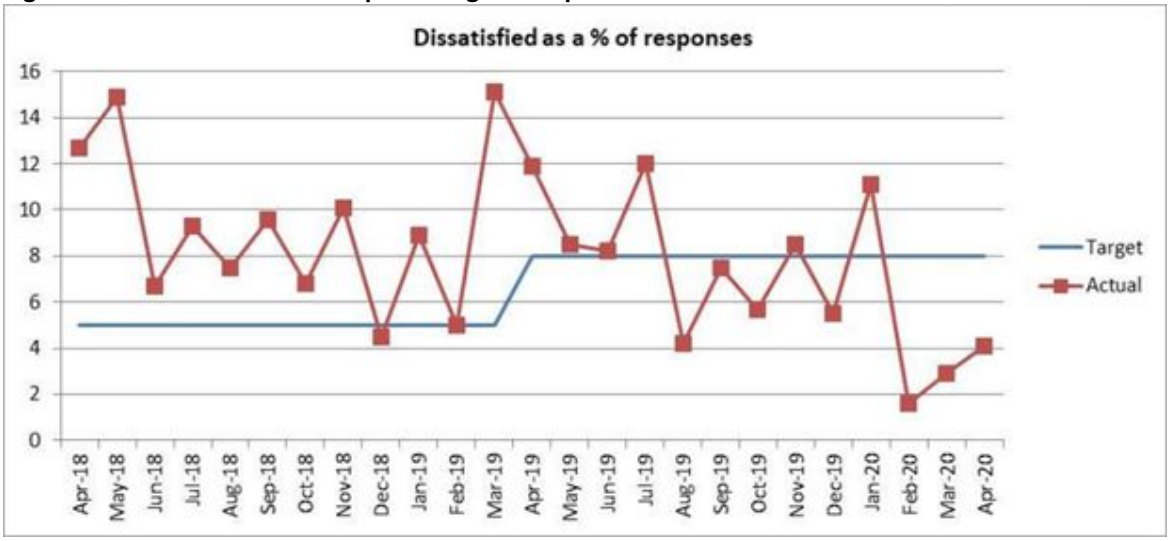
The Trust's target is that no more than 8% of complaints responses should lead to a dissatisfied response.

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

In Q1 2020/21, we are able to report dissatisfied data for February, March and April 2020. Five complainants who received a first response from the Trust during those months have since contacted us to say they were dissatisfied. This represents 2.8% of the 180 first responses sent out during that period. This is the first time since reporting this data that the rate has been below the 8% target for every month reported in a whole quarter.

Figure 5 shows the monthly percentage of complainants who were dissatisfied with aspects of our complaints responses since April 2018.

Figure 5: Dissatisfied cases as a percentage of responses



2. Complaints themes – Trust overview

Every complaint received by the Trust is allocated to one of eight major categories, or themes. Table 1 provides a breakdown of complaints received in Q1 2020/21 compared with Q4 of 2019/20.

Complaints in the majority of categories decreased in Q1, compared with Q4, with the exception of small increases in complaints about 'discharge/transfer/transport' and 'access'. This report covers the period during which the Covid-19 outbreak had the greatest impact on all services and this is also reflected in the volume of complaints received.

Interestingly, the top three categories for which complaints are received (by number and percentage of total complaints) has consistently been 'appointments and admissions' followed by 'clinical care' and then 'attitude and communication'. For the first time in Q1 2020/21, the order in which these appear based on numbers and percentages has changed as shown in Table 1 below.

Complaints in respect of the top three reported categories accounted for 71.1% of all complaints received (162 of 228).

Table 1: Complaints by category/theme

Category/Theme	Number of complaints received in Q1 (2020/21)	Number of complaints received in Q4 (2019/20)
Attitude & Communication	66 (28.9% of all complaints) ↓	77 (17.3% of all complaints) ↓
Clinical Care	57 (25%) ↓	136 (30.6%) ↑
Appointments & Admissions	39 (17.1%) ↓	140 (31.5%) ↑
Information & Support	25 (11%) ↓	34 (7.7%) ↑
Facilities & Environment	19 (8.3%) ↓	35 (7.9%) ↑
Discharge/Transfer/Transport	10 (4.4%) ↑	8 (1.8%) ↓
Documentation	8 (3.5%) ↓	14 (3.2%) ↑
Access	4 (1.8%) ↑	0 (0%) ↓
Total	**228**	**444**

Each complaint is also assigned to a more specific sub-category, of which there are over 100. Table 2 lists the most commonly reported sub-categories, which together accounted for 71.1% of the complaints received in Q1 (162/228).

It should be noted that there are increases in all categories and sub-categories that are generally associated with inpatients and the complaints about outpatient services have reduced significantly during the Covid-19 pandemic and subsequent lockdown.

Table 2: Complaints by sub-category

Sub-category	Number of complaints received in Q1 (2020/21)	Q4 (2019/20)	Q3 (2019/20)	Q2 (2019/20)
Clinical care (Medical/Surgical)	33 (61.2% decrease compared to Q4) ↓	85	73	84
Cancelled/delayed appointments and operations	31 (69.3% decrease) ↓	101	95	92
Communication with patient/relative	18 (5.9% increase) ↑	17	20	10
Clinical care (Nursing/Midwifery)	12 (20% increase) ↑	10	11	11
Attitude of Nursing/Midwifery	12 (33.3% increase) ↑	9	11	5
Lost personal property	12 (20% increase) ↑	10	4	7
Attitude of ancillary staff	10 (∞ increase) ↑	0	3	0
Discharge arrangements	10 (66.7% increase) ↑	6	9	8
Attitude of medical staff	7 (41.7% decrease) ↓	12	17	19
Failure to answer telephones/failure to respond	6 (64.7% decrease) ↓	17	21	22
Attitude of A&C staff	6 (20% increase) ↑	5	10	6
Appointment administration issues	5 (83.3% decrease) ↓	30	21	40

The largest increases in percentages of complaints were in respect of 'discharge arrangements' and 'attitude of ancillary staff' – complaints received about the latter staff group are usually negligible. The number of complaints received in respect of staff attitudes increased across the board and reflects the impact of the huge additional pressures put on staff looking after inpatients during this unprecedented time.

The most significant decreases were in respect of complaints received about 'appointment administration issues' and 'cancelled/delayed appointments and operations'. Patients will have been aware that their appointments and elective surgery were likely to be cancelled due to Covid-19.

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

Figure 6 shows that, following a sharp increase at the beginning of 2020, complaints about 'clinical care (medical/surgical)' continued to reduce during Q1; and Figure 7 shows that complaints about

'cancelled/delayed appointments and operations' which reduced significantly during April and May, began to climb again towards the end of the quarter. Figures 8 and 9 show a spike in complaints about 'attitude and communication' in May before dropping off again in June.

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

Figure 6: Clinical care – Medical/Surgical

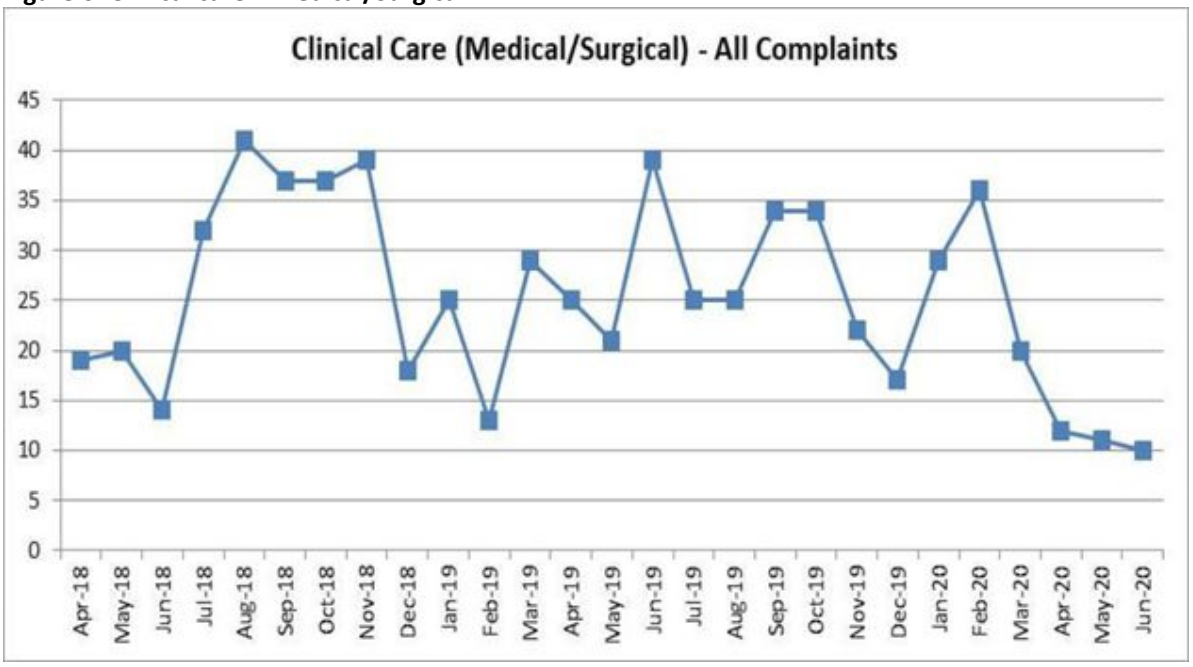


Figure 7: Cancelled or delayed appointments and operations

Figure 8: Communication with patient/relative

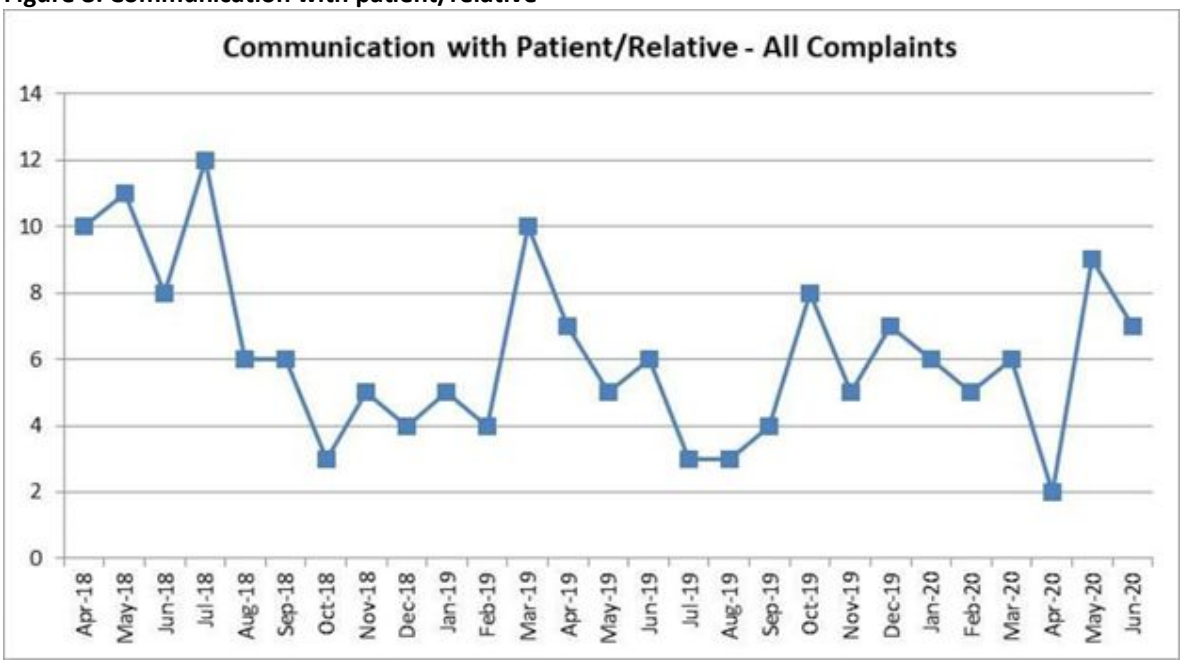
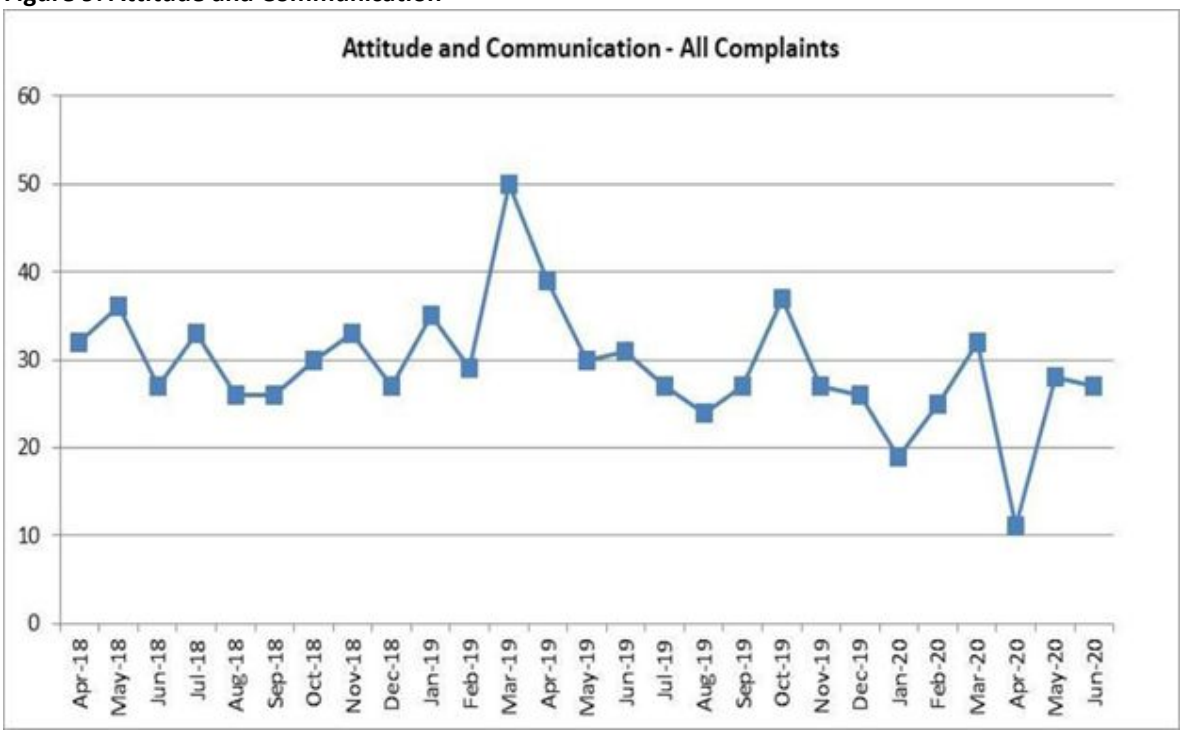


Figure 9: Attitude and Communication



3. Divisional Performance

3.1 Divisional analysis of complaints received

Table 3 provides an analysis of Q1 complaints performance by Division. In Q1, the Division of Weston is included for the first time. In addition to providing an overall view, the table includes data for the three most common reasons why people complain: concerns about appointments and admissions; and concerns about staff attitude and communication. Data for the Division of Trust Services is not included in this table but is summarised in section 3.1.6 of the report.

Table 3	**Surgery**	**Medicine**	**Specialised Services**	**Women & Children**	**Diagnostics & Therapies**	**Weston**
Total number of complaints received	57 (147) ↓	59 (88) ↓	28 (70) ↓	33 (89) ↓	7 (18)↓	18
Number of complaints about appointments and admissions	21 (68) ↓	4 (17) ↓	10 (30) ↓	4 (21) ↓	0 (3) ↓	0
Number of complaints about staff attitude and communication	12 (23) ↓	20 (26) ↓	3 (11) ↓	9 (10) ↓	2 (3) ↓	5
Number of complaints about clinical care	9 (45) ↓	18 (24) ↓	7 (21) ↓	12 (41) ↓	2 (4) ↓	9
Area where the most complaints have been received in Q1	Bristol Eye Hospital (BEH) – 18 (25) ENT – 5 (22) Trauma & Orthopaedics – 5 (7) Lower GI – 4 (10) Upper GI – 4 (14)	Emergency Department (BRI) (inc. A413 EMU) – 11 (23) Dermatology – 7 (16) Ward A524 – 7 (2) Ward A900 – 5 (2)	**BHI (all) – 18 (49)** **BHOC (all) – 10 (18)** BHI Outpatients – 7 (30) BHOC Outpatients – 5 (9) Ward C705 – 3 (1)	**BRHC (all) – 18 (53)** **StMH (all) – 14 (34)** plus 1 for Community Midwifery Central Delivery Suite – 3 (6) Ward 73 (Maternity) – 3 (6)	Radiology – 6 (7)	Accident & Emergency – 4 Harptree Ward – 2 Outpatients (Quantock) – 2
Notable deteriorations compared with Q4	No notable deteriorations	Ward A524 – 7 (2) Ward A900 – 5 (2)	No notable deteriorations	No notable deteriorations	Complaints for Radiology remained at similar levels to previous quarters, despite the overall decrease in the numbers of complaints.	First time for inclusion of Division of Weston data
Notable improvements compared with Q4	ENT – 5 (22) Lower GI – 4 (10) Upper GI – 4 (14)	Emergency Department (BRI) (inc. A413 EMU) – 11 (23)	BHI Outpatients – 7 (30)	No notable improvements	No notable improvements	First time for inclusion of Division of Weston data

3.1.1 Division of Surgery

As with all Divisions across the Trust, there was a significant reduction in the number of complaints received by the Division of Surgery in Q1; 57 complaints, compared with 147 in Q4 and 127 in Q3. The majority of these complaints were investigated via the informal complaints process (42) compared with 15 which were investigated through the formal process.

The only service which received a similar number of complaints to the previous quarter was Trauma & Orthopaedics, although this remained low at just five complaints, compared with seven in Q4. Bristol Dental Hospital received only five complaints during Q1 as it remained closed for the majority of this period.

The Division achieved 66.7% (22/33) against its target for responding to formal complaints within the agreed timescale in Q1 and 100% (35/35) for informal complaints. Please see section 3.3 Table 14 for details of where in the process any delays occurred.

Table 4: Complaints by category type

Category Type	Number and % of complaints received – Q1 2020/21	Number and % of complaints received – Q4 2019/20
Appointments & Admissions	21 (36.8% of total complaints) ↓	68 (46.3% of total complaints) ↑
Attitude & Communication	12 (21.1%) ↓	23 (15.6%) ↓
Clinical Care	9 (15.8%) ↓	45 (30.6%) ↑
Information & Support	7 (12.3%) ↑	3 (2%) =
Facilities & Environment	5 (8.8%) ↑	2 (1.4%) ↑
Documentation	2 (3.5%) ↓	5 (3.4%) ↑
Access	1 (1.7%) ↑	0 (0%) ↓
Discharge/Transfer/ Transport	0 (0%) ↓	1 (0.7%) =
Total	**57**	**147**

Table 5: Top sub-categories

Category	Number of complaints received – Q1 2020/21	Number of complaints received – Q4 2019/20
Cancelled or delayed appointments and operations	15 ↓	48 ↑
Clinical care (medical/surgical)	8 ↓	30 ↑
Failure to answer telephones/ failure to respond	4 ↓	6 ↓
Lost personal property	4 ↓	5 ↓
Communication with patient/relative	3 ↓	5 ↑
Waiting time in clinic	3 ↑	1 =

Figure 10: Surgery, Head & Neck – formal and informal complaints received

3.1.2 Division of Medicine

In line with all other Divisions, Medicine saw a reduction in the total number of complaints received in Q1 (59), compared with 88 in Q4 and 72 in Q3. There was an increase in ward-based complaints compared with categories of complaints more often associated with outpatients, particularly around 'attitude and communication'.

Of the 59 complaints received by the Division in Q1, 24 were investigated via the formal complaints process and 35 the informal route.

The Division achieved 73.7% (14/19) against its target for responding to formal complaints within the agreed timescale in Q1, a slight improvement on the 72% reported in Q4. There was a significant improvement for informal complaints in Q1, with 100% being responded to within the agreed deadline (34/34), compared with 80.6% the previous Please see section 3.3 Table 14 for details of where in the process any delays occurred.

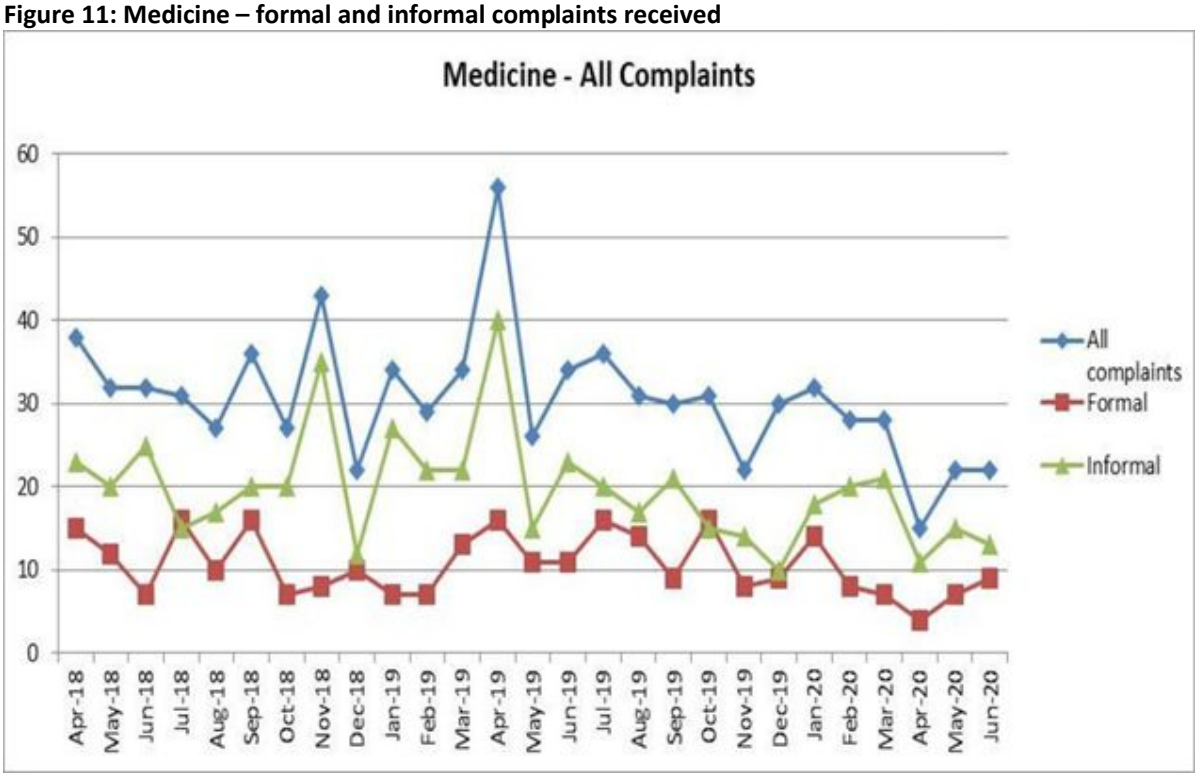
Table 6: Complaints by category type

Category Type	Number and % of complaints received – Q1 2020/21	Number and % of complaints received – Q4 2019/20
Attitude & Communication	20 (33.9% of total complaints) ↓	26 (29.6% of total complaints) ↑
Clinical Care	18 (30.5%) ↓	24 (27.3%) ↓
Discharge/Transfer/ Transport	6 (10.2%) ↑	5 (5.7%) ↑
Facilities & Environment	5 (8.5%) ↓	9 (10.2%) ↑
Appointments & Admissions	4 (6.7%) ↓	17 (19.3%) ↓
Information & Support	3 (5.1%) ↓	4 (4.5%) ↑
Documentation	2 (3.4%) ↓	3 (3.4%) ↑
Access	1 (1.7%) ↑	0 (0%) =
Total	**59**	**88**

Table 7: Top sub-categories

Category	Number of complaints received – Q1 2020/21	Number of complaints received – Q4 2019/20
Clinical care (medical/surgical)	10 ↓	15 ↓
Communication with patient/ relative	8 ↑	6 ↓
Attitude of nursing/midwifery	8 ↑	4 ↑
Discharge arrangements	6 ↑	5 ↑
Cancelled or delayed appointments and	5 ↓	12 ↓
Personal (lost) property	4 ↓	5 ↑
Attitude of medical staff	4 =	4 =
Clinical care (nursing/midwifery)	4 ↑	1 ↓

Figure 11: Medicine – formal and informal complaints received



3.1.3 Division of Specialised Services

The Division of Specialised Services received 28 new complaints in Q1, compared with 70 in Q4. In line with the other Divisions, this was a significant reduction compare with previous quarters and was largely due to the impact of the Covid-19 pandemic. However, unlike the other Divisions, the majority of the complaints received by Specialised Services remained 'appointments and admissions', which includes sub-categories such as cancelled and delayed appointments and operations.

Of the 28 complaints received, five were investigated via the formal complaints process, whilst the majority (23) were dealt with informally.

The Division achieved 66.7% (6/9) against its target for responding to formal complaints within the agreed timescale in Q1, compared with 77.8% in Q4. The Division responded to 100% of informal complaints (21/21) in Q1 within the agreed timescale – a 100% performance for the second quarter in succession. Please see section 3.3 Table 14 for details of where in the process any delays occurred.

Table 8: Complaints by category type

Category Type	Number and % of complaints received – Q1 2020/21	Number and % of complaints received – Q4 2019/20
Appointments & Admissions	10 (35.7% of total complaints) ↓	30 (42.8% of total complaints) ↑
Clinical Care	7 (25%) ↓	21 (30%) ↑
Attitude & Communication	3 (10.7%) ↓	11 (15.7%) ↓
Information & Support	0 (0%) ↓	4 (5.7%) ↑
Documentation	3 (10.7%) ↑	2 (2.9%) =
Facilities & Environment	4 (14.3%) ↑	2 (2.9%) =
Discharge/Transfer/ Transport	1 (3.6%) ↑	0 (0%) ↓
Access	0 (0%) =	0 (0%) =
Total	**28**	**70**

Table 9: Top sub-categories

Category	Number of complaints received – Q1 2020/21	Number of complaints received – Q4 2019/20
Cancelled or delayed appointments and operations	8 ↓	25 ↑
Clinical care (medical/surgical)	7 ↓	11 =
Appointment administration issues	4 ↓	5 ↑

Figure 12: Specialised Services – formal and informal complaints received

Figure 13: Complaints received by Bristol Heart Institute

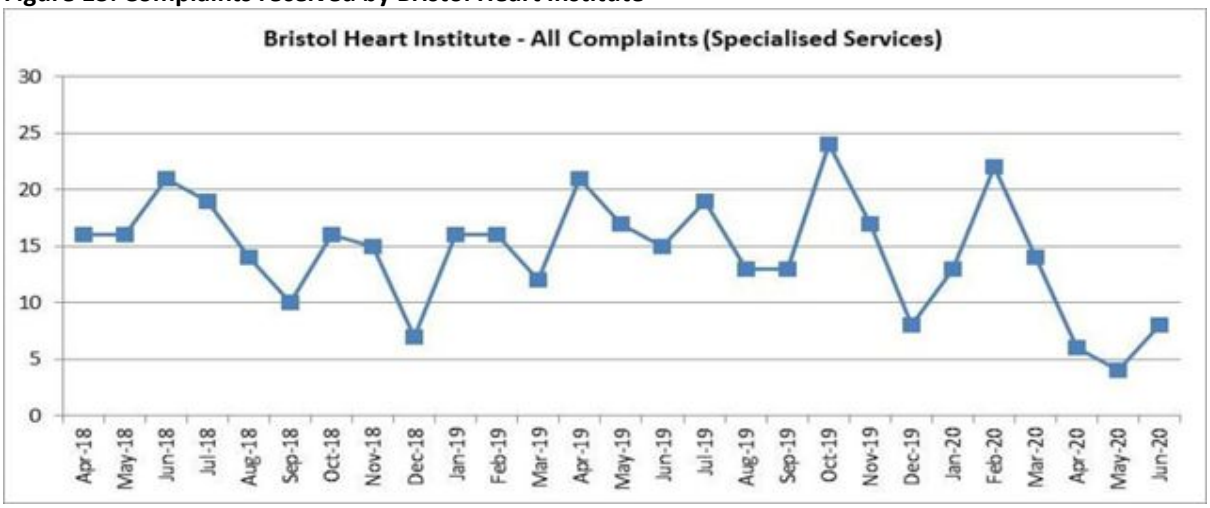
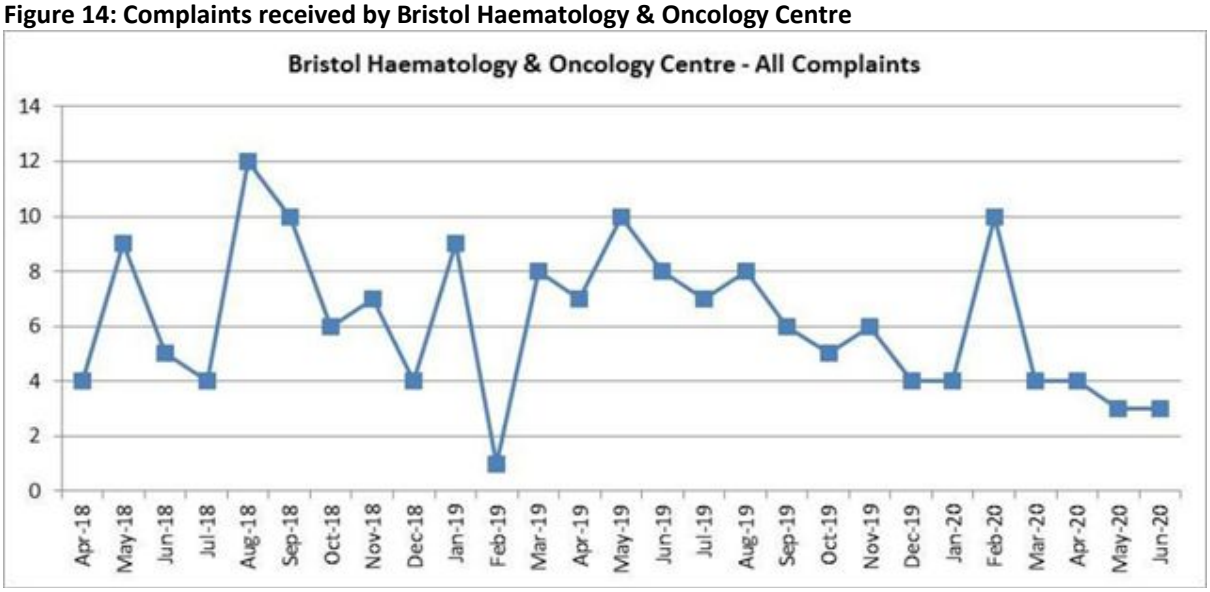


Figure 14: Complaints received by Bristol Haematology & Oncology Centre



3.1.4 Division of Women's and Children's Services

The total number of complaints received by the Division in Q1 was 33, a significant reduction on the previous quarter (89), in common with all other Divisions. Complaints for Bristol Royal Hospital for Children (BRHC) accounted for 18 of the 33 complaints, 14 were received by St Michael's Hospital (StMH) and there was one complaint for the Community Midwifery Service.

Of the 33 new complaints received in Q1, the Division managed 13 through the formal complaints process and 20 were investigated via the informal complaints process.

The Division achieved 79.2% (19/24) against its target for responding to formal complaints within the agreed timescale in Q1, compared with 94.6% in Q4. However, they responded to 100% (16/16) of informal responses within the agreed timescale. Please see section 3.3 Table 14 for details of where in the process any delays occurred.

Table 10: Complaints by category type

Category Type	Number and % of complaints received – Q1 2020/21	Number and % of complaints received – Q4 2019/20
Clinical Care	12 (36.4% of total complaints) ↓	41 (46.1% of total complaints) ↑
Attitude & Communication	9 (27.3%) ↓	11 (12.4%) ↓
Information & Support	5 (15.2%) ↓	9 (10.1%) ↑
Appointments & Admissions	4 (12.1%) ↓	21 (23.5%) ↑
Documentation	1 (3%) ↓	3 (3.4%) ↑
Discharge/Transfer/ Transport	1 (3%) =	1 (1.1%) ↓
Access	1 (3%) ↑	0 (0%) ↓
Facilities & Environment	0 (0%) ↓	3 (3.4%) ↓
Total	**33**	**89**

Table 11: Top sub-categories

Category	Number of complaints received – Q1 2020/21	Number of complaints received – Q4 2019/20
Clinical Care (nursing/midwifery)	6 ↓	8 ↓
Clinical Care (medical/surgical)	4 ↓	26 ↑
Communication with patient/ relative	3 ↑	2 ↓
Infectious disease enquiry	3 ↑	0 =

Figure 15: Women & Children – formal and informal complaints received

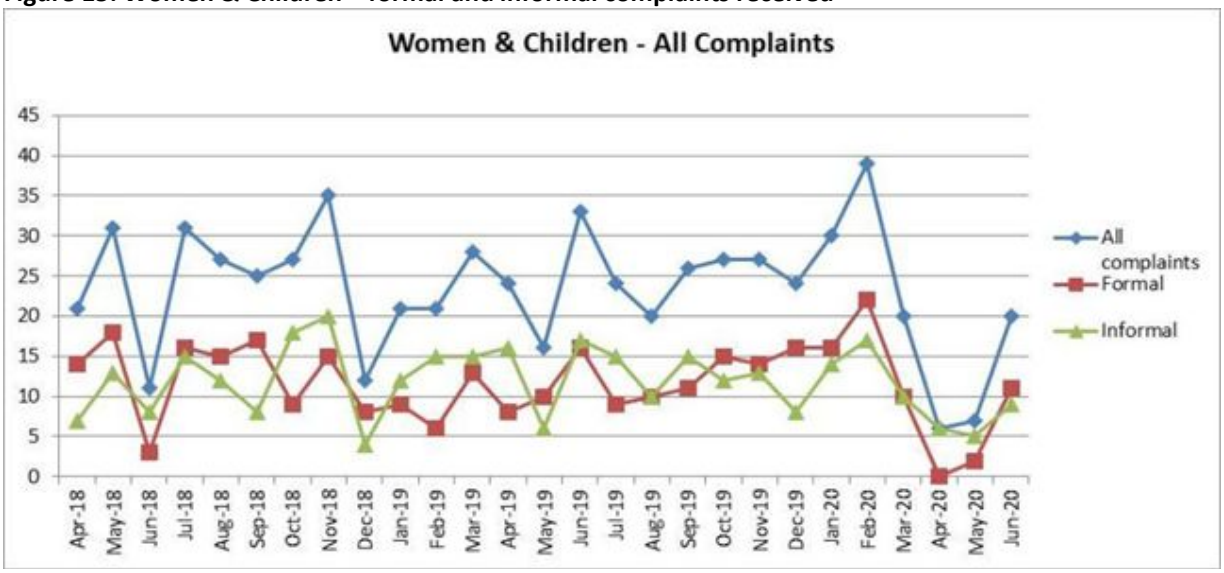


Figure 16: Complaints received by Bristol Royal Hospital for Children

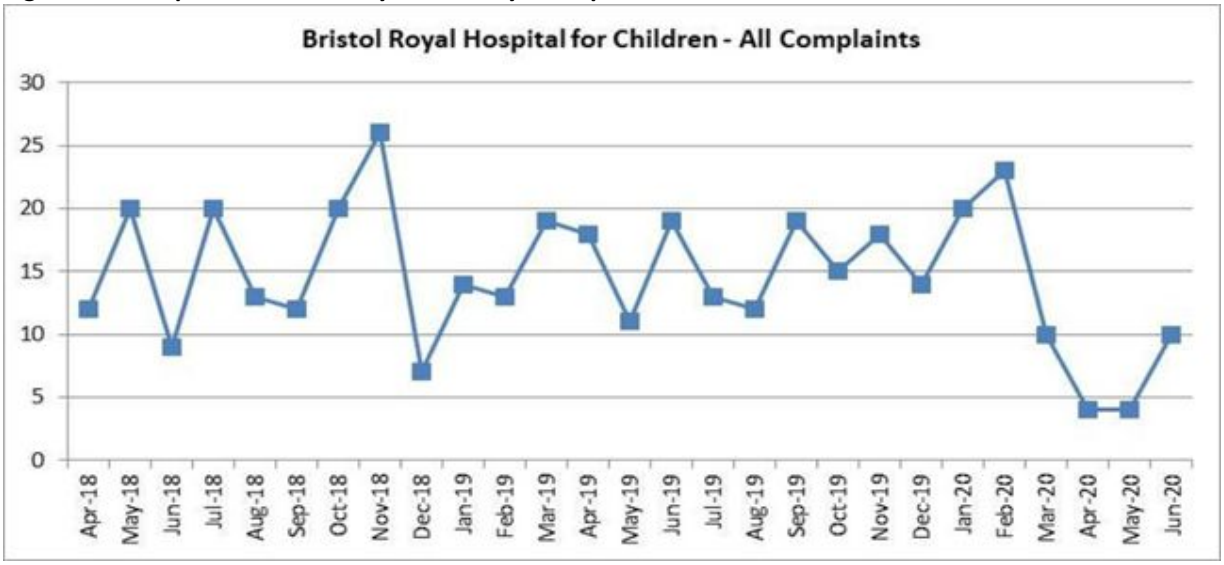


Figure 17: Complaints received by St Michael's Hospital

3.1.5 Division of Diagnostics & Therapies

Complaints received by the Division of Diagnostics and Therapies decreased significantly in Q1, along with all other Divisions – they received seven complaints , compared with 18 in Q4 of 2019/20.

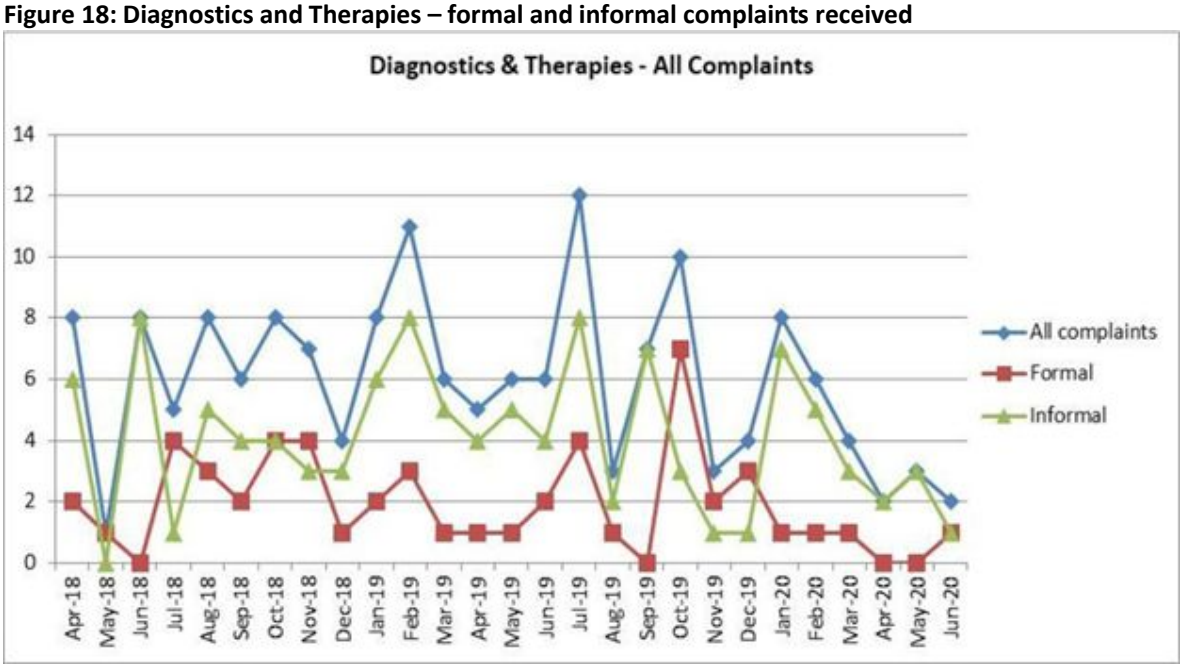
Number of complaints across all categories and sub-categories are very low. Although six of the seven complaints received were for Radiology. One complaint was investigated via the formal complaints process, with the remaining six investigated through the informal process.

During Q1, the Division responded to one formal complaint and this was sent to the complainant within the agreed timescale, meaning that the Division achieved 100% against its target. They also responded to 100% (8/8) of informal complaints within the agreed timescale. Please see section 3.3 Table 14 for details of where in the process any delays occurred.

Table 12: Complaints by category type

Category Type	Number and % of complaints received – Q1 2020/21	Number and % of complaints received – Q4 2019/20
Information & Support	3 ↓	5 ↑
Clinical Care	2 ↓	4 ↓
Attitude & Communication	2 ↓	3 ↓
Appointments & Admissions	0 ↓	3 ↑
Facilities & Environment	0 ↓	2 ↑
Documentation	0 ↓	1 ↑
Access	0 =	0 =
Discharge/Transfer/Transport	0 =	0 =
Total	**7**	**18**

Figure 18: Diagnostics and Therapies – formal and informal complaints received



3.1.6 Division of Weston

Following the merger of University Hospitals Bristol with Weston Area Health Trust, to form University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) on 1 April 2020, this report includes data for the Division of Weston for the first time.

The Division received 18 new complaints in Q1 of 2020/21, with 11 of these managed through the formal complaints process and the remaining seven via the informal process.

During the same period, the Division responded to five formal complaints, achieving 66.7% (4/6) of responses being sent to complainants within the agreed timescale and 80% of informal complaints being responded to on time (4/5).

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

Figure 19: Division of Weston - formal and informal complaints received

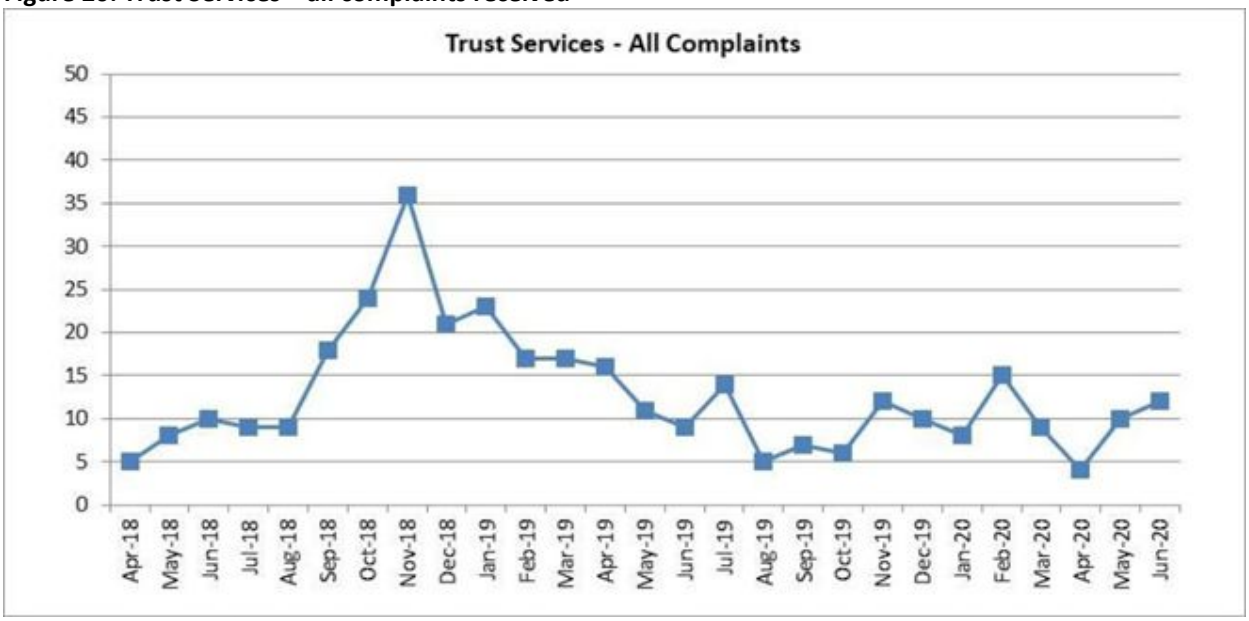
3.1.7 Division of Trust Services

The Division of Trust Services, which includes Facilities & Estates, received 26 complaints in Q1 of 2020/21, compared with 32 in Q4 of 2019/20 and 33 in Q3. Of the 26 complaints received in Q1, nine were in respect of complaints made by members of the public about social media use by a member of staff in Hotel Services. There were three complaints for the Private & Overseas Patients Team and two each about car parking and staff on the Welcome Centre reception desk.

Four of the 26 new complaints received were investigated and responded to via the formal complaints process, with the remaining 22 being managed informally.

The Division achieved 50% (1/2) against its target for responding to formal complaints within the agreed timescale in Q1 and 81.8% (9/11) for informal complaints. Please see section 3.3 Table 14 for details of where in the process any delays occurred.

Figure 20: Trust Services – all complaints received

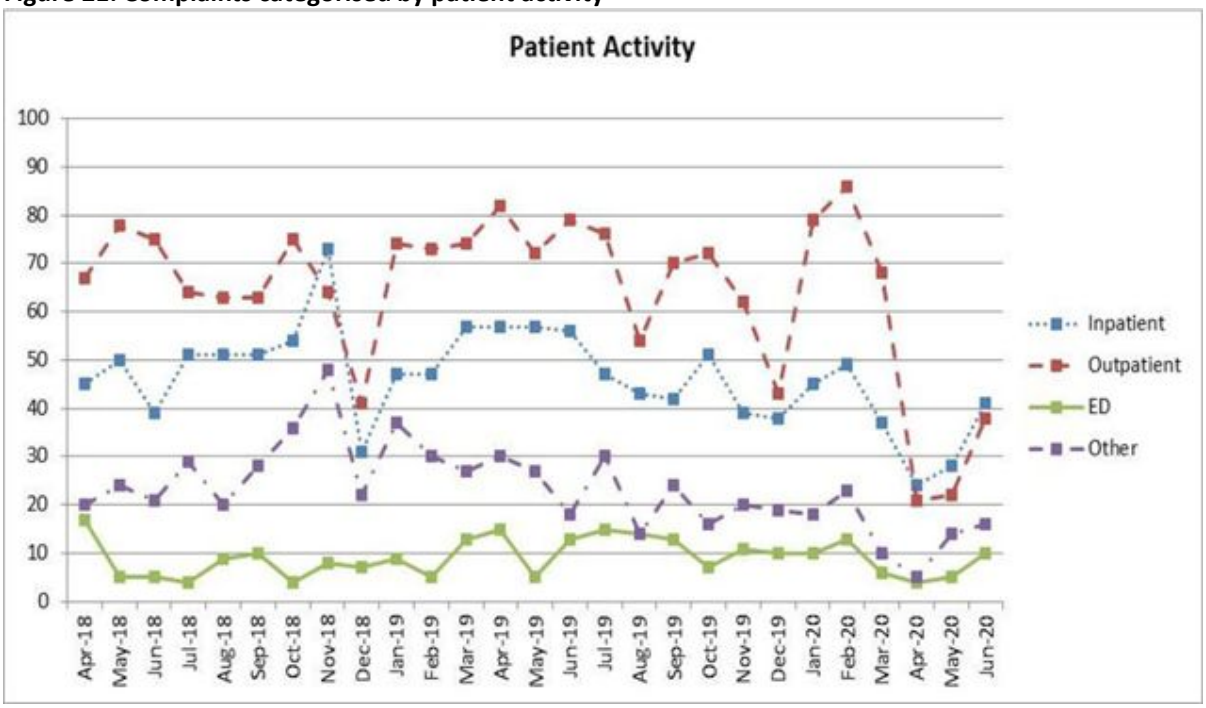


3.2 Breakdown of complaints by inpatient/outpatient/ED status

In order to more clearly identify the number of complaints received by the type of service, Figure 21 below shows data differentiating between inpatient, outpatient, Emergency Department and other complaints. The category of 'other' includes complaints about non-clinical areas, such as car parking, cashiers, administration departments, etc.

In Q1, 35.5% (*52.5%) of complaints received were about outpatient services, 40.8% (29.5%) related to inpatient care, 8.3% (6.5%) were about emergency patients; and 15.4% (11.5%) were in the category of 'other' (as explained above). ** Q4 percentages are shown in brackets for comparison.*

Figure 21: Complaints categorised by patient activity



3.3 Complaints responded to within agreed timescale for formal resolution process

All divisions, with the exception of Diagnostics & Therapies, reported breaches of formal complaint deadlines in Q1, with a total of 27 breaches of deadlines reported Trustwide.

The Division of Surgery reported 11 breaches of deadline, Medicine and Women & Children reported five each, Specialised Services reported three, Weston had two and Trust Services had one breach. It should however be noted that only 10 of the 27 breaches were attributable to the Divisions (see Table 14 below).

This is a slight improvement on the 32 breaches reported in Q4.

In Q1, the Trust responded to 94 complaints via the formal complaints route and 71.3% of these were responded to by the agreed deadline, against a target of 95%, compared with 85% in Q4.

Table 13: Breakdown of breached deadlines – Formal

Division	Q1 2020/21	Q4 2019/20	Q3 2019/20	Q2 2019/20
Medicine	5 (26.3%)	14 (28%)	12 (29.3%)	10 (23.3%)
Specialised Services	3 (33.3%)	6 (22.2%)	5 (19.2%)	7 (29.2%)
Surgery	11 (33.3%)	4 (6.7%)	2 (2.6%)	3 (5.9%)
Trust Services	1 (50%)	4 (26.7%)	2 (40%)	5 (55.6%)
Women & Children	5 (20.8%)	3 (5.4%)	1 (2.6%)	2 (5.5%)
Diagnostics & Therapies	0 (0%)	1 (20%)	1 (11.1%)	1 (12.5%)
Weston	2 (33.3%)			
All	**27 breaches**	**32 breaches**	**23 breaches**	**28 breaches**

(So, as an example, there were 11 breaches of timescale in the Division of Surgery in Q1, which constituted 33.3% of the 33 complaint responses which were sent out by that division in Q1).

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

Table 14 shows a breakdown of where the delays occurred in Q1. During this period, a new electronic signing process was trialled. Unfortunately, this led to 13 of the breaches shown below taking place whilst the responses were with the Executives for signing. As a result, the Trust has reverted to the Executives manually signing response letters taken to Trust Headquarters in signing books. During the same period, 10 breaches were attributable to the Divisions and four were caused by delays in the Patient Support & Complaints Team.

Table 14: Source of delay

Breach attributable to	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Trust Services	Weston	All
Division	4	4	0	1	0	0	1	**10**
PSCT	1	0	1	1	0	1	0	**4**
Execs/sign-off	6	1	2	3	0	0	1	**13**
All	**11**	**5**	**3**	**5**	**0**	**1**	**2**	**27**

3.3.1 Complaints responded to within agreed timescale for informal resolution process

All breaches of informal complaint timescales are attributable to the Divisions as the Patient Support & Complaints Team and Executives do not contribute to the time taken to resolve these complaints. In Q1, the Trust responded to 140 complaints via the informal complaints route (compared with 223 in Q4) and 97.9% of these were responded to by the agreed deadline; an improvement on the 91.9% reported in Q4 and beating the target of 95%.

Table 15: Breakdown of breached deadlines - Informal

Division	Q1 2020/21	Q4 2019/20	Q3 2019/20	Q2 2019/20
Surgery	0 (100%)	7 (8.9%)	8 (11.4%)	9 (10%)
Women & Children	0 (100%)	2 (6.3%)	1 (3.6%)	3 (11.5%)
Diagnostics & Therapies	0 (100%)	1 (6.7%	1 (16.7%)	0 (0%)
Trust Services	2 (9.5%)	1 (4.2%)	2 (9.5%)	7 (24.1%)
Specialised Services	0 (100%)	0 (0%)	2 (4.2%)	2 (5.1%)
Medicine	0 (100%)	0 (0%)	7 (17.5%)	8 (24.2%)
Weston	1 (20%)			
All	**3**	**11**	**21**	**29**

4. Learning from complaints

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

Below are some examples of actions which have been completed during Q1 2020/21.

- A complaint was received from a patient who sadly experienced a miscarriage during the early stages of her pregnancy. This was not her first pregnancy so she had experience of carrying a baby to full term and when she called the Community Midwife, she said she knew something was wrong and asked to be referred to the Early Pregnancy Clinic (EPC) at St Michael's Hospital. The midwife dissuaded her and advised her to get a scan carried out privately if she was concerned. The patient arranged for a private scan, which showed that she had indeed miscarried. As a result of this complaint, all community midwives were reminded to refer patients to the EPC for triage, even if they did not meet all of the referral criteria and teaching was carried out for ward staff around fetal loss and use of the fetal loss care plan. (Women & Children)

- A patient who has contact lenses supplied by Bristol Eye Hospital (BEH) made a complaint following the confusion over what was included in her annual payment. She had previously been told that the annual payment covered any replacement lenses but when she was due to make a new payment, she was told that replacement lenses were not included and she was left without any lenses whilst this was resolved. As a result of this complaint, the Service Lead Optometrist developed a new patient information leaflet providing clarity for users of the contact lens service. The leaflet explains the contact lens purchase process, including eligibility criteria, trial lenses, payment details, how the department manages patient enquiries and a list of FAQs. (Surgery)

5. Information, advice and support

In addition to dealing with complaints, the Patient Support and Complaints Team is also responsible for providing patients, relatives and carers with help and support. A total of 236 enquiries were

received in Q1, a significant 41% increase on the 167 received in Q4. This figure includes 84 concerns recorded by the Patient Advice & Liaison Service (PALS) in Weston. The team also recorded and acknowledged 31 compliments received during Q1 and shared these with the staff involved and their Divisional teams. This is compared with 43 compliments reported in Q4.

In addition to the enquiries detailed above, in Q1 the Patient Support and Complaints team recorded 67 enquiries that did not proceed, compared with 164 in Q4. This is where someone contacts the department to make a complaint or enquiry but does not leave enough information to enable the team to carry out an investigation (and the team is subsequently unable to obtain this information), or they subsequently decide that they no longer wish to proceed with the complaint.

Including complaints, requests for information or advice, requests for support, compliments and cases that did not proceed, the Patient Support and Complaints Team continues to deal with a high volume of activity, with a total of 562 separate enquiries in Q1 2020/21, compared with 818 in Q4.

6. Acknowledgement of complaints by the Patient Support and Complaints Team

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

In Q1, 155 complaints were received in writing (141 by email and 14 letters) and 67 were received verbally (2 in person via drop-in service and 65 by telephone). Six complaints were also received in Q1 via the Trust's 'real-time feedback' service. Of the 228 complaints received in Q1, 98.6% (225 out of the 228 received) met the Trust's standard of being acknowledged within two working days (verbal) and three working days (written).

The Patient Support & Complaints Manager closely monitors cases that are not acknowledged within timescale and reports to the Head of Quality (Patient Experience & Clinical Effectiveness) if there are any concerns and/or patterns.

7. PHSO cases

During Q1, the PHSO had placed all complaints on hold in order that the NHS could concentrate on the additional pressures of COVID-19 on patient care. Therefore, the Trust was not advised of PHSO interest in any new cases and no cases were closed during this period.

There are currently 16 cases that are open with the PHSO whilst they decide whether or not to carry out a full investigation or for which a decision is awaited following their investigation.

8. Complaint Survey

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

Data/feedback has not been included in the report for this quarter, due to the negligible amount of completed surveys returned, which would render the results inconclusive.

9. Severity of Complaints

Since April 2019, the Patient Support & Complaints Team has been recording the severity of complaints received by the Trust using a system of categorisation proposed by researchers at the

London School of Economics. This severity rating is based on the nature of the complaint as first described to the Trust by or on behalf of the patient; not after the issues have been investigated. This ensures that the rating is reliable and independent of the outcome of the investigation.

We know from NHS data that Trusts with high levels of incident reporting have fewer instances of severe harm to patients, i.e. organisations with cultures that encourage reporting when things go wrong, learn and provide safer care. The LSE research suggests a similar pattern of data associated with patient complaints, i.e. Trusts who receive high levels of low level severity complaints receive lower levels of high severity complaints, again indicating that a culture of openness to receiving and learning from complaints is associated with safer and higher quality care. Put another way, receiving complaints should not be viewed as a bad thing *per se*; it depends what the complaint is about. A practical example of each of these categories is shown in Table 16 below.

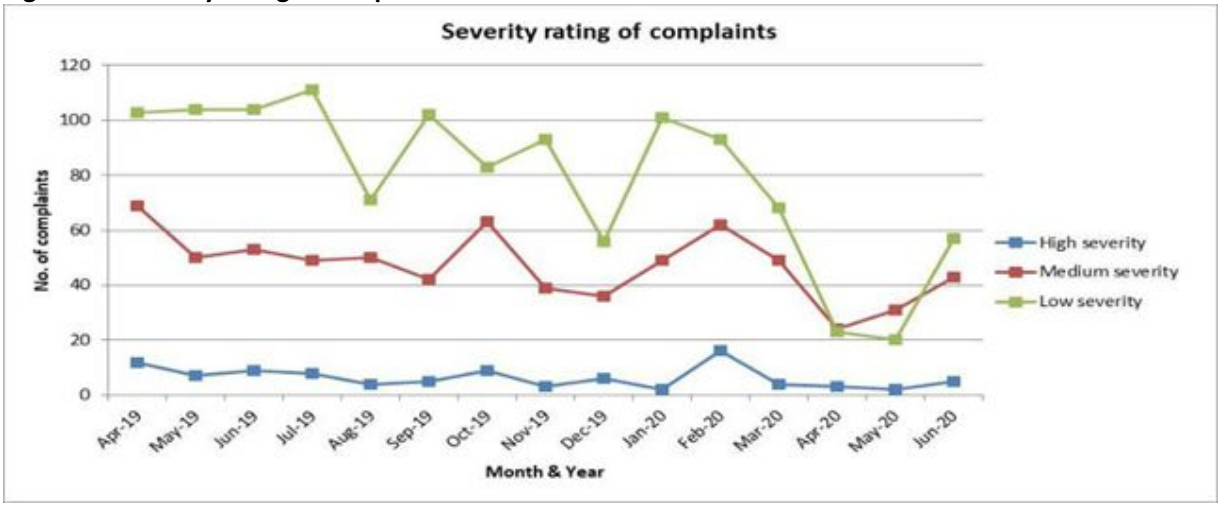
During the next year, as we build our dataset, we hope that this will enable us to begin to differentiate between higher and lower performing areas within the Trust (in terms of the severity of complaints reported) and to use the information to explore opportunities for quality improvement.

Table 16: Examples of severity rating of complaints

	Low severity	Medium severity	High severity
Clinical problem	Isolated lack of food or water	Patient dressed in dirty clothes	Patient left in own waste in bed
Clinical problem	Slight delay administering medication	Staff forgot to administer medication	Incorrect medication administered
Management problems	Patient bed not ready on arrival	Patient was cold and uncomfortable	Patient relocated due to bed shortage
Management problems	Appointment cancelled and rescheduled	Chasing departments for an appointment	Refusal to give appointment
Relationship problems	Staff ignored question from patient	Staff ignored mild patient pain	Staff ignored severe distress
Relationship problems	Staff spoke in condescending manner	Rude behaviour	Humiliation in relation to incontinence

In Q1, the Trust received 228 complaints, all of which have been severity rated by the Patient Support & Complaints Team. Of these 228 complaints, 105 were rated as being low severity, 111 as medium and 12 as high. Figure 22 below shows a breakdown of these severity ratings by month since April 2019.

Figure 22: Severity rating of complaints



Meeting of the Board of Directors in Public on Tuesday 29 September 2020

Report Title	**Quarter 1 Patient Experience & Involvement Report**
Report Author	**Paul Lewis, Patient Experience and Involvement Team Manager**
Executive Lead	**Carolyn Mills, Chief Nurse**

1. Report Summary

The Quarterly Patient Experience Report provides a comprehensive review of patient survey data and Patient and Public Involvement activities being carried out at the Trust. Due to disruption to the Trust's patient feedback channels caused by the pandemic, the latest report primarily presents Trust-level data from the Trust's Bristol site.

2. Key points to note

(Including decisions taken)

Inpatient and maternity service-user experience remained very positive during Q1, despite the impact of the pandemic. The Trust's outpatient survey reported a marked decline in outpatient-reported experience in March 2020 as reported in the Q4 report (although interestingly, kindness and understanding on the inpatient wards showed the opposite effect), however this score returned to its normal range in April as services and patients began to adapt. Indeed the Q1 report also shows tentative signs that outpatient satisfaction is actually increasing above our long-term trend. Caution is needed here given the relatively small sample sizes, but it might suggest that patients are generally positive about the increase in virtual (on-line) appointments.

Lower numbers of survey responses in Q1 (due to lower patient numbers) means that we are limited in our ability to provide detailed breakdowns of the survey data. However, we have carried out a new analysis to take a cautious look at patient care ratings for each Division during Quarter 1 (i.e. during the height of the pandemic). This analysis helps to detect any "early warning signs" in the data. At this point there is nothing to suggest that patient care ratings in our survey have deteriorated significantly for any of the Divisions.

The most significant medium-term impact of the pandemic on the Trust's corporate patient experience programme is on Patient and Public Involvement (PPI), much of which is traditionally carried out face-to-face and in groups. These activities will be limited whilst social distancing measures are in place; however, it also create an opportunity to re-define our "PPI offer". The Trust's Patient & Public Involvement Lead is reviewing options and will present a paper about these opportunities to the Trust's Patient Experience Group in November 2020.

Other points to note:

- We are currently exploring the potential to extend the Trust's core patient surveys to Weston Division. In the meantime, Weston Division's local patient survey (which

is effectively the FFT card previously used by Weston Area Health NHS Trust) has temporarily been reintroduced at Weston from 1st September. • The national Friends & Family Test is currently due to re-start in December Lastly, Paul Lewis, the author of this report and our PE&I manager for the past decade, has sadly left the Trust. We are hopeful that Paul's successor will join us by the end of November. Paul is continuing to support the Trust with any urgent matters in a freelance/bank capacity in the interim period.
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 **Assurance.**

5. History of the paper **Please include details of where paper has previously been received.**	
Patient Experience Group	20/8/20
Senior Leadership Team	23/9/20
Quality and Outcomes Committee	24/9/20

University Hospitals Bristol and Weston NHS Foundation Trust

Quarterly Patient Experience and Involvement Report

Incorporating Quarter 1 2020/21 Patient and Public Involvement activity and patient survey data.

Author: **Paul Lewis, Patient Experience and Involvement Team Manager**

Patient Experience and Involvement Team

Paul Lewis, Patient Experience and Involvement Team Manager (paul.lewis@uhbw.nhs.uk)
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1. Overview of patient-reported experience

Successes	Priorities
The Trust's postal survey data for the shows that patients continued to report a positive experience of inpatient services during Quarter 1, despite the challenges of responding to the COVID-19 pandemic. Weston General Hospital received an excellent set of results in the 2019 National Cancer Survey.	We are prioritising an early re-start of the Friends and Family Test at Weston General Hospital. In the medium-term all of "UH Bristol's" survey processes will be extended to the hospital as part of the merger plan.
Risks & Threats	**Opportunities**
Weston General Hospital carries out relatively limited patient survey activity, particularly since the Friends and Family Test was suspended nationally by NHS England in response to the COVID-19 pandemic. This limits our ability to accurately measure the quality of patient experience at the hospital. A risk has been added to the Risk Register to reflect this situation.	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 (PPI), much of which was carried out face-to-face and in groups. These activities will be limited whilst social distancing measures are in place. However, it does create an opportunity to re-define our "PPI offer". The Trust's Patient & Public Involvement Lead is reviewing options and will present a paper about these opportunities to the Trust's Patient Experience Group in November 2020.

2. About this report

The Quarterly Patient Experience Report normally provides a comprehensive review of patient survey data down to ward-level. It also provides a summary of Patient and Public Involvement activities being carried out at the Trust.

Patient survey activity across the NHS has been disrupted by the COVID-19 pandemic. In particular, NHS England suspended the Friends and Family Test survey nationally, which is a key data source for most trusts. A pausing of Patient and Public Involvement activity has also had to take place due to social distancing requirements. Fortunately, the "UH Bristol" postal survey programme was able to continue running during this period – but it has been adversely affected by a number of factors – in particular lower response rates – which has limited our ability to carry out "deep-dives" in to the data.

3. Weston General Hospital

UH Bristol and Weston Area Health NHS Trust merged on 1 April 2020 to form University Hospitals Bristol and Weston NHS Foundation Trust ("UHBW"). Weston has relatively limited hospital-wide survey processes in place aside from the FFT (which is currently suspended). We are aiming for an early restart of the FFT at Weston in September 2020 in order to address this immediate "feedback gap". In the more medium-term we will extend all of the "UH Bristol" survey feedback processes to Weston General Hospital.

4. Data review: 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 (as-was) tended to perform around or above the top 20% of trusts nationally in these surveys (Chart 1 - over). Weston General Hospital tended to broadly perform in line with the national average.

Two sets of national survey results were published in Quarter 1 2020/21: the 2019 National Cancer Patient Experience Survey and the 2019 National Inpatient Survey (results for the national surveys are released up to a year after the patients attended hospital).

In the 2019 national inpatient survey:

- UH Bristol achieved scores that were better than the national average to a statistically significant degree on four survey questions.
- On the overall hospital experience rating question in the survey, UH Bristol performed in the top ten general acute trusts nationally (coming seventh amongst this cohort[1])
- No UH Bristol scores were below the national average
- Weston Area Health Trust's scores (which in effect represent patient experience at Weston General Hospital) were all in line with the national average

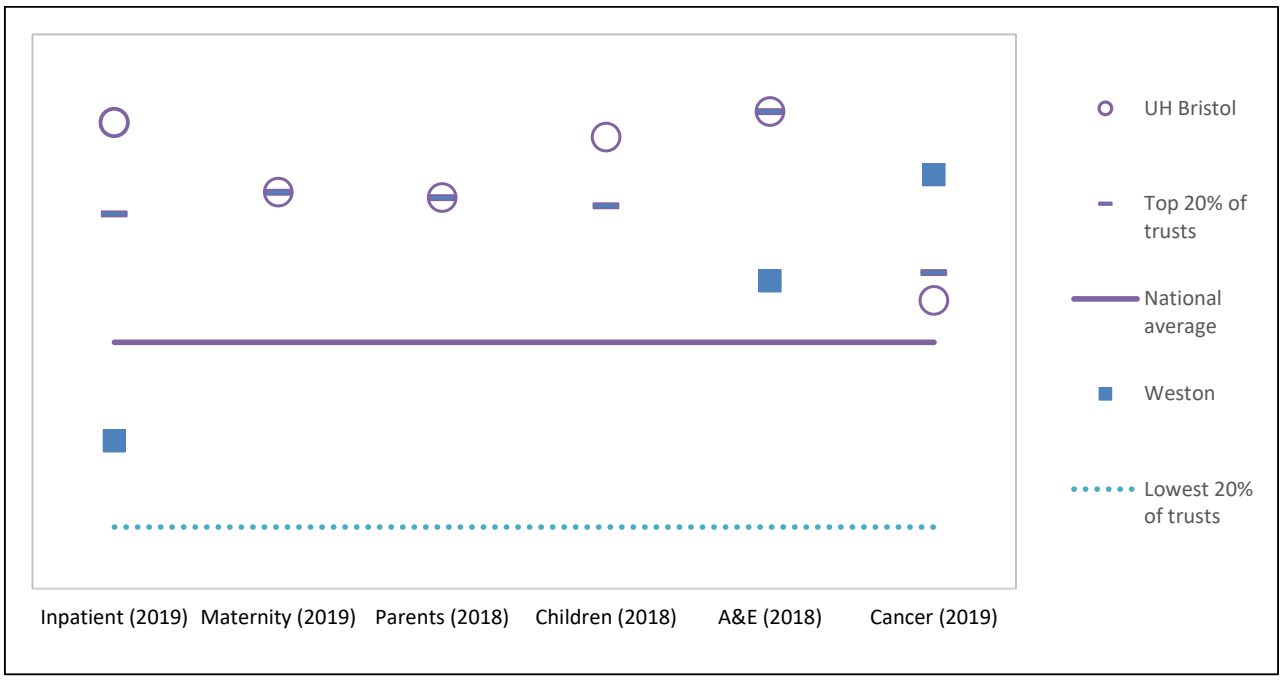
In the 2019 National Cancer Survey, UH Bristol was classed as being better than the national average to a statistically significant degree on five out of the fifty-six survey questions. No UH Bristol scores were classed as being below this benchmark. This was in line with the Trust's performance in the previous (2018) survey and, as such, the results broadly represent a consolidation of the positive progress that UH Bristol has made in this

[1] If you factor in specialist trusts, which tend to have the best performance in this survey, UH Bristol came nineteenth nationally on this question.

survey in recent years. Weston General Hospital achieved a very positive set of results, with 20 scores classed as being better than the national average to a statistically significant degree.

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. In future, the Trust will provide a single / combined sample of Bristol and Weston patients for these surveys.

Chart 1: overall experience relative to national benchmarks[2]



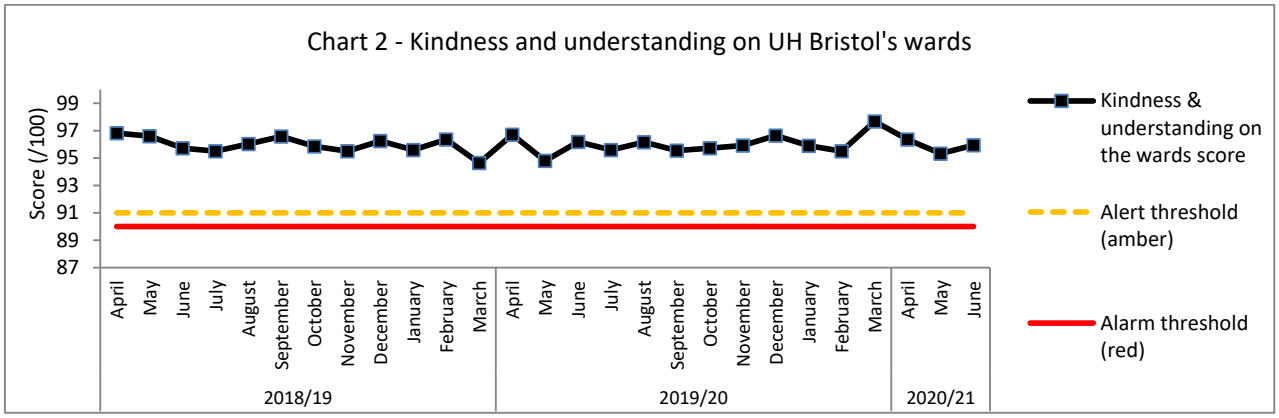
5. Data review: Quarter 1 headline patient-reported experience scores

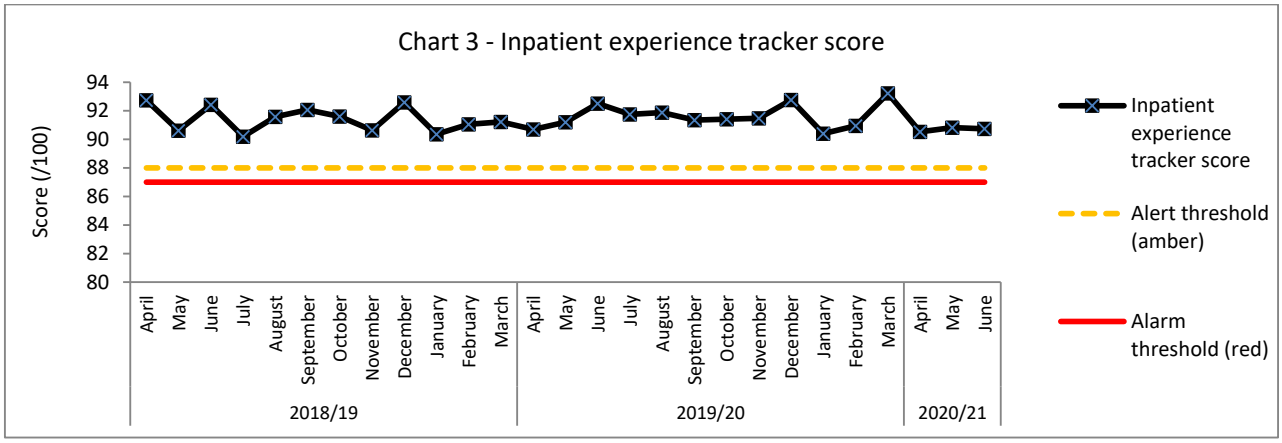
UH Bristol (as-was) has a monthly postal survey programme that we have been able to continue running during the pandemic. The sample sizes have been smaller than usual, reflecting lower levels of hospital inpatient activity and probably also because people are less likely to leave the house to post back our questionnaire (on-line completion is offered, but relatively few people take this option up). Our ability to provide granular analysis has been further compromised by a number of ward reconfigurations in response to the pandemic. Therefore, at present we are only able to provide a headline view of the data.

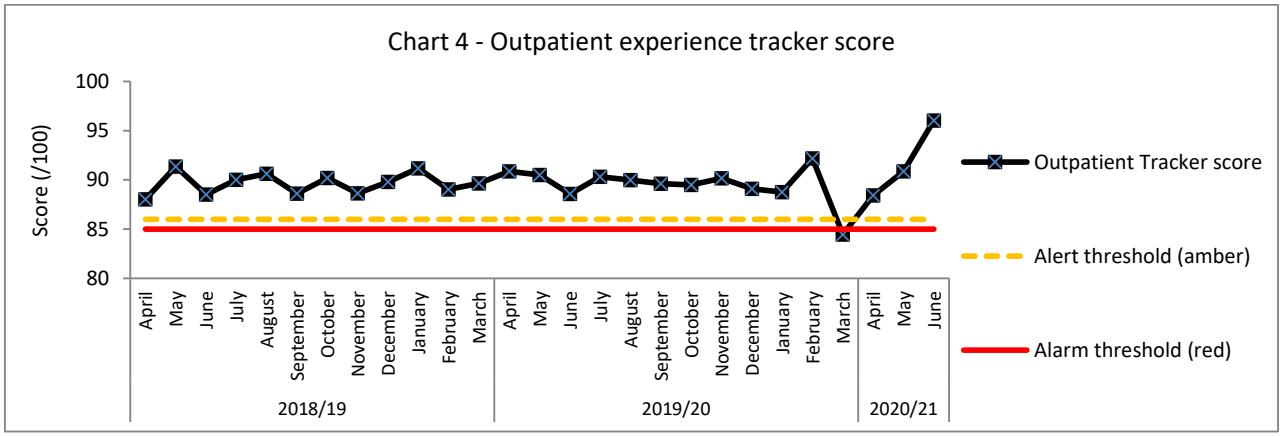
[2] This is based on the national survey question that asks patients to rate their overall experience. We have indexed (=100) each score to the national average to ease comparability. This overall question is not included in the national maternity survey and so we have constructed this score based on a mean score across all of the survey questions. Weston General Hospital does not participate in the national children's survey or the national maternity survey.

On the basis of guidance from the CQC, Weston General Hospital also did not officially take part in the 2018 national A&E survey. This was because the department closes overnight, meaning the results wouldn't be directly comparable to other "type 1" emergency departments. However, the hospital did carry out the survey internally using the same methodology as the national guidance. In our chart, the Weston results have been benchmarked to Type 3 A&E departments (essentially walk-in centres), as this is more reflective of the service than a type 1 (24 hour service) such as the BRI.

Charts 2-4 provide assurance that inpatient experience has remained very positive during the pandemic. In the Trust's outpatient survey (Chart 4) there was marked decline in outpatient-reported experience in March 2020 (interestingly, the inpatient scores showed the opposite effect). This coincided with the Government's "lockdown" measures and the outpatient score returned to the normal range in April presumably as a result of services and patients adjusting. There are now some tentative signs that outpatient satisfaction is actually increasing above its long-term trend. Caution is needed here given the relatively small sample sizes, but it might suggest that patients are generally positive about the increase in virtual (on-line) appointments.



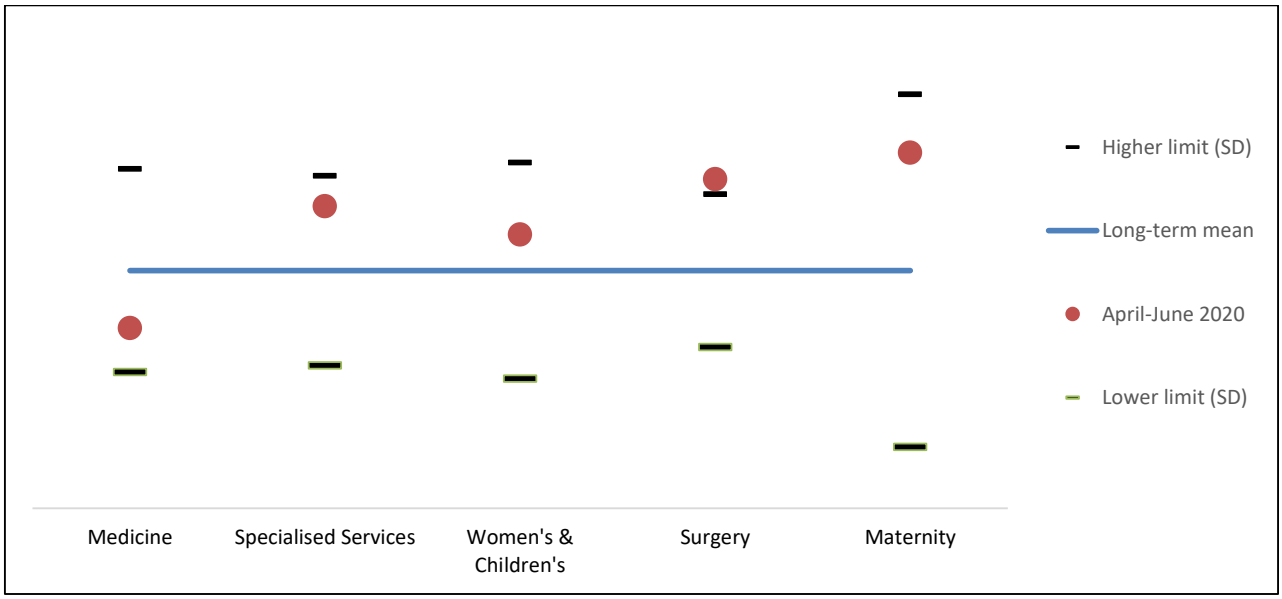




As noted above, we are currently limited in our ability to provide detailed breakdowns of the survey data. However, we have carried out a new analysis (Chart 5) to take a cautious look at patient care ratings for each Division during Quarter 1 (i.e. during the height of the pandemic). This helps to detect any "early warning signs" in the data. It can be seen that whilst there was some variation in Quarter 1 around the long-term average, this is in line with the variation we have seen over time since 2017. Therefore, at this point there is nothing to suggest that patient care ratings in our survey have deteriorated significantly for any of the Divisions (we do not have equivalent data for the "Division of Weston").

Of course, this doesn't mean that patient experience is the same now as it was before the pandemic. It is still evident from the written feedback that we are receiving that people visiting our hospitals are anxious about COVID-19 and its implications, and are highly alert to infection control issues. Nevertheless, it is reassuring that praise for the kindness and professionalism of our staff remains by far the most frequent type of feedback that we receive.

Chart 5: Overall patient experience rating at Divisional level. Compares the long-term average score for "UH Bristol's" Divisions, with their scores to date during the pandemic



University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 29 September 2020

20.1

Report Title	**National Inpatient Survey 2019**
Report Author	**Paul Lewis, Patient Experience and Involvement Team Manager**
Executive Lead	**Carolyn Mills, Chief Nurse**

1. Report Summary

This report provides a summary of how UH Bristol and Weston Area Health NHS Trust performed in the Care Quality Commission's 2019 National Inpatient Survey. Please note that this survey was carried out prior to the merger of the two Trusts.

2. Key points to note

(Including decisions taken)

The national inpatient survey is an annual survey that all English acute trusts participate in. A standardised postal methodology is adopted for the survey, which allows a comparison of the results between trusts. Each participating trust sent questionnaires to 1,250 people aged 16+ who attended as an inpatient during the latter half of July 2019.

The headline results from the survey were:

- UH Bristol achieved scores that were better than the national average to a statistically significant degree on four survey questions:
  - Did the hospital staff explain the reasons for being moved (between wards) in a way you could understand?
  - In your opinion, had the specialist you saw in hospital been given all of the necessary information about your condition or illness from the person who referred you?
  - In your opinion, how clean was the hospital room or ward that you were in?
  - Overall, did you feel you were treated with respect and dignity while you were in the hospital?
- On the overall hospital experience rating question in the survey, UH Bristol performed in the top ten general acute trusts nationally (coming seventh amongst this cohort*)
- No UH Bristol scores were below the national average
- WAHT's scores (which in effect represent patient experience at Weston General Hospital) were all in line with the national average

*19th if including specialist trusts, who generally perform highly in this survey

3. Risks

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

N/A

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

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.**	
Patient Experience Group	20/8/20
Senior Leadership Team	23/9/20
Quality and Outcomes Committee	24/9/20

2019 National Inpatient Survey: Briefing and Local Analysis Report

1. Purpose of this report

This report provides a summary of how UH Bristol and Weston Area Health Trust performed in the Care Quality Commission's 2019 National Inpatient Survey. Please note that this survey was carried out prior to the merger of the two Trusts.

2. Background

The national inpatient survey is an annual survey that all English acute trusts participate in. A standardised postal methodology is adopted for the survey, which allows a comparison of the results between trusts. Each participating trust sent questionnaires to 1,250 people aged 16+ who attended as an inpatient during the latter half of July 2019. For UH Bristol, 518 responses were received: a response rate of 44% compared to 45% nationally[1]. For Weston Area Health Trust (WAHT), 554 responses were received which equates to a 47% response rate.

3. Headline survey results

- UH Bristol achieved scores that were better than the national average to a statistically significant degree on four survey questions:
    - Did the hospital staff explain the reasons for being moved (between wards) in a way you could understand?
    - In your opinion, had the specialist you saw in hospital been given all of the necessary information about your condition or illness from the person who referred you?
    - In your opinion, how clean was the hospital room or ward that you were in?
    - Overall, did you feel you were treated with respect and dignity while you were in the hospital?
- On the overall hospital experience rating question in the survey, UH Bristol performed in the top ten general acute trusts nationally (coming seventh amongst this cohort[2])
- No UH Bristol scores were below the national average
- WAHT's scores (which in effect represent patient experience at Weston General Hospital) were all in line with the national average

4. Analysis

Chart 1 (over) provides an indication of how UH Bristol and WAHT performed in the survey based on the overall experience rating that patients gave to each trust. UH Bristol was amongst the best performing trusts on this measure, whilst WAHT was positioned slightly below the national average (but not to a statistically significant degree and not within the lowest quintile).

[1] The response rate calculation is adjusted to take into account postal surveys that could not be delivered.
[2] If you factor in specialist trusts, which tend to have the best performance in this survey, UH Bristol came nineteenth nationally on this question.

Chart 1: overall experience rating (all participating trusts)

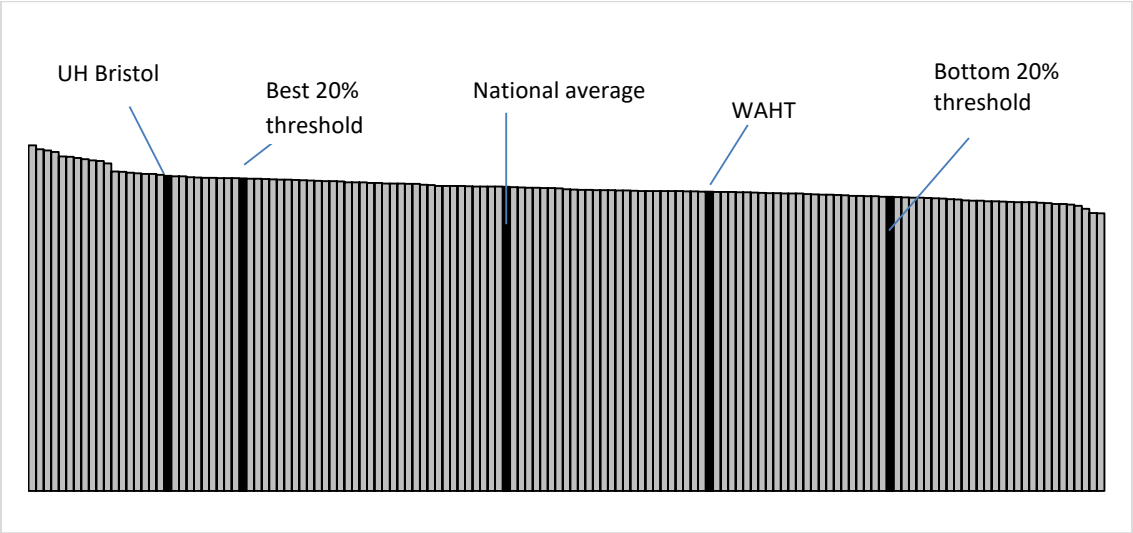


Chart 2 suggests a slight dip in UH Bristol's performance in 2019 compared to previous years (although still within the context of a very positive set of results). However this apparent trend was not statistically significant (i.e. is likely to be due to random fluctuation in the data) and our more timely and accurate local survey data shows that inpatient-reported experience actually remained stable at UH Bristol over this period (Chart 3 – over).

WAHT's overall patient experience ratings in the national survey have remained broadly in line with the national average since 2016. As part of the merger plan, the local patient survey programme in place at the Trust's Bristol hospitals will be extended to Weston General Hospital. This will allow us explore patient experience at the hospital in-depth, including where improvement activity could be focussed. This project is currently being scoped-out with the aim of launching the surveys at Weston by the end of 2020.

Chart 2: UH Bristol and WAHT overall hospital experience ratings 2013-2019 (score out of 10)

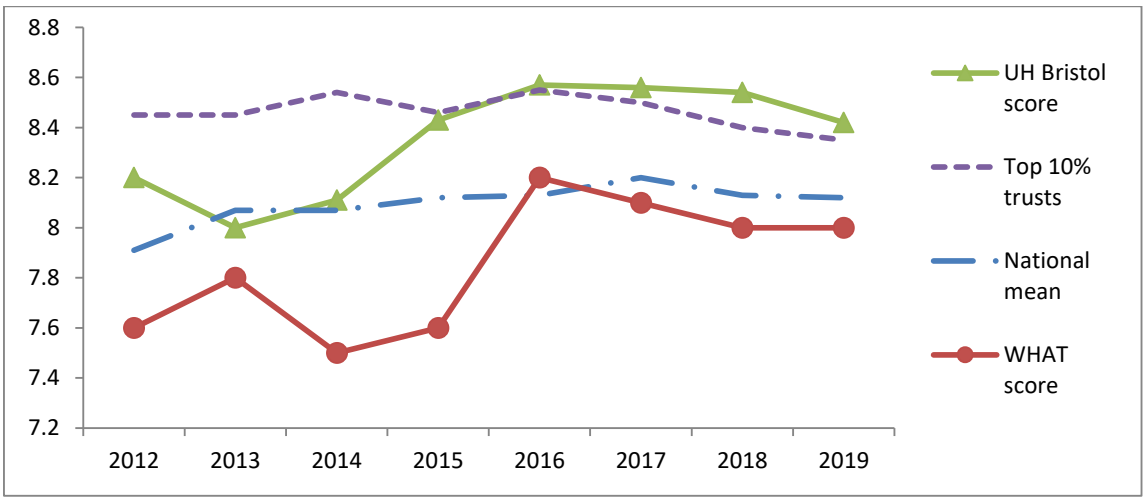


Chart 3: UH Bristol's local survey inpatient tracker score[3] (demonstrating a consistently positive inpatient experience since 2016)

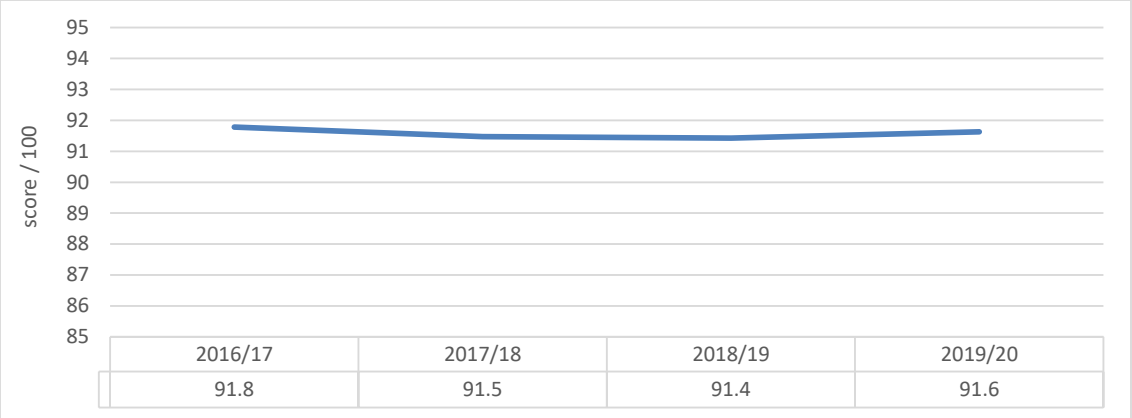
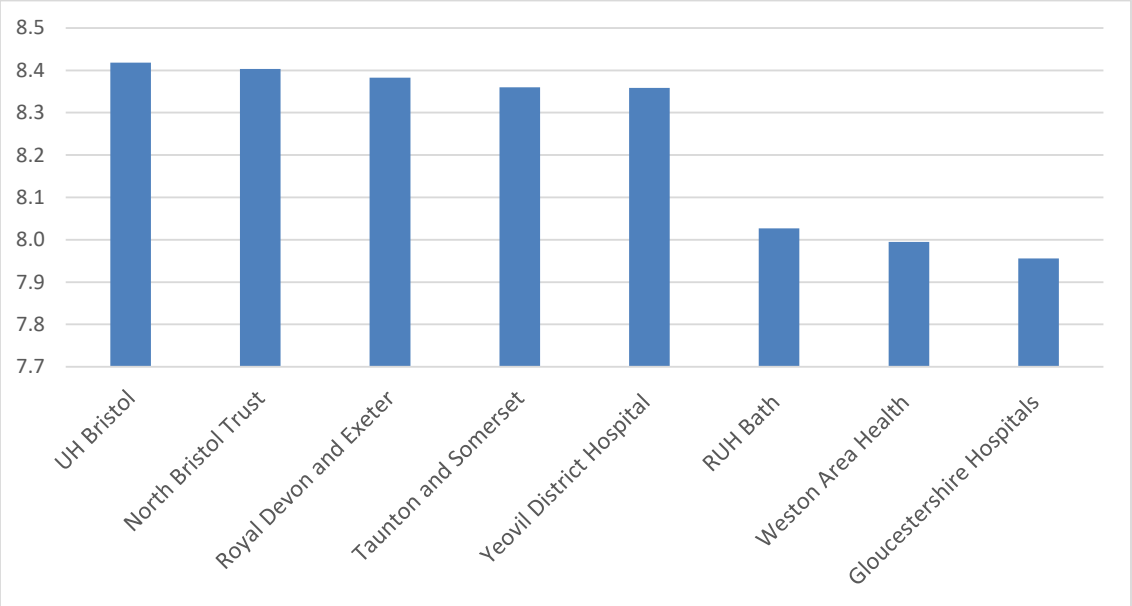


Chart 4 compares overall experience ratings between geographically neighbouring trusts. It is interesting to note that North Bristol Trust (NBT) has been performing increasingly well in this survey in recent years. In 2019 NBT came tenth amongst general acute trusts on the overall experience rating question – just behind UH Bristol (seventh).

Chart 4: overall patient experience rating amongst geographical neighbouring trusts



[3] This combines five questions in our monthly postal survey, relating to communication, cleanliness and

5. Negative outliers / improvement opportunities

There were three questions in the 2019 national inpatient survey that all trusts, including WAHT and UH Bristol, attracted notably low scores on:

- Whether the patient was invited to take part in a research study (2.0 for UH Bristol / 1.3 for WAHT)
- Whether the patient saw information about how to make a complaint (2.1/2.0)
- Whether the patient was given an opportunity to give their views on the quality of care (1.9/2.0)

(Please note that UH Bristol's / WAHT's scores on these questions were in line with the national average.)

The low score for the "research" question is not difficult to explain because a lot of the patients responding to this survey will not need to take part in, or be eligible for, medical research studies.

The scores around feedback and complaints are more difficult to account for and don't appear to reflect known facts. For example, nationally each month up to 40% of NHS inpatients choose to complete the Friends and Family Test to give their views on the quality of their care, but in the national survey only 20% of patients say they were asked about their experience. The Trust's Patient Experience Team Manager is a member of the Steering Group for the national inpatient survey and will raise this issue with the Group (the current questionnaire is being reviewed with a view to shortening this).

Whilst it may not be reflected in the national survey scores, there has been a lot of work at the Trust's Bristol hospitals over the last 18 months to better promote and expand service-user feedback opportunities – including:

- Working with a graphic designer, patients and staff to improve the way that we market feedback and complaints opportunities to our service-users. This includes installing new posters in our wards and departments
- Installation of touchscreen feedback points in the Bristol Royal Infirmary and St Michael's Hospital (the wider roll-out is currently paused as a result of the COVID-19 pandemic, but will resume shortly)
- Re-designing the Trust's comment cards to make these more attractive and identifiable to patients and visitors

The next stage of this work will be to extend it out to Weston General Hospital as part of the merger plan, and to translate these materials in to different languages / accessible formats.

The national inpatient survey is useful as a way of comparing patient experience between trusts, but the small sample sizes and delay in publishing the results make it less useful as a service improvement tool. To address this, UH Bristol & Weston's Bristol hospitals have a monthly patient survey programme that supports ongoing monitoring of patient-reported experience down to ward-level. This programme is the main focus of the Trust's improvement work in response to patient feedback, with a report summarising this activity provided to the senior Trust committees on a quarterly basis. We currently working with the Trust's Information Management & Technology Department to extend these surveys to Weston General Hospital.

Meeting of the Board of Directors in Public on Tuesday 29 September 2020

Report Title	**National Maternity Survey 2019**
Report Authors	**Paul Lewis, Patient Experience and Involvement Team Manager** **Sarah Windfeld, Head of Midwifery**
Executive Lead	**Carolyn Mills, Chief Nurse**

1. Report Summary

This report contains an analysis of the 2019 National Maternity Survey and a response to the results from UH Bristol's Maternity Service.

2. Key points to note

(Including decisions taken)

The national maternity survey is part of the Care Quality Commission's national patient survey programme. In total, 126 NHS acute trusts in England participated in this survey in 2019. Women were sent a questionnaire by post if they were aged 16 or over, had a live birth during February 2019, and gave birth in a hospital, maternity unit or at home.

Note that the survey included three bases in Weston-super-Mare.

The headline messages from this survey were:

- Six UH Bristol survey scores were better than the national average to a statistically significant
- 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?

A number of improvement opportunities were identified through the survey, which are already the focus of work by the maternity team. In particular, the Trust's maternity service is working closely with other local providers to improve continuity of antenatal community care and information-giving at the start of pregnancy.

(Please note that the results were released in Quarter 4 2019/20, but their internal review at the Trust was delayed by the COVID-19 pandemic)

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.**	
Patient Experience Group	20/8/20
Senior Leadership Team	23/9/20
Quality and Outcomes Committee	24/9/20

Briefing Note: 2019 National Maternity Survey

1. Purpose of this report

This report contains an analysis of the Care Quality Commission's 2019 National Maternity Survey and a response to the results from UH Bristol's Maternity Service.

2. Background

The national maternity survey is part of the Care Quality Commission's national patient survey programme. In total, 126 NHS acute trusts in England participated in this survey in 2019. Women were sent a questionnaire by post if they were aged 16 or over, had a live birth during February 2019, and gave birth in a hospital, maternity unit or at home. In total, 360 women were sent a questionnaire about their experiences of UH Bristol's community and hospital maternity services. The Trust received 137 responses: a response rate of 37%[1], which was the same as the overall national response rate.

UH Bristol provides community midwifery services from 11 bases located across south and central Bristol, and three bases in Weston-Super-Mare. All women are under the care of a community midwife during pregnancy and in the first few weeks following the birth of their baby. Women who have more complex needs will have care by a consultant obstetrician as well as a community midwife. UH Bristol also has a central delivery suite, midwifery-led unit, antenatal and postnatal wards located at St Michael's Hospital, where around 400 babies per month are born. A home birth service is also provided.

The national survey is run annually and the results are published up to ten months after the respondents gave birth. UH Bristol has a monthly maternity survey that allows us to track service-user experience on an ongoing basis. The results of our local survey are reviewed in-depth by the senior Trust committees on a quarterly basis.

3. Summary of results

In the 2019 National Maternity Survey:

- Six UH Bristol survey scores were better than the national average to a statistically significant degree (see Table 1 – over).
- 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:

[1] The response rate excludes questionnaires that could not be delivered.

  - 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?

- Unlike the other national patient surveys, the national maternity survey doesn't ask respondents to give a single overall service experience rating. However, we can look at the mean score across all of the survey questions as an approximation to this. Doing so suggests that UH Bristol broadly performed amongst the best 20% performing trusts nationally in 2019.

- At a surface-level, UH Bristol's 2018 and 2019 results were fairly similar (only four scores showed a statistically significant difference between the two surveys - two better, two worse). However, with the small sample sizes and snap-shot nature of this survey, plus a number of changes to the survey questions in 2019, it is often difficult to detect underlying trends. There were subtle indications that UH Bristol's 2019 results were broadly an improvement on the previous year. In particular, care on postnatal wards was around the national average in 2018 (and in 2017) but reached the best 20% performing trusts in 2019.

Table 1: UH Bristol's outlier scores in the 2019 national maternity survey results

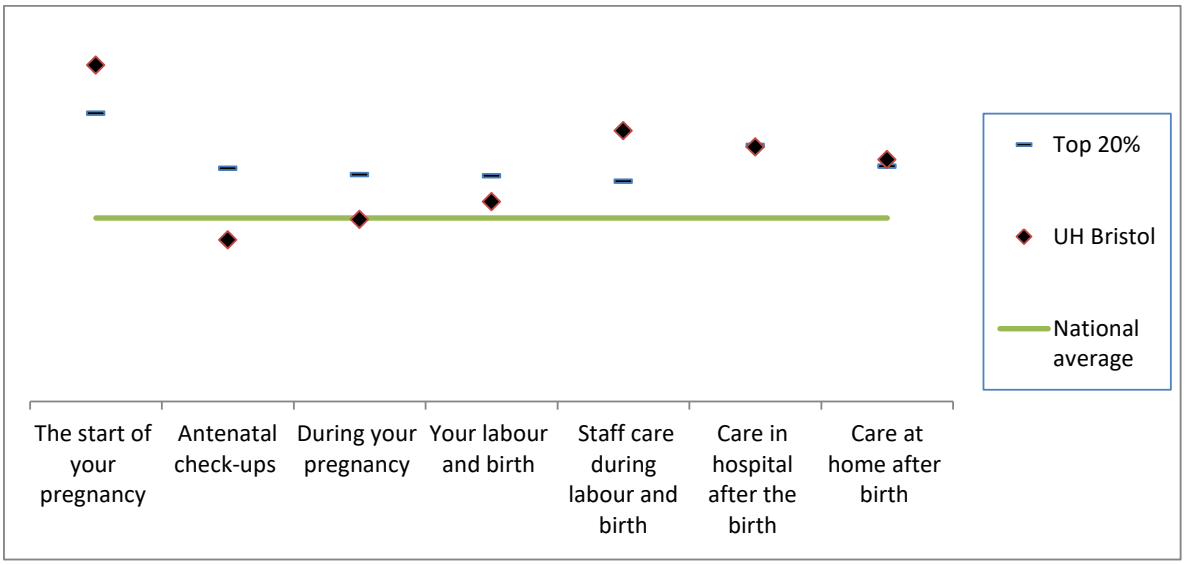
Thinking about your antenatal care, were you spoken to in a way you could understand?	Better than national average
If you raised a concern during labour and birth, did you feel that it was taken seriously?	Better than national average
Thinking about your care during labour and birth, were you involved in decisions about your care?	Better than national average
Thinking about your care during labour and birth, were you treated with respect and dignity?	Better than national average / improved since 2018
Did you have confidence and trust in the staff caring for you during your labour and birth?	Better than national average / improved since 2018
If you contacted a midwifery or health visiting team were you given the help you needed?	Better than national average
At the start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?	Declined since 2018
During your pregnancy, did you have a telephone number for a member of the midwifery team that you could contact?	Declined since 2018

4. National comparisons

Chart 1 (over) provides an overview of how UH Bristol performed in each section of the 2019 national maternity survey, compared to key national benchmarks. It can be seen that information-giving at the start of pregnancy was relatively effective compared to most other trusts, and the care that our staff provided during labour and birth was amongst the very best nationally. There were

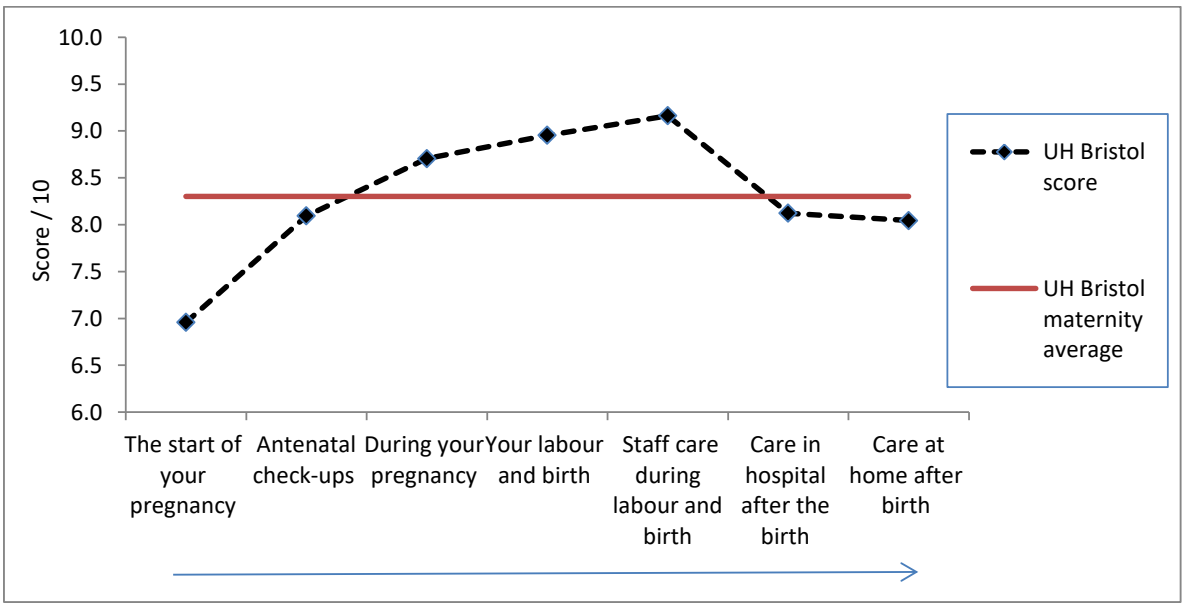
also strong performances in terms of care on postnatal wards and postnatal community care. The other sections of the survey were broadly in line with the national average.

Chart 1: UH Bristol section scores compared to national benchmarks *(note: in this chart the national average is set to 100 and all scores are indexed against this for comparison purposes).*



We can also use the section scores from the survey to compare the UH Bristol "maternity journey" at key touchpoints. This is shown in Chart 2. It reiterates that the quality of care provided during labour and birth is very high, but that information-giving during the start of pregnancy could be an area for improvement - even though this aspect of care was very good relative to other trusts (Chart 1).

Chart 2: Touchpoint map of UH Bristol maternity services *(note: to compare different aspects of our service, the "average" shown in this chart is UH Bristol's own mean score, not the national average)*



5. Improvement opportunities

UH Bristol's 2019 national maternity survey results were broadly positive, with the Trust achieving several "top 20%" scores and some pockets of national-best performance. Further analysis of the survey data by the Patient Experience and Involvement Team has identified specific issues that could cement and further improve this position. These are already subject to improvement activity by the maternity service:

The way that information about birth choices is conveyed to women at the start of their pregnancy

Although UH Bristol performed positively in this section of the survey compared to other trusts, it was one of our lower section scores in absolute terms. The Trust has been working with local Maternity services to develop a new "My Maternity Choices" booklet that is about to be piloted. In addition, work is underway to standardise the NHS ante-natal classes across the Bristol, Bath and North Somerset area, to ensure consistent information is being provided to attendees.

Responsiveness of community midwifery bases to telephone contact

All service-users are given contact details of their community midwifery team. During the time the national survey respondents received maternity care, we were experiencing difficulties with the telephone systems at some community bases, due to a re-installation of landlines being carried out by the owner of those sites (Bristol Community Health). This was reported in the Trust's Quarterly Patient Experience and Involvement Report at the time, as a response to feedback received via the Friends and Family Test. Contingency measures were put in place and this issue has subsequently been resolved. The maternity service has also introduced a centralised booking hotline for service-users, which should improve a key aspect of telephone contact during antenatal care.

Effectiveness of clinical information-sharing between antenatal community midwives

This was one of the Trust's lowest score in the section of the survey around antenatal care (although it was in line with national-norms). The UH Bristol maternity service is working on a major project to reduce the number of midwives seen by each service-user during antenatal care. The service is also planning to introduce digital antenatal assessment workflows for all service-user appointments, to enhance a seamless transfer of information between the community and hospital staff.

The initial contact with the maternity service at the start of labour

Although this score was in line with the national average, it declined to a statistically significant degree between 2018 and 2019. It isn't clear why this was the case. However, since the survey was carried out, the maternity service has introduced a new telephone triage system using the Trust's Medway patient record system, which will help to improve and standardise the care given at this point in time. The Matron and lead Obstetrician for the Central Delivery Suite are also visiting other Trusts to identify whether there are any other ways of improving this aspect of care.

Delays at discharge on postnatal wards

During 2019/20 there has been an ongoing quality improvement project around this issue at St Michael's Hospital, led by a senior Consultant. A key issue is around setting expectations, because

the discharge process can take some time even if someone is declared medically fit to leave hospital with their baby. The project team has produced a poster that is now on display in the postnatal wards, to explain all of the steps that have to occur before formal discharge can occur. In respect of improving the discharge process at the hospital, plans are currently in development to implement digital prescription charts and TTA (medication) forms, in order to help speed up delays in waiting for medication.

Please note that the Trust's monthly maternity survey programme provides ongoing service improvement opportunities in response to patient / parent feedback. Each quarter a summary of this activity is provided to the senior UH Bristol committees in the Trust's Patient Experience and Involvement Report

Conclusion

UH Bristol achieved a positive performance in the 2019 National Maternity Survey. Six scores were better than the national average to a statistically significant degree and care during birth was amongst the very best nationally. Although differences between the 2018 and 2019 survey results are difficult to reliably identify, there were indications that the 2019 results were an improvement – with UH Bristol now broadly sitting within the top 20% of trusts nationally in terms of maternity-user experience. A number of improvement opportunities were identified through the survey, which are already the focus of work by the maternity team. In particular, the Trust's maternity service is working closely with other local providers to improve continuity of antenatal community care and information-giving at the start of pregnancy.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 29 September 2020

20.3

Report Title	**2019 National Cancer Patient Experience Survey Results**
Report Author	**Ruth Hendy – Trust Lead Cancer Nurse**
Executive Lead	**Mark Smith – Deputy Chief Executive and Chief Operating Officer, Executive Lead for Cancer**

1. Report Summary

To provide summary feedback from recently published separate results for the 'National Cancer Patient Experience Survey' for UH Bristol and Weston Area Health Trust (prior to merger) and an update on the improvement plan associated with this.

2. Key points to note

(Including decisions taken)

UHBW has received NCPES 2019 results for Bristol (UHBristol) and Weston (WAHT). Compared with previous results, Bristol has broadly shown consolidation of the positive progress made in recent years and Weston has shown a marked improvement this year, with a significant increase in the number of scores classed as better than the national average to a statistically significant degree.

There are consistent themes of good practice across UHBW, including information giving and availability of cancer clinical nurse specialists. There are also great opportunities for shared learning across UHBW, with some question scores differing considerably between Bristol and Weston.

The action planning going forward will focus on this shared learning across UHBW and on specific priorities identified by cancer-site specific teams (eg. lung, colorectal, breast etc).

Further UHBW cancer patient engagement work in planned during 2020/21 to check that the improvement plan is still focussed on the most relevant areas for our local patients.

Due to the pandemic, NCPES (in this format) has been cancelled for 2020, but a newly revised survey should be delivered in 2021, with a combined sample and report for UHBW.

3. Risks

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

There are 2 'cancer patient experience' risks on the formal risk register:

- **ID 3151 – Lack of 'Personalised Care and Support' (PCS) sustainability funding –** all UHBW PCS services are on temporary funding, originally funded by NHS England as a 2 year project, now extended for 6 months by the Trust, while the CCG discuss the long-term commissioning funding model. The expectation to deliver PCS is included in the 2019 NHS Long Term plan.

Funding currently ends 31/03/21.Fixed term staff and services at risk.

- **ID 1749 – Lack of a 'cancer support centre' on site at UHBW –** UHBW Board and 'Maggie's' Board have agreed to work towards fundraising and building a Bristol Maggie's Centre on site in Bristol. Both parties are still committed to this, though progress is halted due to the pandemic and charitable funding pressures.

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.

Cancer Steering Group	20th July 2020
Patient Experience Group	20th August 2020
BHOC Executive	28th August 2020
UHBW Cancer CNS / AHP Forum	7th September 2020
Senior Leadership Team	23rd September 2020
Quality and Outcomes Committee	24th September 2020

Title:	**2019 National Cancer Patient Experience Survey Results**
Meeting:	**Public Board Meeting**
Meeting date:	**Tuesday 29th September 2020 (VIDEO – conferencing)**
Authors:	**Ruth Hendy, Lead Cancer Nurse** **Paul Lewis, Patient Experience & Involvement Team Manager**

1. Survey background

The annual National Cancer Patient Experience Survey ("NCPES") is commissioned and managed by NHS England. The sample for the 2019 survey included all adult (aged 16 and over) NHS patients, with a confirmed primary diagnosis of cancer, discharged from an NHS Trust after an inpatient episode or day case attendance for cancer related treatment in the months of April, May and June 2019.

The survey was carried out prior to the merger of University Hospitals Bristol NHS Foundation Trust ('UH Bristol') and Weston Area Health Trust ('WAHT'). Therefore a summary of both sets of results is presented in the current report.

In total, 1369 UH Bristol patients were included in the survey mail out, with 830 returning a completed questionnaire. This is a response rate of 61%, which was the same as the response rate nationally. (Please note that for UH Bristol, the results reflect cancer care across all wards and departments – not just the Bristol Haematology and Oncology Centre). For WAHT, 184 responses were received from a mail out sample of 257 patients - a response rate of 72%.

Note: the 2020 NCPES (in this format) has been cancelled by NHS England due to the COVID-19 pandemic[1]. In the next comparable NCPES survey (2021), there will be a single, combined sample for University Hospitals Bristol & Weston.

2. Results summary

In the 2019 NCPES, UH Bristol was classed as being better than the national average to a statistically significant degree on five out of the fifty-six survey questions[2] (Table 1 – over). No UH Bristol scores were classed as being below this benchmark. This was in line with the Trust's performance in the previous (2018) survey and, as such, the results broadly represent a consolidation of the positive progress that UH Bristol has made in this survey in recent years.

WAHT achieved a very positive set of results, with 20 scores classed as being better than the national average to a statistically significant degree (Table 2 – over). Three scores were below this benchmark. In previous years, Weston's scores have tended to be around the national average.

[1] NHS England are considering whether to run a one-off survey in 2020 about the experiences of cancer patients during the COVID-19 pandemic.

[2] A further five survey questions related to care from other providers, such as GP and social services.

Table 1: Number of UH Bristol scores classed as being better / worse than the national average to a statistically significant degree

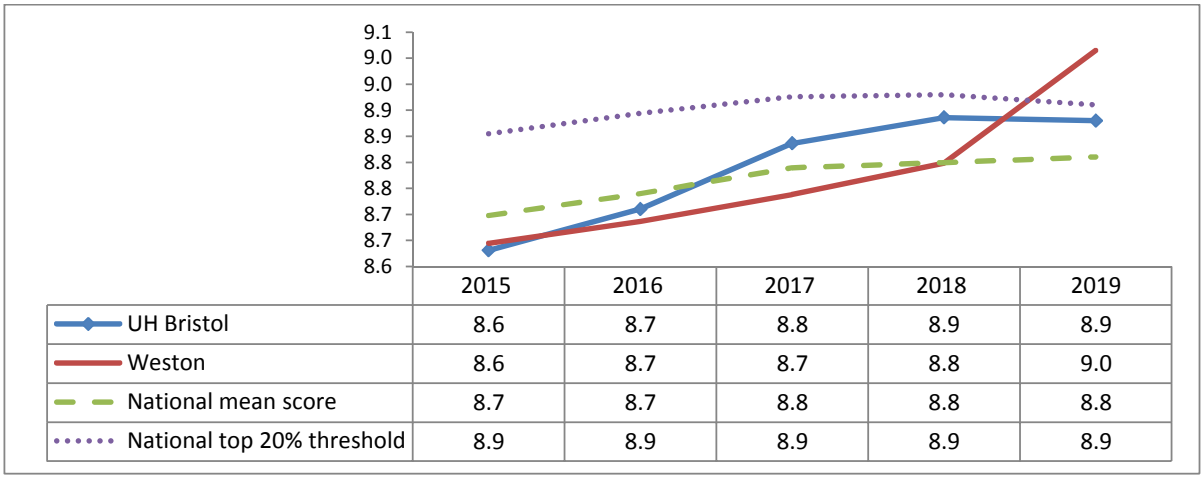
Year	Better than national average	Worse than national average
2015	1	4
2016	2	1
2017	8	0
2018	5	0
2019	5	0

Table 2: Number of WAHT scores classed as being better / worse than the national average to a statistically significant degree

Year	Better than national average	Worse than national average
2015	2	1
2016	1	5
2017	0	6
2018	3	1
2019	20	3

Chart 1 shows survey respondents' overall care ratings between 2015 and 2019. This further illustrates the large change seen in Weston in 2019, compared to the more steady improvement at UH Bristol. Nationally, the scores have been fairly static for three years on this overall experience measure.

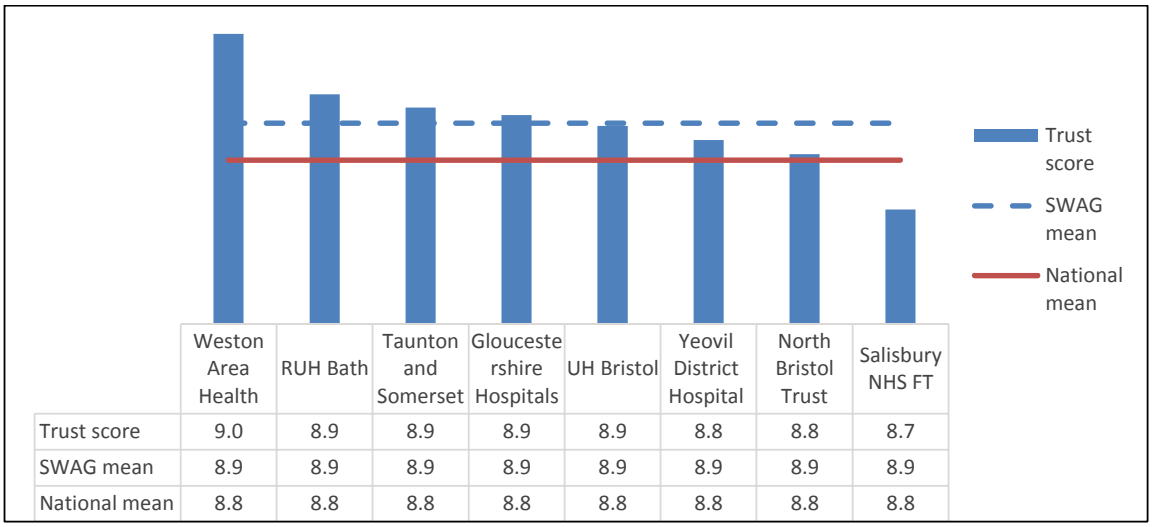
Chart 1: overall experience rating for cancer care



	2015	2016	2017	2018	2019
UH Bristol	8.6	8.7	8.8	8.9	8.9
Weston	8.6	8.7	8.7	8.8	9.0
National mean score	8.7	8.7	8.8	8.8	8.8
National top 20% threshold	8.9	8.9	8.9	8.9	8.9

Chart 2 (over) compares the overall care rating score between organisations in the Somerset Wiltshire Avon and Gloucestershire Cancer Alliance group (SWAG). This shows that patients in this region tend to rate their care more positively on the whole than the national average. In 2019 UH Bristol performed around the middle of this cohort, with Weston coming top. This Chart also suggests that caution is needed when interpreting the data – particularly from the smaller trusts. For example, in 2018, Yeovil District Hospital was top, Salisbury was third, and Weston was second from bottom – the significant change from this picture a year later, in 2019, seems unlikely to purely reflect changes in the quality of care: it seems likely that the small sample sizes (i.e. larger margins of error) are contributing to this fluctuation.

Chart 2: Overall Patient Care Ratings for the SWAG Cancer Alliance



	Weston Area Health	RUH Bath	Taunton and Somerset	Gloucestershire Hospitals	UH Bristol	Yeovil District Hospital	North Bristol Trust	Salisbury NHS FT
Trust score	9.0	8.9	8.9	8.9	8.9	8.8	8.8	8.7
SWAG mean	8.9	8.9	8.9	8.9	8.9	8.9	8.9	8.9
National mean	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8

The top (best) scores in both the Weston and UH Bristol data mainly related to themes around information-giving. This included ensuring that patients were given some key pieces of information about their condition and treatment, that they were assigned a Clinical Nurse Specialist to support them, and that the hospital staff looking after them had all of the information they needed to provide effective medical care.

Weston and UH Bristol's lowest scores, in absolute terms, were on the same three questions (please note that these were still in line with the national average):

- Whether participation in research was discussed with the patient
- Whether the patient had a care plan
- Whether the patient had the opportunity to discuss worries and fears with staff during hospital visits

Some of the question scores differed considerably between Weston and Bristol and these offer the potential for shared learning (Table 3 – over). For example, Weston scored particularly strongly in terms of administration (letters, test results etc) and *access* to Clinical Nurse Specialists (not just being assigned to one) – both of these are known to be "key drivers" of patient satisfaction.

Conversely, the results suggest that there may be opportunities to offer more participation in research trials at Weston. Furthermore, two of UH Bristol's best scores were around patients having confidence and trust in their doctors, and being treated with respect and dignity in hospital. It is somewhat concerning that these scores were below the national average to a statistically significant degree for Weston (along with a further, perhaps related score around whether staff talked in front of the patient as if they weren't there). Again, some caution is needed here though due to the fairly small sample sizes – particularly as this has not been a consistent trend.

Table 3 disparities in the Weston / UH Bristol results identify potential points of learning

	UH Bristol	Weston
Patient was given a care plan	35%	52%
Given enough information about progress of radiotherapy	62%	78%
Given enough information about financial help and benefits	66%	82%
Given enough information about free prescriptions	86%	97%
Given enough information about progress of chemotherapy	67%	78%
Satisfaction with waiting times for treatment / clinics	69%	80%
Was able to find someone in hospital to talk to about worries and fears	69%	79%
Was treated with respect and dignity in hospital	90%	76%*
Participation in cancer research discussed	42%	27%
Confidence and trust in the doctors treating them	87%	71%*

3. Free-text-comments

For Weston, 144 respondents (78% of the 184 respondents) left a free-text comment. The most frequently identified theme was 'treatment' (eg. speed of treatment, surgery, chemotherapy), with only 54% of the 293 mentions being positive and a further 30% neutral. Others themes of less positive comments, include waiting times and facilities.

This should be considered in the context of the most frequently occurring positive themes being comments about 'attitude' (107 mentions, eg. quality of care, helpfulness - 96% positive overall) and 'staff' (both by staff type: 194 mentions, 68% positive; and staff in general: 76 mentions, 80% positive).

For UH Bristol, 606 respondents (73% of the 830 respondents) left a free-text comment. The most frequently identified theme was 'treatment', with only 47% of the 1643 mentions, being positive and a further 33% neutral. Other themes with less positive comments, include waiting times and facilities.

Again, this should be considered in the context of the most frequently occurring positive themes being 'attitude' (381 mentions, 88% positive, eg. quality of care, helpfulness, kindness, professionalism) and staff (in general: 344 mentions, 77% positive) and care quality (191 mentions, 63% positive).

4. Improving UHBW's patients' experience of cancer care

There is much to learn, for UHBW, from the 2019 NCPES results.

UHBristol has consolidated the gradual improvements of recent years, but remain expectant, waiting for the long-awaited refurbishment of Bristol Haematology and Oncology Centre (in particular Ward D603 and expanded outpatient and chemotherapy facilities) and the future establishment of a stand-alone Cancer Support Centre (ie. a Maggie's Centre). Unfortunately, despite the continued organisational commitment to deliver these ambitions, progress with both of these projects has been further delayed in part due to the ongoing pandemic.

Weston's 2019 results are very encouraging and there is much to celebrate. Even when acknowledging the possibility of significant year on year fluctuations with such a small sample size, we shouldn't lose sight of the significant achievements this year. Since the commencement of the NHS England Cancer Transformation Fund 'Personalised Care and Support' project at Weston in 2018, there has been a real step-change in the delivery of this model of support and many of the improvements in the 2019 NCPES results, appear to be directly impacted by this activity.

Question	Weston		Increase %	UHBristol 2019
	2018	2019		
53. Patient definitely given enough support from heath or social services after treatment	37	**65**	+28%	**44**
56. different people treating and caring for patient always work well together	61	**83**	+22%	**75**
57. patient given a care plan	33	**52**	+19%	**35**
52. Patient definitely given enough support from heath or social services during treatment	41	**59**	+18%	**50**
55. General practice staff definitely did everything they could to support patient during treatment	46	**60**	+14%	**64**
24. hospital staff gave information on getting financial help or possible benefits	69	**82**	+12%	**66**
25. Hospital staff told patient they could get free prescriptions	88	**97**	+ 9%	**86**

Despite all these great improvements, Weston's scores also highlighted a decline in the experience of cancer patients as inpatients in Weston:

Question **Hospital care as inpatients……**	Weston		Decrease %	UHBristol 2019
	2018	2019		
31. patient always had confidence and trust in all doctors treating them	83	**71**	-12%	**87**
36. patient always given enough privacy when discussing condition or treatment	88	**77**	-11%	**85**
39. patient always felt they were treated with respect and dignity while in hospital	87	**76**	-11%	**90**

The improvement activity, in response to the 2019 results, will initially focus on shared learning across UHBW. If there was genuine cross-fertilisation of the best-practices across both Bristol and Weston sites, this could move newly merged UHBW to a new level of consistently high cancer patient experience.

These results highlight some particularly high achieving teams in Bristol eg. melanoma (skin), head and neck, lung and haematology and in Weston eg. breast. This will further enable detailed shared learning between local teams and across the shared patient pathway. It also identifies teams who are facing the biggest challenges in improving the experience of their patient cohort, eg. breast and colorectal cancer in Bristol. The results of these two particular teams appears to be directly linked to the previously identified need for further resource and investment in these services and supports the current plans to deliver this (see detail in Appendix 1).

At the centre of this ambition is the Trust's NCPES improvement plan, which has driven the positive and sustained trend in our survey results since 2015. Recent activity carried out in this plan includes:

- Work on the continued integration of the 'Personalised Care and Support' project (formerly called 'Living Well With and Beyond Cancer') across all cancer types. (The 2018-20 Cancer Transformation Fund Grant from NHS England has facilitated the set-up of the 'Personalised Care and Support' services across UHBW, these have been extended to March '21 with Cancer Alliance and local Trust funding, but we are still awaiting the long-term commissioning model decisions to determine if all these 'PCS' services (in Weston and Bristol) will need to cease at the end of current funding (March '21) or can become embedded in permanent 'business as usual' from April 2021 onwards.
    - All clinical teams now have allocated Cancer Support Workers, enabling all patients to be offered Holistic Needs Assessments, leading to individualised care plans of support.
    - A range of patient 'Health and Wellbeing' information and group support events have been introduced, aimed at encouraging patients to self-manage and maximise their own health and wellbeing from the start of their cancer experience onwards. Including:
        - 'First Steps' - for people to attend near the point of diagnosis
        - 'Next Steps' - for people to attend post treatment
        - 'Living with advanced cancer' - events specifically aimed at people with more advanced disease and facing uncertainty

- Increased access to specialist Allied Health Professional Cancer support services (eg. additional specialist dietetic, physiotherapy and psychological services).

Through-out the pandemic most of these services have rapidly adapted and developed into virtual (online, video or interactive webinar) and telephone versions to meet the ongoing patient need at this challenging time. Some group events and face-to-face interactions will be resumed as soon as possible as well as continuing the learning from a mixed delivery approach incorporating videos / online resources.

The Trust's NCPES rolling improvement plan has been updated initially by the Lead Cancer Nurse following publication of the 2019 results and discussion at Cancer Steering Group (20/7/20), Patient Experience Group (20/8/20) and Bristol Haematology and Oncology Centre Executive (28/09/20). It will be closely aligned to the ongoing service-level analysis and discussion with Weston and the clinical teams across UHBW, to identify specific actions relating to shared learning opportunities across UHBW (see Appendix A)[3].

There have been significant delays (further compounded by the current coronavirus pandemic) in making progress towards the two main 'bigger tickets' items in the improvement plan. It is still recognised that they are required to bring the anticipated real 'step-change' improvement. UHBW is still committed to

- Having a cancer support 'Maggie's Centre' built on-site in Bristol.
- The refurbishment and expansion of facilities at Bristol Haematology and Oncology Centre.

[3] One of UH Bristol's survey scores was classed as having declined to a statistically significant degree between 2015 and 2018 (whether patients were told whether they could bring a family member or friend to the meeting where they received their diagnosis of cancer). However, this score only declined by 1.5 percentage points over this period and so should not have reached statistical significance given the sample sizes. This result is therefore being queried with the survey co-ordination centre. The score was in line with the national average.

The results and initial improvement plan were presented to UHBW Cancer Steering Group (20th July 2020) and completion of actions and progress will be monitored through this governance route.
Also presented to Senior Leadership Team (23rd September 2020) and Quality and Outcomes Committee (24th September 2020).

Clinical Teams across the Divisions (as individual tumour sites, eg. breast, colorectal, lung, gynae etc) have reviewed their site-specific NCPES results and identified priority areas for improvement and have planned actions accordingly. These plans will also be monitored through Cancer Steering Group.

5. Validating our NCPES improvement plan

The Trust's ongoing improvement plan in response to the NCPES was first developed in 2015/16 after several years of poor scores for UH Bristol (as-was) in this survey. The national survey data provides limited opportunities for "deep-dive" insights and so at that time we carried out a range of patient engagement activities including surveys, interviews and focus groups, and worked with external organisations such as Healthwatch and the Patients Association, to develop a deep understanding of how we could improve cancer services at the Trust. This highlighted key issues such as:

- The need to make patient care more personalised
- Ensuring that patients moving between trusts for their cancer care receive a more seamless service
- Increasing access to Clinical Nurse Specialists
- Efficient administration
- Having a dedicated cancer support centre for our patients

The improvement plan that emanated from this work has been successful in driving positive changes in patient experience as measured by the national cancer survey. However, it is now the right time to revisit our findings and check that they remain the priorities for our patients (including Weston now). The Lead Cancer Nurse will work with the Patient Experience & Involvement Team during 2020/21 to deliver this piece of work.

6. A note on the future of the National Cancer Patient Experience Survey

The management of NCPES has now been taken over by the Picker Institute Europe (from Quality Health Ltd), resulting in:

- A shorter field-work period, leading to the delivery of these NCPES results in June 2020 (three months earlier than the previous reporting cycle).
- Simultaneous delivery of a new style 'free-text' report for each organisation, detailing themes and strength of sentiment for all free-text comments made in survey returns. This information is provided at Trust and tumour-site level.
- The establishment of a National NCPES Advisory Group to review all aspects of the survey. UHBW's Lead Cancer Nurse is an ongoing member of this Group and is pro-actively contributing to future NCPES developments (and has been asked to speak on national NHS E webinars).
- This activity is likely to lead to significant changes to the survey from 2020/21 onwards, including
    - Increased patient experience data capture from those with rarer cancers
    - Expanding data capture to include 'outpatient' cancer experience (not just inpatient and day case)

Appendix A – National Cancer Patient Experience Survey – UHBW Improvement plan 2020

	Work-stream / actions	Progress	Responsible leads	Timescale
1	<u>New cancer support centre</u> The Trust is working with external partners to develop a new cancer support centre for our patients with cancer. The charity "Maggie's Centre" has agreed to pilot the development of a 'wellbeing centre' in Bristol - a first for them nationally. The charity Penny Brohn has agreed to work in partnership with 'Maggie's' to deliver some holistic services on site.	Strategic Outline Case for 'Maggie's Centre' at UH Bristol – approved and supported at Capital Programme Board / SLT / Trust Board April 2019. 'Maggie's Bristol' approved by Maggie's Board of Directors May 2019. Awaiting appointment of architect (by Maggie's) to start the design phase. PROCESS DELAYED DUE TO PANDEMIC. WILL BE RESUMMED WHEN POSSIBLE.	Paula Clarke, Director of Strategy and Transformation Mark Smith, Chief Operating Office Ruth Hendy, Lead Cancer Nurse	Inaugural Steering Group Meeting 24/10/19 03'20 Process delayed due to PANDEMIC.
2	<u>Refurbishment of ward D603</u> Ward D603 in the Bristol Haematology and Oncology Centre is in need of refurbishment. Plans have been submitted to the Trusts Phase 5 clinical strategy programme and funding has been secured. The refurbishment will significantly improve patient and staff experience on the ward.	Funding has been secured for this refurbishment. Process currently on hold, delayed by COVID and difficulties agreeing decant locality.	Owen Ainsley, Divisional Director Sophie Baugh, General Manager	Works deferred – until possibly summer 2021, due to complexities with establishing suitable D603 decant space.
3	<u>Short-term measures for increasing capacity in the Bristol Haematology and Oncology Centre</u> A number of developments are planned to increase capacity for the next three years, including: • Conference room to convert to 5/6 Chemotherapy Day Unit chairs • Phase 4 converting offices on Level 4 BHOC to clinic rooms. • Increasing numbers of patients at satellite clinics	A number of delays and complications with funding, identifying decant space and then COVID. Office decant space identified (Myrtle Road), decant and work now started (Sept'20), hoping to complete Feb/ March'21. Additional chair capacity being developed at Concord satellite clinic.	Sophie Baugh, General Manager Sue Philpott, Improvement Lead	March 2021 Sept 2020

Appendix A – National Cancer Patient Experience Survey – UHBW Improvement plan 2020

	Work-stream / actions	Progress	Responsible leads	Timescale
4.	<u>Additional capacity proposal (Phase V)</u> Recognising the need for a more comprehensive and longer term Trust plan for the delivery of cancer services, an Executive Trust Group will be set up to review these services and the Bristol Haematology and Oncology build.	Executive Trust Group set up. Funding has been agreed to recruit an architect and begin the scoping phase and then onto design. Considering extension / expansion to the side of BHOC.	Sophie Baugh, General Manager	Further update Oct. 2020
5.	Identified further Clinical Nurse Specialist capacity required, to specifically allow support for patients whilst going through oncological treatment (as well as surgery) – application to Macmillan for 2 years funding and then for posts to be funded by UHBW • Colorectal Band 6 1.0 wte – Division of Surgery • Breast Cancer band 7 1.0wte – Division of Specialised Services • Lung cancer Band 6 1.0wte – Division of Weston	Applications being developed for Macmillan – Feb / March '20 Decision by Macmillan (due to Pandemic) – unable to process new applications for funding. Discussions with Above and Beyond Considering 2 years funding (breast and colo-rectal) in these extraordinary times. Supported, in principle, by SLT. Applications submitted to A&B 15/9/20 Awaiting final outcome. Lung cancer / Weston post – being reviewed further. For possible consideration by Weston Charity.	Ruth Hendy, Lead Cancer Nurse Divisional Matrons / Heads of Nursing Ruth Hendy, Lead Cancer Nurse	Oct. 2020
6.	Concern raised at Quality Outcome Committee (Oct'19): 2018 results – 11% of respondents did not *always* have confidence and Trust in *all* Doctors treating them.	Specific areas of concern identified – breast and colorectal (and areas of good practice: head and neck, haematology, Upper Gastrointestinal). Included in team-level reviews and actions for 2019/20 and on into 2020/21. To be specifically included in patient engagement deep-dive activity 2020/21 to better understand.	Clinical leads Lead Cancer Nurse	Ongoing in site-specific action plans, 2020 March 2021

Appendix A – National Cancer Patient Experience Survey – UHBW Improvement plan 2020

	Work-stream / actions	Progress	Responsible leads	Timescale
7.	'Shared learning' review of results across UHBW, with associated actions to increase consistent cancer patient experience across Bristol and Weston, including specifically • Access to clinical trials / cancer research • Identification of people to talk to about worries and fears • Information about free prescriptions / financial help / self-help groups Improvement in the inpatient experience (confidence in staff, treated with respect and dignity and privacy)	Reports with clinical teams across UHBW for further review and prioritisation. Detailed 'shared learning' actions to be progressed. Link in with / feedback to UHBW Senior Nurse for Quality and integrate into Weston inpatient review.	Ruth Hendy, Lead Cancer Nurse Personalised Care and Support Leads Weston and Bristol Cancer Matrons Weston and Bristol UHBW Cancer Steering Group	Oct 2020
8	Analyse 2019 National Cancer Patient Experience Survey Results by UHBW cancer specialty and initiate service-level / site specific actions in response to this	Results reviewed by teams and priorities identified. Tumour-site action plans submitted Progress with plans to be monitored by Lead Cancer Nurse and through Cancer Steering Group.	Lead clinical nurse specialists. Lead Cancer Nurse	Plans completed. Actions in progress. Sept 2020 Review Dec 2020
9.	Work with the Patient Experience Team to re-validate the key themes in our NCPES improvement plan	Pending.	Ruth Hendy, Lead Cancer Nurse Tony Watkin, Patient & Public Involvement Lead	March 2021

Meeting of the Board of Directors in Public on Tuesday 29 September 2020

Report Title	**Clinical Research Network West of England (CRN) Annual Report 2019/20**
Report Author	**Dr Kyla Thomas, Clinical Director; Dr Sue Taylor, Chief Operating Officer**
Executive Lead	**Dr William Oldfield, Medical Director**

1. Report Summary

The Clinical Research Network Annual Report 2019/20 provides a summary of the performance of the CRN against the high level objectives and the response to COVID- 19.

2. Key points to note
(Including decisions taken)

As a result of COVID -19, the CRN annual report 2019/20 was requested by the National Institute for Health Research National Co-ordinating Centre (CRNCC) to be presented as a summary document. The CRN West of England highlighted the following

- three achievements for year,
- performance against high level objectives,
- response to COVID-19
- targeting research to meet the health needs of the population
- customer engagement
- social care initiatives

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, the Annual Report 2019/20 met the requirements of the reporting framework for CRNCC.

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

- This report is for **Assurance.**

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

N/A

Three highlights from 2019/20

The CRN WE has continued its success in the commercial field surpassing the national target, ranking second of all CRNs for HLO2a. By working closely with our commercial research centres, biomedical research centre and establishing communities of practice, we have encouraged growth resulting in an improvement in performance. Our industry processes were streamlined creating a sizable impact to this metric. To establish sustainability the CRN has worked to identify and support Principal Investigators (PIs) new to research via events including running a PI training session within a CRN WE led supra-regional Reproductive Health and Childbirth Research Symposium.

The CRN WE has once again surpassed the overall recruitment target for the year by almost 50%. By collaborating with and supporting our local universities, care homes, schools and other social care and public health settings, we have had a fruitful year of recruitment expanding into new areas. With the use of a centrally managed flexible peripatetic delivery team the CRN WE has supported delivery of research in new settings, including support of the COVID-19 pandemic. The success of our expansion into new areas has seen the CRN WE top the table for recruitment to public health (19,703, managing specialty).

The CRN WE has expanded and developed a centrally managed diverse and flexible delivery team (West of England Research fAcilitation in Community and Healthcare settings, WE ReACH) who have successfully recruited in areas which would otherwise be unable to support research. This team has proved pivotal to the regional response to COVID-19 and helping to close the gap in accessibility to research for many. The CRN WE has a contract with 104 GP practices and held a very successful RSI event attended by over 100 key personnel from primary care settings. CRN WE continues to hold workshops, via our Study Support Service (SSS) to build research confidence and competence in this area. CRN WE has remained in the top third of CRNs for HLO6c with 44% of practices in the region supporting research. This is despite the lack of a large questionnaire-based study within primary care this year.

HLO Performance

The CRN recruited 43,198 participants to NIHR CRN Portfolio studies in financial year 2019/20, an increase of 17% on the previous financial year and exceeding the CRN target by almost 50%. The CRNs HLO2 performance in both commercial and non-commercial studies saw significant improvement and has exceeded the national goal of 80%; 87% of CRN WE sites participating in commercial contract research studies achieved their recruitment target within the planned recruitment period, ranking CRN WE 2nd of 15 CRNs; 91% of CRN WE led non-commercial studies achieved their recruitment target within their planned recruitment window, up from 73% in the previous year. All Partner Organisations (POs) recruited to NIHR CRN Portfolio studies in 2019/20, and CRN WE was ranked 1st of 15 LCRNs in the proportion of POs participating in commercial contract research (89%). The CRN just missed the HLO 6c national goal with 44% of GP Practices recruited to NIHR CRN Portfolio studies this financial year, however this was an increase from 41% in the previous year. 62 non-NHS sites across the CRN WE geographical footprint recruited to NIHR CRN Portfolio studies in 2019/20, including a number of charity, dispensary and optical sites which have not previously been research active. HLO7 was impacted by several studies closing early due to safety reasons and efficacy. Along with a nationwide reduction in Dementia and Neurodegeneration studies and lack of a

large-scale survey study the CRN WE was just shy of the HLO7 target. The CRN has a strong portfolio for next year thanks to further development of local Chief Investigators.
CRN WE achieved the national goal for median site set-up times for both commercial and non-commercial studies. The median site set-up time for commercial studies (HLO 9a) was 56 days, ranking CRN WE 4th of 15 CRNs and lower than the national median for this metric in 2019/20. The median site set-up time for non-commercial studies (HLO 9b) was 51 days, again ranking CRN WE 4th of 15 CRNs and lower than the national median.

Response to COVID-19

The CRN WE identified potential risks of the pandemic early to strategically and operationally respond.

Strategic response

Following the initiation of the CRN WE Urgent Public Health (UPH) Plan (January 2020) an UPH group was convened and led by the UPH Champion (CRN WE Clinical Director); this group met every week in order to provide senior oversight, communication, and decision making. A local Nightingale meeting was established weekly and members also fed into the CRNCC national Nightingale meetings. The CRN Chief Operating Officer and deputy prioritised attendance to the national operational and national leadership meetings. Weekly meetings were held with NHS Trust R&D managers from the partner organisations to facilitate the sharing of information. Many internal regular meetings were established such as an additional senior management meeting (SMT), to discuss major updates. Particular consideration was given to the wellbeing of staff and support of R&D teams in POs during this transition.

Operational Response

During w/c 16/03/2020 CRN WE staff moved to remote working with planning and support from the SMT and the host IT department. As the majority of open portfolio studies were paused in response to the emergency, the Research Delivery Managers shifted to focus on the support of incoming high priority UPH studies. New processes and tools were developed by the SSS team to support start up and running of UPH studies at local sites. Trackers were developed to record WTE of CRN funded staff being reallocated to clinical care; recording POs COVID-19 delivery staff; pausing of non-UPH portfolio studies. Regular newsletter communications were disseminated weekly and promoted on social media. Local stories were pushed on social media channels and assistance offered to the host Trust communications team for preparation of research press releases. Internal communications were also made weekly with a focus on wellbeing and remote working requirements. At the end of March 2020 the LCRN Risk register was updated. It became clear that CRN WE would not be able to meet the requirements of the Performance and Operating Framework and needed to acknowledge the wider impact of focusing on the UPH studies as a priority and pausing non-urgent projects.

Targeting Health Needs

In April 2019/20 there was the development of a local strategy that set out the vision for the LCRN until 2022, focusing on growth, performance and collaboration. The growth element was included in 2019/20 NHS Trust Business Plans, and a rigorous selection process was set up through the Operational Management Group which resulted in £222,535 allocated to support bids targeting research to meet the health needs of the population. In Q3 2019/20 the LCRN continued analysing data and strategically working with partners to ensure that 2% of the

funding allocation for 2020/21 would continue to target research according to the health needs of the population. The CRN contract support document was used as a guide to facilitate strategic discussions. Work has already commenced within the Senior Management Team to develop this approach through improved prevalence data analysis for next year.

Partner Engagement (with reference to the LCRN's 2020 Partner Satisfaction Survey Results)

Each Partner Organisation and Primary Care collaboration has a locality link to disseminate key messages and collect feedback. CRN WE have two managers from our Partner Organisations as active members in our Operational Management Group. This year saw the merger of two Partner Organisations and the CRN has been working closely with the new trust to support their involvement in more research.2019/20 saw a good response rate (83%) to the partner organisation satisfaction survey and additional feedback for specific projects is sought throughout each year. There was an increase in our median CRN Overall Partner satisfaction score and most areas were above the average combined CRN responses. The CRN will continue to use the results of this survey to reflect on our engagement with partner organisations and inform future practice.

Patient and Public Involvement and Engagement (PPIE), Patient Experience Survey (PRES)

The CRN funds two Patient Representatives who brought public opinion to our PPIE projects, Strategic Plan and quarterly Partnership Group meetings. Their input ensured that our projects and our strategies were sense-checked by lay people. The PRES was finalised with the PRES Working Group, comprising members from each Trust in the CRN and our Public Contributors. The three nationally mandated questions were included, along with a question for local feedback allowing for 'you said, we did' information for our teams. Regular weekly updates were disseminated to the working group and they were encouraged to share these with their research colleagues. The updates included comments received from participants, hints and tips from research leaders and a table of the number of PRES surveys returned by Trusts. This was received very favourably by our colleagues. In total, by the deadline, the CRN input 621 PRES surveys. COVID-19 affected the last few weeks of dissemination, otherwise we expected to achieve over 650. Overall, our total was 7% of recruitment for that same period, double that of the previous year.

Social Care Pump Priming Pilot, including confirmation of any underspend

The CRN used the Social Care Pump Priming to commission Research in Practice for Adults (RiPfA) to conduct a mapping exercise and to deliver a regional workshop. The mapping exercise charted the social care landscape in the West of England. The COVID-19 outbreak limited the information they were able to collect and they will resume attempts at finalising data collection once teams have returned to business as usual. When able they will deliver a workshop to share briefings and ask questions resulting from the exercise. A regional workshop, part of our supraregional social care collaboration, aimed to facilitate an open and informal discussion between researchers and practice about how the region can support growth in social care research, was also postponed. As the mapping exercise has been completed and the workshops have been postponed rather than cancelled, we do not have any underspend. The LCRN was also represented at CRN Social Care Updates meetings, ENRICH national meetings and has completed LCRN Social Care Readiness Framework reporting.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 29 September 2020

Report Title	**Congenital Heart Disease Network Annual Report 2019/20**
Report Author	**Cat McElvaney, Network Manager; Sheena Vernon, Lead Nurse; Andrew Tometzki, Clinical Director**
Executive Lead	**William Oldfield, Medical Director**

1. Report Summary

Purpose:

The Congenital Heart Disease Network Annual Report 2019/20 sets out the key achievements of the network in its fourth year of operation, the key priorities for future years, and identifies risks to the delivery of NHS England's CHD standards.

Background:

The Congenital Heart Disease (CHD) standards were agreed by NHS England in July 2015 mandating that all CHD care be delivered through formal networks. The South Wales and South West Congenital Heart Disease Network was established in April 2016.

Hosting and Oversight:

The network, which functions as an operational delivery network, is hosted by UH Bristol and funded by NHS England. The network reports quarterly to the Senior Leadership Team and Joint Cardiac Board at UH Bristol. In addition it formally reports to NHS England and NHS Welsh Health Specialised Services Committee (WHSSC) on a quarterly basis.

2. Key points to note

(Including decisions taken)

N/A

3. Risks

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

Network Risks are managed by the Network Board and escalated via NHS England governance structure.

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.

Senior Leadership Team	19/08/2020

South Wales and South West
Congenital Heart
Disease Network

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Annual Report

2019/20

GIG CYMRU NHS WALES

NHS

Document Control

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Document Approval	William Oldfield, Medical Director, University Hospital Bristol and Weston Foundation NHS Trust

Document Abstract

This annual report for the South Wales and South West CHD Network outlines the background to the network, its vision and key objectives, achievements and challenges, and key updates for the period April 2019 - Mar 2020. It also looks to the future, providing an overview of plans for 2020/21.

Document Change Control

Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
04/08/20	0.1-0.3	Cat McElvaney	Content	
05/08/20	0.4-0.7	Rachel Burrows & Cat McElvaney	Formatting	
11/08/20	0.8	Andy Tometzki	Introduction	
12/08/20	1.0	Cat McElvaney	Formatting	Final draft of report

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Introduction from the clinical director

Welcome to the fourth annual report for the South Wales and South West Congenital Heart Disease (SWSW CHD) Network, 2019/20

It is becoming increasing hard to reflect upon the bulk of last year's activity and the achievements made prior to the advent of Covid-19. The pandemic has clearly been the focus on everybody's mind in recent times and it would be remiss of me not to congratulate all members of the network for their due diligence and resilience, as we face this new challenge. For me it has been very rewarding to see the collective work ethic of the NHS put firmly into action.

The SWSW CHD Network built upon our early initiatives to form a Network of Networks forum supporting established and developing CHD networks around the UK. We set up weekly briefings sharing our experiences and challenges, but most important our solutions in mitigating risks. Working with the British Congenital Cardiac Association (BCCA), the Clinical Reference Group (CRG) for Congenital Heart Services and Royal Colleges enabled rapid dissemination of advice and support for our patients and carers.

This undoubtedly has been an extremely challenging and emotional time for our patients and families alike. Their understanding and patience as we tip-toed through this new "norm" is to be applauded. I sincerely hope that next year our annual report will report on how we have recovered and transformed our service with Digital First technology. I would particularly like to thank our clinical nurse specialists; I know how arduous it has been for you supporting our patients and families through these difficult times.

You will read, further on, that there was a way of life before the pandemic struck and I hope you enjoy reading about the many achievements and contributions from all quarters not least from our Public & Patient Voice advocates who feature as important members of our network board. This report celebrates our achievements whilst recognising the many challenges that help to form our work plan for the future.

Please stay safe.

Dr Andrew J P Tometzki
Clinical director
South Wales and South West Congenital Heart Disease Network

About us

The South Wales and South West Congenital Heart Disease Network (SWSW CHD) was officially formed in April 2016, following the publication of the national CHD standards. This followed on from a long established informal clinical network in South Wales and the South West of England, and a formal partnership agreement with South Wales signed in 2001.

The network brings together clinicians, managers, patient and family representatives, and commissioners from across these regions to work together supporting patients with congenital and paediatric acquired heart disease and their families.

Figure1. South Wales and South West CHD network

The network covers a broad geographical area of South Wales and South West of England (Aberystwyth to the Isles of Scilly), with a population of approximately 5.5M people, caring for over 6,500 children and 8,000 adults with congenital heart conditions. This network is accountable to NHS England and is hosted by University Hospitals Bristol and Weston NHS Foundation Trust.

Our vision

Our vision is to be a network whereby:

- Patients have **equitable access** to services regardless of geography
- **Care is provided seamlessly** across the network and its various stages of transition (between locations, services and where there are co-morbidities)
- **High quality care** is delivered, and participating centres meet national standards of CHD care
- The provision of **high quality information** for patients, families, staff and commissioners is supported
- There is a strong and **collective voice** for network stakeholders
- There is a strong culture of collaboration and action to **continually improve** services
- To ensure it can **demonstrate the value** of the network and its activities

Our Network Objectives

- To monitor and drive improvements in quality of care
- To support the delivery of equitable, timely access for patients
- To support the education, training and development of the workforce within the network
- To support improvements in patients and family experience
- To be a central point of information and communication for network stakeholders
- To provide strategic direction for CHD care across South Wales and the South West
- To ensure it can demonstrate the value of the network and its activities

Network Centres & Staffing

Table 2: South Wales and South West Level 1, 2 and 3 centre service provision		
Level	**Hospitals**	**Service provided**
1	**University Hospitals Bristol NHS Foundation Trust** Bristol Heart Institute (Adult) Bristol Royal Hospital for Children (Paediatric)	**Specialist Congenital Heart Disease Surgical Centre**
2	**Cardiff and Vale Health Board** University Hospital Wales (Adult) Noah's Ark Children's Hospital (Paediatric)	**Specialist Congenital Heart Disease Centre**
3	Please note the Hospitals provide both Adult and Paediatric care unless specified differently below **Level 3 South Wales Hospitals & Health Boards** **Swansea Bay Health Board** Singleton Hospital, Morriston Hospital **Aneurin Bevan Health Board** Royal Gwent Hospital, Neville Hall Hospital **Cwm Taf Morgannwg Health Board** Royal Glamorgan Hospital, Prince Charles Hospital, Princess of Wales Hospital **Hywel Dda Health Board** Glangwili Hospital, Withybush Hospital **Level 3 South West Hospitals** Royal Cornwall Hospitals Trust (Truro) Taunton and Somerset NHS Foundation Trust (Taunton) Northern Devon Healthcare NHS Trust (Barnstaple) South Devon Healthcare NHS Foundation Trust (Torbay) Royal Devon and Exeter NHS Foundation Trust (Exeter) Royal United Hospitals Bath NHS Foundation Trust (Bath) Gloucestershire Hospitals NHS Foundation Trust (Cheltenham & Gloucester) Plymouth Hospitals NHS Trust (Plymouth) Great Weston Hospital NHS Foundation Trust (Swindon)	**Local Congenital Heart Disease Centres**

Our 2019/20 Highlights

Improvements in quality of care

- Clinical pathways developed - Dental & Pregnancy
- Referral criteria for nurse specialists & psychology support developed
- Joint fetal multi-professional meetings with level 1 and level 2 centres
- 7 engagement visits with centres across the network to benchmark CHD standards

Equitable timely access for patients

- Business case to increase adult CHD care capacity in South Wales
- Transition model for peripheral clinics in development
- Virtual clinics & multi-professional team meetings initiated
- Development of the CHD Network performance dashboard

Patient and Family experience

- #myquestion Facebook campaign- to increase awareness of support & resources available
- Youth worker appointed to support our young people with CHD across the network
- Young people's evening held to support transition to adult services
- Patient Representative forum held offering peer support and training

Education and Training

- 13 network training events including inaugural network psychology study day
- Nurse competencies for CHD drafted
- "Lesion of the month" - bitesize education for CHD nurses & training pack for link nurses
- Network Mortality & Morbidity session; well attended and positively received
- First network audit session held - 3 audits presented for shared learning

Information and Communication

- Biannual newsletters published
- Covid-19 webpage for healthcare professionals
- Covid-19 page for CHD patients & their families
- Monthly national CHD networks forum for rapid dissemination & learning

Strategic direction

- CHD national peer review – cited as "exemplary network" and highly commended
- Survey and stakeholder session on network priorities over next 5 years conducted
- National CHD networks - led the establishment of Covid-19 response forum
- Continued collaborative working with South West adult and paediatric networks

Highlights from our centres

LEVEL 1, TERTIARY CENTRE, BRISTOL

Paediatrics

- 4th surgeon appointed, meeting national CHD standards
- Proposal to increase nurse specialists to support transition in peripheral clinics (peer review recommendation)
- 85% of patients seen within 3 calendar days post fetal diagnosis, 88% patients also contacted by nurse specialist

Adults

- Virtual clinics & multi-disciplinary meetings initiated
- Youth worker role established for 16-25 year olds
- Advanced care clinic and Fontan's clinic in development

LEVEL 2, CARDIFF

Paediatrics

- Bid to increase peripheral clinic capacity in progress
- Latest set of clinical guidelines published
- Fetal consultant in post, clinics set up & job plan agreed

Adults

- Phase II business case to increase Adult CHD capacity - final stage of approval
- Commended by National Peer Review team on progress made.
- Audit presented at network clinical governance group

LEVEL 3, SOUTH WALES & SOUTH WEST

Paediatrics

- Cardiac Physiologist led clinics set up in Truro
- Transition clinics set up in Taunton
- Establishment of local PEC clinics in Withybush hospital for Pembrokeshire

Adults

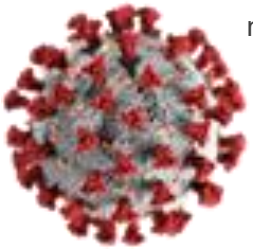
- Appointment of specialist nurse (Gloucester) and establishment of link nurse role in some centres (adults and paediatrics)
- Funding agreed for ACHD consultant (Truro - recruited in June)
- Anticipated increase of peripheral clinic provision via approval of phase II business case

Nursing Update

by Sheena Vernon, Lead Network Nurse

2019/20 has been a demanding year for nurses across the network. On top of the daily demands of delivering their service, there has been the requirement to reconfigure their work load to adjust to the changing clinical picture of Covid-19. In March 2020, with the Covid-19 pandemic prevalent, nursing activity across the network was significantly affected as nurses were re-located to different clinical areas such as the paediatric intensive care unit, the adult cardiac intensive care and the cardiac wards to meet service demands. They were also needed to care for and home school their own children at home or shield for their own safety.

The clinical nurse specialist services were quickly re-configured to deal with significantly high volume of telephone advice calls which were needed by patients and families. Face to face meeting was dramatically reduced, and the volume of telephone advice and support increased considerably. On average the paediatric team handled 69 calls per day, with the adult team handling 22 calls per day. Vulnerable patients were telephoned to advise that shielding and advice was sought around issues such as working from home, travel, employment, home schooling and clinic follow-up. There was increasing demand for advice and support in managing anxiety and low mood in relation to patient's congenital heart disease and Covid-19. The advice given was based on that given by the British Congenital Cardiac Association and Government advice. This was also available on the Covid-19 resource page on the network website (www.swswchd.co.uk), which all patients and families were sign-posted to.



The nurses were unable to participate in ward rounds and see patients face to face in the outpatient department due to Covid-19. Many link nurses do not have allocated time for their role, and therefore there is limited opportunity for them to establish the role in their organisation, and to support patients and their families in both outpatient and inpatient settings.

Clinical nurse specialist teams (Bristol & Cardiff)

Figure 1. CHD nursing in the network

The paediatric and adult clinical nurse specialist (CNS) teams from Cardiff and Bristol communicate regularly about the care of mutual patients and their clinical management.

Level 1 and 2 clinical nurse specialist day, which takes place every six months, was held in February 2020 and provided an opportunity for clinical up-dates, network progress updates, education, service development and peer support. The event was well attended and positively evaluated with staff commenting that it is *"very helpful to understand how the other teams are working and share ideas/discuss issues".*

In addition there is a **Level 1 link nurse group** based in the paediatric and adult service that meet bi-monthly to provide CHD updates, resources, information and education to nurses in clinical areas for patients with CHD.

Level 3 (Link) and Community Nurses

The biannual level 3 link nurses and community nurse day took place in January 2020 with 16 delegates attending, including community nurses, paediatric nurses and adult link nurses. The was a day for link nurses to network, share practice and understand each other's services, as well as an opportunity for some teaching and education. The day was very positively evaluated.

Establishing the link nurse role continues to be a significant challenge across the network, and has been highlighted by centres during their engagement visits this year. Whilst 70% of Trusts have a named link nurse, we know only 50% of these are actively engaged.

Resources for nursing staff are continually being added to the network website (www.swswchd.co.uk) under the professional's page. This includes a link nurse resource folder along with a job description, national and international guidelines, toolkits and information to support our nurses. There are opportunities for link nurses to visit level 1 and level 2 centres to understand how the clinical service runs, meet the teams and visit the clinical areas.

Patient Representative Update

Following both the NHS England CHD standards (2016) and the Specialised Services Circular (ssc188) guidance, we have involved patient representatives in our network activities since 2016. Since this time, the group of patient representatives has grown and there is regular attendance at each of the network boards. The patient representatives have a standing board agenda item which provides a regular opportunity to comment and feedback to the network board.

We are delighted to have 15 patient representatives currently involved with the network. The group consists mainly of mothers and adult female patients, but we are keen to recruit a more diverse range of representatives and we are actively looking into doing this. There is a job description and a contract for the role.

Annual workshops and training events have been held for patient representatives by the network, and there are further plans for this. Many of our patient representatives have contributed to the network biannual newsletter, the network five year strategy and have also been part of our network panel during the national CHD peer review.

We are keen to further develop the role and involvement of the patient representative in the network. As part of this we conducted a survey to understand that perception of both the network board members and the patient representatives, about the purpose and contribution of patient representative's role within the network. The conclusion of this survey showed that there was widespread commitment to realise the benefits of patient representatives within the network, and that further training and support would be helpful to achieve this, particularly for the network board members and patient representatives.

Looking ahead, the board are looking to develop further training for both board members and patient and family representatives, possibly collaborating with other CHD networks nationally. Work on updating the website pages, which patient and family representatives will be asked to comment and provide feedback on, will begin and the psychology section will be one of the first priorities.

Education and Training update

A key objective for our network is to support the training and education of our healthcare professionals. In 2019, the network held and supported over 13 training and education events, accessed by a range of multi-professional groups that care for CHD patients across our network. The network plays an essential role in promoting training and education opportunities for all our staff, which we successfully do using a number of communication channels including our network distribution channels, our CHD training and education webpage (www.swswchd.co.uk), twitter, and our biannual newsletter. In the midst of the usual programme of training and education, some highlights include:

- Inaugural Network Psychology study day held for all psychologists within the network
- "Lesion of the Month"- bitesize education package for nurses
- 2 x Paediatrician with Expertise in Cardiology study days
- ACHD annual study day
- Nurse competencies drafted
- Link nurses resource folder published

For more information on upcoming training and education days, and for useful CHD and related resources, please visit our website www.swswchd.co.uk

Audit & Research update

Audit and research continue to be important components of the network's portfolio. In 2019/20 we have been delighted to welcome Helen Wallis, ACHD Consultant in South Wales, into the role of Network Audit Lead. This voluntary role will help establish and run the network audit programme. Helen helped organise our first network-wide audit session with 3 different audits being presented by staff from across the network. This provided a great opportunity to share learning and best practice.

For more details on our audit programme and research in the network please visit www.swswchd.co.uk

Communication and engagement


Newsletter

News from the network team

Coronavirus (Covid-19)

The network acts as a central point of communication and information for network stakeholders. With well-established communication channels, we have been able to support our network members and wider teams with rapid and effective communication particularly recently in response to Covid-19. Highlights include:

- Set up of Covid-19 webpage on the network website with resources for patients, families and staff. This includes general advice, CHD specific advice and useful resources for wellbeing and mental health.
- Fortnightly conference call established with network members, as well as a weekly national CHD network call. Weekly reporting to Specialist Commissioners and involvement in several regional calls.
- Biannual newsletter for CHD network published and distributed to network members.
- Charity stakeholder event held for all local CHD charities to share what has been happening and to promote collaborative working.
- #My question campaign on the Bristol Royal Hospital for Children and CHD charities Facebook sites. The purpose of this campaign was to address some common queries our patients and families have, signposting them to a number of useful resources on the network website.

- Network five year strategy stakeholder session and survey conducted.
- Patient representative survey conducted with Network Board members and patient representatives.
- Patient stories presented at the Network Board. A recent video production promoting music therapy for a young CHD patient has been picked up by the BBC.

Focus on Psychology

***"I've been helped so much by the psychologist, I was able to focus on myself and my condition in a way I never have before. Thank you"**. CHD patient*

The CHD standards recommend that psychology services are provided for a lifespan service. It is recognised that support for patients and their families can often be provided through a range of means (information, clinicians contact, specialist nursing, patient support groups, well-being toolkits).

Following on from the development of over 32 different support and well-being toolkits now available on our website (www.swswchd.co.uk), in 2019/20 there has been a focus on increasing the awareness of and access to these resources for both clinicians within the network, and patients and their families. We have successfully run nine week #my question Facebook campaign in collaboration with University Hospitals Bristol and Weston to promote these fantastic resources. We have also developed referral criteria for the specialist centre psychology team so it is clearer for clinicians on when to refer.

Key aims for the team has been to upskill and develop the psychology skills of our clinical staff within the network. We have developed psychological skills training packages to enable the specialist centre to offer level 1 and 2 psychological skills training throughout the network. In February 2020, we hosted our first network psychology event, which was well attended and positively evaluated. Our activity levels for 2019/20 are illustrated below;

214 referrals	960 Outpatient slots	84 Surgery/Catheter slots for preadmission

Our psychology aims - 2020/2021

- Review support resources with patient reps
- Develop quality metrics for pathways
- Run network psychology study day
- Offer psychological skills training to clinicians across the network
- Continue to support patients, families and staff during Covid-19

Network governance

The governance of the CHD network is illustrated in figure 2 (page 16). The CHD network board is chaired by David Mabin, Deputy Medical Director and Paediatrician with Expertise in Cardiology, at the Royal Devon and Exeter Hospital. Members of the board include patient representatives, clinical and managerial representation from Level 1 (Bristol), Level 2 (Cardiff) and level 3 (District General Hospitals, South Wales & South West) centres. There are two subgroups that report into the Board (Clinical Governance and Service Delivery Group).

The Network Board is funded by NHS England, and is hosted by University Hospitals Bristol and Weston NHS Foundation Trust. It reports quarterly into NHS England (Specialised Commissioning Operational Group), Welsh Health Specialised Services Committee (WHSSC) and UH Bristol and Weston (Senior Leadership Team, Women's and Children's Divisional Board and Joint Cardiac Board).

A Memorandum of Understanding (MOU) that outlines the terms of engagement for each of the organisations involved in networks is being drafted by NHS England for sign off by member organisations shortly.

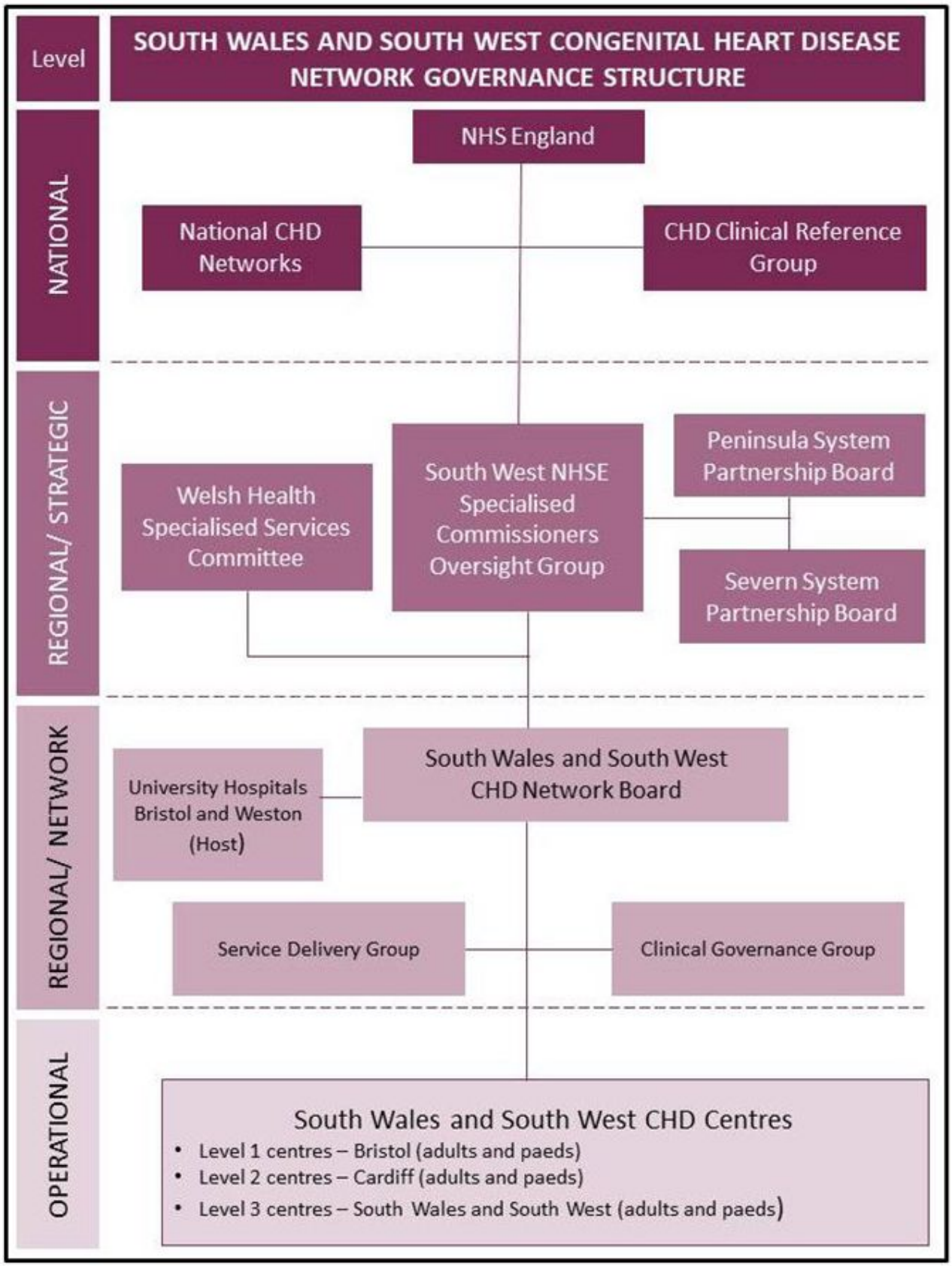
Network Funding

The network is funded by NHS England and had an annual budget of £173,799 in 2019/20, after overhead contributions to UH Bristol as the host trust. The pay budget was overspent by £3,283, due to pay budget setting at midscale. Non-pay was slightly overspent by £343, accounted for by office moves. The overall budget position was a reported overspend of £3,625 at the financial year end.

In 2020/21 it is anticipated that the non-pay budget will be reduced to reflect a reduction in travel and not holding face to face events during Covid-19.

Network Funding	2019/20
Pay	
Pay total expenditure	£161,653
Pay budget	£158,370
Pay Variance	-£3,283
Non Pay	
IT, phones & office	£6,194
Travel	£1,004
Network events	£3,610
Miscellaneous	£4,964
Non Pay Total Expenditure	£15,772
Non Pay Budget	£15,429
Non Pay Variance	-£343
Total Variance	-£3,625

Figure 2. Network governance arrangements



Network Risks and Challenges

The top 2 risks/challenges for the CHD network are highlighted below. All network risks are managed through the network board. Further details are available on request. Undoubtedly one of the biggest challenges for CHD in 2019/20 has been follow up backlogs. As with most of NHS services, this now has been amplified as a result of Covid-19. A main focus for centres within the network continues to be on addressing this backlog and mitigating risks associated with increased waiting times for CHD patients in our network.

Top 2 Risks for South Wales and South West CHD Network					
Programme Area	**Risk ***	**Likelihood (1-5)**	**Impact (1-5)**	**Owner**	**Mitigation**
Restoration & Transformation	Clinical risks due to delayed appointments and procedures for CHD patients across the network due to Covid-19. Productivity in Outpatients diminished due to Covid-19.	5	3	Provider Trusts	All network members have been asked to escalate any significant clinical risks to the network and within their organisations. All centres have been requested to regularly review and triage their waiting lists. Development of restoration plans for CHD activity – linking in with PIC plans.
Equitable access	Risk that CHD patients in South Wales are not having the same standards of care as the CHD standards are not currently adopted by Wales.	3	3	WHSSC & Network Board	South Wales centres form part of network and report into the network board on performance, escalating any issues. Meeting with WHSSC and Health Boards planned to progress discussion on Wales adopting the CHD standards. Phase II business case drafted and approval awaited to increase ACHD services in South Wales- based on standards delivery.
	*All network risks are managed through the network board.				

Looking to the future

by Cat McElvaney, Network Manager

As expected, our key focus entering into 2020/21 has been to support our centres during the extremely challenging times that Covid-19 has presented us all with since March 2020. This will continue to be our focus in 2020/21; with an emphasis on restoration of activity, alongside progressing work on other key network priorities highlighted in the table below, where possible.

The network will work closely this year with the newly established Paediatric Intensive Care network on the winter planning, to ensure the care of CHD patients and their families is represented in these plans. We will continue to promote the use of digital technology, where appropriate, to enable remote care for our patients and avoid unnecessary travel to hospitals. We will continue to work closely with our commissioning and planning colleagues, both in NHS England and the Welsh Health Specialised Services Committee, to support the ongoing development and improvement of CHD services across the network. We will endeavour to continue with the provision of the extensive training and education programme in our network, using virtual platforms where possible to aid access. Watch this space for our first fetal cardiology webinar series delivered by our Consultant Fetal Cardiologist in Bristol!

Whilst we have set out our key priories for 2021/22 below, the health and well-being of our network members is critical and we will adapt and respond our plans as needed to reflect this.

Looking beyond 2020/21, we are keen to develop our five year strategy for CHD care within our network, focussing on improving the care and experience for our patients, families and our staff. We are very fortunate to have such engaged and committed members within our network and we will continue to work together to strengthen and improve collaborative working and pathways between centres for the benefit of our patients, their families and our staff.

If you would like further details on our 2020/21 workplan please visit our website on www.swswchd.co.uk

High Level System Aims and Objectives - 2020-2021	
1.	**Restoration & Transformation:** Facilitate restoration of CHD activity across the network, monitoring % activity restoration, and CHD surgery and interventional waiting list information. Work collaboratively with CHD and PIC networks on winter planning. Transformation of services to support restoration.
2.	**Improvements in Quality of Care:** Develop paediatric disease related guidelines, service developments for advanced care and Fontan's patients. Improve pathway for fetal patients transferring between level 1 and 2 centres. Delivering CHD standards across the network.
3.	**Equitable, time access for patients –** Working with WHSSC to improve access to CHD care for patients in South Wales, promoting models of care that have virtual options where appropriate. Standardising and improving transition pathways across the network, minimising lost to follow up during transfer from paediatric to adult services.
4.	**Education and Training:** Deliver wide ranging and accessible CHD related training to all healthcare professionals involved in the care of CHD patients in the network.
5.	**Information and Communication**: Act as a central point of information and communication for network stakeholders by hosting network events, disseminating key information, publishing regular communications and having a proactive social media presence.

How to get involved

There are many ways to get involved with the network:

Professionals can:

- Express interest in becoming a board member
- Attend one of our training events
- Take part in our virtual annual morbidity and mortality meeting on 15 September 2020
- Come to our stakeholder day – date tbc.

Patients and families can:

- Visit our website (www.swswchd.co.uk)
- Sign-up to our newsletter mailing list
- Become a patient or parent representative for the network
- Attend one of our engagement events
- Come to our stakeholder day – date tbc.

For more information, please visit our website (www.swswchd.co.uk) or email rachel.burrows2@uhbw.nhs.uk. Follow us on twitter @CHDNetworkSWSW

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 29 September 2020

Report Title	**Education Annual Report**
Report Author	**Sarah Green Associate Director of Education and Senior Education Leads**
Executive Lead	**Matt Joint, Director of People**

1. Report Summary

The purpose of the report is to provide the annual report for education.

2. Key points to note

- The Education team have all worked together to develop an oversight for the attached education annual report.
- It offers key points of highlight as a means to summarise what is a complex and ever growing portfolio of work.
- As part of the governance more detailed performance reports are maintained in relation to specific KPIs with aligned mitigation plans.
- This past year has seen some significant challenges and opportunities both from the impact of COVID, merged organisational status and a rapidly changing external context.
- There is a growing movement across the Trust on the value and intent of education and the next year will aim to further embed context specific related education across and within divisions that offer tangible solutions/support to the workplace and our people.

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

- This report is for **Assurance.**

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

SLT	September 2020
People Committee	25 September 2020

University Hospitals Bristol and Weston NHS Foundation Trust

Education Annual Report

2019-2020

Executive Summary

'Developing Exceptional Careers for Exceptional People'

Education continues to play a significant role in the current context and future ambition of the Trust. Staff and learner data has shown that access to high quality development opportunities supports staff wellbeing, sense of belonging and engagement. Likewise supporting staff in delivering high quality teaching and supervision is an essential component for the ethos of a learning organisation suited to a large university teaching hospital.

The full scope of education is both varied, diverse and complex. The scope encompasses corporate statutory and mandatory programmes, apprenticeship provision, , clinical / medical teaching, supporting and teaching under graduate students , non clinical development, engagement activities , simulation ,management development, library services , practice development , career frameworks , continuing professional development and the oversight of external and regulatory contracts.

The first part of 2019/20 focused on the development of the education strategy as a means to offer a multi disciplinary road map for education able to be applied across all services, staff groups and learners. Subsequently, work has been focused on building effective education networks and structures, both internal and external to the Trust, conducive to accelerating the successful implementation of the strategy. This activity is not without challenge especially in the alignment of financial, operational and education plans as part of a dynamic ever changing context. However, embracing education as an integrated, highly visible and innovative component of our people strategy will enable return on investment through recruitment, retention and equipping staff with a sense of purpose and value.

Sarah Green

Associate Director of Education

Background:

Key highlights for 2019/20

2019 Review of Education

Review of existing teaching and learning strategy undertaken through internal and external consultation , policy / evidence analysis and future emerging drivers.

May 2019

Education Strategy Approved : 'Developing Exceptional People for Exceptional Careers'

October 2019

Business case approval for further investment in education informed by the education strategy

Oct 19 – April 20

Internal review of roles and structures in Trust services education teams as a means to secure the foundations for the ambition of becoming a beacon of outstanding education.

April 2020

Merger with Weston Health Authority and early proposal for integration of education teams across both sites — April 2020 onwards impact of the pan-demic .

“High quality education that creates a highly skilled, adaptable and competent workforce”

Governance

The Education team at UHBW has further progressed the governance structure for the oversight of education across the Trust. Through the following core groups:

Corporate Education Group: Oversight of essential training, policies and induction.

Senior Apprenticeship Group: Quality assurance and management of internal and external apprenticeship provision.

Library and Knowledge Management: Advancing NHS library and knowledge management services.

Clinical Education Group: Oversight for nursing , midwifery , HCS and AHP education priorities and CPD funding/contracts.

Simulation: Multi-disciplinary point of care education and training, aligned to service priorities.

Medical Education Committee: Director of Medical Education and Under Graduate Deans oversight of the strategy and quality of medical education.

The groups report into newly combined People and Education Group with direct reporting into SLT and assurance through the People Committee.

Essential Training

Highlights:

- 9,800 staff attended Corporate Induction & essential training sessions
- 10,840 staff undertook eLearning
- Core skills aligned with national standards
- Policy revisions of study leave and essential training.
- 90% Overall training compliance maintained
- Streamlined corporate inductions
- ‘Pass-ported’ training records across BNSSG
- More efficient new starter process
- Access to blended learning

Essential Training (cont…)

Going forward:

- **Explore and further develop remote/distance learning for blended delivery models of education** .
- **Improve compliance of individual programmes for 90% target in each competence :** working group established with integration of Weston and Bristol data .
- **Quality Assurance of provision ;** monitor programmes using self-assessments, peer reviews and evaluations.
- **Pass porting of training records;** Increased pass porting of statutory and mandatory training records to enhance staff mobility across BNSSG .
- **Developing a streamlined and digitally enabled corporate induction programme**
- **Supporting service with training needs analysis for Trust wide training programmes ;** identifying and responding to high impact training requirements such as violence and aggression.

Simulation

Simulation activity covers multiple programmes and training courses, including the Adult and Paediatric point of care programmes, Community Outreach programme and courses run from the Simulation Centre in the Education Centre, for healthcare staff, both internal and external colleagues.

Highlights:

650 training sessions

- **416** Point of Care Sessions
- **23** Outreach Events
- **162** Sim Centre Courses

5,700 people trained

- **908** Nurses
- **897** Doctors
- **380** AHPs / Other
- **211** Medical Students
- **3,304** School Students/Young People

"[I've learnt] to always make sure the patient is safe and comfortable and how important reflection is. Also that simulation is a great way to improve practice. I am so overwhelmed by how wonderful UHBW have been and how valued I feel."

SBCH staff member feedback after sim teaching on managing patient with confusion/dementia.

Going forward:

- Rebrand to "UHBW Simulation Services"
- Expand services to Weston Area Hospital
- Gain accreditation with national simulation association ASPiH
- Continue Outreach programme to encourage young people to consider an NHS career
- Develop new courses to support UHBW staff development and patient safety, specifically simulation instructors courses and medical/ surgical emergencies course for F1s & nurses.
- Continue to provide Point of Care simulation teaching offering equity of access across divisions, professions, staff groups and locations.

“Champion outstanding education and support of our trainees”

Medical Undergraduate Education

Highlights:


Successful introduction of MB21 Year 3 - completely new curriculum, with large number of students (bulge year ~ 100 additional students) that required large scale delivery of case-based learning.


Delivered Year 1 and Year 2 teaching – clinical clerkships (6 weeks) and clinical contact days.


HCA Programme for 145 x Year 1 students – each student undertook 3 HCA shifts.


Delivery of year 4 and 5 MB16 programme.


Feedback from National Student Survey - Bristol ranked 5th of 33 medical schools.


Several of the South Bristol Academy received Top Teacher of the month and year awards.


Lots of praise for South Bristol Academy on the Happy App.


Awarded prizes for 4 Student Choice Projects hosted at South Bristol Academy – due to be presented to grand round in March – now rescheduled for November .


CTFs had 6 poster / oral presentations at the national ASME conference (Association of Medical Education) on Teaching Practice Quality Improvement .


One paper has been submitted to “The Teacher”.

Going forward:

- MB21 curriculum roll out to year 4, including an 18 week block in Medicine for Older People – the longest of any medical school in the country—plus 6 weeks blocks in Child Health, Obs & Gynae and Mental Health.
- Additional funding confirmed for Sim training to reduce ward based training.
- Reduction in overall international students whilst the impact of the A level grading ‘situation’ on student numbers is yet unknown.
- Student pastoral support provided by the university with positive reports. Additional support around COVID has been planned.
- Disruption to student exams and OSCEs necessitating new arrangements and resource demands.
- Major focus from the University of Bristol for an anti-racist standpoint within the medical school and academies. In response the Academy has additional planned training .

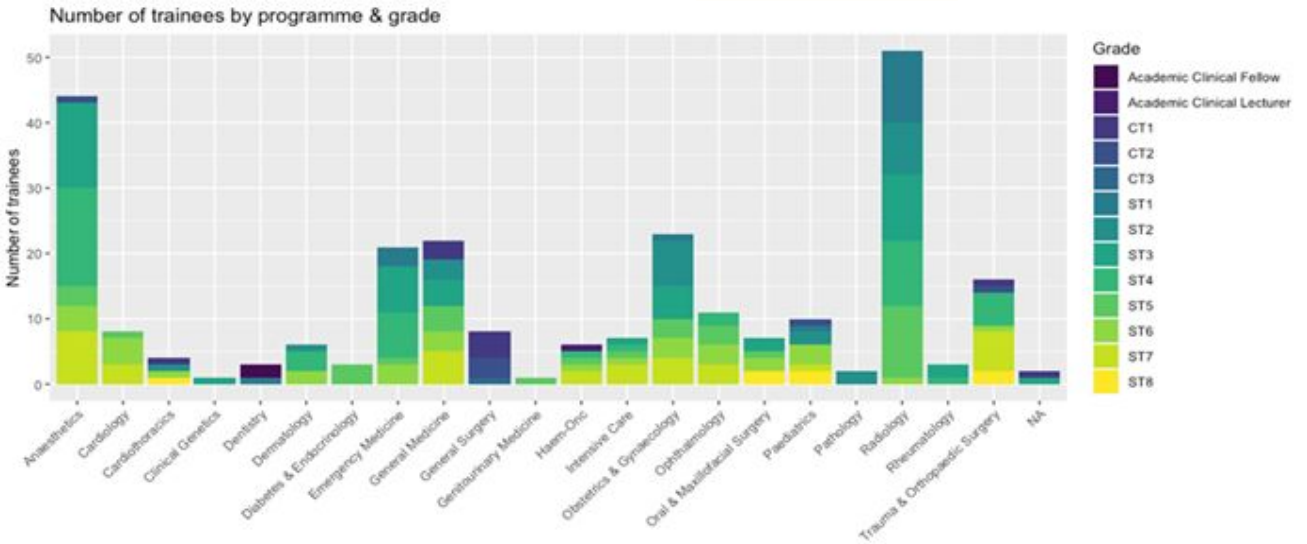
Postgraduate Medical Education (PGME)

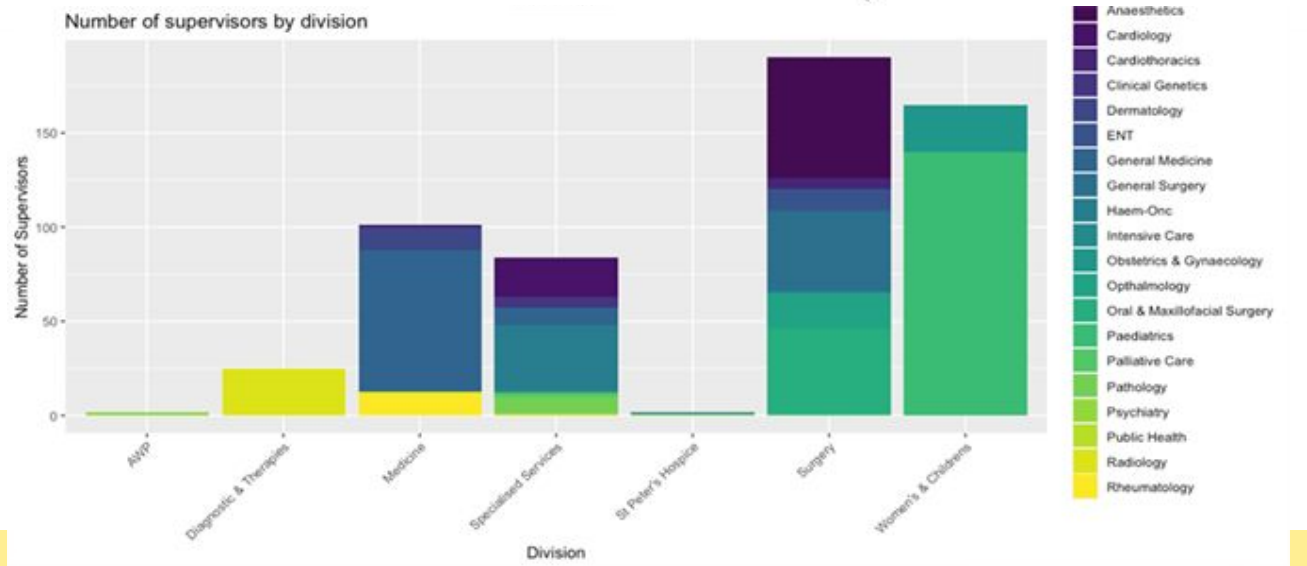
Numbers of trainees in UHBW 2019/2020;

Grade	Bristol	Weston	Other
Foundation Year 1	39	21	NA
Foundation Year 2	49	24	NA
Core Training Year 1	16	6	NA
Core Training Year 2	23	2	NA
Core Training Year 3	2	NA	NA
Specialty Training Year 1	22	7	6
Specialty Training Year 2	26	1	6
Specialty Training Year 3	52	1	18
Specialty Training Year 4	42	3	18
Specialty Training Year 5	45	NA	8
Specialty Training Year 6	40	NA	4
Specialty Training Year 7	51	1	NA
Specialty Training Year 8	12	1	NA
Academic Clinical Fellow	5	NA	NA
Academic Clinical Lecturer	1	NA	NA

Medical and Dental Education Committee Monthly ,meeting with the development of a risk register to hold medical educational risk centrally rather than within divisions. This allows recognition of themes across divisional structure and development of consistent strategy in the management of issues.

UHBW Division	Full Time trainee	LTFT trainee
D&T	51	4
Medicine	63	24
Specialised Services	25	10
Surgery	140	26
Women's & Children's	67	NA
Weston	37	15
NA (Foundation)	87	3





Clinical Education

Highlights:

86 UWE Bristol HEE Contract Modules aligned to service priorities such as non-medical prescribing, dementia care and physical assessment and clinical reasoning.

98 Trust centrally funded accredited modules to meet professional regulatory requirements.

Investment of Practice Education Facilitation Role to support Trainee Nursing Associates in clinical practice.

Review and tracking of the care certificate programme for all nursing assistants.

3 new educators have joined the Faculty of Children's Nursing Education with clinical support roles in wards .

Preceptorship programme moved to a blended delivery model .

AHP , HCS and pharmacy upskilling and development pathways

Practice educators providing in situ real world teaching.

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Going forward:

- Investment of national HEE CPD funds for nursing , midwifery and AHPs .
- Acceleration of enhanced development opportunities for nursing assistants and establishing a nursing assistant academy.
- Embedding clinical skills net online resource .
- Development of career pathways .
- Restoration of partnership modules inclusive of paediatric education for across the region .

Clinical Placement Capacity

Highlights:

The LEF team continue to support placement staff with implementing the new NMC standards for Future Nurse and Curriculum ’19.

UHBW remains an employer of choice for new graduates with an increasing number of newly qualified nurses and midwives being employed by the Trust.

Our current Preceptorship programme is well evaluated and aims to support the transition from student to newly qualified practitioner.

Partnership working with UWE , Bristol to maintain the high level of student placement satisfaction and address concerns in a professional and timely manner.

Students remain overwhelmingly happy with their placements across UHBW with an average satisfaction score of 93% (UWE Pre Registration Placement evaluation report (Dec 2019-April 2020)).

During Covid19, UHBW supported 135 Adult field & 54 Child field nursing 23 Midwifery and 17 AHP students who chose to ‘opt in’ to UHBW for paid placements. We have received positive feedback from students and placement staff about the paid contract experience.

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Going forward:

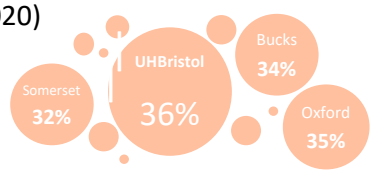
- Further embedding of the Future Nurse Curriculum .
- Focus on HEE placement expansion objectives for nursing and AHP students alongside managing reduced overall placement capacity due to social distancing .
- Business case development for under graduate placement circuit for physician associates.
- Identifying new opportunities for Inter professional education across student groups .
- Exploring possible new placement rotations between Bristol and Weston sites .
- New models of student supervision .
- Celebrating students as a valued and vital member of the organisation.

"A beacon of outstanding education with a culture of organisational learning"

Library Knowledge Management

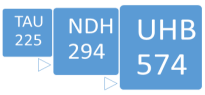
An Innovative service, developing virtual reality training, Living Library's, Knowledge Café's, Dementia friendly radios, clinical skills equipment library, wellbeing support, and horizon scanning.

'With 36% of the trust signed up, we have more digital members than any Trust Library Service in the South' (April 2020)



'We're among the highest quality Knowledge Services in the South, with **99% Quality Assurance** score, and always improving.'

'With more Literature Searches than any other Trust in the region, at 574 this year, UHBristol continues to make decisions based on evidence.'



- High quality front desk service with 97.5% approval.
- New executive summaries
- Becoming more visible across the trust with weekly pop-up libraries, bulletins & events.
- Continued development of clinical outreach work, with new evidence ward rounds, live evidence updates, and journal clubs.
- High use of library training, with new study skills to support Apprenticeships. Drop in Critical Appraisal training needs addressing.
- Increase in recipients of Evidence Updates, and a targeted transfer to automated (Knowledgeshare) where possible.

Education Funding

Highlights:

- HEE support for clinical education CPD contracts with UWE, Bristol.
- HEE salary support for return to practice , pharmacy and occupational health nursing.
- Successful internal capital bid for additional clinical skills equipment and library furniture.
- Above and Beyond charitable support for customer care training programme for admin and clerical patient facing staff—due to recommence in November 2020.
- Purchase of clinicalskills.net resource

NHS Health Education England · UWE Bristol · Above & Beyond · Clinical Skills.net

Education Funding (cont…)

Support for additional medical education supervision PA allocation.

Purchase of eLearning development software.

Enhanced oversight of associated apprenticeship funding and HEE education LDA – one finance lead oversight fro all education funding with AD Education.

Going forward:

- Implications of new HEE education contract due to be implemented in April 2021.
- Capital bid for IT and AV equipment in the education centre able to support digital learning.
- Implementation and assurance of HEE CPD allocation for nurses, midwives and AHPs.
- Consistency of education roles and funding .
- Merging of Weston and Bristol education funding streams.
- Further identification of funding streams attached to education .

New roles and ways of working

Developing new career pathways and ways of working

October 2019 cohort of 14 Trainee Nurse Associates with a further cohort of 20 planned for February /March 2021.

New ACP apprenticeship roles in ED and ACCPs in Critical Care .

Additional offer of functional skills, literacy and numeracy for supporting entry level pathways for career development .

Development of Operating Department Practitioner apprenticeship and associated business case due to commence in 2021.

Estates and facilities mapping of qualifications and apprenticeships for a career/skills pathway.

Going forward:

- Sustained focus on developing support workers and nursing career pathways.
- Extending the ACP education supply route aligned to service priorities.
- Developing new AHP and health care science apprenticeship pathways. and new ways of working.

“Education that nurtures motivation and aspirational career development”

Apprenticeships and Engagement

December 2019 Ofsted Requires Improvement outcome received that recognised improvements made to overall provision; especially in relation to leadership and strategic governance. Quality Improvement Plan developed with continued focus on improving the overall quality of provision.

Significant gains now realised for learner entitlements such as Off the Job training.

303 internal apprenticeship learners since 2017, 66 remain in learning with a plan for all to be completed by December 2020.

Overall 237 learners continue to be in learning.

Offer of 27 different apprenticeships from 18 contracted training providers, regular contract meetings in place with all providers.

Enhanced transparency of apprenticeship funding streams.

New expression of interest process implemented for the sign off ,and business planning ,for apprenticeship programmes.

Successful traineeship programme in partnership with Weston College.

Going forward:

- Continued focus on the Quality Improvement Plan in anticipation of Ofsted monitoring visit—overall Achievement data for internal support worker programmes remains in lower quartile and the strategy has been focused to support learners for completion of programmes.
- A review of the future business strategy for all apprenticeship provision.
- Further developing apprenticeships as part of career pathways for clinical and non clinical staff.
- Aligned plan for accessing incentives from HEE and Department of Education able to support employment opportunities in local communities.
- Specific focus on apprenticeship and engagement activities for supporting recruitment and retention initiatives across the Trust inclusive of the Weston division.
- Review of work experience.
- Scoping feasibility of apprenticeship pathways aligned to workforce priorities such as the nursing degree apprenticeships.

Partnership working

The external relationships continue to form a core part of the education strategy and will continue to form a critical part in the success of the education strategy during 2020/21.

Partnership working with local universities of UWE Bristol and University of Bristol.

Growing strategic partnership with Weston College.

Memorandum of understanding with City of Bristol College.

Working with Local Authority to support cross city learning projects.

Member of the newly formed Institute of Technology.

Part of West of England's Combined Authority Skills Advisory Panel influencing discussions on adult education budget.

BNSSG Learning Academy

The BNSSG Learning Academy Group continues to grow in significance with an integrated education offer enabling efficiency of resource and sharing of best practice.

The following projects are part of the Academy that is chaired by UHBW AD Education as part of a team of project leads :

- Procurement of one Learning Management System across all BNSSG partners.
- Pass porting of the 11 core competencies and the care certificate .
- Schools and colleges supporting BNSSG led open events for promoting health and social care careers.
- Apprenticeship group leading procurement of cohort apprenticeship provision, transfer of levy across partners and quality benchmarking
- Clinical Placement Expansion activity aligned to recruitment priorities
- Enabling one point of contact for education providers able to access the range of BNSSG professional and education leads.
- CPD working group.

Activity during COVID-19

(April 2020 —onwards)

During the pandemic the education team proactively responded to support our clinical and non clinical staff through some of the following methods:

Creation of a skills hub for the deployment of staff and upskilling requests

Library led digital learning task group with training material for staff supporting blended learning

Creation of new digital resources such as an online medical induction, apprenticeship learning and foundation programme teaching

Stock take review of the Education Strategy against identified new world drivers

Shortened induction programme developed and implemented for all staff groups

Over 220 of Year 5 medical students graduated early in April and most worked as FY1s

In excess of an additional 420 clinical skills sessions

Many Year 1-4 medical students worked as NAs in either UHBW or hospitals near their family home

During March—June, the Simulation Centre facilitated upskilling training of over 1,230 staff

Bristol South Academy delivered Year 4 ‘catch up’ clinical teaching in July/August This additional activity ensured there was enough specialty specific clinical experience for graduation to occur in June 2021. All were small groups and closely supervised

PPE advice and training for learners

Going forward; our next steps…

Education will continue to be a core focus across the Trust especially in relation to ***Growing our People***

Completion of the Trust services education consultation taking forward a new structure of the merged departments across Bristol and Weston sites

Supporting education teams to be external facing and customer focused

Enhanced focus on blended learning and technology solutions for flexible, accessible education

Actively promoting wellbeing and inclusivity and diversity of all learners

Building on strategic partnerships with education providers

Support local economic and social recovery initiatives—skills sector co joined opportunities

Review of the apprenticeship business strategy

Informal review of medical education , especially PGME governance and the HEE contract review implications– supporting dental education

Enhanced focus on non clinical education and development opportunities

New models for innovative practice learning and clinical placements. Establishing an internal faculty for providing medical education supervisor training

Additional simulation equipment secured for UG medical students and restoration of education activities across the trust due to the impact of Covid

Continued delivery and evolution of videoconference-based learning, likely to need to rely on new techniques for clinics and remote learning

Supporting government led engagement incentives for employment opportunities across BNSSG communities

Advancing the work of the BNSSG Learning Academy for an integrated system offer able to support a flexible, highly skilled and mobile workforce

Alignment and review of education funding streams

Working toward achievement of kite marks of quality for education

Conclusion

The past year has been one of significant change and impact. It has seen an increased emphasis on the value of education whilst from March 2020 the impact of the pandemic impacted the ability to maintain teaching, external business contracts and staff release time for study. However, with this came opportunities where education rapidly adapted with positive outcomes such as digital solutions, upskilling programmes and accelerated system working across BNSSG . Learning continues to be gained from these experiences that is forming an increasingly dynamic response to the future plans necessary for the success of education . For example, the estates and infra structure necessary for blended learning, new skills sets for educators and changing learner expectations.

Furthermore, the merger with Weston continues to form a core component of the education agenda ,both in terms of building new relationships through to forming an integrated governance and financial framework. The planned merger of the Trust services education teams will support sharing of best practice across both sites whilst ,enabling new opportunities for extending the remit of education.

In terms of the future ambitions the ongoing commitment to education is a core part of the Trust's strategy and its responsibility is captured below from an excerpt from the draft proposed new HEE contract.

The Provider shall ensure that its organisation promotes a culture of positivity and responsibility towards education and training

Placement Providers should fully integrate education and training into their plans for clinical services, in order to ensure that educators and supervisors are able to fulfil their obligations to continue to grow the workforce and to support Learners. (HEE, 2020)

Sarah Green

Associate Director of Education

University Hospitals Bristol and Weston NHS Foundation Trust

Contributions from:

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2019-2020 Annual Report, University Hospitals Bristol NHS Foundation Trust, Education Centre services and departments. Information collated September 2020.

This cover has been designed using resources from Flaticon.com

Meeting of the Board of Directors in Public on Tuesday 29 September 2020

Report Title	**Treasury Management Policy**
Report Author	**Kate Parraman, Deputy Director of Finance**
Executive Lead	**Neil Kemsley, Director of Finance & IT**

1. Report Summary

The Treasury Management Policy is subject to an annual review. The policy has been reviewed by the Finance Committee prior to Trust Board approval.

2. Key points to note
(Including decisions taken)

The Treasury Management Policy, last reviewed in June 2019, requires a number of minor changes to reflect the Trust's name change, job title and terminology updates, references to the Standing Financial Instructions, updates to the frequency of weekly payment runs and audit reviews and references to the arrangements in place for 2020/21 as part of the national Covid response.

The Finance Department keeps the policy under review and will bring to the Committee any future required amendments.

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

None

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

- This report is for **APPROVAL.**

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

Finance and Digital Committee	**25 September 2019**

Treasury Management Policy

1. Introduction

The Trust's Treasury Management Policy provides the framework for the Trust's treasury management activities and defines its objectives, attitude to risk, responsibilities, and policies. The policy is required to be regularly reviewed and formally approved by the Trust Board.

The policy was last reviewed and amended in June 2019. The current review of the policy requires the following revisions which are highlighted on the policy document in red for deletions and green for insertions:

- Update of the Trust's name to University Hospitals Bristol and Weston NHS Foundation Trust
- Change in job titles to reflect current titles and changes in responsibilities
- Terminology updates (e.g. debtors to receivables and creditors to payables)
- Inclusion of references to the Standing Financial Instructions (section 5.2 and 5.3)
- Update to the frequency of weekly payment runs (section 5.5) and audit reviews (section 7.1)
- Reference to the arrangements in place for 2020/21 as part of the national Covid response (section 5.5 no investments via National Loan Funds and section 6.3b block contract funding).

It is proposed that the Treasury Management Policy is kept under review over the next twelve months and any further amendments required will be identified and reported to the Finance Committee for approval at Trust Board.

2. Recommendation

The Committee is asked to note that the Treasury Management Policy remains largely unchanged and to **approve** the changes.

Treasury Management Policy

Document Data			
Subject:	Procedural Document		
Document Type:	Policy		
Document Reference	19031		
Document Status:	Draft		
Document Owner:	Deputy Director of Finance – Governance and People		
Executive Lead:	Director of Finance and Information		
Approval Authority:	Trust Board of Directors		
Review Cycle:	12		
Date Version Effective From:	01/07/2019 01/10/2020	**Date Version Effective To:**	30/06/2020 30/09/2021

What is in this policy?
The emphasis the Trust places on good corporate governance requires it to have a formally approved Treasury Management policy which sets out its current Treasury Management activities and establishes a treasury risk management environment in which objectives, polices and operating parameters are clearly defined. **DELETIONS** **INSERTIONS**

Document Change Control				
Date of Version	**Version Number**	**Lead for Revisions (Job title only)**	**Type of Revision**	**Description of Revision**
23/02/15	0.01	Deputy Director of Finance	None	No changes since last reviewed by Trust Board on 27 February 2014. (Original policy 2008)
18/02/16	0.03	Deputy Director of Finance	Minor	Minor changes to titles of posts, organisations and groups etc. Removal of consumer credit license
28/04/2017	0.04	Deputy Director of Finance	Minor	Changes to external references and internal cross references.
26/03/2018	0.05	Deputy Director of Finance	Major	Changes to job titles, changes to external references and internal cross references, and minor amendments to wording. Imported to new Trust policy layout.
14/06/2019	0.06	Deputy Director of Finance	Minor	Changes to job titles and role responsibilities
24/09/2020	0.07	Deputy Director of Finance – Governance and People	Minor	Changes to the Trust's name, current titles and responsibilities, and terminology. Update to the frequency of weekly payment runs and audit reviews. Reference to the arrangements in place for 2020/21 as part of the Covid response.

Table of Contents

1. Introduction

University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) has a wide discretion in the way they manage and invest cash. This policy sets out how these areas will be assessed, reported, and monitored. It closely follows best practice issued by the Regulator NHS Improvement 'Managing Operating Cash in NHS Trusts' and 'safe harbour' for investment of surplus operating cash. The guidance advises that Foundation Trusts should establish written policies covering their Treasury Management activities which should be formally approved by the Trust Board and regularly reviewed. The Trust's Treasury Management activities are assessed by NHS England and Improvement as part of their financial risk assessment.

The Treasury Management function aims to support the Trust's activities by;

- Ensuring that cash is managed effectively.
- Ensuring the most competitive return on surplus cash balances, within an agreed risk profile.
- Ensuring that there is competitively priced funding available to meet borrowing requirements should it be needed.
- Ensuring that the Trust is aware of its cash position by regular, thorough reporting.
- Ensuring that all transactions and reviews are carried out within the appropriate timeframe and by the appropriate persons.
- Identifying and managing financial risks, including interest rate and foreign currency risks, arising from operating activities.
- Ensuring compliance with all banking covenants.

In order to meet these aims the treasury management function has the following key objectives:

(a) Surplus Cash: To obtain the most competitive deposit rates using National Loans Fund and a group of relationship banks, in line with the deposit guidelines approved by the Trust's Finance Committee.

(b) Funding: Ensure the availability of flexible and competitively priced funding to meet the Trust's current and future requirements.

(c) Interest Rate Management: Maintain an interest rate structure which smoothes out the impact of rises or falls in interest rates on the Trust's Income and Expenditure position.

(d) Foreign Currency Management: Reduce the Trust's exchange rate movement risk by covering known foreign exchange exposures and mitigating material risks.

(e) Bank Relationships: Develop and maintain strong, long-term relationships with a core group of quality banks ("relationships banks") that can meet current and future funding requirements.

These objectives are targeted to ensure that the Trust is able to continue its operational activities without facing financial constraints and that financial support is available to fund future approved developments.

Treasury activities for purely speculative purposes are strictly prohibited.

2. Purpose

This policy has been set up as a practical way of reviewing and monitoring Treasury Management activities.

On a quarterly basis a Treasury Management Report will be presented to the Trust's Finance Committee to provide an update on any new issues, movements and Key Performance Indicators, as set out in the detailed sections in the policy.

3. Scope

The policy applies to all Treasury Management functions across the Trust. All processes and controls must be delivered in accordance with the policy.

4. Definitions

4.1 Treasury Management

Treasury Management is the process of managing cash, availability of short term and long term funds, foreign currency and interest rate risk, and relationships with banks and other financial institutions.

In order to facilitate effective corporate governance, it is necessary to formally set out the expected treasury activities and establish a treasury risk management environment in which all objectives and operating parameters are clearly defined.

In the main, the Treasury Management activities of the Trust will be conducted in accordance with the guidance given by Monitor/NHS Improvement for dealing with cash and working capital.

4.2 Bank Relationships

The Trust's approach is to develop long term relationships with a core group of high quality banks. This will be subject to a periodic tendering process by the Trust for banking services.

The Trust currently transacts with the Government Banking Service (GBS) and NatWest Bank. The Deputy Director of Finance – Governance and People is able to meet with other high quality banks to discuss the products and services they offer for information gathering purposes. If a new banking relationship proposal is suggested, this must be pre-approved by the Director of Finance and Information before a proposal is made to the Trust's Finance Committee. The proposal will detail the need and potential benefit of the new banking relationship, and the Finance Committee will sanction or reject the proposal.

The quarterly Treasury Management Report update will include details of any significant meetings with banks, the outcome of any new banking proposals and any forthcoming new banking relationship proposals.

4.3 Investments

All cash balances should remain in a comparatively liquid form in order to reduce the Trust's exposure to risk. If there is surplus cash it should ideally be placed in investments that meet the "safe harbour" criteria. If "safe harbour" investments are not available or do not provide a competitive return then investments that meet all of the criteria except the credit rating for long term investments (greater than 12 months) will be considered. Note that the Trust does not make long term investments. Appendix 1 details the criteria for "safe harbour" investments.

4.4 Permitted Institutions

The Trust will place investments with institutions that:

- Have been granted permission, or any European institution that has been granted a passport, by the Financial Conduct Authority to do business with UK institutions providing it has a short term investment grade credit rating of P1/F1/A1 issued by a recognised rating agency; or
- Is an executive agency that is legally and constitutionally part of any department of the UK Government.

5. Duties, Roles and Responsibilities

Operational management of treasury related issues sits with the Deputy Director of Finance – Governance and People and the Head of Financial Services.

5.1 The Trust Board

The Trust Board will be responsible for those Treasury Management issues specified by the Trust's Schedule of Matters Reserved for the Trust Board (Appendix 2), namely:

(a) Approval of external funding arrangements.

(b) Approval of overall Treasury Management policy.

The Trust Board delegates responsibility for approval of Treasury Management procedures, control and detailed policies to the Finance Committee.

5.2 The Finance Committee

The Finance Committee shall make such arrangements as it considers necessary on matters relating to the control and management of the finances of the Trust. On matters relating to Treasury Management this will include:

(a) Approval of the overall Treasury Management policy for approval by the Trust Board.

(b) Approval of Treasury Management procedures, controls and detailed policies.

(c) Liquidity and cash planning and forecasting.

(d) Approval of the Trust's investment and borrowing strategy, ensuring compliance where appropriate with /NHS Improvement best practice guidance.

(e) Approval of the Trust's interest rate risk management strategy.

(f) Approval of relevant benchmarks for measuring investment and general Treasury Management operational performance.

(g) Reviewing and monitoring investment and borrowing policies and performance against relevant benchmarks in respect of all the Trust's funds.

(h) Ensuring proper safeguards are in place for security of the Trust's funds by:

(i) Approving the Trust's commercial bankers, selected by competitive tender.

(ii) Approving a list of permitted relationship banks and investment institutions.

(iii) Setting investment limits for each permitted investment institution.

(iv) Approving permitted types of investments/instruments.

(v) Approving the establishment of new/changes to existing bank accounts.

(vi) Ensuring approved bank mandates are in place for all accounts and that these are updated regularly for any changes in signatories and authorised limits.

(i) Monitoring compliance with Treasury Management policies and procedures on investments, borrowing and interest rate management in respect of limits, approved institutions and types of investment/instruments.

(j) Approval of external funding arrangements, within delegated limits.

(k) Approval of long term borrowing for capital and investment programmes.

(l) Approval of dispute compromises with suppliers in excess of £25,000, as per Section 11.7 of the Standing Financial Instrucitons.

The Finance Committee delegates responsibility for Treasury Management operations to the Director of Finance and Information.

5.3 The Director of Finance and Information

In line with Section 6 of the Standing Financial Instructions the Director of Finance and Information shall:

(a) Take responsibility for Treasury Management operations.

(b) Approve and maintain operational Treasury Management policies and procedures.

(c) Approve cash management systems.

(d) Open all bank accounts in the name of the Trust or any of its constituent parts.

(e) Open and operate patient money deposit accounts as may be considered necessary and authorise minor imprest bank accounts to be opened at such branches as may be decided and operated according to instructions by any officers specified by the Director of Finance and Information.

(f) Approve the use of the Trust's credit card and ensure adequate controls are in place to prevent misuse.

(g) Approve dispute compromises with suppliers in excess of £1,000, up to £25,000. Proposed compromises in excess of £25,000 shall be considered by the Finance Committee for approval.

(h) Hold meetings with the Deputy Director of Finance – Governance and People and members of the Treasury Management team to discuss and consider any issues that should be brought to the attention of the Finance Committee.

5.4 Capital Programme Steering Group

The Finance Committee delegates the following Treasury Management responsibilities to the Capital Programme Steering Group, which is directly accountable to the Trust's Senior Leadership Team. The Finance Committee receives the minutes of the Capital Programme Steering Group.

(a) Formulating the Trust's balanced medium term capital programme budget that will contribute to the implementation of the Clinical Services Strategy for the Trust.

(b) Reviewing and setting the prioritisation criteria for capital projects.

(c) Ensuring capital projects support divisional operating plans, the local health economy strategy and the delivery of the Trust's annual operational plan and the national NHS plan.

(d) Reporting actions, decisions and progress on the Trust's capital programme to the Finance Committee.

(e) Ensuring all capital projects have a robust business case, and for operational and major medical capital been appropriately scored using the designated prioritisation matrix and offer value for money.

(f) Considering and recommending changes to the Trust's capital programme to the Finance Committee.

(g) Ensuring that the Trust's capital programme complies with the overall Financial Strategy of the Trust.

The Capital Programme Steering Group is responsible for identifying which projects will be funded using long term borrowing as part of the planning process. This will be formally approved by the Finance Committee.

5.5 Head of Transactional Services

The Head of Transactional Services has the responsibility for the prompt collection of Non-NHS debts and collection of Non-Healthcare Provider to Provider debts. The Finance Manager (Contract Income) and Head of Transactional Services will review the credit notes raised in the month after each month end and report on any credit notes greater than £50k to the Head of Contract Management and Costing and Deputy Director of Finance and Information respectively. Responsibility for the payment of NHS and ~~NHS~~ Non-NHS Creditors sits with the Head of Transactional Services.

Aged Debtor Receivables Review

Aged debt receivable reports will be reviewed on a monthly basis by the Head of Transactional Services and Head of Service Agreements Finance Manager (Contract Income) or old unpaid items, to check that they have had the appropriate chasing letters issued. The Deputy Director of Finance – Governance and People and Head of Contract Income and Costing will review the aged debt

receivable reports at least quarterly and ensure that a recovery plan is in place for any significant outstanding debt receivable.

Bad Debt Write Off

The debtors' receivables ledgers will be reviewed at least quarterly for any debt receivable that potentially needs to be written off. The Head of Transactional Services and Head of Service Agreements Finance Manager (Contract Income) will provide lists of invoices proposed for write off to the Deputy Director of Finance – Governance and People and Head of Contract Income & Costing respectively.

Non NHS Payables

The Head of Transactional Services will process any invoices that are due for payment on the twice weekly BACS run. A weekly periodic cheque payment run is also produced to facilitate the payment of creditors who have not provided bank details. The list of invoices ready for payment will be reviewed to ensure that only due invoices are paid, or if invoices are being paid early it is because there is an advance payment discount available.

The Head of Transactional Services will review the aged creditor report monthly to ensure that resolution of issues preventing the payment of outstanding invoices is being adequately progressed. Information regarding invoices awaiting authorisation will be used to escalate delays in processing to operational managers, Divisional Finance Managers and the Deputy Director of Finance – Governance and People as appropriate.

NHS Payables

The Head Transactional Services will process any invoices that are due for payment on the weekly Government Banking Service inter account transfer (IAT). The list of invoices ready for payment will be reviewed to ensure that only due invoices are paid.

The Head of Transactional Services will review the aged creditor report monthly to ensure that resolution of issues preventing the payment of outstanding invoices is being adequately progressed. Information regarding invoices awaiting authorisation will be used to escalate delays in processing to operational managers, Divisional Finance Managers and the Deputy Director of Finance – Governance and People as appropriate.

Negotiations with Suppliers over Disputes

The Head of Transactional Services will liaise with suppliers where there are ongoing disputes. Where this involves compromise, the Head of Transactional Services must demonstrate to the Deputy Director of Finance – Governance and People that a compromise is necessary with the supplier.

Short-Term Investments (Cash Deposits)

Short-term investments or deposits are defined as those of less than 12 months duration. Effective cash monitoring and forecasting on a daily, weekly, monthly and longer term basis by the Chief Accountant will identify cash surpluses and an appropriate time to be able to invest them for. The Chief Accountant will review and produce forecasts and calculations for investment. Chief Accountant will contact the National Loans Fund, and all 'relationship' banks and financial institutions and identify the product that generates the best return for the potential investment, ensuring all limits contained in this policy are met.

As part of the National NHS Covid response investments via National Loan Fund were stood down with effect from March 2020.

Investments of more than 3 months but less than 6 months require the prior written approval of the Director of Finance and Information. Cash must not be placed on deposit for more than 6 months without the prior approval of the Finance Committee.

If longer term investment is required, this must be referred to Finance Committee detailing the reasons why there are such surplus funds, the duration of the proposed investment, and the product proposed. The Finance Committee can refuse this investment because it may decide that it is more appropriate that the cash be spent on other alternatives (capital, quality bids, and longer term investment).

5.6 Head of Contract Income and Costing

The Head of Contract income and Costing has overall responsibility for the prompt invoicing and collection of Healthcare Service Agreement charges.

Bad Debt Write Off

The Deputy Director of Finance – Governance and People and Head of Contract Income & Costing will review these lists;

- Against the payables ledger to check that there are no ongoing disputes on payments
- Against any other write offs that have happened in the past on this customer
- Against the GBS Unallocated Receipt suspense.
- Against the bad debt provision already held and
- To check that all the necessary steps to recover this money have been taken.

Debts that pass this checking process and require write off, must be authorised for write off in line with the delegated responsibilities contained within the Trust's Standing Financial Instructions. Write offs will be reported to the Trust's Audit Committee and will be summarised in the quarterly Treasury Management Report to the Finance Committee.

5.7 Deputy Director of Finance– Governance and People

Negotiations with Suppliers over Disputes

The Deputy Director of Finance – Governance and People can agree compromise arrangements up to £1,000. Any values over this amount will need to be approved by the Director of Finance and Information or Finance Committee in accordance with delegated limits. Any compromise deal agreement will be reported in the quarterly Treasury Management Report to the Finance Committee.

Review of Old Invoices

The Deputy Director of Finance – Governance and People will review the Non-NHS and NHS aged creditor positions quarterly with the Head of Financial Services to ensure that action plans are in place to resolve problems with old outstanding invoices. Any significant difficulties will be reported to the Deputy Director of Finance and Information to ensure that appropriate action is taken.

Short-Term Investments (Cash Deposits)

The Director of Finance and Information or Deputy Director of Finance – Governance and People will review the investment proposals and approve if appropriate to do so. If any of these post

holders refuse to authorise the deposit on principal, authorisation from the other post holders should not be sought unless the original authoriser has suggested onward discussion.

Approval of New Commercial Deposit Options

Where there is already an approved relationship with a Clearing Bank or other financial institution (section 4.2), the Deputy Director of Finance – Governance and People can identify new interest generating deposit account products that may benefit the Trust but will not increase, together or separately, the risk to the Trust's asset base.

Where a new product is required the Director of Finance and Information or Deputy Director of Finance – Governance and People will pre-approve the product. Because the product is changing the risk profile of the Trust, the decision must be reported to the Finance Committee. If any of these post holders refuse to authorise the deposit on principal, authorisation from the other post holders should not be sought unless the original authoriser has suggested onward discussion.

Where a new product is available but not with an already approved relationship Clearing Bank or financial institution this must be referred to the Finance Committee for approval.

Banking Covenants

The Deputy Director of Finance – Governance and People will keep a master list of all of the covenants attached to bank, investment and funding arrangements and will report quarterly to the Trust's Finance Committee on performance against these covenants.

6. Policy Statement and Provisions

6.1 Framework

Whilst the Trust has significant freedom to invest cash it has a number of responsibilities that it must discharge including;

(a) Under section 17 of the Health & Social Care Act (Community Health and Standards) Act 2003 ("the Act"), the Trust has discretion to invest money for the purposes of or in connection with its functions, but must ensure this is managed carefully to avoid financial and/or reputational risks.

(b) Under Section 29 of the Act the Trust is required to exercise its function effectively, efficiently and economically.

(c) Under the Terms of the NHS Provider Licence, the Trust shall at all times remain a going concern.

(d) Under NHS Improvement's Single Oversight Framework the Trust is assessed monthly as part of the use of resources rating on five metrics[1], including liquidity and any adverse fluctuations may result in reductions in the risk rating of the Trust.

It is essential that the Trust protects itself by ensuring that no imprudent or inappropriate treasury management or investment behaviour occurs. This policy will assist by providing a clearly defined risk management framework to be used by those responsible for treasury operations. The framework lays down responsibilities, protocols and procedures for the various aspects of treasury activities and sets out what should be reviewed and when.

[1] 1. Liquidity 2. Capital Service Cover 3. Income and Expenditure Margin 4. Income and Expenditure Variance 5. Agency spend v Agency Ceiling

6.2 Attitude to Risk in Key Treasury Activities

(a) Funding

The Trust will maintain a prudent approach to funding, recognising the on-going requirement to have funds available to cover existing business cash flows and reasonable headroom for seasonal debt fluctuations and capital programme expenditure. Additional finance required for longer term developments and investments will be built into cash flow workings as and when agreed and advised by the Finance Committee.

(b) Investments

Where investments are made with institutions that meet the conditions in section 4.3, but which subsequently drop in their short term credit ratings, the Finance Committee will be notified, but unless the Director of Finance and Information considers there to be excessive risk, the investment will continue to maturity.

The use of investments that do not satisfy the above conditions are prohibited unless explicitly approved by the Trust Board and should only be made to manage operational risk. This includes general equities, derivative products and speculative investments such as leveraged investments, hedge funds, derivatives, futures, options and swaps. If there is any doubt as to whether an investment meets the necessary conditions it should be referred to the Finance Committee.

Investments for a period of three to six months will require the prior written approval of the Director of Finance and Information or the Deputy Director of Finance– Governance and People. Proposed investments resulting for longer than six months must have the prior approval of the Finance Committee. No investment may be placed beyond 31 March.

Cash deposits should only be placed with the National Loans Fund and relationship banks in line with the deposit limits approved by the Trust's Finance Committee. Cash should only be placed with organisations that hold appropriate credit ratings, based on the "safe harbour" criteria, with a recognized credit rating agency (Moody's, Fitch, or Standard and Poor's). The approved limits, at any one time, are as follows:

- Investments made with the National Loans Fund are unlimited.
- Individual Clearing Banks each have a limit of £15 million if backed by UK Government, £12m otherwise, (subject to the rate of return offered being at least 10 basis points higher than that offered by the higher of the National Loans Fund or Government Banking Service). Details of further limits applied to particular Clearing Banks can be found below.

(c) Permitted Institutions

The list of institutions being used for treasury deposits will be reviewed at least annually or earlier where market conditions or intelligence suggest the need to ensure:

- That each one meets the criteria set out in this policy; and
- That it is appropriate to add (or delete) any new institutions from the list of active deposit takers.

If an institution is downgraded or put on credit watch by a recognised rating agency then the decision to invest with them should be reviewed.

The table below provides the investment limits for permitted financial institutions based on the credit ratings provided by recognised agencies.

Table: Investment limits

Institutions	**Recognised Credit Rating Long-term/(Short-term)**	**Deposit Limit**
Clearing Banks:		
Backed by UK Government	(P-1)	Lower of 50% cash available and £15m
Not Backed by UK Government	(P-1)	Lower of 25% cash available and £12m
Other permitted institutions:	Aaa/(P-1)	Lower of 10% and £7.5m
	Aa1, Aa2, Aa3/(P-1)	Lower of 10% and £5.0m
	A1, A2, A3/(P-1)	Lower of 10% and £2.5m
	Below the above	Nil

NB Appendix 1 provides definitions of risk ratings

Note that cash available is defined as the lowest projected cash balance over the period of the proposed investment.

(d) Interest Rate Management

If the Trust enters into long-term borrowings it should negotiate terms that incorporate a fixed interest rate, swaps, or a cap, in order to mitigate risk.

If the Trust decides to borrow over a number of projects, this policy will be amended to include guidance on hedging interest rates exposure by use of interest rate swaps.

(e) Foreign Exchange Management

The Trust holds no foreign currency cash balances.

Transactions that are denominated in a foreign currency are translated into sterling at the exchange rate ruling on the date of the transaction. Resulting exchange gains and losses are taken to the Income and Expenditure Account. The vast majority of foreign currency transactions are made in relatively stable currencies (the Euro or U.S. Dollar). In light of the above the Trust has a minimal risk exposure to foreign exchange rate fluctuation.

If foreign currency transactions with a value of over £50,000 (based on the current spot rate) are planned then the Trust will consider mitigating risk by the use of a forward contract. Whether or not this is deemed appropriate will be depend on the currency the transaction is denominated in and current market conditions.

6.3 Treasury Organisation and Responsibilities

(a) Debtors Receivables

Invoices for charges based on actual activity must be raised as soon as the activity data becomes available and no later than 4 weeks after the end of the month to which the charge relates. Invoices for fixed price service contracts must be raised monthly in advance and are due for payment in the month in which the service is provided.

Non-NHS Debtors Receivables

Non NHS debtors receivables can be split into the following categories;

- **Private patients** – before a private procedure is carried out the Divisional Private Patient Officers and/or the patient's Consultant will have agreed a price (as per the annual published private patient tariff) with the patient and the patient will have completed and signed a Private Patient Undertaking to Pay form.
- **Overseas patients** – Changes in line with legislation from 01 April 2017 will require all overseas visitors to be are charged upfront and in full for any care not deemed by a clinician to be 'immediately necessary' or 'urgent' and / or cease to provide such non-urgent care where payment is note received in advance of treatment. The Non NHS Patient Income Manager must provide detailed written instructions on how to identify potential overseas patients, the treatment classification and the charging mechanisms.
- **Other non-NHS debtors receivables** – various customers may be charged for services provided such as catering, rent and accommodation charges and occupational health services.

The following payment options are available to customers –, direct payment into the Trust's bank account, credit card/debit card payment, via the Trust's website and cheque sent to the Finance Department. All debts are due for payment within 30 days of the date of the invoice.

The process for recovering Non NHS Debts Receivables is primarily an automated dunning process comprising copy invoices, reminder letters and monthly statements of account. This process includes the issuing of court proceedings and the use of a debt recovery agency as appropriate.

The quarterly Treasury Management report to the Finance Committee will note the number, value and details of any debts passed to the Trust's debt administration and collection company, arbitration cases and court proceedings issued.

(b) NHS Debtors Receivables

For 2020/21 block contracts and a provider to provider framework have been introduced as part of the Department of Health and Social Care's Covid-19 response. Where these arrangements are not in use the following arrangements apply.

NHS Healthcare Service Agreement Charges

Invoices will be raised for the following services:

- Agreed Contracts/Service Level Agreements (SLAs) with Clinical Commissioning Groups and other commissioners.
- Contract variations as agreed with Clinical Commissioning Groups and other commissioners.

Block Invoices

Block invoices for 1/12 of the expected annual value of service agreement contracts will be raised on a monthly basis and are due in the month the service is provided. Settlement is due on the 15th of each month. Where a block invoice is not paid on time then processes approved by the Deputy Director of Finance – Governance and People and the Head of Contract Income and Costing will commence.

'Over/Under Performance' Invoices:

A reconciliation of the services provided will be sent to the commissioner after the end of the quarter. If the commissioner raises a valid query the Service Agreement team will respond and resolve it in line with the timescales agreed in contract documents.

Activity information is sent to the Secondary User Service (SUS) on a monthly basis, in addition to local data feeds in support of contract reporting and on a quarterly basis activity information is agreed between commissioners and the Trust, in line with the SUS reconciliation dates.

Non-contract activity

For non-contract activity, where services are provided outside of contracts, invoices will be sent within 30 days after the end of the month, with supporting activity information.

The under/over performance recovery process will be applied to debts of more than 30 days old.

NHS Non Healthcare Provider to Provider Charges

Invoices will be raised for the following services:

- Ad hoc service contracts agreed by Divisions and customer organisations.
- Other services such as medical staff recharges, catering, facilities provision etc.

Invoices for charges based upon actual activity must be raised as soon as the activity data becomes available and no later than 4 weeks after the end of the month to which the charge relates. Charges for fixed priced service contracts must be raised monthly in advance and are due for payment in the month in which the service is provided.

The process for the recovery of outstanding NHS Provider to Provider debts comprises an automated dunning process consisting of reminder letters and monthly statements of account, complimented by personal contact with debtor organisations, with escalation to Director of Finance and Information level as appropriate.

The quarterly Treasury Management report to the Finance Committee will note the number, value and details of any outstanding debts.

Credit Notes

Where a credit note is required, the information sent to the Non NHS and NHS Debtors Credit Control Teams must quote the invoice number to be credited against and must be coded to the same code as the invoice. All credit notes must be reviewed by the Contract Income Team or the Treasury Management Accounts Receivable Team. Where a credit note is for items invoiced in previous financial years, the Division that earned the income must absorb the costs against the current year unless the Deputy Director of Finance – Governance and People has approved the use of the year end bad debt provision.

Where a credit note relates to a Block Service Agreement invoice it must be signed off by the Finance Manager (Contract Income) with a supporting reconciliation to show why the credit note is required.

The quarterly Treasury Management Report to the Finance Committee will note the number and value of credit notes issued in the quarter.

Unapplied Cash

When a customer sends money to the Trust without an explanation of what the funds are for the funds will be initially credited to an unallocated receipt suspense account and further investigations undertaken.

For cash receipts and funds received direct to the Trust's NatWest Main Account the receipt will initially be credited to the Commercial Unidentified Receipt Suspense account. The Treasury Management Team Cashier will contact the customer for a remittance advice note. Assistance will also be sought from Divisional Financial Management teams to help identify the reason for the receipt and to reinforce to Service Managers that invoices must be raised for all income due to the Trust.

For funds received into the Trust's Government Banking Service (GBS) account from commissioners (primarily block service agreement invoice payments) where no remittance is provided the receipt will be initially credited to the GBS Unidentified Receipt Suspense account. The Cashier will, in the absence of any alternative instructions from the Service Agreements Team, use such receipts to clear the oldest Service Level Agreement invoices relating to the payment period, i.e. a payment received in April will only be used to clear invoices raised for the period of April with any excess funds remaining in the GBS Unidentified Receipt Suspense account.

A reconciliation of the Commercial and GBS Unidentified Receipt suspense will be maintained identifying the balance remaining in each account, by period received and customer.

On a quarterly basis any cash still unallocated or under customer investigation on this report that is older than 6 months will be taken to the Trust's central reserves and it will be at the Director of Finance and Information's discretion as to what the reserve is used for.

The value of unallocated cash taken to central reserves will be included in the quarterly Treasury Management Report to the Finance Committee.

(c) Creditors Payables

Cash Management

Cash is forecast on a daily basis to check that there are sufficient funds available to pay forthcoming liabilities.

Processing of Payments

The Trust's credit card will only be used for payment to suppliers where this is the only accepted ~~this~~ method of payment or where to do so will allow the Trust to achieve savings. The use of the credit card is governed by a written procedure which is subject to review.

Standard terms of payment for both Non-NHS and NHS are 30 days from date of receipt of the invoice or the receipt of good/services (whichever is the later) unless they fall into a list of special categories (e.g. utilities, mobile phones, capital payment certificates, Department of Health PbR repayment). No invoices will be paid on any other terms unless expressly agreed by the Deputy Director of Finance~~–~~ Governance and People or if a vital clinical supply that will delay patient care will be delayed if payment is not made.

(d) Bank Reconciliations

Reconciliations of the Trust's bank accounts are undertaken monthly by the Financial Accounting Team. Accounts are also scrutinised daily, by the Cashier and Assistant Head of Transactional Services for any 'rogue' transactions.

6.4 Reporting

The quarterly Treasury Management Report to Finance Committee will report on investments placed, returns earned and new investments set up.

(a) Long Term investments

Long term investments are defined as those over 12 months. The Trust does not undertake such investments.

(b) Borrowing

Weekly and monthly treasury and cash reporting will identify whether there are any cash flow shortages.

Short Term Shortages

Where short term cash flow shortages are identified due to working capital movements the following steps will be taken;

(i) The Head of Financial Services will notify the Deputy Director of Finance – Governance and People and suggest a course of action.

(ii) The Deputy Director of Finance – Governance and People will refer to the Director of Finance and Information depending on the seriousness of the issue.

(iii) Any cash held in investments with no or minimal penalty (other than lost interest) will be called back, short term first, followed by long term.

(iv) NHS Supplier payments will be delayed until funds become available.

(v) Non-NHS Supplier payments will be delayed until funds become available.

(vi) Additional pressure will be placed on debtors to make sure all debts are being paid on time or promptly chased.

(vii) Any cash held in investments where penalties will be incurred will be called back.

(viii) Non vital non-urgent stock orders will be delayed.

(ix) All non-vital capital will be delayed where possible.

(x) Monitor/NHS Improvement may be approached.

The quarterly Treasury Management Report to Finance Committee will report on any overdraft usage.

Long Term Borrowings

Long term borrowings will only be used to fund longer term capital or investment programmes.

All strategic capital projects will be approved using the normal Trust Board and committee structure, and at Capital Programme Steering Group, Finance Committee or Trust Board whichever is relevant to the particular project. All projects will have produced a detailed business case have been approved in line with the Trust's Capital Investment Policy.

Once the need for borrowing has been established, the Deputy Director of Finance – Strategy, Planning and Performance will search financial institutions for the best available source of finance to match the particular project. The Independent Trust Financing Facility (ITFF) will be the first

option considered, as this has been set up specifically to assist NHS Trusts. A proposal to use the selected borrowing product will be sent to the Director of Finance and Information for pre-approval before being presented to the Finance Committee for approval.

Once borrowings have been set up they will be reported in the Director of Finance and Information's report on a monthly basis.

Progress on existing borrowings and any pending or approaching borrowings will be reported in the quarterly Treasury Management Report.

7. Standards and Key Performance Indicators

7.1 Applicable Standards

Internal Audit conducts an annual periodic review of the Finance Department that incorporates aspects of Treasury Management. This review will be used to assess how well this policy has been applied. In addition, on an annual basis the Director of Finance and Information sets an internal target for interest receivable. Achievement against this target will assess how effective the interest maximisation aspect of this policy has been.

7.2 Measurement and Key Performance Indicators

Daily Reporting

On a daily basis the Cashier:

(a) Downloads statements and transaction reports for the previous day's activities on the Trust's Government Banking Service account (via RBS Bankline) and NatWest commercial bank accounts (via NatWest Bankline).

(b) Updates the daily cashflow plan for the month in light of actual receipts and payments made (e.g. Payroll, Supplier Payments).

(c) Reviews and updates, as appropriate, future planned receipts and payments in the daily cashflow plan in light of actual results for the next 21 days.

(d) Ensures the daily cashflow plan agrees with the actual results/plan figures recorded in the monthly cashflow plan.

(e) Advises the Chief Accountant of any potential for cash surpluses and shortfalls.

Weekly Cash Reporting

On a weekly basis Chief Accountant undertakes a comprehensive review of the daily cashflow plan with the Head of Financial Services, focusing on expected receipts and payments, by major 'category' for:

- The next 14 days
- 6 weeks after that
- The rest of that month
- The next month

This process gives sound assurance than any medium term cash flow surpluses/shortfalls are identified and allows sufficient time to develop action plans.

Any issues causing serious concern are immediately discussed with the Deputy Director of Finance – Governance and People and Director of Finance and Information.

Monthly Reporting

On a monthly basis the monthly cashflow plan for the current financial year and forecast cashflow statement will be produced and reviewed by the Director of Finance and Information.

Quarterly Reporting to the Finance Committee

Appendix 3 details the items relating to Treasury Management that will be reported in a Treasury Management Report to the Finance Committee on a quarterly basis.

8. Associated Documentation

Standing Financial Instructions Policy- http://nww.avon.nhs.uk/dms/download.aspx?did=4338

9. Appendix A – Safe Harbour Investments

Safe harbour investments are those that ensure adequate safety and liquidity for the Trust, and ***must*** meet ***all*** of the following criteria;

- They meet the permitted short-term rating requirement issued by a recognised rating agency;
- They are held at a permitted institution;
- They have a defined maximum maturity date;
- They are denominated in sterling;
- They pay interest at a fixed, floating or discount rate; and
- They are within the preferred concentration limit.

The use of safe harbour investments negates the need for the Trust Board to undertake an individual investment review for these investments. In addition Monitor will not require a report of these investments as part of its risk assessment process as they are deemed to have sufficiently low risk and high liquidity.

Safe harbour investments include (but are not limited to) money market deposits, money market funds, government and local authority bonds and debt obligations, certificates of deposit and sterling commercial paper provided that they meet the above criteria. The Treasury Management function is not permitted to undertake any of these investment options other than placing money on deposit at the National Loans Fund or pre-approved Clearing Bank without the prior approval of the Finance Committee.

Explanation of Terms

Each of the terms above and their limits for the trust are explained below. The appropriateness of the limits needs to be reviewed on an annual basis to confirm that they are still appropriate for the Trust.

Recognised rating agency - are agencies that grade companies and investments on their long term standing and future viability based on information available in the market. Only Standard and Poor's, Moody's Investors Services and Fitch Ratings Ltd are recognised rating agencies.

Permitted rating requirement – the short term rating should be A-1 (S&P), P-1 (Moody's') or F-1 (Fitch), which are the highest level of risk ratings and suggest a good quality investment.

Permitted institutions - include institutions that have been granted permission by the Financial Services Authority to do business with UK institutions, and the UK Government.

Maximum maturity date – for general investments, the maturity date must be before the date when the invested funds are needed and in any event should not exceed 6 months unless approved by the Finance Committee.

Preferred concentration limit - is to ensure that all the risk is not held in the one institution. The preferred concentration rate for the Trust is, with the exception of the National Loans Fund (where the concentration limit is unlimited) set out in the Treasury Management Policy.

10. Appendix B – Schedule of Matters Reserved to the Board issues requiring Trust Board approval

- Defining the overall strategic aims and objectives of UH Bristol and Weston.
- Approving the Membership Council's proposals for amendments to the Constitution (unless routed through the Joint meeting).
- Approving the scheme of delegation to officers and committees.
- Appointing, dismissing and receiving reports of Board Committees.
- Approving the draft Annual Report and accounts for submission.
- Approving the Annual Plan.
- Approving corporate organisational structures.
- Approving proposals for the acquisition, disposal or change of use of land and/or buildings.
- Approving HR policies incorporating the appointment, dismissal and remuneration of staff.
- Approving the health and safety policy.
- Approving revenue and capital budgets.
- Approving those matters reserved to it under the scheme of delegation:
    - Approval of variations to capital schemes of over £500,000;
    - All high risk investments and all major investments (OBC and FBC) and greater than 1% (£5m) of the Trust's turnover;
    - Individual write-offs and ex-gratia payments over £50,000;
    - Approving supplies or services contracts with a value over £1m.
- Approving and monitoring UH Bristol and Weston's policies and procedures for the management of risk and provision of assurance.
- Approving proposals for the acquisition, disposal or change of use of land and/or buildings affecting the Trust's services.
- All monitoring returns required by the regulators shall be reported, at least in summary, to the Trust Board.
- Approving major regulatory submissions affecting the Trust as a whole.
- Approving the Standing Orders and Standing Financial Instructions of UH Bristol and Weston.

11. Appendix C – Contents of Quarterly Treasury Management Report to the Finance Committee

The following information will be reported quarterly to the Finance Committee in a Treasury Management Report:

- New banking relationships entered into in the current quarter, proposals presented to Finance Committee and outcome, any pending proposals, any good products seen at any meetings with institutions (3.2.f)
- An update on compliance with covenant (3.2.g)
- The number, value and details of any debts passed to the Trust's debt administration and collection company, Director of Finance and Information to Director of Finance meetings, arbitration cases issued and court proceedings issued (3.3.d)
- The number and value of NHS credit notes raised in the quarter (3.3.d)
- Number and value of bad debt write offs in the quarter (3.3.d)
- The value of unallocated credits over six month's old taken to central reserves.
- Compromise deal agreements following negotiations with suppliers over disputes (3.3.e)
- Investments placed, returns earned and new investments set up (3.3.g)
- Overdraft usage (3.3.i)
- Potential requirements for working capital support identified in the next 12 months (3.3.i)
- Borrowings taken out in the quarter, borrowings proposed, pending or approaching in the quarter (3.3.i)
- Progress on any existing borrowing, including whether repayments are up to date (3.3.i)
- Performance against Key Performance Indicators for any investments and proposed Key Performance Indicators for any new investments.

	Item	Information Provided by	Information Required						
			Initial Set Up	Daily	Weekly	Monthly	Quarterly	Annually	Other Periodically
1.	**Finance Committee Reporting**								
1.1	**Monthly Director of Finance and Information Report (3.4.d)**								
a	Cash Flow Plan – Monthly for current year	Deputy Director of Finance – Governance and People				✓			
b	Interest earned.	Deputy Director of Finance – Governance and People				✓			
c	Invoiced Aged Debt Report	Deputy Director of Finance – Governance and People				✓			
d	Performance against Better Payments Practice Code (BPPC) – NHS & Non NHS Suppliers	Deputy Director of Finance – Governance and People				✓			
e	Capital Report	Deputy Director of Finance – Governance and People				✓			
f	Statutory Statement of Financial Position	Deputy Director of Finance – Governance and People				✓			
g	Capital Programme Steering Group (CPSG): (3.2.2)	Chair of the CPSG							
	• Seek approval for annual Capital Programme and sources of financing							✓	
	• Recommend changes to Capital Programme					✓			
	• Report on actions, decisions and progress against the Capital Programme					✓			
	• Report on quarterly post capital spending reviews and assessments of returns on capital spend						✓		
	• Seek approval for strategic capital projects and source of financing					✓			
	1.2 Quarterly Treasury Management Report (Appendix 3)								
a	New banking relationships entered in the current quarter, proposals presented to the Finance Committee and outcome, any pending proposals, any good products seen at meetings with Financial Institutions.	Deputy Director of Finance – Governance and People					✓		

	Item	Information Provided by	Information Required						
			Initial Set Up	Daily	Weekly	Monthly	Quarterly	Annually	Other Periodically
b	Compliance with covenants	Deputy Director of Finance – Governance and People							
c	The number, value and details of:	Deputy Director of Finance – Governance and People /Head of Contract Income & Costing					✓		
	Any debts passed to the Trust's debt administration and collection company.								
	Finance Director to Finance Director Meetings								
	Arbitration cases issued								
	Court Proceedings issued								
d	The number and value of NHS and Non-NHS credit notes raised in the quarter	Deputy Director of Finance – Governance and People /Head of Contract Income & Costing					✓		
e	The number and value of bad debts written off in the quarter	Deputy Director of Finance – Governance and People /Head of Contract Income & Costing					✓		
f	The value of unallocated credits over six month's old taken to central reserves.	Deputy Director of Finance – Governance and People					✓		
g	Investments placed, maturity period, returns earned and new investments set up.	Deputy Director of Finance – Governance and People					✓		
h	Overdraft usage	Deputy Director of Finance – Governance and People							
i	Potential requirements for working capital support identified in the next 12 months.	Deputy Director of Finance – Governance and People					✓		
j	Borrowing taken out in the quarter, borrowings proposed, pending or approaching in the quarter	Deputy Director of Finance – Governance and People					✓		
k	Progress on any existing borrowing including whether repayments are up to date	Deputy Director of Finance – Governance and People					✓		

	Item	Information Provided by	Information Required						
			Initial Set Up	Daily	Weekly	Monthly	Quarterly	Annually	Other Periodically
l	Performance against Key Performance Indicators for any investments and proposed Key Performance Indicators for any new investments.	Deputy Director of Finance – Governance and People					✓		
1.2	**Other Reporting Requirements**								
a	Approve Commercial Banking Services Provider (3.3.b)	Deputy Director of Finance – Governance and People							✓
b	Approve list of permitted Relationship Banks (3.3.b)	Deputy Director of Finance – Governance and People	✓						
c	Approve new/changes to Relationship Banks (3.3.b)	Deputy Director of Finance – Governance and People				✓			
d	Approve Bank Mandates for all Accounts (3.3.b)	Deputy Director of Finance – Governance and People	✓						✓
e	Approve new/changes to Bank Mandates (3.3.b)	Deputy Director of Finance – Governance and People				✓			
f	Approve list of permitted Investment Banks and Institutions satisfying Treasury Management Policy (3.2.c)	Deputy Director of Finance – Governance and People	✓					✓	
g	Approve list of permitted Investment Products satisfying Monitor Safe Harbour criteria (3.2.c)	Deputy Director of Finance – Governance and People	✓					✓	
h	Approve concentration limits for each permitted Investment Institution and product (3.2.c)	Deputy Director of Finance – Governance and People	✓					✓	
i	Approve investments with a maturity period in excess of 36 months (3.2.h)	Deputy Director of Finance – Governance and People				✓			
j	Approve use of Investment Banks/Institutions and products which do not satisfy the Treasury Management Policy (3.3.g)	Deputy Director of Finance – Governance and People				✓			
k	Approve Key Performance Indicators for all existing and new investments (3.3.b and Appendix 4)	Deputy Director of Finance – Governance and People	✓			✓			
l	Approve external funding arrangements within delegated limits (3.3.b)	Deputy Director of Finance – Governance and People /Chair of Capital Prioritisation Group				✓		✓	

	Item	Information Provided by	Information Required						
			Initial Set Up	Daily	Weekly	Monthly	Quarterly	Annually	Other Periodically
m	Approve external funding arrangements within delegated limits (3.3.b)	Deputy Director of Finance – Governance and People /Chair of Capital Prioritisation Group				✓		✓	
n	Approve long term borrowing for Capital and Investment Programme (3.3.b)	Deputy Director of Finance – Strategy Planning and Performance /Chair of Capital Prioritisation Steering Group				✓		✓	
o	Approve Supplier dispute compromises over £25,000 (3.3.b)	Head of Transactional Services				✓			
2.	**Internal Finance Reporting**								
2.1	**Director of Finance and Information**								
a	Approve Supplier dispute compromises over £1,000 and up to £25,000 (3.3.c)	Head of Transactional Services		✓					
b	Review monthly/annual cashflow plan (3.4.c)	Deputy Director of Finance – Governance and People				✓			
c	Review of Interest Received v Budget (3.5) c	Deputy Director of Finance – Governance and People						✓	
2.2	**Deputy Director of Finance – Governance and People**								
a	Approve Supplier dispute compromises up to £1,000 (3.3.e)	Head of Transactional Services		✓					
b	Approve payment of Supplier invoices on terms other than NHS terms and conditions (3.3.e)	Head of Transactional Services		✓					
c	Approve us of Bad Debt Provision for Bad Debt write-offs (3.3.d)	Head of Transactional Services		✓					

	Item	Information Provided by	Information Required						
			Initial Set Up	Daily	Weekly	Monthly	Quarterly	Annually	Other Periodically
2.3	**Head of Financial Services**								
a	Review of Age Debtor Reports (3.3.d)	Head of Transactional Services					✓		
b	Review Proposed Bad Debt Write-offs (3.3.d)	Head of Transactional Services				✓			
c	Review and approval of Court Proceedings (3.3.d)	Head of Transactional Services				✓			
d	Advise Director of Finance and Information of balance of unapplied cash older than 6 months – take to Central Reserves (3.3.d)	Head of Transactional Services					✓		
e	Review monthly cashflow plans with the Chief Accountant(3.4.b)	Head of Transactional Services			✓				
f	Approve short term investments (3.3.g)	Head of Transactional Services			✓	✓			
g	Report forecast cash shortages to Deputy Director of Finance – Governance and People / Director of Finance and Information (3.3.i)	Head of Transactional Services		✓					
h	Review NHS & Non-NHS Age Creditor Reports (3.3.e)	Head of Transactional Services					✓		
2.4	**Head of Transactional Services**								
a	Review proposed Court proceedings (3.3.d)	Accounts Receivable Manager				✓			
b	Review credit notes raised – report items over £50,000 to Head of Financial Services (3.3.d)	Accounts Receivable Manager				✓			
c	Review NHS and Non-NHS Aged Debtor Reports (3.3.d)	Accounts Receivable Manager				✓			
d	Review NHS Aged Creditor Report. Report significant difficulties to Head of Financial Services (3.3.e)	Accounts Payable Manager				✓			
e	Review Non-NHS Age Creditor Report. Report significant difficulties to Head of Finance (3.3.e)	Accounts Payable Manager				✓			

	Item	Information Provided by	Information Required						
			Initial Set Up	Daily	Weekly	Monthly	Quarterly	Annually	Other Periodically
2.5	**Chief Accountant**								
a	Report forecast cash shortages to Head of Financial Services (3.3.i)	Cashier		✓					
b	Review daily cashflow plan with Cashier (3.4.a)	Cashier		✓					
c	Review weekly cashflow plan with Head of Financial Services (3.4.b)	Cashier			✓				
d	Approve short term investments/cash deposits (3.3.g)	Cashier		✓					
2.6	**Head of Contract Income & Costing**								
a	Review Age Debtor Report (3.3.d)	Finance Manager (Contract Income)					✓		
b	Review Proposed Bad Debt Write-offs (3.3.d)	Finance Manager (Contract Income)				✓			
c	Review credit notes raised – report items over £50,000 to Deputy Director of Finance – Governance and People (3.3.d)	Finance Manager (Contract Income)				✓			
d	Review Aged Debtor Report (3.3.d)	Finance Manager (Contract Income)				✓			

12. Appendix D- Monitoring Table for this Policy

The following table sets out the monitoring provisions associated with this Policy.

Objective	Evidence	Method	Frequency	Responsible	Committee
The management and investment of cash will be assessed, reported, and monitored. Referenced in detail at Appendix 3	Reports to relevant committees	Audit	Monthly through the Director of Finance and Information's Report with a Quarterly Treasury Management Policy report.	Director of Finance and Information's Deputy Director of Finance – Governance and People Head of Financial Services	Finance Committee

13. Appendix E – Dissemination, Implementation and Training Plan

The following table sets out the dissemination, implementation and training provisions associated with this Policy.

Plan Elements	Plan Details
The Dissemination Lead is:	Head of Financial Services
This document replaces existing documentation:	No
Existing documentation will be replace by:	[DITP - Existing documents to be replaced by]
This document is to be disseminated to:	All finance staff and budget holders
Method of dissemination:	It will be available to download from FinWeb or upon request from the Head of Financial Services
Training is required:	No
The Training Lead is:	[DITP - Training Lead Title]

Additional Comments
[DITP - Additional Comments]

14. Appendix F - Equality Impact Assessment (EIA) Screening Tool

Query	Response
What is the main purpose of the document?	This policy has been set up as a practical way of reviewing and monitoring Treasury Management activities.
Who is the target audience of the document (which staff groups)? Who is it likely to impact on? (Please tick all that apply.)	Staff group – Finance Staff and budget holders Add ☑ or ☒ Staff ☑ Patients ☒ Visitors ☒ Carers ☒ Others ☒

Could the document have a significant **negative** impact on equality in relation to each of these characteristics?	YES	NO	Please explain why, and what evidence supports this assessment.
Age (including younger and older people)		☑	
Disability (including physical and sensory impairments, learning disabilities, mental health)		☑	
Gender reassignment		☑	
Pregnancy and maternity		☑	
Race (includes ethnicity as well as gypsy travelers)		☑	
Religion and belief (includes non-belief)		☑	
Sex (male and female)		☑	
Sexual Orientation (lesbian, gay, bisexual, other)		☑	
Groups at risk of stigma or social exclusion (e.g. offenders, homeless people)		☑	
Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment)		☑	

Will the document create any problems or barriers to any community or group?	YES / **NO**
Will any group be excluded because of this document?	YES / **NO**
Will the document result in discrimination against any group?	YES / **NO**

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

Could the document have a significant **positive** impact on inclusion by reducing inequalities?	YES	NO	If yes, please explain why, and what evidence supports this assessment.
Will it promote equal opportunities for people from all groups?		☑	
Will it help to get rid of discrimination?		☑	
Will it help to get rid of harassment?		☑	
Will it promote good relations between people from all groups?		☑	
Will it promote and protect human rights?		☑	

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

Positive impact				**Negative Impact**		
Significant	Some	Very Little	**NONE**	Very Little	Some	Significant

Is a full equality impact assessment required? YES / **NO**

Date assessment completed: 14 June 2019 18 September 2020.....

Person completing the assessment: Head of Financial Services.....

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 29 September 2020

Report Title	***Standing Financial Instructions and Scheme of Delegation***
Report Author	***Kate Parraman, Deputy Director of Finance***
Executive Lead	***Neil Kemsley, Director of Finance & IT***

1. Report Summary

The Standing Financial Instructions (SFIs) and Scheme of Delegation (SoD) are required to be reviewed on an annual basis. Any changes must be considered by the Finance Committee before being recommended for approval at the Trust Board. The annual review is usually undertaken in January however this review has been delayed due to the merger with Weston Area Health Trust and then Covid-19.

This report informs members of the proposed changes to the Standing Financial Instructions and Scheme of Delegation.

2. Key points to note
(Including decisions taken)

Following a thorough review, the changes to the SFIs are relatively minor and primarily relate to changes to the Trust's name, titles of people and groups, changes reflecting revised operational practice and other minor amendments.

Following approval by the Trust Board the revised SFIs will be communicated across the Trust, in particular at Divisional Management Team, Heads of Nursing and Junior Doctor meetings. The 'budget managers' guide to SFIs' will be updated and staff will be reminded of their responsibilities to ensure compliance. In particular, the Weston Division will be supported in providing full understanding and clarity of the SFIs and the detailed procedures referred to within them. However it should be noted that during 2019/20 Weston's SFIs were broadly aligned to UH Bristol's.

It is proposed to undertake the next review in the first quarter of 2021 which will incorporate the Finance regime guidance for 2021/22 and the Strategy Refresh, thereby ensuring an updated Standing Financial Instructions is in place for the 2021/22 financial year.

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

None

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

• This report is for **APPROVAL.** • The Committee is asked to **APPROVE** 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]***
Finance and Digital Committee	**24 September 2019**

Standing Financial Instructions

1. Introduction

The Standing Financial Instructions (SFIs) and Scheme of Delegation (SoD) are required to be reviewed on an annual basis. Any changes must be considered by the Finance Committee before approval at the Trust Board. The annual review is usually undertaken in January however this review has been delayed due to the merger with Weston Area Health Trust and then Covid-19.

The purpose of this report is to inform the Trust Board of the proposed changes to the SFIs and SoD following the review process which will cover the remainder of the financial year. These changes were considered by Finance Committee on 24 September and approved for onward ratification by Trust Board.

The revised SFIs and supporting scheme of delegation are attached. To enable the committee to review the proposed changes within the SFIs, additions are highlighted in green, deletions are crossed through and highlighted red and changes from Finance Committee in yellow.

2. Proposed Changes

The changes align the Standing Financial Instructions across the merged organisation Bristol and Weston NHS Foundation Trust.

The changes can be considered under the following categories:

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

2.1 Changes to title of people/groups

The following changes have been made throughout the document:

NHS Improvement to NHS England and Improvement
Director of Finance to Director of Finance and Information
Director of People to Director of People Workforce and Organisational Development
Deputy Director of Finance to Deputy Director of Finance – Governance and People
Deputy Director of People to Deputy Director of People Workforce and Organisational Change
Company Secretary to Director of Corporate Governance
Head of Clinical Engineering to Operations Manager Clinical Engineering
Divisional Manager to Divisional Director

2.2 Changes reflecting operational practice

Section 2	Use of resource rating changed to Finance Score (2.2.2)
Section 5	Reference to the 2020/21 block contracts arrangements (5.2.1 / 5.2.3)
Section 9	Adaptation to the Single Tender Action process as part of the Covid response (9.4.6)
	Clarification of capital contracts from estates to construction as per paragraph 10.10.2 (9.6.2)
Section 10	Clarification the thresholds for tender evaluation relate to the capital construction procurements and not all Estates and Facilities procurements (10.10.2)
Section 12	Rolling programme of stocktake arrangements (12.3.1)
Section 20	Aligning the purpose of the Audit Committee to the Terms of Reference of the Committee (20.2.2)
Section 23	Include Weston Charitable funds arrangements (23.2.2 – 23.2.5)

2.3 Other

Section 1.2	Delete duplicated referencing
Section 2.2.2	Delete duplicated paragraph
Section 3.3/5.3	Service Agreement Monitoring and Reporting section moved from Annual Accounts and Reports to NHS Contracts for Provision of Healthcare
Section 12.2.3	Inclusion of the Lead Pharmacist to cover responsibility of pharmaceutical control at Weston
Section 16.1	Correction to objective heading
Section 17.1	Correction to objective heading
Section 18.1	Correction to objective heading
Various	Small amendments have been made to improve clarity which require no further explanation.

3. Scheme of Delegation

The scheme of delegation has been amended and is attached (appendix [1] 2 to the SFIs). The amendments reflect the changes discussed in section 2.

[1] Appendix 1 to Standing Financial Instructions is the Matters Reserved to the Trust Board (No Changes)

4. Next review

It is proposed to undertake the next review in early 2021 for approval at Finance Committee and Trust Board by March 2021; this will ensure an updated Standing Financial Instructions is in place for the 2021/22 financial year.

The timing of the review and approval should coincide with the publication of the Finance regime guidance for 2021/22 which may impact on Section 2.2 – Preparation and Approval of Annual plans and Budgets and Section 5 - NHS Contracts for Provision of Healthcare.

The Trust's Strategy Refresh and re-alignment of governance arrangements should also be completed at this time which will feed into the revised Capital Investment Policy and Section 18 – Capital Investment and Private Financing.

In preparation for the next revision it is proposed to work with Bristol and Weston Procurement Consortium, and potentially their other consortium organisation (North Bristol Trust), to review the procurement of goods and services thresholds in Section 8 in line with industry best practice.

5. Recommendation

Following consideration and approval by Finance Committee on 24 September the Trust Board is asked to consider and approve the changes to the SFIs and Scheme of Delegation.

5. Next Steps:

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

University Hospitals Bristol and Weston NHS Foundation Trust

UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS

FOUNDATION TRUST STANDING FINANCIAL INSTRUCTIONS

~~January 2019~~ September 2020

25

~~DELETIONS~~

INSERTIONS

POST FINANCE COMMITTEE UPDATES

Approved at Finance Committee: ~~21 December 2018~~ 24th September 2020
Approved at Trust Board: ~~31 January 2019~~ 29th September 2020

Contents

1 Introduction

1.1 Purpose and Content

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

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

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

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

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

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

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

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

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

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

1.2 Responsibilities and Delegation

1.2.1 **The Trust Board**

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

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

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

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

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

The Chief Executive

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

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

The Director of Finance and Information

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

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

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

The Director of Finance and Information shall prepare, document and maintain detailed financial procedures and systems incorporating the principles of segregation of duties and

internal checks. These procedures should be read as forming part of the Standing Financial Instructions.

1.2.3 **All Trust Employees**

All Trust Employees are responsible for:

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

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

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

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

1.2.4 **Hosting Arrangements**

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

2 Planning, Budgets and Budgetary Control

2.1 Objective

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

2.2 Preparation and Approval of Annual Plans and Budgets

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

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

2.2.2 Prior to the start of the financial year the Director of Finance and Information will, on behalf of the Chief Executive, prepare and submit a financial plan supporting the annual plan for approval by the Board. This will include:

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

The financial plan will

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

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

budget.

2.2.4 Operational plans shall be compiled for each Division by the Clinical Chairs and Divisional Directors and for each corporate service area by the Head of Service. These plans should reflect the Trust's annual business plan and the budget, and will be approved by the Chief Executive.

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

2.3 Budgetary Delegation

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

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

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

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

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

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

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

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

2.4 Budgetary Control and Reporting

2.4.1 The Director of Finance and Information is responsible for maintaining an effective system of budgetary control. All Trust staff responsible for the management of a budget or for incurring expenditure or collecting or generating income on behalf of the Trust must comply with these controls.

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

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

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

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

2.4.4 All delegated budget managers are responsible for ensuring that:

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

Director of Finance and Information.

2.4.5 The Chief Executive is responsible for authorising the implementation of savings programmes and income generation initiatives in accordance with the requirements of the Annual Business Plan to secure a balanced budget.

2.5 Capital Expenditure

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

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

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

3 Annual Accounts and reports

3.1 Objective

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

3.2 General

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

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

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

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

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

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

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

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

3.3 Service Agreement Monitoring and Reporting (MOVE TO SECTION 5)

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

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

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

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

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

4 Research and Innovation

4.1 Objective

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

4.2 General

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

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

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

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

4.3 Research & Innovation Applications

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

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

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

4.4 Intellectual Property

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

5 NHS Contracts for the Provision of Healthcare Services

5.1 Objective

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

5.2 Contracts for the provision of healthcare services

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

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

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

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

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

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

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

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

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

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

5.3 Service Agreement Monitoring and Reporting MOVED FROM SECTION 3

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

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

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

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

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

6 Banking and Cash Management

6.1 Objective

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

6.2 General

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

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

6.3 Banking Arrangements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6.4 Cash Management

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

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

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

6.5 Investment of Temporary Cash Surpluses

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

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

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

6.5.4 The Finance Committee shall:

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

6.5.5 Investments for purely speculative purposes are strictly prohibited'.

7 Income

7.1 Objective

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

7.2 Income Due

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7.3 Income Received

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

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

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

7.3.4 Every employee authorised to receive remittances in cash or other forms must keep up to date a record of the amounts received in accordance with procedures approved by the Director of Finance and Information. This record must be reconciled with the amount held in accordance with these instructions. Any discrepancy shall be reported immediately to their senior manager and the Director of Finance and Information.

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

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

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

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

8 Payment of Trust Employees and Contractors

8.1 Objective

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

8.2 Remuneration and Terms of Service of Directors

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

8.2.2 The Committee will:

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

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

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

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

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

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

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

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

8.3 Other Staff Remuneration and Appointments

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

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

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

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

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

8.4 Notification of Information to Payroll

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

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

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

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

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

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

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

8.5 Processing of Staff Payments

8.5.1 The Director of Finance and Information is responsible for:

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

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

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

8.5.3 Appropriately nominated managers have delegated responsibility for:

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

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

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

8.6 'Off Payroll' Arrangements

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

8.6.2 All senior staff must be on the payroll unless there are exceptional temporary circumstances, which will require the Chief Executive's approval. This includes all Trust

Board members, members of Divisional Boards and staff with significant financial responsibility.

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

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

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

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

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

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

8.7 Travel and Subsistence

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

9 Procurement of Goods and Services

9.1 Objective

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

9.2 General

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

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

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

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

9.3 EU Directives, Legislation and Guidance

9.3.1 The Trust shall comply with all European Union and Government Directives regarding public sector procurement and prescribed procedures for awarding all forms of contracts.

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

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

9.4 Financial Limits

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

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

9.4.2 Where such purchases exceed £5,000 but are less than £25,000 a minimum of three competitive quotations in writing shall be obtained.

9.4.3 Where such purchases do not exceed £5,000, non-competitive quotations in writing may be obtained with value for money being demonstrated on all occasions. Best practice should be a minimum of three such quotations.

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

Recommendation Report Authorising Levels (excl. VAT)	Authority
£5,000 to £100,000	Director of Procurement, Divisional Finance Manager and Divisional Operations Director or Corporate Director
£100,000 to £1m	As above, plus the Director of Finance and Information
Above £1m	As above, plus Director of Finance and Information recommendation to Trust Board

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

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

9.4.6 If the Trust's procurement service is asked to place orders outside these thresholds, they will refer the request back to the budget holder. The ordering of goods or services above £5,000 without three or more competitive quotes or £25,000 without three or more competitively priced tenders require approval as a Single Tender Action (STA) via the Trust's Single Tender Action procedure before placing the order. As part of the Trust's Covid-19 response the STA process for emergency Covid goods has been adapted to ensure there was no unnecessary delay.

For all orders above £5,000 that are not supported by competitive quotations, the case for proceeding must be submitted to the applicable authorising officers shown below to decide whether to approve as a Single Tender Action.

Value of Contract Per Annum (excl. VAT)	Authorising Officer
£5,000 to £24,999	Divisional Director and the Director of Procurement
£25,000 to £100,000	As above, plus the Director of Finance and Information
Above £100,000	As above, plus the Chief Executive or Trust Board

Covid-19 goods adaption

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

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

the Director of Finance and Information.

9.5 Requisitioning

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

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

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

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

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

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

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

9.5.8 Orders requisitioned through the Trust's electronic requisitioning and ordering system EROS are required to be independently authorised by a second person. The receipt of the goods can therefore be carried out by one of these officers. All orders requisitioned outside of EROS must be certified by a separate person in accordance with the process approved by the Director of Finance and Information

9.6 Other

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

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

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

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

10 Tendering Procedure

10.1 Objective

10.1.1 To ensure that major purchases are tendered in a manner which can be demonstrated to ensure fair competition and value for money and to comply with legislation. The Trust shall ensure that competitive tenders are invited for:

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

10.2 Requirements to Tender

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

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

a) in very exceptional circumstances where it is decided that formal tendering procedures would not be practicable and the circumstances are detailed in an appropriate Trust record.
b) where the requirement is covered by an existing contract
c) where national NHS agreements are in place
d) where a consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the consortium members;
e) where specialist expertise is required and is available from only one source;
f) when the task is essential to complete a project, and arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate;
g) there is a clear benefit to be gained from maintaining continuity with an earlier project. However in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering;

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

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

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

10.3 EU Directives Legislation, Guidance and Public Contract Regulations

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

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

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

10.4 Selection of Suitable Firms to Invite to Tender

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

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

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

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

10.5 Health Care Services

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

10.6 Standard Selection Questionnaire

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

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

10.7 Invitation to Tender

10.7.1 The Trust shall ensure:

a) invitations to tender are sent to a sufficient number of firms to provide fair and adequate competition, unless this can be evidenced otherwise. In all cases a minimum of either:
   i. three firms shall be invited to tender
   ii. the most the market permits
b) the firms invited to tender are deemed suitable as described above, having regard to their capacity to supply the goods or materials or to undertake the services or works required.
c) the firms invited to tender are subject to the supplier selection questionnaire described above
d) invitations to tender shall clearly state the date and time as being the latest time for the receipt of tenders.
e) invitations to tender shall state that no tender will be accepted unless it meets the submission requirements of the Trust's e-tendering process or for manual tendering unless:
   i. submitted in a plain sealed package or envelope bearing a pre-printed label supplied by the Trust (or the word "tender" followed by the subject to which it relates) by the latest date and time for the receipt of such tender and addressed to the Chief Executive or nominated manager.
   ii. the tender envelopes / packages are free from any names or marks indicating the sender. The use of courier/postal services must not identify the sender on the envelope or on any receipt so required by the deliverer.

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

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

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

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

10.8 Receipt and Safe Custody of Tenders and Records

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

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

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

10.9 Opening Tenders

10.9.1 E-Tenders

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

10.9.2 Manual Tenders

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

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

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

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

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

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

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

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

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

10.10 Admissibility, Evaluation and Acceptance of Tenders

10.10.1 Admissibility

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

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

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

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

10.10.2 Evaluation

a) The evaluation of Procurement Department and Pharmacy tenders are undertaken via a recommendation report and the thresholds laid out in section 9.4.4. For capital construction procurements a tender evaluation report will be approved in accordance with the scheme of delegation below.

Tender Evaluation Reports (excl. VAT)	Authority
£5,000 to £250,000	Director of Estates and Facilities or nominated Deputy
£250,000 to £1m	As above, plus the Director of Finance and Information
Above £1m	As above, plus Director of Finance and Information recommendation to Trust Board

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

10.10.3 Acceptance

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

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

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

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

10.11 Form of Contract

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

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

10.12 Payment to Contractors by Instalments

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

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

10.13 Variation of Contracts

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

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

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

10.13.4 Contract variations are not subject to single tender actions.

10.14 Final Certificates and Accounts

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

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

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

b) The Director of Finance and Information may examine final accounts for contracts and

may make all such enquiries and receive such information and explanations as may be required in order to be satisfied of the accuracy of the accounts.

10.15 Competitive Tendering

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

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

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

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

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

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

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

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

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

11 Payment for Goods and Services Received

11.1 Objective

11.1.1 To ensure that:

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

11.2 General

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

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

11.3 Verification and Payment

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

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

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

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

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

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

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

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

11.4 Prepayments and commitments covering future financial years

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

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

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

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

11.5 Duties of Managers and Officers

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

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

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

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

11.6 Imprests

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

11.7 Negotiation with Suppliers

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

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

12 Stores and Receipt of Goods

12.1 Objective

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

12.2 Control of Stores

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

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

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

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

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

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

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

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

12.3 Stocktaking

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

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

12.3.3 All responsible employees shall comply with the arrangements made by the Director of

Finance and Information to certify stock values at the 31st March each year.

12.4 Losses and Slow-Moving Items

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

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

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

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

13.1 Objective

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

13.2 Asset Register

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

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

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

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

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

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

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

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

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

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

13.3 Security of Fixed Assets

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

13.3.2 Asset control procedures (including fixed assets, donated assets, cash, cheques and negotiable instruments) must be approved by the Director of Finance and Information. These procedures shall make provision for

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

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

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

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

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

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

13.4 Restrictions on the disposal of assets

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

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

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

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

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

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

13.5 Disposal of Assets

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

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

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

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

13.6 Condemnations

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

13.6.2 The officer condemning the item shall establish whether or not there is evidence of negligence in use and shall report such evidence to the Director of Finance and Information who will take appropriate action.

14 Security of Cash, Cheques and Other Negotiable Instruments

14.1 Objective

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

14.2 Cash

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

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

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

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

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

14.3 Cash Expenditure

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

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

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

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

14.4 Cash Income

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

14.5 Security of Cash

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

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

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

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

14.6 Unofficial Funds

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

14.7 Controlled Stationery

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

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

14.8 Cheques

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

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

14.9 Movement of Cash

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

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

14.10 Transfer of Responsibilities for Cash, Cheques and Controlled Stationery

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

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

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

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

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

15 Patients' Property

15.1 Objective

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

15.2 Responsibilities

15.2.1 The Trust has a responsibility to provide safe custody for money or other personal property (hereafter referred to as 'property') handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital, or dead on arrival.

15.2.2 Staff shall be informed on appointment in writing by the appropriate departmental head or senior officers of their responsibilities and duties for the administration of the property of patients.

15.2.3 The Chief Executive shall be responsible for ensuring that patients or their guardians, as appropriate, are informed before or at admission that the Trust will not accept responsibility or liability for patients' monies and personal property brought into the Trust's premises, unless it is handed in for safe custody and a copy of the patients' property record is obtained as the official receipt.

15.2.4 Where possible patients should be advised to make their own arrangements for the safe custody of their property - outside of the hospital.

These matters shall be drawn to patients' attention by means of:

a) Notices and information booklets
b) Hospital admission documents and property records
c) The verbal advice of administrative and nursing staff responsible for admissions

15.2.5 The Director of Finance and Information must provide detailed written instructions on the collection, custody, recording, safekeeping, and disposal of patient property (including instructions on the disposal of the property of deceased patients and patients transferred to other premises) for all staff whose duty it is to administer in any way the property of patients.

15.2.6 Every employee of the Trust into whose personal custody any money or other property of a patient is received must comply with the requirements of these instructions. Valuable items shall be dealt with in the same way as cash and therefore instructions in sections 6 and 14 will apply.

15.2.7 Except as provided below in section 15.3, refunds of property handed in for safe custody shall be returned to the patient, as required, by the employee who has been responsible for its security. The return shall be receipted by the patient or guardian as appropriate, and witnessed.

15.3 Deceased patients

15.3.1 The disposal of property of deceased patients shall be effected by the Director of Finance and Information and in accordance with Department of Health and Social Care and Treasury guidance. Disposal to relatives shall be dependent on clarification of the lawful kin or other such person entitled to the possessions in question.

15.3.2 In all cases where property, including cash and valuables of a deceased patient is of a total value of more than £5,000 (or such other amount as may be prescribed by any amendment to the Administration of Estates, Small Payments Act 1965), the production of a Grant of Probate or Letters of Administration shall be required before any of the property is released. Where the total value of the property is £5,000 or less, forms of indemnity shall be obtained.

15.3.3 In respect of a deceased patient's property, if there is no will and no lawful kin, the property vests with the Crown, and particulars shall, therefore, be notified to the Treasury Solicitor, or to the Duchies of Lancaster and Cornwall, as appropriate.

15.3.4 Any funeral expenses necessarily borne by the Trust are a first charge on a deceased person's estate. Where arrangements for burial or cremation are not made privately, any cash of the estate held by the Trust shall be appropriated towards funeral expenses. No other expenses or debts shall be discharged out of the estate of a deceased patient.

16 Losses and Special Payments

16.1 Objective

16.1.1 To ensure that property of patients is properly safeguarded losses and special payments are correctly recorded and fully accounted for.

16.2 General

16.2.1 The Director of Finance and Information is responsible for establishing procedures for the recording of and accounting for losses and special payments.

16.2.2 The Director of Finance and Information shall maintain a losses and special payments register in which all losses shall be recorded without delay. Appropriate officers must undertake a review of systems and processes to reduce the risk of similar losses arising in the future and seek advice where they believe a particular case raises a point of principle.

16.2.3 For any loss the Director of Finance and Information shall consider whether any claim can be made against insurers and ensure this is pursued if appropriate.

16.3 Losses

16.3.1 Any employee discovering or suspecting a loss of any kind must immediately inform their Head of Department, who must ensure that their Divisional Director Manager (or Head of Corporate Service in the case of Trust Services) is informed.

The Divisional Manager or Head of Service must appropriately inform the Chief Executive, Director of Finance and Information or Chief Internal Auditor. Employees may also report suspicions directly to the Chief Internal Auditor. Where a criminal offence (i.e. theft or arson) or loss due to fraud or corruption is suspected, the Chief Executive, Director of Finance and Information or Chief Internal Auditor must be informed immediately.

16.3.2 The Director of Finance and Information is responsible for ensuring the Trust has a 'Counter Fraud Plan' setting out the action to be taken both by persons detecting a suspected fraud and those persons responsible for investigating it. Where loss due to fraud or corruption is suspected the Trust's countering fraud and bribery policy should be referred to.

16.3.3 Losses arising from accidental breakages, deteriorations due to overstocking and other losses of goods in stores should be recorded and notified as described in section 12.

16.3.4 All losses are required to be reported to the Audit Committee on a quarterly basis.

16.4 Write-Offs

16.4.1 The Trust Board shall approve a scheme of delegation for the approval and authorisation of write-offs within the limits of delegation granted to the Trust by NHS England and Improvement. Write offs includes the abandonments of claims and the charging of fruitless payments.

16.4.2 The Director of Finance and Information shall report to the Audit Committee a summary of write offs each quarter with details of all cases for which the Trust Board's specific approval is required.

16.5 Special Payments

16.5.1 Special Payments include:

- Ex-gratia payments
- Compensation payments made under legal obligation
- Extra statutory or extra regulatory payments
- Extra contractual payments to contractors.

16.5.2 Ex gratia payments compensate patients, visitors and staff for the loss of personal effects or for incurring unnecessary expense in exceptional circumstances. The authority to make ex-gratia payments and the process for doing so is included in the procedures referred to in section 16.2.1. Key points can be summarised as:

- Ex-gratia payments for loss or damage to employees' or patients' personal effects should only be paid if there has been negligence on the part of the Trust or of any of its employees. Divisional Director Manager /Head of Corporate Service must confirm that the loss occurred on Trust property and that there was negligence on the Trust's part which contributed to the loss. Reference should be made to Section 15, patient property.

- Accidental damage to an employee's clothes, etc., where no other person is involved does not qualify for compensation unless caused by defects in equipment or conditions which is the responsibility of the Trust and which could not reasonably have been foreseen or avoided by the employee. Accidental damage to staff's personal effects caused by a patient should be dealt with on the merits of the case.

- Reimbursement of unnecessary costs incurred, such as those associated with attending for treatment which is subsequently cancelled, will only be considered in exceptional circumstances and only reasonable expenses as defined in the policy will be considered.

- Ex-gratia payments are only made once properly authorised and reimbursement is limited to actual costs incurred. Receipts are required to support all claims, although reimbursement for amounts below £50 can be made without a receipt at the discretion of the Director of Finance and Information.

- Recommendations for ex-gratia payments should be made to the Director of Finance and Information in accordance with Trust procedures. Only the Director of Finance and Information or delegated deputy can authorise such payments.

- Ex-gratia payments are authorised in accordance with the following delegated limits:

-	Up to £1,000	Director of Finance and Information
-	£1,001 - £50,000	Chief Executive
-	Over £50,000	Trust Board

16.5.3 Personal injury cases will be dealt with in the following manner:

-	Over 10,000	decided in conjunction with the NHS Resolution
-	Up to £10,000	may be settled without legal advice with the approval of the Chief Executive or Director of Finance and Information or the Director of People Workforce and Organisational Development

16.5.4 Public Liability cases will be dealt with in the following manner:

- Over £3,000 decided in conjunction with the NHS Resolution.
- Up to £3,000 may be settled without legal advice with the approval of the Appropriate Divisional Director /Head of Corporate Services Manager or Director of Finance and Information or Chief Executive

16.5.5 All Clinical Negligence Cases are handled and decided by the NHS Resolution on behalf of the Trust. Whilst NHS Resolution is administratively and financially responsible for all clinical negligence cases the legal liability remains with the Trust.

16.5.6 Severance payments or voluntary severance schemes require a supporting business case for submission to the Trust's relationship manager at NHS England and Improvement. NHS England and Improvement will then forward to HM Treasury for approval.

16.5.7 Special severance payments to staff outside contractual or statutory entitlements (including settlement of employment tribunal claims) in order to terminate employment need to be approved by HM Treasury before settlement is offered. There are no delegated limits for special severance payments, and all cases need to go to HM Treasury.

16.5.8 All applications for severance payments must be approved by the Director of People Workforce and Organisational Development and submitted by the Director of Finance and Information according to Trust procedures and in the appropriate form required by HM Treasury.

16.5.9 The Trust is required to obtain approval for time limited voluntary severance schemes, which obviates the need to make a submission for each individual non contractual or non-statutory payment made under the scheme.

16.5.10 All proposals for payment for maladministration and distress shall be dealt with in accordance with the Trust's policy. Divisional Directors Managers shall sign off all payment requests for approval.

16.5.11 Delegated limits for approving maladministration and distress payments are as follows:

- Up to £1,000 Director/Deputy Director of Finance – Governance and People
- £1,001 - £50,000 Chief Executive
- Over £50,000 Trust Board

16.5.12 All extra contractual payments to contractors must be approved within the delegated limits

Up to £25,000	Director of Finance and Information or Deputy Director of Finance – Governance and People
Between £25,000 and £100,000	Chief Executive
Over £100,000	Trust Board

16.5.13 All special payments are required to be reported to the Audit Committee on a quarterly basis.

16.6 Insurance

16.6.1 There is a scheme available, administered by the NHS Resolution, through which the Trust insures. A small number of specified risks are not insurable through the NHS scheme and these may be insured commercially, see section 19. The Director of Finance and Information shall establish procedures so for reporting claims are made for all insured

losses.

16.7 Bankruptcy and Liquidation

16.7.1 The Director of Finance and Information shall be authorised to take any necessary steps to safeguard the Trust's interests in bankruptcies and company liquidations.

17 External Borrowing and Public Dividend Capital

17.1 Objective

17.1.1 To ensure that property of patients is properly safeguarded external borrowing and public dividend capital is correctly approved, drawn and fully accounted for.

17.2 External Borrowings

17.2.1 The Trust can obtain a working capital facility from the commercial banking sector. Short term borrowing should be kept to the minimum period of time possible, consistent with the overall cash flow position, represent good value for money, comply with the Trust's Treasury Management Policy and all guidance issued by NHS England and Improvement.

17.2.2 The Director of Finance and Information shall be responsible for advising the Trust Board regarding the Trust's ability to repay public dividend capital (PDC) and long-term loan principal together with the payment of dividends on PDC and interest on such borrowings. The Director of Finance and Information shall also be responsible for reporting periodically to the Trust Board concerning the PDC debt and all loans or short term borrowings.

17.2.3 Any application for a loan or short term borrowing will only be made by the Director of Finance and Information or an officer designated for this purpose following approval by the Finance Committee, and in accordance with the Scheme of Delegation as appropriate.

17.2.4 The Director of Finance and Information shall maintain a schedule of employees (including specimens of their signatories) approved by the Finance Committee who are authorised to make short term borrowings on behalf of the Finance Committee. This must include the Chief Executive and Director of Finance and Information.

17.2.5 Any short-term borrowing must be with the authority of two employees identified in 17.2.4 one of which must be the Chief Executive or the Director of Finance and Information. The Board must be made aware of all short term borrowing at their next meeting.

17.2.6 The Director of Finance and Information will advise the Trust Board on the need for longer term borrowing. Following resolution of the Board, the Director of Finance and Information will make appropriate arrangements with the Independent Trust Financing Facility or other lender depending on the commercial arrangements available. All long term borrowing in respect of Strategic Capital Schemes must be consistent with the plans outlined in the current Medium Term Capital Programme approved by the Finance Committee.

17.2.7 The Director of Finance and Information must ensure that any loan application is made in accordance with the instructions issued by the lender and NHS England and Improvement. Records must be maintained and all interest and loan principal must be repaid in accordance with the lender's loan agreements.

17.2.8 Assets defined as Commissioner Requested Services (CRS) relevant assets shall not be used or allocated for borrowing; non-CRS relevant assets will be eligible as security for loans.

18 Capital Investment and Private Financing

18.1 Objective

18.1.1 To ensure that the Trust has an appropriate policy to develop and deliver the Medium Term Capital Programme.property of patients is properly safeguarded and fully accounted for.

18.2 Capital Investment

18.2.1 The Trust Board shall approve the funding contained within the Trust's Medium Term Capital Programme as part of the annual budget approval process and any subsequent updates.

18.2.2 The Director of Finance and Information shall ensure that the Trust produces a Capital Investment Policy and this is reviewed annually and approved by the Trust Board.

18.2.3 The Chief Executive

a) shall ensure that there is an adequate appraisal and approval process in place in line with the Trust's Capital Investment Policy, for determining capital expenditure priorities and the effect of each proposal upon business plans

b) is responsible for the ensuring the effective management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost

c) shall ensure that the capital investment is not undertaken without the availability of resources to finance all revenue consequences, including, the servicing of loan interest, loan principal repayment and capital charges.

18.2.4 For every capital expenditure proposal the Chief Executive shall ensure;

a) that a business case is produced in line with guidance issued by the Department of Health and Social Care or Independent Regulator and the Trust's Capital Investment Policy which sets out:

I. an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to cost
II. the involvement of appropriate Trust personnel and external agencies
III. appropriate project management and governance arrangements.

b) that the Director of Finance and Information has validated the capital costs and revenue consequences detailed in the business case.

c) approval of each business case prior to tender.

The Chief Executive will issue a scheme of delegation for capital investment management in accordance with appropriate guidance and the Trust's Standing Orders.

18.2.5 For capital schemes requiring stage payments, the Director of Finance and Information shall issue procedures on their management.

18.2.6 The Director of Finance and Information shall ensure that all capital schemes are accounted for in accordance with HM Revenue and Custom guidance.

18.2.7 The Director of Finance and Information is responsible for the regular reporting of

donations, expenditure and commitments against the Trust's approved Medium Term Capital Programme via the Trust's Capital Programme Steering Group.

18.2.8 The approval of a Medium Term Capital Programme shall not constitute approval for expenditure on any scheme.

The Chief Executive shall ensure that there are procedures in place identifying managers responsible for each scheme, specifying:

a) levels of authority to commit expenditure
b) authority to proceed to tender

The Chief Executive will issue a scheme of delegation for capital investment management in accordance with the Trust's Standing Orders.

18.2.9 Schemes must be tendered and managed in accordance with the requirements of Section 10.

18.2.10 Donations (cash and goods) received from charitable parties for the purposes of capital investment will require submission to and the approval of the Capital Programme Steering Group prior to acceptance. Any associated legal agreement containing obligations on the part of the Trust requires signature by the Director of Finance and Information or Director of Strategy and Transformation.

18.2.11 The Director of Finance and Information shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes.

18.3 Commercial / Private Finance

18.3.1 The Trust should give consideration to private finance when considering material capital procurement. When the Trust proposes to use private finance the following procedures shall apply:

a) The Director of Finance and Information shall demonstrate that the use of commercial/private finance represents a balance of value for money compared with using the Trust's own finance and where appropriate, genuinely transfers risk to the private sector.
b) The proposal must be specifically agreed by the Trust Board.

18.3.2 The Director of Strategy and Transformation is responsible for ensuring that:

a) a programme of service delivery inspections is in place to ensure contract terms are monitored
b) payments to the commercial partners are authorised in accordance with the contracted availability and performance factors
c) clearly established dispute resolution procedures are in operation
d) effective procedures for agreement of changes to service delivery
e) the service is market tested in line with the contract

18.4 Leases

18.4.1 All proposals for finance or operating leases must be submitted to the Director of Finance and Information for advice and approval. Leasing proposals must demonstrate value for money. The Director of Finance and Information must sign all leases.

19 Risk Management and Insurance

19.1 Objective

19.1.1 To define the Trust's requirements for risk management and insurance.

19.2 Risk Management

19.2.1 The Chief Executive shall ensure that the Trust has robust risk management arrangements, in accordance with any requirements of NHS England and Improvement which must be approved and monitored by the Board.

19.2.2 The programme of risk management arrangements shall include:

a) a process for identifying and quantifying risks and potential liabilities;
b) engendering among all levels of staff a positive attitude towards the management of risk;
c) governance processes to ensure all significant risks and potential liabilities are identified, managed including identifying responsibility, effective systems of internal control, action/mitigation, cost effective insurance cover, and decisions on the acceptable level of mitigated risk;
d) contingency plans to offset the impact of adverse events;
e) audit arrangements including; internal audit, clinical audit, health and safety review;
f) regular review of the Trust's risk management arrangements;
g) a clear indication of which risks shall be insured.

19.2.3 The existence, integration and evaluation of the above elements will assist in providing a basis to make a statement on the effectiveness of Internal Control within the Annual Report and Accounts as required by NHS England and Improvement.

19.3 Insurance

19.3.1 The Chief Executive, in conjunction with the Director of Finance and Information, is responsible for ensuring that adequate insurance cover is held in line with the Trust's risk management policy approved by the Board. This will include insuring through the risk pooling schemes administered by the NHS Litigation Authority Resolution, self-insuring for some or all of the risks covered by the risk pooling schemes and purchasing insurance from commercial insurers. If the Board decides not to use the risk pooling schemes for any of the risk areas (clinical, property and employers/third party liability) covered by the scheme this decision shall be reviewed annually.

19.3.2 Trust Officers are required to notify the Director of Finance and Information of all new risks or property which may require to be insured and of any changes that may affect risk or existing insurance.

19.3.3 All insurance policies must be approved by the Director of Finance and Information.

19.3.4 The Trust may purchase commercial insurance policies for risks not provided for under the Property Expenses Scheme (PES) and Liabilities to Third Parties Scheme (LTPS). This includes:

a) Additional cover over and above the Trust's delegated limit under PES i.e. property (to the full reinstatement value of the property), contract works, fidelity, and business interruptions.

b) Providing cover for specific activities outside the LTPS i.e. non-clinical professional indemnity, charitable trustees' liability, and Directors and Officers liability.
c) All such insurance policies must be approved by the Director of Finance and Information.

19.3.5 Arrangements to be followed in agreeing insurance cover:

a) Where the Board decides to use the risk pooling schemes administered by the NHS Resolution the Director of Finance and Information shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Director of Finance and Information shall ensure that documented procedures cover these arrangements.

b) Where the Board decides not to use the risk pooling schemes administered by the NHS Resolution for one or other of the risks covered by the schemes, the Director of Finance and Information shall ensure that the Board is informed of the nature and extent of the risks that are self-insured as a result of this decision. The Director of Finance and Information will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses which will not be reimbursed.

c) All the risk pooling schemes require scheme members to make some contribution to the settlement of claims (the 'deductible'). The Director of Finance and Information should ensure documented procedures also cover the management of claims and payments below the deductible in each case.

20 Audit and Counter Fraud

20.1 Objective

20.1.1 To ensure a systematic and effective review of the Trust's financial and management controls to give assurance that resources are used efficiently and safeguarded against misuse or fraud.

20.2 Audit Committee

20.2.1 In accordance with Standing Orders, the NHS Act 2006 and the NHS Foundation Trust Code of Governance as developed by the Regulator, the Board shall formally establish an Audit Committee, with clearly defined terms of reference and membership consistent with relevant guidance issued by Regulators or the Department of Health and Social Care, including the NHS Audit Committee Handbook.

20.2.2 The purpose of the Audit Committee is to ensure the suitability and efficacy of the Trust's provisions for Governance, Assurance and Risk Management. The activities of the Audit Committee are therefore focused on the Policies and Processes of the Trust:

- Definition
- Implementation
- Outcomes

and especially on the approach to Enterprise Risk Management, that is the identification and management of Operational and Strategic Risks which might impact on the Trust's principle objectives.

The primary responsibilities of the Audit Committee are therefore to:

1. Review and seek assurance of the Trust's approach to Risk Management and internal control
2. Monitor and review the effectiveness of the internal audit function,
3. Review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process
4. Seek assurance about Clinical Audit activity

In addition, the AC has specific responsibilities which it undertakes on behalf of the Board with respect to:

5. Integrity of Financial Reporting
6. Activities to Identify and Counteract Fraud
7. Ensuring the effectiveness of the Freedom to Speak Out Policy

Finally, the AC must:

8. Communicate and report effectively to all its Stakeholders

The role of the Audit Committee is to provide assurance to the Board on the suitability and efficacy of the Trust's governance, risk management and internal control by obtaining an independent and objective view of the Trust's financial systems, financial information, management controls and compliance with relevant laws and guidance. This will be achieved by:

a) Monitoring and reviewing the effectiveness of the Trust's Internal and External Audit function, including involvement in the selection process when there is a proposal to review the provision of their services.
b) Monitoring the integrity of the Trust's financial statements, reviewing significant financial reporting judgements contained in them.
c) Reviewing the establishment and maintenance of an effective system of integrated

governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.

d) Monitoring compliance with Standing Orders and Standing Financial Instructions.
e) Reviewing schedules of losses and compensations and making recommendations to the Board.
f) Reviewing the arrangements in place to support the Assurance Framework process prepared on behalf of the Board and advising the Board accordingly.
g) Reporting to the Council of Governors.

20.2.3 Where the Audit Committee considers there is evidence of ultra-vires transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the Chair of the Audit Committee should raise the matter at a full meeting of the Board. Exceptionally, the matter may need to be referred to the Regulator via the Director of Finance and Information in the first instance.

20.3 Responsibilities of the Director of Finance and Information

20.3.1 The Director of Finance and Information is responsible for:

a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function.
b) ensuring that the Internal Audit is effective and meets the NHS mandatory audit standards and any directions given by the Independent Regulator.
c) deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption.
d) ensuring that an annual internal audit report is prepared for the consideration of the Audit Committee and the Board. The report must cover:
    i. a clear opinion on the effectiveness of internal control in accordance with current assurance framework guidance issued by the Department of Health and Social Care including for example compliance with control criteria and standards
    ii. major internal financial control weaknesses discovered
    iii. progress on the implementation of internal audit recommendations
    iv. progress against plan over the previous year
    v. strategic audit plan covering the coming three years
    vi. a detailed plan for the coming year

20.3.2 Director of Finance and Information or designated auditors are entitled without necessarily giving prior notice to require and receive:

a) access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
b) access at all reasonable times to any land, premises or members of the Board or employees of the Trust;
c) the production of any cash, stores or other property of the Trust under a member of the Board or an employee's control; and
d) explanations concerning any matter under investigation.

20.4 Internal Audit

20.4.1 Internal Audit primarily provides an independent and objective opinion to the Chief Executive, the Board and the Audit Committee on the degree to which risk management, control and governance support the achievement of the Trust's objectives. Internal Audit will review, appraise and report upon:

a) the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures
b) the adequacy and application of financial and other related management controls
c) the suitability and reliability of financial and other related management data
d) the extent to which the Trust's assets and interests are accounted for and safeguarded from loss of any kind, arising from:
   i. fraud and other offences
   ii. waste, extravagance, inefficient administration
   iii. poor value for money or other causes
e) Internal Audit shall also independently verify the Assurance Statements in accordance with guidance from the Department of Health and Social Care and/or NHS England and Improvement.

20.4.2 Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores, or other property of the Trust or any suspected irregularity in the exercise of any function of a pecuniary nature, the Director of Finance and Information must be notified immediately.

20.4.3 The Chief Internal Auditor will normally attend the Audit Committee meetings and has a right of access to all Audit Committee members, the Chair and Chief Executive of the Trust.

20.4.4 The Chief Internal Auditor shall be accountable to the Chief Executive. The reporting system for internal audit shall be agreed between the Director of Finance and Information, the Audit Committee and the Chief Internal Auditor. The agreement shall be in writing and shall comply with the guidance on reporting contained in the NHS Internal Audit Standards. The reporting system shall be reviewed at least every three years.

20.4.5 The Chief Internal Auditor is responsible for developing and maintaining an Internal Audit Strategy to provide an objective evaluation of, and opinion on, the effectiveness of the organisation's risk management, control and governance arrangements. The Chief Internal Auditor's opinion is a key element of the framework of assurance the Chief Executive needs to inform the completion of the Annual Statement on Internal Control. The delivery of this strategy will be realised through the delivery of considered and approved annual plans which will systematically review and evaluate risk management, control and governance of all the Trust's operations, resources, services and responsibilities for other bodies.

20.4.6 The Chief Internal Auditor will co-ordinate Internal Audit Plans and activities with line managers, external audit and other review agencies to ensure effective audit coverage is achieved and duplication of effort is minimised.

20.4.7 Internal Audit have the right to access all records, assets, personnel and premises of the Trust in the pursuit of information necessary to fulfil its responsibilities. In any instances of conflict this will be referred for resolution to the Director of Finance and Information, Chief Executive or Chair of Audit Committee as appropriate.

20.4.8 If the Chief Internal Auditor, Chief Executive, Director of Finance and Information or the Audit Committee consider that the level of Internal Audit resources or the terms of reference in any way limit the scope of Internal Audit, or prejudice the ability of Internal Audit to deliver a service consistent with the definition of internal auditing, they should advise the Board accordingly.

20.4.9 Internal Audit provides an independent and objective consultancy service specifically to help line management improve the organisation's risk management, control and governance. The service applies the professional skills of Internal Audit through a systematic and disciplined evaluation of the policies, procedures and operations that management put in place to ensure the achievement of the organisation's objectives, and

through recommendations for improvement. Such consultancy work contributes to the opinion, which Internal Audit provides on risk management, control and governance.

20.4.10 Internal Audit must be sufficiently independent of the activities which it audits to enable auditors to perform their duties in a manner, which facilitates impartial and effective professional judgements and recommendations. Internal Audit will have no Executive responsibilities.

20.4.11 Internal Auditors must have an impartial, unbiased attitude, characterised by integrity and an objective approach to work, and should avoid conflicts of interest. Internal Auditors must declare any conflicts of interest to the Chief Internal Auditor. Any conflicts of interest encountered by the Chief Internal Auditor must be declared to the Director of Finance and Information.

20.4.12 The Director of Finance and Information is responsible for ensuring the Chief Internal Auditor is of sufficient status to facilitate the effective discussion and negotiations of the results of Internal Audit work with senior management.

20.4.13 Appointment at all levels within the Internal Audit team must endeavor to fulfil the four main principles of the code of ethics for Internal Audit, integrity, objectivity, competency (i.e. professional qualifications, skills and experience) and confidentiality.

20.4.14 Within the parameters of the contract for the Internal Audit Service, the Chief Internal Auditor is responsible for ensuring the team is adequately staffed and that there is access to the full range of knowledge, skills, qualifications and experience to deliver the Internal Audit Plan in line with the NHS Internal Audit Standards. The team will undertake regular assessments of professional competence through an on-going appraisal and development programme (Personal Development Plans and Continuing Professional Development) with training provided where necessary,

20.5 External Audit

20.5.1 The External Auditor is appointed by the Council of Governors Representative at a general meeting of the Council of Member Representatives and paid for by the Trust. The Audit Committee must ensure a cost-efficient service. If there are any problems relating to the service provided by the External Auditor, then this should be raised with the External Auditor and reported to the Audit Committee and Council of Governors Representatives.

20.5.2 The Trust will ensure that the external auditor complies with the Audit Code for NHS Foundation Trusts at the date of appointment and on and on-going basis throughout the term of appointments.

20.5.3 The Council of Governors shall determine the terms of the contract for the provision of the External Audit.

20.5.4 The Audit Committee will receive and agree the External Auditor's annual plan.

20.6 Fraud and Corruption

20.6.1 In line with their responsibilities, the Chief Executive and Director of Finance and Information shall monitor and ensure compliance with relevant directions and guidance on countering fraud and corruption within the NHS.

20.6.2 The Trust shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist as specified by the NHS Fraud and Corruption Manual and relevant directions and guidance.

20.6.3 The Local Counter Fraud Specialist shall report to the Director of Finance and Information and shall work with staff in NHS Protect in accordance with the NHS Fraud and Corruption Manual.

20.6.4 The Local Counter Fraud Specialist will provide a written report to the Audit Committee, at least annually, on counter fraud work within the Trust.

20.6.5 Counter fraud specialists are entitled without necessarily giving prior notice to require and receive:

a) access to all records, documents and correspondence relating to any relevant transactions, including documents of a confidential nature; (in which case, they shall have a duty to safeguard that confidentiality);
b) access at all reasonable times to any land, premises or members of the Board of Directors or employee of the Trust;
c) the production of any cash, stores or other property of the Trust under an employee's control;
d) explanations concerning any matter under investigation from any employee, agent or any employees of third parties contracted to the Trust when acting on behalf of the Trust.

20.7 Security Management

20.7.1 The Chief Executive is responsible for ensuring compliance with directions issued by the Department of Health and Social Care relating to NHS security management

20.7.2 The Trust shall nominate a director at Board level who will have delegated responsibility for security management as required by the Department of Health and Social Care guidance on NHS security management.

20.7.3 The Trust shall nominate a Non-Executive Director to be responsible to the Board for NHS security management.

21 Information Management and Technology

21.1 Objective

21.1.1 To define responsibilities for the management of the Trust's Information Management and Technology Systems.

21.2 Responsibilities and Duties of the Director of Finance and Information

21.2.1 The Director of Finance and Information is responsible for the accuracy and security of the computerised financial data of the Trust:

a) devising and implementing any necessary procedures to ensure appropriate protection of the Trust's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 2018;
b) ensuring that appropriate controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
c) ensuring that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;
d) ensuring that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as they may consider necessary are carried out.
e) ensuring procedures are in place to limit the risk of, and recover promptly from, interruptions to computer operations.

21.2.2 The Director of Finance and Information is responsible for ensuring that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

21.2.3 Where computer systems have an impact on corporate financial systems, the Director of Finance and Information shall seek assurance that

a) systems acquisition, development and maintenance are in line with corporate policies including the Clinical Systems Strategy;
b) data produced for use with financial systems is adequate, accurate, complete and timely, and that there is an audit trail;
c) Director of Finance and Information staff has access to such data;
d) appropriate computer audit reviews are undertaken.

21.3 Responsibilities and Duties of Other Directors in Relation to Computer Systems of a General Application

21.3.1 The Legal Services Department (with support from the Chief Information Officer) shall publish and maintain a Freedom of Information (FOI) Publication Scheme, or adopt a model Publication Scheme approved by the Information Commissioner. This describes the information regarding the Trust that is made publicly available.

21.3.2 For the implementation, upgrade or changes to computer systems used generally within the Trust, the responsible manager for the system will present a business case to the Joint IT Management Group and Clinical Systems Implementation Programme Board for approval.

21.4 Contracts for Computer Services with NHS Bodies or Outside Agencies

21.4.1 The Director of Finance and Information shall ensure that contracts for computer services for financial applications with another NHS body or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

21.4.2 Where another NHS body or any other agency provides a computer service for financial applications, the Director of Finance and Information shall periodically seek assurances that adequate controls are in operation.

21.5 Risk Management

21.5.1 The Director of Finance and Information shall ensure that risks to the Trust arising from the use of IT are effectively identified and considered and appropriate action taken to mitigate or control risk (refer to Section 19.2). This shall include the preparation and testing of appropriate disaster recovery plans.

22 Acceptance of Gifts by Staff and Other Standards of Business Control

22.1 Objective

22.1.1 To ensure that Trust staff comply with required standards of behaviour when using public funds.

22.2 General

22.2.1 The Chief Executive shall ensure that a Register of Interests, Gifts and Hospitality is established to formally record declarations of interests, gifts and hospitality made by Trust staff, and as the Accountable Officer has ultimate responsibility for ensuring the Trust has appropriate policies in place in respect of conflicts of interest and the acceptance of gifts or other benefits in kind conferring an advantage to a member of staff. These policies should be consistent with the Standards of Business Conduct for NHS Staff.

22.2.2 The Trust Secretary Director of Corporate Governance of the Trust is responsible for implementing the Trust's Register of Interests, Gifts and Hospitality Policy across Clinical Divisions and Trust Headquarters, and ensuring all Trust employees are aware of these Trust policies and the restrictions in relation to accepting gifts, inducements, benefits in kind or other personal advantage that could be considered to be bribes under the Bribery Act 2010.

22.3 Gifts

22.3.1 Casual gifts offered by contractors or others may be construed to be connected with the performance of duties so as to constitute an offence under the Bribery Act 2010 and therefore all such gifts should be declined. Business articles with little intrinsic value (of less than £50 per gift) such as diaries, calendars, pens etc. need not be refused, nor small tokens of gratitude from patients or their relatives.

22.3.2 Any gift accepted of value greater than £50 should be declared in writing to the Trust Secretary via the Register of Interests, Gifts, and Hospitality. If several small gifts worth a total of over £100 are received by an individual from the same or closely related source in a twelve month period, these should also be declared on the Register of Interests, Gifts, and Hospitality.

22.3.3 Gifts offered to an individual where the value exceeds £50 should be declined. In exceptional circumstances and with the agreement of the line manager, the matter may be referred to the Trust Secretary for a decision as to whether the gift can be accepted.

22.3.4 Under no circumstances may staff accept cash or vouchers, even below the £50.00 threshold. Gifts of cash made to a ward or department are deemed to be charitable donations and should be dealt with as described in section 23. No further declaration is required.

22.3.5 All gifts to staff must be accepted in line with the Trust's Register of Interests, Gifts and Hospitality Policy.

22.4 Hospitality

22.4.1 Suppliers must not attempt to influence business decision making by offering hospitality to trust staff. Modest hospitality provided it is normal and reasonable in the circumstances may be accepted (e.g. lunches in the course of a working visit). If in doubt, advice should be sought from the employee's line manager or relevant Director.

22.4.2 Any offers of inappropriate hospitality should be notified to the Trust secretary for appropriate action.

22.4.3 All hospitality to staff must be accepted in line with the Trust's Register of Interests, Gifts and Hospitality Policy.

22.5 Sponsorship

22.5.1 Acceptance by staff of commercial sponsorship for attendance at relevant conferences and courses is acceptable, but only where the employee seeks approval in advance from their line manager. Approval must depend on whether acceptance will, or could be believed to, compromise current or future purchasing decisions in any way.

22.5.2 The sponsorship of Trust events by existing suppliers to the Trust is acceptable subject to informing the Trust Board Secretary of the agreement for recording the details in the Register of Gifts, Hospitality and Sponsorship. Where the sponsor does not have a contract for supplies or services with the Trust, the Procurement Department should be consulted. The Trust Board Secretary Director of Corporate Governance be informed. In all such cases there must be no favouritism shown to any one supplier in a way that could later be challenged by a competitor. Where this could be the case the same opportunity to sponsor events should be offered to the other interested parties.

22.5.3 Some suppliers offer training as a part of supplying equipment and this should be fully reflected through the contract entered into with the relevant organisation. In such cases no disclosure to the Trust Board Secretary Director of Corporate Governance is necessary.

22.5.4 The Trust shall not enter into commercial or charitable sponsorship arrangements which link such sponsorship to the supply of goods or services from any particular source.

22.5.5 Employees must not seek or accept preferential rates or benefits in kind for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of the Trust. This does not apply to concessionary agreements negotiated with companies by the Trust, or the NHS, or by recognised staff interests, on behalf of all staff for example, staff benefit schemes.

23 Funds held in Trust

23.1 Objective

23.1.1 To ensure that the Trust's charitable funds are properly safeguarded and used for the benefit intended.

23.2 General

23.2.1 'Charitable funds are those gifts, donations and endowments made under the relevant charities legislation and held on trust for purposes relating to the NHS, the objects of which are for the benefit of the NHS in England.

23.2.2 The charitable trusts for associated with the University Hospitals Bristol and Weston NHS Foundation Trust are administered by the Trustees of Above & Beyond (hereafter called the Trustees) except for those associated with Weston Health General Charitable Fund which are administered by the Charity Committee (hereafter called the Committee). The Trustees have their own systems of accounting and financial control and operate separate bank accounts to the Trust. Charitable funds should not be confused with those operated by the Trust for its exchequer funds.

23.2.3 All gifts, donations and proceeds of fund-raising activities which are intended for the Trust's benefit shall be handed immediately to either the Trustees or to the Trust's cashier for Bristol donations or the Finance Department for Weston donations who will bank the money and transfer to the Trustees funds as appropriate. Any charitable funds paid in through the Trust's cashier must be clearly identified as such to ensure it is separated from the Trust's exchequer funds. However the funds are passed to the Trustees charitable trusts, there must be clear instruction regarding the donor's intentions or the area to benefit.

23.2.4 The Director of Finance and Information shall be required to advise the Trust Board on the financial implications of any proposal for fund-raising activities which the Trust may initiate, sponsor or approve.

23.2.5 The Trustees will designate a fund advisor for each fund held who must comply with the written procedures issued by the Trustees charitable trusts regarding the use of these funds.

23.2.6 Expenditure of any funds held in trust shall be conditional upon:-

a) the expenditure being within the terms of the appropriate fund
b) meeting the delegated limits which are:

- <£1,000 approved by the designated fund advisor
- >£1,000 approved by the Trustees charitable trusts in accordance with their scheme of delegation
- assets or enhancements >£5,000 also requires approval in the first instance by the Trust's Capital Programme Steering Group
- Expenditure can only be as prescribed by the approval given and can't exceed the value approved.

c) the prior approval of the Trust's Capital Programme Steering Group being obtained for items falling within the capital definition
d) being authorised by the fund advisor in writing, or by a person to whom the fund advisor has delegated authority having advised the Trustees in writing

24 Retention of Documents

24.1 Objective

24.1.1 To ensure the Trust has appropriate arrangements for retaining documents to comply with legal responsibilities and to enable the effective operation of the Trust.

24.2 General

24.2.1 The Chief Executive shall be responsible for maintaining archives for all records, including electronic records, required to be retained in accordance with Department of Health and Social Care guidelines.

24.2.2 The documents held in archives shall be capable of retrieval by authorised persons.

24.2.3 Documents held in accordance with Department of Health and Social Care guidelines shall only be destroyed at the express instigation of the Chief Executive. Records shall be maintained of documents so destroyed.

25

UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST
SCHEME OF DELEGATION

Where the title 'Executive' is used it is deemed to include their nominated deputy where they have been duly authorised by them to represent them

SFI REF	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
1. OVERALL RESPONSIBILITIES AND DELEGATION			
1a	Financial framework, policies and internal financial control systems. Maintain and update Trust's financial procedures.	Director of Finance and Information	SFIs section 1.2.3
1b	Requirement for all staff to be notified of and understand these instructions Complying with the Trust's Standing Financial Instructions, Scheme of Delegation and financial procedures	Chief Executive, delegated to all managers All staff under contract to the Trust	SFIs section 1.2.3 SFIs section 1.2.5
2. PLANNING AND BUDGETS AND BUDGETARY CONTROL			
2a	Strategic and annual business plans Annual (and longer term) financial plan and budget Divisional/Corporate Service operational plans and budgets	Chief Executive Director of Finance and Information Clinical Chairs/Divisional Directors/Corporate Service Director	SFIs section 2.2.1 SFIs section 2.2.3 SFIs section 2.2.5
2b	Budget Management Responsibility		SFIs sections 2.3
	i. at individual cost centre level	Budget Manager or nominated deputy	
	ii. at departmental level	Departmental Manager or nominated deputy	
	iii. at divisional level	Clinical Chair / members of the Divisional Board as authorised by the Clinical Chair.	
	iv. at corporate service level	Director of Estates and Facilities or delegated deputy Chief Information Officer or delegated deputy Corporate Director or delegated deputy	
2c	Budget Virement/Transfer	Virements must be supported by appropriate paperwork and approved by the Senior Management Accountant	SFIs section 2.3
	i. Within a cost centre	Budget Manager and Department Manager	
	ii. Within a department/specialty between cost centres	Department Manager	
	iii. Between specialties/departments	Both department managers	

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SFI REF	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
2c	iv. Between Divisions/Corporate Services below £5k	Both department managers	
	v. Between Divisions/Corporate Services above £5k	Divisional Director / Director of Estates and Facilities / Chief Information Officer / Corporate Director by joint agreement	
	vi. To and from Trust reserves	Director of Finance and Information or nominated deputy	
3. ANNUAL ACCOUNTS AND REPORTS			
4a	Preparation of annual accounts and associated financial returns for Board approval	Director of Finance and Information	SFIs section 3.2.1 - 2
4b	Preparation of Annual Report for Board approval	Trust Secretary Director of Corporate Governance	SFIs section 3.2.5
4c	Preparation of Quality Report for Board approval	Chief Nurse	SFIs section 3.2.6
4. RESEARCH AND INNOVATION			**SFIs Section 4**
4a	Authorisation or research funding applications	Director of Finance or designated deputy for funding applications	
4b	Authorisation of commercial research contracts, site agreements, sub-contracts with participating organisations, contract variations and contract amendments.	Director of Research & Innovation or designated deputy	
4c	The West of England Clinical Research Network (CRN:WoE) Decision to provide additional funding to an NHS partner of the CRN:WoE following a request for financial support; Of £50,000 or below In excess of £50,000	 West of England Clinical Research Network Executive Group West of England Clinical Research Network Partnership Group	
5. SERVICE AGREEMENTS NHS CONTRACTS FOR THE PROVISION OF HEALTHCARE SERVICES			
5a	Agreeing and signing NHS contracts for the provisions of healthcare services to NHS commissioners, other NHS providers or private organisations	Chief Executive, Deputy Chief Executive or Director of Finance and Information	SFIs section 5.2.7
5b	Agreeing changes and developments within existing contracts for healthcare services	Chief Executive, Deputy Chief Executive or Chief Operating Officer with Director of Finance and Information agreement	SFIs section 5.2.8
5c	Service agreement monitoring and reporting	Director of Finance and Information	
5d	Service agreement operational management	Clinical Chairs	

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SFI REF	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
6. BANKING AND CASH MANAGEMENT			
6a	Opening, operating and controlling all bank accounts referencing the Trust's name ~~of~~ or Trust address.	Director of Finance and Information	SFIs section 6.3.2
6b	Day to day operational management of the Trust's bank accounts	Deputy Director of Finance – Governance and People	SFIs section 6.3.6
6c	Determining when to subject commercial banking services to competitive tendering. Organising and evaluating the tender process.	Director of Finance and Information	SFIs section 6.3.9
6d	Approval of bank signatories	Chief Executive or Director of Finance and Information or nominated Senior Finance Manager	
6e	Approval of direct debit or standing order payment arrangements	Director of Finance and Information	SFIs section 6.3.12
6f	Operation of Trust credit/purchasing cards	Director of Finance and Information	SFIs section 6.3.13
6g	Investment of temporary cash surpluses	Director of Finance and Information	SFIs section 6.5
7 INCOME (SEE SECTION 5 FOR NHS CONTRACTS)			
7a	Setting of fees and charges		SFIs Section 7.2.6 – 7.2.8
	i. Private Patients	Director of Finance and Information or nominated deputy	
	ii. Overseas Visitors	Director of Finance or nominated deputy	
	iii. Property rental (excluding residences)	Director of Estates and Facilities	
	iv. Residences	Director of Estates and Facilities	
	v. Trading services	Divisional/Corporate Director or nominated deputy	
	vi. Other income generation	Divisional/Corporate Director or nominated deputy	
7b	Agreeing/signing agreement/contract	All require Divisional Finance Manager agreement	SFIs Section 7.2.5
	i. Hosting arrangements	Director of Finance or nominated deputy	
	ii. Research and other grant applications	Director of Finance or nominated deputy	
	iii. Staff secondments	Service Manager	
	iv. Leases	Director of Finance or nominated deputy	

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SFI REF	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
7b	v. Property rentals (excluding residences)	Below £5k per annum, Service Manager Above £5k and below £100k per annum, Director of Estates and Facilities or nominated deputy Over £100k per annum, Director of Finance or nominated deputy	
	vi. Residences	Residences Manager	
	vii. Peripheral clinics and provider to provider arrangements	Below £25k per annum, Service Manager Above £25k and below £250k per annum, Divisional/Corporate Director or nominated deputy Over £250k per annum, Director of Finance or nominated deputy	
	viii. Trading Services	Below £25k per annum, Service Manager Above £25k and below £250k per annum, Divisional/Corporate Director or nominated deputy Over £250k per annum, Director of Finance or nominated deputy	
	ix. Other income generation	Below £25k per annum, Service Manager Above £25k and below £250k per annum, Divisional/Corporate Director or nominated deputy Over £250k per annum, Director of Finance or nominated deputy	
8. WORKFORCE AND PAYROLL			
8a	Remuneration and terms of service for Directors	Remuneration Committee	SFIs section 8.2.1
8b	Remuneration and allowances of Chair and Non- Executive Directors	Council of Governors	SFIs section 8.2.4
8c	Approval of implementation of national pay directives and local variations	Director of People Workforce and Organisational Development and Director of Finance and Information	SFIs section 8.3.1
8d	Approval of non-payroll rewards to staff	Director of People Workforce and Organisational Development and Director of Finance and Information	SFIs section 8.3.4
8e	Appointment of permanent staff (subject to any vacancy control process in place) or extension of fixed term contract		
	i. to funded established post	Budget holder or nominated deputy and divisional finance manager and HR advisor	
	ii. to post not within formal establishment	Divisional Director or nominated deputy and divisional finance manager and HR advisor	
8f	Granting of additional increments to staff outside of national terms and conditions	HR Business Partner	
8g	Banding of new posts or re-banding of existing posts	Divisional/Corporate Director with Trust review panel scrutiny	

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SFI REF	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
8h	Authorisation and notification to payroll of all starters, leavers and changes of conditions for staff	Budget holder or nominated deputy	SFIs section 8.4.1 - 4
8i	Authorisation of all timesheets, overtime, unsocial, oncall, bank shifts and any other approved form to vary pay	Budget holder or nominated deputy	SFIs section 8.5.3
8j	Authorisation and notification to payroll of all absences from work including sickness, special leave, maternity leave, paternity leave, time off in lieu,	Line manager in accordance with agreed policies and processes	SFIs section 8.5.3
8k	Authorisation of medical staff leave of absence	Clinical Chair/Medical Director	SFIs section 8.5.3
8l	Approve annual leave applications and carry forwards to next year		
	i. within national or local Trust approved limits	Line Manager	SFIs section 8.5.3
	ii. outside of the limits above	Divisional/Corporate/Executive Director	SFIs section 8.5.3
8m	Approve staff departure		
	i. under compromise agreement	Director of People and the Director of Finance and Information	
	ii. under redundancy scheme	Divisional/Corporate/Executive Director and Director of Finance and Information	
8n	Early retirements in furtherance of efficiency or on ill health grounds.	Director of People and the Director of Finance and Information	
8p	Authorise benefits in kind	In accordance with Trust policies:	
	i. new or changes to authorised car users	Budget Manager or nominated deputy	
	ii. mobile phones/land lines	Divisional/Corporate/Executive Director	
8q	Authorisation of travel and subsistence claims	Line Manager	SFIs section 8.7.1
8r	Authorisation of relocation expenses	Director of Finance and Information	SFIs section 8.7.1
8s	Engaging staff to undertake work outside of the payroll (subject to contracting/procurement		
	i. for consultancy work (excluding strategic capital projects)	Below £25k gross commitment – Divisional/Corporate Director Above £25k gross commitment – Chief Operating Officer or Corporate Executive Director Over £500k gross commitment – Chief Executive	SFIs section 8.6

SFI REF	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
	ii. to fill a defined post using self-employed, limited company or umbrella professional services agency	For posts on the Trust Board, Divisional Board or those with significant financial responsibility – Chief Executive Other posts over £20 per day and/or over 6 months - Director of People Workforce and Organisational Development Other posts below £220 per day and less than 6 months – HR Business Partner	SFIs section 8.6.2 - 3
	iii. using agency or locum staff		
9 and 10. PROCUREMENT OF GOODS AND SERVICES INCLUDING CAPITAL SCHEMES (financial limits exclude VAT and the whole order/contract should be considered) All capital schemes must have been approved as per section 17 before orders/tenders are made) Goods/services will only be available for ordering via EROS once matters referred to under 9a to 9d have been followed – therefore staff requisitioning via EROS need only comply with 9e and 9f			
9a	Obtaining quotes/tendering for the provision of Goods and Services		SFI section 9.4
	i. Below £5k, best value to be demonstrated	Budget holder	
	ii. Between £5k and £25k, minimum three quotes to be obtained	Budget holder	
	iii. Over £25k and upto £1m, minimum three tenders to be obtained	Divisional/Corporate Director	
	iv. Over £1m, three tenders to be obtained	Trust Board	
9b	Procurement of main contractors and enabling works for estates based capital	<MOVED FROM SECTION 18>	SFI section 9.4
	iv. Below £5k, best value to be demonstrated	Requisitioner	
	v. Between £5k and £25k, three quotes to be obtained	Estates Manager	
	vi. Over £25k and up to £1m, three tenders to be obtained	Director of Estates and Facilities	
	vii. Over £1m	Capital Programme Steering Group	
9c	Recommendation Reports (BWPC)		SFI section 9.4.4
	i. Between £5k and £100k	Director of Procurement, Divisional Finance Manager and Divisional Operations Director	
	ii. Between £100k and £1m	As above plus Director of Finance and Information	
	iii. Over £1m	As above plus Director of Finance and Information recommendation to Trust Board	
9d i	Single tender actions – best value to be demonstrated		SFI section 9.4.6
	i. Between £5k and £25k	Divisional/Corporate Director and the Director of Purchasing and Supply	
	ii. Between £25k and £100k	As above plus Director of Finance and Information	
	iii. Over £100k	As above plus Chief Executive	
9d ii	Emergency Covid-19 Single tender actions apaptation		SFI section 9.4.6
	i. Upto £100k	BWPC and Chair of the PPE/Equipment Group	
	ii. Over £100k	As above plus Director of Finance and Information	

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SFI REF	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
9e	Waiving of tendering and single tender action procedures	Chief Executive, reported to Audit Committee	SFI section 10.2.2 -3
9f	Tender Evaluation Reports (Estates and Facilities Capital Construction)		SFI section 10.10.2
	i. Between £5k and £250k	Director of Estates and Facilities or nominated deputy	
	ii. Between £250k and £1m	As above plus Director of Finance and Information	
	iii. Over £1m	As above plus Director of Finance and Information recommendation to Trust Board	
9g	Variations to approved capital schemes	<MOVED FROM SECTION 18>	SFI section 10.13
	i. Up to £250k	Capital Programme Steering Group	
	ii. Between £250k and £500k,	Senior Leadership Team	
	iii. Over £500k	Trust Board	
9h	Signing of contracts /agreements to procure good/services on behalf of the Trust	Following procurement processes described in 10a to 10c above	SFI section 9.6.2
	i. Contracts and agreements following tendering process above unless specifically referred to below:	Below £25k, service manager Above £25k and below £100k, Divisional Director/Director of Purchasing and Supply Over £100k, Chief Operating Officer/Director of Finance and Information	
	ii. purchase of healthcare	Below £100k, Divisional Director Over £100k, Chief Operating Officer	
	iii. property leases	Director of Finance and Information	
	iv. leases – non property	Director of Finance and Information	
	v. outsourcing services	Below £100k, Divisional Director Over £100k, Chief Operating Officer and Director of Finance and Information	
	vi. facilities contracts	Director of Estates and Facilities or nominated deputy	
	vii. estates maintenance contracts	Director of Estates and Facilities or nominated deputy	
	viii. capital estates based contracts	Director of Estates and Facilities or nominated deputy, following approval as per section18	
9i	Requisitioning/ordering after procurement and contract/ agreement is in place:	Authorised requisitioner, ensuring segregation of duties from procuring and receipting	SFI section 9.5
9j	Receipting	Authorised receiptor, ensuring segregation of duties from procuring and ordering	SFI section 9.5
11 PAYMENT FOR GOODS AND SERVICES (FOLLOWING APPROPRIATE PROCUREMENT PROCESSES)			
11a	Authorisation of invoices for goods and services procured	*(applies to all procurement methods, not just EROS)*	SFIs section 11.3.1
	i. Where invoice price = order/quote	Budget holder or authorised signatory for the cost centre with regard to segregation of duties between ordering and approving in line with Trust procedures	
	ii. Where invoice price exceeds order/quote upto the lesser of 10% or £5,000	Budget holder	
	iii. Where invoice price exceeds order/quote over 10% or between £5,000 and £25,000	Divisional/Corporate Services Director	

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SFI REF	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
	iv. Where invoice price exceeds order/quote over 10% or over £25,000	Director of Finance and Information	
11b	Prepayments & commitments covering future financial periods	Director of Finance and Information or nominated deputy	SFIs section 11.4
11c	Receipting of goods and services procured via EROS	Budget holder or authorised receiptor for the cost centre, with regard to segregation of duties between ordering and approving in line with Trust procedures.	SFIs section 11.3.1
11c	Maintaining the Trust's authorised signature list	Budget holder to review and advise Deputy Director of Finance - Governance and People to update	SFIs section 11.3.2
11d	Authorisation of expenditure reimbursement via petty cash in line with the Trust's policy.	Below £50 budget holder or nominated deputy Over £50, Divisional Manager	SFIs section 11.5
11e	Agreeing compromise arrangements with suppliers	Below £1k, Deputy Director of Finance- Governance and People Above £1k and below £25k, Director of Finance and Information Above £25k, Finance Committee	SFIs section 11.7
12 STORES AND STOCKS			
12a	System of stock control, receipting, issues, returns and losses	Director of Finance and Information	SFIs section 12.2.5
12b	Control of stores		
	i. Pharmaceutical	Director of Pharmacy in Bristol and Lead Pharmacist in Weston	SFIs section 12.2.3
	ii. Fuel stores	Director of Estates and Facilities	SFIs section 12.2.4
	iii. MEMO	The Head of Clinical Engineering	SFIs section 12.2.5
	iv. All other stores	Relevant Divisional/Corporate Services Manager	SFIs section 12.2.2
12c	Condemning and disposal of goods (excluding fixed assets – see section x)	All losses must be reported to the Director of Finance in accordance with section 14	
	i. Pharmaceutical Items	Director of Pharmacy	SFIs section 12.2.3
	ii. X-ray films	Head of Radiology	SFIs section 12.2.4
	iii. Computer equipment	Chief Information Officer	
	iv. All other goods with a current/estimate purchase price up to £1k	Relevant Divisional/Corporate Services Manager	SFIs section 12.2.2
	v. All other goods with a current/estimate purchase price between £1k and £25k	Divisional/Corporate Director or nominated deputy	
	vi. All other goods with a current/estimate purchase price over £25k	Director of Finance and Information	

SFI REF	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
13 FIXED ASSET REGISTER AND SECURITY OF ASSETS, DISPOSAL AND ACCOUNTING OF ASSETS			
13a	Maintenance of a fixed asset register	Director of Finance and Information	SFIs section 13.-2.1
13b	Authority to dispose of (sell or transfer to another organisation or scrap) a fixed asset	Director of Finance and Information	SFIs section 13.5
13c	Security of fixed assets and notification of loss or transfer to another department	Service Manager	SFIs section 13.3
16 LOSSES WRITE OFFS AND SPECIAL PAYMENTS (to be reported to the Audit Committee on a quarterly basis)			
16a	Maintenance of losses and special payments register	Director of Finance and Information	SFIs section 16 2.3
16b	Loss/damage due to theft, fraud, corruption or criminal activity	Chief Executive or Director of Finance and Information	SFIs section 16.2.3
16c	Write off of bad debts, abandoned claims and fruitless payments	Below £10k– Deputy Director of Finance - Governance and People Above £10k and below £100k– Chief Executive Over £100k – Trust Board	SFIs section 16 4.1
16d	Ex-gratia payments to compensate for loss or damage to personal effects or for out of pocket expenses	Below £1k – Deputy Director of Finance- Governance and People Above £1k and below £50k – Chief Executive Over £50k – Trust Board	SFIs section 16.5.2
16e	Personal Injury Claims		SFIs section 16.5.3
	• Up to £10,000	Director of People or Chief Executive or Director of Finance and Information – without legal advisor	
	• Over £10,000	Director of People or Chief Executive or Director of Finance and Information – in conjunction with NHS Litigation Authority	
16f	Public Liability Claims		SFIs section 16.5.4
	• Up to £3,000	Divisional/Corporate Director or Chief Executive or Director of Finance and Information – without legal advice	
	• Over £3,000	Divisional/Corporate Director and Chief Executive or Director of Finance and Information – in conjunction with NHS Litigation Authority	
16e	Compensation (no limit) payments made under legal obligation	Chief Executive and Director of Financ and Information e	
16f	Maladministration and distress payments where there was no financial loss by the claimant. • Remedy up to £1,000; • Remedy between the value of £1,001 and £50,000; • Remedy over the value of £50,000.	Director of Finance and Information or Deputy Director of Finance – Governance and People Chief Executive Trust Board	SFIs section 16.5.10

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SFI REF	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
16g	Cancellation of NHS debts • Up to £5,000 • Over £5,000	Deputy Director of Finance - Governance and People or Divisional Financial Manager Director of Finance or nominated deputy	
16h	Extra-contractual payments to contractors • Up to £25,000 • Between £25,000 and £100,000 • Over £100,000	Director of Finance and Information or Deputy Director of Finance - Governance and People Chief Executive Trust Board	SFIs section 16.5.11
17. EXTERNAL BORROWING AND PDC			
17a	Approval of short term borrowing	Finance Committee	SFIs section 17.2.4
17b	Approval of long term borrowing	Trust Board	SFIs section 17.2.6
17c	Application for borrowing	Director of Finance and Information	SFIs sections 17.2.3 and 17.2.7
18 CAPITAL INVESTMENT AND PRIVATE FINANCING			
18a	Approval of the Trust's Capital Investment Policy annually.	Trust Board	SFIs section 18. 2.2
18b	Business case approval – high risk schemes		Capital Investment Policy
	i. >1% of Trust turnover (£5.87m £8.77m)	Outline and Full business case to be approved by Trust Board and Council of Governors	
	ii. Between 0.25% and 1% of Trust turnover (between £1.47m £2.19m and £5.87m £8.77m)	Comprehensive business case to be approved by Trust Board and Council of Governors	
	iii. Less than 0.25% of Trust turnover (less than £1.47m £2.19m)	Short form business case to be approved by Trust Board and Council of Governors	
18c	Business case approval – other schemes outside of high risk and less than 1% of trust		Capital Investment Policy
	i. > 0.5% of Trust turnover (between £2.94m £4.84m and £5.87m £8.77m)	Comprehensive business case to be approved by Finance Committee	
	ii. Between 0.25% and 0.5% of Trust turnover (between £1.47m £2.19m and £2.94m £4.84m)	Comprehensive business case to be approved by Senior Leadership Team	
	iii. Less than 0.25% of Trust turnover (less than £1.47m £2.19m)	Short form business case to be approved by Capital Programme Steering Group	
18d	Approval of Trust's Medium Term Capital Programme	Trust Board	
18e	Approval of all finance and operating leases	Director of Finance and Information	SFIs Section 18..3.3
18f	Private Finance Initiative	Trust Board	
18g	Management of the Trust's annual capital programme	Capital Programme Steering Group	Capital Investment Policy

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SFI REF	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
18h	Approval of procurement based schemes within the annual capital programme	Director of Finance <NOT REQUIRED AS COVERED IN 18d>	
18i	Approval of estates based schemes within the annual capital programme	Director of Finance<NOT REQUIRED AS COVERED IN 18d>	
18h	Feasibility fees given compliance with 10a 18d and 10b 18g	Director of Estates and Facilities Capital Programme Steering Group	
19 RISK MANAGEMENT AND INSURANCE			
19a	Risk management arrangements	Chief Executive	SFIs section 19
19b	Insurance Policies		
	i. Arranging and ensuring adequate cover	Director of Finance and Information	SFIs section 19.3
	ii. Notifying Director of Finance of new or changed risks	All staff	SFIs section 19.3
20 AUDIT			
20a	Establishment of an internal audit function	Director of Finance and Information	SFIs section 20 3.1
20b	Appointment of External Auditors	Council of Governors	SFIs section 20.5.2
20c	Implementation of agreed internal and external audit recommendations	Divisional/Corporate Directors	
20a	Reporting of incidents to the police	Chief Executive, Director of Finance and Information , Chief Internal Auditor	SFIs Section 20.3
	▪ general	Appropriate departmental manager – need to inform Divisional Director or relevant Corporate Director as soon as possible. Also inform Local Security Management Specialist	
	▪ where a fraud is involved	Director of Finance and Information or Local Counter Fraud Specialist	Counter Fraud Policy
21 INFORMATION MANAGEMENT AND TECHNOLOGY			
21a	Security and accuracy of Trust computerised financial data	Director of Finance and Information	SFIs section 21.2.1
21b	Implementation of new and amendments to existing financial IT systems and approval of any Trust systems with an impact on financial	Director of Finance and Information	SFIs section 21.2.3
21c	Compliance with Freedom of Information Act	Trust solicitor – Director of Corporate Governance	SFIs section 21.3.1
21d	Implementation, upgrades or changes to general computer systems	Information Management and Technology Committee	SFIs section 21.3.2

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SFI REF	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
22 GIFTS HOSPITALITY AND SPONSORSHIP			
22a	Maintaining a register of gifts, hospitality and sponsorship	Trust Secretary Director of Corporate Governance	SFIs section 23.2.3 22.2.2
22b	Acceptance of gifts		SFIs section 23 22.3
	i. Business articles less than £25 per gift	Receiving member of staff may accept with no requirement to register	SFIs section 23 22.3.1
	ii. Gifts over £25 but below £40 per gift or several small gifts of a value over £100 from same source over 12 month period	Receiving member of staff may accept with if declared and registered	SFIs section 23 22.3.2
	iii. Gifts over £40 per gift	Receiving member of staff should decline or seek Trust Secretary advice	SFIs section 23 22.3.3
22c	Acceptance of hospitality		SFIs section 23 22.4
	i. Modest hospitality if normal and reasonable in the circumstances	Receiving member of staff may accept but should refer to line manager or relevant Director if in doubt	SFIs section 23 22.4.1
	ii. Inappropriate hospitality offers	Member of staff should notify Trust Secretary Director of Corporate Governance.	SFIs section 23 22.4.2
22d	Sponsorship		SFIs section 23 22.5
	i. Commercial sponsorship for attendance at conference or	Approval from line manager	SFIs section 23 22.5.1
	ii. Sponsorship of Trust events	Approval by Trust Secretary Director of Corporate Governance, contractual agreement signed by Director of Finance and Information	SFIs section23 22.5.2
22e	Acceptance of preferential rates or benefits in kind for private transactions with companies with which there have been or could be dealings with on Trust business	Not permissible by any member of staff unless a concessionary agreement negotiated by the Trust or NHS on behalf of all staff.	SFIs section 23 22.5.5
23 CHARITABLE FUNDS/DONATIONS			
14a	Administration of Trust's charitable funds	Above and Beyond except those associated with Weston Area Health Trust which are administered by the Charity Fund Committee	SFIs section 23.2.6 2
14b	Acceptance of donations of goods or cash from charitable bodies relating to capital defined expenditure	Trust's Capital Programme Steering Group	SFIs section 18.2.10
24 RETENTION OF DOCUMENTS			
24a	Retention of records and documents	Relevant Divisional/Corporate Director	SFIs section 24

December 2018 September 2020

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
25 OTHER DELEGATIONS NOT SPECIFICALLY REFERENCED IN THE STANDING FINANCIAL INSTRUCTIONS			
25a	Compliance with Freedom of Information Act	Trust Secretary Director of Corporate Governance,	Freedom of Information Policy – December 2009
25b	Grievance procedure/appeals board procedures	Director of People Workforce and Organisational Development	Disciplinary Policy Managing Performance Policy Grievance Policy
25c	Dismissal	See Matrix	Disciplinary Policy and Procedure
25d	Authorisation of new drugs or significant change of use of existing drugs	Medicines Advisory Group - see specific guidelines and terms of reference of this committee	
	▪ Request for new drugs require authorisation before purchase	Senior Pharmacy Manager	
	▪ Orders placed to suppliers over £5,000 to be signed	Director of Pharmacy (Bristol)/Lead Pharmacist (Weston) or Pharmacy Purchasing Manager	
	▪ Pharmacy Payment Lists to be authorised ▪ Copy invoices over £10,000 and invoices from NHS bodies to be sent with the Payments Lists to Creditor Payments	Director of Pharmacy Bristol)/Lead Pharmacist (Weston) or Pharmacy Purchasing Manager or Senior Pharmacy Clerical Officer	
	▪ Pricing agreements and quotations should be authorised	Director of Pharmacy Bristol)/Lead Pharmacist (Weston) and Pharmacy Purchasing Manager	
	▪ Authorisation of coding slips for invoices and credits requirement payment to be	Senior Clerical Officer	
25e	Patients' & Relatives' Complaints :		
	▪ Overall responsibility for ensuring that all complaints are dealt with effectively	Chief Nurse	
	▪ Responsibility for ensuring complaints relating to a division are investigated	Divisional Director and Head of Nursing / Midwifery	
	▪ Legal Complaints - Co-ordination of their management	Trust Solicitor	
25f	Relationship with the media	Head Director of Communications who reports to the Chief Executive	
25g	Infection Control and Prevention • Corporate Policy • Divisional and Clinical Delivery	Director of Infection Control and Prevention / Chief Nurse /Clinical Chairs	Standing Orders section 2.10

December 2018 September 2020

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
25h	Governance and Assurance Systems Corporate Risk Register Divisional Risk Registers Quarterly review of Risk Registers Reports on the Risk Registers quarterly Maintenance of the Assurance Framework Quarterly review of Assurance Framework Exception Reports on the Assurance Framework	 Relevant Executive Directors Divisional Directors and Divisional Managers Risk Management Group Senior Leadership Team Trust Company Secretary Director of Corporate Governance Senior Leadership Team Audit Committee	SFIs Section 19
25i	All proposed changes in bed allocation	Chief Operating Officer	
25j	Review of Fire Precautions	Fire Safety Manager	Fire Safety Policy and Fire Standards Procedures and Guidelines
	Review of all statutory compliance: legislation and Health and Safety requirements including control of substances hazardous to health regulations	Director of Estates and Facilities / Health and Safety Advisor	Control of Substances Hazardous to Health (COSHH) Policy
25k	Review of compliance with environmental regulations for example those relating to clean air and waste disposal	Director of Estates and Facilities	Operational Policy for Handling Disposal of Waste – August 2005
25l	Review of Trust's compliance with Data Protection Act	Chief Information Officer	Health Records Policy
25m	Review the Trust's compliance with the Access to Records Act	Chief Information Officer	Health Records Policy
25n	Allocation of sealing in accordance with standing orders	Trust Company Secretary Director of Corporate Governance on behalf of the Chief Executive	
25o	The keeping of a Register of Sealing	Trust Company Secretary Director of Corporate Governance on behalf of the Chief Executive	Section 8 Standing Orders
25p	Affixing the Seal	Chief Executive (or, should the Chief Executive not be available, another Executive Director not from the contract's originating department) and Director of Finance and Information or Deputy Director of Finance - Governance and People	
25q	Clinical Audit	Medical Director	
25r	Human Rights Act Compliance	Trust Solicitor	
25s	Equality and Diversity Schemes	Director of People Workforce and Organisational Development	
25t	Child Protection	Chief Nurse	Section 2.10 Standing Orders
26 In the case of a Major Incident			
25a	Commitment of resource in the event of a major incident	Executive Director on call	

December 2018 September 2020

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 29th September 2020

Report Title	**Updated Corporate Governance Statement 6 months post-merger**
Report Author	**Mark Pender, Head of Corporate Governance**
Executive Lead	**Eric Sanders, Director of Corporate Governance**

1. Report Summary

The Board is asked to approve the updated Corporate Governance Statement (attached).

2. Key points to note
(Including decisions taken)

- As part of the suite of transaction documentation presented and approved at the Private Trust Board in February 2020 in respect of the merger of University Hospitals Bristol Foundation NHS Trust and Weston Area Health NHS Trust, the Board received and approved a Corporate Governance Statement. To comply with the transaction guidance, NHSEI requires the Board to receive and approve an update of the Corporate Governance Statement within six months following completion of the transaction, with evidence within the board minutes that this has been done. The Corporate Governance statement has therefore been reviewed and updated and is presented for approval by the Board.

- Following approval by the Board, it will be the responsibility of the Trust's Corporate Governance team to manage and monitor any mitigating actions.

- The Board is required to self-certify that appropriate governance systems and processes are in place and the associated risks are understood and mitigating actions in place.

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

- Failure to approve the updated Corporate Governance Statement will mean the Trust will not adhere to the transaction guidance issued by NHSEI.

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 <u>previously</u> been received.

Integration Programme Board – 8 September 2020

Corporate Governance Statement

Date: 29 September 2020

Requirement	Commentary	Risks	Mitigating Actions
The Board is satisfied that University Hospitals Bristol and Weston NHS Foundation Trust applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of healthcare services to the NHS.	The Trust follows the NHS Code of Governance and reports against compliance in its annual report every year. The Trust has also undertaken an externally facilitated review of its compliance with the Well-led Framework in line with the requirement for this to happen every three years. The learning from the review was then built into the Board Development programme.	Reputational impact from not following good governance practices. Regulatory action due to non-compliances Inefficient and ineffective processes and ways of working	Horizon scanning of changes which might be beneficial to the Trust. Externally facilitated review against the Well-led framework
The Board has regard to such guidance on good corporate governance as may be issued by NHS England/Improvement from time to time.	The Trust has a process to scan for any changes to corporate governance as issues by the NHS but also which applies to the commercial sector, and considers this for implementation.	As above	As above
The Board is satisfied that University Hospitals Bristol and Weston NHS Foundation Trust implements: a) effective board and committee structures b) clear responsibilities for its board, for committees reporting to the board and for	The Board reviews itself, its Committee structures and their effectiveness annually to identify any areas for improvement. The externally facilitated review against the Well-led framework also considered the structures and found them to be	There is a risk that decision making and information flows are impacted by ineffective structures and reporting lines leading to an impact on care, productivity and value for money.	Regular reviews of structures and reporting lines Externally facilitated review against the Well-led framework

Requirement	Commentary	Risks	Mitigating Actions
staff reporting to the board and those committees c) clear reporting lines and accountabilities throughout its organisation	appropriate for managing the complex business of the Trust. The management structure is also reviewed on a regular basis to ensure that it remains fit for purpose.		Internal audits
The Board is satisfied that University Hospitals Bristol and Weston NHS Foundation Trust effectively implements systems and/ or processes: a) to ensure compliance with the licence holder's duty to operate economically, efficiently and effectively b) for timely and effective scrutiny and oversight by the Board of the licence holder's operations c) to ensure compliance with healthcare standards binding on the licence holder including, but not restricted to, standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of healthcare professions d) for effective financial decision-making, management and control including, but not restricted to, appropriate systems and/or processes to ensure the licence holder's ability to continue as a going concern e) to obtain and disseminate accurate, comprehensive, timely and up-to-date	The Board has a range of processes in place to support this including: • Robust performance, risk and planning processes • Internal and external audit functions • Integrated performance reporting which considers quality of care, access standards, workforce and finance • Regular review of compliance with key regulatory standards including from the CQC	There is a risk that non-compliance with the licence will lead to reputational damage, regulatory intervention, and loss of the ability to provide care (via the licence).	Regular reviews of key processes relating to planning, risk management and performance management. Internal audits

Requirement	Commentary	Risks	Mitigating Actions
information for Board and committee making f) to identify and manage (with, but not restricted to, forward plans) material risks to compliance with the conditions of its licence g) to generate and monitor the delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery h) to ensure compliance with all applicable legal requirements			
The Board is satisfied: a) there is sufficient capability at board level to provide effective organisational leadership on the quality of care provided b) the board's planning and decision-making processes take timely and appropriate account of care considerations c) accurate, comprehensive, timely and up-to-date information on quality of care is collected d) it receives and takes into account the accurate, comprehensive, timely and up-to-date information on quality of care e) University Hospitals Bristol and Weston NHS Foundation Trust including in Board	The Board reviews its skills and knowledge mix on an annual basis to ensure that it provides the right balance to support delivery of the Trust's strategic and operational objectives. The Board has a comprehensive integrated Quality and Performance Report which describes performance against key metrics. This is coupled with the work of the Board Assurance Committees which undertake more in-depth scrutiny and review of performance including deep dives into key risk areas. The Board receives a patient story at the beginning of each of its meetings in public which helps ensure that the	There is a risk that the Board and organisation does not have the right skills and capability to deliver the organisational objectives which results in poor organisational performance and reputational damage. There is a risk that the Board is not sufficiently connected and sighted on issues of clinical care which results in poor care delivery, deterioration in the Trust's CQC assessment and reputational damage.	Annual Board skills and knowledge review Regular reviews of key processes relating to planning, risk management and performance management. Patient Stories Integrated Quality and Performance Report

Requirement	Commentary	Risks	Mitigating Actions
actively engages on quality of care with patients, staff and other relevant stakeholders, and takes into account as appropriate views and information from these sources f) there is clear accountability throughout University Hospitals Bristol and Weston NHS Foundation Trust including but not restricted to systems and/or processes for escalating and resolving quality issues, including escalating them to the Board where appropriate	Board's focus remains on care provision. The Trust's management structure, supported by robust risk and incident reporting systems, allows for the escalation and resolution of issues. Serious Incidents, including Never Events and high rated risks are reported to the Board.		
The Board effectively implements systems to ensure it has personnel on the Board, reporting to the Board and within the rest of the licence holder's organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of this licence	See above relating to the Board's assessment of its skills and knowledge mix. In addition the regular review of the reporting arrangements below Executive Director ensures that there is the right capacity and capability to deliver the Trust's objectives, which includes the licence conditions.	As above	Annual Board skills and knowledge review Fit and Proper Person Policy and compliance repotting

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 29 September 2020

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

1. Report Summary

The purpose of this report is to provide the Board of Directors with an update on all questions on the Governors' Log of Communications and subsequent responses added or modified since the previous meeting. The Governors' Log of Communications was established as a means of channelling communications between the governors and the officers of the Trust.

2. Key points to note
(Including decisions taken)

Since the last public Board of Directors meeting there has been one new question and two responses added to the Governors' Log of Communications.

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

N/A

4. Advice and Recommendations
(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

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Governors' Log of Communications

22 September 2020

ID	Governor Name		
240	Jane Sansom	***Theme:*** Appointment letters for patients	***Source:*** Governor Direct

Query **11/09/2020**

Appointment letters for patients receiving phone/virtual consultations are currently confusing. A recent example is a patient letter in which the patient is informed that the appointment is a telephone clinic, but they are then asked to bring the letter to their appointment. This seems fundamental – if we cannot get the administration of patient appointments right, this will distress patients and could cause reputational damage, particularly combined with the difficulties that patients describe in phoning the relevant Trust service to ask advice.

Given that we have been and continue to be in this situation for some time, please can the Trust provide reassurance that this is being addressed with utmost urgency?

Division: Trust-wide ***Executive Lead:*** *Chief Operating Officer* ***Response requested:*** 22/09/2020

Response

Response requested.

Status: *Assigned to Executive Lead*

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 **11/08/2020**

PET scanning is commissioned by NHS England from the company Alliance Medical. The Trust is obliged to follow this pathway and does not have the option to send patients elsewhere or set up its own service. The contract for this service is held by specialist commissioning rather than the Trust, so the Trust is not party to performance metrics relating to it. Any issues we have with the service are escalated to the commissioner who leads on the contract with a request to resolve.

As with any test for a cancer patient, the Trust will chase up tests or reports that are delayed beyond the ideal timescales. In recent months Alliance Medical has been affected by equipment breakdowns which have caused some delays. It is often possible to 'make up time' on other steps of the pathway which reduces the impact of any PET scan delays on the overall pathway. The lung cancer pathway has multiple steps, the rest of which are within the Trust's gift to influence and therefore the Trust's best opportunity to mitigate any delays in the PET scan is to save time elsewhere. With all cancer pathways we try to build in flexibility to allow for unexpected problems like delays outside of the Trust's control or medical deferrals.

Currently the restrictions due to Covid-19 are affecting all services but prior to this the Trust performed well against the national optimal pathway for lung cancer. In the first three quarters of 2019/20 86% patients who were first seen at UH Bristol (as was) following a GP referral for suspected lung cancer were treated within 62 days, this exceeds the national standard of 85%. All patients whose waiting time does exceed the cancer waiting times targets are reviewed for potential harm and no patient on a cancer pathway at the Trust has ever been recorded as having suffered harm due to a delayed PET scan.

In summary, provision of PET scanning at UHBW would not be possible unless NHS England specialised commissioners were to commission this service from the Trust. However I hope the response provides assurance that the Trust has rigorous measures in place to ensure lung cancer patients receive timely treatment.

ID **Governor Name**

Status: *Closed*

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 **27/08/2020**

UHBW has ensured that the vast majority of the staff working on site at either Bristol or Weston are employed directly by the Trust; this aligns with our aim to reduce spend on agency staff and to convert agency staff to bank, for example.

A small number of staff work in services that are now delivered by external organisations but the staff remain based on our sites. Specific to Weston, this would include for example the Breast service which transferred to NBT on the 1st April and our CAMHS and Community Paediatrics teams, which transferred to AWP and Sirona respectively. The staff transferred by means of TUPE to their new parent employers as part of these service transfers, but remain based at Weston. These staff are still included on the Weston site-wide communications and receive information essential to their workbase. They will have access to initiatives and offers of support from their new parent employer also.

We have identified small groups of staff at Weston who have not received the same communications and support available to permanent staff on the site. We have developed a plan to address the gaps in communication and we are speaking with our partner HR teams in NBT, AWP and Sirona to ensure that staff who

ID **Governor Name**

have TUPE'd out are still on the right distribution groups for Weston and to make sure that UHBW shares key messages with other parent Trusts in the future.

Some on-site services, for example our Costa and Brunel Coffee outlets are franchised and therefore staffed by people employed directly by our parent companies; in these instances it would not be appropriate for them to receive UHBW communications; however, where we rely on external suppliers we do our utmost to ensure that the employing body's workforce policies and practices meet the standards that we have in place for our permanent and bank staff – this is usually specified as part of the procurement processes.

Status: *Closed*
