BOARD OF DIRECTORS (IN PUBLIC)

Meeting to be held on Tuesday, 09 January 2024 at 13.45 – 16.45 in Lecture Theatre 2 and 3, Education Centre, Upper Maudlin Street, Bristol

AGENDA

NO	AGENDA ITEM	PURPOSE	PRESENTER	TIMINGS
Preliminary Business				
1.	Welcome and Apologies for Absence	Information	Chair	13.45 (25 mins)
2.	Declarations of Interest	Information	Chair	
3.	Patient Story	Information	Patient and Public Involvement Lead	
4.	Minutes of the Last Meeting – 14th November 2023	Approval	Chair	
5.	Matters Arising and Action Log	Approval	Chair	
6.	Chief Executive's Report	Information	Interim Chief Executive	14.10 (15 mins)
Quality and Performance				
7.	Quality and Outcomes Committee Chair's Report	Assurance	Chair of the Quality and Outcomes Committee	14.25 (10 mins)
8.	Integrated Quality & Performance Report	Assurance	Chief Operating Officer; Chief Nurse and Midwife; Chief People Officer; Chief Medical Officer	14.35 (15 mins)
9.	Patient First Strategic Priority Projects Update	Approval	Executive Managing Director	14.50 (15 mins)
10.	Maternity Assurance Report	Assurance	Chief Nurse and Midwife	15.05 (10 mins)
11.	Six-Monthly Nurse Staffing Report	Assurance	Chief Nurse and Midwife	15.15 (5 mins)
12.	Quarter 1 and Quarter 2 Learning from Deaths Report	Assurance	Chief Medical Officer	15.20 (5 mins)
BREAK – 15.25 to 15.35 (10 mins)				
Research and Innovation				
13.	Six-Monthly Research and Development Report	Assurance	Chief Medical Officer	15.35 (15 mins)
Financial Performance				

We are supportive respectful innovative collaborative. We are UHBW.

NO	AGENDA ITEM	PURPOSE	PRESENTER	TIMINGS
14.	Finance, Digital & Estates Committee Chair's Report	Assurance	Chair of the Finance and Digital Committee	15.50 (10 mins)
15.	Trust Finance Report	Assurance	Chief Financial Officer	16.00 (10 mins)
16.	Standing Financial Instructions – Review	Assurance	Chief Financial Officer	16.10 (5 mins)
17.	Treasury Management Policy	Approval	Chief Financial Officer	16.15 (5 mins)
People Management				
18.	People Committee Chair's Report	Assurance	Chair of the People Committee	16.20 (10 mins)
Governance				
19.	Register of Seals	Information	Director of Corporate Governance	16.30 (5 mins)
20.	Governor's Log of Communications	Assurance	Director of Corporate Governance	16.35 (5 mins)
Concluding Business				
21.	Any Other Urgent Business	Information	Chair	16.40
22.	Date of Next Meeting: **Tuesday, 12 March 2024**	Information	Chair	

Meeting of the Board of Directors in Public on Tuesday 9 January 2024

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

1. Purpose

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 patients 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 any previous decisions taken)*

"I lost my friend to HIV because she was ashamed of her diagnosis, I think it was stigma that prevented her taking her medication, she just wanted to deny it. It was so sad, tragic, and unnecessary. Later, when I was diagnosed, I told everyone I knew. I take my medication every day just like my mum does for her diabetes. Talking about it is so important." Common Ambition Bristol – Living Well with HIV.

This is a story about the importance of co-production. It is also a story about how stigma from society can create feelings of shame and social exclusion which impact on an individual's ability to stay well.

In this patient story Aisha-Monic Namurach, Common Ambition Project Co-ordinator, will reflect on the experiences of local people of African and Caribbean heritage and the challenges they face in accessing sexual health services. She will discuss how Common Ambition Bristol has built a climate of trust to advance health equity and how, by raising the profile around HIV, has challenged myths and demonstrated the power of co-production as part of an initiative to improve health outcomes for the community. Aisha will be joined by Lindsey Harryman, Consultant in Genitourinary Medicine at UHBW.

The story is set in the context of the trust's existing Health Equity Delivery Plan and the emerging new Experience of Care strategy, which will be brought to Board in March for approval.

HIV is a medical condition that carries a lot of stigmas, however, if diagnosed early, it can be managed with one pill once a day to keep people healthy and prevent transmission of the virus during sex. Late diagnosis of HIV is associated with poor long-term health and mortality outcomes and increased costs to the NHS.

In December 2019, the Mayor of Bristol signed Bristol up to become an HIV Fast Track City – part of a global partnership of cities working to end new HIV diagnoses and HIV stigma by 2030. This is embedded in the Bristol One City Plan. Cities must source funding to achieve these goals.

The Bristol Fast Track Cities initiative was successful in winning a three-year grant from The Health Foundation's Common Ambition programme in 2020 to increase HIV testing and reduce HIV stigma in people of African and Caribbean Heritage. The Common Ambition programme requires projects to use a co-production approach to make sustainable change to NHS services.

Bristol's 2019 HIV Health Needs Assessment found that a disproportionate number of people of African and Caribbean heritage either have undiagnosed HIV or are diagnosed late. It also found that stigma surrounding HIV and sexual health means that fewer people of African and Caribbean heritage access HIV and sexual health services.

Common Ambition Bristol is a unique co-production project with people of African and Caribbean heritage from Bristol working in partnership with Unity Sexual Health, African Voices Forum, Brigstowe, Bristol City Council and University of Bristol to increase HIV testing and awareness and reduce HIV stigma**.** The community is at the heart of the project and leads the decision making, working with representatives from stakeholder organisations via a project delivery group. Community researchers have been recruited from the African and Caribbean Heritage community and have been trained in research methods to evaluate interventions. A project advisory group comprises staff from each of the partner organisations to provide support and governance for the project as well as ensuring the project submits required reports and works to the pre agreed timeline and budgets.

The project will be continuing past its original three-year grant in 2024 and is currently working on adoption and spread of the learning across both sexual health services and other allied specialities nationally but also locally in other health areas in Bristol.

To find out more about Common Ambition Bristol view this two-minute video:

https://www.youtube.com/watch?v=IvTjvyopK10

3. Strategic Alignment

This work aligns to the True North Experience of Care strategic priority.

4. Risks and Opportunities

None.

5. Recommendation

This report is for **Information**

- The Board is asked to **NOTE** the report

6. History of the paper

Please include details of where paper has previously been received.

N/A

University Hospitals
Bristol and Weston
NHS Foundation Trust

BOARD OF DIRECTORS (IN PUBLIC)

Minutes of the meeting held on Tuesday, 14 November 2023 at 10.30 – 13.15 in Lecture Theatre, The Academy, Weston General Hospital

Present

Board Members

Name	**Job Title/Position**
Jayne Mee	Chair
Eugine Yafele	Chief Executive
Arabel Bailey	Non-Executive Director
Sue Balcombe	Non-Executive Director
Paula Clarke	Executive Managing Director, Weston General Hospital
Neil Darvill	Chief Digital Information Officer
Jane Farrell	Chief Operating Officer
Deirdre Fowler	Chief Nurse and Midwife
Bernard Galton	Non-Executive Director
Emma Glynn	Associate Non-Executive Director
Marc Griffiths	Non-Executive Director
Susan Hamilton	Associate Non-Executive Director
Neil Kemsley	Chief Financial Officer
Jane Norman	Non-Executive Director
Martin Sykes	Non-Executive Director
Roy Shubhabrata	Non-Executive Director
Stuart Walker	Chief Medical Officer & Deputy Chief Executive
Emma Wood	Chief People Officer & Deputy Chief Executive

In Attendance

Paul	Patient Story
Mark Pender	Head of Corporate Governance
Lisa Acton	Ashcombe Birthing Unit Manager (for Item 9: Maternity Updates)
Matthew Areskog	Head of Experience of Care & Inclusion (for Item 10: National Care Survey Results)
Amanda Bessent	Deputy Lead Cancer Nurse and Matron at Weston General Hospital (for Item 10: National Care Survey Results)
Will Crookes	The Value Circle Consultant (Observer)
Mark Goninon	Deputy Chief Nurse (Nursing)
Kate Hanlon	Deputy Freedom to Speak Up Guardian (item 16)
Tina Johnson	Lead Urgent Care Nurse, Bristol Emergency Department
Emily Judd	Corporate Governance Manager (minutes)
Giles Peel	Well-Lead Consultant (Observer)
Tony Watkin	Patient and Public Involvement Lead (for Item 3: Patient Story)
Sarah Windfeld	Director of Midwifery and Nursing (for Item 9: Maternity Updates)
Apologies	
Rosie Benneyworth	Non-Executive Director
Eric Sanders	Director of Corporate Governance

The Chair opened the Meeting at 10.30

Minute Ref.	*Item*	*Actions*
01/11/23	**Welcome and Apologies for Absence**	
	Jayne Mee, Trust Chair, welcomed members of the Board to the meeting. Jayne informed attendees that the meeting would be recorded and published on the Trust's YouTube account for public access following the meeting, and welcomed Giles Peters from the Well-Led Review team and Will Crookes from the Full Circle team who were observing the meeting. Apologies of absence had been received from Rosie Benneyworth, Non-Executive Director and Eric Sanders, Director of Corporate Governance.	
02/11/23	**Declarations of Interest**	
	There were no new declarations of interest relevant to the meeting to note.	
03/11/23	**Patient Story**	
	Tony Watkins introduced Paul, the uncle of a teenage boy receiving care at the Bristol Royal Hospital for Children (BRHC). It was noted that Paul's nephew had been transferred to the BRHC from Musgrove Park Hospital, Taunton for investigation and subsequent successful removal of a spinal tumour. In sharing his story, Paul described how the team at the hospital created a safe and supportive climate for his nephew and family at a terrifying time. He shared some of the small, nuanced touches the team made that exemplified the remarkable personal and individual care his nephew had received; for example, how the team saw his nephew as a human being; how these specific touches supported his nephew through some of the most challenging and frustrating moments; and how this had instilled a confidence in the family that his nephew was being cared for both clinically and emotionally at all times. One moment of importance was when Paul's nephew received emotional support from a team of clinical providers which he noted made the whole experience more manageable. In sharing his nephew's feedback, Paul noted that the Apollo Ward was rated as the best experience overall due to the jukebox machine, and he mentioned "Tom", a play therapist who had supported his nephew during his stay and who had helped him come to terms with the news of his illness and care plan. It was noted that at every point, the family had received the help they needed. In terms of constructive feedback for the Trust, Paul said car parking had been a consistent challenge, and also how the after-care information was difficult to locate. In addition, Paul shared his insight on the importance of understanding and responding to the unique level of information each family might seek about the likely course of a medical condition of a loved one and how getting this right could ease the anxiety of speculation immensely. Paul noted that he had been working on a digital patient diary platform (currently a paper version was being supplied by The Grand Appeal, the official Bristol Children's Hospital charity) for every patient, based on feedback from clinical teams. At the conclusion of the patient story, Board members raised the following points:	

Minute Ref.	Item	Actions
	Jayne Mee, Chair, thanked Paul for his story and for taking the time to share his nephew's experience with the Board. Arabel Bailey, Non-Executive Director, asked about the digital diary that was in development and whether it had been implemented or trialled in any areas of the hospital. Paul said the app was launched in September within the Paediatric Intensive Care Unit (PICU) and an exercise to gather feedback had started, with so far, good results. Paul explained the app had the capability to use voice, share stories with family, upload photos, and would enable family members to check-in with their children more easily. Future developments would include adding support around access to the hospitals, including car parking information. Deirdre Fowler, Chief Nurse and Midwife, shared an experience from a patient's family member who said the app had taken away the stress of communicating with their son. Deidre fully supported the app to be rolled out to other areas of the hospital. The Board thanked Paul for his story and supported a wider rollout of the new digital app to other areas of the hospital. **RESOLVED that the Patient Story be received and noted for information**.	
04/11/23	**Minutes of the Last Meeting – 12th September 2023**	
	The Board reviewed the minutes of the meeting of the University Hospitals Bristol and Weston NHS Foundation Trust Board held in public on 12th September 2023. **RESOLVED that the minutes of the meeting of the University Hospitals Bristol and Weston NHS Foundation Trust Board held in public on 12th September 2023 be approved as a true and accurate record.**	
05/11/23	**Matters Arising and Action Log**	
	<u>14/06/23 – Due diligence to return to the Board in September to support the proposal from the Safer Nursing Care Tool (SNCT) assessment.</u> Neil Kemsley, Chief Financial Officer, added more information to the written action update and said if there was a case for investment it would involve discussion with specialist commissioners. Further updates would be provided at the next meeting. **Action ongoing.** **RESOLVED that the updates against the action log be noted.**	
06/11/23	**Chief Executive's Report**	
	Eugine Yafele, Chief Executive, provided a verbal update on the following key issues: • **Thirlwall Inquiry:** It was noted that the Trust had been contacted to contribute to the Thirlwall Inquiry due to its neonatal unit service. • **Industrial Action**: Junior Doctors had re-balloted with a new mandate to strike until the end of February 2024, and Consultants would be confirmed sometime in December. It was noted that patient complaints being received relating to cancellations were becoming common place. which was an impact of the industrial action and was affecting families and patients' lives. Notification had been received from NHS England with regards to some funding available for NHS organisations	

Minute Ref.	*Item*	*Actions*
	for loss of income during periods of industrial action. A response was being formulated that would be presented to the Trust Board for endorsement. • **Planning 2024/25**: Planning for the next year was underway, and like most systems nationally, the year ahead would be challenging. It was noted that having the ability to work collaboratively with system partners and joining services within the region would be essential. • **Children's Clinical Research Department:** A new research unit **had opened the previous** week which was hugely positive for the Trust's patients. • **Operational Delivery:** The Trust was again in Tier 2 for elective care, which would be managed regionally by NHS England. Roy Shubhabrata, Non-Executive Director, referenced a recent article relating to the NHS struggling to open winter beds due to industrial action and funding, and asked for assurance that the Trust would be able to manage its capacity as winter approached. Jane Farrell, Chief Operating Officer, responded that the Trust did not have additional winter escalation wards to open and that the winter plan was predicated on the ambition to improve efficiency in the bed base that the hospital held. However, Jane noted the Trust did have defined areas where it was safe to use "boarding" areas, which utilised existing areas that could hold additional beds, should the need arise during the winter period. Jayne Mee, Chair, assured Board members that the winter plan had been reviewed by the Quality and Outcomes Committee and was fully supported. Marc Griffiths, Non-Executive Director, shared positive feedback from a clinical site tour of Weston General Hospital where he was thoroughly impressed with the patient flow within the Same Day Emergency Care unit. Marc said he was fully assured by the Trust's system-thinking to improve flow within the hospital. Jane Norman, Non-Executive Director, asked how the Trust was managing staff relations and morale during periods of industrial action. Eugine responded that there was strong team working which had been apparent in the staff survey results. Susan Hamilton, Associate Non-Executive Director, noted the good news on the new children's research unit and asked what research it enabled the Trust to do. Deirdre Fowler, Chief Nurse and Midwife, explained it was a protected space with four inpatient beds to offer more clinical trials managed by the research team, which could be stretched to an overnight facility if necessary. Deirdre added that it would make the children's hospital even more competitive nationally and internationally. In response to a query from Arabel Bailey, Non-Executive Director, relating to how patients were prioritised when appointments were cancelled, Eugine said prioritising did take place, but due to the high volumes being seen, it might not always feel that way to individual patients. Eugine added that clear communication from the Trust in such instances was fundamental in assuring patients and families. **RESOLVED that the Chief Executive's report be received and noted for information**.	

Minute Ref.	***Item***	***Actions***
07/11/23	**Quality and Outcomes Chair's Report**	
	Sue Balcombe, Non-Executive Director, introduced the Quality and Outcomes Committee Chair's Report and summarised the contents of the meetings held in September and October 2023. Key points highlighted included: • The Committee received a presentation outlining the significant amount of work being undertaken to ensure that the urgent and emergency services pathway was working optimally, including winter planning. • The Safer Staffing fill rate at the last meetings was 96%. However, the Committee discussed the high levels of vacancies and lower fill rates in the Children's division and Theatres, and members were briefed on the pipeline for new recruits to mitigate that risk. • The physical estate and staffing levels within Theatres was having an impact on theatre utilisation and its performance, which needed particular attention. • The Trust's risk incident reporting system, Datix, was experiencing technical issues since a recent upgrade and usual data reporting to NHS Providers was on hold, meaning the organisation was not compliant in this area. It was noted that other NHS Trusts were experiencing the same challenges and work was underway to resolve the issue. Martin Sykes, Non-Executive Director, noted that it would be interesting to discuss the plans to mitigate the risks in the operating theatres at the Finance, Digital and Estates Board Committee to understand how certain requirements could be supported. It was agreed for Martin Sykes and Sue Balcombe to consider this offline for the committees to carry forward that assurance. In response to a query from Emma Glynn, Associate Non-Executive Director, on the reasons for low safe staffing levels, Sue responded that the safe staffing data trend patterns were reported to the Committee and that predominantly, there had been only one cohort of nurses that qualified at the same time. The pipeline plans were underway, however it was noted the national supply aspect was not helping and plans to develop the career pathways for Training Nursing Associates were underway. It was also noted that flexible working requirements for newer nurses was having an impact on staffing levels. Jayne Mee, Chair, concluded that the Board needed further assurance around the estates issues in theatres which would be monitored via the Finance, Digital and Estates Board Committee, and further assurance was needed around the Safer Staffing fill rate which would be monitored by the Quality and Outcomes Committee. **RESOLVED that the Quality and Outcomes Chair's Report be received and noted for assurance.**	
08/11/23	**Performance Report**	
	Jane Farrell, Chief Operating Officer, introduced the Performance Report of the key performance metrics within the NHS Oversight Framework for 2023/24 and the Trust Leadership priorities. It was noted that the full Integrated Quality and Performance Report (IQPR) had been included within the Document Library for Board members' reference. The key points around timely care included:	

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	• Industrial Action continued to have an impact on workforce resilience and access during September. In addition, the increase in non-elective demand experienced in August prevailed throughout September, reflected in an increase in bed occupancy in Bristol and Weston hospitals. • It was noted that "No Criteria to Reside" patients had a commensurate impact on flow and thereby non-elective performance. Ongoing improvement had been achieved during the reporting period, including the ongoing establishment of the two Transfer of Care Hubs. • At the end of September 2023, the number of patients waiting longer than 65 weeks had increased, and work continued to recover and ameliorate the impact of industrial action to deliver the national ambition of having no 65 week waits by the end of January 2024. • The cancer performance was anticipated to improve from December onwards to continue to work towards the target of no more than 160 patients on a cancer pathway waiting over 62 days by March 2024. • Winter planning was fully underway. Stuart Walker, Chief Medical Officer, highlighted key points around quality and safety which included: • A new Venous Thromboembolism (VTE) Lead commenced in role in October 2023 to provide leadership, clinical expertise and prioritisation in this area. The electronic prescribing system was expected to be fully implemented in April 2024. • The performance for Fractured Neck of Femur in geriatrics was an improving picture which coincided with the medical team recovery. Emma Wood, Chief People Officer, highlighted key points around people which included: • The overall performance targets for Trust turnover, vacancies, nurse turnover, unregistered turnover, sickness, bank usage and mandatory training were all on-track for the reporting period. • The overall compliance for appraisals and agency usage were improving. • The stability index needed to be improved and this related to the retention of staff in the first year of service. • Band 5 nurse turnover had decreased significantly compared to last year. • The Trainee Nursing Associate (TNA) programme was being delivered. • Significant savings were being seen from the initiative to bring in higher bank working rates and work continued to encourage the UHBW Bank pool as the employer of choice for temporary workers. In response to a query from Jane Norman, Non-Executive Director, Stuart Walker confirmed that he was confident electronic prescribing would bring improvements to VTE risk assessment compliance. He noted that the data within the performance report relating to the number of patients that had been risk assessed was not representative of the actual service. It was agreed that Stuart and Jane would discuss the performance metrics in more detail outside of the meeting. Jayne Mee, Chair, asked for further information on the nine reported cases of Clostridium Difficile (C.Diff) in September. Deirdre Fowler assured the Board that the Trust was not an outlier and that demographics were having an	

Minute Ref.	Item	Actions
	impact, as well as a change to how C.Diff was being recorded. It was noted that the Quality and Outcomes Committee would monitor the performance in line with the wider system where work was ongoing to discover the root cause. Jayne Mee summarised that the Board would continue to track quality performance through the Quality and Outcomes Committee and escalate any particular issues to the Board. **RESOLVED that the Performance Report be received and noted for assurance.**	
09/11/23	**Maternity Assurance Report**	
	Sarah Windfield, Director of Midwifery and Nursing,, introduced Lisa Acton, Ashcombe Birthing Unit Manager, who was observing this item for role development. Sarah highlighted one key item to Board members in relation to compliance for safeguarding training, which remained below target with work underway to improve the picture. The Non-Executive Directors thanked Lisa and Sarah for an informative tour of the Ashcombe Birthing Unit that they had received earlier that day. In relation to a query from Sue Balcombe, Non-Executive Director, Sarah confirmed that the Ashcombe Birthing Unit was targeted at low-risk birthing and so the numbers of women using the facility was low, which reflected the demographics within the area. Jayne Mee asked for assurance that maternity actions were progressing, as the information received implied that actions were static. Sarah explained that the Care Quality Commission (CQC) Committee tracked the actions and that some were awaiting national guidance, however she assured the Board that more information and in-depth updates would be added into the next maternity report going to the Quality and Outcomes Committee. **RESOLVED that the Maternity Assurance Report be received and noted for assurance.**	
10/11/23	**National Care Survey Results** a. **Urgent and Emergency Care** b. **Annual Cancer Patient Experience Survey** c. **Annual Inpatient Survey**	
	Matthew Areskog, Head of Experience of Care and Inclusion, introduced Tina Johnson, Lead Urgent Care Nurse, Bristol Emergency Department, and Amanda Bessant, Macmillan Cancer Matron/Deputy Lead Cancer Nurse at Weston, who had joined the meeting to summarise the findings and provide assurance to the Board on improvement activity relating to three recently published National Patient Survey Results for UHBW (Urgent and Emergency care (UEC); Cancer care; and Inpatient care). The key points highlighted included: • Circa 1200 patients had been involved in providing their feedback and experiences for the surveys last year.	

Minute Ref.	Item	Actions
	• The ongoing patient survey programme would continue to collate patient experiences from circa 70,000 places and was available for certain staff members to review timey feedback via the patient experience hub. • The Emergency Department (ED) at the Bristol Royal Infirmary had been ranked 9th out of 122 Trusts with a score of 8.1 out of 10, a result that was within the top 10% nationally. • For the inpatient survey, in terms of the 'overall experience' question, the Trust ranked 34th out 133 Trusts with a score of 8.3 out of 10 which was an improvement on the 2021 results. • For the cancer survey, patients had scored the Trust 8.9 out of 10 for the 'overall experience of care' question. This result placed the Trust 60th out of 131 Trusts and was in line with the national average. • Nationally, there had been a decline in the overall experience in the urgent and emergency care survey due to increased times and demand, and this was mirrored in the results for UHBW. • Weston General Hospital's (WGH) ED did not meet the eligibility criteria to participate in the National Survey this time as it was not open 24/7, however a local survey had been undertaken that mirrored the national survey question set, and the results were circulated to the Board within the meeting report. It was noted that the EGH ED would be able to participate next year. Tina Johnson added the following points around accessibility improvements made to the service: • Bristol's ED had worked with the Bristol Autism Support Service, and the Bristol Sight Loss Council to identify areas that would enhance patient experience, including a new private sensory cubicle, the provision of noise cancelling headphones, and fidget toys. • An audio trail for those with visual impairments would soon be launched to support patients from the front door on how to reach key destinations within the ED. • Timelier support was being provided to patients for quick-fix complaints by using a new digital system. • Work was underway to refresh the environment and facilities for the 16-18 age group. The Arts and Culture team would be installing a new cubicle for this group, new artwork in the waiting room, and new messages within the resuscitation unit to inform patients where they were when gaining consciousness. Amanda Bessant, Macmillan Cancer Matron/Deputy Lead Cancer Nurse added the following points in response to the cancer survey: • The survey had reflected positive themes around team-working, care-planning, and having one point of contact that provided quality advice. • Less positive themes from the survey included unclear pathways, and continued support whilst at home. • Priority areas would focus on better shared learning across the Trust, forming closer working relationships with cancer nurses based in Bristol and WGH, and work to improve interactions and timelier treatment between cancer patients and GP practices. The data was shared with the Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB), and it was decided to focus on addressing the access to support provided by community care services for this group of cancer patients.	

Minute Ref.	Item	Actions
	• The population of patients that responded to the survey in Bristol showed a low take up amongst ethnic groups in the data sample and work was underway to explore the ethnicity profile and how to obtain a more diverse range of responses. • UHBW and North Bristol NHS Trust (NBT) had started an NHS England cancer improvement collaborative project for patients that had pre-existing health issues along with cancer. • There had been improved engagement at MacMillan drop-in events held at WGH. • Designs for the cancer support centre, “Maggie’s Bristol”, were progressing. • Work to refurbish the Bristol Haematology and Oncology Centre was progressing well. Bernard Galton, Non-Executive Director, queried how the industrial action had impacted on patient feedback. Tina responded that on the days of industrial action, the delays on the flow through the hospital had been significant and patients had stayed in hospital much longer because of this. Amanda noted that wherever possible, cancer clinics at WGH were not cancelled on the days of industrial action and support to patients had remained. Marc Griffiths, Non-Executive Director, queried why the average response rate for the Urgent and Emergency Care Survey was lower than the others. Matthew responded that as the surveys were running alongside each other, survey fatigue could have been experienced by patients. Roy Shubhabrata, Non-Executive Director, commended the teams on the informative report and the improvements that had been made around the diversity of respondents for the Inpatient Survey. Susan Hamilton, Associate Non-Executive Director, added that the site tour that some of the Non-Executive Directors had attended earlier that morning had reflected some of the great work highlighted and fully supported the partnership working that was underway. Martin Sykes, Non-Executive Director, commended the action plan and suggested that the more the team could publicise the improvements made to services because of the surveys the better. Matthew agreed and reported that a new poster on “you said, we did” would soon be displayed. Arabel Bailey, Non-Executive Director, noted that the new digital diary (as mentioned during the Patient Story) could be hugely beneficial for improving communication within cancer care. Jayne Mee thanked the patient experience teams and said the Board had taken assurance that the team had considered the feedback from the surveys to drive forward long-lasting improvements within the Trust. **RESOLVED that the National Care Survey Results be received and noted for assurance.**	
11/11/23	**Learning from Deaths 2022/23 Annual Report**	
	Stuart Walker, Chief Medical Officer, introduced the Learning from Deaths Annual Report from 2022/23 and highlighted the following key updates:	

Minute Ref.	Item	Actions
	• The key learning themes coming out of the report highlighted the transfer of patients between sites; potential harm arising from late review of investigation results in patient pathways, and late recognition and communication at end of life. • A deep dive had been conducted into the increasing Hospital Standardised Mortality Ratio (HSMR) which had identified areas where coding could be improved, and increased risks around length of stay because of operational pressures. • Another deep dive had been conducted into unexpectedly higher perinatal mortality rates, which had revealed that some perinatal deaths were recorded as "stillbirths" when it would have been more appropriate to code them as perinatal deaths. This had been rectified and the Trust was no longer an outlier in this area. • The Medical Examiner report had been included within the meeting papers for information. It was noted that from 2024, the service of the Medical Examiner would be increased to begin looking at all community and paediatric deaths. Sue Balcombe, Non-Executive Director, asked whether improvements had been made since the transfer of patients had been discussed by the Quality and Outcomes Committee. Stuart responded that further cases had been flagged since this report and an additional deep dive was underway around the Standard Operating Procedure relating to this. Stuart assured the Board that all updates would be presented to the Quality and Outcomes Committee. Martin Sykes, Non-Executive Director, asked whether there was a link between the delay in senior review and anticoagulation assessments and whether the work around news score ward cards as mentioned in the report would support improvements in this area. Stuart assured the Board that unavoidable deaths would be looked at in a blame free culture environment. Stuart added that this area included a small number of deaths and any cases picked up would be looked at against the standard operating procedure to ensure there was learning driven out from that. **RESOLVED that the Learning from Deaths Annual Report be received and noted for assurance.**	
12/11/23	**Safeguarding Annual Report**	
	Mark Goninan, Deputy Chief Nurse for Nursing, introduced the Safeguarding Annual Report and highlighted the following updates: • The safeguarding adult's activity data showed a significant increase in this reporting period, with a 21% increase from the previous year, with key areas being Neglect and Self Neglect. • The safeguarding Children's and Maternity data continued to reflect a sustained year on year increase, with key areas for Children being Family Support or parental risk factors; and Maternity families known to Social Care or Domestic Violence. • There had been a decrease in the number of internal cases where the Trust may have caused harm to the patients. In response to a query from Jane Norman, Non-Executive Director, relating to a sustained number of safeguarding referrals within Children's, Mark said that there had been some processing issues in the emergency department and the timely reporting of incidents. Mark assured the Board that more support had been added and improvements were being seen, especially in the ED in	

Minute Ref.	***Item***	***Actions***
	WGH, and with more robust safeguarding support through the children's services. Mark added that doctors were supporting the work to identify and address concerns. Sue Balcombe, Non-Executive Director, asked about the comments within the report relating to a lack of tier 4 beds for Child and Adolescent Mental Health Services (CAMHS) provision, and how this was being escalated to system partners. Mark informed the Board of regular system-wide meetings where concerns were raised. He added that when there were patients in beds, the processes were strong within the Trust, with regular meetings about individual patients to establish and escalate clearer pathways. Deirdre added that executive intervention mechanisms were in place. Arabel Bailey, Non-Executive Director, commented that it would be interesting to share the learning from any cases that may have been missed by the hospital and picked up by the system. Mark explained that the local authority would bring it back to the safeguarding team within the Trust where an internal review would be conducted, and the results from this passed back into the system. Emma Glynn, Associate Non-Executive Director, asked what more the Trust could be doing to address the key risks as outlined within the report. Mark responded that the Children's Hospital had a dedicated group of mental health support workers and a psychiatric service, as well as a team who supported young people with mental health illnesses in relation to their primary health. Mark added that a psychiatric liaison service was in place for adults and resource was being expanded to support this area. It was noted that partnership working with Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) continued, who provided training to boost staff experiences in handling mental health related illnesses. **RESOLVED that the Safeguarding Annual Report be received and noted for assurance.**	
13/11/23	**Finance, Digital & Estates Committee Chair's Report**	
	Martin Sykes, Non-Executive Director and Chair of the Finance, Digital & Estates Committee updated the Board on the last meeting held in September. Key points included: • The Committee noted the month 5 position and that it remained in deficit against the plan, albeit with a relatively small negative movement in month. • The Committee noted that savings plans were delivering reasonably well against the target, but with a significant proportion being non-recurrent, which impacted on the Trust's underlying deficit. • The Committee received an update and assurance on the actions being taken to improve fire safety across the Trust and it was noted there was substantial work to be completed. Jayne Mee, Chair, noted that fire safety was on the agenda to be discussed at the Trust Board meeting in Private later that day. **RESOLVED that the Finance, Digital & Estates Committee Chair's Report be received and noted for assurance.**	
14/11/23	**Trust Finance Report**	

Minute Ref.	**Item**	***Actions***
	Neil Kemsley, Chief Financial Officer, informed the Board of the Trust's overall financial performance from 1st April 2023 to 30th September 2023 (month 6). Key points included: • The end of October reported a £13.7m deficit against a planned deficit £6.1m for year to date. • Industrial action had impacted on income due to lost activity, which included activity that had been cancelled and the preparation for industrial action periods. • Progress was being seen around the control totals that were set in divisional recovery plans, however it was noted that surgery needed further support. • NHS England had confirmed it would reduce the threshold to earn additional Elective Recovery Funding (ERF) for all systems by 2% and would pay 84% of systems planned ERF in recognition of the financial impact of industrial action. This would benefit the Trust's year to date financial position meaning that it would be able to achieve this year's break-even plan. • Going forward, as part of the financial recovery plan, there would be a greater emphasis on recurring savings to receive benefits into the next financial year. In response to a query from Arabel Bailey, Non-Executive Director, relating to the support being provided to divisions, Neil explained the approach would be revitalised as the Trust moved into the new calendar year with bottom-up savings being prioritised and intertwined with more corporate support in terms for driving the opportunities through benchmarking activity. Eugine Yafele, Chief Executive Officer, asked when we look forward to next year, what was the sense of opportunity to look at a combined plan with NBT. Neil reported that work was underway with NBT to look at a more aligned approach with a focus on providing more consistency against national benchmarking. **RESOLVED that the Trust Finance Report be received and noted for assurance.**	
15/11/23	**People Committee Chair's Report**	
	Bernard Galton, Non-Executive Director and Chair of the People Committee updated the Board on the last meeting held in September. Key points included: • The move of HR teams to St James Court had been completed. • The Guardians of Safe Working Hours reported that exceptions reports were down, and that positive work continued to cleanse the medical workforce data. • A new app called "Locum's Nest" was beginning to be rolled out across the Trust which aimed to connect qualified doctors with temporary work opportunities within the Trust. • The Education update gave the Committee the opportunity to assess progress against the ambitious strategy introduced earlier this year. The Committee was pleased to note that the Education Team was now fully resourced, and that leadership and management mandatory training was taking place. • The Committee received a presentation on the Recruitment and Retention plan for Allied Health Professions. The plans were ambitious and not yet fully resourced.	

Minute Ref.	*Item*	*Actions*
	• Further work needed to be undertaken to establish the low take up of bank staff in the Women's and Children's Division, where there were significant vacancies. Stuart Walker, Chief Medical Officer, commented on the positive impact that the Locum's Nest App would have within the Trust. Emma Glynn, Associate Non-Executive Director, asked whether there had been any updates on the low take-up of bank staff in the Women's and Children's Division since the last meeting. Deirdre Fowler, Chief Nurse & Midwife, responded that the team was trying to understand and improve this picture, but reasons had not yet been fully identified. It was noted that some roles were highly specialised and would therefore take time to filter through to the bank staff pool. Emma Wood, Chief People Officer, added that the new improved bank work offer was being promoted to staff. Bernard Galton said it was helpful to obtain a system-wide view on the difficulties around recruiting, and it was anticipated that the system-wide strategy could add some real value in this area. **RESOLVED that the People Committee Chair's Report be received and noted for assurance**.	
16/11/23	**Quarter 2 Freedom to Speak Up Report**	
	Kate Hanlon, Deputy Freedom to Speak Up Guardian, reported the key updates from the Quarter 2 Freedom to Speak Up Report. Kate reported that staff concerns were being resolved at an earlier stage and that the introduction of the new grievance procedure "Respecting Everyone" and mandatory training was moving this area in the right direction in trying to change our culture and equipping managers with the right tools in how to respond to staff concerns. Kate said that, going forward, the Trust needed to consider how it changed hearts and minds, and how everyone acted would make a difference so that all staff felt safe to speak up and be heard, to start to change culture together. Kate noted that key themes from staff concerns were being identified, together with the HR support teams through HR processes. Eugine Yafele, Chief Executive Officer, thanked Kate for her update and said the team needed to use cases and experiences to help shape the policies within the organisation. He raised concern about those staff that the Trust was not hearing from. He said that his hope was for staff to see how concerns were being responded to so that more staff felt safe to speak up. Eugine highlighted that speaking up was not the only route for staff to raise concerns and he said work was ongoing to triangulate the experiences to create a richer picture of the speaking up culture. Jayne Mee noted previous FTSU discussions held by the Board around shaping the culture and the various speak up channels available and agreed that this data needed to be triangulated which created an opportunity. Emma Wood, Chief People Officer, confirmed that the data was being triangulated with regular meetings between HR services and the Freedom to Speak Up team. This was also being aligned with key themes from the Staff	

Minute Ref.	Item	Actions
	Survey and investigations were underway with certain teams within the Trust around improving the culture. In terms of the role of the new "Respecting Everyone" framework, roadshows had already been rolled out to 600 colleagues to explain what it meant for them, and that 12 accredited mediators had been trained and appointed with an aim to nip concerns in the bud through conversations with staff. It was noted that the action to change the culture belonged to everyone within the Trust and it was anticipated that the new branding work would help to support this. **Action: Emma Wood agreed to present the triangulated Freedom to Speak Up data into the People Committee for Board oversight.** In response to a query from Martin Sykes, Non-Executive Director, relating to delays in resolution, Kate responded that by moving to the new investigation process, it would enable the team to address concerns sooner and a clearer picture would be provided once this was fully embedded. Kate added that the team also triaged cases where concerns were significant. Emma Glynn, Associate Non-Executive Director, queried whether the team was able to identify certain groups of people less willing to speak up through the triangulated data, and Kate confirmed that Equality, Diversity and Inclusion data was being collated. Arabel Bailey as the Freedom to Speak Up Champion thanked Kate for her report and for adding to the improvements within this area. Arabel noted that most of the concerns raised related to culture and leadership and asked whether more could be done to get staff to complete the leadership training. Kate said that more could be done to attract more managers to enrol on this training and Emma Wood said the new Leadership and Management Training team would be addressing this. It was noted that the training would help to reframe a manager's approach to speak up cases. Arabel Bailey suggested that the Champions for this area needed more experience in dealing with significant concerns and Kate explained that all Champions were trained, and since the summer, the psychological support team had been running a peer support service and workshops on top of regular meetings. Jayne Mee clarified that the Quarter 2 Freedom to Speak Up Report paper was presented for assurance, and not information as listed on the agenda. The Board fully supported the need to do more in this area and recognised the complexity of work in triangulating all data.	**Chief People Officer**
17/11/23	**Board Assurance Framework: Strategic Risk Register**	
	Mark Pender, Head of Corporate Governance, introduced the Board Assurance Framework and highlighted the following key updates: • Two risks had moved from the Corporate Risk Register (291 – IT infrastructure, and 801 – NHS System Oversight Framework) • One risk was de-escalated from the Strategic Risk Register to divisional level (2741 - Research is not adequately supported). Eugine Yafele, Chief Executive Officer, suggested that risks were discussed in more detail at the next Board Day in December to review the risk processes to enable the Board to be better connected to the way the Board	

Minute Ref.	Item	Actions
	discharged its work. It was agreed for this to be added to the next Board Day agenda. **Action: Trust Secretariat to add a discussion around risks to the Board Day agenda in December.** Jayne Mee, Chair, queried the de-escalation of risk 2741, that research was not adequately supported, and asked whether this was the right action to take. Stuart Walker, Chief Medical Officer, responded that many steps forward had been taken, including the appointment of a new Research and Development Director to support this work. He added that job planning work would help to determine divisional and service level research, along with system work with the universities, and this would all support the shift in the degree of risk for research. It was agreed for Stuart to review this risk level to ensure the Board had oversight. **Action: Stuart Walker to review the de-escalation of risk 2741, that research was not adequately supported.** Jane Norman, Non-Executive Director, queried Risk 3115, clinical decision making based upon incomplete information, and asked why PACS (picture archiving and communication system) were being switched off before having a joint approach to Peer to Peer image sharing. Neil Darvill, Joint Chief Digital Officer, explained that it was an initiative that was partially completed for cancer research and the project had collapsed in terms of funding and prioritisation. Neil confirmed that the regional programme would be taking this over. Jayne Mee noted that the main risk register had due dates that had passed with no assurance provided to confirm that actions had been completed. It was agreed for this to be reviewed to provide full assurance to the Board. **Action: Risk team/Director of Corporate Governance to review the strategic risk register due dates to provide full assurance to the Board.** Arabel Bailey, Non-Executive Director, noted that risk 3472, relating to sustainability, held a risk score of 10 and queried why. It was confirmed that funding was allocated for NHS Green Plans from the system. Neil Kemsley noted that the longer-term aspirations across the whole NHS could lead this to a different risk score and agreed to review this risk with the Finance, Digital and Estates Committee. **Action: Neil Kemsley to review the risk score for risk 3472, relating to sustainability, and report back to the Finance, Digital and Estates Committee.** **RESOLVED that the Strategic Risk Register be received and noted for assurance.**	**Trust Secretariat** **Chief Medical Officer & Deputy Chief Executive** **Director of Corporate Governance** **Chief Financial Officer**
18/11/23	**Audit Committee Chair's Report**	
	Jane Norman, Non-Executive Director, and Chair of the Audit Committee introduced the report from October's meeting. Key updates included: • The Committee discussed in detail the de-escalation of risks and requested that an analysis be undertaken to ascertain the proportion of predicted risk reductions that had been achieved over the past 12 months. • The Committee discussed the internal audit of Management of Independent Sector Clinical Contracts which had been given limited assurance.	

Minute Ref.	*Item*	*Actions*
	• The Committee noted that the follow-up to the conflicts of interest review was proposed to be postponed until the new financial year to allow the new system for recording conflicts of interest to be embedded. It was noted there would however be some interim audit work in this area to inform the end of year Head of Internal Audit Opinion. **RESOLVED that the Audit Committee Chair's Report be received and noted for assurance**.	
19/11/23	**Capital Investment Policy**	
	Neil Kemsley, Chief Financial Officer, highlighted changes to the Capital Investment Policy that had been reviewed by The Finance, Digital & Estates Committee and which had been recommended to the Board for approval. Neil noted that the policy aligned with national policy and that there would be a single approval route for capital business cases based on financial values and gradation of Trust Committees to apply a proportionate level of governance, assurance and oversight. The Board approved the updated Capital Investment Policy. **RESOLVED that the Capital Investment Policy be approved.**	
20/11/23	**Governor's log of communications**	
	Mark Pender, Head of Corporate Governance, presented the Governors' log of communications for the information of the Board and highlighted that one question had been answered and closed within the reporting period. **RESOLVED that the Governors' Log of Communications be received and noted for information**.	
21/11/23	**Any Other Urgent Business**	
	Jane Farrell, Chief Operating Officer, referred to the set of questions and answers within the meeting pack received from a member of the public, where she had provided insight into the Boots Pharmacy located within the Bristol Royal Infirmary and the challenges being reported around the performance. Jane said work would continue to address the challenges which were largely workforce related. Jayne Mee, Chair, informed meeting attendees that any further questions from the public could be raised offline and closed the meeting at 13.30.	
22/11/23	Date of Next Meeting: **Tuesday, 09 January 2024** **Lecture Theatre 2 & 3, Education Centre, Upper Maudlin Street, Bristol**	

Public Trust Board of Directors Meeting on Tuesday, 09 January 2024
Action Log

Outstanding actions from the meeting held in November 2023					
No.	**Minute reference**	**Detail of action required**	**Executive Lead**	**Due Date**	**Action Update**
1.	**16/11/23**	Emma Wood agreed to present the triangulated Freedom to Speak Up and staff concerns data into the People Committee for Board oversight.	Chief People Officer	January 2024	**Action Closed** January Update The triangulated data was shared in Novembers People committee and remains a standing item on the work plan on a 6 monthly basis.
2.	**17/11/23**	Trust Secretariat to add a discussion around risks to the Board Day agenda in December.	Trust Secretariat	January 2024	**Action Closed** January Update An item had been added to the Board Day agenda in December 2023.
3.	**17/11/23**	Stuart Walker to review the de-escalation of "risk 2741, that research was not adequately supported."	Chief Medical Officer & Deputy Chief Executive	January 2024	**Action Closed** January Update The de-escalation has been confirmed as appropriate by the Research and Development leadership team.
4.	**17/11/23**	Risk team/Director of Corporate Governance to review the strategic risk register due dates to provide full assurance to the Board.	Director of Corporate Governance	January 2024	**Action Ongoing** January Update Review being undertaken as part of Q3 Risk update.
5.	**17/11/23**	Neil Kemsley to review the risk score for "risk 3472, relating to sustainability", and report back to the Finance, Digital and Estates Committee.	Chief Financial Officer	January 2024	**Action Ongoing** January Update Review being undertaken as part of Q3 Risk update.
6.	**14/06/23**	Due diligence to return to the Board in September to support the proposal from the Safer Nursing Care Tool (SNCT) assessment.	Chief Nurse and Midwife / Chief Financial Officer	September 2023	**Action Ongoing** January Update PICU is included as a high priority item for growth funding in 24/25. It is under discussion with specialised commissioners and regional ICB commissioning leads. Mitigation of risk in the meantime is by flexing bed capacity as staffing allows and also utilising bank and

					agency staff. Recruitment of further IENs also currently being explored. <u>November Update</u> The case for investment in PICU is being considered as part of a wider on-going assessment of key risks. If prioritised internally, the potential for recurring investment will need to be addressed as part of the system planning process for 2024/25. If there was a case for investment it would involve discussion with specialist commissioners. Further update would be provided at the next meeting. <u>September Update:</u> A solution has been achieved for CED winter 2023 and conversations are ongoing regarding the recurrent solution for PICU.
Closed actions from the meeting held in November 2023 – N/A					

Meeting of the Board of Directors in Public on Tuesday 9 January 2024

Report Title	**Chief Executive Report**
Report Author	**Executive Directors**
Executive Lead	**Stuart Walker, Interim Chief Executive**

1. Purpose

To provide an update on key strategic and operational issues affecting the Trust, system and the wider NHS.

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

The report seeks to highlight key issues not covered in other reports in the Board pack and which the Board should be aware of. These are structured into four sections:

- National Topics of Interest
- Integrated Care System Update
- Strategy
- Operational Delivery

3. Strategic Alignment

This report highlights work that aligns with the Trust's strategic priorities.

4. Risks and Opportunities

The risks associated with this report include:

- The potential impact of strikes on the availability of services and quality of care delivery.

5. Recommendation

This report is for **Information**

The Board is asked to note the report.

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

N/A

Chief Executive's Report

Background

This report sets out briefing information for Board members on national and local topics of interest.

National Topics of Interest

<u>Industrial action</u>
With the breakdown of relationships between the government and the BMA Industrial Action for Junior Dr's went ahead 20th – 23rd December 2023 and 3rd – 9th January 2024

Unlike the joint strikes with consultants (where a minimum service of Christmas day staffing was offered), these strikes were a full walkout of junior doctors. The BMA have a mandate for junior doctor industrial action through to the end of February 2024. The HCSA are re-balloting junior doctors to extend their strike mandate, with the result expected around 20 December. In the meantime, their current mandate allows their members to join the December junior doctor strike.

With a pay offer having been formally made to consultants, the BMA have not announced any further consultant strikes at this time. The BMA referendum on the pay award closes on 23 January 2024. In the meantime, the BMA have successfully re-balloted the consultants for a further mandate for strike action (should the pay offer be declined). This mandate will now run until mid-June 2024.

The BMA and HCSA have both successfully balloted SAS Doctors for strike action for the first time, but have not yet announced any strike dates for this staff group.

Having taken strike action earlier in the year, the Society of Radiographers have not announced an intention to re-ballot, with their mandate expiring in December.
The impact on our patients, and delays in their treatment, remain a concern but we are assured that we have provided safe care for our In-Patients during periods of action. There are delays in Out-Patient appointments and elective operations as a consequence of the strikes, but the Operational teams continue to programme our recovery agenda.

We recognise that this adds stress to our patients and their families. Equally our staff are feeling increasingly tired covering gaps and catching up with cancelled services. We continue to work with NHSE, NHS Providers and NHS Employers to encourage a national solution to the remaining disputes.

<u>Thirlwall Inquiry – Trust Response for Statements</u>
The Trust was asked to provide two statements to the Inquiry from the Trust Medical Director and a Non-Clinical Director with responsibility for the Trust's neonatal services. The statements asked for a range of information about the Trust's governance and for information about neonatal services. The Trust has submitted the responses to the Inquiry and awaits any follow up queries.

Changes to immigration policy

Following last months' announcement by the government of changes to the immigration policy that will take effect from spring 2024, the Cavendish Collation, which NHS Employers convenes, wrote to the Prime Minister to express their concerns and highlight the potential negative impact the changes may have on the social care workforce in particular they included:

- Impact on social care workforce - the risk that restricting care workers and senior care workers from bringing dependants will make the UK a less attractive destination for much-needed social care staff in the face of increasing global competition for health and care workers.
- Call for reconsideration - there is a clear ask for the government to reconsider the decision to restrict care workers and senior care workers from bringing their dependants, with an emphasis on the need for continued international recruitment to avoid a negative impact on waiting times for health and social care.
- Need for clarity and reassurance - an ask for the government to provide detailed information on the implementation of the new policies, including transitional arrangements. It stresses the importance of reassuring care workers about their status and families, given the potential impact on recruitment levels in social care.

Long Term Workforce Plan (LTWP)

The delivery of the growth in apprenticeships and training places to deliver upon the commitment of the LTWP are in the forefront of our education colleagues minds. We are advised that besides the Medical Degree Apprenticeship programme other funding streams will not become available in 2024-2025, however future funding arrangements will be outlined in an educator strategy set to be published early this year. We anticipate this will include important decisions such as how to fund the backfill required to support learners and the growth of apprenticeships.

The Trust continues to support its nurse pipeline as we progress our colleagues through the Trainee Nursing Associate and Registered Nurse Degree Apprenticeship programmes. We are also on track to deliver one of the largest Internationally educated nurse (IEN) programmes in the UK, welcoming 380 colleagues last year and this month. Future national funding for IENs has yet to be confirmed.

Strategy and Culture

Clinical Strategy Development

Engagement in the development of the UHBW clinical strategy has been strong and over 200 staff from the full range of professional backgrounds have inputted to date. The engagement phase of this work has been extended into January to allow for wider staff engagement. This will be disseminated through various communications channels and survey staff as to the things they feel are most important for the future of UHBW's clinical services going into the future. The work is inextricably linked to the Healthy Weston strategic plans and to the Joint Clinical Strategy that is under development with NBT. The New Year will see the corporate strategy team begin to synthesise the responses received and develop and test draft content with clinical and divisional leadership across

the organisation. Publication of the UHBW clinical strategy is expected in the Spring of 2024.

Planning for 24/25

National guidance will not be available until sometime in early 2024 but local planning is progressing with ICB colleagues and colleagues from specialised commissioning. Areas of focus remain similar to 23/24 and seek to consolidate investment already made in urgent and emergency care and continue to improve to access to planned care and diagnostics. National targets for waiting list reduction are yet to be confirmed. Work is also underway with specialised commissioners and ICBs from across the region to ensure that UHBW's most fragile regional services are developed to improve their resilience. A new collaboration between the Bristol-based acute trusts (UHBW and NBT) and University Hospitals Plymouth is supporting the main providers of tertiary services in Southwest to have a strong influence into the commissioning of regional services. A small number of nationally commissioned services are also in development for the 24/25 financial year.

Well-led Review

The Trust commissioned an externally facilitated well led review of in line with the requirements of the NHS Code of Governance to complete this exercise every 3-5 years. The review is against the criteria as outlined in the document entitled "Developmental reviews of leadership and governance using the well-led framework: guidance for NHS trusts and NHS foundation trusts." The review has involved a desktop consideration of evidence and interviews with internal stakeholders including colleagues from North Bristol NHS Trust, the Integrated Care Board, and members of staff. The review team also visited several clinical areas to meet and talk to staff. The draft report has been received and the Trust response will be considered. Once the final report has been received, this will be presented to the Board alongside an action plan to address any recommendations.

Staff Survey

The staff Survey 2023 closed in November and our final response rate was 52.5% which was +7.8% compared to 2022 and +6.7% above the acute average which closed at 45.8%. 6594 colleagues took the opportunity to complete the survey an increase of 1379 colleagues year on year.

The division of Weston increased their response rate by the greatest figure of 21.9%, with Estates and Facilities reaching the highest response rate of 71.4%, +14.2% on the previous year. In addition to the focus on the Divisional response rates we also focused on two key staff groups resulting in an increase in the Nursing and Midwifery of +8.8% and Medical and Dental increasing by 7.6%.

A comprehensive and robust communication and project plan was delivered with a number of new incentives, Senior leadership, Staff Survey and confidentiality videos received over 900 views, over 1500 staff survey stickers were distributed, over 32 hours of iPad support across the Trust, targeting low response areas, and we developed a manager's toolkit to assist in raising responses. The biggest impact on response rates

has been where Divisions have committed to local support and dedicated resources. Estates and Facilities, Weston and Surgery all had significant increases through this route which included providing space and opportunity to compete the survey, leadership led approach, t shirts, tea trollies and Employee champions.

Our raw data, whilst embargoed, has been received and will be shared at the People Committee on the 25 January 2024.

Operational Delivery

Weston-super-Mare Community Diagnostic Centre to open in 2024

A new Community Diagnostic Centre (CDC) will open in April 2024 and be based at the For All Healthy Living Centre, which is also the base for Horizon Health Centre GP practice in Weston-super-Mare. The state-of-the-art CDC, will be operated by InHealth in partnership with University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) and support faster diagnosis and treatment of a range of conditions including cancer, heart and lung disease. InHealth were appointed as preferred bidder for the project following a competitive procurement exercise by NHS England in the South-West on behalf of the BNSSG Integrated Care Board (ICB), and will be responsible for staffing and ownership of the building.

The CDC will be built alongside existing mobile units currently providing both CT (Computed tomography) and MRI (Magnetic resonance imaging) scanning at the health centre, providing increased diagnostic capacity closer to home for many people and helping reduce health inequalities. The Centre will be the first of its kind in the Bristol, North Somerset and South Gloucestershire (BNSSG) area and is part of an NHS plan that will see a series of fixed CDCs created across the South-West during 2024, with mobile services in place to increase the number of scans for patients while the building work is carried out.

The Weston-super-Mare CDC will provide CT and MRI scanning, additional radiology imaging and cardiac and respiratory physiology tests.
Operational Delivery

Elective Care Trajectories

On 8th November NHSE wrote to ICBs and Trusts (Addressing the significant financial challenges created by industrial action in 2023/24, and immediate actions to take) requesting that systems confirmed actions required to deliver the priorities for the remainder of the financial year, relating to the financial and performance pressure associated with industrial action. Trusts were asked to reconsider the trajectories agreed through the 2023/24 Annual Planning rounds, focusing on achieving financial balance, protecting patient safety, prioritising emergency performance and capacity, while protecting urgent, high priority elective and cancer care. In collaboration with system colleagues, the Trust self-certified that urgent care and cancer performance standards remained on-track according to the ambitions set at the beginning of the year, with the position formally signed off by Trust Board and ICB Board.

In support of the formal self-certification, Trusts and ICBs were asked by NHSE regional colleagues to assess whether elective care trajectories, also committed to as part of the Annual Planning process, required reconsideration. The Trust confirmed that, whilst all other performance measures remained on-track, RTT 65 week and 78 week wait trajectories needed to be revised, primarily due to the loss of capacity experienced as a result of industrial action. Both revised trajectories have been accepted.

Recommendation
The Board is asked to note the report.

Stuart Walker
Interim Chief Executive

University Hospitals
Bristol and Weston
NHS Foundation Trust

Meeting of the Trust Board of Directors in Public on Tuesday 9 January 2024

Reporting Committee	**Quality and Outcomes Committee on Tuesday 28 November 2023**
Chaired By	**Sue Balcombe – Non-Executive Director**
Executive Lead	**Deirdre Fowler – Chief Nurse and Midwife**

For Information

The committee were briefed on the ongoing significant operational pressures being experienced in particular in the ED departments. It was noted that bed occupancy and length of stay had both increased, that there was an increase in unplanned admissions and an increase in BRI ED attendances. The committee however recognised that the actions taken as part of the Trusts Winter Planning were having a positive effect including the opening of the new observation unit in Weston, utilisation of the new Care Traffic Control dashboard and improved performances in the Same Day Urgent Care Units.

The Trusts Childrens Winter Plan was presented to the committee and was very well received. The plan detailed the operational risks including poor patient and staff experience – of doing nothing. Following a detailed review of the data and excellent staff engagement a number of actions are now being implemented to decompress minors in ED and improve capacity, partly by providing bespoke minors streaming. Additional recruitment of ED consultants and nursing staff is underway and pathways out of hospital to prevent admissions and to support early discharge are being implemented to improve patient flow. The committee was particularly impressed with the work to support staff, to ensure that they continue to feel valued and part of the team, and that UHBW is seen as a safe place to work and somewhere where you can have a thriving career.

The Safer Staffing report demonstrated a continued overall reduction in band 5 vacancies and turnover with a fill rate of 97%. There continues to be areas of pressure in places such as theatre and Paediatric HDU nurse staffing.

In anticipation of the expected CQC inspection of Maternity Services the committee discussed the improvement work underway including the programmes to support bespoke antenatal education, continuity of care teams and enhanced support for vulnerable mothers and those in areas of deprivation. Areas of priority continue to be ensuring triage and induction of labour is high quality and consistent across the Trust as well as the continued roll out of BadgerNet and improvements to the environment at St Michaels.

The Quarter Two Infection Prevention and Control Report was shared. The rise in incidents of C.Diff were discussed and the Director of IPC advised that the Trust was not an outlier and there was a national increase in incidents. Work at system level was underway and in the interim , Trust cleaning standards and antibiotic prescribing continue to be closely monitored.

University Hospitals Bristol and Weston NHS Foundation Trust

For Board Awareness, Action or Response
Concerns have been raised again about the capacity of the End-of-Life Team to support the delivery of an effective service to our patients over 7 days. The committee has asked for a detailed review with recommendations for action to mitigate the risk, and this will come to a future meeting. The committee noted that further actions are required to ensure that infection control standards are consistently met in a number of theatre suites. Updates on action to mitigate the risk have been requested. The Clinical Quality Group are undertaking a piece of work to review Induction of Labour and will report back to QWOC on the findings. Following a Never Event, the committee was briefed on the significant challenges posed whilst safely caring for young people who require restraint in order to support NG feeding. Recognising that this is extremely stressful for both the patient and the staff – the committee sought assurance that the appropriate level of training and support was in place.
Key Decisions and Actions
The committee have requested more detailed information regarding Never Events at future meetings.
Additional Chair Comments
None.

Date of next meeting:	Tuesday 30 January 2024

Meeting of the Board of Directors in Public on Tuesday 9 January 2024

Report Title	**Integrated Performance Report**
Report Author	David Markwick, Director of Performance Philip Kiely/Lucy Parsons, Deputy Chief Operating Officers James Rabbitts, Head of Performance Reporting Anne Reader, Associate Director of Quality and Patient Safety Julie Crawford, Deputy Head of Quality and Patient Safety Alex Nestor, Deputy Director of Workforce Development Kate Herrick, Head of Finance
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1. Purpose

To provide an overview of the Trust's performance on quality, access and workforce standards.

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

Please refer to Executive Summary

3. Strategic Alignment

This report aligns to the objectives in the domains of "Quality and Safety", "Our People", "Timely Care" and "Financial Performance".

4. Risks and Opportunities

Risks are listed in the report against each performance area and in a summary.

5. Recommendation

This report is for **Assurance**

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

N/A

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Performance Report

Month of Publication: December 2023

Data up to: November 2023

Performance Report

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: November 2023

INTRODUCTION

This report provides a monthly update of the key performance metrics within the NHS Oversight Framework for 2023/24 and the Trust Leadership priorities. Further information within the full Integrated Quality and Performance Report (IQPR) is available in the reading room to provide additional background detail if required.

PRIORITY	CORPORATE OBJECTIVE	Page
Quality and Safety	Ensure our patients have access to timely and effective care, with a risk based approach to preventing patient harm in our urgent and elective pathways	15
Our People	Deliver our workforce plans to develop new roles to retain and attract talent. Invest in high quality learning and development to retain colleagues and students. Ensure colleagues are safe and healthy by prioritising wellbeing and that everyone has a voice which counts, and are treated with respect regardless of their personal characteristics.	28
Timely Care	Reduce ambulance handover delays and waiting time in emergency departments Reduce delays for elective admissions and cancer treatment Improve hospital flow with a focus on timely discharging.	35
Financial Performance	Year To Date Income & Expenditure Position. Recurrent savings delivery and delivery of elective activity recovery. Strategic Risks.	60

Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: November 2023

EXECUTIVE SUMMARY

Quality and Safety

The Summary Hospital Mortality Indicator for UHBW for the 12 months August 2022 to July 2023 was 95.9 and in NHS Digital's "as expected" category. This is below the overall national peer group of English NHS trusts of 100. The Hospital Standardised Mortality Ratio (HSMR) solely for the month of August 2023 was 86.1, meaning there were 16 fewer observed deaths (99) than the statistically calculated expected number of deaths (115). Single monthly figures for HSMR are monitored in UHBW as an "early warning system" and are not valid for wider interpretation in isolation. The HSMR for the 12 months to August 2023 for UHBW was 100.0, above the National Peer of 98.3.

Six cases were reported of Clostridioides Difficile (CDiff) in November. The breakdown for these are one Community Onset Hospital Acquired and five Hospital Onset Hospital Acquired. This is lower than the projected monthly figure of 7.3 within the 4 week period. The trust year to date figures show as 74. CDiff reviews have been streamlined inline PSIRF principles to maximise timely learning and importantly key actions for improvement within a shortened timescale. Commode cleaning and sluice auditing is embedded with AMAT (a digital audit tool). Reporting is being developed for Divisions as a key priority to support targeted improvement actions locally as well as Trust wide actions overseen by the Infection Prevention and Control Operational Group. Preliminary discussions have begun to identify how IPC nurses can work more collaboratively with the Anti-Microbial Stewardship pharmacy team and clinical lead to ensure best practice stewardship in clinical practice.

There are no cases reported for MRSA bactereamia in November. The trust 2023/24 year to date figure is currently six. Vascular access improvement work has progressed within the adult Emergency Department's at the BRI and Weston with interventions planned in this QI initiative in early 2024 as detailed in the narrative for this indicator.

The VTE risk assessment compliance for November is 84.86% Trustwide remaining reasonably static. In Q4 23/24 we will be reporting on risk assessment compliance across Bristol and Weston using updated cohort and exclusion criteria. A review and categorisation of all guidelines related to VTE has been completed and are available on a new thread on MyStaff App, aligned across Bristol and Weston. Further actions being taken are detailed in the narrative for this indicator. The VTE Lead is going to bring a summary of the VTE situation to the Quality and Outcomes Committee in February as agreed at Board.

In November, 15 patients were eligible for BPT at Weston. The 36hr time to theatre target was achieved for 11/15 patients - 73%. The 72hr ortho-geriatrcian review target was achieved for all 15 patients - 100%. Overall care provided for 10/15 patients achieved all the targets to meet BPT standards -67%. At Bristol sites 30 patients were eligible for Best Practice Tariff in November 2023:

- 4/30 (13%) patients received surgery within 36 hours.
- 30/30 (100%) received a ortho-geriatrician review within 72hours.
- 4/30 (13%) achieved all the targets for the BPT.

On the Bristol site they are actively re-patriating patients to Weston to improve flow and a Trauma Standard Operating Procedure (SOP) has been approved to allow the allocation of a "Golden Patient", enabling a prompt theatre start to help reduce time to theatre delays.

Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: November 2023

EXECUTIVE SUMMARY

Our People

The vacancy position has further reduced from 4.0% to 3.2%. The Trust received another large cohort of Internationally Educated Nurses (IEN) with 58 arrivals. A total of 889 IENs have arrived at the Trust since the beginning of the programme.

Work has continued to organise the nursing open days for 2024. The plan encompasses arranging children's nursing, experienced and newly qualified open days in January and February, along with a newly qualified adult nursing event in February.

Planning for the 2024 Healthcare Support Worker (HCSW) Recruitment Programme commenced in November and the full schedule for the next year is due to be released in December.

The Trainee Nursing Associate (TNA) advert to recruit to the 28 remaining spaces for the cohort starting in March 2024 went live last month. The aim is to achieve the target for the financial year of 40 TNAs.

The Consultant vacancy rate will be reviewed and monitored due to its upward trend, now at 48.5 FTE.

Stability index reduced to 82.5% compared to 82.9% the previous month. This metric is useful for understanding the proportion of the workforce that have less than one years' service. It is important to interpret the reduction in the stability score, i.e. the increased numbers of workers with less than one years service, within the context of the growth of the total workforce, the improved vacancy position and a period of reduced turnover. Analysis of the leavers data shows that 19% of the total leavers, left with under a year of employment. Further detail will be shared with the associated Recruitment and Retention groups for professional groups to inform future action planning.

Turnover for the 12-month period further reduced to 12.0 % compared to 12.3% in the previous month. Turnover rate for Band 5 nurses in November reduced again to 12.6% (compared with 13.3% for October).

Sickness absence has reduced to 5.0% from 4.7% in November, the largest divisional reduction was seen in Specialised Services, where sickness reduced by 0.5 percentage points to 4.5%, compared to 5.0% in the previous month.

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EXECUTIVE SUMMARY

Our People (continued):

Overall appraisal compliance increased to 77.8% compared to 77.4% in the previous month, against KPI of 81%. There were increases within four divisions. The largest divisional increase was seen within Medicine, increasing to 83.2% from 81.2% in the previous month. Four divisions are above the new KPI target, Trust Services now joins Facilities and Estates, Medicine and Specialised Services.

Essential Training (ET) compliance in December for the eleven Core Skills improved slightly from 89.2% the previous month to 89.3%. Seven of eleven core skills improved slightly, with Fire Safety now at 91.2% and Moving and Handling at 82.2%. Remaining ET overall compliance also saw a small increase, from 89.6% to 90.0% (+0.4%). Divisional ET performance improved slightly in four of seven divisions.

Agency usage has reduced further to 1.2% from 1.4%. System work continues at ICB level to drive the supply of lower cost framework nursing agency supply with a renewed focus on developing a plan to deliver cap compliant agency supply.

Bank usage at month eight is 6.6%. Bank usage reduced by 3.4FTE from the previous month and there were 57 new starters across the Bank in November, including 19 re-appointments. The Trust Bank has launched the Allocate Loop app, which will enable staff to see availability of shifts and book onto them in a more accessible way.

EXECUTIVE SUMMARY

Timely Care

Whilst Industrial Action has abated during November, the increase in non-elective demand experienced since August has continued, reflected in an increase in bed occupancy (BRI 93.5% July to 105.5% in November; WGH 89% July to 95.8% in November), No Criteria To Reside patients and a consequent impact on timely flow and thereby non-elective performance. Improvements delivered through a variety of flow improvements schemes, including Every Minute Matters and Healthy Weston phase 1, have led to a reduction in length of stay in the first eight months of the year (BRI 13.5%; WGH 22.2%) but these bed benefits have been largely counteracted by the increase in demand, exceeding 2023/24 operational planning assumptions. This has impacted both planned and urgent and emergency care and, whilst some improvements have been noted in planned care performance in November, urgent and emergency care has seen a deterioration across the last four months against key flow metrics, although recovery and delivery at year end is still attainable.

On 8th November NHSE wrote to ICBs and Trusts (Addressing the significant financial challenges created by industrial action in 2023/24, and immediate actions to take), requesting that systems complete a rapid two-week exercise to agree actions required to deliver the priorities for the remainder of the financial year, relating to the financial and performance pressure associated with industrial action. Trusts were asked to reconsider the trajectories agreed through the 2023/24 Annual Planning rounds, focusing on achieving financial balance, protecting patient safety, prioritising emergency performance and capacity, while protecting urgent, high priority elective and cancer care. In collaboration with system colleagues, the Trust self-certified that urgent care and cancer performance standards remained on-track according to the ambitions set at the beginning of the year, with the position formally signed off by Trust Board and ICB Board.

In support of the formal self-certification, Trusts and ICBs were asked by NHSE regional colleagues to assess whether elective care trajectories, also committed to as part of the Annual Planning process, required reconsideration. The Trust confirmed that, whilst all other performance measures remained on-track, RTT 65 week and 78 week wait trajectories needed to be revised, primarily due to the loss of capacity experienced as a result of industrial action. The trajectory set at the beginning of the year referred to the elimination of any 78 week waits in-year and any 65 week waits by 31 March 2024 and the revised trajectories accounted for the small number of specialties where industrial action has impacted to such an extent that it will not be possible to entirely eradicate long waiting patients.

The forecast shared with NHSE confirmed that the total number of patients waiting 65 weeks or longer at the end of the year would reduce to 392 (1,304 at the end of November), of which 40 would be waiting 78 weeks or longer. Recovery plans are in place to eliminate78 weeks by the end of January 2024, with the exception of nationally recognised challenged areas – paediatric dentistry and corneal graft where the aim is to eliminate by Q1 24/25.

In terms of 65 week waits, full elimination will be delivered in Q1 2024/25, with the exception of this same subset of challenged specialties; elimination currently forecast for Q2 2024/25.

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EXECUTIVE SUMMARY

Timely Care (continued)

Planned Care - At the end of November 2023, no patients were waiting over 104 weeks and the Trust continues to maintain zero 104-week Referral To Treatment (RTT) breaches, with no patient waiting longer than 104 weeks since February 2023.

Significant progress had been made in reducing the number of patients waiting over 78 weeks in the last six months of 2022/23, reducing the number down from 877 in December 2022 to 166 in March 2023, now 223 at end of November (down from 242 at end of October). The improvement noted during November reflects the continued impact of Divisional recovery plans which forecast an accelerated reduction through the remaining four months of the year. The number of patients waiting 78+ weeks is expected to be eliminated by end of January 2024 for all specialties with the exception of paediatric dental and cornea graft. The continued national shortage of material is contributing towards the delay in treating cornea graft patients, although it is anticipated that the number of patients will reduce through Q4 and the number of paediatric dental patients waiting in excess of 78 weeks are also expected to further reduce during the final quarter of the year, with the Trust continuing to make use of insourcing arrangements. The Trust position is in keeping with the national context where the compounding impact of recurrent Industrial Action has inhibited progress against full elimination.

Up until June 2023, the Trust was on track to achieve the national ambition of no patients waiting longer than 65 weeks by end of March 2024. The impact of Industrial Action has predictably contributed towards a deterioration and, at the end of September 2023, the number of patients waiting longer than 65 weeks increased to 2,183 against an operating plan trajectory of no more than 1,260. Improvements have been made through October and November and, at the end of the November, the number of patients waiting in excess of 65 weeks has reduced to 1,304 against an operational plan trajectory of 840. Whilst work continues to ameliorate the impact of Industrial Action and achieve the national ambition, the revised trajectory recently provided to NHS in response to the letter received on 8th November, is 1,430 for November, reducing to 1,171 by end of December.

Through 2022/23, the Trust made sustained progress in reducing the number of patients on a cancer pathway waiting over 62 days. The number of patients waiting over 62 days was reduced from a peak of 416 patients in August 2022 to 178 patients in March 2023. This reflected achievement of the 62-day baseline set for the Trust by NHS England. During 2023/24, alongside other planned care pathways and targets, Industrial Action has had an impact on Cancer and the number of patients waiting over 62 days. At the end of May, the number of patients waiting 62 days or longer had increased to 238 and volumes have fluctuated in the months since. Due to the continued impact of Industrial Action, at the end of October the position had deteriorated to 282 patients, but significant improvement through November has resulted in the number of patients waiting over 62 days reducing to 204. Efforts will continue to mitigate against any impact and the Trust continue to work towards the target of 160 by March 2024.

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EXECUTIVE SUMMARY

Timely Care (continued)

The Faster Diagnosis Standard measures from receipt of a suspected cancer referral from a GP or screening programme to the date the patient is given a cancer diagnosis, told that cancer is excluded, or has a decision to treat for a possible cancer. Performance against the trajectory was met during March 2023 but had deteriorated in the six months since (June 61.6%, July 59.5%, August 56%, September 48.4%) but has improved again in October (52%). The performance has been impacted by a combination of Industrial Action and the impact of the Trust being unable to withdraw the mutual aid support being provided to Somerset NHS FT for dermatology. Now that mutual aid arrangements with Somerset have ceased, compliance with the 75% standard by the end of the financial year is still attainable dependent on impact of future industrial action.

At the end of April 2023, the Trust reported that 71.8% of patients were waiting less than six weeks for a diagnostic test. Improvement had been made each month since and, at the end of July, the position had improved to 78%. During the subsequent two months, the Trust's focus on the recovery of other areas predictably impacted the diagnostic six-week wait standard and performance at the end of September deteriorated to 74.9%, against the operating planning trajectory of 77.8%. October and November have seen an improvement against this standard, with 80.2% of patients waiting six weeks or less at the end of November, against a trajectory of 79.9% and the Trust remain on track to deliver the ambition that 83.3% of patients will be waiting six weeks or less for their diagnostic test by March 2024.

Across the key emergency department and flow measures, a deterioration in performance has been noted since July which, when compared to previous months, was an exceptionally improved position. This is broadly due to slower flow through the hospitals driven largely by the increased bed occupancy rate (BRI 105.5% / WGH 95.8% in November compared to BRI 93.5% and Weston 89% in July). During November (and into December) increased prevalence of infection has created challenges in using the discharge lounges (where we are unable to isolate infected patients) which has in turn contributed to a deterioration in timely discharge performance during November (17% compared to 20% in October). NB Discharge lounge use overall has increased during November, associated with the new 24 hour / seven days a week model in the BRI. The Length of Stay (LoS) benefits (16.6% reduction in LoS) derived from initiatives such as Every Minute Matters, SDEC development and the Transfer of Care Hubs mobilisation, have largely been subsumed by a 15.6% increase in Non-elective admissions.

During November, 63.4% of attendances spent less than 4 hours in an emergency department (ED), from arrival to discharge or admission, compared to 75.3% in July (71% in August, 67.2% in September and 64.7% in October). This was largely driven by "exit block" out of the emergency departments resulting from the increased bed occupancy / non-elective described previously. Work continues to recover this position during December, including plans to open more front door queuing space and a review of inpatient capacity seeking to mitigate the underlying medical bed deficit.

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EXECUTIVE SUMMARY

Timely Care (continued)

The number of patients spending 12 hours or more in ED during November was reported as 4.7%, against the target of 2%. Whilst this is a deterioration from August (2.1%), September (2.8%) and October (3.8%), improvement has been made against this standard over the last few months and the Trust continues to progress actions to deliver and sustain the NHSE year-end target (2%). The increased bed occupancy is directly responsible for the deterioration in 12 hour waits due to the impacts on flow out of the emergency departments into assessment units, with some adult patients waiting in our ED's in excess of 24 hours.

The proportion of ambulance handovers within 15 minutes had been improving with a much-improved position of 51.4% reported in July. Between August and November, this position predictably deteriorated (21.5% in November) because of the impacts of the constrained flow (i.e. more NEL admissions coming in and increased bed occupancy), particularly noticeable on the BRI site. A similar performance was noted for ambulance handovers within 30 minutes, with November reporting 55.6%, compared with July (82.9%). Whilst at Trust level ED attendances are currently tracking above 2019/20 levels, 'Ambulance conveyed' arrivals as a sub-set of attendances are up c16% compared to the same period last year.

During November, the average daily number of patients in hospital with no criteria to reside (NCTR) was 154, a slight reduction from October (155) and an increase from the position reported in September (142). Local Authority and Sirona community services have been under pressure and non-recurrent funding has been agreed to provide bridging capacity in home care and purchase additional community beds. Ongoing improvement had been achieved over several months leading up to September and a range of schemes implemented are expected to continue to have a positive impact on this standard, including the ongoing establishment of the two Transfer of Care Hubs with their additional 33 WTE UHBW staff and new ways of working across acute and community to reduce delays. It should be noted that performance against this measure over the winter relies on highly effective, integrated working and the ongoing effort to redesign ways of working at pace, hence significant concerns that, at best we will sustains the current NCTR position during Q4, rather than further improve.

EXECUTIVE SUMMARY (continued)

Financial Position

At the end of November there is a net I&E deficit of £9,333k against a deficit plan(excluding technical items) of £8,914k. Total operating income is £31,438k favourable to plan due to higher than planned income from activities of £23,537k and higher than planned other operating income of £7,901k. Operating expenses are £33,480k adverse to plan due to higher pay expenditure (£17,949k) and non-pay expenditure (£15,568k). Depreciation is broadly in line with plan. The estimated cost of industrial action for May to November (at £4,194k) has been funded by NHSE. Technical and financing items are £2,086k favourable to plan mainly due to interest receivable.

The key issues underlying the financial position are recurrent savings delivery below plan – Internal CIP delivery is £13,251k or 105% of plan of which recurrent savings are £5,302k, 42% of plan. Failure to achieve the annual target of £27m (including transformational savings) in full may result in the Trust failing to meet the financial plan. Delivery of elective activity recovery below plan – elective activity must be delivered in line with plan. Failure to do so could result in a loss of income of up to c£13m which may jeopardise the ability of the Trust achieve its financial plan. At M8, the value of elective activity is £5.1m behind plan. Corporate mitigations not delivered in full – non-recurrent mitigations of c£25m are required to support delivery of the plan. At Month 8, the corporate mitigations are on track. Failure to deliver the financial plan – failure to deliver the actions and therefore the financial plan of break-even will constitute a breach of statutory duty and will result in regulatory intervention.

Performance Report

University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: November 2023

SUMMARY SCORECARD – FINANCIAL YEAR 2023/24

DOMAINS: "Quality and Safety" and "Our People"

			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Infection Control: C.Diff Cases (Hospital Attributable)	Risks: 800 and 4651	Actual	12	8	13	8	10	9	9	6	-	-	-	-
		Trajectory	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3
Infection Control: MRSA Cases (Hospital Onset)	Risks: 800 and 4651	Actual	1	0	2	2	0	1	0	0	-	-	-	-
		Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
Fracture NOF: Theatre Within 36 Hours		Actual	53.6%	44.4%	48.3%	61.9%	68.0%	45.1%	49.0%	33.3%	-	-	-	-
		Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Fracture NOF: Geriatrician Review Within 72 Hours		Actual	42.9%	47.6%	40.0%	38.1%	48.0%	78.4%	100.0%	100.0%	-	-	-	-
		Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
VTE Risk Assessment	Risk: 720	Actual	82.0%	82.8%	82.6%	84.0%	84.7%	82.5%	82.7%	84.9%	-	-	-	-
		Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Workforce: Agency Usage	Risk: 674	Actual	1.7%	1.7%	1.7%	1.6%	1.5%	1.3%	1.4%	1.2%	-	-	-	-
		Trajectory	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%
Workforce: Turnover	Risk: 2694	Actual	14.3%	14.1%	13.8%	13.4%	13.1%	12.7%	12.4%	12.0%	-	-	-	-
		Trajectory	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
Workforce: Staff Sickness		Actual	4.1%	4.1%	4.2%	4.4%	4.6%	4.7%	5.1%	5.0%	-	-	-	-
		Trajectory	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
Workforce: Staff Vacancy	Risk: 737	Actual	4.2%	6.1%	6.3%	6.2%	5.2%	4.1%	4.0%	3.2%	-	-	-	-
		Trajectory	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%

			Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Summary Hospital Level Mortality Indicator (SHMI)		Actual	100.4	98.0	98.9	97.5	95.8	95.0	95.3	95.9	-	-	-	-
		Trajectory	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: November 2023

SUMMARY SCORECARD – FINANCIAL YEAR 2023/24

DOMAIN: "Timely Care"

			Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Referral To Treatment 78+ Weeks	Risk: 801	Actual	182	248	215	203	245	287	242	223	-	-	-	-
		Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
Referral To Treatment 65+ Weeks	Risk: 801	Actual	1,549	1,599	1,765	1,933	2,222	2,183	1,806	1,304	-	-	-	-
		Trajectory	1,950	1,910	1,870	1,670	1,470	1,260	1,050	840	630	420	210	0
Cancer 62+ Days	Risk: 801	Actual	218	238	179	233	222	270	282	204	-	-	-	-
		Trajectory	180	178	176	174	172	170	168	166	166	164	162	160
Cancer Treated Within 62 Days	Risk: 801	Actual	68.2%	66.7%	66.0%	69.0%	64.8%	59.1%	61.8%	-	-	-	-	-
		Trajectory	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Diagnostics: Percentage Waiting Under 6 Weeks	Risk: 801	Actual	71.8%	73.5%	76.8%	78.0%	75.9%	74.9%	75.5%	80.2%	-	-	-	-
		Trajectory	72.9%	73.4%	74.7%	75.6%	76.8%	77.8%	79.1%	79.9%	80.4%	81.2%	82.3%	83.3%
Diagnostics: Number Waiting 26+ Weeks	Risk: 801	Actual	358	294	191	188	146	311	232	315	-	-	-	-
		Trajectory	411	357	281	188	102	9	0	0	0	0	0	0
Emergency Department: Percentage Spending Under 4 Hours	Risks: 910 and 4700	Actual	70.7%	67.5%	72.1%	75.3%	71.0%	67.2%	64.7%	63.4%	-	-	-	-
		Trajectory	60.5%	61.4%	62.2%	63.1%	64.0%	64.8%	66.6%	68.3%	70.0%	71.7%	73.5%	76.0%
Emergency Department: Percentage Spending Over 12 Hours	Risks: 910 and 4700	Actual	4.7%	5.0%	3.1%	0.9%	2.1%	2.8%	3.8%	4.7%	-	-	-	-
		Trajectory	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
Emergency Department: Handovers Under 15 Minutes	Risks: 910 and 4700	Actual	28.0%	25.1%	38.0%	51.4%	31.5%	29.7%	20.6%	21.5%	-	-	-	-
		Trajectory	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%
Emergency Department: Handovers Under 30 Minutes	Risks: 910 and 4700	Actual	63.0%	55.0%	72.7%	82.9%	62.9%	61.2%	56.9%	55.6%	-	-	-	-
		Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Every Minute Matters: Timely Discharges (12 Noon)	Risk: 423	Actual	18.3%	19.4%	19.9%	19.4%	17.8%	19.7%	20.1%	17.0%	-	-	-	-
		Trajectory	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%
Every Minute Matters: Discharge Lounge Use (BRI and Weston)	Risk: 423	Actual	22.3%	22.1%	21.9%	26.2%	27.3%	30.7%	30.4%	30.6%	-	-	-	-
		Trajectory												

Performance Report

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Draft Quarter 3 Position

CORPORATE RISKS

ID	Corporate Risks, Projected Mitigation	2023/24 Q1	2023/24 Q2		2023/24 Q3	2023/24 Q4	2024/25 Q1	2024/25 Q2	2024/25 Q3	2024/25 Q4	2025/26 Q1	2025/26 Q2	2025/26 Q3	2025/26 Q4	2026/27 Q1	2026/27 Q2
2244	Long waits for Outpatient follow-up appointments	20	20	↔	20		4									
910	Patients in ED do not receive timely and effective care	16	16	↔	16			6								
972	Fire Safety Regulations	16	16	↔	16											4
2264	Delays in commencing induction of labour	16	16	↔	16		4									
1035	Cancelled operations, breached performance targets	16	16	↔	16											TBC
588	Patient deterioration is not identified and responded to	15	15	↔	15				5							
856	Emotional and mental health needs of children and YP	15	15	↔	15			8!								
5477	Nurse staffing levels	15	15	↔	15	6										
292	Trust is impacted by a cyber incident	NEW	15	↔	15											TBC
6691	Medicines are not stored securely	NEW	15	↔	15	6										
1595	Mental health patients in Adult ED for prolonged periods	12	12	↔	12			8!								
422	Patients and staff experience V&A	12	12	↔	12			6								
674	Agency use - national pricing caps	12	12	↔	12		4									
793	Staff experience work-related stress	12	12	↔	12	9!										
1598	Patients suffer harm or injury from preventable falls	12	12	↔	12		9!									
2639	Staff compliance with appraisal requirements	12	12	↔	12	6										
2695	Robust governance processes	12	12	↔	12	6										
5520	Health inequalities exacerbated for patients on waiting list	12	12	↔	12					6						
6502	Industrial action impacts on patient safety	9	9	↔	9	5										
921	Staff compliance with their Essential Training	9	9	↔	9	6										
2614	Patients being cared for in extra capacity locations	8	8	↔	8	4										
720	VTE prevention and management	8	8	↔	8		4									

* Denotes that the risk has achieved its target

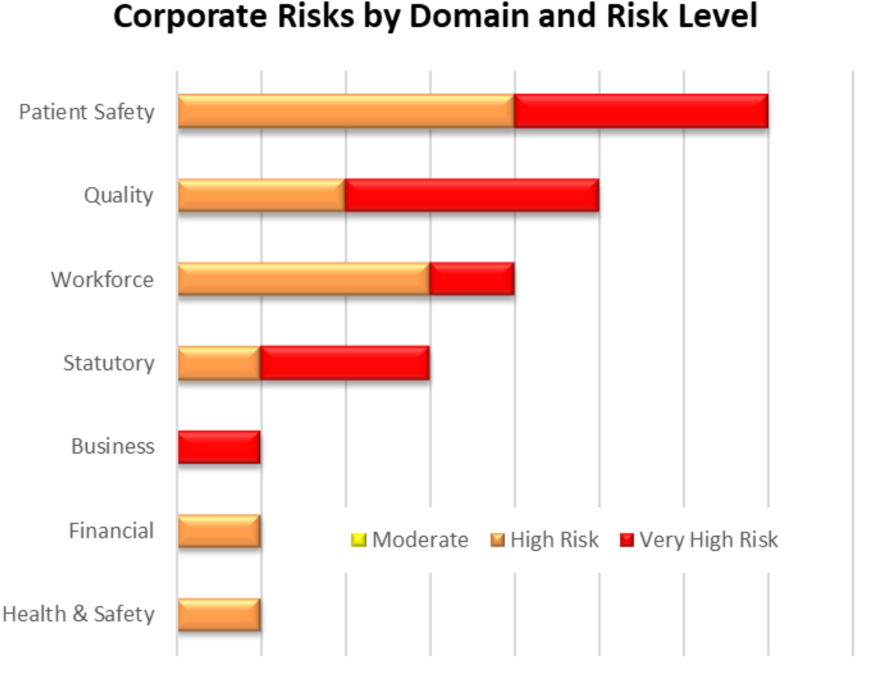
! Denotes that the target assessment is above tolerance

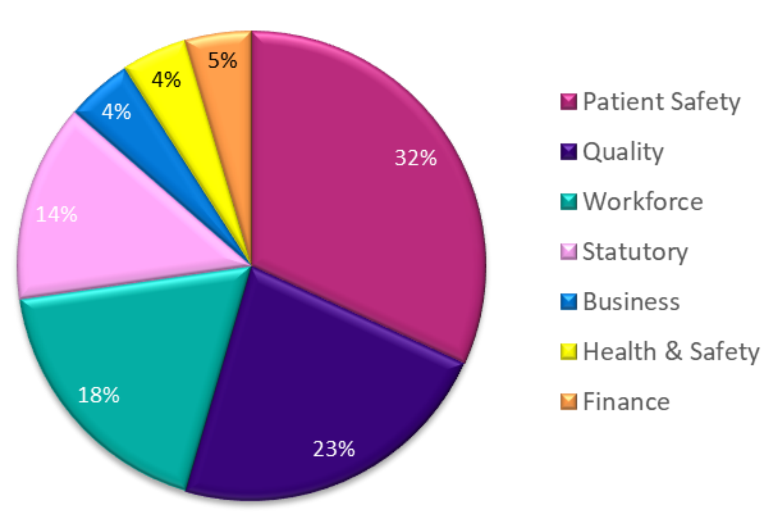
Performance Report

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Draft Quarter 3 Position

CORPORATE RISKS



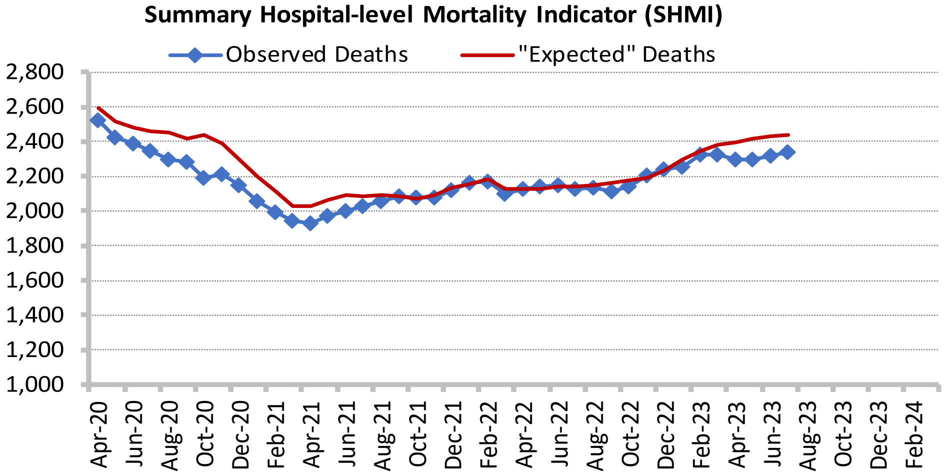


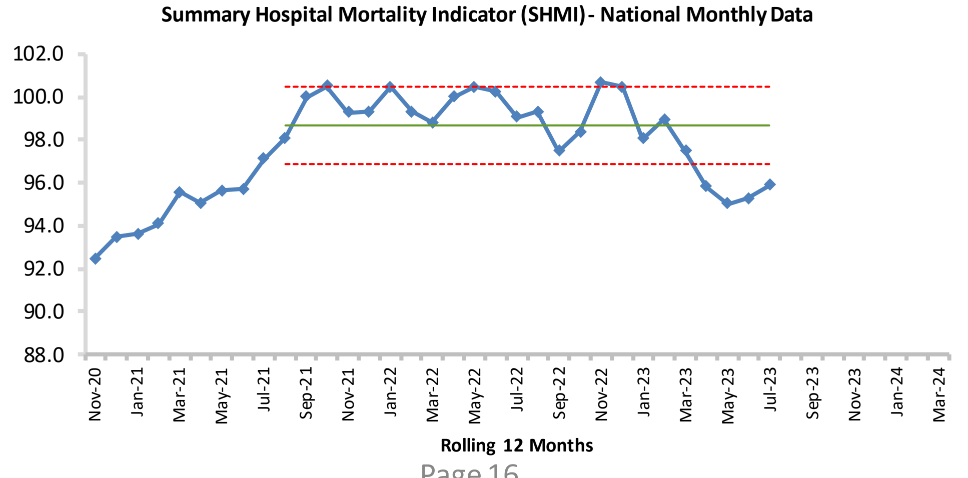
STANDARD	QUALITY AND SAFETY: MORTALITY - SHMI (Summary Hospital-level Mortality Indicator)
Background:	Mortality indicators are used as alerts to identify something that needs closer investigation. This indicator is published nationally by NHS Digital and is six months in arrears. This data is now provided by NHS Digital as a single figure from UHBW. SHMI is derived from statistical calculations of the number of patients expected to die based on their clinical risk factors compared with the number of patients who actually died. There is no target. A SHMI of 100 indicates these two numbers are equal, but there is a national statistically acceptable range calculated by NHS Digital and a SHMI that falls within this range is “as expected”.
Performance:	The Summary Hospital Mortality Indicator for UHBW for the 12 months August 2022 to July 2023 was 95.9 and in NHS Digital’s “as expected” category. This is below the overall national peer group of English NHS trusts of 100.
National Data:	SHMI is routinely reviewed quarterly at the Quality Intelligence Group which includes drilling down to clinical condition category level to identify whether there are any indications that a clinical review needs to be triggered. Mortality alerts identified in this manner are followed up and the findings and any improvement actions reported to the Clinical Quality Group and escalated to the Quality and Outcomes Committee if required.
Actions:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to diagnosis group level if required and investigating any identified alerts.

Rolling 12 Months To:	Observed Deaths	"Expected" Deaths	SHMI
Aug-22	2,135	2,150	99.3
Sep-22	2,110	2,165	97.5
Oct-22	2,140	2,175	98.4
Nov-22	2,205	2,190	100.7
Dec-22	2,240	2,230	100.4
Jan-23	2,255	2,300	98.0
Feb-23	2,325	2,350	98.9
Mar-23	2,325	2,385	97.5
Apr-23	2,295	2,395	95.8
May-23	2,300	2,420	95.0
Jun-23	2,320	2,435	95.3
Jul-23	2,340	2,440	95.9

Reporting Month: July 2023

STANDARD **QUALITY AND SAFETY: MORTALITY - SHMI (SUMMARY HOSPITAL-LEVEL MORTALITY INDICATOR)**

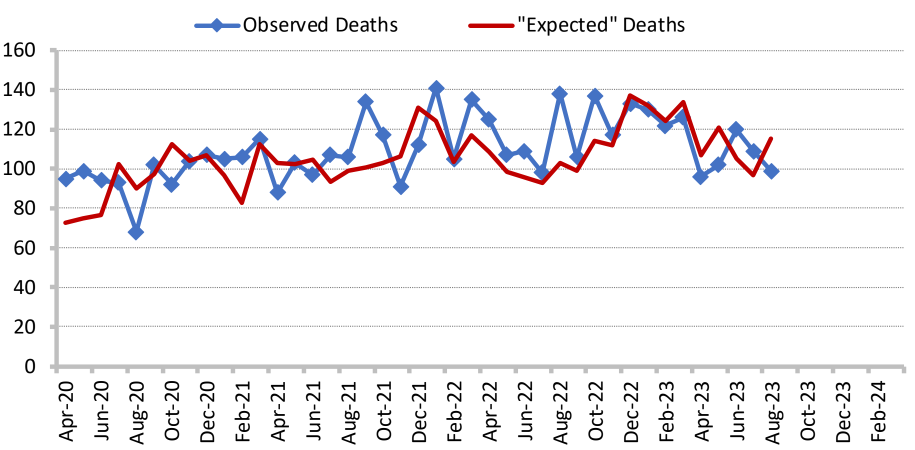


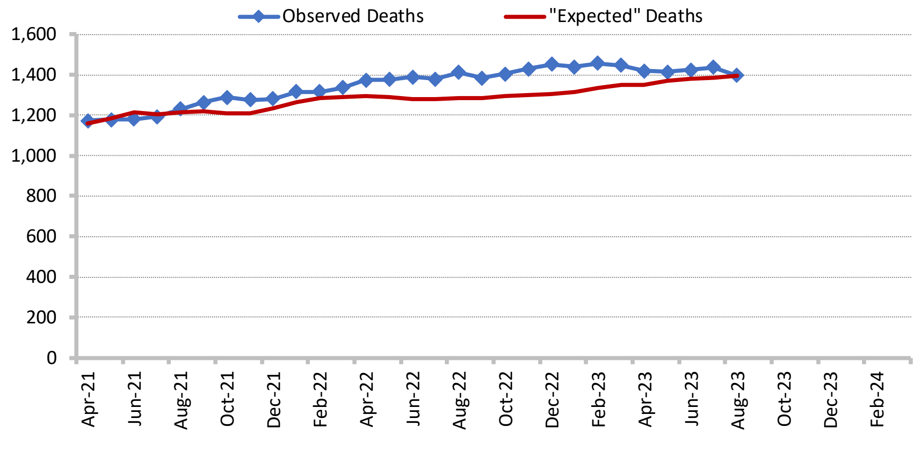


STANDARD	QUALITY AND SAFETY: MORTALITY - HSMR (Hospital Standardised Mortality Ratio)
Background:	Reported HSMR is from CHKS (Capita Health Knowledge System) and is subject to annual rebasing. HSMR data published by the Dr Foster unit is rebased more frequently so figures will be different, although our position relative to other Trusts will be the same. Single monthly figures for HSMR are monitored in UHBW as an “early warning system” and are not valid for wider interpretation in isolation.
Performance:	HSMR within CHKS for UHBW solely for the month of August 2023 was 86.1, meaning there were 16 fewer observed deaths (99) than the statistically calculated expected number of deaths (115). Single monthly figures for HSMR are monitored in UHBW as an “early warning system” and are not valid for wider interpretation in isolation. The HSMR for the 12 months to August 2023 for UHBW was 100.0, above the National Peer of 98.3.
National Data:	HSMR is reviewed quarterly in the Quality Intelligence Group and it used as a supplementary mortally indicator alongside the national SHMI to support decision making for furthers review of care.
Actions:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to diagnosis group level if required and investigating any identified alerts.

Month	Observed Deaths	"Expected" Deaths	HSMR
Sep-22	106	99.0	107.1
Oct-22	137	114.0	120.2
Nov-22	117	112.0	104.5
Dec-22	133	137.0	97.1
Jan-23	130	132.0	98.5
Feb-23	122	124.0	98.4
Mar-23	126	134.0	94.0
Apr-23	96	107.0	89.7
May-23	102	121.0	84.3
Jun-23	120	105.0	114.3
Jul-23	109	97.0	112.4
Aug-23	99	115.0	86.1

STANDARD **QUALITY AND SAFETY: MORTALITY - HSMR (Hospital Standardised Mortality Ratio)**





STANDARD	QUALITY AND SAFETY: INFECTION CONTROL– C.DIFFICILE AND MRSA
Background:	For this section there are two infections reported: C.difficile and methicillin-resistant Staphylococcus aureus (MRSA). Infections are reported in two different categories for infections associated with hospital care: 1. Hospital Onset – Healthcare Associated (HOHA). Patient is an inpatient in an acute trust and has 3 or more days between admission and a positive specimen. 2. Community Onset – Healthcare Associated (COHA). Patient returns a positive specimen within 28 days of discharge from an elective or emergency hospital admission. For C.difficile, two measures are reported: HOHA and COHA. For MRSA it is the HOHA cases only. The limit of C.difficile cases for 2023/24 as set by NHS England is 88. This limit will give a maximum monthly number of approximately 7.3 cases. For MRSA the expectation is to have zero cases.
Performance:	**C.Difficile:** Six cases were reported of Clostridioides Difficile in November. The breakdown for these are one COHA and five HOHA. This is lower than the projected monthly figure of 7.3 within the 4 week period. The trust year to date figures show as 75. There are several potential causes of Clostridioides difficile infection, the most important ones being antibiotic prescribing and appropriate standards of cleanliness including commodes and toilet areas. Cleaning standards are generally compliant in high risk (FR2) areas and in the very high-risk areas (FR1). This is actively scrutinised by the Operational Infection Control Group with Divisions, and the Facilities team. Categories for the FR1-6 are being reviewed for all clinical areas with divisions, facilities and Infection Prevention and Control (IPC) teams. **MRSA:** There were no cases reported for MRSA bacteraemia in November. This continues the trust 2023/24 year to date figures currently at six in total. Progress with vascular access improvement work continues. The Infection Prevention and control team are working with procurement and have moved on to the next step in progressing to agreeing a Peripheral Venous Catheter (PVC) insertion pack to be used Trust wide. Aseptic non-touch technique (ANTT) auditing is progressing to maximise the learning.
National Data:	See next page.
Actions:	**C.Difficile** • CDiff reviews have been streamlined inline with Patient Safety Incident Response Framework (PSIRF) principles to maximise timely learning and importantly key actions for improvement within a shortened timescale. • Internal audit of cleaning standards has been undertaken for assurance of the cleaning auditing approach we use in UHBW. Draft audit now received and actions for improvement being undertaken, of note the trust was generally compliant with 2021 NHS healthcare cleaning standards. • Commode cleaning and sluice auditing is embedded with AMAT. Reporting is being developed for Division as a key priority for c.diff improvement, that commodes are robustly cleaned and that green tape / stickers are used effectively. In addition, infection control operational group will review the dataset and how this will inform clinical practice going forward with actions for improvement. *....continued over page*

Performance Report

Reporting Month: November 2023

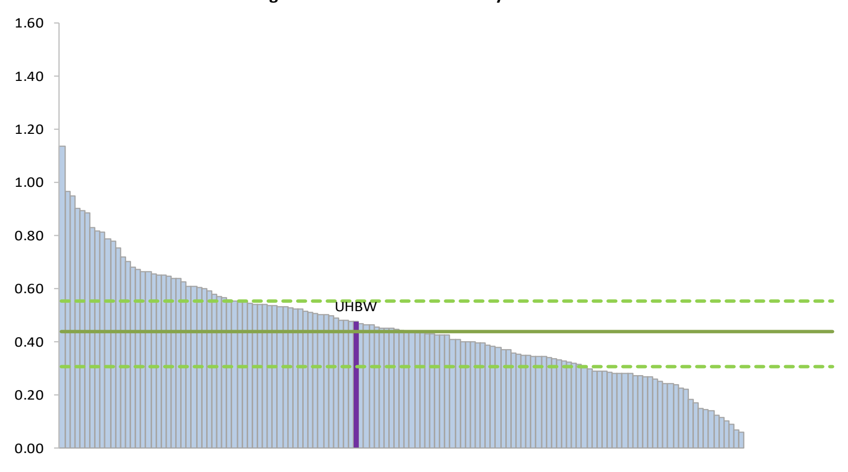
STANDARD	QUALITY AND SAFETY: INFECTION CONTROL– C.DIFFICILE AND MRSA
Actions (continued):	**MRSA** • The improvement work has progressed in the adult Emergency Department's at the BRI & Weston with lead senior doctor involvement to review practice with a QI approach. Interventions are planned in this QI initiative in the new year. • A product trial of a licensed skin cleansing wipe is planned for BHOC from the company. (N.B. supply issues from company have been delayed).
Risks:	800: Risk that Trust operations are negatively impacted by (COVID-19) pandemic 4651: Risk that Covid -19 is transmitted between patients and staff within the Trust

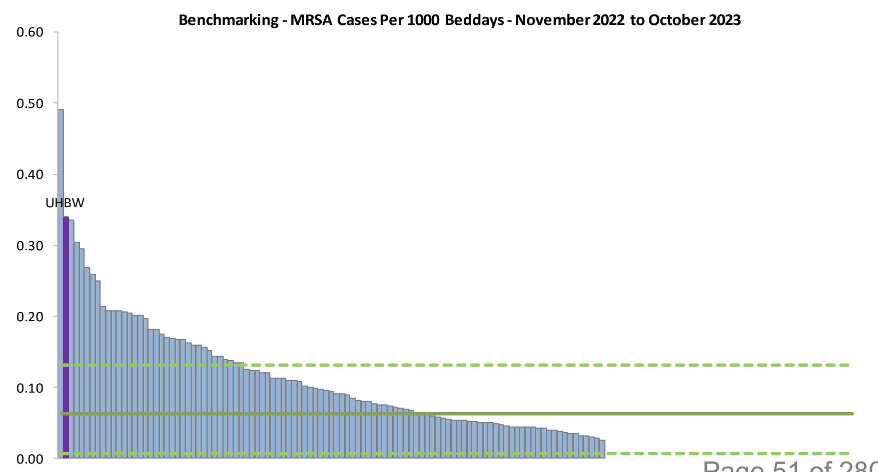
C.Difficile

	Nov-23		2023/2024		2022/2023	
	HOHA	COHA	HOHA	COHA	HOHA	COHA
Medicine	0	1	17	5	23	4
Specialised Services	0	0	9	6	8	3
Surgery	1	0	3	1	11	1
Weston	3	0	16	6	27	7
Women's and Children's	1	0	8	2	8	3
Other	0	0	0	2	1	4
UHBW TOTAL	**5**	**1**	**53**	**22**	**78**	**22**

MRSA

	Nov-23	2023/2024	2022/2023
Medicine	0	1	1
Specialised Services	0	0	1
Surgery	0	2	2
Weston	0	2	1
Women's and Children's	0	1	2
Other	0	0	0
UHBW TOTAL	**0**	**6**	**7**



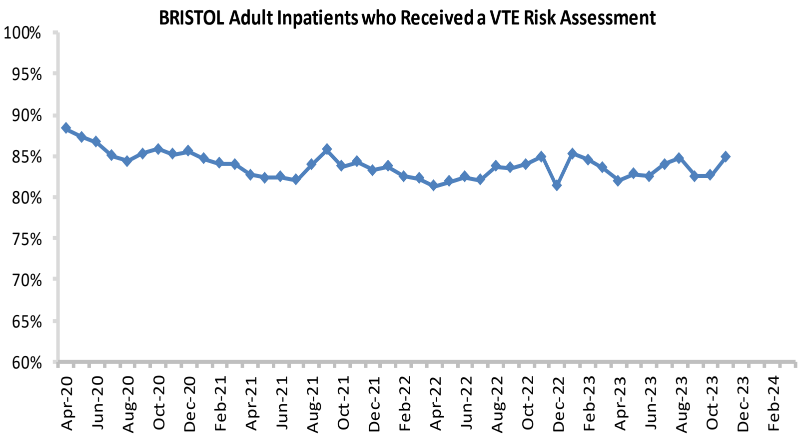


Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: November 2023

STANDARD	QUALITY AND SAFETY: VENOUS THROMBOEMBOLISM (VTE) RISK ASSESSMENT
Background:	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. The expectation for UHBW was to achieve 95% compliance, with an amber threshold to 90%.
Performance:	The VTE risk assessment compliance for November is 84.9% Trust wide remaining reasonably static. In Quarter 4 the Trust will be reporting on risk assessment compliance across Bristol and Weston using updated cohort and exclusion criteria. The Trust will provide an explanatory narrative around this once this background work with the Business Intelligence team has been completed: this will provide the basis of reporting moving forward.
Actions:	• The VTE steering group has been recommenced and the first meeting was held on 13th December. Four workstreams of key activities were outlined: 1) Guidelines, 2) Reporting and compliance, 3) Digital and CMM (electronic prescribing and medicines administration system) and 4) Risk. • Work on the guideline workstream has included a review and categorisation of all guidelines related to VTE. These have been/ are being updated and made available on a new thread on MyStaff app and aligned across Bristol and Weston • Reporting rules including cohorting and exclusion rules across both sites have been agreed and signed off by the medical director and the new data feeds is being built by the Business Intelligence team. The Trust expects to report from this by the beginning of 2024. • Digital and CMM work in progress and meetings in place. • The VTE Risk has been updated on the risk register.
Risks:	Corporate Risk 720: Risk that VTE risk assessments are not completed



STANDARD QUALITY AND SAFETY: VENOUS THROMBOEMBOLISM (VTE) RISK ASSESSMENT

Division	SubDivision	Number Risk Assessed	Total Patients	Percentage Risk Assessed
Diagnostics and Therapies	Radiology	30	30	100.0%
Diagnostics and Therapies Total		**30**	**30**	**100.0%**
Medicine	Medicine	2,407	3,080	78.1%
Medicine Total		**2,407**	**3,080**	**78.1%**
Specialised Services	BHOC	2,405	2,481	96.9%
	Cardiac	380	510	74.5%
Specialised Services Total		**2,785**	**2,991**	**93.1%**
Surgery	Anaesthetics	34	35	97.1%
	Dental Services	129	156	82.7%
	ENT & Thoracics	292	389	75.1%
	GI Surgery	1,054	1,331	79.2%
	Ophthalmology	432	438	98.6%
	Trauma & Orthopaedics	110	203	54.2%
Surgery Total		**2,051**	**2,552**	**80.4%**
Women's and Children's	Children's Services	32	40	80.0%
	Women's Services	1,416	1,584	89.4%
Women's and Children's Total		**1,448**	**1,624**	**89.2%**
Grand Total		**8,721**	**10,277**	**84.9%**

STANDARD	QUALITY AND SAFETY: FRACTURE NECK OF FEMUR (#NOF)
Background:	Fractured neck of femur best practice comprises eight elements, all of which need to be provided within relevant time scales to demonstrate care provided to individual patients has met best practice standards. Two of the eight individual criteria are monitored in this report: time to theatre within 36 hours and ortho-geriatrician review within 72 hours. Both standards have a target of 90%.
Performance:	In November, there were 45 patients eligible for the Best Practice Tariff (BPT): 30 in Bristol and 15 in Weston. For the 36hr time to surgery standard, 15/45 patients (33%) achieved the standard. For the 72-hour time to Ortho-geriatric assessment, 45/45 patients (100%) achieved the standard. 14/45 (31%) achieved BPT. In November, 15 patients eligible for BPT at Weston • For the 36hr target, 11/15 patients achieved the standard - 73% • For the 72hrs target, 15/15 patients achieved the target - 100% • Overall, 10/15 patients achieved all the targets to meet BPT standards - 67% Elective and Emergency (CEPOD) lists are used where possible but sometimes limited by staffing and theatre space constraints. At Bristol sites 30 patients were eligible for Best Practice Tariff in November 2023. • 4/30 (13%) patients received surgery within 36 hours. • 30/30 (100%) received a ortho-geriatrician review within 72hours. • 4/30 (13%) achieved all the targets for the BPT.
Actions:	Actions (Bristol): • Theatre capacity being actively monitored and prioritised on a weekly basis across all specialties. • Poor results discussed in T&O Governance & Silver trauma steering group meeting so ideas for improvement could be discussed. • Actively re-patriating patients to WGH to avoid breaches. • Trauma Standard Operating Procedure (SOP) signed off to allow the allocation of a "Golden Patient", enabling a prompt start. • Restart of automatic send.
Risks:	924: Risk that there is a delay in hip fracture patients accessing surgery within 36 hours of admission. 1834: Risk of failure to achieve best practice tariff and good quality care for patients with #NOF

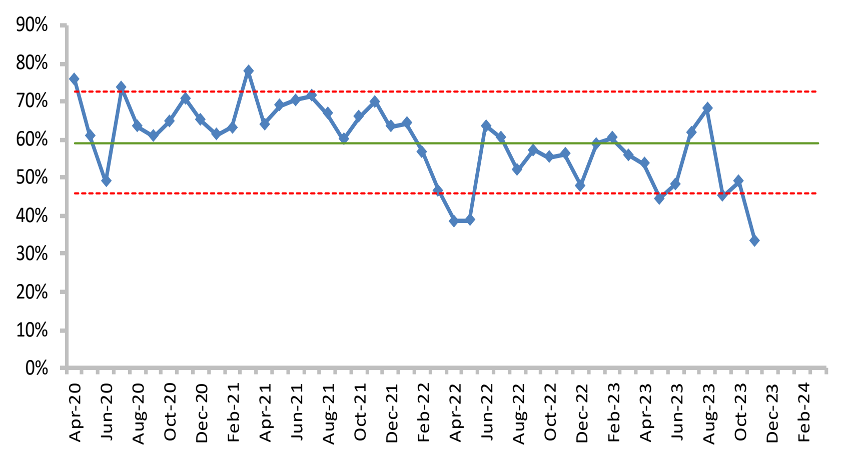
Performance Report

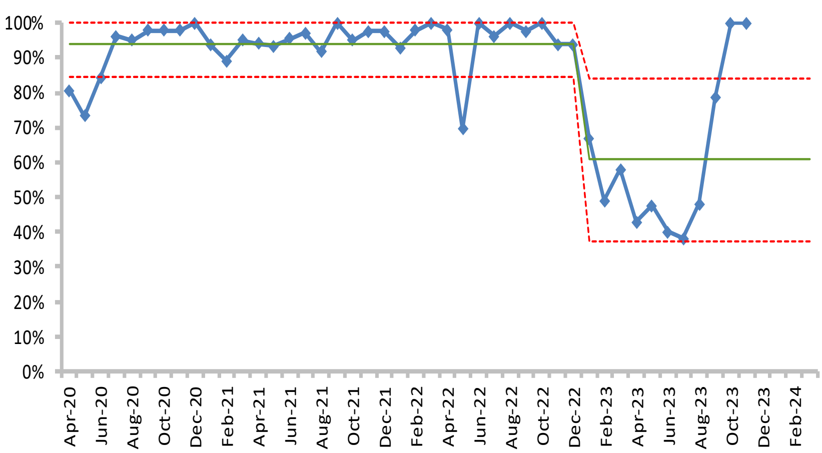
University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: November 2023

STANDARD QUALITY AND SAFETY: FRACTURE NECK OF FEMUR (#NOF)

	Nov-23				
		36 Hours		72 Hours	
	Total Patients	Seen In Target	Percentage	Seen In Target	Percentage
Bristol	30	4	13%	30	100%
Weston	15	11	73%	15	100%
TOTAL	**45**	**15**	**33.3%**	**45**	**100.0%**





Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: October/November 2023

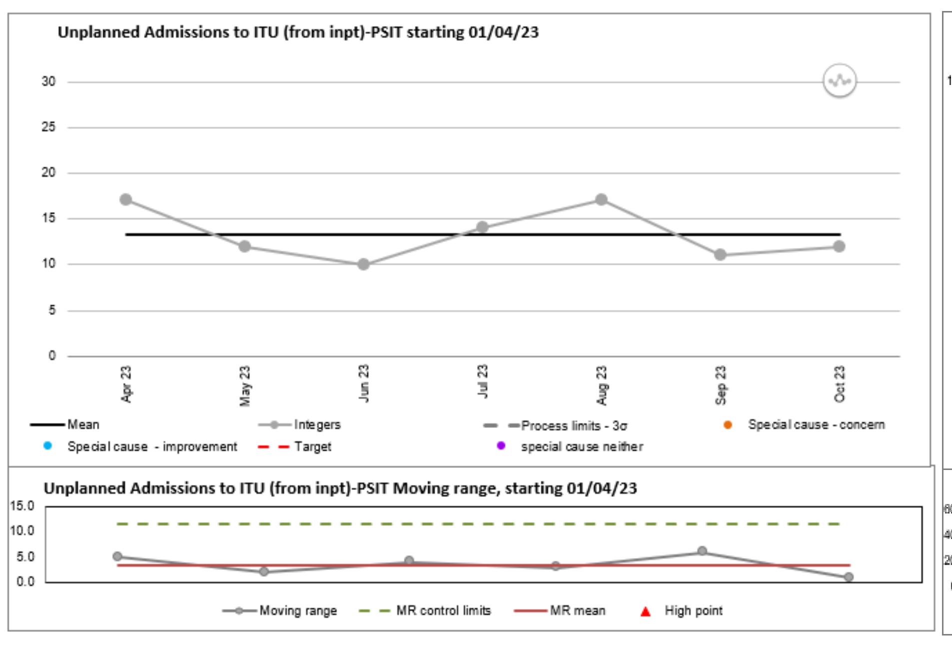
STANDARD	QUALITY AND SAFETY: DETERIORATING PATIENT
Background:	Delayed recognition and response to patient deterioration is nationally recognised as one of the significant causes of avoidable harm. This is a long-term improvement programme (to March 2025) with several workstreams reported in more detail as part of the Patient First Deteriorating Patient corporate project. The programme includes: implementation of an adult critical care outreach team across the BRI main site (already in place in Weston General Hospital), a refresh of e-observations monitoring of patients' vital signs and supporting resources, use of ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) and monitoring pregnant patients in non-maternity settings. The number of cardiac arrests in general adult wards and unplanned adult ITU admissions are the proxy outcome indicators for prompt recognition and response to patient deterioration.
Performance:	• The graph for unplanned ITU admissions (for inpatients) shows only patients with a NEWS2 score of ≥5; these patients are sampled because this audit aims to measure and identify improvements in the clinical outcomes for patients who deteriorated prior to being admitted to ITU. • The mean for the year to date is 13 unplanned ITU admissions per month, figures for September and October 2023, are 11 and 12 respectively. There is ongoing work with data refinement following which an improvement goal will be set. • The graph for unplanned ITU admissions (from inpatients) – Commissioning for Quality and Innovation (CQUIN) Data and quality of documentation, shows which of the ITU admissions were unplanned and had documented escalation and response within a certain time. The CQUIN improvement goal is 30%. • This CQUIN data is submitted to NHS England quarterly and the improvement goal across both quarters (one and two) has been met to date. Quarter 3 data is still being obtained. • In November 2023 there were six cardiac arrests in general ward areas. There is ongoing work with data refinement following which an improvement goal will be set. • Actions described below are being taken as part of our Deteriorating Patient Improvement Programme.
Actions:	• Formal implementation of Modified Obstetric Early Warning Score (MOEWS) in non-obstetric settings in November 2023. Communication published via Connect for MOEWS. eLearning published on Kallidus and guidelines published on Document Management System. • Critical Care Outreach Team (CCOT) utilising automated real time alerts for high NEWS2 scores; plan to scope further and identify whether the system can be incorporated into escalation and response processes. • Updated communication published via Connect for ReSPECT/ReSPECT Plus; ReSPECT induction video (doctors) updated; development of ReSPECT eLearning; and finalisation of ReSPECT guidelines. • Deteriorating Patient proforma trial ongoing, aiming to improve documentation during a period of deterioration. • Commence A3 thinking to support CareFlow Vitals Optimisation. • Plan a method for evaluation of the recently published (Kallidus) eLearning: Recognising, Escalating and Responding to the Deteriorating Patient (Adult). • Plan a method for evaluating the impact of the implementation of MOEWS in non-obstetric settings. • Requirement to utilise CCOT metrics alongside Patient Safety Improvement Team (PSIT) measures for improvement to ascertain the impact of CCOT referrals on ITU processes. • Incorporation of data (measures for improvement) in all areas of governance – reporting/ escalation – to aid transparency and drive progress.

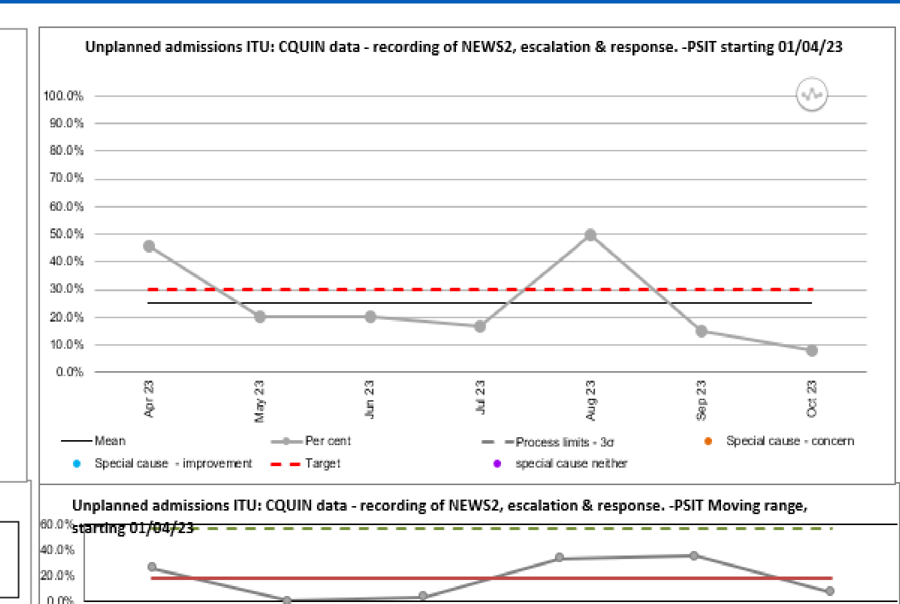
Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

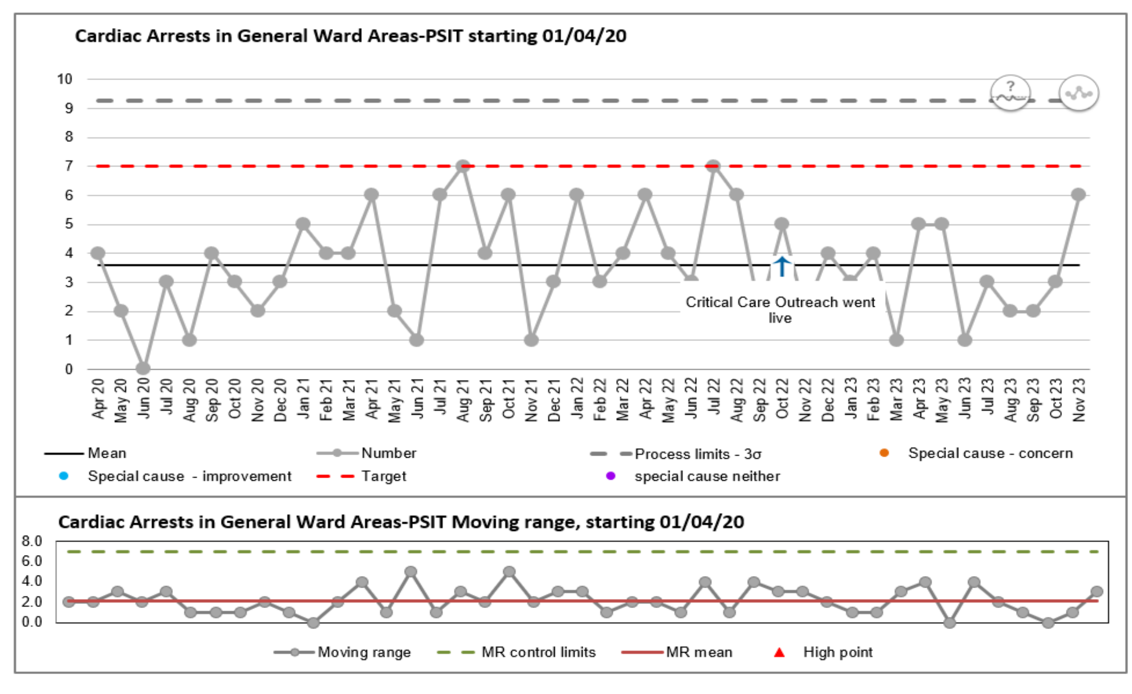
Reporting Month: October/November 2023

STANDARD | **QUALITY AND SAFETY: DETERIORATING PATIENT**





STANDARD QUALITY AND SAFETY: DETERIORATING PATIENT

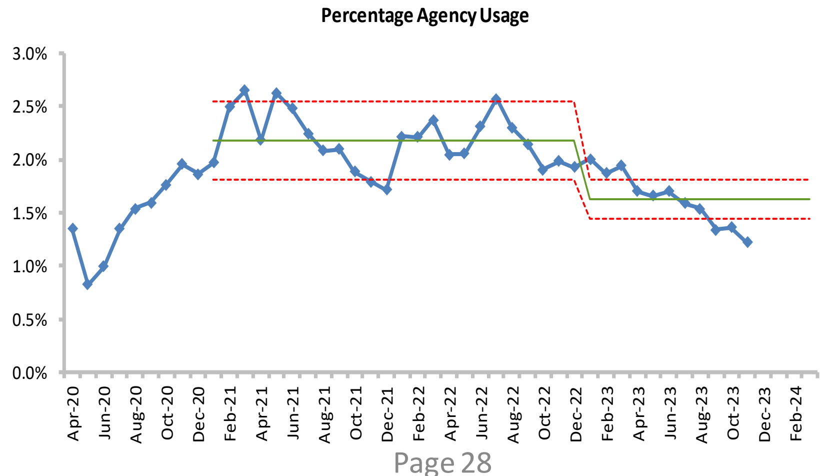


Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: November 2023

STANDARD	OUR PEOPLE: WORKFORCE AGENCY USAGE
Performance:	Agency usage reduced by 16.4 FTE to 1.2%. There were increases within three divisions. The largest divisional increase was seen in Specialised Services, where usage increased to 12.9 FTE from 11.1 FTE in the previous month. There were reductions within three divisions. The largest divisional reduction was seen within Surgery, where usage reduced to 25.7 FTE from 34.2 FTE in the previous month.
Actions:	• There were 57 new starters across the Bank in November, including 19 re-appointments. • System work continues at ICB level to drive the supply of lower cost framework nursing agency supply with a renewed focus on developing a plan to deliver cap compliant agency supply. • The Trust Bank launched the Allocate Loop app, which will enable staff to see availability of shifts and book onto them in a more accessible way. • Agency workers continued to transfer onto Bank following the bank rates increase. So far 17 agency nurses transferred to bank since the introduction of the enhanced rates. • Work continues within the BNSSG partners to review the current cap rates and reduce them by the beginning of 2024. • Ongoing work continues to encourage the UHBW Bank as the employer of choice for temporary workers with an increased Band 5 Bank RN rate and an improved bank experience in clinical areas. • The Trust continues to encourage block bookings to reduce the use of last minute, non-framework reliance. • Active recruitment continues to substantive medical roles in the Weston Division to drive down the demand for high-cost agency usage.
Risks:	Corporate Risk 674: Risk that use of agencies who are non-compliant with national pricing caps does not reduce



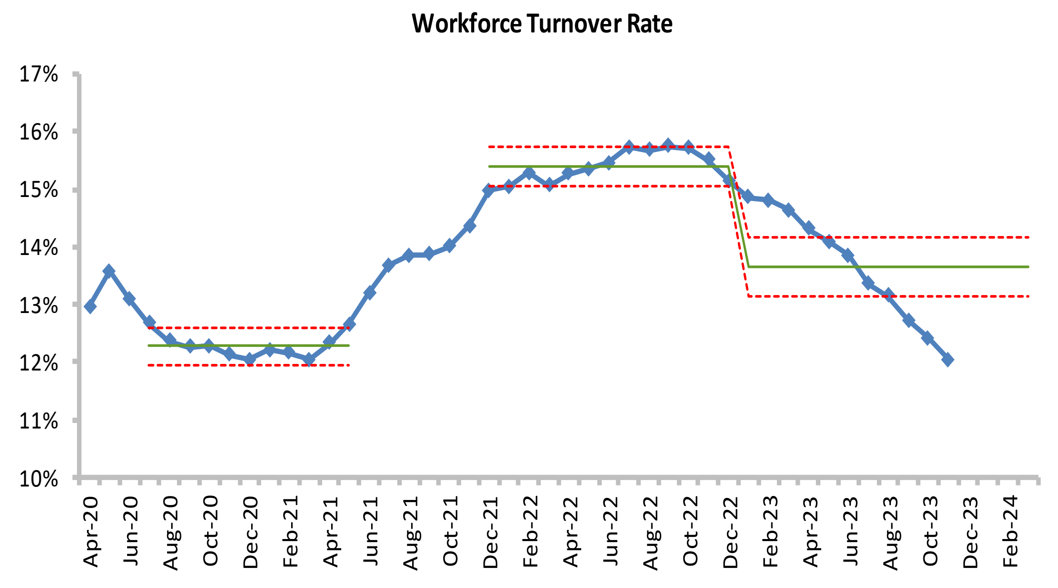
STANDARD	OUR PEOPLE: WORKFORCE STAFF TURNOVER
Performance:	Turnover for the 12-month period reduced to 12.0% compared to 12.4% (updated figures) for the previous month. Seven divisions saw a reduction whilst one division saw an increase in turnover in comparison to the previous month. The largest divisional reduction was seen within Medicine, where turnover reduced by 1.0 percentage point to 11.8% compared with 12.8% the previous month. The division of Facilities and Estates increased by 0.1 percentage point to 14.7% compared with 14.6% the previous month. Seven staff groups saw a reduction and two staff groups saw an increase in comparison to the previous month. The largest staff group reduction was seen within Healthcare Scientists, where turnover reduced by 1.4 percentage points to 8.16% compared with 9.53% the previous month. The largest staff group increase was seen within Additional Professional, Scientific and Technical, where turnover increased by 0.4 percentage points to 14.0% compared with 13.6% the previous month. Turnover rate for Band 5 nurses in November is 12.6% (compared with 13.3% for October).
Actions:	Work taking place during November to reduce turnover is as follows: **Staff Survey 2023:** The Staff Survey 2023 closed on 24th November. The final response rate was 52.5% - 6594 colleagues completed the survey, the highest number of colleagues to complete the survey at both UH Bristol and UHBW. The response rate was +7.8% on UHBW's 2022 response rate, and +6.7% on the acute national average. **Recognition:** • The funding application for the Recognising Success awards was granted by Bristol and Weston Hospitals Charity. Initial preparations have commenced in line with the project plan to be delivered in April 2024. • Respecting Everyone. • The policy and a suite of guides launched 11th November 2023 which aim to resolve issues regarding bullying and harassment, grievances, conduct and capability, as quickly, and as fairly, as possible in line with Just Learning Culture principles and part of the Trust 'It Stops with Me' campaign. Feedback from staff to date has been positive and a full review of the policy and its impact will be undertaken in February 2024. **Respecting Everyone:** The policy and a suite of guides launched 11th November 2023 which aim to resolve issues regarding bullying and harassment, grievances, conduct and capability, as quickly, and as fairly, as possible in line with Just Learning Culture principles and part of the Trust 'It Stops with Me' campaign. Feedback from staff to date has been positive and a full review of the policy and its impact will be undertaken in February 2024.
Risk:	Strategic Risk 2694: Risk that Trust is unable to retain members of the substantive workforce

Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: November 2023

STANDARD | **OUR PEOPLE: WORKFORCE STAFF TURNOVER**



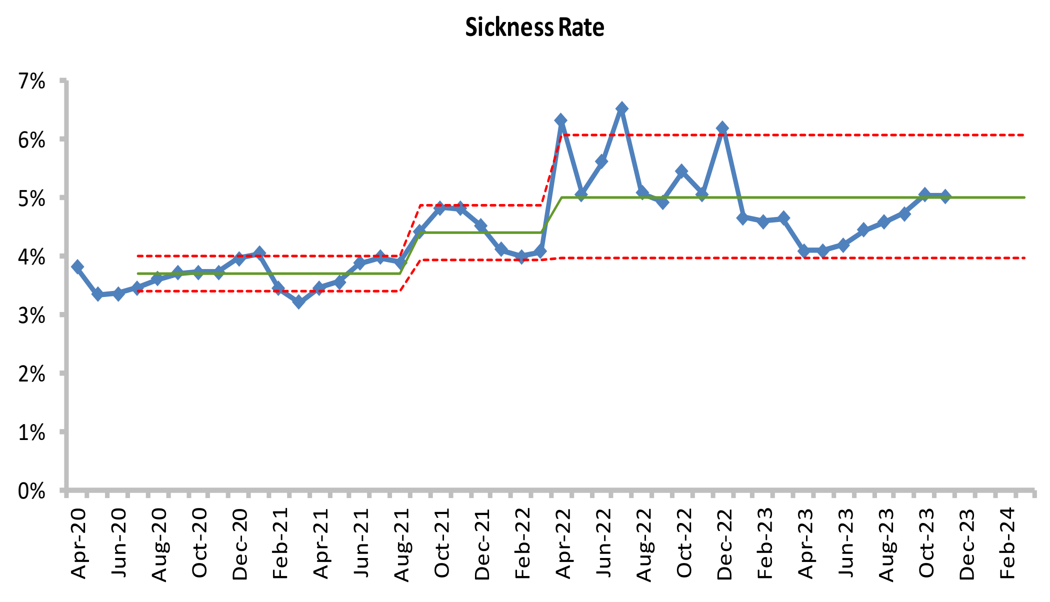
STANDARD	OUR PEOPLE: WORKFORCE STAFF SICKNESS
Performance:	Sickness absence reduced to 5.0% compared with 5.1% the previous month, based on updated figures for both months. This figure is now combined with Covid Related absence. There were reductions within three divisions. The largest divisional reduction was seen in Specialised Services, where sickness reduced by 0.5 percentage points to 4.5%, compared to 5.0% in the previous month. There were increases within two divisions. The largest divisional increase was seen within Facilities and Estates, where sickness increased by 0.8 percentage points to 8.4%, compared with 7.6% in the previous month. There were reductions within four staff groups. The largest staff group reduction was seen within Allied Health Professionals, reducing to 3.7% from 4.4% in the previous month. There were increases within the other five staff groups. The largest staff group increase was seen within Additional Clinical Services, increasing by 1.2 percentage points to 7.4% from 6.2% in the previous month.
Actions:	Action taken to promote workplace wellbeing: • Outreach activities to boost access and awareness of proactive, preventative and remedial wellbeing interventions include; corporate wellbeing team 'Ask Us' drop-in online forum, Disability History month events, Doctors Mess visits, Employee Assistance Programme overview to teams and a peer-support session entitled, 'Caring for Ourselves When Caring for Others' delivered by the Psychological Health Service staff support team to wellbeing, Freedom To Speak Up and other advocates. • Re-establishment of Psychological Leaders Connected group to enhance delivery of psychological wellbeing services through data analysis, identification and action of hotspots. • Self-assessment and action plan against Equality Delivery Standard 2022 (EDS22) domain 2: workforce health and wellbeing submitted to the ICB as part of a system submission to NHSE. • Self-assessment of North Somerset Healthy Workplace Award. Member status awarded 24/11/23, awaiting outcome and resulting actions of 'bronze' application early January 2024. • Collaborative projects in train with stakeholders include, refreshed 'Workplace Adjustments' guide and process, revised Wellness Action Plan and new Health and Sickness Policy which replaces the Attendance at Work policy. These all launch in February 2024. • The Health & Sickness at Work Policy which will follow the same format and design as Respecting Everyone. It will have an overarching approach with guides, supporting documents and processes. Various components of this policy will provide proactive support and information for key areas such as workplace adjustments, menopause and mental health.

Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: November 2023

STANDARD **OUR PEOPLE: WORKFORCE STAFF SICKNESS**



Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: November 2023

STANDARD	OUR PEOPLE: WORKFORCE STAFF VACANCY
Performance:	Overall vacancies reduced to 3.2% (388.6 FTE) compared to 4.0% (481.8 FTE) in the previous month. The largest divisional increase was seen in Women's and Children's where vacancies increased to 25.4 FTE from 14.0 FTE in the previous month. The largest divisional reduction was seen in Medicine, where vacancies reduced to 47.8 FTE from 86.5 FTE the previous month. The largest staff group reduction was seen in Nursing, where vacancies reduced to 140.6 FTE from 198.1 FTE the previous month. The over establishment in Medical staff increased to -7.3 FTE (over-establishment) from -4.4 FTE (over-establishment) FTE the previous month. Consultant vacancy has increased to 48.5 FTE (6.1%) from 35.8 FTE (4.5%) in the previous month. Unregistered nursing vacancies can be broken down as follows:

Band	Vacancy
AfC Band 2	15.8 FTE
AfC Band 3	132.0 FTE
AfC Band 4	-223.8 FTE

Actions:

Work taking place to reduce the vacancy rate is as follows:

- In the month of November, the Trust received another large cohort of Internationally Educated Nurses (IEN) with 58 arrivals. A total of 889 IENs have arrived at the Trust since the beginning of the programme.
- The Trust worked closely with the BNSSG system partners to deliver the first joint registered nursing recruitment event which took place on 25th November. A total of 89 people signed up and 39 attended the event. As a result, six nurses were invited to an interview. Final results to follow.
- A Critical Care campaign was launched in November to promote nursing vacancies. The campaign involved a combination of social media and specialised media along with internal advertising. Results to follow.
- Work has continued to organise the nursing open days for 2024. The plan encompasses arranging children's nursing, experienced and newly qualified open days in January and February, along with a newly qualified adult nursing expo scheduled for February 2024.
- Two non-consultant grade doctors started in Weston and one consultant and one non-consultant doctor have been cleared for start dates in December.
- Two consultant grade doctors in Emergency Medicine and Respiratory in Weston were offered and the Trust also appointed one junior clinical fellow and a specialty doctor in Emergency Medicine.
- Interviews have been scheduled for one substantive consultant and one specialist position in Care of the Elderly and one substantive consultant in Emergency Medicine on the Weston site in December. Results to follow.
- 28 substantive Healthcare Support Workers (HCSW) started in the Trust during November and another 30 were offered. Another 68 were appointed and are going through the pre-employment process.

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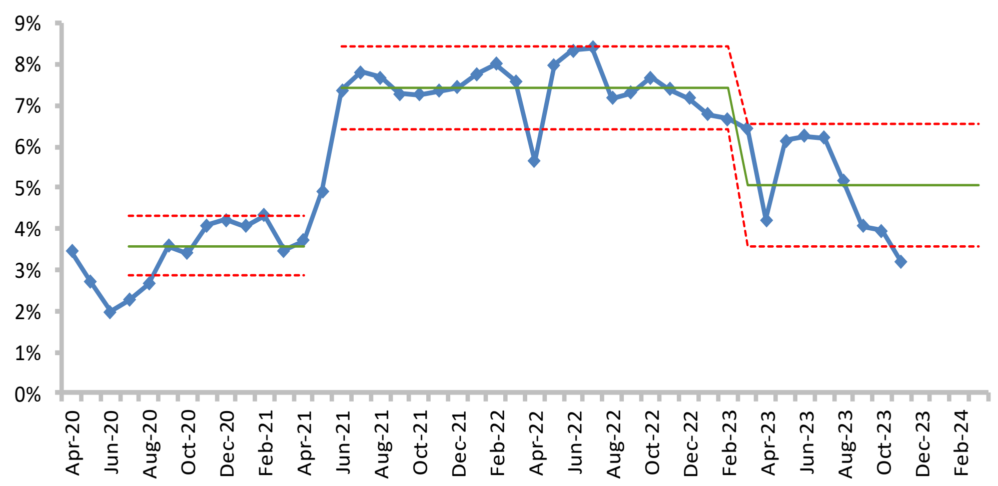
Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: November 2023

STANDARD	OUR PEOPLE: WORKFORCE STAFF VACANCY
Actions (continued):	• Planning for the 2024 HCSW Recruitment Programme commenced in November and the full schedule for the next year is due to be released in December. The plan involves all HCSW, Maternity Support Workers and Mental Health Support Workers recruitment to be contained in a centralised model to enhance candidate experience. • The Trainee Nursing Associate (TNA) advert to recruit to the 28 remaining spaces for the cohort starting in March 2024 went live last month. The aim is to achieve the target for the financial year of 40 TNAs. Interviews will take place in January. • 20 substantive Allied Health Professionals (AHP) and 8 substantive Healthcare Scientists joined the Diagnostics and Therapies division. • Last month the Trust welcomed five Internationally Educated Radiographers. One additional Internationally Educated Occupational Therapist is due to arrive in December. This is part of the continued collaborative AHP international recruitment with the ICB system partners. • In November, the Trust attended the Occupational Therapy Show in Birmingham to promote AHP vacancies where over 3,500 AHP's attended.
Risks:	Strategic Risk 737: Risk that the Trust is unable to recruit sufficient numbers of substantive staff



Performance Report

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: November 2023

STANDARD	REFERRAL TO TREATMENT (RTT) LONG WAITS
Performance:	At the end of November: • 4,101 patients were waiting 52+ weeks against the Operating Plan trajectory of 5,029. • 1,304 patients were waiting 65+ weeks against the Operating Plan trajectory of 840. • 223 patients were waiting 78+ weeks. • 0 patients were waiting 104+ weeks. For 2023/24 the Operating Plan assumes that no patients will be waiting over 78 weeks. The next national ambition is to have no patients waiting 65+ weeks by the end of March 2024. In November, the Trust declared to NHS England that we are likely to have 392 breaches within the 65ww cohort beyond the end of March 2024. Those breaches are attributed as 120 in Paediatric dentistry, 35 in GI surgery, 144 in paediatrics ENT, Urology and plastics and 93 Cornea graft patients (relating to national supply shortage) NB: dispensation for industrial action continues to inform the revision of in-year trajectories.
National Data:	For October 2023, across all of England, 5.0% of the waiting list was waiting over 52 weeks. UHBW's performance was 7.8% (5,075 patients) which places UHBW as the 18th highest Trust out of 169 Trusts that reported RTT wait times.
Actions:	• At the end of November 2023, there were no patients waiting over 104+ weeks. This is a sustained position, with February 2023 being the last time a patient was reported waiting 104 weeks or longer. • The Trust continues to work towards the elimination of any patient waiting longer than 78 weeks and plans developed with clinical divisions are being enacted to achieve this ambition, although a combination of industrial action along with a higher presentation of accident and emergency attendances continue to make this challenging. Despite these challenges, at the end of November the number of patients waiting more than 78 weeks had reduced to 223 from 242 in October and the Trust continues to work towards reducing long waits through specific initiatives including the expansion of insourcing in clinical genetics, dermatology, respiratory, sleep, gynaecology and dental specialties where there are recognised national challenges. • Of the 223 patients waiting 78 weeks or longer at the end of November, 27 related to cornea grafts. There is currently a national shortage of cornea graft material which is contributing to delays in treating these patients. There is a nationally led process to allocate graft material to Trusts based on the clinical priority and length of waiting time. • As part of the 2023/24 Annual Planning Process (APP), clinical divisions have developed plans to move towards the national ambition of no patient waiting longer than 65 weeks by end of March 2024. The number of patients waiting in excess of 65 weeks at the end of November was 1,304 against the operating planning trajectory of 840 which is an improvement on the October position when 1,806 patients were waiting 65 weeks or longer. It should be noted that the recently revised trajectories, agreed in response to the NHSE letter received on 8th November, was 1,430 by end of November, reducing to 1,171 by end of December. *...continued over page*

STANDARD	REFERRAL TO TREATMENT (RTT) LONG WAITS
Actions (continued):	• Within general surgical specialties, the service has been working with Somerset Surgical Services (SSS) to support provision of additional treatment to be undertaken on the Weston site. • Dental services have additional Independent Sector capacity under contractual agreements with both Nuffield and Spire to support their recovery in cleft services and the service are insourcing using KPI Health for paediatric dental clinics and extractions which commenced mid-January, with schedules being provided each month. • The Trust has established insourcing arrangements for outpatient services in oral surgery, oral medicine, gynaecology, sleep, respiratory medicine and dermatology and the dental service have also recruited an additional orthodontics consultant to increase the capacity within this service as well as a paediatric cleft locum. • Paediatric Urology Consultants agreed to additional treatment lists and had booked patients into dates during July with the plan to ensure that there will be no Paediatric Urology patients waiting 78 weeks or longer at the end of July. However, due to BMA industrial action the patients who were booked on industrial action dates had to be cancelled and, although additional lists were arranged in August, due to continued industrial actions and summer holidays, these dates were also stood down and were not rescheduled until October. It is anticipated that no Paediatric Urology patients will be waiting 78 weeks or longer by the end of January. • Due to further industrial action during October and the number of trauma cases that the service has experienced, as anticipated, there were 27 paediatric surgery patients waiting in excess of 78 weeks at the end of November, eight of whom were waiting for Urology treatment, thirteen for Plastic surgery, three for ENT, two paediatric cardiology and one in paediatric trauma and orthopaedic. • Patients currently waiting for treatment dates are being contacted to ask if they would accept treatment at an alternative provider. Should patients consent, each patient is added to NHS England Digital Mutual Aid system (DMAS). • All patients who were waiting for 40 weeks and above have been invited to register on the NHS England Patient Initiated Digital Mutual Aid System (PIDMAS) for consideration if they are suitable to be considered for treatment at an alternative provider, including independent sector providers. To date, 123 patients have requested to be considered but no alternative providers have been identified at this stage. • The Trust continues to bolster additional capacity through other insourcing providers and waiting list initiatives. • Where patients are too complex for transferring outside of the organisation for treatment under mutual aid arrangements, theatre schedules are under review via a theatre improvement programme to ensure that suitable capacity is available for the longest waiting patients. This continues to be a challenge due to the high volume of cancer cases, inpatient capacity, rest restraints (including High Dependency) and staff shortages.
Risk:	Corporate Risk 801: Risk that the six oversight themes within the NHS Oversight Framework for 2023/24 are not met

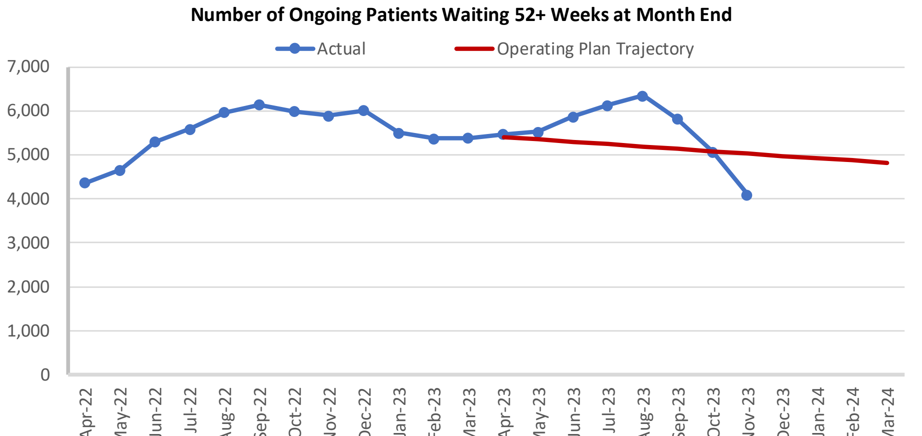
Performance Report

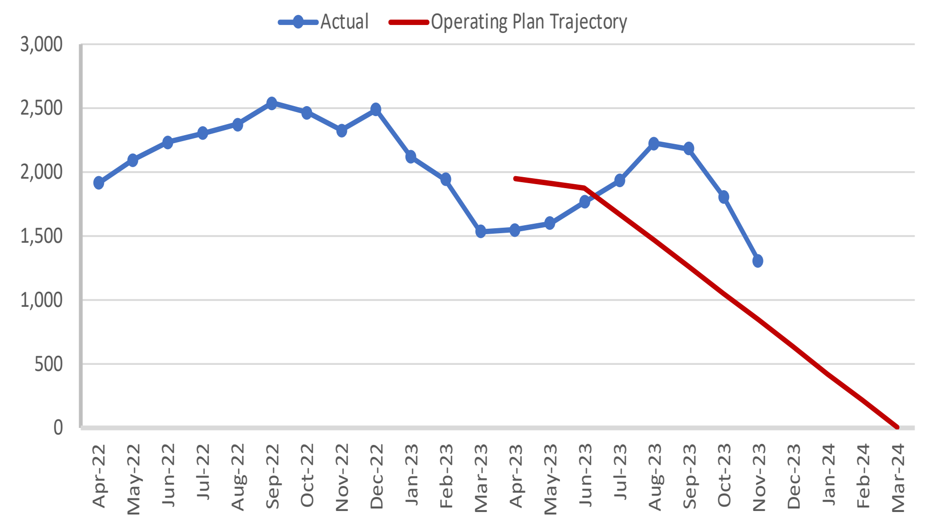
University Hospitals Bristol and Weston NHS Foundation Trust

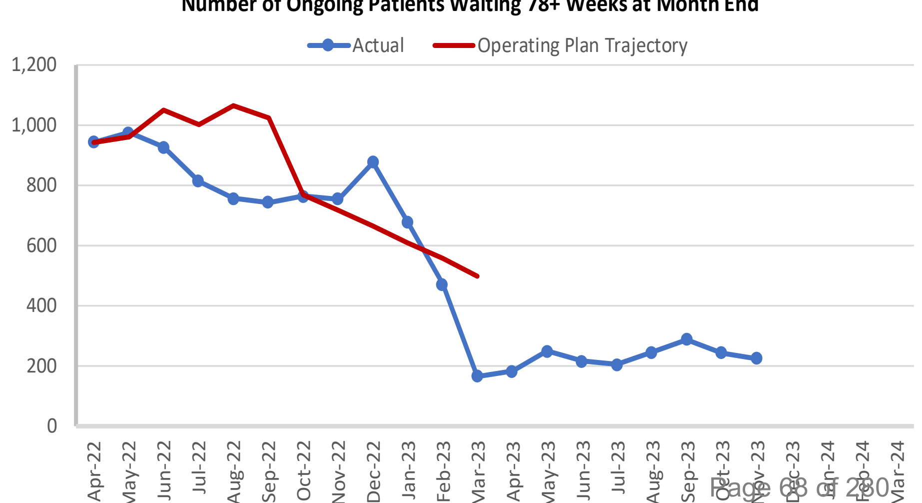
Reporting Month: November 2023

STANDARD — REFERRAL TO TREATMENT (RTT) LONG WAITS

	Nov-23		
	52+ Weeks	65+ Weeks	78+ Weeks
Diagnostics and Therapies	0	0	0
Medicine	606	151	0
Specialised Services	160	50	18
Surgery	2,650	920	178
Women's and Children's	685	183	27
Other	0	0	0
UHBW TOTAL	**4,101**	**1,304**	**223**







Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: November 2023

STANDARD	CANCER WAITING TIMES
Performance:	At the end of November, the Trust had 204 patients waiting 62+ days on a GP suspected cancer pathway. The Trust has an operating planning trajectory of not exceeding 166 patients at the end of November 2023, reducing to 160 by March 2024. The "Faster Diagnosis Standard" (FDS) is reported a month in arrears, and this measures time from receipt of a suspected cancer referral from a GP or screening programme to the date the patient is given a cancer diagnosis, or told cancer is excluded, or has a decision to treat for a possible cancer. This time should not exceed 28 days for a minimum of 75% patients. The Trust's improvement trajectory returns to 75% by March 2024. Performance in October was 52.0% against a revised improvement trajectory of 50%. **Standards reported from October 2023** The performance for patients treated within 62 days of starting a suspected cancer pathway is reported a month in arrears. For October, 61.8% of patients were treated within 62 days, against the NHSE ambition of 70% by March 2024. The national constitutional standard is 85%. The performance for patients treated within 31 days of the decision to treat is reported a month in arrears. For October, 93.6% of patients were treated within 31 days. The national constitutional standard is 96%.
National Data:	National data for patients treated within 62 days of starting a suspected cancer pathway is shown on the next page.
Actions:	The Trust was compliant with the trajectory for patients waiting 62+ days on a GP suspected cancer pathway at the start of July, but that deteriorated with the impact of industrial action. Since industrial action paused in the autumn, performance has significantly improved. The Trust continues to strive to reduce the number of long waiting patients, working towards the operational planning target of no more than 160 patients waiting 62+ days by the end of March 2024. Actions focus on replacing activity lost to industrial action and continue to concentrate on reducing waits in gynaecology, lower GI and skin through use of locums, outsourcing and additional permanent capacity where required. Further industrial action poses a risk to attaining the target in the required timescale. Performance against the Faster Diagnosis Standard was met during March 2023 but has deteriorated in the seven months since, with October reporting 52% (September 48%, August 56%). The performance has been impacted by a combination of industrial action and the impact of the Trust having been unable to cease the mutual aid support being provided to Somerset NHS FT for dermatology until November. Recovery to compliance with the 75% standard by the end of the financial year is attainable, but dependent on impact of future industrial action. Actions to improve the position include ensuring prompt first appointments in high volume specialities and reducing waiting times for key diagnostic tests such as hysteroscopy, CT, ultrasound and endoscopy. As referenced above, the predicted under-performance against trajectory due to ongoing issues in dermatology was resolved with mutual aid arrangements with Somerset NHS FT ceasing from 1st November. It will take some time for the existing patient's pathways to complete and as such the full impact of this improvement will not be seen until Quarter 4.

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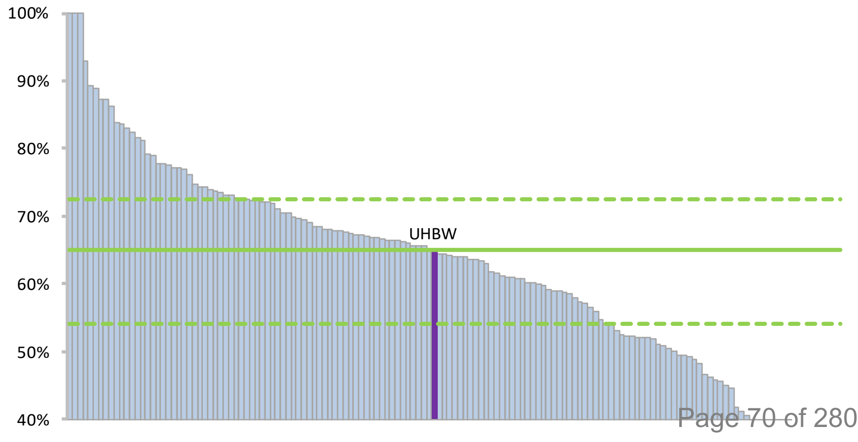
Performance Report

Reporting Month: November 2023

STANDARD	CANCER WAITING TIMES
Actions (continued):	Two new cancer measures came into place in October 2023 and, alongside the Faster Diagnosis Standard, the Trust is currently non-compliant against these standards. The 'ongoing' standard for numbers of patients over 62 days on a GP suspected cancer pathway is also still in use until March 24. The Trust continues to work towards delivering its improvement action plan, which is equally applicable to the new standards, and since the pause in industrial action during the autumn significant progress has been made in all areas. Actions focus on clearing backlogs and ensuring sufficient capacity in the five main challenged areas: dermatology, gynaecology, colorectal, thoracic surgery and head and neck. There is also work to expand the scope of gynaecology one stop clinics to make more patients eligible, with the new clinics starting on 15th January. The Trust is on track to deliver the level of improvement required by NHS England by the end of March, however industrial action is a significant risk to that. Patient safety is at the heart of all performance management in cancer.
Risk:	Corporate Risk 801: Risk that the six oversight themes within the NHS Oversight Framework for 2023/24 are not met

	Oct-23		
	Within Target	**Total Patients**	**% Achievement**
28 Day Faster Diagnosis	1,002	1,926	52.0%
31 Day Standard	704	752	93.6%
62 Day Standard	121	195	61.8%

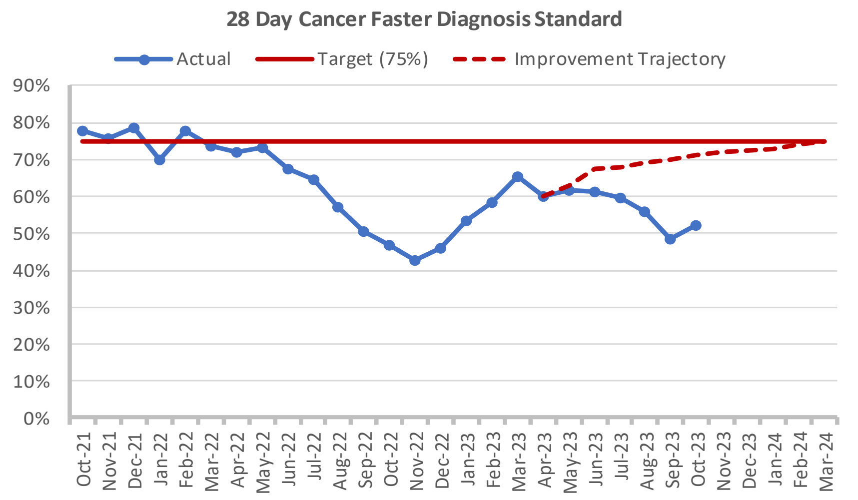


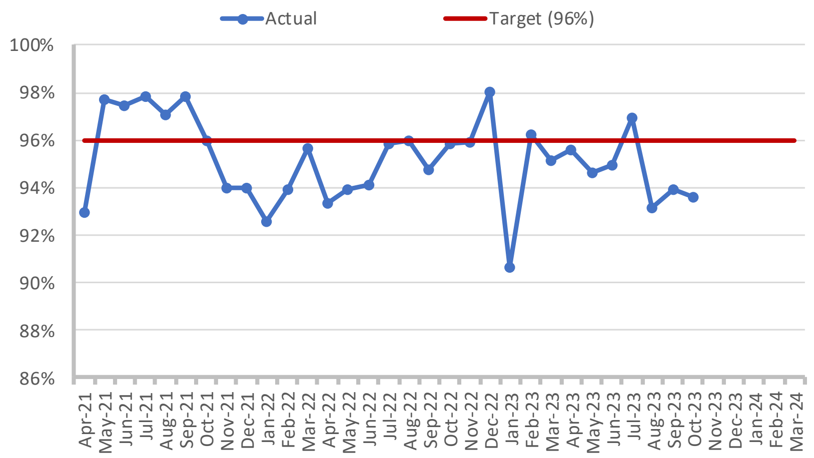
Performance Report

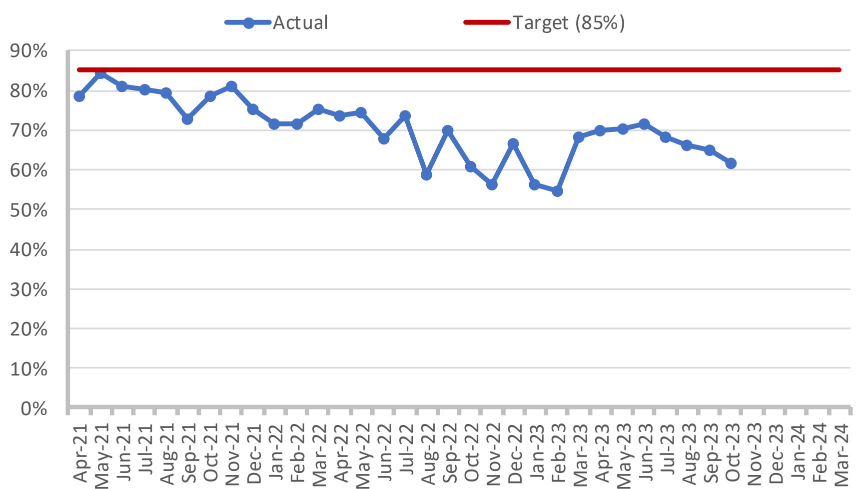
University Hospitals Bristol and Weston NHS Foundation Trust

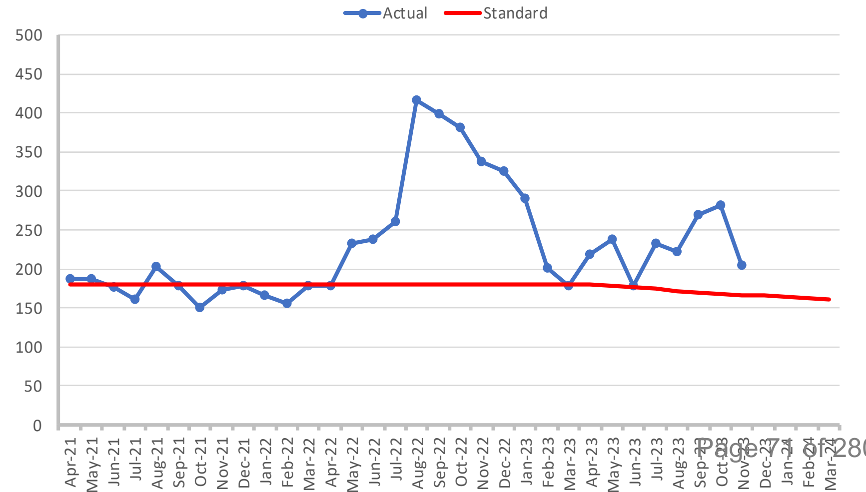
Reporting Month: Oct/Nov 2023

STANDARD **CANCER WAITING TIMES**









Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: November 2023

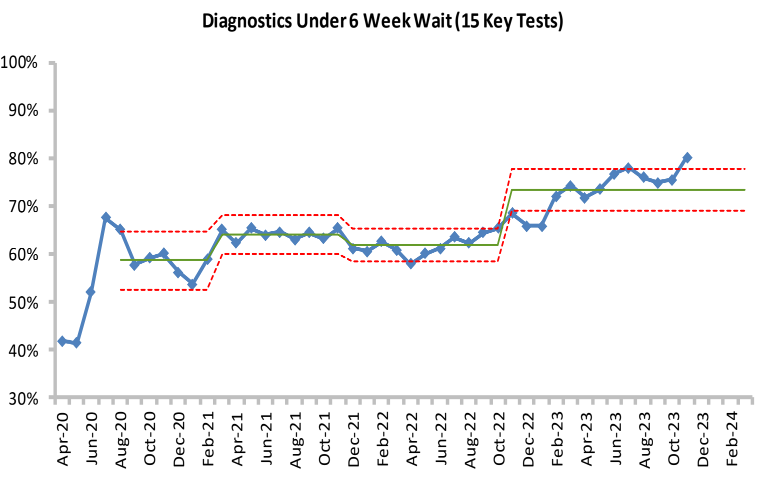
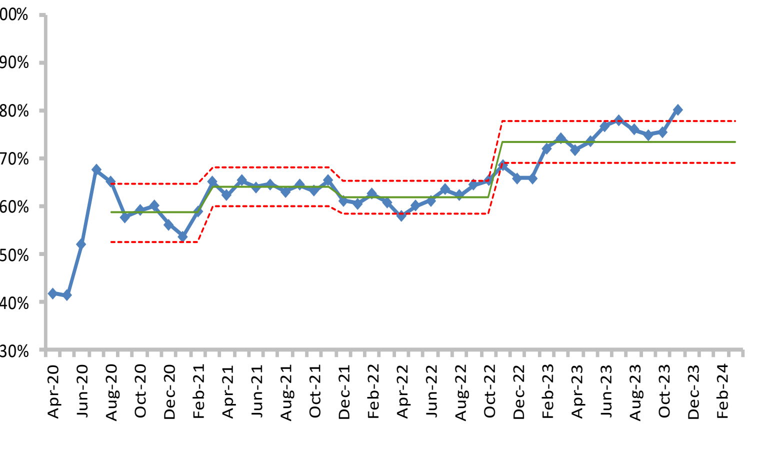
STANDARD	DIAGNOSTIC WAITING TIMES
Performance:	The ambition set as part of the Trust's operational planning submission is that 83.3% of patients will be waiting under six weeks by end of March 2024. As at the end of November, 80.2% of patients had been waiting under 6 weeks, against a performance trajectory of 79.9%. At the end of November 2023, there were a total of 315 patients waiting 26+ weeks which is 2.3% of the waiting list. The target was to have zero patients waiting 26+ weeks by October 2023. At the end of November 2023, there were a total of 896 patients waiting 13+ weeks which is 6.5% of the waiting list. The target for end of November was 437 and an expectation to have zero patients waiting 13+ weeks by March 2024.
National Data:	For October 2023, the England total was 74.3% of the waiting list under six weeks. UHBW's performance was 75.5% which places UHBW 60h of 156 Trusts that reported diagnostic wait times.
Action/Plan:	• At the end of November, diagnostic performance against the six week wait standard was reported as 80.2% against the operational planning trajectory of 79.9%. This is a significant improvement on the position reported in October (75.5%) and 14 sub-modalities improved or maintained performance over 85% under six weeks and five modalities achieved over 99%. November also saw a reduction in the number of patients waiting over 13 weeks, with 23 modalities/sub-modalities improving on the October reported performance for long waiters. • The number of patients waiting beyond 26 weeks increased to 315 from 232 and this deterioration is attributed to the performance in Sleep Studies. The Trust had planned to clear all patients waiting over 26 weeks by October 2023 and ongoing efforts continue to eliminate any waits greater than 26 weeks, noting that seven of the modalities either maintained zero patients over 26 weeks or improved from the previous month (specifically in, Colonoscopy, CT, Dexa, Flexi Sigmoidoscopy, Gastroscopy, MRI and Neurophysiology). • Endoscopy (adults) performance against the six-week standard continues to improve well ahead of the trajectory to 60.6% and although the elimination of patients waiting over 26 weeks is challenging, the long waiters in Endoscopy adults did improve in November. The risks include the impact of IA, ongoing complex patients queries and complex patients requiring their procedures under GA, where capacity is limited and prioritised for the most clinically urgent patients. Additionally, as winter pressures grow, there is risk that the Queen's Day Unit (Endoscopy Unit at BRI) will be used for escalation beds, potentially impacting the elective endoscopy lists. Challenges remain, with actions in place to mitigate risk wherever possible and it is positive that these modalities are sustainably improving waits for patients. • Challenges in Non-obstetric ultrasound have previously been noted as potential risks to overall diagnostic performance, particularly in reducing to zero patients waiting over 13 weeks by March 2024. Positively, Non-obstetric ultrasound improved by 11.6% to 78.2% in November. Whilst the risks are still present, especially for the paediatric service, this improvement shows that the mitigations and actions in place are being managed closely to improve waits for these diagnostic patients overall. • The continued impact of industrial action is a significant risk to diagnostic performance, as is the sickness in niche sub-modalities, and capacity constraints - particularly for patients requiring their procedures under general anaesthetic (GA). *...continued over page*

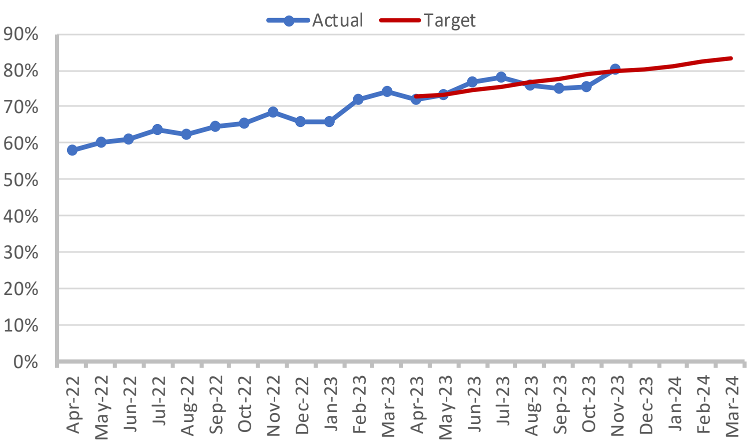
STANDARD	DIAGNOSTIC WAITING TIMES
Action/Plan (continued):	• Performance and long waiters in Sleep Studies poses the most significant risk and challenge to diagnostic performance. The service is using additional capacity to improve performance and waiting times for patients and mutual aid from other providers has been explored. Some improvements are materialising but the issues in this service are considerably complex and will require extensive and sustained actions across key areas. Service-wide demand and capacity modelling is being undertaken to support the development of recovery trajectories. • Modality-level diagnostic trajectories and plans for 23/24 are in place across the Trust. The other key risks to diagnostic performance and improvement are industrial action and complex patients needing general anaesthetic or theatre slots where capacity is more limited and prioritised for the most clinically urgent patients and the growing waiting list in the Sleep Service. The Trust continues to utilise transferred capacity and outsourcing to the independent sector which are integral to the diagnostic recovery plans for 23/24.
Risk:	Corporate Risk 801: Risk that the six oversight themes within the NHS Oversight Framework for 2023/24 are not met

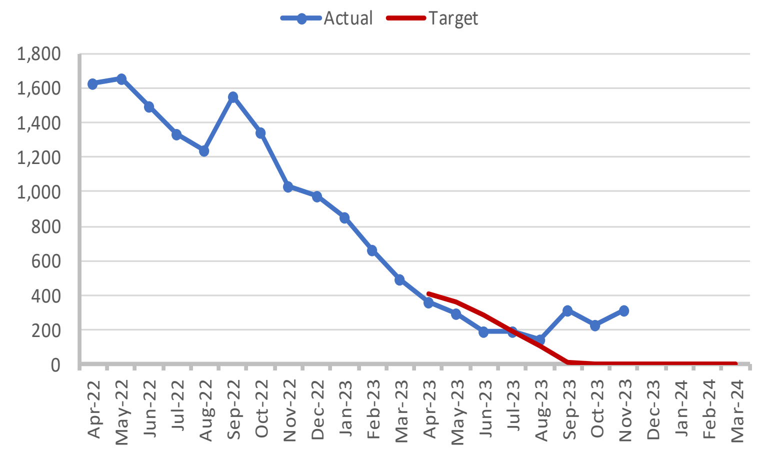
End of November 2023

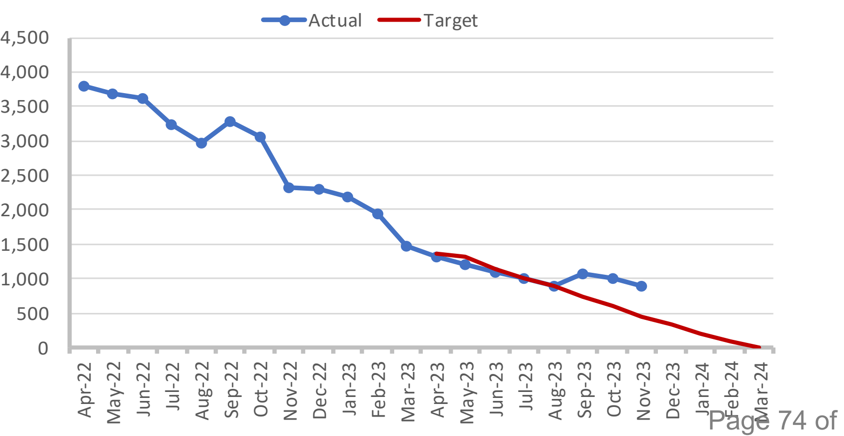
	Total On	Under 6 Weeks			13+ Weeks		26+ Weeks	
Modality	**List**	**Number**	**Percentage**	**Mar24 Target**	**Number**	**Percentage**	**Number**	**Percentage**
Audiology Assessments	576	30	95%	97%	2	0%	0	0%
Colonoscopy	461	182	61%	53%	129	28%	40	9%
Computed Tomography (CT)	1,867	95	95%	81%	33	2%	3	0%
DEXA Scan	481	78	84%	68%	6	1%	0	0%
Echocardiography	1,988	591	70%	85%	3	0%	1	0%
Flexi Sigmoidoscopy	137	68	50%	53%	43	31%	6	4%
Gastroscopy	475	205	57%	55%	113	24%	24	5%
Magnetic Resonance Imaging (MRI)	2,804	286	90%	95%	128	5%	45	2%
Neurophysiology	216	14	94%	99%	2	1%	0	0%
Non-obstetric Ultrasound	4,504	983	78%	83%	245	5%	4	0%
Sleep Studies	246	194	21%	51%	192	78%	192	78%
Other	0	0			0		0	
UHBW TOTAL	**13,755**	**2,726**	**80.2%**	**83.3%**	**896**	**6.5%**	**315**	**2.3%**

STANDARD	DIAGNOSTIC WAITING TIMES





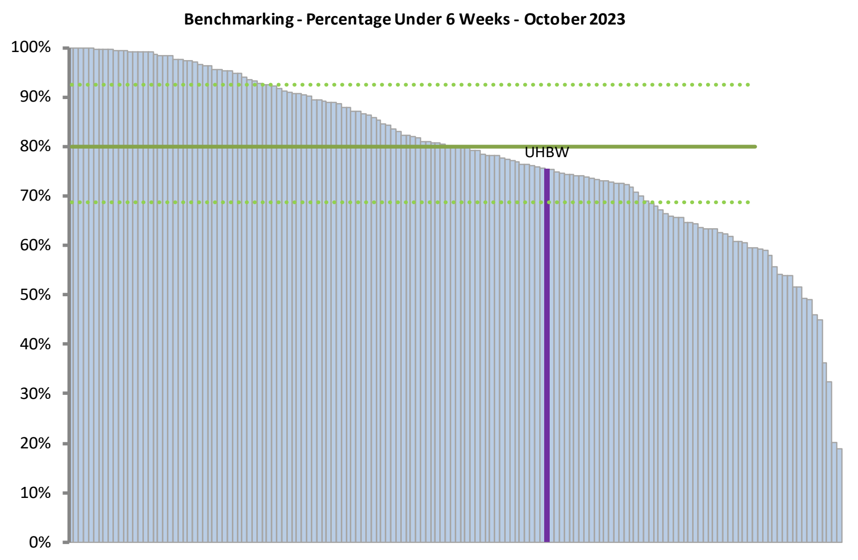


Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: October 2023

STANDARD DIAGNOSTIC WAITING TIMES



STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS & WAITS IN A&E FROM ARRIVAL TO DISCHARGE, ADMISSION OR TRANSFER
Performance	**Waits in ED from arrival to discharge, admission or transfer** The total time spent in the emergency department (ED) measures from arrival time to discharge/admission time. There are two standards reported: 1. The "4 Hour Standard". This is the standard that has been reported in previous years and had a constitutional standard of 95%. For 2023/24, Trusts are required to return performance to 76% by March 2024, i.e. 76% of ED attendances should spend less than 4 hours in ED. 2. The "12 Hour Standard". This standard has a new definition from April 2023 related to the proportion of patients attending ED who wait more than 12 hours from arrival to discharge, admission or transfer, with an operational standard of no more than 2%. Note: both these standards apply to all four emergency departments in the Trust. During November, 63.4% of patients attending spent less than 4 hours in an emergency department (ED), from arrival to discharge or admission. This is below the operational planning trajectory of 68.3% for November. The November performance for the "12 Hour Standard" also shows a deterioration to 4.7%, compared to 3.8% in October. Both metrics have been impacted by increased bed occupancy and during October of 105.5% BRI and 95.8% Weston (compared to 93.5% and 89% respectively in July when 12-hour performance was 0.9%). The links between occupancy and four-hour performance are well established, for example in 2022 Health Foundation analysis found a 1% increase in occupancy decreases the probability of achieving the four-hour target by 9.5%. • Weston ED attendances slightly decreased in November by 1.3% (4,206 compared to 4,264 in October). However, following October's figure of 1,471, monthly admissions from WGH ED continued to increase with the highest monthly figure year to date (1,532); April to September average 1,208 admissions per month. • Having shown an increase of 8.7% between July and October 2023, BRI ED attendances reduced in November by 5.6% to 6,474. • Following the October peak, monthly admissions from BRI ED reduced by 2.7% in November (2,456). April to September average 2,369 admissions per month. **12 Hour Trolley Waits** This metric is for patients who are admitted from ED, and measures from the Decision To Admit (DTA) time to the Admission Time. This is a standard that has been reported in previous months and will continue to be reported in 2023/24. During November, there were 361 12 Hour Trolley Waits: 259 in Bristol and 102 at Weston, which is a deterioration from the 276 reported in October, again linked to the flow constraints resulting from increased occupancy. **Ambulance Handovers** Following handover between ambulance and ED the ambulance crew should be ready to accept new calls within 15 minutes. The two metrics reported are the number and percentage of handovers that are completed within 15 or 30 minutes. The current improvement targets are that 65% of handovers should be completed within 15 minutes and 95% within 30 minutes. Of the 4,062 ambulance handovers in November: • 875 ambulance handovers were within 15 minutes which was 22% of all handovers • 2,257 ambulance handovers were within 30 minutes which was 56% of all handovers

STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E
National Data	There are 19 hospitals in the South-West that the Ambulance Service reported data for November 2023, overall percentage of handovers under 15 minutes was 19.6% across these hospitals. The chart on page 20 shows the distribution: BRHC ranked 2nd highest with 44.6% of handovers under 15 minutes, BRI was 10th highest at 19.5% and Weston was 2nd lowest at 9.5%. ED 4-hour national performance is shown on page 50.
Actions:	There are 19 hospitals in the South-West that the Ambulance Service report data for. For November 2023, overall percentage of handovers under 15 minutes was 19.6% across these hospitals. BRHC ranked 2nd highest (i.e. best performing) with 45% of handovers under 15 minutes, BRI was 10th highest at 20% and Weston was 2nd lowest at 10%. ED 4-hour national performance is shown on page 20. No Criteria to Reside (NCTR) bed days have also increased which will be contributing to reduced flow. Community delays leading to No Criteria Reside bed days were higher in November 2023 than any month since March 2023. Constraints in flow improved in November with increased discharges across all pathways (24 more discharges in total than in October).However, there was an increase in acute length of stay for D2A patients in Pathway 1 (patients returning home with package of care) due to staffing and flow constraints in community services (both Sirona and LA's). Non recurrent funding has been agreed to purchase "bridging capacity" in home care to support patients moving from Sirona's Pathway 1 caseload whilst ongoing arrangements for their care are put in place by social care colleagues. Length of stay for patients awaiting bedded facilities has slightly reduced across both sites A range of initiatives are being progressed across adult services to reduce overcrowding, ambulance queueing and long waits including: • Processing mapping is underway planned to progress Internal Professional Standards relaunch, which will focus on specialty referral processes from Emergency Departments, data is being reviewed to support the setting of a target improvement. • The next phase of the 'Tap to Transfer' process (supporting inpatient to inpatient transfers across divisions) is planned within surgery division with a proposed go-live of February. The Care Traffic Control dashboard development is also ongoing to provide visual oversight of flow. • In Weston ED, further ED consultant recruitment has been successful, and an additional ED tracker is now in place. • Weston's Emergency Department Observation Unit (EDOU) pilot is progressing well, with increasing numbers of patients using the unit. In November, 6.97% of all ED attendances went through the EDOU. Performance metrics are being integrated into dashboards enabling ongoing reporting and supporting continuous improvement. • Weston Older Persons Assessment Unit launched on 22nd November to improve quality and timeliness of care for frail patients admitted to WGH, improving flow from ED. *...continued over page*

STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E
Actions (continued):	• Clinically ready to proceed (CrTP) time stamps are being built into Urgent Care reporting systems, supporting a greater understanding of opportunities to reduce delays within Emergency Departments. • Front door audits for ambulance handovers were completed in the week commencing 27th November 2023 at both BRI and WGH EDs in conjunction with SWASFT and Sirona. Feedback and outcomes are currently being collated and reviewed, which will inform next steps to improve ambulance handover. • Within BRI, a demand and capacity review is under way which will inform workforce strategy plan to bolster weekend staffing. **Same Day Emergency Care (SDEC)** The development of the SDEC offer across the Trust aims to redirect clinically appropriate patients away from Emergency Departments to support patient flow, reduce waiting times and minimise unnecessary admissions. A review of time spent in ED before Same Day Emergency Care (SDEC) units is underway at BRI and Weston sites, with the aim of supporting timely access to SDEC units and decompressing ED. **Surgical SDEC - BRI**, November data reflected the highest monthly number of admissions (375) to Surgical SDEC in 2023 to date, compared with October (360), September (329), and August (324). The number of ED attendances that go on to Surgical SDEC has seen a month on month increase since July 2023. Admission rates from surgical have increased slightly in November to 22.7% compared to October (20.0%), however not exceeding figures seen in previous months (August: 25.3%, September: 22.2%) SDEC. A space review is ongoing to look for future opportunities for maximising use of existing estate and service expansion. **Medical SDEC - BRI:** BRI have extended the trial pathway to admit non-ambulant expected patients via medical SDEC to support decompression of ED majors, enabling a proportion of patients who would otherwise have been admitted, to be converted to Same Day Emergency Care. In November, there were 903 patients seen within BRI Medical SDEC, which has again surpassed previous monthly activity, October (826) , September (766) and August (659). Inpatient admission rates from BRI Medical SDEC decreased in November to 17.4% compared to the previous quarter (20.6% August, 20.0% September and 20.2% October) and wait times in ED prior to Medical SDEC visit have also remained stable (Nov: 1hr 59 min, October: 1hr 55min, September: 2 hr 6 min). Work is ongoing to remove semi-elective activity (e.g. infusions) out of the weekdays and into weekends, improving balance of demand and capacity. A new working group is now running to progress opportunities in Q4 for frailty SDEC pilot pathways. *…continued over page*

Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: November 2023

STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E
Actions (continued):	**Weston SDEC**: November data reflected a decrease in the number of monthly admissions (569), compared with October (653), but equal to demand seen in September (570). It is noted that hospital admission rates from Weston SDEC have remained stable in November (10.4%), compared to October (10.1%). This has been an increase compared to August 7.7% and September 6.1%. This increase is a consequence of the unit seeing an increasingly acute patient cohort that appropriately benefits from SDEC specific services. The average wait in Weston ED prior to SDEC visit in November was 1hr24 minutes, which remained stable compared to October (1hr20min), and an improvement from 1hr58min in September. On average Weston SDEC are now seeing 6 surgical patients from the ED per day via the new surgical pathway. In November there were 152 surgical patients seen in SDEC, equating to an estimated 304 hours of ED time saved within November. In November communications materials circulated with all SWASFT crews on site to advertise availability of SDEC pathways from paramedic crews which has resulted in an increased pathway usage.
Risks:	Corporate Risk 910: Risk that patients in ED do not receive timely and effective care 4700: Risk that a patient may deteriorate whilst being held in the ambulance bay

Performance Report

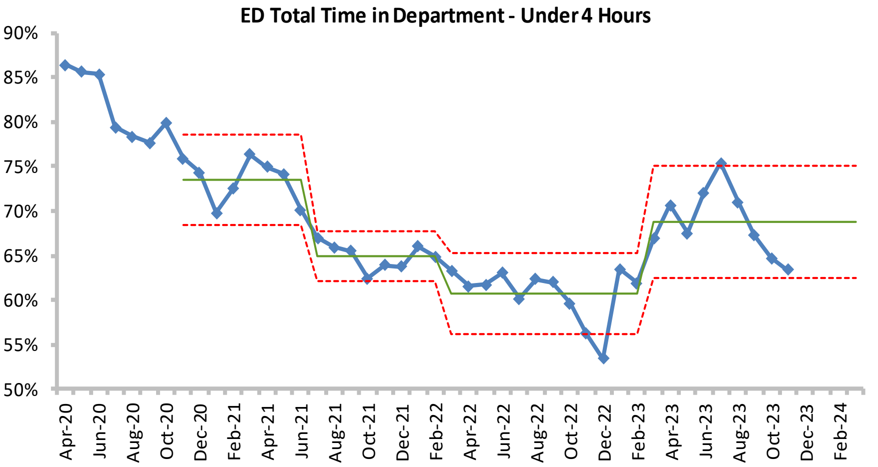
University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: November 2023

STANDARD **EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E**

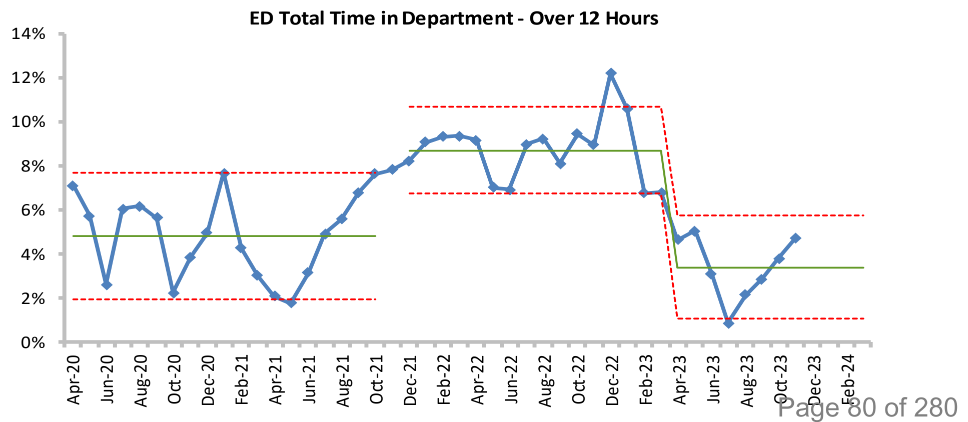
Patients Who Spend Under 4 Hours In ED (Arrival to Discharge/Admission)

4 Hour Performance	Nov-23	2023/24	2022/23
Bristol Royal Infirmary	52.05%	56.9%	46.14%
Bristol Children's Hospital	61.85%	77.1%	71.14%
Bristol Eye Hospital	96.29%	95.67%	95.97%
Weston General Hospital	65.38%	65.5%	55.05%
UHBW TOTAL	**63.42%**	**68.85%**	**60.94%**



Patients Who Spend Over 12 Hours In ED (Arrival to Discharge/Admission)

12 Hour Performance	Nov-23	2023/24	2022/23
Bristol Royal Infirmary	6.7%	4.3%	12%
Bristol Children's Hospital	3.9%	1.5%	2%
Bristol Eye Hospital	0%	0%	0%
Weston General Hospital	5%	5.7%	15%
UHBW TOTAL	**4.7%**	**3.4%**	**8.7%**

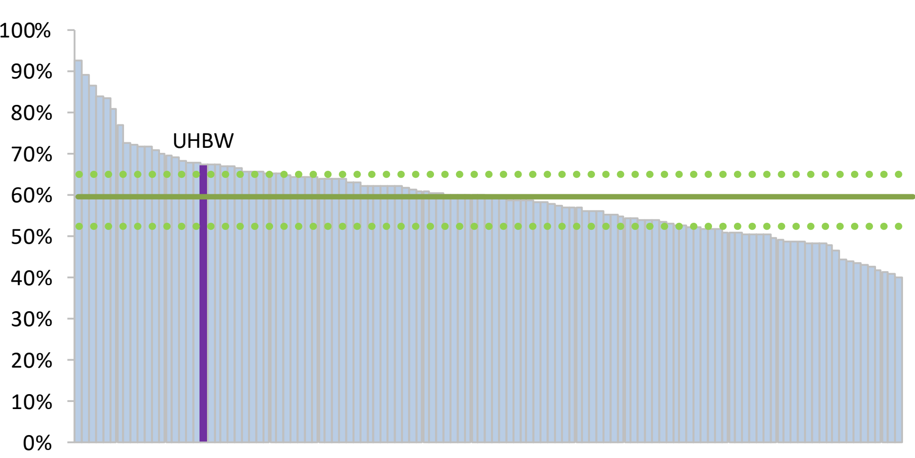


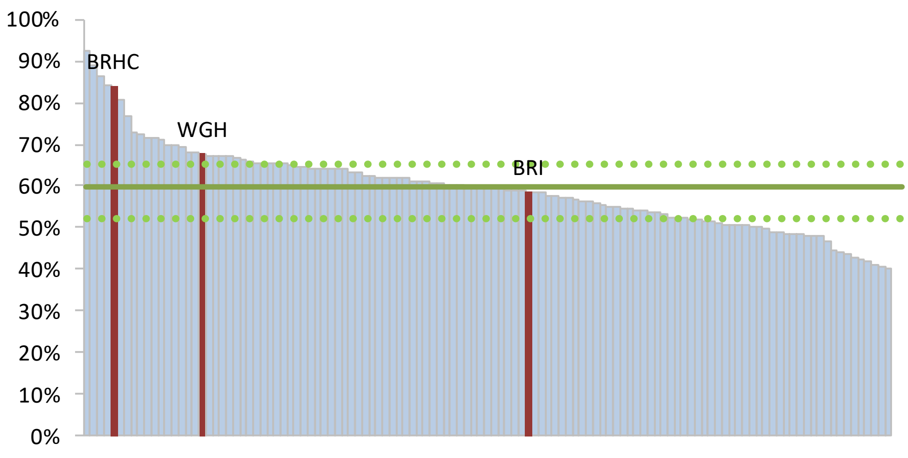
Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: Quarter 2

STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E





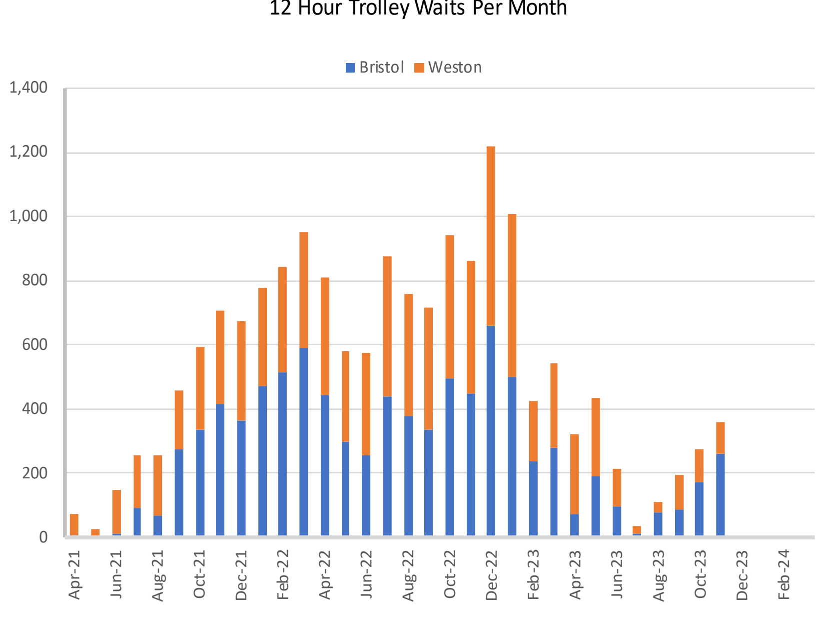
Performance Report

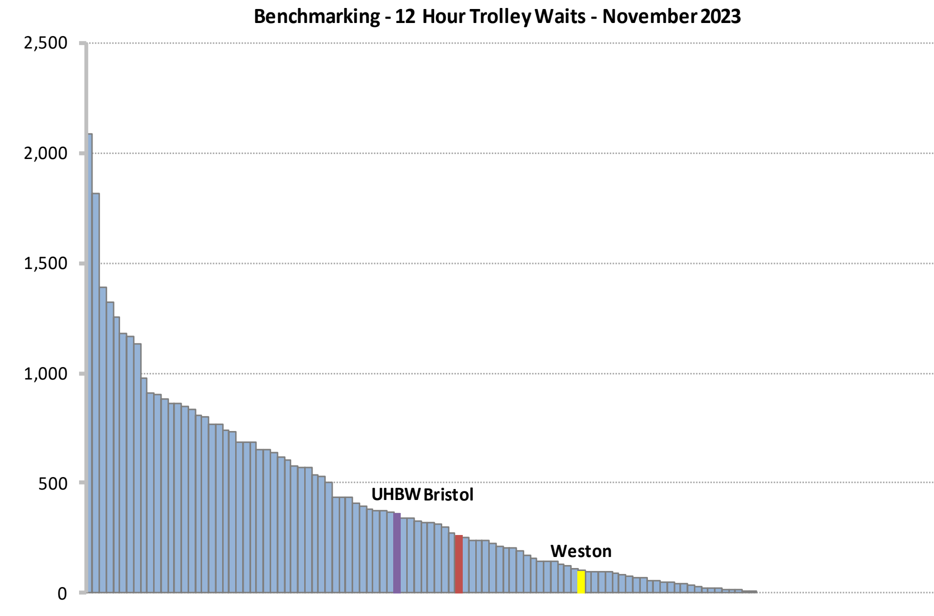
Reporting Month: November 2023

STANDARD EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E

12 Hour Trolley Waits – Admitted Patients Who Spend 12+ Hours from Decision To Admit (DTA) Time to Admission Time

	2022/2023												2023/2024											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Bristol	443	297	257	437	379	334	496	449	659	500	235	278	74	192	95	11	79	89	172	259				
Weston	366	282	319	441	379	383	445	413	558	506	192	267	250	243	119	23	33	104	104	102				
UHBW	**809**	**579**	**576**	**878**	**758**	**717**	**941**	**862**	**1217**	**1006**	**427**	**545**	**324**	**435**	**214**	**34**	**112**	**193**	**276**	**361**				



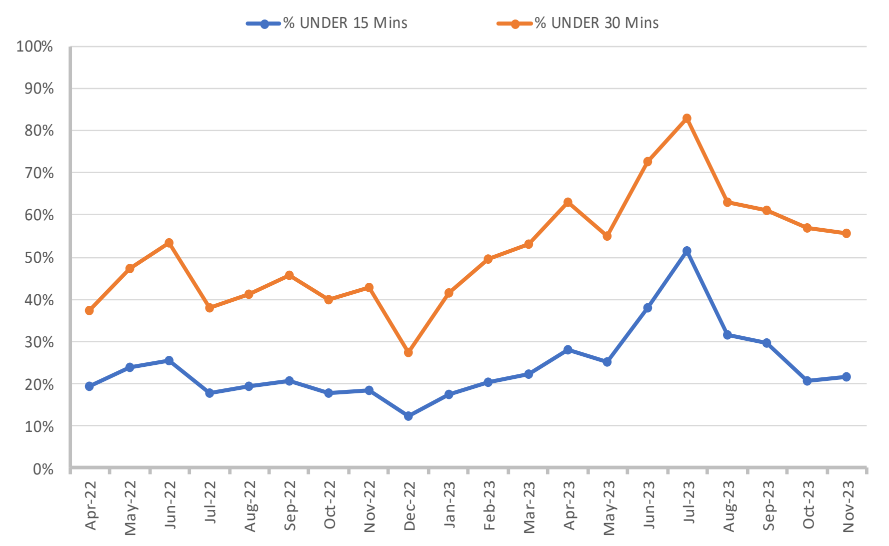


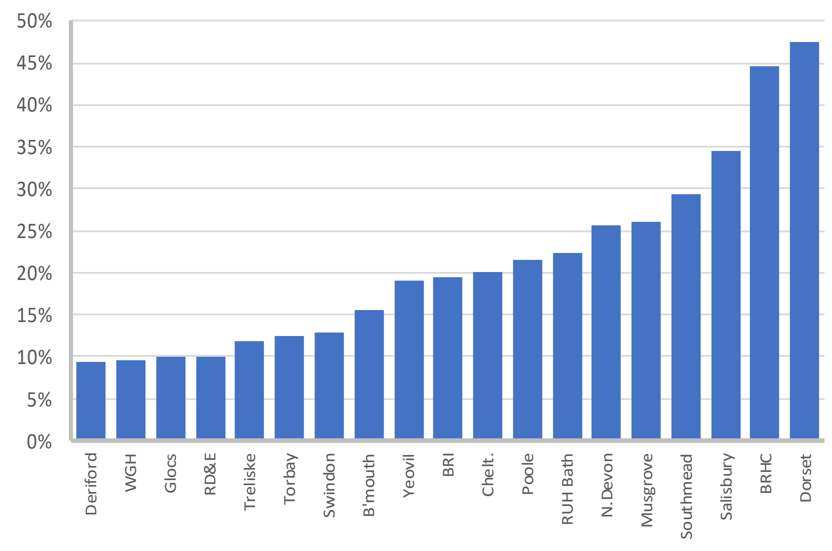
Reporting Month: November 2023

STANDARD EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E

Ambulance Handovers

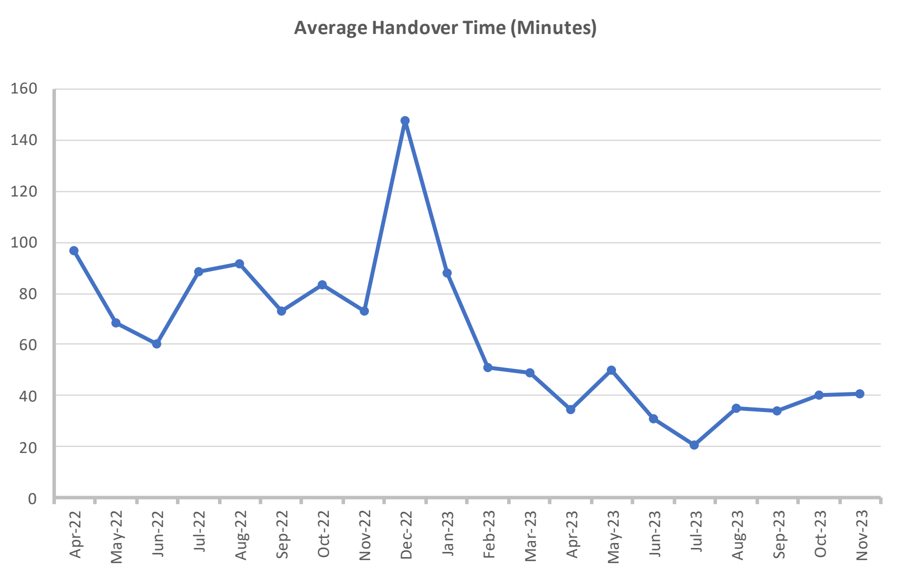
Nov-23							
	Total Handovers	Under 15 Mins	% Under 15 Mins	Under 30 Mins	% Under 30 Mins	Average Handover Time (Minutes)	Total Hours Above 15 Mins
Bristol Royal Infirmary	2,417	475	19.7%	1,219	50.4%	47.6	1,342
Bristol Children's Hospital	690	309	44.8%	567	82.2%	20.9	89
Weston General Hospital	955	91	9.5%	471	49.3%	37.5	363
UHBW Total	**4,062**	**875**	**21.5%**	**2,257**	**55.6%**	**40.7**	**1,794**

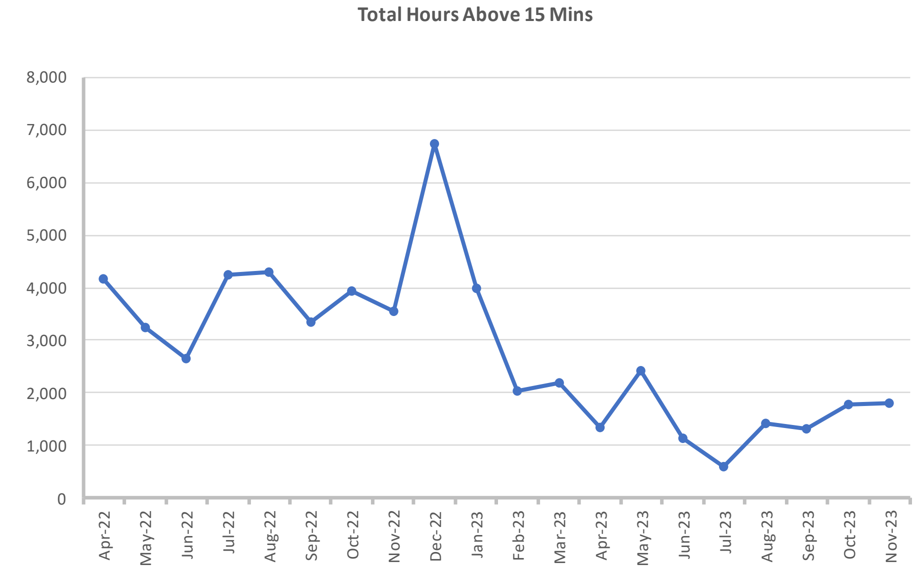




STANDARD EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E

Ambulance Handovers (continued)





STANDARD	EVERY MINUTE MATTERS
Background:	The Every Minute Matters (EMM) programme has four work streams. **1. Implementation of the SAFER bundle – including Estimated Date of Discharge EDD:** A bundle of principles that advocates best practice in optimising flow. It includes early senior review, flow of patients from admission units to downstream wards before 10am, timely discharges and daily review of all patients with a length of stay greater than seven days. **2. Proactive Board Rounds:** Focuses on implementing daily board rounds with a consistent structure that proactively progresses adult patients towards safe, timely discharge through effective multidisciplinary collaboration. **3. Criteria to Reside - Using the MCAP tool:** Comprises 11 nationally defined criteria to ensure patients who require acute care are in the most appropriate bed. The criteria identify where patients no longer require acute care and can be discharged safely to their home or within the community. MCAP is the digital system that determines whether a patient is in the right bed for their care, whether there is a delay in their pathway, and what their next care location should be. **4. Optimising use of the Discharge / Transition Lounge:** Optimising the use of the discharge lounge so that it is embedded as a routine part of the inpatient pathway - freeing acute beds early for new unplanned admissions and elective activity.
Performance:	Three metrics are reported as the high-level priorities: 1. Percentage of patients with a “timely discharge” (before 12 noon). November had 17.0% discharged before 12 noon (20.1% in October). The SAFER bundle standard is to achieve 33%, though we are reviewing this as there is no longer evidence that this produces a "best in class" outcome. Using the Patient First methodology, the focus is on timely discharge to identify actions which will bring the discharge curve forwards. 2. Percentage of patients discharged via the BRI or Weston Discharge Lounges. In November 30.6% of eligible discharges went through the Weston or BRI Discharge Lounges, compared to 30.4% in October. This was 784 patients, averaging 35.6 patients per working day. a. BRI achieved 30.4%, with 543 patients. This averages to 24.7 patients per working day. b. Weston achieved 31.1% with 241 patients. This averages to 11.0 patients per working day. 3. At the end of November there were 174 No Criteria To Reside (NCTR) patients in hospital: 100 in Bristol and 74 in Weston 4. During November, the daily average number of patients with no criteria reside was 154. This is equivalent to saying 154 beds, on average, were occupied each day by NCTR patients. This was 63 beds in Weston and 91 in Bristol.

STANDARD	EVERY MINUTE MATTERS
Actions:	**Timely Discharge** • Key priorities for Every Minute Matters (EMM) programme include: o Evolution of the Proactive Board Round process to ensure patient care and discharge progress are central to the discussion and generate actions which can be reviewed. PDSA underway on Waterside Ward. Review underway of Wardview usage and a governance group established. o Scorecard format is now in place for EMM reporting. Work is underway to highlight areas of opportunity for Divisions to inform their improvement work o Plans to strengthen links between Digital Hospital Programme Board with EMM programme to ensure operational and clinical joint working relating to digital solutions. o EMM at BRHC: focus on opportunities for timely discharge improvement on Caterpillar ward. GEMBA planned for Penguin (surgical) ward. o Increased medical engagement: an Expressions of Interest to be circulated shortly for an EMM Medical Lead role (2 PAs per week) • Active Hospitals is now underway, with focus on six wards. The main principles are getting patients up and dressed in the morning and where possible, facilitating meals at a table and chair. 'I can' boards are being developed to assist staff with knowing what support patients require with mobility, daily routine and communication. • Weekend discharges: weekend discharge baseline review is due to be reported back to the EMM Steering group in December with additional actions to be considered based on the findings. • Discharge lounge usage: 24/7 model now live in Bristol with early results under review. • Value Stream Mapping for 'to take away' (TTA) medications: to be reviewed at December EMM programme group for agreement of next actions (possibly to be linked with rollout of Careflow Medicines Management) • Tap to Transfer (digital bed management): rollout and support continues in Medicine Division. Bristol Royal Hospital for Children are currently using the transfer out of ED function, the Tap to Transfer team are working with them to look at whether additional support for rollout is required. Rollout to Surgery Division is now scheduled for January. • Criteria Led Discharge (CLD) work continues on selected Cardiology, Cardiac and Medicine pathways. Preparation of a CLD toolkit for wider rollout is under-way for launch in January. • No Criteria to Reside (NCTR): recent reduction in NCTR bed base continues to be monitored. Data review has taken place and meetings have bene arranged with divisions to discuss demand and capacity for the NCTR bed base model. • Ward Standard Operating Procedures now collated, and process established to standardise information across all wards and present the information in a 1-2 page document. *...continued over page*

STANDARD	EVERY MINUTE MATTERS

Actions (continued):	**No Criteria To Reside (NCTR) and Transfer of Care Hub (ToCH)**
	
	A programme of continuous improvement is in place, managed through the Trust's Integrated Discharge Group, which mirrors the Every Minute Matters core principle of respecting patients' time. This includes actions to reduce the number of people waiting in hospital for onward care, and the number of days they are delayed for:
	
	• Reduction in NCTR length of stay (particularly for the longest waiting patients), through weekly multi-disciplinary team (MDT) escalation reviews.
	• Establishing two Transfer of Care Hubs with system partners at BRI and Weston, with c83% of new UHBW colleagues in post, and partner colleagues coming in to post over the coming weeks and months.
	• A significant focus on the Transfer of Care Hubs is on transformation and improvement, with the following initiatives underway:
	  ○ BNSSG pathway redesign workshops concluded at the end of October and will result in findings being shared and a programme of improvement agreed on by all Transfer of Care hub partners (statutory and voluntary sector).
	  ○ Learning and support from Barnsley Local Authority (cited as the best nationally for hospital discharge). Work is underway to frame the improvement actions we want to implement across BNSSG based on a recent visit to Barnsley.
	  ○ Acute therapies and discharge team workshops (UHBW and NBT joint events) to align and describe our acute Trust approaches to discharge and working with partners in the Transfer of Care Hubs.
	  ○ Implementation of the D2A winter plan, including additional bridging capacity in Pathway 1 and spot purchased beds on Pathways 2 and 3.
	  ○ Further PDSA cycles of the navigation process, taking learning from the recent UHBW event at Weston and NBT event at Southmead – the aim is to engender a "homefirst" approach across all teams and reduce reliance on bed-based acre on discharge.
	  ○ Review of the Transfer of Care Document across BNSSG to simplify and redesign the form to ensure that it is fit for purpose.

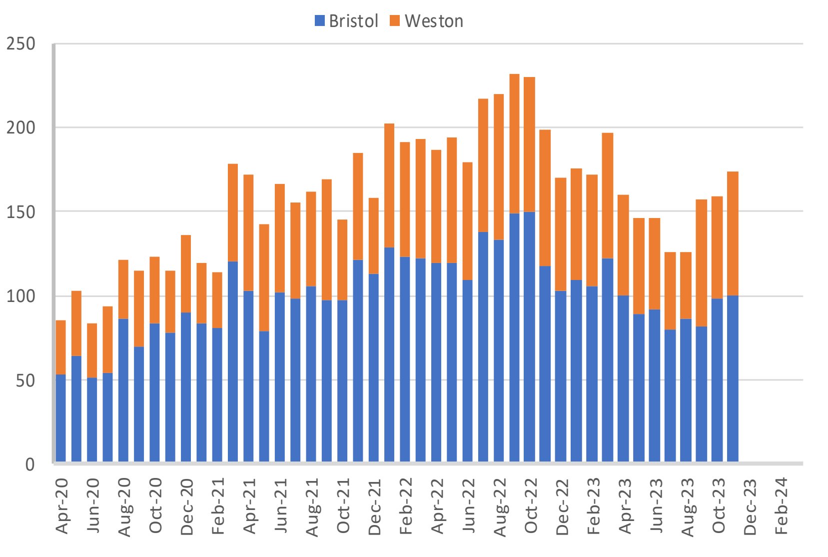
Risks:	Strategic Risk 423: Risk that demand for inpatient admission exceeds available bed capacity. 6789 and 6788: Risk that a Bristol and Weston location for Transfer of Care Hub site will not be found. 6874: Risk that ways of working are not changed ToCH partners will operate in silo impeding the teams ability to discharge patients.

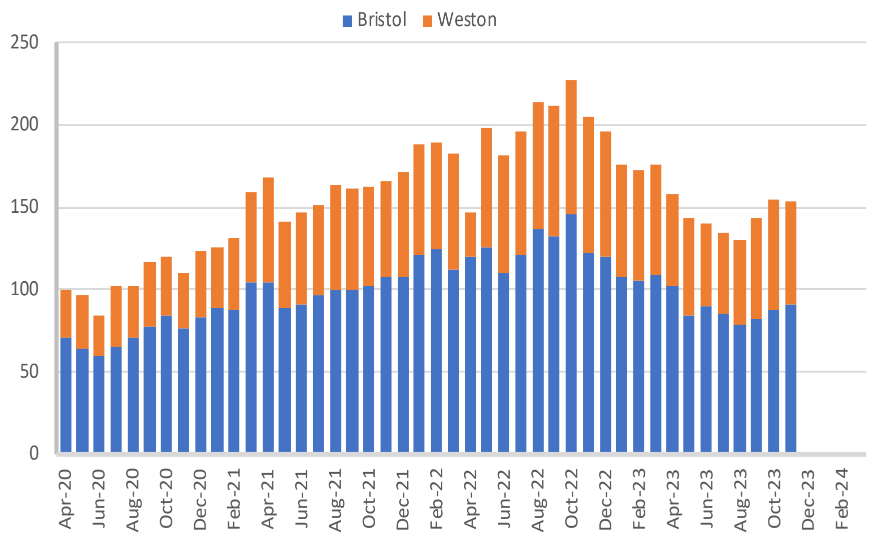
Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: November 2023

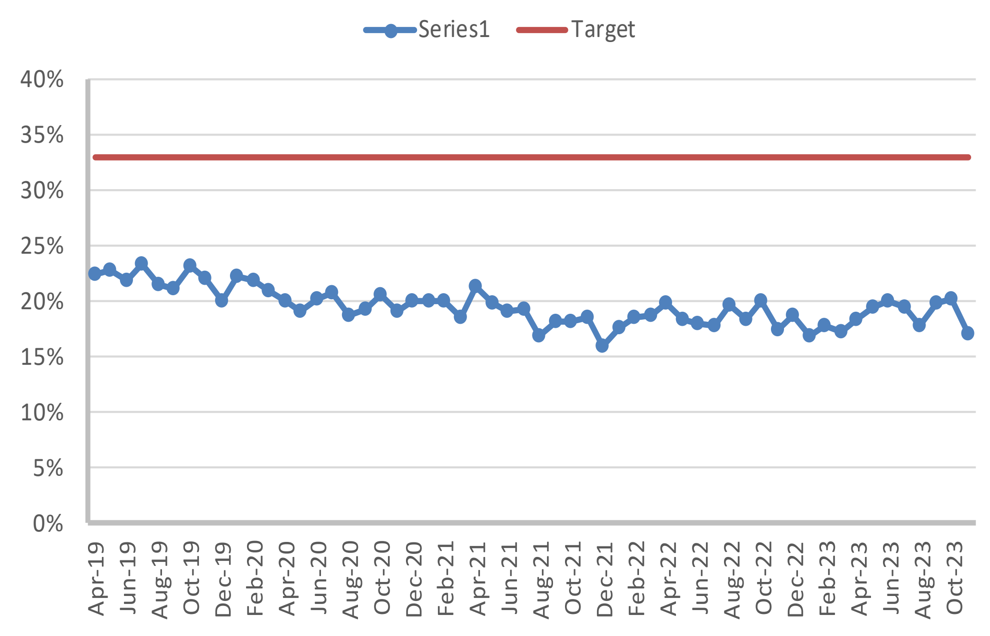
STANDARD **EVERY MINUTE MATTERS - NO CRITERIA TO RESIDE (NCTR)**





STANDARD EVERY MINUTE MATTERS - TIMELY DISCHARGE

Timely Discharge (Before 12 Noon)



Summary of High Volume Specialties - November 2023

	Total Discharges	% Before Noon
Cardiac Surgery	92	7.6%
Cardiology	320	15.6%
Clinical Oncology	76	9.2%
Colorectal Surgery	72	11.1%
ENT	97	18.6%
Gastroenterology	97	10.3%
General Medicine	669	20.8%
General Surgery	211	13.3%
Geriatric Medicine	248	35.9%
Gynaecology	141	12.1%
Ophthalmology	66	24.2%
Paediatric Surgery	87	13.8%
Paediatrics	322	14.6%
Thoracic Medicine	180	8.9%
Trauma & Orthopaedics	199	28.6%
Upper GI Surgery	70	12.9%
UHBW TOTAL	**4,010**	**17.0%**

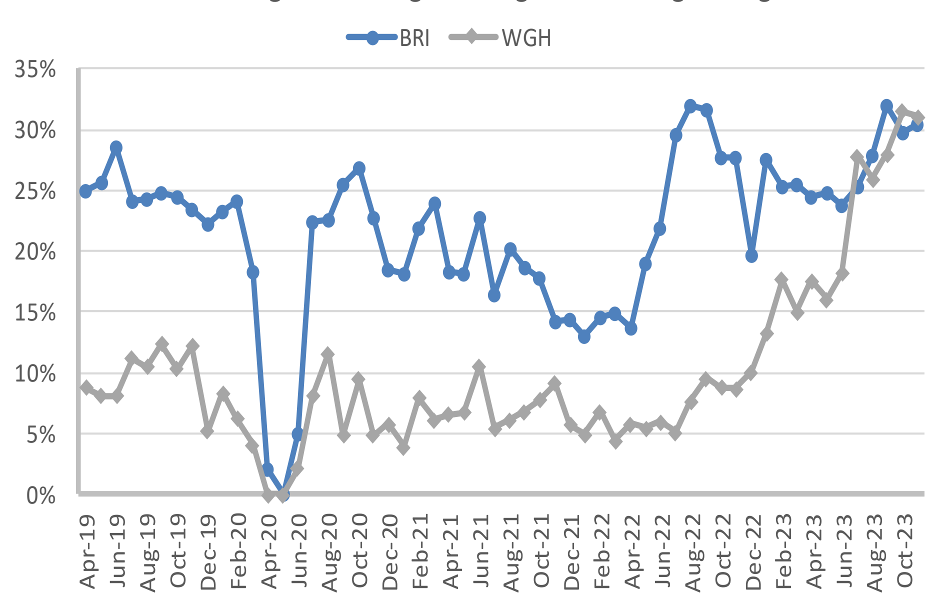
Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: November 2023

STANDARD — EVERY MINUTE MATTERS - TIMELY DISCHARGE

Discharge Lounge Use Summary



Summary of High Volume Specialties - November 2023

	BRI	WGH	TOTAL
Accident & Emergency	14.2%	9.1%	13.3%
Cardiac Surgery	61.4%	-	61.4%
Cardiology	48.7%	50.0%	48.8%
Colorectal Surgery	37.3%	16.7%	33.3%
ENT	8.0%	-	8.0%
Gastroenterology	21.2%	14.6%	17.3%
General Medicine	30.3%	34.0%	32.7%
General Surgery	9.4%	31.4%	16.1%
Geriatric Medicine	51.6%	37.1%	49.3%
Hepatobiliary and Pancreatic Surgery	34.0%	-	34.0%
Maxillo Facial Surgery	7.9%	-	7.9%
Thoracic Medicine	23.8%	15.2%	20.4%
Thoracic Surgery	27.6%	-	27.6%
Trauma & Orthopaedics	21.2%	50.0%	33.5%
Upper GI Surgery	15.7%	20.0%	16.4%
UHBW TOTAL	**30.4%**	**31.1%**	**30.6%**

Performance Report

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: November 2023

FINANCIAL SUMMARY

YTD Income & Expenditure Position

- Net I&E deficit of £9,333k against a deficit plan of £8,914k (excluding technical items).
- Total operating income is £31,438k favourable to plan due to higher than planned income from activities of £23,537k and higher than planned other operating income of £7,901k.
- Operating expenses are £33,480k adverse to plan due to higher pay expenditure (£17,949k) and non-pay expenditure (£15,568k). Depreciation is in line with plan.
- The estimated cost of industrial action at £4,194k for April to November has been funded by NHSE.
- Financing items are £2,086k favourable to plan mainly due to interest receivable.

Key Financial Issues

- *Recurrent savings delivery below plan* – Internal CIP delivery is £13,251k or 105% of plan, of which recurrent savings are £5,302k, 42% of plan. Failure to achieve the annual target of £27m (including transformational savings) in full may result in the Trust failing to meet the financial plan.
- *Delivery of elective activity recovery below plan* – elective activity must be delivered in line with plan. Failure to do so could result in a loss of income of up to c£13m and the Trust not achieving its financial plan. At M8, the value of elective activity is £5.1m behind plan.
- *Corporate mitigations not delivered in full* – non-recurrent mitigations of c£25m are required to support delivery of the plan. At M8, the corporate mitigations are on track.
- *Failure to deliver the financial plan* – failure to deliver the actions and therefore the financial plan of break-even will constitute a breach of this statutory duty and will result in regulatory intervention.

Strategic Risks

- Assessment and implications of the financial arrangements relating to Healthy Weston 2 Phase 2 – pending completion of the business case during quarter 4.
- Understanding the operational risks and mitigations associated with the Trust's legacy estate and how the CDEL limit and system prioritisation restricts future strategic capital investment – pending completion of the ICB and Trust draft medium term capital plan in quarter 4.

TRUST YEAR TO DATE FINANCIAL POSITION

Trust Year to Date Financial Position

	Month 8			YTD		
	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's
Income from Patient Care Activities	90,841	97,896	7,055	679,289	702,826	23,537
Other Operating Income	8,416	9,225	809	71,613	79,514	7,901
Total Operating Income	**99,257**	**107,121**	**7,864**	**750,902**	**782,340**	**31,438**
Employee Expenses	(60,393)	(59,810)	583	(454,689)	(472,638)	(17,949)
Other Operating Expenses	(34,735)	(37,550)	(2,815)	(273,567)	(289,135)	(15,568)
Depreciation (owned & leased)	(4,708)	(4,815)	(107)	(25,402)	(25,365)	37
Total Operating Expenditure	**(99,836)**	**(102,175)**	**(2,339)**	**(753,658)**	**(787,138)**	**(33,480)**
PDC	(1,037)	(1,125)	(88)	(8,296)	(9,000)	(704)
Interest Payable	(221)	(235)	(14)	(1,768)	(1,839)	(71)
Interest Receivable	250	554	304	2,000	4,860	2,860
Other Gains/(Losses)	0	0	0	0	(120)	(120)
Net Surplus/(Deficit) inc technicals	**(1,587)**	**4,141**	**5,728**	**(10,820)**	**(10,896)**	**(76)**
Remove Capital Donations, Grants, and Donated Asset Depreciation	239	237	(2)	1,906	1,563	(343)
Net Surplus/(Deficit) exc technicals	**(1,348)**	**4,378**	**5,726**	**(8,914)**	**(9,333)**	**(419)**

Key Facts:

- The position at the end of November is a net deficit of £9,333k against a deficit plan of £8,914k. The adverse position of £419k is an improvement of £5,725k from last month.
- The improvement in the position is mainly due to additional income from NHS England. The year-to-date position of £419k adverse to plan is primarily due to: the value of elective activity being behind plan by £5,100k; the £3,185k shortfall on savings delivery offset by better than planned interest receivable income of £2,860k and additional operating income of £5,000k.
- YTD, the Trust has spent £5,130k on costs associated with Internationally Educated Nurses (IENs).
- Pay expenditure in November is similar to October and September at £59,840k.
- Agency expenditure in month is £1,968k, compared with £2,140k in October. Bank expenditure in month is £3,314k, compared with £3,701k in October.
- YTD, pay expenditure is £17,949k above plan, due mainly to costs of industrial action and a significantly higher than planned number of substantive staff in post and higher than planned bank and agency spend combined.
- Total operating income is £31,438k higher than plan YTD as result of an increase to the block element of Aligned Payment Incentive (API) contract income and additional income from commissioners including income received from Health Education England (HEE) and services provided to other organisations.
- The financial position of the divisions shows an improvement of £3,096k in November, to a YTD overspend against budget of £8,636k or 1.5%. This includes a budget increase of £4,100k to fund the costs of industrial action. This means there is a net deterioration of c£1,000k in month.
- The most significant variances to budget are in Surgery (£2,604k), Women's & Children's (£3,490k) and Diagnostics & Therapies (£952k).

University Hospitals
Bristol and Weston
NHS Foundation Trust

A Meeting of the Board of Directors in Public on Tuesday 9 January 2024

Report Title	**Patient First Strategic Priority Projects Report quarter 3**
Report Author	**Cathy Caple, Associate Director of Improvement & Innovation**
Executive Lead	**Paula Clarke, Executive Managing Director (WGH)**

1. Purpose

This report provides the quarterly update on delivery of the Patient First strategic priority projects for 2023/24.

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

The attached report (appendix 1) summarises the progress in delivery of the Patient First strategic priority projects for 2023/24, which were approved by the Board in June 2023. The new approach to reporting is the first step in taking us towards a Patient First Board governance model. Key points to note:

- The purpose of the reports is to provide assurance to the Board that the strategic priority projects for 2023/24 are delivering improvements at pace to "turn the dial" on our True North goals and targets (delivered over 3-5 years).
- The Board receives the summary report for all strategic priorities. It signals where the associated metrics for the project are also currently reported via the IQPR (providing a more detailed explanation of performance and delivery). Each committee will receive the summary report for their aligned strategic priorities only, along with the relevant individual project update reports from the SRO.
- All summary and project reports are developed for review at the monthly Senior Leadership Team (SLT) Strategy Deployment Review (SDR) hence avoiding any need to develop specific reports for Boards/Committees. Not all projects are discussed by SLT every month.
- In line with the data driven approach of Patient First, the metrics enable us to assess progress with project timelines and milestones being on or off track, and assess delivery of project targets against trajectory (either process our outcome metrics). Only red or green is used to assess progress, i.e. there is no amber which can be ambiguous. Of the 24 priorities, 3 project timeline metrics and 4 project target metrics are assessed as red as at end quarter 3.
- During quarter 4, Chairs and lead executives will review Board and Committee business cycles and current reports alongside the Patient First focussed reporting approach with the intention of streamlining/avoiding duplication while ensuring we satisfy our governance and regulatory requirements. In line with the Patient First approach, we will be reviewing our strategic priority projects in quarter 4 to consider which projects have delivered their targets sustainably and can be moved to business as usual, and which new projects should commence in 2024/25 to continue to deliver our True North goals and targets. This review will align with annual planning processes and outputs.

3. Strategic Alignment

This report gives assurance regarding the organisational steps being taken via the Patient First approach to deliver the Trust's strategic direction and progress in delivery of the Trust strategic priorities for 2023/24.

4. Risks and Opportunities

- The strategic priority projects contribute to addressing all key areas of strategic and corporate risk across the Trust.
- The Patient First approach provides an opportunity to prioritise our improvement work across the Trust to deliver in a more focused, transparent and effective way.

5. Recommendation

This report is for **Approval.**

6. History of the paper

Please include details of where paper has previously been received.

UHBW Strategic Priorities - 2023/24 delivery plan	Public Board June 2023

Appendix 1
True North Strategic Priorities 2023/24: Progress report for Public Board November 2023

Introduction

- This report presents the latest performance of the 2023/24 Strategic Priority projects
- The summary report for each Strategic Priority project is derived from the update report presented to the Senior Leadership Team Strategy Deployment Review by the Senior Responsible Officer (SRO).
- It should be noted that some metrics are still under development, being led by the SRO.
- Where there is overlap with the IPQR, the detailed performance update is contained in the IPQR narrative to avoid duplication.
- The report includes a status for whether the project timeline is on or off track, and a status for whether the project metric is on target/moving positively towards trajectory, or off target/moving negatively from trajectory. The future plan is to include a "spark line" to demonstrate the data trend.

Summary of Strategic Priorities

Strategic Priority	Project Type	Strategic Priority Project Title	Assurance
Experience of Care *Exceptional patient experience*	Strategic Initiative	Developing & implementing the Experience of Care strategy	Quality Outcomes Committee
	Breakthrough objective	Experience of care through better communication	Quality Outcomes Committee
Patient Safety *Excellent care, every time*	Strategic Initiative	Clinical Strategy Year 1	Quality Outcomes Committee
	Corporate Project	Implementing Careflow Medicines Management	Finance, Digital and Estates Committee
	Corporate Project	Delivering the NHS Patient Safety Strategy	Quality Outcomes Committee
	Corporate Project	Delivering our Deteriorating Patient Programme	Quality Outcomes Committee
Our People *Proud to be #team UHBW*	Strategic Initiative	Our People Strategy Year 2	People Committee
	Corporate Project	Funded Retention Strategy (Registered Nurses)	People Committee
	Corporate Project	Optimising Medical Workforce	People Committee
	Breakthrough objective	Reducing Turnover	People Committee
Timely Care *Timely access to care for all*	Strategic Initiative	Communication Strategy Year 1	Executive Committee
	Corporate Project	Proactive Hospital	Quality Outcomes Committee
	Corporate Project	Improving Theatres Efficiency and Productivity	Quality Outcomes Committee
	Corporate Project	Improving Outpatients Efficiency and Productivity	Quality Outcomes Committee
	Breakthrough objective	Ready for Discharge	Quality Outcomes Committee
Innovate and Improve *Unlocking our potential*	Strategic Initiative	Patient First Deployment Year 2	People Committee
	Strategic Initiative	Development of a Joint Digital Strategy with North Bristol NHS Trust (in development)	Finance, Digital and Estates Committee
	Corporate Project	Fire Safety Programme	Finance, Digital and Estates Committee
	Corporate Project	Scoping and developing our Business Intelligence function (not commenced)	Finance, Digital and Estates Committee
	Breakthrough objective	Consistency in undertaking weekly fire evacuation checks in every division and department	Finance, Digital and Estates Committee
Our Resources *Using our resources wisely*	Strategic Initiative	Develop the Marlborough Hill Business Cases (paused)	Finance, Digital and Estates Committee
	Corporate Project	Reduce Premium Workforce Costs	Finance, Digital and Estates Committee
	Corporate Project	Space Review	Finance, Digital and Estates Committee
	Corporate Project	Digital procurement, stores and materials management	Finance, Digital and Estates Committee

Status Key	Project Status				Outcome Metric Status						Other	
	(green circle)	Project timeline on track	(red circle)	Project timeline off track	(upward trend icon)	Metric is on target or moving positively towards trajectory	(downward trend icon)	Metric is off target or moving negatively from trajectory	(chart icon)	Project not in measurement phase	IQPR	Detailed information included in UHBW Integrated Performance and Quality Report

Experience of Care - *Exceptional patient experience*

Our Vision	Together, we will deliver person-centred, compassionate and inclusive care every time, for everyone.			
Our Goal	We will be in the top 10% of NHS organisations for providing a consistently outstanding experience for ALL our patients as reported by them and as recognised by our staff			
Our 3-5 year Target	**Target**	**Starting position**	**Latest position**	**Metric Status**
	≥98% of inpatients and maternity will rate their care as good or above	**91.5%** of inpatient and maternity stays rate their care as good or above in 2022/23	**91.8%** of inpatient and maternity stays rate their care as good or above in 2023/24 (November 2023)	
	Feedback is representative of the patients we care for	We do not fully understand the experience of communities who are underrepresented in our patient survey feedback	Focus within design and development of Experience of care strategy	
	Top 10% of non-specialist acute trusts: Staff would recommend this organisation for treatment of a friend or relative'	**71%** in 2022 staff survey (5222 respondents) compared to average of 61% for similar organisations	**71%** Q2 pulse survey (1139 respondents)	

	Strategic Priority Projects	Goal	Starting Position	Latest Position	Project Status	Metric Status	Key Progress	Next Actions	Assurance
Strategic Initiative	**Developing & implementing the Experience of Care strategy**	To co-design and agree a new vision and strategy for experience of care at UHBW.	No Experience of Care strategy	Discovery phase underway			• Staff and Community Partners survey • Desktop review of existing NHS (and other sectors) experience of care strategies and guidance commenced • Showcase event held to explore priorities with patients, community partners and staff	• Draft vision and goals for the Experience of Care strategy to be presented at Quality and Outcome Committee in January 2024 • Trust Board approval for strategy will be sought in March 2024	Quality Outcomes Committee
12-18 month breakthrough objective	**Experience of care through better communication**	By March 2025 we will have increased the proportion of inpatients who rate their overall experience of care as good or better by focusing on improving communication with patients and between staff.	Composite Communication Indicator out of 100: Inpatient – **83.2** Maternity – **88.7** (April 2023) Retrospective data for new metric	Composite Communication Indicator out of 100: Inpatient – **83.9** Maternity – **89.4** (November 2023)			• A communication experience metric has been developed focusing on relational aspects of care, i.e. the interactions between the person receiving care and the person providing that care and how effective, timely and person-centred the communication is as part of these interactions. This new indicator comprises a sub-set of 16 questions from the monthly inpatient survey and 14 questions from the monthly maternity survey. • What Matters to You approach rolled out on all Weston inpatient areas.	• Target setting for communication experience metric for inpatient services and maternity care to include as part of the February 2024 update. • Establish an Experience of Care - Communication Improvement task and finish group	Quality Outcomes Committee

Patient Safety - *Excellent care, every time*

Our Vision	Together, we will consistently deliver the highest quality, safe and effective care to all our patients.			
Our Goal	Building on the many things we do well to keep our patients safe, we will reduce avoidable patient harm events - aspiring for zero avoidable harm, and further developing a "no blame" and "just culture."			
	Target	**Starting position**	**Latest position**	**Metric Status**
Our 3-5 year Target	10% reduction in avoidable harm events year on year. IQPR	**47** Cardiac Arrests on adult wards in 2022/23	**27** Cardiac Arrests on adult wards in 2023/24 (November 2023) (Target – to be confirmed)	
		Other metric development	Other metric development	

Strategic Priority Projects		Goal	Starting Position	Latest Position	Project Status	Metric Status	Key Progress	Next Actions	Assurance
Strategic Initiative	**Clinical Strategy Year 1** ** Alignment is required between all three project goals	To produce a single document that describes the clinical strategy for UHBW,recognisable to clinical teams and aligned with other strategic development work (**)	No single clinical strategy for UHBW	Baselining and start up phase complete.			Divisional Board and Trust Board away sessions and information collection has commenced	• Continue Divisional engagement through to December 2023 inclusive of cascade through to clinical teams • Develop broader staff engagement materials to be shared through Trust communications other channels (January start date – aligned to Hospital Group announcement)) • Begin to synthesise and develop draft content for testing and gap analysis in January	Quality Outcomes Committee
		To produce a Joint Clinical Services strategy with North Bristol Trust and have scoped the first phase of integration work surrounding culture and shared managed services (**)	No joint clinical services strategy with North Bristol Trust (NBT)	Draft Joint Clinical Strategy written to be shared with NBT and UHBW Board in Jan/Feb 2024			Development of the single managed service model – pilot work with cardiology and maternity services	Recommendation reports on: • Single managed services • Governance and Leadership options • Communication and engagement plan	
		To have produced a Full Business Case to complete the Healthy Weston Phase 2 and 3 developments (**)	Outline Business Case for full model of care originally approved ICB Board May 2022	Healthy UHBW surgical strategy "straw person" model supported by Exec Committee and informing phase 3 planning			• Care of Elderly operational model developed with focus across BRI and Weston & supporting a 'hospital without walls' ethos • Clinical deep dive completed to update the medical inpatient pathway model	• Workforce modelling to commence • Hospital at night model and transport plans to be developed • Workshop with medical specialties to develop options and modelling impacts	
Corporate Project	**Implementing Careflow Medicines Management**	Improve patient care and reduce the risk to patients relating to the prescription of medicines through implementation of an electronic prescribing module within the Careflow PAS for use within the inpatient hospital bed base	Paper based prescriptions, with the exception of chemotherapy	Implementation not yet commenced			• Supplier confirmed technical plans to support go live • Revised Trust wide Implementation plan in draft • Formal user acceptance testing planned	• Finalise and agree Trust wide Implementation Plan. • Clinical system overview and demonstration to key stakeholders to confirm system readiness. • Finalise communications strategy.	Finance, Digital and Estates Committee
	Delivering the NHS Patient Safety Strategy	Full deployment of the Patient Safety Strategy: Insight, Involvement and Improvement. An embedded system to gain new patient safety insights and deliver patient safety improvements as a result. Development of our patient safety culture	**28** key milestones to be implemented in 2023/2024	**61%** of the 28 key milestones are on complete or on track for end of Quarter 3			• Patient Safety Incident Response Framework launched in July 2023 • 8 incident investigations underway using new model	• Produce UHBW engagement and involvement framework • Commence user testing for Learning from Patient Safety Events system • Finalise first version of human factors strategy	Quality Outcomes Committee
	IQPR **Delivering our Deteriorating Patient Programme**	Effective and timely recognition, escalation and response to improve the care, outcomes and experience of patients whose condition is at risk of deteriorating by March 2025.	**147** unplanned adult admissions to Intensive Care Units in 2022/23	**93** unplanned adult admissions to Intensive Care Units in 2023/24 (October 2023) Target in development			• New Recognising, Escalating and Responding to the Deteriorating Patient e-learning package for adult services launched in August 2023 • Implementation of Modified Obstetric Early Warning Score (MOEWS) for pregnant patients in adult non-obstetric settings. • RESPECT guidance approved by Patient Safety Group	• Plan evaluation of MOEWS in non-obstetric settings • Evaluate new e-learning • Update ReSPECT induction video (doctors) and development of ReSPECT eLearning.	Quality Outcomes Committee

Our People - *Proud to be #team UHBW*

Our Vision	Together, we will make UHBW the best place to work.			
Our Goal	We will improve the employment experience of all our colleagues to retain our valuable people.			
Our 3-5 year Target	**Target**	**Starting position**	**Latest position**	**Metric Status**
	We will be in the top 10% of NHS organisations for staff recommending us as a place to work, a 5% improvement year on year.	**60%** in 2022 staff survey (5222 respondents) compared to average of **57%** for similar organisations	**60%** Q2 pulse survey (1139 respondents)	

	Strategic Priority Projects	Goal	Starting Position	Latest Position	Project Status	Metric Status	Key Progress	Next Actions	Assurance
Strategic Initiative	**Our People Strategy Year 2**	Sustained reduced vacancy rate for 6 months to meet peer benchmarks and new career pathway	• **0** career pathways • **4.2%** vacancy rate (April 2023)	• **2** career pathways • **3.2%** vacancy rate (Target 6%) (November 2023)			• Sustained reduced vacancy rate for 6 months to meet peer benchmarks, reduced month on month for 6 months. • Introduced nursing and Allied Health Professional career pathway	• Developing Admin and Clerical career pathway • Scoping healthcare science career pathway	People Committee
		75% of staff have attended Leading Together training	**0%** as new course (April 2023)	**19%** leaders have completed (November 2023)			• Identified 350 more line managers than initially assigned (Total 2144) • Capacity to deliver the Leading together training has been doubled to enable managers to attend the training.	• Detailed information attendance shared and discussed at exec divisional reviews.	
		Year on year reduction of Employee Relation Cases as measured on the case management system and the annual staff survey measure for protected characteristics	Metric in development	Metric in development			• Respecting Everyone' launched November 2023 • 'It stops with me' campaign launched September 2023 • Work continues to review cases, with a deep dive into the data, to understand the volumes, whilst overall case numbers are not declining, the complexity of cases is an issue.	• Case management system implementation by end of quarter 4 • Implementation of A3 thinking HR Services project recommendations	
		Year on year improvement of the staff survey outcomes relating to health & wellbeing	**57.3%** in 2022 staff survey agreed that 'my organisation takes action on health & wellbeing.	Baseline for improvement to be established post Feb 2023 results			• Delivering the wellbeing strategic framework and our 'one stop shop' offer for colleagues • Decrease in Violence and Aggression rate	Staff Survey results due in February 2024	
Corporate Projects	**Funded Retention Strategy**	To deliver specific actions in line with the People Strategy to ensure we improve the recruitment and retention of staff groups where turnover is high; deliver high quality care and patient safety; sustain high staff engagement; reduce agency expenditure; ensure turnover doesn't increase; and improve the stability index and retain staff.	**11.5%** difference between registered nursing and midwifery funded establishment and staff in post, as a % of funded establishment (September 2022)	**6%** difference between registered nursing and midwifery funded establishment and staff in post, as a % of funded establishment (target 9%) (November 2023)			• Fully recruited to both Registered Nurse Degree Apprentice, and Trainee Nurse Associate programmes • Internationally Educated Nurse (IEN) pipeline numbers on target for 380 by January 2024 • Options of the funded retention strategy for years 2-5 for future nurse trainee pipeline presented to executive team. Overall support to continue the programmes in 2024/25, subject to final system support.	• Stability index below target 82.9% (target 86%) continue investigation to identify trends/staff groups/hot spots • IEN recruitment - awaiting NHSE outcome for the recruitment of 40 Paediatric Nurses and the amount of funding that supports this.	People Committee
	Optimising Medical Workforce	All medical staff rotas, job plans (eJob Planning), annual leave, absence (HealthRoster) and locum payments (Locums Nest) are managed by standardised processes and single systems by March 2025.	• **50%** of consultants have current job plan on digital system (March 2023) • Paper Locum payment process	• **97%** of consultants have current job plan on digital system • **53%** (30/57) departments using Locum's Nest (November 2023)			• Development of operational processes to incorporate use of ejob planning system • Approx 800 shifts per month are being managed via Locums Nest System, with shift fill rate increasing from <60% to ~90% • Weston specialties all using Heathroster system for absence and leave management	• Finalise payroll link with ejob planning system • Annual job planning reviews by April 2024 • Complete Locums Nest implementation and discontinue use of paper forms/other processes	People Committee
12-18 month breakthrough objective	**Reducing Turnover** IQPR	Staff turnover is no more than 14% in 2023/24 and our Divisions meet the staff group targets set.	**14.3%** turnover all staff groups (permanent posts only) (April 2023)	**12%** turnover all staff groups (permanent posts only) (November 2023)			• Achieving all specific staff group turnover targets • Stability index, staff staying more than 12 months - 82.5% against a target of 86%	Stability Index deep dive has provided a number of areas which require further investigation. Top 3 staff groups leaving in less than 12 months Admin & Clerical, Estates & Facilities and Unregistered nursing	People Committee

Timely Care - *Timely access to care for all*

Our Vision	Together, we will provide timely access to care for all patients, meeting their individual needs.			
Our Goal	By streamlining flow & reducing variation we will eliminate avoidable delays across access pathways.			
	Target	**Starting position**	**Latest position**	**Metric Status**
Our 3-5 year Target IQPR	A 10% year on year improvement in ambulance handover times as a measure of improved patient flow through our hospital	**20.4%** of ambulance handovers within15 minutes **43.2%** of ambulance handovers within 30 minutes (2022/23 April - November 2022 position)	**30.6%** of ambulance handovers within15 minutes (Target - 65%) **63.6%** of ambulance handovers within 30 minutes (Target - 95%) (2023/24 –April - November 2023 position)	

	Strategic Priority Projects	Goal	Starting Position	Latest Position	Project Status	Metric Status	Key Progress	Next Actions	Assurance
Strategic Initiative	**Communication Strategy Year 1**	UHBW will have a high performing communication function. There will be a clear UHBW brand, channels and platforms in place which are fit for purpose, measurable and support opportunity for two-way engagement	Refreshed Communication strategy approved in October 2022.	• Brand, intranet, channel review and comms function projects on track. • Website procurement delayed but revised timeline being agreed.			• Brand experience, employee experience and patient experience workshops completed. • Intranet supplier procurement in progress. • New internal social media channel (Viva Engage) being prepared to launch early 2024.	• Launch new brand guidelines, and begin roll out. • Launch Viva Engage internal social media platform. • Appoint intranet and website supplier • Finalise and publish new media and social media policies.	Executive Committee
Corporate Projects	**Proactive Hospital** IQPR	Demonstrable reduction in delays to timely patient care by March 2025	**4.6%** patients spent over 12 hours in an Emergency Department (April 2023)	**4.7%** patients spent over 12 hours in an Emergency Department (November 2023)			• Older Persons Assessment unit launched in Weston in November 2023 • 7% of Weston Emergency Department (ED) patients went through the newly launched observation unit • 80% occupancy on adult virtual ward in November – highest to date	• Community Emergency Medicine Service (CEMS) launch • Internal Professional Standards focus on internal specialty referrals • Roll out of Tap to transfer for inpatient to inpatient ward moves in Surgery division • Deep dive into Weston 12 hour ED waits	Quality Outcomes Committee
Corporate Projects	**Improving Theatres Efficiency and Productivity**	To optimise theatre capped touchtime utilisation to 85%. To improve scheduling processes to reduce early finishes and pre-assessment to provide sufficient numbers of patients available to list.	• **71.4%** capped touchtime in April 2023 • **81** minutes average early finished (April 2023)	• **74.5%** capped touchtime • **83** minutes average early finished (November 2023)			• Bristol Eye Hospital capped utilisation has increased by 4% between Sept to November 2023 • 6-4-2, scheduling and utilisation meetings established across Trust sites • 300 more procedures completed in November compared to Sept 2023	• Establish Childrens Hospital utilisation meeting • GIRFT pre-assessment mandated requirements to be scoped and implemented • Specialties to deliver their agreed utilisation targets	Quality Outcomes Committee
Corporate Projects	**Improving Outpatients Efficiency and Productivity**	To optimise outpatients utilisation focussing on reducing Did Not Attends and cancellations in key specialities. Contribute to a reduction in outpatient backlogs enabling patients to receive more timely care by March 2024.	• **7.2%** Did Not Attend rate in 2022/23 • **11.2%** patient cancellation rate in 2022/23	• **6.8%** Did Not Attend (5% stretch target) • **11.4%** patient cancellation rate (10% target) (November 2023)			• Successful pilot of DrDoctor digital letters in all Bristol Eye Hospital specialities • 3% reduction in waiting list size through use of DrDoctor assessments and quick questions to support waiting list validation	• Trust wide deployment of DrDoctor digital letters • Develop delivery plan for DrDoctor patient led booking and rescheduling	Quality Outcomes Committee
12-18 month breakthrough objective	**Ready for Discharge** IQPR	To increase inpatient discharges by midday (07:00 – 12:00) to 33% by September 2024	**18.3%** inpatient discharges by midday (07:00 – 12:00) (April 2023)	**17%** inpatient discharges by midday (07:00 – 12:00) (November 2023)			• Discharge Lounge usage continues to increase on both sites. BRI Discharge 24/7 Lounge opened in November 2023. • Criteria led discharge focus continued with preparation of toolkit • Value stream mapping of TTA process has been completed. • Discharge checklist finalised.	• Launch Criteria Led Discharge toolkit. • Review findings of TTA prepack review and identify actions working with flow pharmacist • Identify key themes from weekend discharge review • Implement Proactive Board Round Plan, Do, Study, Act (PDSA) within a surgical ward.	Quality Outcomes Committee

Author: Melanie Jeffries, Transformation Programme Manager. Date report finalised: 20/12/23

Innovate and Improve – *Unlocking our potential*

Our Vision	Together, we will drive improvement every day, engaging our staff and patients in research and innovative ways of working to unlock our full potential			
Our Goal	We will be in the top 10% of NHS organisations for our staff stating they can easily make improvements in their area of work.			
Our 3-5 year Target	**Target**	**Starting position**	**Latest position**	**Metric Status**
	A 2% improvement year on year in staff reporting they are able to make improvements.	**55%** in 2022 staff survey (5222 respondents)	**56%** Q2 pulse survey (1139 respondents)	

	Strategic Priority Projects	Goal	Starting Position	Latest Position	Project Status	Metric Status	Key Progress	Next Actions	Assurance
Strategic Initiative	**Patient First Deployment Year 2**	Develop and deploy the Patient First tools, processes, routines, behaviours and support in order to: • complete the strategy development phase • deploy the strategy deployment phase at Trust and divisional level (catchball and SDR) • deploy the management operating system in one division	• **0** leaders trained in Patient First for Leaders or A3 thinking **0** teams trained on A3 thinking (November 2022)	**Target 80% (374) leaders trained:** • Patient First for Leaders - **359** • A3 Thinking for Leaders - **426** **Target 14 A3 thinking projects completed** • **1** project complete • **30** projects in progress (November 2023)			• Industrial action has delayed timeline • Development of Continuous improvement team expertise to support Patient First methodology: • Lean Six Sigma green belt training • A3 Thinking projects • Readiness assessments completed for all Divisions • Catchball fully completed with medicine Division and round 1 completed with specialised services • Catchball introduction meetings completed for all other divisions.	• Complete Catchball with divisions • Commencing planning for deploying management operating system through one division. • First Divisional Strategy Deployment Review with Medicine Division • 4 teams each for Estates & Facilities (January 2024) and Medicine (March 2024) to join first cohort of Patient First for Team training	People Committee
	Development of a Joint Digital Strategy with North Bristol NHS Trust	In development							Finance, Digital and Estates Committee
Corporate Projects	**Fire Safety Programme**	To have sufficient understanding and confidence in ongoing fire safety across the UHBW Estate that fire safety compliance and improvement can return to Business as Usual	Metric in development	Metric in development			• St. Michaels Hospital, Weston Hospital and Bristol Haematology and Oncology Centre (BHOC) fire strategies completed • Remaining strategies and risk assessments on track for April 2024 • Plant room remediation workstream across clinical building commenced • Commenced immediate mitigation works at BHOC and St Michael Hospital	• Full audit of fire evacuation plans and standard operating procedures to prioritise engagement • Evacuation drill planning • Evacuation plan and standard operating plan for NICU signed off	Finance, Digital and Estates Committee
	Scoping and developing our Business Intelligence function	Project not yet commenced							Finance, Digital and Estates Committee
12-18 month breakthrough objective	**Consistency in undertaking weekly fire evacuation checks in every division and department**	Weekly fire evacuation checks are undertaken for every clinic, department and ward across our Trust.	Not measured	Fire Evacuation Routes – Warden Reporting: **11.2%** (32/287) of expected reports Above monthly trajeagencyagencyctory of 10% (November 2023)		As above monthly trajectory of 10%	• 198 new fire wardens trained (exceeding target) • Trialled new fire warden reporting process in one site (St Michael's Hospital) roll out at Weston week commencing 11/12/23 and full Trust 18/12/23 with supporting communications • Gap analysis of fire warden provision to support targeted increase in coverage	• Full audit of evacuation plans and SOPs across all units/wards to prioritise fire safety engagement • Embed new reporting system, which includes notifying fire hazards identified to the fire safety management team	Finance, Digital and Estates Committee

Our Resources – *Using our resources wisely*

Our Vision	Together, we will reduce waste and increase productivity to be in a strong financial position to release resources and reinvest in our staff, our services and our environment.			
Our Goal	To eliminate the underlying deficit within the timeline set out within the System Medium Term Financial Plan. And to then move towards achieving a 1% income and expenditure surplus, creating a recurrent source of funding for strategic investment.			
Our 3-5 year Target	**Target**	**Starting position**	**Latest position**	**Metric Status**
	To eliminate the underlying deficit within the timeline set out within the System Medium Term Financial Plan. IQPR	Underlying deficit estimated at £60m at beginning of 2023/24	Month 8 report shows £9.3m deficit for year-to-date against planned deficit of £8.9m. On back of in-year financial recovery plan and additional allocation to cover impacts of industrial action, we are increasingly confident of break-even position being achieved at year-end. However, due to non-recurring delivery of this year's savings target, underlying position carried forward into 2024/25 will deteriorate.	
	We will treat more patients with elective care needs, exceeding 2019/20 activity levels. IQPR	2023/24 Activity % of 2019/20: • **95%** Elective Daycase • **95%** Elective Inpatient • **95%** Outpatient (April 2023)	2023/24 Activity % of 2019/20: • **94%** Elective Daycase • **85%** Elective Inpatient • **99%** Outpatient (November 2023)	

	Strategic Priority Projects	Goal	Starting Position	Latest Position	Project Status	Metric Status	Key Progress	Next Actions	Assurance
Strategic Initiative	**Develop the Marlborough Hill Business Cases**	Paused – to be informed by the clinical strategy							Finance, Digital and Estates Committee
Corporate Projects	**Reduce Premium Workforce Costs** IQPR	Reduce use of premium cost workforce by reducing/eliminating medical and nursing staff agency % to ensure patients always receive a high-quality continuity of care by UHBW staff.	• **£22,917,000** Registered Nurse Agency spend in 2022/23 • **Circa £6,000,000** External Medical Agency spend in 2022/23	• **£10,912,000** Registered Nurse Agency spend 2023/24 Target 30% reduction of 2022/23 spend: <=£16,368,000 • **£4,341,000** External Medical Agency spend 2023/24 (November 2023)			• Reviewed project target to achieve 30% reduction in overall agency spend by end of March 24. • Conversion of 20 agency registered nurses to bank/ substantive staff since June 23. • Locum Nest key enabler for reducing medical work force spend (see optimising medical workforce update)	• Evaluation of Enhanced rates and incentives for band 5 nurses and use of Break glass shifts to be submitted to Executive committee. • Implementation of guidance for booking Band 3 Mental Health Support Worker's instead of agency Registered Mental Health Nurses. • Establishment of monthly external medical agency review group	Finance, Digital and Estates Committee
	Space Review	To develop plans to better use the UHBW estate by right-sizing non-clinical space to enable provision of clinical space in the right location and creating decant space as an enabler for the UHBW strategic estates plan.	*Metric to be developed*	*Metric to be developed*			• 140 people moved into St James Court (HR offices) and sharing 51 desks • Desk Booking App (Asset Booker) being trialled at St James Court.	• Develop a paper and present for Capital Funding. "Capital Payment for giving up space" • Review trial and if adequate roll out Desk Booking App • Produce a plan for Chapter House and Dental Extension	Finance, Digital and Estates Committee
	Digital procurement, Stores and materials management	Transform the digital capability of the trust to provide better procurement controls, visibility of stock and to deliver value from all of our spend	Existing Procurement System has to be replaced, impacting ability to use current Managed Inventory System (MIS)	Digital Procurement System: • Phase 1 strategic • Phase 2 guide buying sourcing complete			• Digital Procurement system Supplier enablement work commenced • Agreement to delay project until 2024/25	Digital procurement system: • Recovery plan for delayed interface work • Delay by 3 months to allow time for MIS • MIS replacement outline business case approval	Finance, Digital and Estates Committee

Meeting of the Trust Board in Public on Tuesday 9 January 2024

Report Title	**Maternity Assurance Report including Maternity Perinatal Quality Surveillance Matrix (PQSM), Ockenden and Maternity Incentive Scheme (MIS) Update**
Report Author	**Sarah Windfeld Director of Midwifery and Nursing, Jo Mockler, Quality and Patient Safety Manager**
Executive Lead	**Deirdre Fowler, Chief Nurse and Midwife**

1. Purpose

This report provides the trust board with monthly oversight regarding the safety metrics of the maternity and neonatal services for the month of November 2023.

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

This report is a standing agenda item as per the recommendations set out in the Maternity Incentive Scheme (MIS) Year 5 and the NHS England report, *Implementing a revised perinatal quality surveillance model.*

3. Strategic Alignment

This report forms part of the divisional reporting requirement which supports the delivery of safer maternity care. This reflects the Trusts priority of Patient Safety within the Patient First True North Strategy.

4. Risks and Opportunities

Risk (3553) of not achieving CNST standards due to new Saving Babies LIVES Care Bundle and new training requirements (to be closed)

5. Recommendation

This report is for Information and **Assurance**

Board is asked to note this report for information and assurance.

6. History of the Paper

Please include details of where paper has previously been received.

N/A

Maternity Perinatal Quality Surveillance Matrix Monthly Update

1. Purpose

This report provides the trust board with monthly oversight regarding the safety metrics of the maternity and neonatal services for the month of November 2023. It also provides any progress with the implementation of Ockenden Immediate and Essential Actions (IEAs) recommendations and progress / concerns relating to the current Maternity Incentive Scheme (MIS) year.

2. Context/Background

This report is a standing agenda item as per the recommendations set out in the Maternity Incentive Scheme (MIS) Year 5 and the NHS England report, *Implementing a revised perinatal quality surveillance model.*

3. SWOT Analysis

Strengths	Successful recruitment for the Band 6 Quality and Patient Safety Advisor – anticipated start date January 2024 Progress towards completion of outstanding Ockenden IEA's – anticipated that >95% will be completed by end of March 2024.
Weaknesses	Compliance for obstetric and anaesthetic emergency training remains below target. Recovery plan in progress and reassurance that 90% compliance will be met by December 2023. Compliance with medical safeguarding training also below target – Clinical Lead working with Safeguarding team to improve. Compliance with BAPM nursing standard (70% BAPM/QIS trained) remains challenging.
Opportunities	Shared saving babies lives 3 workstream with North Bristol Trust to unify fetal growth surveillance pathway. BadgerNet opportunity for enhanced trend analysis.
Threats	Saving Babies Lives Care Bundle 3 published which has implications for scan capacity and will need discussion with obstetrics and Diagnostic and Therapies Division about investment in capacity including issues around physical space, extended hours, staffing, additional equipment, and training of staff (re uterine artery Dopplers).

4. Perinatal Quality Surveillance Matrix (PQSM)

See attached.

Following the launch of BadgerNet an enhanced version of the PQSM is now available (see separate tab in attached PQSM excel document), with the aim to provide further oversight of maternity/neonatal data.

Induction of Labour (IOL) Data Review

Analysis of induction of labour for October and November now completed and included within enhance PQSM data.

Over 70% of women booked for an IOL experienced a delay to the start of their induction of at least 24 hours, with the mean (average) delay in November being 43.97 hours.

Reasons for delays are predominantly attributed to acuity, staffing and NICU cot availability (for babies with known complications).

Ongoing Action: Plan to work with LMNS to unify data collection and reporting.

5. Ockenden Immediate and Essential Actions (IEA's)

Link to: Ockenden Report

IEA	Completed and evidenced	Blue (Completed, awaiting evidence submission)	Green	Amber	Red	N/A for UHBW or National Actions	Total actions
1	5	5	0	0	0	1	11
2	3	5	0	0	0	2	10
3	4	1	0	0	0	0	5
4	2	4	0	0	0	1	7
5	4	1	2	0	0	0	7
6	0	2	0	0	0	1	3
7	8	0	1	0	0	0	9
8	0	4	1	0	0	0	5
9	0	2	1	0	0	1	4
10	2	2	1	1	0	0	6
11	0	2	2	0	0	1	5
12	0	4	0	0	0	0	4
13	2	0	2	0	0	0	4
14	4	0	2	1	0	1	8
15	0	2	1	0	0	0	3
TOTAL	34	34	13	2	0	8	91

We currently have no IEA's that require immediate remedial action (Red).

68 IEAs have been completed (34 of which are pending evidence submission and sign off)

13 IEAs are on target (Green) with an anticipated completion date by the end of March 2024.

There are currently 2 Amber IEAs which means that some action is still required, a breakdown of the outstanding Amber actions is provided below:

IEA 10-6 - Centralised CTG monitoring system must be made mandatory in obstetric units across England to ensure regular multi-professional review of CTGs
IEA 14-8 - Neonatal providers must ensure sufficient numbers of appropriately trained consultants, tier 2 staff (middle grade doctors or ANNPs) and nurses are available in every type of unit to deliver safe care 24/7 in line with national service specifications

6. CQC Update

Initial feedback from the CQCs maternity inspection undertaken on the 5th and 6th of December 2023.

Positive Findings	• Strong multidisciplinary working with especially positive relationships between medical and midwifery teams. • The service has understood the importance of maternity triage. We found effective oversight of maternity triage to ensure timeliness of review. It was also positive to see a quality improvement approach and plans for investment to improve the environment. • Involvement in 'Black Maternity Matters' antiracism programme with senior maternity leaders attending this training. Investment in diversity and inclusion midwife role.
Areas for Improvement	• While we are aware additional sessions are already planned to improve this situation, medical staff level 3 safeguarding training compliance needs to improve. • Checks on neonatal resuscitation equipment on labour ward. • Medicines management on the birth centres in terms of access to up-to-date guidelines on the midwifery led birth unit on the main site. • Awareness of birth pool cleaning processes at Weston – Ashcombe Birth Centre

7. Maternity Incentive Scheme (MIS) Year 5

Please see supplementary report titled:

Maternity incentive scheme (MIS) safety standards for 2022/23 Clinical negligence scheme for trusts (CNST) year five assurance report

8. Recommendations

This report is for Information and Assurance.

UHBW perinatal quality surveillance matrix

	Jan	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Year to date average	Trend
Activity														
NICU admission rate at term (excluding surgery and cardiac) % target 5%	4%	5.7%	3.8%	2.9%	2.3%	2.1%	3.5%	3.0%	2.9%	3.6%	3.72%		0	
Number of babies born alive at >=22 to 26+6 weeks gestation (for regional team LMNS)	2	1	2	0	2	2	2	1	5	0	1		2	
Number of babies born alive at >=24 to 36+6 weeks gestation (MBRRACE)	30	20	25	29	26	32	38	25	34	17	26		27	
Number of women who gave birth all gestations from 22+0 weeks	377	333	367	337	385	362	351	365	345	355	373		359	
total number of registerable births from 22/40	386	337	371	341	389	371	359	368	356	360	376		365	
Induction of Labour rate %	40.2%	36.2%	33.4%	37.0%	32.6%	37.2%	40.1%	32.1%	30.7%	35.7%	36.2%		35.6%	
Unassisted Birth rate %	45.3%	47.2%	41.2%	51.3%	44.7%	43.9%	46.8%	40.2%	46.0%	47.2%	44.7%		45.3%	
Assisted Birth rate %	17.1%	17.8%	15.4%	13.5%	15.9%	15.4%	13.6%	16.0%	13.6%	11.0%	15.9%		15.0%	
Caesarean Section rate (overall) %	37.6%	35.0%	43.4%	33.4%	39.3%	40.7%	39.6%	43.8%	40.2%	41.7%	39.4%		39.5%	
Elective Caesarean Section rate %	17.4%	15.7%	18.9%	12.6%	18.0%	18.3%	15.3%	20.9%	18.8%	17.4%	17.3%		17.3%	
Emergency Caesarean Section rate %	20.2%	19.3%	24.5%	20.8%	21.3%	22.4%	24.2%	22.8%	21.4%	24.3%	22.1%		22.1%	

	Jan	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Year to date average	Trend
Perinatal Morbidity and Mortality inborn														
Total number of perinatal deaths (excluding late fetal losses)	4	3	1	1	4	1	1	0	3	2	3			
Number of late fetal losses 16+0 to 23+6 weeks excl TOP	5	0	5	6	7	3	2	3	0	2	2			
Number of stillbirths (>=24 weeks excl TOP)	1	0	0	0	2	1	0	0	1	1	0			
Number of neonatal deaths : 0-6 Days	1	3	1	1	0	0	0	0	1	0	0			
Number of neonatal deaths : 7-28 Days	1	0	0	0	2	0	1	0	1	2	3			
PMRT grading C or D themes in report	0	0	0	2	0	2	0	1	1	2	0			
Suspected brain injuries in term (37+0) inborn neonates (no structural abnormalities) (HSIB referral)	1	0	0	1	0	0	2	1	1	0	0			
Maternal Morbidity and Mortality														
Number of maternal deaths (MBRRACE)	1	0	0	1	0	0	0	0	0	0	0			
Direct causes	0	0	0	1	0	0	0	0	0	0	0			
Indirect causes	1	0	0	0	0	0	0	0	0	0	0			
number of women who received enhanced maternal care on CDS	22	28		27	27	27	Data pending	Data pending	Data pending	Data pending	Data pending			
Number of women who received level 3 care (ITU or CCU) * not pregnancy related	1	0	1	1	0	0	1	1	1	0	0			
Insight														
Number of datix incidents graded as moderate or above (total)	1	1	1	0	2	1	2	2	4	2	0			
Datix incident moderate harm (not PSII, excludes HSIB)	0	0	0	0	0	1	2	1	2	2	0			
Datix incident PSII (excludes HSIB)	0	1	0	0	0	0	0	1	0	0	0			
New HSIB referrals accepted	1	0	0	0	1	0	3	0	2	0	0			
Outlier reports (eg. HSIB/NHSR/CQC) or other organisation with a concern or request for action made directly with Trust	0	0	0	0	0	0	0	0	0	0	0			
Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	0	0	0	0	0			

	Jan	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Year to date average	Trend
Workforce														
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained) BAPM standard is 70%	65%	57%	54%	55%	52.2 %	52.8%	57.0%	Data pending	Data pending	Data pending	Data pending			
Datix related to workforce (service provision/staffing)	13	3	8	10	6	6	5	10	23	21	14			
Consultant Led MDT ward rounds on CDS (minimum 2 per 24 hours) day staff	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
Consultant Led MDT ward rounds on CDS with day to night staff handover	0%	86%	87%	83%	87%	87%	81%	87%	85%	85%	87%			
One to one care in labour (as a percentage)* excludes BBAs	100%	100%	100%	100%	100%	99.7%	99.7%	100%	98.5%	99%	99%			
Compliance with supernumerary status for labour ward coordinator	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
Number of times maternity unit attempted to divert or on divert	1	0	1	0	2	0	0	0	1	1	0			
in-utero transfers														
in-utero transfers accepted										8	8			
in-utero transfers declined	3	1	1*						5	Data pending	Data pending			
ex-utero transfers														
ex-utero transfers accepted	1	0	1	0	16	14	Data pending	Data pending	Data pending	10	17			
ex-utero transfers declined	1	0	3	0	0	0	Data pending	Data pending	Data pending	Data pending	Data pending			
NICU babies transferred to another unit due to capacity/staffing	2	0	1	1	0	0	Data pending	Data pending	0	5	4			
attempted baby abduction	0	0	0	0	0	0	0	0	0	0	0			
Number of consultant non-attendance to 'must attend' clinical situations	0	0	0	0	0	0	0	0	0	0	0			
Involvement														
Friends and family Test score (response rate % who rated 'very good' or 'good') NICU	100%	100%	100%	100%	100%	100%	100%	No Responses Recorded	100%	100%	Data pending			
Friends and family Test score (response rate % who rated 'very good' or 'good') maternity	98.3%	98.6%	100%	97.7%	98.9%	98.5%	97.6%	100%	95%	97.2%	Data pending			
Service User feedback: Number of Compliments (formal)	25	15	15	9	36	25	13	26	14	Data pending	Data pending			
Service User feedback: Number of Complaints (formal)	5	4	5	3	3	3	1	1	3	Data pending	Data pending			
Staff feedback from frontline champions and walk-abouts (number of themes)				3	4	4	0	0	3	0	1			

	Jan	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Year to date average	Trend
Improvement														
Progress in achievement of CNST /10	10	10	10	10	10	Analysis of new standards in progress	Analysis of new standards in progress	Work towards new standards in progress	Work towards new standards in progress	1 completed Work towards remaining 9 standards in progress	1 completed Work towards remaining 9 standards in progress			
Training compliance in maternity emergencies and multi-professional training (PROMPT) midwives* includes NBLS	95%	94%	93%	95%	94%	89%	88%	91%	93%	93%	94%			
Training compliance in maternity emergencies and multi-professional training (PROMPT) obstetricians* includes NBLS	77%	70%	77%	82%	76%	49%	49%	48%	65%	76%	88%			
Training compliance in maternity emergencies and multi-professional training (PROMPT) anaesthetists	91%	89%	78%	88%	81%	72%	70%	74%	47%	60%	74%			
Training compliance in maternity emergencies and multi-professional training (PROMPT)maternity care assistants* includes BNLS	85%	85%	78%	76%	77%	58%	61%	62%	74%	79%	79%			
Training compliance annual local NBLS (NICU) nurses	57%				82%	80%	85%	Data pending	Data pending	Data pending	Data pending			
Training compliance annual local NBLS (NICU) doctors	91%					91%	97%			97%	97%			
Training compliance fetal wellbeing day midwives	89%	89%	88%	89%	79%	58%	58%	61%	61%	72%	74%			
Training compliance fetal wellbeing day doctors	79%	79%	79%	83%	75%	40%	40%	33%	32%	54%	61%			
Training compliance core competency 4. personalised care			85%		89%	90.4%	90.3%	90.3%	90.4%	88.7%	90%			
Continuity of Carer (overall percentage)	37%	40%	39%	35%	36%	42%	36.5%	39.8%	41.5%	Data pending	Data pending			
Trust Level Risks (number shared with LMNS)* score 12 or >	9	9	9		14	15		12	17	17	19			

Meeting of the Board of Directors in Public on Tuesday 9 January 2024

Report Title	**Maternity incentive scheme (MIS) safety standards for 2022/23 Clinical negligence scheme for trusts (CNST) year five assurance report**
Report Author	**Sarah Windfeld, Director of Midwifery and Nursing** **Jo Mockler, Quality and Patient Safety Manager**
Executive Lead	**Deirdre Fowler, Chief Nurse and Midwife**

1. Purpose

This report provides an update on the national position of the maternity incentive scheme (MIS) for Trusts and University Hospitals Bristol and Weston Foundation Trust's progress against the maternity incentive scheme. The scheme supports the delivery of safer maternity care through an incentive element to Trusts contributions to the Clinical Negligence Scheme for Trusts (CNST).

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

The scheme financially rewards Trusts that meet ten safety actions designed to improve the delivery of best practice in maternity and neonatal services.
UHBW has been able to demonstrate 100% compliance against the standards for CNST in previous three years and received the full rebate.

An executive review of the year 5 CNST evidence was held on the 20th of December 2023 by the Chief Nurse and Midwife.

Conclusion: Compliant for all standards

3. Strategic Alignment

This report forms part of the divisional reporting requirement which supports the delivery of safer maternity care. This reflects the Trusts priority of Patient Safety within the Patient First True North Strategy.

4. Risks and Opportunities

The risks associated with this report include: 3553 / 33 / 757 / 5716 / 4628

5. Recommendation

This report is for Approval

- This report is for **Approval.**
- Attached CNST MIS Board Declaration Form **for Board Sign Off**

6. History of the paper

Please include details of where paper has previously been received.

N/A

Maternity incentive scheme (MIS) safety standards for 2022/23 Clinical negligence scheme for trusts (CNST) year five assurance report

1. Purpose

This report provides an update on the national position of the maternity incentive scheme (MIS) for Trusts and University Hospitals Bristol and Weston Foundation Trust's progress against the maternity incentive scheme. The scheme supports the delivery of safer maternity care through an incentive element to Trusts contributions to the Clinical Negligence Scheme for Trusts (CNST).

2. Context/Background

The scheme financially rewards Trusts that meet ten safety actions designed to improve the delivery of best practice in maternity and neonatal services.

UHBW has been able to demonstrate 100% compliance against the standards for CNST in previous three years and received the full rebate.

3. National Position:

Year five of the maternity incentive scheme (MIS) was launched on the 31st of May 2023. The timeline for the completed MIS Board declaration for is the 1st of February 2024.

The scheme has been amended once since publication (23rd of October 2023) following feedback from Trusts in relation to the pressures being experienced because of ongoing industrial action and the impact this is having on Trusts' ability to meet the MIS actions within the time frames required to achieve compliance. A short-term adjustment to the submission requirements for action 8 related to meeting the 90% requirement for training, and action 1 in relation to holding MDT meetings within the prescribed timelines has been agreed.

4. Trust Position:

4.1 **Safety action 1:** Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard? **Compliant**

4.2 **Safety action 2:** Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard? **Compliant**

4.3 **Safety action 3:** Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies and to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme? **Anticipating Compliance**

2023/4 Action plan to be shared with LMNS on the 8th of January 2024.

4.4 **Safety action 4:** Can you demonstrate an effective system of clinical workforce planning to the required standard? **Anticipating Compliance**

BAPM staffing action plan to be shared with LMNS on the 8th of January 2024**.**

4.5 **Safety action 5:** Can you demonstrate an effective system of midwifery workforce planning to the required standard? **Compliant**

4.6 **Safety action 6:** Can you demonstrate that you are on track to fully implement all elements of the Savings Babies' Lives Care Bundle Version Three? **Compliant**

4.7 **Safety action 7:** Listen to women, parents and families using maternity and neonatal services and coproduce services with users **Compliant**

4.8 **Safety action 8:** Can you evidence the following 3 elements of local training plans and 'in-house-, one day multi professional training? **Anticipating Compliance**

Training plan to be shared with the LMNS on the 8th of January 2024 (already reviewed by the LMNS with SBLV3 evidence).

N.B Training plan is reliant on Trust achieving CNST. Implementation plan to be agreed once CNST year 5 funding secured.

4.9 **Safety action 9:** Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues? **Compliant**

4.10 **Safety action 10:** Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB/MNSI) and to NHS Resolution's Early Notification (EN) Scheme from 6 December 2022 to 7 December 2023? **Compliant**

An executive review of the year 5 CNST evidence was held on the 20th of December 2023.

Conclusion: Compliant for all standards

.

5. Recommendations

This report is for **Approval.**
Attached CNST MIS Board Declaration Form **for Board Sign Off**

The Board is recommended to sign off the CNST MIS Board Declaration Form based on the above evidence.

Meeting of the Board of Directors in Public on Tuesday 9 January 2024

Report Title	**Annual review of Safe Staffing for Nursing, Midwifery and Allied Health Professionals**
Report Author	**Sarah Dodds Deputy Chief Nurse,** **Andy Landon Senior Nurse - Clinical Informatics** **Sarah Windfeld – Director of Midwifery** **Vimal Sriram – Director of Allied Health Professionals.** **Deirdre Fowler – Chief Nurse and Midwife**
Executive Lead	**Professor Deirdre Fowler – Chief Nurse and Midwife**

1. Purpose
The purpose of the paper is to provide assurance to the Trust Board that wards and departments have been safely staffed in line with the National Quality Board guidance and Developing Workforce standards. It makes recommendations for maintaining a sustainable nursing, midwifery, and allied health professional workforce through a triangulation of professional judgement and professional evidenced based acuity tools. Recommended uplifts of staffing will also be subject to scrutiny and support via the annual operational planning round.

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

The key points to note from the report:

- The adult fill rates have now consistently returned to the pre-covid levels of above 95%. Children's fill rates have however remained below this level. The night HCSW fill rate remains above 100%, this is to ensure vulnerable patients are kept safe with enhanced care observation.
- All in-patient area fill rates are based on the funded beds and do not include the additional boarding beds within a ward, when in use these beds are an additional workload for staff.
- Fill rates for both RN and HCSW in Childrens remain lower than the Trust average due to the increased vacancy levels across both RN's and HCSWs. Support for wards has been provided by Supervisory Ward Sisters joining the numbers and Clinical Nurse Specialist teams working on their specialist ward.
- The RN Turnover rate continues a downward trend with the recruitment of Internationally Educated Nurses (IEN's) and Newly Qualified Nurses (NQN's) and the impact of the Trust wide focus on retention initiatives over the past 6 months.
- The vacancy level for band 5 staff has continued to reduce to 12.0% (222 w.t.e) in September 2023 with approximately 200 new starters awaiting OSCE and

PIN's.

- The level of red flag and low staffing incident reports over the past 6 months has shown a sustained reduction across all divisions.

From the Trust Annual Safe Staffing Reviews

- The Trust has now completed 4 cycles of the Safer Nursing Care Tool (SNCT) assessments, which were utilised to support the Nursing Establishment Annual reviews in September 2023. Each Division presented their review of safe staffing to the Chief Nurse and Midwife, Deputy Chief Nurse and Safe staffing lead. The reviews were 'ward to board' and included Ward sisters / Matrons and Divisional Director/ Deputy of Nursing. They evaluated the nurse and midwifery staffing in each Division including In-Patient Wards, ED's, Theatres, Clinical Nurse Specialists. Outpatients Services, Day Case Wards and Research Nurses.
- In line with expected practice the professional judgment component of the SNCT has been applied to the combined results to complete the evaluation process. Some establishments have been changed over the past year as there have been changes to location and service delivery model delivery, which has been supported by the SNCT data recorded.
- Divisions each have recruitment and retention initiatives which include new shift patterns, experiential learning programmes and rotations between divisions and sites, Legacy mentors and Professional Nurse Advocates.
- Ward managers at the annual reviews report the increased pressure of the number of learners requiring education and support for both registered and non-registered roles on the wards.

3. Strategic Alignment

Patient Safety, Experience of Care, Our People, Making the Most of all Resources

4. Risks and Opportunities

For all staff groups

Risk Number	Details	Risk Level	Score
737	Risk that the Trust is unable to recruit sufficient numbers of substantive staff – all staff groups	Strategic Risk Register	16
2664	Risk that the Trust is unable to retain members of the substantive workforce	Strategic Risk Register	12
5477	Risk that nurse staffing levels will not be met.	Strategic Risk Register	15

Opportunities

By ensuring the safe staffing is reviewed every 6 months in line with all national quality board recommendations and triangulated with patient and staff feedback, should lead to improved patient safety, recruitment and retention of all staff groups in line with the UHBW People Strategy and support the achievement of the Patient

First Initiatives.

5. Recommendation

This report is for **Assurance**

The Trust Board is offered assurance of detailed monthly monitoring and reporting to the Quality and Outcomes committee which provides fill rates by wards, red flag reporting and detailed analysis and review of the safe staffing incidents reported, along with triangulation of impact on patient quality outcomes and staff experience.

The Trust Board is recommended to support the following:

- Continue the approach outlined using the Safer Nursing Care Tool (SNCT) assessments to underpin nursing establishment on all in-patient wards, both adults and children and ED's acknowledging this is a process that will evolve over time after each assessment. Recommended uplifts of staffing will also be subject to scrutiny and support via the annual operational planning round.
- Support the **process to seek phased funding to bring the ED staffing levels up** to the recommended levels by the SNCT ED tool in Childrens ED which will continue to be reviewed.
- Support the process to seek **additional funding for the Paediatric Intensive care unit to be staffed consistently for 18 beds** with a plan to achieve 7.06 WTE RCN per bed.
- Support the process to seek additional funding required for **Children's theatres, initial requirement of 8 w.t.e to be in line with AfPP guidance.** Further requirement will be advised when full review and potential shift pattern review is undertaken.
- Support the process to seek funding for **5.6 w.t.e Midwives required for the new Maternity Triage area** to be staffed in line with BSOTS.
- Support the process to seek **substantive funding for 5.6 w.t.e HCSW for D601 (Teenage and Young adults with Cancer unit)** to maintain safety for this remote single side room unit.
- Trust wide Palliative care services hosted by Specialised Services division remain under significant workload pressures evidenced through both staff and patient feedback, despite additional short-term funding for additional staff provided by the Division to enhance the 5 day per week service, and the Trust support for short term funding of 2 end of life practice education facilitators.

  The risk has now elevated to 20 with the risks of the current service escalated to the Clinical Quality group, there is **recognition that the ambition of a 7 day per week Palliative care provision will require substantial investment**.
- Note the changes being made within the Division on Medicine based on the SNCT results and professional judgement which will **reduce staffing on some wards based on changes with both patient specialty and skill mix**. Where increases in wards have been required due to environmental and specialty change, the increase in staffing requirements have been met through movement

of funding within the Division. These changes have occurred following a Quality and Equality impact assessment and will remain under regular review.

- Support the evaluation required to review the budgetary impact of the increasing level of training required in specialist areas. National recommendations would suggest a 1% - 4% increase to support Critical Care, ED's and Maternity areas where the level of specialist training is greater.

6. History of the paper **Please include details of where paper has previously been received.**	
Executive Committee	13th December 2023

University Hospitals Bristol and Weston NHS Foundation Trust

Report on Nurse (RN's), Midwifery (RM's) and Allied Health Professionals (AHP's) Staffing Levels UHBW (April 2023 – September 2023).

Context

Following publication of the Francis Report 2013[1] and the subsequent "Hard Truths" (2014)[2] document, NHS England and the Care Quality Commission issued joint guidance to Trusts on the delivery of the commitments associated with publishing staffing data on nursing, midwifery and care staff levels. These include:

- Report and publish a monthly return to NHS England indicating planned and actual nurse staffing by ward. This is published on the NHS Choices website.

- Publish information with the planned and actual registered and unregistered nurse staffing for each shift.

- Provide a 6-month report on nurse staffing to the Board of Directors.

The RCN workforce Standards (2021)[3] report have been reviewed and compliance continues to improve with actions in place to support best practice.

Contents

1. Nursing Report
2. Midwifery Report
3. Allied Health Professionals Report
4. Summary
5. Recommendations.

- There are 3 specific strategic nurse, midwifery and AHP staffing risks held on the corporate risk register as below. Risk 5477 has remained at 15 as whilst vacancy rates have reduced in adult services there remains increased vacancies within the Children's Hospital resulting in reduced fill rates and requirements to close cots in NICU when not safely staffed.

For all staff groups

Risk Number	Details	Risk Level	Score
737	Risk that the Trust is unable to recruit sufficient numbers of substantive staff – all staff groups	Strategic Risk Register	16
2664	Risk that the Trust is unable to retain members of the substantive workforce	Strategic Risk Register	12
5477	Risk that nurse staffing levels will not be met.	Strategic Risk Register	15

[1] Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry - GOV.UK (www.gov.uk)
[2] NHS England » Guidance issued on Hard Truths commitments regarding the publishing of staffing data
[3] Nursing Workforce Standards | Professional Development | Royal College of Nursing (rcn.org.uk)

For Midwives

Risk Number	Details	Risk Level	Score
33	Risk that inadequate nursing levels in line with BAPM standards 2011 will affect neonatal outcomes	Departmental	15
998	Risk that neonates are transferred out to alternative NICU units due to lack of cot capacity	Departmental	12
3623	Risk that extreme pre-term babies will have a sub-optimal outcome due to inability to deliver in a tertiary centre	Departmental	12

For AHPs

Risk Number	Details	Risk Level	Score
737	Risk that the Trust is unable to recruit sufficient numbers of substantive staff	Strategic Risk Register	16
2694	Risk that Trust is unable to retain members of the substantive workforce	Strategic Risk Register	12

- The report highlights the work being undertaken to mitigate the above risks.

1. Nursing Report

Trust Metrics overview

The previous 6 months Trust level staffing metrics are contained within Table 1 , the Divisional summary tables can be found in the appendices.
Key points to note: -

- The adult fill rates have now consistently returned to the pre-covid levels of above 95%. Children's fill rates have however remained below this level. The night HCSW fill rate remains above 100%, this is to ensure vulnerable patients are kept safe with enhanced care observation.

- All in-patient area fill rates are based on the funded beds and do not include the additional boarding beds within a ward, when in use these beds are an additional workload for staff.

- Care hours per patient day (CHPPD) is a measure of actual nursing resource deployment and the registered nurse (RN) CHPPD and total CHPPD are included in the metric tables. Trust wide RN CHPPD has remained within the range 6.5 – 6.8. UHBW benchmarks well against peers in the model hospital dashboard and is in the highest national quartile for CHPPD.

- The RN Turnover rate continues a downward trend with the recruitment of Internationally Educated Nurses (IEN's) and Newly Qualified Nurses (NQN's) and the impact of the Trust wide focus on retention initiatives over the past 6 months.

- The vacancy level for band 5 staff has continued to reduce to 12.0% (222 w.t.e) in September 2023 with approximately 200 new starters awaiting OSCE and PIN's.

- The level of red flag and low staffing incident reports over the past 6 months has shown a sustained reduction across all divisions.

- Following the full review and re-band of all eligible band 2 staff to band 3 HCSWs, the vacancy levels for band 2/3 remain in transition whilst all Divisions align rosters, to provide a clearer picture both have been combined to give an overall HSCW vacancy level.

- During this reported period there was one episode of Industrial Action undertaken by the Royal College of Nursing. Derogations were negotiated where it was clinically required to maintain safety.

Table 1 Trust Metrics

Trust Overview Measure	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Trend
Registered Nurse Fill Rate - Day	94%	92%	93%	92%	91%	90%	
Registered Nurse Fill Rate - Night	97%	95%	96%	95%	94%	92%	
Unregistered Nurse Fill Rate - Day	89%	95%	99%	104%	103%	99%	
Unregistered Nurse Fill Rate - Night	103%	107%	113%	118%	116%	116%	
All Staff Fill Rate - Overall	95%	96%	98%	99%	98%	96%	
Registered Care Hours per Patient Day	6.6	6.5	6.7	6.8	6.6	6.5	
Total Care Hours per Patient Day	10.0	9.9	10.3	10.4	10.5	10.4	
Supervisory Ward Sister %	78%	73%	77%	77%	75%	79%	
Sickness (Rostering KPI)	6.5%	6.9%	6.6%	6.6%	6.9%	7.7%	
Registered Nurse Band 5 Turnover Rate	16.2%	16.1%	16.2%	15.4%	14.7%	14.0%	
Unregistered Nurse Band 2/3 Turnover Rate	19.0%	18.6%	18.8%	18.7%	17.5%	16.8%	
Registered Nurse Band 5 Vacancy WTE	215.4	295.4	296.7	300.3	301.7	222.9	
Unregistered Nurse Band 2/3 Vacancy WTE	136.6	170.4	171.6	148.2	145.4	156.1	
% Agency staff used to support substantive staff	7%	7%	7%	7%	6%	5%	
% Bank staff used to support substantive staff	17%	17%	18%	20%	17%	16%	
Lower than expected Staffing Incidents	24	31	33	35	39	45	
Red Flag Reported incidents	7	6	6	9	14	10	

Trust Annual Safe Staffing Reviews

- The Trust has now completed 4 cycles of the Safer Nursing Care Tool (SNCT) assessments which were utilised to support the Nursing establishment annual reviews in September 2023. Each Division presented their review of safe staffing to the Chief Nurse and Midwife, Deputy Chief Nurse and Safe staffing lead. The reviews were 'ward to board' and included Ward sisters / Matrons and Divisional Director/ Deputy of

Nursing. They evaluated the nurse and midwifery staffing in each Division including In-Patient Wards, ED's, Theatres, Clinical Nurse Specialists. Outpatients Services, Day Case Wards and Research Nurses.

Key areas requiring a change to the establishments are:

- The new **Triage unit being built in the Maternity** unit will require an additional Midwife 24 hours per day to support the safe operating procedure for this. This will require 5.6 w.t.e additional funding to be sourced.

- The Medicine Division have reviewed their establishments based on specialty changes and will be redistributing staffing resources across the division to manage the increased staffing requirements in some areas. The wards where there has been a reduction in staffing have been due to changes in specialties and skill mix, these changes have had a quality and equality impact assessment undertaken which will continue to be kept under review.

- The Specialised Services Division require substantive funding for a **HCSW to cover 24 hours per day on D601** (Teenage and Young Adults specialist cancer unit) to ensure safety on this remote all single side room unit.

- **The Childrens Intensive Care Department (PICU)** requires an uplift to the establishment based on acuity and dependency, ability to ensure full staffing of 18 beds to align with the Paediatric Critical Care Society (PCCS benchmark) and with other similar units nationally. A detailed plan has been worked up by the Division which requires an additional 20 WTE RN's and 4 WTE Practice Education Facilitators. This will bring the WTE per Bed to 7.06 in line with Paediatric Critical Care Society (PCCS) standards.

- **The Children's theatre department** remains under significant pressure to manage both the waiting list recovery and emergencies within the current workforce model. An Improvement plan is in place to support the recruitment and retention of registered nurses and ODP's. and a full review against the AfPP (Association for Perioperative Practice) guidelines has been undertaken. This has indicated an initial increase of 8 w.t.e required, and there is likely to be further increased requirements, the final details are being worked through as some shift changes will release some funding.

- **The Children's ED** has received a partial increase in funding for nurse staffing in preparation for the winter, 10 nursing posts of the 18RN's, 11 RNA's and 11 HCSW phased over 3 years have been agreed and are being recruited to prepare for the winter period.

- **Trust wide Palliative care** services hosted by Specialised Services division remain under significant workload pressures evidenced through both staff and patient feedback and despite the additional short-term funding for additional staff provided by the Division to enhance the 5 day per week service, and the Trust support for short term funding of 2 end of life practice education facilitators, the risk has now elevated to 20. The risks of the current service have been escalated to the Clinical Quality group, there is recognition that the ambition of a 7 day per week Palliative care provision will require substantial investment.

The Emergency Department Safer Nursing Care Tool (SNCT)

- The previous ED SNCT results for Childrens ED demonstrated significant staffing gaps across the department, this was supported by the consistent level of low staffing incidents reported for this area. Since the last report and the increase in the physical ED environment, 10 nursing posts of the 18RN's, 11 RNA's and 11 HCSW phased over 3

years have been agreed and are being recruited into to prepare for the winter period. The further phases will continue to be monitored against the activity and ongoing SNCT results.

- The Weston ED SNCT reviews showed following an uplift in staffing that the twilight and night duty staffing was improved, this is in part recognised by the reduction in overnight stay of patients within the Emergency Department which is reflective of the reduced seasonal demand.

- The results for the BRI ED have been reviewed along with the application of professional judgement considering the footprint of the ED department, additional roles, deployment requirements and short-term flexing of staffing to accommodate exceptional events. This highlighted the opportunity to review shift duration and patterns in the department and a change has been put in place to move staff to a late shift to match activity, a further change to a twilight shift has been proposed, this will bring an additional cost related to out of hours working. A review of skill mix occurred to enhance the safety of patients, the impact of this is being evaluated along with a review of adjusting the department budget to support this change.

2. Midwifery Report

Introduction

This section of the report details the specific requirements and actions taken by Midwifery Services to ensure that all mothers and babies are given quality care in a safe and secure environment.

The Trust continues to review its services against the landmark publication of the Ockendon Reports in December 2020 and March 2022 to assure the Trust that the Midwifery services are responding appropriately to the recommendations outlined in these two reports. A full Birthrate plus workforce assessment was undertaken in June 2022.

This year has been the most challenged for midwifery services due to the number of vacancies within the team, but the flexibility of the workforce and joint working between midwifery and neonatal staffing has supported safe staffing in these areas.

The Midwifery In-Patient Staffing Metrics show:

- The fill rates have been lower than the Trust average, in part due to the Continuity of Care Teams that work across both community and acute hospital settings. These staff contribute to both in-patient and outpatient services hence the fill rates are generally lower.

- The level of lower-than-expected safe staffing figures have gradually decreased, these were mostly for NICU rather than midwifery areas due to the requirement to close cots when there are insufficient staff to care for the numbers on the unit. The increased staffing as a result of the IEN programme has reduced the need to close cots.

The Midwifery, NICU and Women's services Annual safe staffing review was undertaken in October 2023 with the Chief Nurse and Midwife, Director of Midwifery, and the Matrons. The key changes noted over the past 6 months included:

- Introduction of a flow midwife with twice daily flow meetings to ensure safe staffing across Women's services.

- Birthrate plus acuity tool used on the delivery suite to provide a real time understanding of midwifery workload and help with staffing decisions, although recently use of the tool

consistently has lapsed, to ensure improved compliance the acuity score is to be reported through the flow midwife.

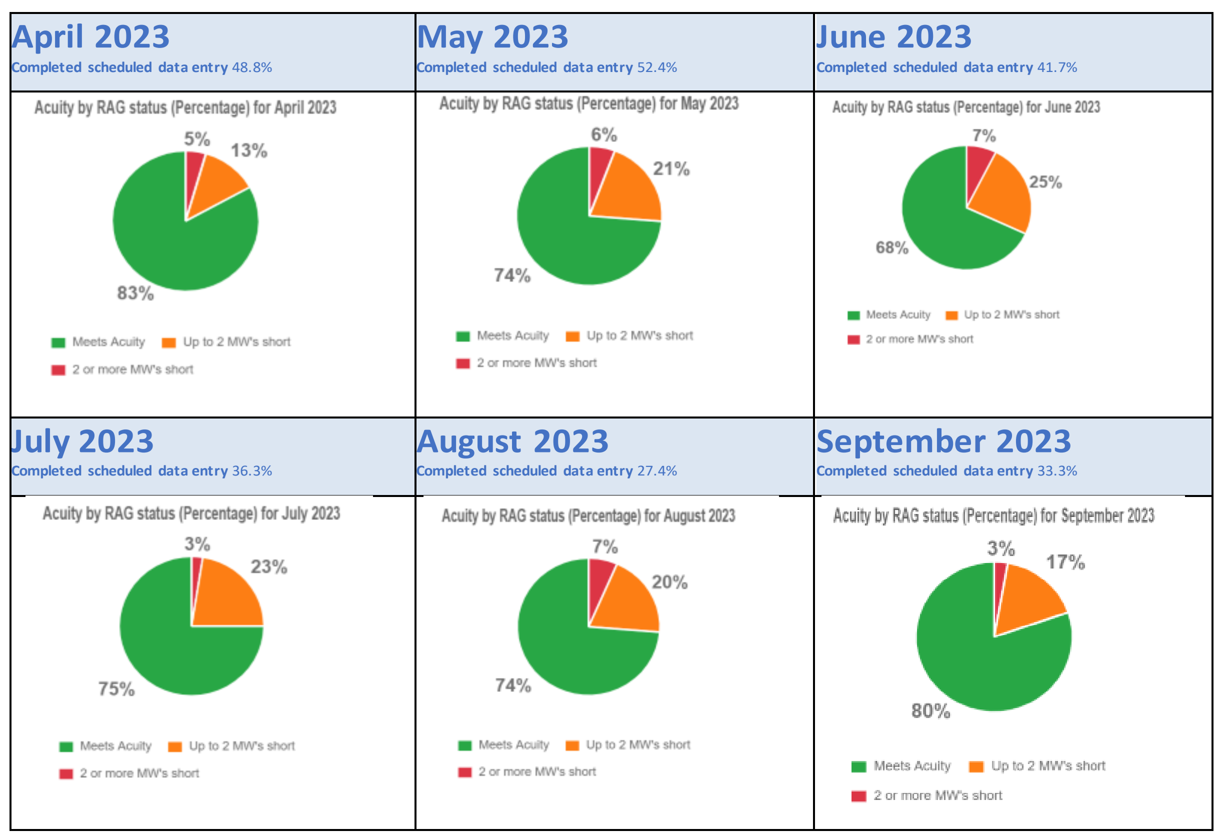
Annual Staffing review:

- 5.6 w.t.e midwives will be required to staff the new triage area when it is opened , in accordance with BSOTS (Birmingham Symptom specific obstetric triage system) recommendations.
- A further review of neonatal nurse staffing against the BAPM (British association of Perinatal Medicine) standards to be undertaken.
- Due to changes in training requirements for the Maternity Incentive scheme, a proposal for an increase in the maternity practice development team and PEF (Practice education facilitator) is being reviewed.

Birthrate plus Acuity Tool

The Birthrate plus acuity tool has been used on delivery suite since the 01/05/2022, to assess staffing requirements against the needs of the patient. The Birthrate score system is based upon indicators of normality in the progress and outcome of labour and the health of the baby at birth, together with other indicators which identify changes from normality. The score sheet provides a research-based method to enable the midwife to assess the midwifery workload required to care for a woman at any time in the intrapartum and immediate post-delivery period.

The score sheet will also underpin the Birthrate acuity tool on the Maternity ward which covers Antenatal/Postnatal and Induction of labour. An assessment of the patients is performed four times a day by the band 7 in charge of the unit and is recorded electronically.



The tool has highlighted a drop in overall compliance in completion over the summer, further support and reporting at the daily flow meetings has been put in place to ensure that this improves. In this period as recognised by the number of vacancies, there has been a reduction on the % of time when staffing has met acuity. This is mitigated through the movement of staff across the service and the use of on call staff when required to maintain 1:1 care.

- The most significant change is the unit has further reduced the number of times when it has been required to divert to other units over the past 6 months.

NICU nurse staffing

Nurse staffing has been a challenge and is the key issue driving the current restriction on cot numbers, there has been many new starters over the past 6 months, who are being trained and supported by the education team, and a pipeline of staff to reduce the vacancies to 8 w.t.e by early 2024.
The Annual review requested a full review of the staffing establishment to ensure that it is now in line with the BAPM standards to staff the commissioned 22 cots and Transitional care.

Patient Feedback

Women's services have a very active Patient Experience group with lay representation and have an action plan that is a result of Trust survey feedback, feedback from Maternity voices partnership and issues raised in the National maternity survey. The most improvements made due to these feedback mechanisms is to allow partners to stay on the post-natal wards to support new mothers.

3. Allied Health Professionals (AHP's) report

A detailed review of AHP staffing was presented to the People Committee of the Trust Board in September 2023 to provide assurance of the current recruitment and retention position of AHP's within the Trust.

Data Metrics

The Trust currently employs 9 professional groups under AHPs:

- 685.89 w.t.e registered Allied Health Professionals (Bands 5-8D)
- 94.67 w.t.e support workers and assistants (Bands 2-4) across all divisions in the Trust.
- The current AHP staffing turnover has decreased to 16.4%, overall vacancies within AHP's are 5.6 % however the specialties and professional groups vary, with highest vacancies within the Band 5 Occupational therapy staff group.

There is no acuity tool for AHP's at present or standard approach to inform staffing levels required in services provided by AHP's. Levels are generally determined via a range of methods, which include:

- the use of demand and capacity data,
- data collected on patient and non-patient related activity,
- patient complexity and acuity.

In addition, guidance that is nationally available for specific clinical services and/or conditions is also used e.g. stroke services, critical care and cancer services.

The current vacancy rate amongst AHP's is variable as some groups over recruit i.e. Diagnostic radiographers to compensate for any leavers during the year which helps mitigate

some vacancies. This has now also been implemented in Adult Therapies. Progress on additional services such as weekend services and twilight services in adult therapies have been slow due to a combination of funding and recruitment issues. Adult therapies are planning to review their job planning and productivity measures to ensure that the appropriate skill-mix is set and achieved.

Recruitment and Retention:

The detailed report to the People committee provided the strategy in place to enhance both Recruitment and Retention of AHP's within UHBW and across the BNSSG system.

4. Assurance statement and summary.

The Trust continues to closely monitor staffing levels and comply with the recommendations outlined in the Developing Workforce Safeguards guidance. The SNCT cycles completed over the past 12 months support the nursing establishment setting process using a recognised evidence-based approach. Noting the staffing information detailed in this report, alongside the robust escalation and mitigation of short- and long-term staffing shortfalls. **The conclusion is that the Trust has in place sufficient processes and oversight of its staffing arrangements to ensure safe staffing is prioritised as part of its routine activities, whilst also supporting development for both the registered and non-registered Nursing and Midwifery workforce and the AHP staff.**

The last 6 months have seen an improved picture with the recruitment programme of Internationally educated nurses, with the reduction of vacancies seen across all adult services. This has been supported with some nurse bank incentives and retention initiatives which have reduced the turnover rate and sustained reduction in the use of off framework agency use. The number of vacancies within the Women's and Children's Division have required some reduction in beds and cots to ensure safe staffing, the vacancy position is expected to improve in early 2024 with the pipeline in place.

There continues to be some residual effects of the pandemic where there is increased demand on staffing resources required, with specialties reconfiguring to maximise resources and recovery, along with the planned winter requirement to open additional escalation beds to reduce ambulance queuing and overcrowding within the ED's.

5. Recommendations for Trust Board

The Trust Board is offered assurance of detailed monthly monitoring and reporting to the Quality and Outcomes committee which provides fill rates by wards, red flag reporting and detailed analysis and review of all the safe staffing incidents reported, along with triangulation of impact on patient quality outcomes and staff experience.

The Trust Board is recommended to support the following:

- Continue the approach outlined using the Safer Nursing Care Tool (SNCT) assessments to underpin nursing establishment on all in-patient wards, both adults and children and ED's acknowledging this is a process that will evolve over time after each assessment. Recommended uplifts of staffing will also be subject to scrutiny and support via the annual operational planning round.

- Support the process to seek **phased funding to bring the ED staffing levels up to the recommended levels by the SNCT ED tool in Childrens ED.** The phases will continue to be monitored against the activity and ongoing SNCT results.

- Support the process to **seek additional funding for the Paediatric Intensive care unit** to be staffed consistently for 18 beds with a plan to achieve 7.06 WTE RN per bed.

- Support the process to **seek additional funding required for Children's theatres**, initial requirement of 8 w.t.e to be in line with AfPP guidance. Further requirement will be advised when full review and potential shift pattern review is undertaken.

- Support the process to seek additional funding **for 5.6 w.t.e Midwives required for the new Maternity Triage** area to be staffed in line with BSOTS.

- Support the process to seek **substantive funding for 5.6 w.t.e HCSW for D601 (Teenage and Young adults with Cancer unit)** to maintain safety for this remote single side room unit.

- **Trust wide Palliative care services** hosted by Specialised Services division remain under significant workload pressures evidenced through both staff and patient feedback, despite additional short-term funding for additional staff provided by the Division to enhance the 5 day per week service, and the Trust support for short term funding of 2 end of life practice education facilitators. The risk has now elevated to 20, with the risks of the current service escalated to the Clinical Quality group, there is recognition that the ambition of a 7 day per week Palliative care provision will require substantial investment.

- Note the changes being made within the Division on Medicine based on the SNCT results and professional judgement **which will reduce staffing on some wards based on changes with both patient specialty and skill mix**. Where increases in wards have been required due to environmental and specialty change, the increase in staffing requirements have been met through movement of funding within the Division. These changes have occurred following a Quality and Equality impact assessment and will remain under regular review.

- Acknowledge the impact of the bespoke funded nursing recruitment and retention plan approved in April 2023, which included further international recruitment, a fully funded pathway including Trainee Nurse Associate and Registered Nurse Degree apprenticeships, Funding for CPD, additional Trust wide practice educator roles, Training support staff and funding for victim support officers.

- Support the evaluation required to review the budgetary impact of the increasing level of training required in specialist areas. National recommendations would suggest a 1% - 4% increase to support Critical Care, ED's and Maternity areas where the level of specialist training is greater.

University Hospitals
Bristol and Weston
NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 9 January 2024

Report Title	**Learning From Deaths Quarter 1 and Quarter 2 23/24**
Report Author	**Rebecca Thorpe – Deputy Chief Medical Officer - Patient Safety**
Executive Lead	**Stuart Walker, Chief Medical Officer**

1. Purpose

This cover sheet is for 2 reports summarising the learning from deaths process for Quarter One 23/24 from 1st April -30th June 2023, and Quarter Two 23/24 1st July – 30th September 2023

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

The reports describe the structures of the learning from deaths programme across the Trust, and the progress made by the workstream in quarters one and two of 2023/2024.

This includes the statutory reporting of the number of Medical Examiner referrals and Structured Judgement Reviews completed.

The main themes for reviews and referrals are described, including previously reported limitations of Palliative Care Service provision in the Trust.

The group is asked to note and approve the report.

3. Strategic Alignment

Patient Safety, Experience of Care

4. Risks and Opportunities

No new risks

5. Recommendation

This report is for **Assurance**.

The board is asked to note the limited provision of Palliative Care and to support the expansion of the service**.**

6. History of the paper

Please include details of where paper has previously been received.

Clinical Quality Group	December 2023

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

1.0 Introduction

This paper will set out the progress and report on the results of the Trust's "learning from deaths" programme in the first quarter of 2023/24.

This report has been prepared for information.

2.0 Progress this Quarter

Two new mortality leads have been appointed and have taken up their posts – Rachel Bradley for Medicine Division and Michael Haley for Weston. Both have been addressing backlogs in the number of outstanding SJRs for their areas.

Dr Haley has successfully reduced the backlog by 80% and shared a summary of themes covered in the completed reviews, noting actions taken and learning shared. A number of issues raised have been escalated and further monitoring and investigations involving specialty leads from across the Trust has begun.

Dr Bradley has begun a review of the main causes of death entered on the death certificate for UHBW patients. It was noted that 'Frailty' and Frailty of Old Age' has been entered as a primary cause of death on certificates which is accepted by the Coroner's office.

A review of end-of-life care has begun and End of Life Group leads now have access to MSG information feeds to monitor referrals for issues in care.

The new process of reviewing and signing off SJRs as a group is due to start in the autumn.

Greater involvement from the patient safety team from Autumn will add further assurance to any issues raised.

3.0 Figures for total deaths, referrals, and mortality reviews

Quarter 1 2022/23	
Total Deaths	**486**
Medicine	338
Specialised Services	80
Surgery	68
other	4
Referrals from ME Office	**70**
Referral's meeting SJR criteria	**13**

Quarter 1 2023/24	
Total deaths	***433***
Medicine	*307*
Specialised	*76*
Surgery	*46*
other	*4*
Referrals from ME Office	***44***
Referrals meeting SJR criteria	***7***

Quarter one has seen an 11% drop in the number of overall deaths from last year.

3.1 Medical Examiner Referrals

The drop in Medical Examiner referrals is significant – 22/23 Q1 referrals represented 14.5% of overall deaths, and for 23/24 referrals represented only 10.16% of all deaths.

Referral Themes	**#**
Treatment issue	8
Nursing issue	8
Positive feedback	3
Learning Disability	3
Communication	8
EOL care issue	5
Failed discharge	2
Other provider issue	2
Mental Health	2
Documentation	3
Safeguarding issue	1

Process	**#**
Feedback to ward /specialty/ clinical area (including EOL)	**29**
Structured Judgement Review	**8**
Patient Support and Complaints Team	**4**
Thematic review: documentation	**2**
Datix	**2**

Feedback to wards included passing on positive comments:

> ***"The ward staff were very compassionate and caring to my Dad"***
> ***"Fantastic care from nursing and medical staff on Uphill, ward staff extremely professional and very supportive to family",***
> ***"Staff on Berrow ward were absolutely amazing – so caring and kind and looked after the family as well, very grateful."***

Much of the ward feedback was sent also to End of Life Group leads as comments were specific to palliative care management by the wards. Access to Palliative Care out of hours and weekend continues to be an issue for wards although a telephone on call service is available.

Communication referrals involved both nursing and medical teams. Training is ongoing on the wards to improve nursing communication with families and particularly around manging family expectations and support at end of life. The availability of Nurses or Drs to ask for assistance or information was also a theme of communication and nursing issue referrals.

3.2 Structured Judgement Reviews (SJRs)

Note: Not all SJRs are triggered as a result of Medical Examiner referrals. Clinicians and the Learning Disability Team initiate SJRs for the BNSSG LEDER as standard for all patient deaths they are aware of that meet the criteria.

- **8 Structured Judgement reviews.**
- **2 treatment issues**
- **6 Mandatory category reviews (Learning Disability & Autism - 4, Mental Health – 2)**

The number of referrals requiring SJRs was almost 50% lower that Q1, 22/23.

The total of 7 representing 25 % of all 23/24 Q1 referrals, and 1.6 % of all deaths.

Of the 8 SJRs, 6 were raised as mandatory categories (mental health and learning disability).
The 2 other SJRs both referred to medical Examiner concerns around delays to treatment for deteriorating patients on admission in Weston where a quality improvement project is ongoing in the Emergency Department.

4.0 SJR Scores

Avoidability of death:
No deaths for this quarter were rated below 4

Definitions - avoidability of death

1 = *Definitely avoidable*
2 = Strong evidence of avoidability
3 = probably avoidable, more than 50:50
4 = Possibly avoidable but unlikely, less than 50:50
5 = Slight evidence of avoidability
6 = Definitely unavoidable

Phase of care scores
Key to Care scores: 1=Very Poor, 2=Poor Care, 3=Adequate, 4=Good Care, 5=Excellent

One phase of care (ongoing) score was rated at 2 where there had been a delay on admission at WGH for neurosurgery ITU input for a traumatic head injury.
No other phase of care scores fell below 3 – adequate

Overall Care
No completed SJRs rated overall care for this quarter as below acceptable standards.

5.0 Thematic Reviews

End of Life review - ongoing
Progress on Transport review recommendations – awaiting update

6.0 Risks

Ongoing risks around access to theatres out of hours at Weston continue to be of concern as doctors are faced with difficult decisions around delaying treatment or transporting frail and acutely ill patients.

The need for a full seven-day palliative care service is apparent in the reported delays to medication and care over weekends for patients at the end of life. An on-call telephone service is currently available.

7.0 Conclusions and Future work

CQG is asked to approve this report.

1.0 Introduction

This paper will set out the progress and report on the results of the Trust's "learning from deaths" programme in the second quarter of 2023/24, covering the period 1st July – 30th September 2023.

This report has been prepared for information.

2.0 Progress this Quarter

End of Life Group leads now have access to Mortality Surveillance Group information feeds, including Medical Examiner Referrals, to independently monitor issues in palliative care.

The Weston mortality lead presented a summary of Weston SJRs for the last year, concentrating on the main themes and learning. It was noted that in that time frame, there were the same number of ME referrals for the Weston site as for the whole rest of the organisation and there was no obvious explanation provided. The Weston Management team have been asked by the Chief Medical Officer Stuart Walker to prepare a response to the increased numbers of Medical Examiner referrals, and themes from Weston and present this in November 2023.

The new process of reviewing and signing off is starting in the Autumn.

Greater involvement from the patient safety team from Autumn will add further assurance to any issues raised.

3.0 Figures for total deaths, referrals, and mortality reviews

Quarter 2 2022/23	
Total Deaths	**479**
Medicine	342
Specialised Services	77
Surgery	66
other	
Referrals from ME Office	**39**
Referral's meeting SJR criteria	**11**

Quarter 2 2023/24	
Total deaths	***380***
Medicine	*273*
Specialised	*62*
Surgery	*45*
other	
Referrals from ME Office	***49***
Referrals meeting SJR criteria	***28***

3.1 Deaths

Quarter two has seen an 20% drop in the number of overall deaths from the same period last year with an expected return to pre-pandemic levels. In contrast the number of referrals and SJRs has increased with a sharp rise in the number of mandatory category deaths (Mental Health, Learning Disability and Autism). The figures for each division by percentage shows the breakdown as consistent with the previous year: 23/24 71% Medicine, 16% Specialised Services, Surgery 11%, and 22/23 71% Medicine, 16% Specialised, 13% Surgery.

3.2 Medical Examiner Referrals

There was a rise in the number of Medical Examiner referrals despite the drop in deaths; for 23/24 Q2 referrals represented nearly 13% of overall deaths, and for Q2 in 22/23, referrals represented 8% of overall deaths. Some referrals were for more than one theme.

Referral Themes	**#**
Treatment issue	10

Nursing issue	6
Positive feedback	3
Learning Disability	5
Communication	1
EOL care issue	8
Failed discharge	3
Other provider issue	2
Mental Health	8
Documentation	2
Ward issue	1

Process	**#**
Feedback to ward /specialty/ clinical area (including EOL)	**18**
Structured Judgement Review	**28**
Patient Support and Complaints Team	**17**
Thematic review: documentation	**0**
Datix	**4**

Note referrals can be subject to more than one process.

Feedback to clinical areas and wards included passing on positive comments:

Spoke with wife - Care was excellent - nurses were lovely - very caring and NOK/patient kept informed all the time - "Weston does have some bad press at times but I could not knock it at all."

Care – MAU wonderful – Took great care of XXXX and XXX

NOK phone call re care - absolutely amazing, couldn't fault the care for XXXX and family, cups of tea, looked after constantly, communication was great, kept up to date all the time. Have heard bad things about Weston as live locally but thought the care was brilliant and could not fault it.

Much of the ward feedback was sent also to End of Life Group leads as comments were specific to palliative care management by the wards. Access to Palliative Care out of hours and weekend continues to be an issue for wards although a telephone on call service is available. Several referrals were based on family feedback expressing distress around delay to pain relief for end of life patients.

Two families reported a lack of suitable accommodation and that their relative died in busy wards rather than side rooms.

3.3 Structured Judgement Reviews (SJRs)

Note: Not all SJRs are triggered as a result of Medical Examiner referrals. Clinicians and the Learning Disability Team initiate SJRs for the BNSSG LEDER as standard for all patient deaths they are aware of that meet the criteria.

- **28 Structured Judgement reviews.**
- **15 treatment issues**
- **13 Mandatory category reviews (Learning Disability & Autism - 5, Mental Health – 8)**

The number of referrals requiring SJRs was 20% higher than Q2, 22/23.
The total of 28 representing 57% of all 23/24 Q2 ME referrals, and 7% of all deaths.

Of the 28 SJRs, 13 were raised as mandatory categories (mental health and learning disability). The 15 other SJRs both referred to medical Examiner concerns around delays to treatment for deteriorating patients on admission in Weston where a quality improvement project is ongoing in the Emergency Department.

4.0 SJR Scores

4.1 Avoidability of death:
One death for this quarter was rated at 4, (hospital acquired pneumonia), 2 deaths rated at 5 (one psychiatric patient refusing food, another patient suffering from advanced heart disease and multiple infections – covid, ecoli and pseudomonas) and all others were rated at 6.

Definitions - avoidability of death
1 = *Definitely avoidable*
2 = Strong evidence of avoidability
3 = probably avoidable, more than 50:50
4 = Possibly avoidable but unlikely, less than 50:50
5 = Slight evidence of avoidability
6 = Definitely unavoidable

4.2 Phase of care scores
Key to Care scores: 1=Very Poor, 2=Poor Care, 3=Adequate, 4=Good Care, 5=Excellent

Two phase of care scores were rated at 3, all others were rated at 4 and above

4.3 Overall Care
No completed SJRs rated overall care for this quarter as below acceptable standards.

5.0 Thematic Reviews

End of Life review - ongoing
Progress on Transport review recommendations – awaiting update

6.0 Risks

Ongoing risks around access to theatres out of hours at Weston continue to be of concern as doctors are faced with difficult decisions around delaying treatment or transporting frail and acutely ill patients.

The need for a full seven-day palliative care service is apparent in the reported delays to medication and care over weekends for patients at the end of life. An on-call telephone service is currently available.

The rise in Mental Health patients poses an ongoing challenge to hospital teams.

7.0 Conclusions and Future work

CQG is asked to approve this report.

University Hospitals
Bristol and Weston
NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 9 January 2024

Report Title	Research and Development Update
Report Author	David Wynick, Director of Research
Executive Lead	Stuart Walker, Interim Chief Executive

1. Purpose

The purpose of this report is to provide an update on performance and governance for the Board.

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

See executive summary in written report.

3. Strategic Alignment

Aligns with strategic priority "Innovate and Improve together"

4. Risks and Opportunities

One risk is linked to 'Risks and Threats' under section 4 (risk 6773)

5. Recommendation

This report is for **Assurance.**

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

N/A

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1. Executive Summary

Lord James O'Shaughnessy led an independent review into UK commercial clinical trials which ran from February 2023 until May 2023. Lord O'Shaughnessy has made 27 recommendations addressing eight problem statements which include lack of accountability, lack of data transparency and a low profile for clinical research in conversations between doctors and patients. The government has provided a response, one commitment of which is the addition of an unmodifiable financial appendix to the suite of UK template commercial agreements. This, and other changes in National Contract Value Review (NCVR), will remove local contract and contract-value negotiation and improve study set up. The changes came into effect on 1st October 2023.

Interviews to appoint to the role of Joint Director of Research for UHBW and NBT were held on 02/11/2023. Professor Fergus Caskey has been appointed Joint Director of Research for UHBW and NBT and will take up the position on 1st March 2024, following on from when Professor David Wynick demits the post, which he has held since 2010.

2. Performance

The R&D department reviewed the measures which it uses for oversight of research performance. The key performance indicators were refreshed with effect from April 2023, with a renewed focus on set up and delivery of both commercial and non-commercial research. Over the last 7 months from 01/04/2023 to 01/12/2023) nearly 50% of all non-commercial studies and 67% of commercial studies have been set up within the timeframe agreed with the sponsor. Setup delays have been mostly attributable to sponsors delaying green light to initiate the study however some internal capacity issues within UHBW have also contributed which are under constant review.

3. Infrastructure Funding/hosting

The NIHR Research Support Service launched on 1st October, replacing the Research Design Service. It provides support and advice to researchers wishing to develop funding applications within the remit of the NIHR.

A new NIHR Research Delivery Network (RDN) will commence in 2024 which will support the successful delivery of health and social care research in England. The government's ambitious strategy is to make the UK the best place in the world for commercial companies to bring new treatments and technologies. With Lord O'Shaughnessy's review in mind, the RDN will ensure a strong and seamless connection between industry and the NHS. UHBW is the host for the South West Central Regional RDN which will commence in October 2024. Transition work is underway.

4. Overview

Successes	Priorities
• Research link roles have been introduced to raise the profile of research and awareness about the value of research to the NHS. • Investigator Oversight training is now available as e-learning for Investigators of Clinical Trials of Investigational Medicinal Products, with positive feedback from users. • The Clinical Research Start up Seminars continue to be delivered. • A pilot has been undertaken to collect protected characteristics data from research participants in the UHBW Clinical Research Facility (CRF). Further funding has been awarded to widen the scope of the project to collect the same data from participants of all NIHR research in UHBW. • The new paediatrics CRF at BRCH has opened and is operational. The project was delivered early and underbudget. • Routine research awareness data are being collected from patients as part of the in-patient, out-patient and maternity services questionnaires. • The UHBW R&D sharepoint site has been published, providing improved information, training and news about R&D within the trust to our internal audiences, aiming to increase engagement and understanding of research and its benefits.	• Continue effective handover to the new Director of Research, ensuring continuity of service and development of new relationships during the transition period. • Continue to position the Bristol NIHR CRF as a specialist centre of early phase research within the South West, engaging with industry partners, and maximising the research the CRF can support. • Continue to work with the NIHR to expedite set up of commercial contract research, and maximise opportunities presented through joint working with NBT to optimise our commercial portfolio. • Fully understand the strengths and weaknesses of our research portfolio and focus on developing areas with potential, to optimise access of research to our populations in Bristol and Weston.

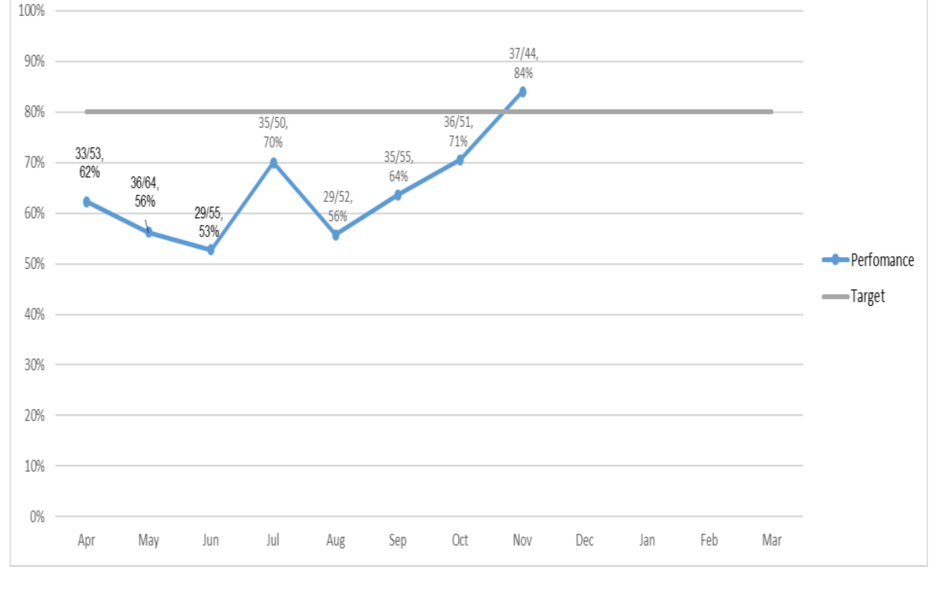
Opportunities	Risks and Threats
• Continue to strengthen our collaborations with North Bristol Trust from our joint working arrangements to benefit our commercial research portfolio. • Continue to work with BHOC team to support improved set up times and deliverability of our adult cancer portfolio.	• Risk that industry sponsors may place commercial trials in other centres due to slow set up times in some areas, alongside potential loss of reputation and income. • Workforce issues are being felt across research teams, resulting in high numbers of vacancies and consequent reduction in capacity to deliver research, both in clinical and support services. This has been compounded by industrial action. • Longer term there is uncertainty around what measures the new NIHR Regional Research Delivery Network will implement to measure performance and distribute income when they commence in autumn 2024.

5. Performance Overview

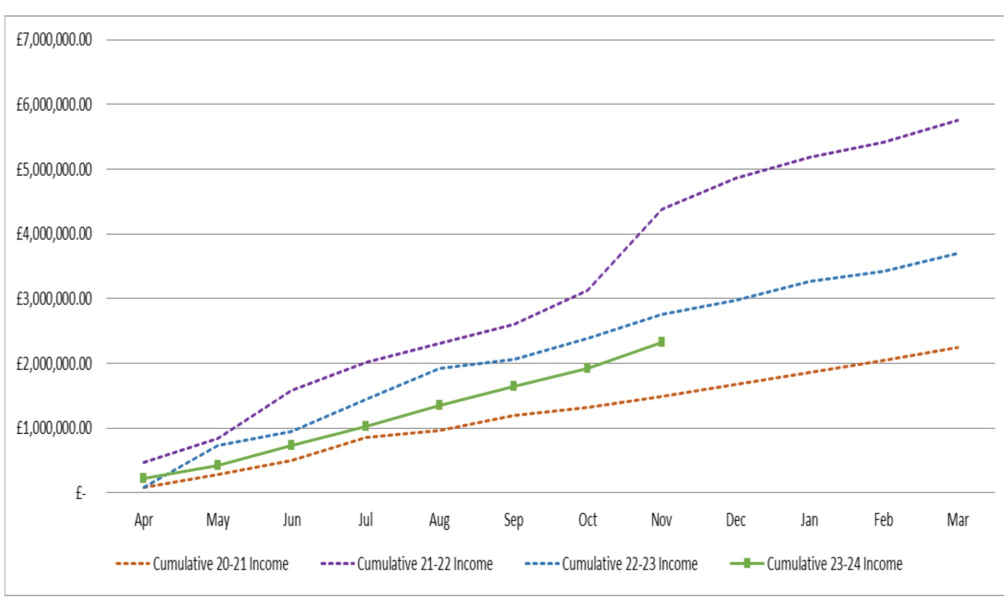
This section provides information about performance against key performance indicators. All KPIs are financial or drive the income we receive.

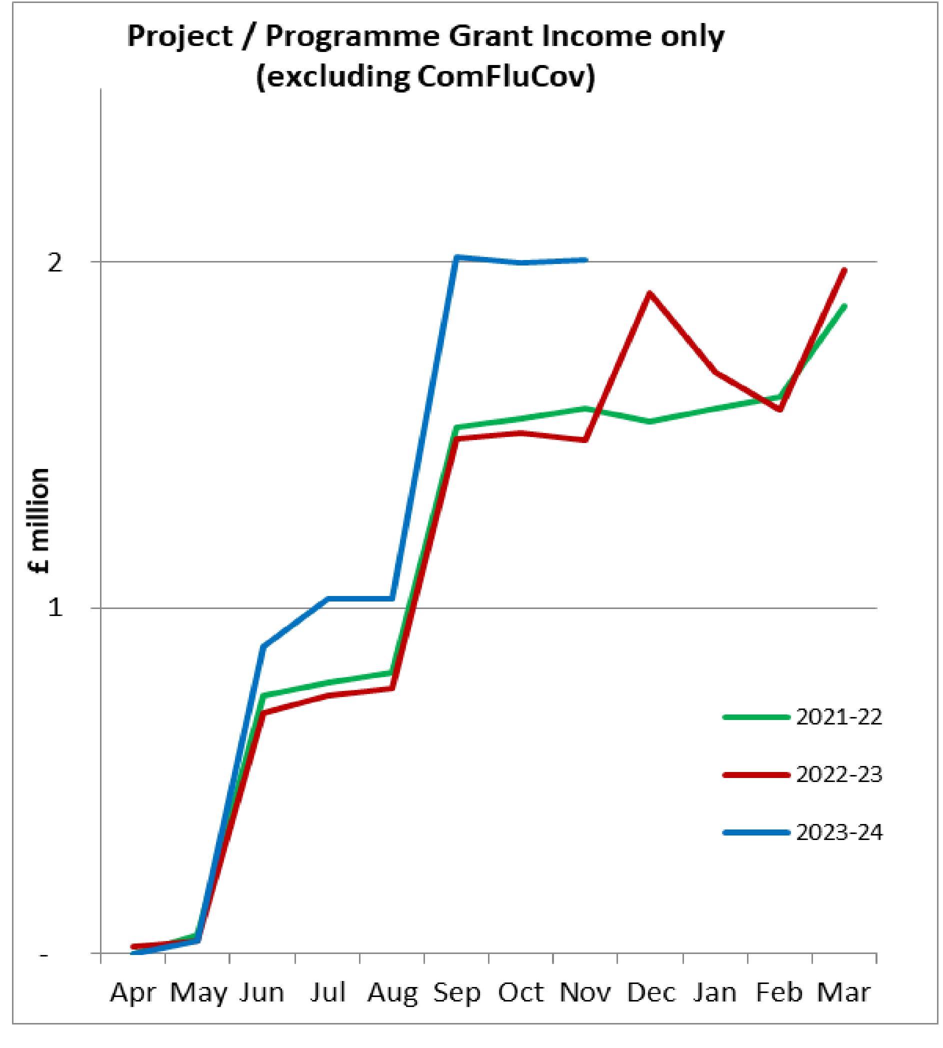
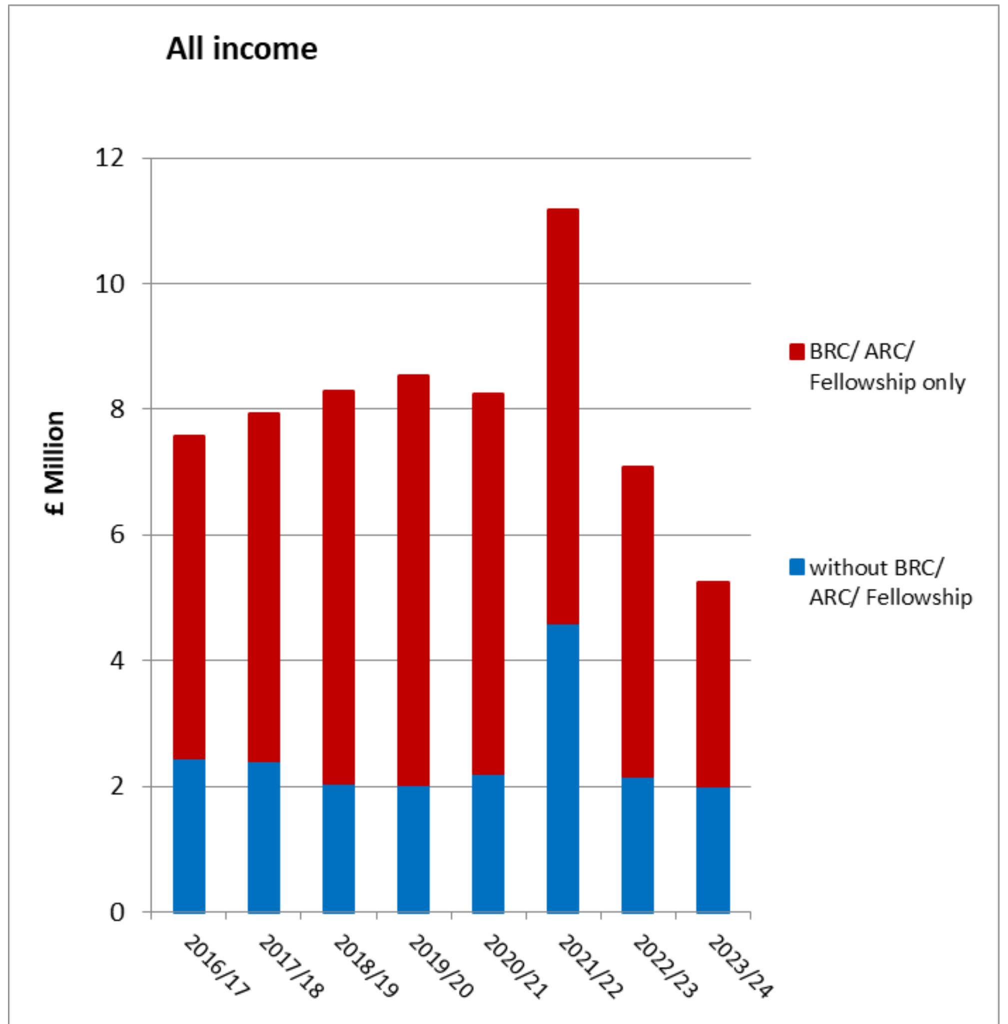
a) Commercial contract studies opening within 2 weeks of date agreed with sponsor	b) Non commercial studies opening within 2 weeks of date agreed with sponsor
Apr 0/0, 0%; May 0/0, 0%; Jun 1/1, 100%; Jul 1/1, 100%; Aug 2/3, 67%; Sep 4/6, 67%; Oct 5/7, 71%; Nov 6/9, 67% (2023-24)	Apr 0/0, 0%; May 0/0, 0%; Jun 2/2, 100%; Jul 4/4, 100%; Aug 5/6, 83%; Sep 6/10, 60%; Oct 8/16, 50%; Nov 9/19, 47% (2023-24)

c) Proportion of open commercial NIHR studies achieving or surpassing their recruitment target



d) Monthly commercial income



e) NIHR monthly grant income – year on year comparison	f) NIHR grant income – drives research capability funding
	

University Hospitals Bristol and Weston
NHS Foundation Trust

Meeting of the Trust Board of Directors in Public on Tuesday 9 January 2024

Reporting Committee	**Finance Digital and Estates Committee on Tuesday 28 November 2023**
Chaired By	**Martin Sykes, Committee Chair**
Executive Lead	**Neil Kemsley, Chief Financial Officer** **Neil Darvill, Joint Chief Digital and Information Officer**

For Information

Finance

The committee reviewed the Month 7 Trust finance report and noted the reduced risk to the year-end plan being achieved. The committee also received the BNNSG medium term financial plan, noting that the Trust would only be funded 'non-recurrently' for a significant proportion of its income over the coming years, with relatively high cost reductions proposed to eventually offset this deficit. This was a key risk for the Trust and was discussed along with the other strategic and corporate financial risks and mitigations.

The committee approved the updated treasury management policy and standing financial instructions with minor updates and amendments.

Digital

The committee received a revised report from the Digital team, noting the Trust's developing digital strategy; the proposed programme delivery plan for 24/25; a proposed simplification to the stratification of scanned medical records; and a proposed regional business case for sharing scanned images.

The committee reviewed the Digital risks and mitigations noting improved resilience with computer room 2 being brought into use and the escalation of Cyber Security to the strategic risk level.

The electronic prescribing project has been moved to 'green' with a revised governance structure and improved timeline for implementation.

Estates

The committee reviewed and supported the stated medium term objectives of the division in terms of: People; Fire Safety; Estates Compliance; Capital Projects Property and Space; Sustainability; and Arts and Culture.

The committee received a 'deep dive' on the People and Organisational Development aspect and agreed to review each area in turn. An update on strategic capital was also noted and the Estates risks reviewed.

For Board Awareness, Action or Response	
The treasury management policy and standing financial instructions were approved for onward submission to the Board.	
Key Decisions and Actions	
Noted the improved financial outlook for the current year. Noted the medium-term system financial plan showing an underlying deficit for UHBW.	
Additional Chair Comments	
Date of next meeting:	30th January 2024

Meeting of the Board of Directors in Public on Tuesday 9 January 2024

Report Title	**M8 Trust Finance Performance Report**
Report Author	**Jeremy Spearing, Director of Operational Finance**
Executive Lead	**Neil Kemsley, Chief Financial Officer**

1. Purpose

To inform the Trust Board of the Trust's overall financial performance from 1st April 2023 to 30th November 2023 (month 8).

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

The Trust's net income and expenditure position is a net deficit of £9.3m against a planned deficit of £8.9m. The significantly improved adverse position against plan from £6.1m adverse last month to £0.4m adverse this month is mainly due to additional funding from NHS England. This funding covers the year-to-date costs of industrial action at £3.3m and provides additional block funding relating to the 2% reduction in the Elective Recovery Funding (ERF) target at £2.7m. The year-to-date position of £0.4m adverse to plan is primarily due to: the value of elective activity being behind plan by £5.1m; the £3.2m shortfall on savings delivery offset by better than planned interest receivable income of £2.9m and additional operating income of £5.0m.

The Trust delivered total savings of £13.8m year to date, £3.2m behind plan.

The value of elective activity covering inpatient, day case and outpatient points of delivery, was £5.1m behind plan (unchanged from October).

The Trust delivered capital investment of £21.0m year to date, £5.1m behind plan.

The Trust's cash balance was £116.3m, £11.3m ahead of plan as at the 30th November 2023.

3. Strategic Alignment

This report is directly linked to the Patient First objective of 'Making the most of our resources'. Achieving break-even ensures our cash balances are maintained and therefore we can continue to support the Trust's strategic ambitions subject to securing CDEL cover.

4. Risks and Opportunities

416 – Risk that the Trust fails to fund the strategic capital programme. Unchanged risk score of 20 (very high).

5. Recommendation

This report is for **Assurance**. The Board is asked to note the Trust's financial performance to the 30th November 2023.

6. History of the paper

Please include details of where paper has previously been received.

N/A

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Trust Finance Performance Report

Reporting Month: November 2023

Executive Summary

Reporting Month: November 2023

YTD Income & Expenditure Position	• Net I&E deficit of £9,333k against a deficit plan of £8,914k (excluding technical items). • Total operating income is £31,438k favourable to plan due to higher than planned income from activities of £23,537k and higher than planned other operating income of £7,901k. • Operating expenses are £33,480k adverse to plan due to higher pay expenditure (£17,949k) and non-pay expenditure (£15,568k). Depreciation is in line with plan. • The estimated cost of industrial action at £4,194k for April to November has been funded by NHSE. • Financing items are £2,086k favourable to plan mainly due to interest receivable.
Key Financial Issues	• *Recurrent savings delivery below plan* – Internal CIP delivery is £13,251k or 105% of plan, of which recurrent savings are £5,302k, 42% of plan. Failure to achieve the annual target of £27m (including transformational savings) in full may result in the Trust failing to meet the financial plan. • *Delivery of elective activity recovery below plan* – elective activity must be delivered in line with plan. Failure to do so could result in a loss of income of up to c£13m and the Trust not achieving its financial plan. At M8, the value of elective activity is £5.1m behind plan. • *Corporate mitigations not delivered in full* – non-recurrent mitigations of c£25m are required to support delivery of the plan. At M8, the corporate mitigations are on track. • *Failure to deliver the financial plan* – failure to deliver the actions and therefore the financial plan of break-even will constitute a breach of this statutory duty and will result in regulatory intervention.
Strategic Risks	• Assessment and implications of the financial arrangements relating to Healthy Weston 2 Phase 2 – pending completion of the business case during quarter 4. • Understanding the operational risks and mitigations associated with the Trust's legacy estate and how the CDEL limit and system prioritisation restricts future strategic capital investment – pending completion of the ICB and Trust draft medium term capital plan in quarter 4.

Reporting Month: November 2023

Successes

- Receipt of revenue funding to cover the estimated cost of industrial action.
- Delivery of capital investment of £21.0m at the end of November.
- The Trust's cash position remains strong at £116.3m.
- BPPC continues to be maintained with 90% of invoices by value and 90% by volume paid within 30 days.

Priorities

- Delivery of the outstanding actions relating to the NHSE Protocol and peer review.
- Delivery of the Division's Control Totals.
- Assessment of the financial impact of the national funding allocation and revised ERF targets supporting the impact of industrial action at system and Trust level. Including finalisation of the forecast for elective recovery performance by the COO Team.
- Divisions and Corporate Services to ensure recurrent CIP schemes are fully identified to deliver the 2022/23 recurrent CIP shortfall and the 2023/24 recurrent target.
- Development of the Trust's revenue Medium-Term Financial Plan and Medium-Term Capital Plan.
- Securing national capital funding for the Trust's capital plan.
- Further review of the Trust's bank and agency costs compared with the staff in post growth of 761wte or 7% since March.

Opportunities

- Potential for further revenue income to cover the estimate ERF loss of £5.7m as a result of industrial action.
- NHS England have confirmed it is reducing the threshold to earn additional Elective Recovery Funding (ERF) for all systems by a further 2% and will pay 86% of systems planned ERF in recognition of the financial impact of industrial action in April.

Risks & Threats

- The financial positions of the Trust's Divisions deteriorate further and potentially undermine the delivery of the Trust's FOT.
- Workforce supply challenges in hard to fill vacant posts and staff absences continues to impact on the Trust's ability to meet emergency and elective demand.
- Increasingly below plan elective recovery to date heading into during Winter due to the significant growth in emergency and non-elective admissions that is outstripping the benefit of Urgent & Emergency Care (UEC) investments.
- Recurrent under-delivery on the Trust's savings program will result in a significant deterioration in the Trust's underlying deficit.
- CDEL, the recurring revenue deficit of the Trust and the system is likely to constrain the Trust's strategic capital plans over the next three to five financial years.

Income & Expenditure Summary

University Hospitals Bristol and Weston NHS Foundation Trust

November 2023

Trust Year to Date Financial Position

	Month 8			YTD		
	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's
Income from Patient Care Activities	90,841	97,896	7,055	679,289	702,826	23,537
Other Operating Income	8,416	9,225	809	71,613	79,514	7,901
Total Operating Income	**99,257**	**107,121**	**7,864**	**750,902**	**782,340**	**31,438**
Employee Expenses	(60,393)	(59,810)	583	(454,689)	(472,638)	(17,949)
Other Operating Expenses	(34,735)	(37,550)	(2,815)	(273,567)	(289,135)	(15,568)
Depreciation (owned & leased)	(4,708)	(4,815)	(107)	(25,402)	(25,365)	37
Total Operating Expenditure	**(99,836)**	**(102,175)**	**(2,339)**	**(753,658)**	**(787,138)**	**(33,480)**
PDC	(1,037)	(1,125)	(88)	(8,296)	(9,000)	(704)
Interest Payable	(221)	(235)	(14)	(1,768)	(1,839)	(71)
Interest Receivable	250	554	304	2,000	4,860	2,860
Other Gains/(Losses)	0	0	0	0	(120)	(120)
Net Surplus/(Deficit) inc technicals	**(1,587)**	**4,141**	**5,728**	**(10,820)**	**(10,896)**	**(76)**
Remove Capital Donations, Grants, and Donated Asset Depreciation	239	237	(2)	1,906	1,563	(343)
Net Surplus/(Deficit) exc technicals	**(1,348)**	**4,378**	**5,726**	**(8,914)**	**(9,333)**	**(419)**

Clinical Divisions YTD Financial Position – Variance to Budget

Division	M8 YTD Variance Favourable/ (Adverse) £000's	M7 YTD Variance Favourable/ (Adverse) £000's	Increase/ (Decrease) in Variance £000's	M8 YTD Variance as % of Budget
Diagnostics & Therapies	(952)	(892)	(60)	-1.4%
Medicine	(649)	(1,514)	865	-0.6%
Specialised Services	191	(178)	369	0.2%
Surgery	(2,604)	(3,116)	512	-2.1%
Weston	(514)	(1,420)	906	-1.3%
Women's & Children's	(3,490)	(3,900)	410	-2.4%
Clinical Divisions Total	**(8,018)**	**(11,020)**	**3,002**	**-1.5%**
Estates & Facilities	(618)	(712)	94	-1.4%
Total	**(8,636)**	**(11,732)**	**3,096**	**-1.5%**

Key Facts:

- The position at the end of November is a net deficit of £9,333k against a deficit plan of £8,914k. The adverse position of £419k is an improvement of £5,725k from last month.
- The improvement in the position is mainly due to additional income from NHS England. The year-to-date position of £419k adverse to plan is primarily due to: the value of elective activity being behind plan by £5,100k; the £3,185k shortfall on savings delivery offset by better than planned interest receivable income of £2,860k and additional operating income of £5,000k.
- YTD, the Trust has spent £5,130k on costs associated with Internationally Educated Nurses (IENs).
- Pay expenditure in November is similar to October and September at £59,840k.
- Agency expenditure in month is £1,968k, compared with £2,140k in October. Bank expenditure in month is £3,314k, compared with £3,701k in October.
- YTD, pay expenditure is £17,949k above plan, due mainly to costs of industrial action and a significantly higher than planned number of substantive staff in post and higher than planned bank and agency spend combined.
- Total operating income is £31,438k higher than plan YTD as result of an increase to the block element of Aligned Payment Incentive (API) contract income and additional income from commissioners including income received from Health Education England (HEE) and services provided to other organisations.
- The financial position of the divisions shows an improvement of £3,096k in November, to a YTD overspend against budget of £8,636k or 1.5%. This includes a budget increase of £4,100k to fund the costs of industrial action. This means there is a net deterioration of c£1,000k in month.
- The most significant variances to budget are in Surgery (£2,604k), Women's & Children's (£3,490k) and Diagnostics & Therapies (£952k).

Savings – Cost Improvement Programme

University Hospitals Bristol and Weston NHS Foundation Trust

November 2023

Division	YTD					Forecast Outturn				
	Plan £'000	Recurring £'000	Non-Recurring £'000	Total £'000	Variance (Fav/(Adv)) £'000	Plan £'000	Recurring £'000	Non-Recurring £'000	Total £'000	Variance (Fav/(Adv)) £'000
Diagnostics & Therapies	1,618	412	1,639	2,051	433	2,383	726	2,369	3,094	711
Medicine	1,299	664	776	1,440	141	2,112	948	1,160	2,108	(5)
Specialised Services	1,069	788	636	1,423	355	1,658	1,252	929	2,182	524
Surgery	1,937	358	1,506	1,864	(73)	2,932	590	2,222	2,812	(120)
Weston	337	454	108	563	225	510	619	158	777	267
Women's & Children's	2,512	1,360	1,625	2,985	473	3,787	2,095	2,402	4,497	710
Estates & Facilities	679	239	468	708	29	1,028	405	612	1,017	(11)
Finance	163	163	0	163	0	245	245	0	245	0
HR	90	90	45	135	45	135	135	67	202	67
Digital Services	397	5	335	340	(57)	574	8	406	414	(160)
Trust HQ	380	101	145	246	(134)	569	151	217	368	(201)
Corporate	927	667	667	1,333	406	1,391	1,000	1,000	2,000	609
OP Transformation & Demand Management	1,250	0	0	0	(1,250)	1,875	0	0	0	(1,875)
Divisional Sub Totals	**12,657**	**5,302**	**7,948**	**13,251**	**594**	**19,200**	**8,175**	**11,542**	**19,716**	**516**
Urgent & Emergency Care Transformation Plans	**4,361**	**582**	**0**	**582**	**(3,779)**	**7,850**	**766**	**0**	**766**	**(7,084)**
Grand Totals	**17,018**	**5,884**	**7,948**	**13,833**	**(3,185)**	**27,050**	**8,941**	**11,542**	**20,482**	**(6,568)**

Key Points:

- The Trust's 2023/24 savings target is £27,050k. This includes £7,850k attributable to Urgent & Emergency Care Transformation Plans.
- Urgent & Emergency Care Transformation savings were planned to begin delivery from July 2023.
- At the end of November, the Trust had achieved savings of £13,833k, or 81% against a plan of £17,018k, resulting in a shortfall of £3,185k.
- The current year forecast outturn for 2023/24 is £20,482k against a plan of £27,050. £7,084k of the shortfall currently assumes under delivery of Urgent & Emergency Care Transformation savings, pending assessment.
- The recurring forecast outturn for 2023/24 is £9,962k resulting in a recurring savings shortfall of £17,088k.
- At month 8, all areas apart from Specialised Services, Finance, HR & Weston, had a shortfall against their recurring plans and five of the divisions had a shortfall against their non-recurring plans.
- Currently, 56% of the forecast identified savings are non-recurrent, so a significant step change in the identification and delivery of savings is paramount to securing the full delivery of CIP on a recurring basis to avoid increasing the Trust's recurring revenue deficit.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 9 January 2024

Report Title	**Review of Standing Financial Instructions**
Report Author	**Kate Herrick, Head of Financial Performance**
Executive Lead	**Neil Kemsley, Chief Financial Officer**

1. Purpose

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, Digital & Estates Committee before being recommended for approval at the Trust Board.

This report informs the Board of the proposed changes to the Standing Financial Instructions and Scheme of Delegation.

The Schedule of Matters has also been amended to reflect changes agreed following the approval of the Capital Investment Policy in October.

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

Following a thorough review, the changes to the SFIs are relatively minor and can be categorised into 3 types, namely, changes to titles of people and groups, changes reflecting revised operational practice and other minor amendments.

The SFI's have been reviewed alongside those of local Trusts and where appropriate authorisation levels have been aligned. There have also been a few increases in approval levels to reflect the impact of inflation. Changes agreed following the approval of the Capital Investment Policy in October have also been incorporated.

Following approval by the Trust Board the revised SFIs will be communicated across the Trust and circulated to key leadership groups such as Divisional Board members to disseminate to their teams. A letter to budget managers will also be circulated to remind them of their responsibilities.

3. Strategic Alignment

This report is directly linked to the Patient First objective of 'Making the most of our resources'. Achieving break-even ensures our cash balances are maintained and therefore we can continue to support the Trust's strategic ambitions subject to securing CDEL cover.

4. Risks and Opportunities

None to note.

5. Recommendation	
This report is for **Approval** • The Board is asked to APPROVE the report.	
6. History of the paper **Please include details of where paper has previously been received.**	
Finance, Digital and Estates Committee	28th November 2023

Finance Committee – 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, Digital and Estates Committee before being recommended for approval at the Trust Board.

The Schedule of Matters Reserved for the Board has also been reviewed and amended to reflect the increase in the value as to when major investments require Trust Board approval. This was approved via the Capital Investment Policy at the October Trust Board meeting, with the value increasing from £12m to £15m.

The purpose of this report is to inform the Board of proposed changes to the SFIs and SoD following the review process which will cover the next 12 months.

The revised SFIs and supporting Scheme of Delegation (Appendix 1) as well as the Schedule of Matters Reserved to the Board (Appendix 2) are attached as separate documents. To enable the Board to review the proposed changes within the SFIs, name changes are highlighted red, additions are highlighted in green, and deletions are crossed through and highlighted red.

2. Proposed Changes

The changes can be considered under the following categories:

- Changes to titles of people/groups
- Changes reflecting revised operational practice and delegation/approval limits
- Other

2.1 Changes to title of people/groups

The following changes have been made throughout the document:

- Director of Finance and Information to Chief Financial Officer
- Director of People Workforce and Organisational Development to Chief People Officer
- Finance Committee to Finance, Digital and Estates Committee
- Accounting Officer to Accountable Officer
- Quality Report to Quality Account
- Service Agreement to Contract Income
- Head of Financial Services to Head of Financial Accounts
- Electronic Requisitioning and Ordering System to electronic ordering system
- Director of Strategy and Transformation to Director of Business Development and Improvement
- Joint IT Management Group and Clinical Systems Implementation Board to Digital Hospital Programme Board

2.2 Changes reflecting operational practice

Section 5.3.2/3 Reporting of actual contract activity and income against agreed contracts changed to producing regular reports on detailing the Trust's/Division's financial performance and forecast.

Section 6.5.2 Reference to the monthly reporting changed to quarterly reporting.

Section 8.4.5 Updated to reflect the use of HealthRoster

Section 9.5 Limit at which quotes/tenders require Board approval increased from £1m to £5m

Section 9.5.4 Revised authority levels for approving recommendation reports. Chief Financial Officer to approve all reports over £100k and will recommend for approval to the Trust Board any report over £5m where BWPC has advised there is a high risk of supplier challenge.

Section 9.7.2 Increase in authority levels to sign contracts to align with local Trusts.

Section 10.10.2 Revised authority level for approving capital construction tender evaluation reports. Chief Financial Officer to approve all reports over £250k and will recommend for approval to the Trust Board any report over £5m where BWPC has advised there is a high risk of supplier challenge.

Section 10.10.3 Limit increased from £5,000 to £10,000 (or 10%) for tenders exceeding budget to reflect inflation

Section 10.14.1 Increase in authority levels for approval when final contract values are in excess of original value to align with local Trusts

Section 11.7.1 Limits of approval for compromise agreements with suppliers increased to reflect inflation

Section 18.2.1 Change to from to Trust Board to approve funding in the Medium-Term Capital Plan to Trust Board to approve funding envelope to reflect change to system Capital envelopes and prioritisation

Section 18.2.2 Review of the Capital Investment Policy changed to every 3 years as per the recently approved Capital Investment Policy

Section 18.2.4 Criteria for business cases updated to include the Five Case Model and Fundamental Criteria as per the Capital Investment Policy

Section 21.4/5 Appointment of the Joint Chief Information Officer replaces responsibility of the Chief Financial Officer for Contracts for Computer Services and Risk Management from the use of IT

Section 22.5.1/5 Update to allow sponsorship arrangements within defined parameters, aligning with local Trusts

2.3 Other

Section 2.2.3/4 Budget replaced with plan

Section 3.2.7 Remove 'including the Quality Report'

Section 4.3.3 Section added – requirement for Investigator-Led/Initiated Trials to be approved by the Chief Financial Officer

Section 8.7.1 Remove reference to 'regulations' and replace with policies and procedures and remove reference to the use of the 'prescribed form'

Section 9.5.7 Update incorrect paragraph reference

Section 18.4 Finance and/or operating leases changed to leases

Other minor changes have been made throughout to correct grammatical errors and improve ease of reading.

3. Scheme of Delegation

The scheme of delegation has been amended and is attached. The amendments reflect the changes discussed in section 2.

4. Recommendation

The Board is asked to consider and approve the changes to the SFIs, Scheme of Delegation and Schedule of Matters Reserved for the Board.

5. Next Steps:

Following approval by the Trust Board the revised SFIs will be communicated across the Trust and circulated to key leadership groups such as Divisional Board members to disseminate to their teams. A letter to budget managers will also be circulated to remind them of their responsibilities.

UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST STANDING FINANCIAL INSTRUCTIONS

NovemberSeptember 20232

Approved at Finance Committee: November 20232
Approved at Trust Board: 2022

University Hospitals Bristol and Weston NHS Foundation Trust
Standing Financial Instructions

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University Hospitals Bristol and Weston NHS Foundation Trust
Standing Financial Instructions

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). The Chief Financial Officer~~Director of Finance and Information~~ must approve all detailed financial procedures.

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 Chief Financial Officer~~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, Digital and Estates 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 S~~s~~tanding F~~f~~inancial I~~i~~nstructions and S~~s~~tanding O~~o~~rders 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 Chief Financial Officer~~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 Chief Financial Officer~~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 Chief Financial Officer~~Director of Finance and Information~~ as soon as possible. The Chief Financial Officer~~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.

University Hospitals Bristol and Weston NHS Foundation Trust
Standing Financial Instructions

1.1.9 These Standing Financial Instructions and associated scheme of delegation should be reviewed annually.

1.1.10

1.2 Responsibilities and Delegation

1.2.1 **The Trust Board**

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 Accountableing 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 Chief Financial OfficerDirector of Finance and Information**

The Chief Executive and Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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 the Accountableing Officer, to the Secretary of State and NHS England, 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 Chief Financial OfficerThe Director of Finance and Information

The Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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. 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 In accordance with the national guidance and timescales produced by NHS England, the Chief Financial OfficerDirector 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 revenue income and the sources of that income
- the expected level of revenue expenditure and type of expenditure
- how revenue income and expenditure performance is to be managed in order to achieve the planned surplus or deficit
- the expected capital investment plans
- the impact of revenue and capital plans 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 performance and/or 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 Executive Committee as advised by the Chief Financial OfficerDirector of Finance and Information.

2.2.3. The Chief Financial OfficerDirector 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 planbudget.

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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 Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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 thein the Annual Plan approved by the Trust Board.

2.4 Budgetary Control and Reporting

2.4.1 The Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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. by exception, the statement of financial position, changes in working capital and other material balances
   iii. by exception, monthly cash flow monitoring of actual against plan and forecast year-end position,
   iv. by exception, 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 Chief Financial Officer's ~~Director of Finance and Information's~~ view of whether such actions are sufficient to correct the situation,
   ~~viii.~~

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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 Chief Financial Officer~~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 Divisional Director or Head of 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 recurrent resources and workforce establishment as approved by the Board,
f) savings programme 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 Chief Financial Officer~~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 Plan.

2.5 Capital Expenditure

2.5.1 The Chief Financial OfficerDirector 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 Chief Financial OfficerDirector of Finance and Information is responsible for submitting to NHS England 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 Chief Financial Officer~~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 commissioners or other Government Departments in such form as they require and in accordance with their timetable.

3.2.2 The Chief Financial Officer~~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, 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, the Trust's accounting policies, International Financial Reporting Standards, and other accounting standards applicable at the time. The Chief Financial Officer~~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 Chief Financial Officer~~Director of Finance and Information~~ is responsible for ensuring this happens in accordance with NHS England's timetable.

3.2.5 The Trust's 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 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 Account~~Report~~ to NHS England 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 Director of Corporate Governance, is responsible for ensuring this happens in accordance with NHS England'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's timetable.

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.~~

4.3.1 All applications for research and innovation funding require approval from the Chief Financial Officer 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.

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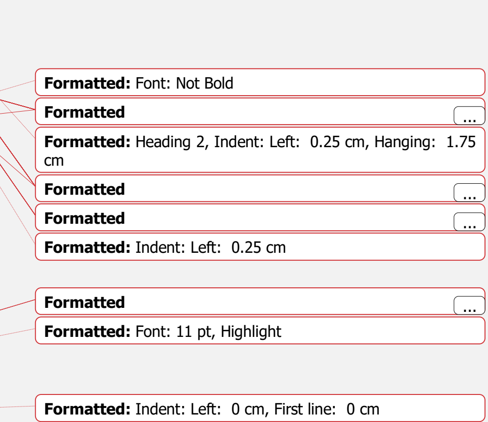

4.3.2 All other documents* relating to Research & Innovation will require approval from the Director of Research & Innovation or a designated deputy, once all the necessary checks have been carried out, including finance checks where applicable.

**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.*

4.3.3 Commercial grants relating to Investigator-Led/Initiated Trials require approval from the Chief Financial Officer or a designated deputy to ensure funds offered cover direct and in-direct costs, and to allow review of milestone payments to ensure they cover costs as and when incurred.

4.4 Intellectual Property

4.4.1 The agreement covering any undertaking of research shall recognise the Trust's 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 cCommissioning cContracts 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.

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 Chief Financial OfficerDirector 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.

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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 Chief Financial OfficerDirector 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, Chief Financial OfficerDirector 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 Chief Financial OfficerDirector of Finance and Information must be informed to ensure appropriate financial scrutiny.

5.3 Contract IncomeService Agreement Monitoring and Reporting

5.3.1 The Chief Financial OfficerDirector 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.

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5.3.2 The Chief Financial OfficerDirector of Finance and Information shall produce regular reports, to the Trust Board or its committees detailing the Trust's financial performance and forecast outturn. 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

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5.3.3 The Chief Financial OfficerDirector of Finance and Information is responsible for providing information to Clinical Chairs, Divisional Directors and Heads of Corporate Services detailing the Division or Corporate Services financial performance and forecast outturn. 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

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5.3.4 The Chief Financial OfficerDirector of Finance and Information is responsible for ensuring training and support to the Clinical Chairs, Divisional Directors, and Heads of Corporate Services 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 Services responsible for the management of contractservice 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 Chief Financial Officer~~Director of Finance and Information~~ is responsible for producing a Treasury Management Policy, in accordance with any relevant guidance from NHS England, for Trust Board approval.

6.2.2 The Chief Financial Officer~~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 Chief Financial Officer~~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 Chief Financial Officer~~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 Treasury requirements for NHS banking.

6.3.2 The Chief Financial Officer~~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 Chief Financial Officer ~~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 Chief Financial Officer~~Director of Finance and Information~~ for approval.

6.3.6 The Chief Financial Officer~~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 accounts.

6.3.7 The Finance, Digital and Estates 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
e)

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6.3.8 The Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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 Chief Financial OfficerDirector of Finance and Information shall determine whether or not re-tendering for services is necessary. The Chief Financial OfficerDirector of Finance and Information shall be responsible for organising and evaluating bank tendering processes. The Chief Financial OfficerDirector of Finance and Information shall report the outcome of any tendering exercise for approval by the Finance, Digital and Estates Committee.

6.3.10 The Chief Financial OfficerDirector of Finance and Information, on behalf of the Finance, Digital and Estates 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 includecontain the Chief Executive and Chief Financial OfficerDirector 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 Chief Financial OfficerDirector of Finance and Information before a proposal is made to the Finance, Digital and Estates 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 Chief Financial OfficerDirector of Finance and Information, on behalf of the Finance, Digital and Estates Committee of any alterations in the conditions of operation of the Trust's accounts that may be required by the Finance, Digital and Estates Committee.

6.3.12 The Chief Financial OfficerDirector of Finance and Information is required to approve any direct debit or standing order payment arrangements. The Chief Financial OfficerDirector 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 Chief Financial OfficerDirector of Finance and Information may operate a credit/purchasing card on behalf of the Trust which must be used in accordance with a written policy approved by the Finance, Digital and Estates Committee.

6.4 Cash Management

6.4.1 The Chief Financial OfficerDirector 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 Chief Financial OfficerDirector of Finance and Information or other Senior Finance Manager.

6.4.3 The Chief Financial OfficerDirector of Finance and Information is responsible for providing assurance to the Trust Board and Finance, Digital and Estates 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 Trust's Treasury Management Policy, subject to the overall cash flow position and in line with any relevant guidance from NHS England or HM Treasury.

6.5.2 The Chief Financial OfficerDirector of Finance and Information is responsible for advising the Finance, Digital and Estates Committee on investments and shall report quarterlymonthly to the Finance Committee concerning the performance of investments held.

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6.5.3 The operation of investment accounts and the records maintained must be in accordance with detailed procedural instructions issued by the Chief Financial OfficerDirector of Finance and Information and approved by the Finance, Digital and Estates Committee.

6.5.4 The Finance, Digital and Estates 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 Chief Financial OfficerDirector 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 Chief Financial OfficerDirector of Finance and Information is responsible for the prompt banking of all monies received.

7.2.3 The Chief Financial OfficerDirector of Finance and Information is responsible for the design and ordering of all receipt books, tickets, or other means of officially acknowledging or recording amounts received or receivable. They will be issued and controlled according to procedures established by the Chief Financial OfficerDirector 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 AccountsServices 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 Chief Financial OfficerDirector 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 Chief Financial OfficerDirector of Finance and Information agreement
- Hosting Arrangement	Chief Financial OfficerDirector of Finance and Information or nominated deputy
- Research and Other Grant Applications	Chief Financial OfficerDirector of Finance and Information or nominated deputy
- Staff Secondments	Service Manager
- Leases	Chief Financial OfficerDirector 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 -– Chief Financial OfficerDirector 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 -– Chief Financial OfficerDirector 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 -– Chief Financial OfficerDirector 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 ~~-~~ – Chief Financial Officer~~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 Chief Financial Officer~~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 Chief Financial Officer~~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 Chief Financial Officer~~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 Chief Financial Officer~~Director of Finance and Information~~, ensuring sufficient details are included to enable the prompt payment by the debtor.

7.2.10 The Chief Financial Officer~~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 Chief Financial Officer~~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 Chief Financial Officer~~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 Chief Financial Officer's~~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 Chief Financial Officer~~Director of Finance and Information~~. All transactions must be processed in accordance with the instructions approved by the Chief Financial Officer~~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 Chief Financial Officer~~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 Chief Financial Officer~~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 Chief Financial Officer~~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 Chief Financial Officer~~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 NHS Act 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 the Chief People Officer~~Directors of People, Workforce and Organisational Development~~ and the Chief Financial Officer~~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 Chief People OfficerDirector 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 Chief People OfficerDirector of People, 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 Chief Financial OfficerDirector of Finance and Information and the Chief Director of People Officer, , 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 Chief Financial Officer'sDirector 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 Chief Financial OfficerDirector of Finance and Information and/or ChiefDirector of People Officer 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 via the rostering system or in the required form withinand the set timescales.

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8.4.6 All documents used for payroll purposes such as time sheets and payment sheets must be in a form approved by the Chief Financial OfficerDirector of Finance and Information and must be properly authorised.

8.5 Processing of Staff Payments

8.5.1 The Chief Financial Officer~~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 Chief Financial Officer~~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 Chief Financial Officer's~~Director of Finance and Information's~~ instructions and in the form prescribed by the Chief Financial Officer.~~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 Chief Financial Officer~~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 Chief Financial Officer~~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 Chief Financial OfficerDirector 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 policy and procedures, andregulations, 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.

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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 Chief Financial Officer~~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 endeavor to obtain best value for money by using the Trust's procurement service and processes established by the Chief Financial Officer~~Director of Finance and Information~~. The Chief Financial Officer~~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 Chief Financial Officer~~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 ordering system~~Electronic Requisitioning and Ordering System (EROS)~~ and other processes agreed by the Chief Financial Officer.~~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 Chief Financial Officer~~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 UK Procurement Legislation and any European Union Legislation retained in law to the extent that it still applies ~~-~~in all of its procurements.

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 Use of Framework Agreements and Call Off arrangements

9.4.1 The Chief Financial Officer ~~Director of Finance and Information~~ is responsible for maintaining an approved set of Framework Agreements and Call Off Arrangements for use by the Trust.

9.4.2 Requisitioners shall confirm with the Trust's procurement service whether there is an available Framework agreement or Call off Arrangement to meet their requirements.

9.4.3 The Trust shall, as far as is practical, use these Framework Agreements and Call off Arrangements to service their requirements for Goods or Services.

9.5 Financial Limits

9.5.1 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.
~~b)~~

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9.5.2 Where such purchases exceed £10,000 but are less than £25,000 a minimum of three competitive quotations in writing shall be obtained.

9.5.3 Where such purchases do not exceed £10,000, 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.

9.5.4 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
£10,000 to £100,000	Director of Procurement, Divisional Finance Manager and Divisional ~~Director or~~Director or Corporate Director
Above £100,000 ~~to £1m~~	As above, plus the Chief Financial Officer~~Director of Finance and Information~~
Above £5~~1~~m where there is a high risk of supplier challenge as advised by BWPC	As above, plus Chief Financial Officer~~Director of Finance and Information~~ recommendation to Trust Board

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All Exception Reports will be reviewed and authorised by the Director of Procurement, Divisional Finance Manager, Divisional ~~Operations~~ Director or Corporate Director and Chief Financial Officer~~Director of Finance and Information~~.

9.5.5 Orders shall not be placed in a manner devised to avoid the financial thresholds specified by the Trust Board.

9.5.6 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 £10,000 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.

For all orders above £10,000 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
£10,000 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

9.5.7 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 9.5.69.4.6 shall apply and follow the process agreed by the Chief Financial OfficerDirector of Finance and Information.

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9.6 Requisitioning

9.6.1 The Chief Financial OfficerDirector 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.

9.6.2 No requisition or order shall be placed for items for which there is no provision in an authorised budget.

9.6.3 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.

9.6.4 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 Chief Financial OfficerDirector 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.

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9.6.5 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.

9.6.6 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 Chief Financial OfficerDirector of Finance and Information.

9.6.7 Official orders shall be consecutively numbered., Orders must have a unique purchase order number and be in a form approved by the Chief Finance OfficerDirector 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.

9.6.8 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 Chief

University Hospitals Bristol and Weston NHS Foundation Trust
Standing Financial Instructions

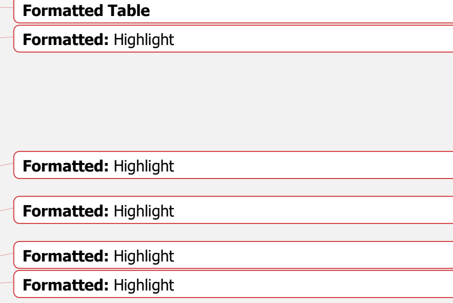
Financial Officer.Director of Finance and Information

9.7 Other

9.7.1 All contracts, leases, tenancy agreements and other commitments, which may result in a long-term liability, must be notified to the Chief Financial OfficerDirector of Finance and Information for approval in advance of any commitment being made.

9.7.2 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 Below £250k£100k, Divisional Director/Head of Corporate Service or Director of Procurementurchasing and Supply Over £250100k, Chief Operating Officer or Chief Financial OfficerDirector of Finance and Information
Purchase of healthcare	Below £250100k, Divisional Director Over £250100k, Chief Operating Officer
All leases	Chief Financial OfficerDirector of Finance and Information
Outsourcing services	Below £250100k, Divisional Director Over £250100k, Chief Operating Officer and Chief Financial OfficerDirector 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 construction-based contracts	Director of Estates and Facilities or nominated deputy, following approval as per section 19



9.7.3 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.

10 Tendering Procedure

10.1 Objective

10.1.1 To ensure that major purchases are tendered in a manner ~~which encourages~~which encourages competition, are non-discriminatory, transparent, and ensure value for money and conducted in a manner which is compliant with UK procurement 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.

10.2.2 The Chief Executive shall allow for exceptions to the requirement for formal tendering procedures where:

a) In accordance with 9.4 the purchase is a compliant call off against a Framework, Contract, or other appropriate legal mechanism which has been established following a formal tendering process carried out by its procurement services provider.
b) In accordance with 9.4 the purchase is from a compliant call off against a Framework, Contract, or other appropriate legal mechanism which has been established by NHS or Government organisation, that has been evaluated and approved for use by its procurement services provider and authorised by the Trust.
c) 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.
d) The requirement is in relation to the purchase of Licenses, Permits, and Permissions required by the Trust to carry out its normal business.

In such circumstances no waiver is required (as permissions have already been provided) and the Trust's Purchase Order approval process shall provide the Trust's approval.

10.2.3 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 national NHS agreements are in place that have not been previously evaluated and approved for use by its procurement services provider and authorised by the Trust.
c) where specialist expertise is required and is available from only one source.
d) 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.

e) 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.

10.2.4 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 UK procurement legislation and any European Union retained law 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 UK~~with UK 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 Chief Financial Officer~~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
- Operational Director of Finance
- 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 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 9.5.4. 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
£10,000 to £250,000	Director of Estates and Facilities or nominated Deputy
Above £250,000~~ to £1m~~	As above, plus the Chief Financial Officer~~Director of Finance and Information~~
Above £5~~1~~m where there is a high risk of supplier challenge as advised by BWPC	As above, plus the Chief Financial Officer~~Director of Finance and Information~~ recommendation to Trust Board

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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 £10,000~~5,000~~, whichever is the greater, should be accepted without the approval of the Chief Executive.

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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 Chief Financial Officer~~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 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 as follows:~~ to the Trust Board where~~:

i. Up to £500k – Capital Programme Steering Group
~~i.~~ii. £500k -£1m – Finance, Digital and Estates Committee~~Schemes with an initial cost~~

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>£500k and variations are >10%+

ii.iii. Over £1m – Trust BoardWhere variation has absolute cost of £1m

i.

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b) The Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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 Chief Financial OfficerDirector of Finance and Information is responsible for the payment of all properly authorised invoices and claims.

11.2.2 The Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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 previously held EU and now UK 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 England, the Department of Health and Social Care 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 Chief Financial OfficerDirector 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, 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 Chief Financial OfficerDirector of Finance and Information.
l) petty cash records are maintained in a form as determined by the Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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. The technical audit of these contracts shall be the responsibility of the relevant Executive Director.

11.6 Petty Cash

11.6.1 The Chief Financial OfficerDirector of Finance and Information may authorise advances for petty cash and other purposes as required. Individual payments must not exceed an amount authorised by the Chief Financial OfficerDirector 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 - £10,000 Operational Director of Finance
- £10,001 - £5025,000 Chief Financial OfficerDirector of Finance and Information
- Over £5025,000 Chief Executive

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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 or net realisable value

12.2.2 Subject to the responsibility of the Chief Financial Officer~~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 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.

12.2.5 The Operations Manager Clinical Engineering is responsible for the control of MEMO stocks.

12.2.6 The Chief Financial Officer~~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 Chief Financial Officer~~Director of Finance and Information~~. Wherever practicable, stocks shall be marked as Trust property.

12.2.8 The Chief Financial Officer~~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 Chief Financial Officer~~Director of Finance and Information~~ and there shall be a rolling programme of physical check covering all items in store. 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 Chief Financial Officer~~Director of Finance and Information~~.

12.3.3 All responsible employees shall comply with the arrangements made by the Chief Financial Officer~~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 Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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 NHSof NHS England.

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.
c)
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 NHSby NHS England.

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13.2.4 Where capital assets are sold, scrapped, lost, or otherwise disposed of, the responsible officer must notify the Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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 and NHS England.

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 The Chief Financial OfficerDirector of Finance and Information must approve asset control procedures (including fixed assets, donated assets, cash, cheques, and negotiable instruments). 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 Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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 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

b) The Trust shall inform NHS England of any proposals to dispose of, or relinquish control over, any relevant asset

c) Written consent from NHS England shall not prevent the Trust from disposing of, or relinquishing control over, any relevant asset where:

I. NHS England 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 Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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 Chief Financial officerDirector 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 Chief Financial Officer.Director of Finance and Information.

13.6.2 The officer condemning the item shall establish whether there is evidence of negligence in use and shall report such evidence to the Chief Financial OfficerDirector 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.

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 Chief Financial OfficerDirector 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 Chief Financial Officer 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 Chief Financial OfficerDirector of Finance and Information.

14.3.2 The Trust's money shall not, under any circumstances, be used for the cashing of private cheques or be used for private purposes.

14.3.3 Staff responsible for administering petty cash funds must ensure that payments are only made in line with the petty cash procedure established by the Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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 Chief Financial Officer~~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 Chief Financial Officer~~Director of Finance and Information~~ is responsible for approving the design of, and ordering, all controlled stationery such as receipt books,~~,~~ 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 Chief Financial Officer~~Director of Finance and Information~~. Any loss of controlled stationery must be reported to the Chief Financial Officer~~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 Chief Financial Officer~~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 Chief Financial Officer~~Director of Finance and Information~~ immediately.

14.8.2 Cheques are not permitted to be drawn to "cash" without the authority of the Chief Financial Officer~~Director of Finance and Information~~.

14.9 Movement of Cash

14.9.1 The Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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 employees shall be appointed to carry out the hand-over to the incoming officer.

14.10.3 Where the responsibility for a petty cash funds changes permanently, this fact shall be notified to the Chief Financial OfficerDirector 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~~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 Chief Financial Officer~~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 Chief Financial OfficerDirector 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 losses and special payments are correctly recorded and fully accounted for.

16.2 General

16.2.1 The Chief Financial Officer~~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 Chief Financial Officer~~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 Chief Financial Officer~~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 (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, Chief Financial Officer~~Director of Finance and Information~~.~~-~~ Where a criminal offence (i.e., theft or arson) or loss due to fraud or corruption is suspected, the Chief Executive, Chief Financial Officer~~Director of Finance and Information~~ and the Trust's Counter-Fraud Officer must be informed immediately.

16.3.2 The Chief Financial Officer~~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. Write offs includes the abandonments of claims and the charging of fruitless payments.

16.4.2 The Chief Financial Officer~~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/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 Chief Financial Officer~~Director of Finance and Information~~.

- Recommendations for ex-gratia payments should be made to the Chief Financial Officer~~Director of Finance and Information~~ in accordance with Trust procedures. Only the Chief Financial Officer~~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	Chief Financial Officer~~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 Chief Financial Officer~~Director of Finance and Information~~ or the Chief~~Director of~~ People Officer

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 or Chief Financial OfficerDirector 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. NHS England 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 ChiefDirector of People , andOfficer and submitted by the Chief Financial OfficerDirector 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 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 Chief Financial Officer Director/Operational Director of Finance
- £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	Chief Financial OfficerDirector of Finance and Information or Operational Deputy Director of Finance
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 Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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 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.

17.2.2 The Chief Financial OfficerDirector 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 Chief Financial OfficerDirector of Finance and Information shall also be responsible for reporting periodically to the Trust Board concerning all loans or short-term borrowings.

17.2.3 Any application for a loan or short-term borrowing will only be made by the Chief Financial OfficerDirector of Finance and Information or an officer designated for this purpose following approval by the Finance, Digital and Estates Committee, and in accordance with the Scheme of Delegation as appropriate.

17.2.4 The Chief Financial OfficerDirector of Finance and Information shall maintain a schedule of employees (including specimens of their signatories) approved by the Finance, Digital and Estates Committee who are authorised to make short term borrowings on behalf of the Finance, Digital and Estates Committee. This must include the Chief Executive and Chief Financial OfficerDirector 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 Chief Financial OfficerDirector of Finance and Information. The Board must be made aware of all short-term borrowing at their next meeting.

17.2.6 The Chief Financial OfficerDirector of Finance and Information will advise the Trust Board on the need for longer term borrowing. Following resolution of the Board, the Chief Financial OfficerDirector of Finance and Information will make appropriate arrangements with NHS England 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, Digital and Estates Committee.

17.2.7 The Chief Financial OfficerDirector of Finance and Information must ensure that any loan application is made in accordance with the instructions issued by the lender and NHS England. 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.

18.2 Capital Investment

18.2.1 The Trust Board shall approve the funding envelope contained within the Trust's Medium Term Capital Programme as part of the annual plan- approval process and any subsequent updates.

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18.2.2 The Chief Financial OfficerDirector of Finance and Information shall ensure that the Trust produces a Capital Investment Policy, and this is reviewed every three years annually and approved by the Trust Board.

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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 NHS England, the Department of Health and Social Care, or HM Treasury and the Trust's Capital Investment Policy.

a)b) That a business case is produced using the Five Case Model as set out in HM Treasury Green Book guidance and supported by the Fundamental Criteria which includes:

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I. an options 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.I. appropriate project management and governance arrangements.

b)c) that the Chief Financial OfficerDirector of Finance and Information has validated the capital costs and revenue consequences detailed in the business case.

c)d) 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 Chief Financial OfficerDirector of Finance and Information shall issue procedures on their management.

18.2.6 The Chief Financial OfficerDirector of Finance and Information shall ensure that all capital schemes are accounted for in accordance with HM Revenue and Custom guidance for the purposes of VAT recovery.

18.2.7 The Chief Financial OfficerDirector 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 Chief Financial OfficerDirector of Finance and Information or Director of Business Development and ImprovementStrategy and Transformation.

18.2.11 The Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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 Trust Board must specifically agree the proposal.

18.3.2 The Director of Business Development and ImprovementStrategy 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 Chief Financial OfficerDirector of Finance and Information for advice and approval. Leasing proposals must demonstrate value for money. The Chief Financial OfficerDirector 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 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.

19.3 Insurance

19.3.1 The Chief Executive, in conjunction with the Chief Financial OfficerDirector 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 NHS Resolution and purchasing insurance from commercial insurers for some or all of the risks not covered by the risk pooling schemes. 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 Chief Financial OfficerDirector 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 The Chief Financial OfficerTrust's Risk Executive Group will propose to the Audit Committee the options for insurance cover on an annual basis.

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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 Chief Financial OfficerDirector 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 Chief Financial OfficerDirector of Finance and Information shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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 Chief Financial OfficerDirector 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, the Board shall formally establish an Audit Committee, with clearly defined terms of reference and membership consistent with relevant guidance issued by NHS England 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 principal 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 Audit Committee 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 Audit Committee must:

8. Communicate and report effectively to all its Stakeholders

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~~ NHS England via the Chief Financial Officer~~Director of Finance and Information~~ in the first instance.

20.3 Responsibilities of the Chief Financial OfficerDirector of Finance and Information

20.3.1 The Chief Financial OfficerDirector 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 The Chief Financial OfficerDirector 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.

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 Chief Financial OfficerDirector 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 Chief Financial Officer~~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 Chief Financial Officer~~Director of Finance and Information~~, Chief Executive or Chair of Audit Committee as appropriate.

20.4.8 If the Chief Internal Auditor, Chief Executive, Chief Financial Officer~~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 Chief Financial Officer~~Director of Finance and Information~~.

20.4.12 The Chief Financial Officer~~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 Chief Financial Officer~~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 Chief Financial Officer~~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 Chief Financial Officer~~Director of Finance and Information~~

21.2.1 The Chief Financial Officer~~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 Chief Financial Officer~~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 Chief Financial Officer~~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) the Chief Financial Officer's~~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 Digital HospitalJoint IT Management Group and Clinical Systems Implementation Programme Board for approval.

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21.4 Contracts for Computer Services with NHS Bodies or Outside Agencies

21.4.1 The Joint Chief Information OfficerDirector 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 Joint Chief Digital Information OfficerDirector of Finance and Information shall periodically seek assurances that adequate controls are in operation.

21.5 Risk Management

21.5.1 The Joint Chief Digital Information OfficerDirector 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 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 S~~s~~ecretary for

University Hospitals Bristol and Weston NHS Foundation Trust
Standing Financial Instructions

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 Sponsorship arrangements may be entered into subject to the limits set out in the Scheme of Delegation. The Chief Financial Officer, or a nominated deputy shall maintain a register of sponsorship received by the Trust.

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22.5.2~~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~~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 Director of Corporate Governance must 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.

22.5.4~~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 Director of Corporate Governance is necessary.

22.5.5~~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.~~ Where sponsorship income (including items in kind such as clinical goods or loans of equipment) is considered the most recent NHS guidance on managing conflicts of interest and sponsorship should be followed.

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22.5.6~~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 associated with the University Hospitals Bristol and Weston NHS Foundation Trust are administered by the Trustees of Bristol & Weston Hospitals Charity (formerly Above & Beyond) (hereafter called the Trustees). 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 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 charitable trusts, there must be clear instruction regarding the donor's intentions or the area to benefit.

23.2.4 The Chief Financial Officer~~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 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 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 cannot 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.

UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST
SCHEME OF DELEGATION

NHS University Hospitals Bristol and Weston NHS Foundation Trust

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Appendix 1

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.	Chief Financial OfficerDirector 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 Chief Financial OfficerDirector of Finance and Information Clinical Chairs/Divisional Directors/Heads of Corporate Services 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 Joint 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	

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UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST
SCHEME OF DELEGATION

NHS University Hospitals Bristol and Weston NHS Foundation Trust

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SFI REF	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
	ii. Within a department/specialty between cost centres	Department Manager	
	iii. Between specialties/departments	Both department managers	
SFI REF	**DELEGATED MATTER**	**AUTHORITY DELEGATED TO**	**REFERENCE DOCUMENT**
2d	iv. Between Divisions/Corporate Services below £5k	Both department managers	
	v. Between Divisions/Corporate Services above £5k	Divisional Director / Director of Estates and Facilities / Joint Chief Information Officer / Corporate Director by joint agreement	
	vi. To and from Trust reserves	Chief Financial OfficerDirector of Finance and Information or nominated deputy	
3. ANNUAL ACCOUNTS AND REPORTS			
4a	Preparation of annual accounts and associated financial returns for Board approval	Chief Financial OfficerDirector of Finance and Information	SFIs section 3.2.1 - 2
4b	Preparation of Annual Report for Board approval	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	Chief Financial OfficerDirector 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	
4d	Authorisation of Commercial grants relating to Investigator-Led/Initiated trials	Chief Financial Officer or designated deputy	

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UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST
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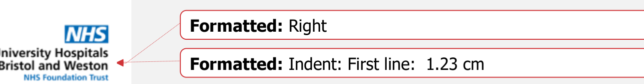

5. SERVICE AGREEMENTS NHS CONTRACTS FOR THE PROVISION OF HEALTHCARE SERVICES			
5a	Agreeing and signing NHS contracts for the provisions of healthcare services to NHS commissioners, other NHS providers or private organisations	Chief Executive, Deputy Chief Executive or Chief Financial Officer Director 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 Chief Financial OfficerDirector of Finance and Information agreement	SFIs section 5.2.8
5c	Service agreement monitoring and reporting	Chief Financial OfficerDirector of Finance and Information	
5d	Service agreement operational management	Clinical Chairs	

UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST
SCHEME OF DELEGATION

NHS University Hospitals Bristol and Weston NHS Foundation Trust

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 or Trust address.	Chief Financial OfficerDirector of Finance and Information	SFIs section 6.3.2
6b	Day to day operational management of the Trust's bank accounts	Head of Finance – Financial Performance	SFIs section 6.3.6
6c	Determining when to subject commercial banking services to competitive tendering. Organising and evaluating the tender process.	Chief Financial OfficerDirector of Finance and Information	SFIs section 6.3.9
6d	Approval of bank signatories	Chief Executive or Chief Financial OfficerDirector of Finance and Information or nominated Senior Finance Manager	
6e	Approval of direct debit or standing order payment arrangements	Chief Financial OfficerDirector of Finance and Information	SFIs section 6.3.12
6f	Operation of Trust credit/purchasing cards	Chief Financial OfficerDirector of Finance and Information	SFIs section 6.3.13
6g	Investment of temporary cash surpluses	Chief Financial OfficerDirector 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	Chief Financial OfficerDirector of Finance and Information or nominated deputy	
	ii. Overseas Visitors	Chief Financial OfficerDirector of Finance or nominated deputy	
	iii. Property rental (excluding residences)	Director of Estates and Facilities or nominated deputy	
	iv. Residences	Director of Estates and Facilities or nominated deputy	
	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	Chief Financial OfficerDirector of Finance or nominated deputy	
	ii. Research and other grant applications	Chief Financial OfficerDirector of Finance or nominated deputy	
	iii. Staff secondments	Service Manager	

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UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST
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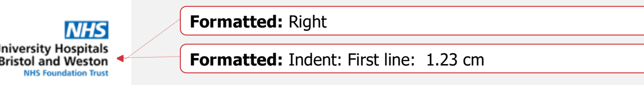

	iv. Leases	Chief Financial OfficerDirector of Finance or nominated deputy	

UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST
SCHEME OF DELEGATION

NHS University Hospitals Bristol and Weston NHS Foundation Trust

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, Chief Financial Officer~~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, Chief Financial Officer~~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, Chief Financial Officer~~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, Chief Financial Officer~~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	Chief People Officer~~Director of People Workforce and Organisational Development~~ and Chief Financial Officer~~Director of Finance and Information~~	SFIs section 8.3.1
8d	Approval of non-payroll rewards to staff	Chief People~~Director of People Workforce and Organisational Development~~ and Chief Financial Officer~~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 D~~d~~ivisional F~~f~~inance M~~m~~anager and HR Business Partner~~advisor~~	
	ii. to post not within formal establishment	Divisional Director or nominated deputy and D~~d~~ivisional F~~f~~inance M~~m~~anager and HR Business Partner~~advisor~~	
8f	Granting of additional increments to staff outside of national terms and conditions	HR Business Partner	

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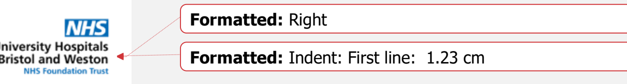

8g	Banding of new posts or re-banding of existing posts	Divisional Director or Head of Corporate Service/Corporate Director with Trust review panel scrutiny	

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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 Director/Head of Corporate Service/Executive Director	SFIs section 8.5.3
8m	Approve staff departure		
	i. under compromise agreement	Chief People OfficerDirector of People and the Chief Financial OfficerDirector of Finance	
	ii. under redundancy scheme	Divisional/Corporate/Executive Director and Chief Financial OfficerDirector of Finance and	
8n	Early retirements in furtherance of efficiency or on ill health grounds.	Chief People OfficerDirector of People and the Chief Financial OfficerDirector of Finance and Information	
8o	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 Director/Head of Corporate Service/Executive Director	
8p	Authorisation of travel and subsistence claims	Line Manager	SFIs section 8.7.1
8q	Authorisation of relocation expenses	Chief Financial OfficerDirector of Finance and Information	SFIs section 8.7.1
8r	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 or over 6 months length of contract – Chief Executive	SFIs section 8.6

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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 £220 per day and/or over 6 months – Chief People Officer 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 9.5
	i. Below £10k, best value to be demonstrated	Budget holder	
	ii. Between £10k and £25k, minimum three quotes to be obtained	Budget holder	
	iii. Over £25k and up to £1m, minimum three tenders to be obtained	Divisional Director/Head of Corporate Service/Executive Director	
	iv. Over £1m and up to £5m, three tenders to be obtained	Chief Financial Officer	
	iv. Over £51m, three tenders to be obtained	Finance, Digital and Estates Committee Trust Board	
9b	Procurement of main contractors and enabling works for estates-based capital		SFI section 9.5
	iv. Below £10k, best value to be demonstrated	Requisitioner	
	v. Between £10k 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 9.5.4
	i. Between £10k and £100k	Director of Procurement, Divisional Finance Manager and Divisional Operations Director/Head of Corporate Service or ExecutiveCorporate Director	
	ii. OverBetween £100k and £1m	As above plus Chief Financial OfficerDirector of Finance and Information	
	iii. Over £51m, where there is a high risk of supplier challenge as advised by BWPC	As above plus Chief Financial OfficerDirector of Finance and Information recommendation to Trust Board	

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9d i	Single tender actions – best value to be demonstrated		SFI section 9.5.6
	i. Between £10k and £25k	Divisional Director/Head of Corporate Service/Executive Director and the Director of ProcurementPurchasing and Supply	
	ii. Between £25k and £100k	As above plus Chief Financial OfficerDirector of Finance and Information	
	iii. Over £100k	As above plus Chief Executive	
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 (Capital Construction)		SFI section 10.10.2
	i. Between £10k and £250k	Director of Estates and Facilities or nominated deputy	
	ii. OverBetween £250k and £1m	As above plus Chief Financial OfficerDirector of Finance and Information	
	iii. Over £54m, where there is a high risk of supplier challenge as advised by BWPC	As above plus Chief Financial OfficerDirector of Finance and Information recommendation to Trust Board	
9g	Variations to approved capital schemes		SFI section 10.14
	i. Up to £250k	Capital Programme Steering Group	
	ii. Between £250k and £1m	Executive Committee	
	iii. Over £1m	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 Bbelow £250k100k, Divisional Director/Head of Corporate Service or Director of ProcurementPurchasing and Supply Over £250100k, Chief Operating Officer/Chief Financial OfficerDirector of Finance and	
	ii. purchase of healthcare	Below £100k, Divisional Director Over £100k, Chief Operating Officer	
	iii. property leases	Chief Financial OfficerDirector of Finance and Information	
	iv. leases – non property	Chief Financial OfficerDirector of Finance and Information	
	v. outsourcing services	Below £100k, Divisional Director/Head of Corporate Service Over £100k, Chief Operating Officer and Chief Financial OfficerDirector of Finance and	
	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

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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	
SFI REF	**DELEGATED MATTER**	**AUTHORITY DELEGATED TO**	**REFERENCE DOCUMENT**
	iii. Where invoice price exceeds order/quote over 10% or between £5,000 and £25,000	Divisional Director/Head of Corporate Service/Executives Director	
	iv. Where invoice price exceeds order/quote over 10% or over £25,000	Chief Financial OfficerDirector of Finance and Information	
11b	Prepayments & commitments covering future financial periods	Chief Financial OfficerDirector 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
11d	Maintaining the Trust's authorised signature list	Budget holder to review and advise Head of Finance – Financial Performance to update	SFIs section 11.3.2
11e	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
11f	Agreeing compromise arrangements with suppliers	Below £10k, Operational Director of Finance Above £10k and below £5025k, Chief Financial OfficerDirector of Finance and Information Above £5025k, Chief ExecutiveFinance Committee	SFIs section 11.7
12 STORES AND STOCKS			
12a	System of stock control, receipting, issues, returns and losses	Chief Financial OfficerDirector of Finance and Information	SFIs section 12.2.5
12b	Control of stores		
	i. Pharmaceutical	Director of Pharmacy	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

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12c	Condemning and disposal of goods (excluding fixed assets – see section x)	All losses must be reported to the Chief Financial OfficerDirector 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	Joint 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/Head of Corporate Services/Executive Director or nominated deputy	
	vi. All other goods with a current/estimate purchase price over £25k	Chief Financial OfficerDirector of Finance and Information	

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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	Chief Financial Officer~~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	Chief Financial Officer~~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	Chief Financial Officer~~Director of Finance and Information~~	SFIs section 16 2.3
16b	Loss/damage due to theft, fraud, corruption, or criminal activity	Chief Executive or Chief Financial Officer~~Director of Finance and Information~~	SFIs section 16.2.3
16c	Write off of bad debts, abandoned claims and fruitless payments (individual amounts needs adding in)	Below £10k– Operational Director of Finance 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 – Operational Director of Finance 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	Chief~~Director of~~ People Officer or Chief Executive or Chief Financial Officer~~Director of Finance and Information~~ – without legal advisor	
	• Over £10,000	Chief People Officer~~Director of People~~ or Chief Executive or Chief Financial Officer~~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 Chief Financial Officer~~Director of Finance and Information~~ – without legal advice	
	• Over £3,000	Divisional/Corporate Director and Chief Executive or Chief Financial Officer~~Director of Finance and Information~~ – in conjunction with NHS Litigation Authority	
16g	Compensation (no limit) payments made under legal obligation	Chief Executive and Chief Financial Officer~~Director of Finance and Information~~	

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16h	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.	Chief Financial OfficerDirector of Finance and Information or Operational Director of Finance Chief Executive Trust Board	SFIs section 16.5.10
16i	Cancellation of NHS debts • Up to £5,000 • Over £5,000	Operational Director of Finance, Head of Contract Income, or Divisional Financial Manager, Chief Financial OfficerDirector of Finance or nominated deputy	
16j	Extra-contractual payments to contractors • Up to £25,000 • Between £25,000 and £100,000 • Over £100,000	Chief Financial OfficerDirector of Finance and Information or Operational Director of Finance Chief Executive Trust Board	SFIs section 16.5.11
17. EXTERNAL BORROWING AND PDC			
17a	Approval of short-term borrowing	Finance, Digital and Estates Committee	SFIs section 17.2.4
17b	Approval of long-term borrowing	Trust Board	SFIs section 17.2.6
17c	Application for borrowing	Chief Financial OfficerDirector 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.	Trust Board	SFIs section 18. 2.2
18b	Business case approval – high risk schemes, and schemes >£12m		Capital Investment Policy
	i. >£15m	Strategic Outline Case, Outline Business Case and Full business case to be approved by Trust Board (and Council of Governors if >£30m)	
	ii. >£5m <£15mi. >£3m	Strategic Outline Case, Outline Business Case and Full business case to be approved by Finance, Digital and Estates CommitteeTrust Board and Council of Governors	
	iii. >£3m <£5mii. > £ 1 m < = £ 3 m	Business Justification Case or Strategic Outline Case, Outline Business Case and Full Business Case to be approved by Executive CommitteeTrust Board and Council of Governors	

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	iv. >£1m <£3miii. <£1m	Business Justification Ccase or Strategic Outline Case, Outline Business Case and Full Business Case approved by Capital Programme Steering Group form to be determined via	
18c	v. >£50k <£1m (Digital)Business case approval – other schemes outside of	Autonomy to approve within budget allocation from CPSG and to be approved by Digital Hospital Programme Board	Capital Investment Policy
	vi. >£50k <£1m (Strategic Capital)i. >£3m <=£12m	Autonomy to approve within budget allocation from CPSG and approved by Strategic Estates Development Programme Board Strategic Outline Case, Outline Business Case	
	vii. >£50k <£3m (Major Medical Equipment)iii. >£1m <=£3m	Determined by the annual planning process andBusiness Justification Case or Strategic Outline Case, Outline Business Case and Full Business Case to be approved by Capital Programme Steering Group	
	viii. >£50k <£1m (Operational Capital, Estates Projects)iii. >50k =<£3m (Major Medical)	Determined by the annual planning process and to be approved by Business case form to be determined via the Operating Planning Process and to be approved by Capital Programme Steering Group	
	ix. <£50kiv) >£50k =<£1m (Operational Capital)	Short form business case to be approved by Divisional BoardBusiness case form to be determined via the Operating Planning Process and to be approved by Capital Programme	
18d	Approval of Trust's Medium Term Capital Programme and the annual funding envelope	Trust Board	
18e	Approval of all finance and operating leases	Chief Financial OfficerDirector 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
SFI REF	**DELEGATED MATTER**	**AUTHORITY DELEGATED TO**	**REFERENCE DOCUMENT**
18h	Feasibility fees given compliance with 18d and 18g	Capital Programme Steering Group	
19 RISK MANAGEMENT AND INSURANCE			
19a	Risk management arrangements	Chief Executive	SFIs section 19
19b	Insurance Policies		
	i. Ensuring adequate cover	Chief Financial OfficerExecutive Committee	SFIs section 19.3
	ii. Arranging adequate cover	Chief Financial OfficerDirector of Finance and Information	SFIs section 19.3
	iii. Notifying Director of Finance of new or changed risks	All staff	SFIs section 19.3
20 AUDIT			
20a	Establishment of an internal audit function	Chief Financial OfficerDirector of Finance and Information	SFIs section 20 3.1

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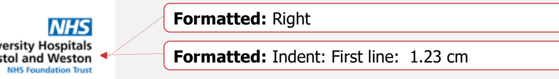

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20b	Appointment of External Auditors	Council of Governors	SFIs section 20.5.2
20c	Implementation of agreed internal and external audit recommendations	Divisional Directors/Head of Corporate Services/Executive Directors	
20d	Reporting of incidents to the police	Chief Executive, Chief Financial OfficerDirector 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	Chief Financial OfficerDirector 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	Chief Financial OfficerDirector 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	Chief Financial OfficerDirector of Finance and Information	SFIs section 21.2.3
21c	Compliance with Freedom of Information Act	Director of Corporate Governance	SFIs section 21.3.1
21d	Implementation, upgrades, or changes to general computer systems	Digital Hospitals Programme BoardInformation Management and Technology Committee	SFIs section 21.3.2

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22 GIFTS HOSPITALITY AND SPONSORSHIP			
22a	Maintaining a register of gifts, hospitality, and sponsorship	Director of Corporate Governance	SFIs section 22.2.2
22b	Acceptance of gifts		SFIs section 22.3
	i. Business articles less than £25 per gift	Receiving member of staff may accept with no requirement to register	SFIs section 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 22.3.2
	iii. Gifts over £40 per gift	Receiving member of staff should decline or seek Trust Secretary advice	SFIs section 22.3.3
22c	Acceptance of hospitality		SFIs section 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 22.4.1
	ii. Inappropriate hospitality offers	Member of staff should notify Director of Corporate Governance.	SFIs section 22.4.2
22d	Sponsorship		SFIs section 22.5
	i. Commercial sponsorship for attendance at conference or	Approval from line manager	SFIs section 22.5.1
	ii. Sponsorship of Trust events	Approval by Director of Corporate Governance, contractual agreement signed by Chief Financial OfficerDirector of Finance and Information	SFIs section 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 22.5.5
23 CHARITABLE FUNDS/DONATIONS			
23a	Administration of Trust's charitable funds	Bristol and Weston Hospitals Charity which is administered by the Charity Fund Committee	SFIs section 23.2. 2
23b	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 Director/Head of Corporate Service/Executive Director	SFIs section 24

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25 OTHER DELEGATIONS NOT SPECIFICALLY REFERENCED IN THE STANDING FINANCIAL INSTRUCTIONS			
25a	Compliance with Freedom of Information Act	Director of Corporate Governance,	Freedom of Information Policy – December 2009
25b	Grievance procedure/appeals board procedures	Chief People OfficerDirector 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 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 or Pharmacy Purchasing Manager or Senior Pharmacy Clerical Officer	
	▪ Pricing agreements and quotations should be authorised	Director of Pharmacy 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	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

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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 Executive Committee~~Risk Management Group~~ Executive Committee~~Senior Leadership Team~~ Director of Corporate Governance Executive Committee~~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	Joint Chief Information Officer	Health Records Policy
25m	Review the Trust's compliance with the Access to Records Act	Joint Chief Information Officer	Health Records Policy
25n	Allocation of sealing in accordance with standing orders	Director of Corporate Governance on behalf of the Chief Executive	
25o	The keeping of a Register of Sealing	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 Chief Financial Officer~~Director of Finance and Information~~ or Operational Director of Finance	
25q	Clinical Audit	Chief Medical Officer~~Director~~	
25r	Human Rights Act Compliance	Trust Solicitor	
25s	Equality and Diversity Schemes	Chief People Officer~~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			

UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST
SCHEME OF DELEGATION

NHS University Hospitals Bristol and Weston NHS Foundation Trust

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26a	Commitment of resource in the event of a major incident	Executive Director on call	

NovemSeptember 20230

APPENDIX 2

UNIVERSITY HOSPITALS BRISTOL and WESTON NHS FOUNDATION TRUST

STANDING FINANCIAL INSTRUCTIONS

Schedule of matters reserved to Trust Board

- Defining the overall strategic aims and objectives of the Foundation Trust.
- 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 £1,000,000
    - ~~all high-risk investments and~~ all major investments (Strategic Outline Case, Outline Business Case and Full Business Case) and greater than £15~~2~~m.
- individual write-offs over £100,000 and ex-gratia payments over £50,000
- approving supplies or services contracts with a value over £5~~1~~m where there is a high risk of supplier challenge as advised by BWPC

- Approving and monitoring the Foundation Trust'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

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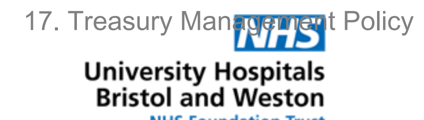
- Approving the Standing Orders and Standing Financial Instructions of the Foundation Trust



Meeting of the Board of Directors in Public on Tuesday 9 January 2024

Report Title	**Treasury Management Policy**
Report Author	**Kate Herrick, Head of Financial Performance**
Executive Lead	**Neil Kemsley, Chief Financial Officer**

1. Purpose

The Trust is required to regularly review the Trust's Treasury Management Policy, with any changes approved by the Trust Board on the recommendation of the Finance, Digital and Estates Committee.

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

The Treasury Management Policy, last reviewed in September 2020, requires a number of minor changes to reflect job title, committee, organisational and terminology updates.

There are other minor changes which reflect the removal of arrangements implemented in response to the Covid-19 pandemic and to describe current operating practice.

3. Strategic Alignment

This report is directly linked to the Patient First objective of 'Making the most of our resources'. Achieving break-even ensures our cash balances are maintained and therefore we can continue to support the Trust's strategic ambitions subject to securing CDEL cover.

4. Risks and Opportunities

None to note.

5. Recommendation

This report is for **Approval**

- The Board is asked to APPROVE the updates to the policy.

6. History of the paper

Please include details of where paper has previously been received.

Finance, Digital & Estates Committee	28th November 2023

We are supportive respectful innovative collaborative. We are UHBW.

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 September 2020. The current review of the policy requires the following revisions which are highlighted on the policy document in with strikethroughs for deletions and green for insertions:

- Change in job titles, committee names and organisation names to reflect current titles and changes in responsibilities;
- Inclusion of system working in regard to capital planning (5.4 (b));
- Inclusion of the responsibilities of the Head of Financial Accounts (5.6);
- Split of the responsibilities previously aligned to the Deputy Director of Finance – People and Governance between the Director of Operation Finance and the Head of Finance – Financial Performance (5.8 and 5.9);
- Removal of reference to the NHS Improvement's Single Oversight Framework (6.1(d));
- Removal of arrangements implemented due to the Covid-19 pandemic (6.3(b)); and
- Align policy with current operational practices (6.1(d), 6.4(b),7.2,Appendix B).

2. Recommendation

The Board is asked to note that the Treasury Management Policy remains largely unchanged and to **approve** the changes.

Style Definition: TOC 1

Style Definition: TOC 2

Treasury Management Policy

Document Data			
Subject:	Procedural Document		
Document Type:	Policy		
Document Reference	19031		
Document Status:	Draft		
Document Owner:	Head of Finance – Financial Performance		
Executive Lead:	Chief Financial Officer		
Approval Authority:	Trust Board of Directors		
Review Cycle:	12		
Date Version Effective From:	**01/~~10~~12/20~~20~~23**	**Date Version Effective To:**	**~~30~~/~~09~~11/202~~1~~4**

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.

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.
17/11/2023	0.08	Head of Finance – Financial Performance		Changes to job titles, responsibilities and terminology Remove references to Covid-19 arrangements Update processes for borrowings, cash flow forecasting and credit notes

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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 NHS Englandthe Regulator '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, Digital and Estates 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, Digital and Estates 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 NHS England~~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 Head of Finance- Financial Performance ~~Deputy Director of Finance – Governance and People~~ is able to meet with other ~~high quality~~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~~ Chief Financial Officer before a proposal is made to the Trust's Finance, Digital and Estates Committee. The proposal will detail the need and potential benefit of the new banking relationship, and the Finance, Digital and Estates 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~~ The Head of Finance – Financial Performance and the Head of Financial Accounts~~.~~

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, Digital and Estates Committee.

5.2 The Finance, Digital and Estates Committee

The Finance, Digital and Estates 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 and recommend 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 England's~~/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~~Instructions.

The Finance, Digital and Estates Committee delegates responsibility for Treasury Management operations to the ~~Director of Finance and Information~~ Chief Financial Officer~~.~~

5.3 The ~~Director of Finance and Information~~Chief Financial Officer

In line with Section 6 of the Standing Financial Instructions the ~~Director of Finance and Information~~Chief Financial Officer 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 petty cash~~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~~~~Chief Finance Officer~~Chief Financial Officer.

(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 £50~~25~~,000. Proposed compromises in excess of £50~~25~~,000 shall be considered by the Chief Executive~~Finance Committee~~ for approval.

(h) Hold meetings with the ~~Deputy Director of Finance – Governance and People~~ Head of Finance – Financial Performance and members of the Treasury Management team to discuss and consider any issues that should be brought to the attention of the Finance, Digital and Estates Committee.

5.4 Capital Programme Steering Group

The Finance, Digital and Estates Committee delegates the following Treasury Management responsibilities to the Capital Programme Steering Group, which is directly accountable to the Trust's Executive Committee~~Senior Leadership Team~~. The Finance, Digital and Estates Committee receives the minutes of the Capital Programme Steering Group.

(a) Formulating the Trust's ~~balanced~~ medium term capital plan.~~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, working in conjunction with system partners~~.~~

(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, Digital and Estates 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, Digital and Estates 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 Income~~Management~~ and Costing and Head of Finance – Financial Performance ~~Deputy Director of Finance and Information~~ respectively. Responsibility for the payment of NHS and Non-NHS Creditors sits with the Head of Transactional Services.

Aged Receivables Review

Aged receivable reports will be reviewed on a monthly basis by the Head of Transactional Services and Finance Manager (Contract Income) for old unpaid items, to check that they have had the appropriate chasing letters issued. The Head of Finance – Financial Performance Deputy Director of Finance – Governance and People and Head of Contract Income and Costing will review the aged receivable reports at least quarterly and ensure that a recovery plan is in place for any significant outstanding receivable.

Bad Debt Write Off

The receivables ledgers will be reviewed at least quarterly for any receivable that potentially needs to be written off. The Head of Transactional Services and Finance Manager (Contract Income) will provide lists of invoices proposed for write off to the Director of Operational Finance 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 weekly BACS run. A 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 Head of Finance – Financial Performance Deputy Director of Finance – Governance and People as appropriate.

NHS Payables

The Head of Transactional Services will process any invoices that are due for payment on a bi-weekly payment run. 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 Head of Finance – Financial Performance 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 Director of Operational Finance Deputy Director of Finance – Governance and People that a compromise is necessary with the supplier.

5.6 Head of Financial Accounts

The Head of Financial Accounts is responsible the for the Trust's banking processes, ensuring that sufficient cash balances are maintained, forecasting future cashflows for planning purposes and monitoring actual cash balances.

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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 Head of Financial AccountsChief Accountant will identify cash surpluses and an appropriate time to be able to invest them for. The Head of Financial AccountsChief Accountant will review and produce forecasts and calculations for investment. The Head of Financial AccountsChief 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 InformationChief Financial Officer. Cash must not be placed on deposit for more than 6 months without the prior approval of the Finance, Digital and Estates Committee.

If longer term investment is required, this must be referred to the Finance, Digital and Estates Committee detailing the reasons why there are such surplus funds, the duration of the proposed investment, and the product proposed. The Finance, Digital and Estates 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).

5.65.7 Head of Contract Income and Costing

The Head of Contract income and Costing has overall responsibility for the prompt invoicing and collection of Healthcare Contract IncomeService Agreement charges.

Bad Debt Write Off

The Deputy Director of Finance – Governance and People Director of Operational Finance 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, Digital and Estates Committee.

5.7 5.8 Director of Operational Finance Deputy Director of Finance Governance and People

Negotiations with Suppliers over Disputes

The Director of Operational Finance Deputy Director of Finance – Governance and People can agree compromise arrangements up to £10,000. Any values over this amount will need to be approved by the Director of Finance and InformationChief Financial Officer or Chief ExecutiveFinance Committee in accordance with delegated limits. Any compromise deal agreement will be reported in the quarterly Treasury Management Report to the Finance, Digital and Estates Committee.

Review of Old Invoices

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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 Director of Finance and InformationChief Financial Officer to ensure that appropriate action is taken.

Short-Term Investments (Cash Deposits)

The Director of Finance and InformationChief Financial Officer or Director of Operational Finance 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 Director of Operational Finance 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 Chief Financial Officer Director of Finance and Information or Director of Operational Finance 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, Digital and Estates 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, Digital and Estates Committee for approval.

5.9 Head of Finance – Financial Performance

Review of Old Invoices

The Head of Finance – Financial Performance will review the Non-NHS and NHS aged creditor positions quarterly with the Head of Controls and Assurance to ensure that action plans are in place to resolve problems with old outstanding invoices. Any significant difficulties will be reported to the Chief Financial Officer to ensure that appropriate action is taken.

Banking Covenants

The Head of Finance – Financial Performance 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, Digital and Estates 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.

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, Digital and Estates 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, Digital and Estates Committee will be notified, but unless the Chief Financial Officer ~~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, Digital and Estates Committee.

Investments for a period of three to six months will require the prior written approval of the Chief Financial Officer ~~Director of Finance and Information~~ or the Director of Operational Finance~~Deputy Director of Finance– Governance and People~~. Proposed investments resulting for longer than six months must have the prior approval of the Finance, Digital and Estates 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, Digital and Estates Committee. Cash should

only be placed with organisations that hold appropriate credit ratings, based on the "safe harbour" criteria, with a recognised 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) 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 Receivables

Non NHS receivables can be split into the following categories.

- **Private patients** – before a private procedure is carried out the 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** –in line with legislation all overseas visitors 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 not 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 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 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, Digital and Estates 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 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 Contract Income~~Service Agreement~~ Charges

Invoices will be raised for the following services:

- Agreed Contracts/Service Level Agreements (SLAs) with Integrated Care Boards, NHS England~~Clinical Commissioning Groups~~ and other commissioners.
- Contract variations as agreed with Integrated Care Boards/ NHSE~~Clinical Commissioning Groups~~ and other commissioners.

Block Invoices

~~Block I~~invoices for 1/12 of the expected annual value of block~~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 Operational 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~~Contract Income 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 Inter-Organisation~~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 inter-organisation~~ 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~~to the Chief Financial Officer ~~Director of Finance and Information~~ level as appropriate.

The quarterly Treasury Management report to the Finance, Digital and Estates 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~~ Credit Control Team~~s~~ 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 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~~the Director of Operational Finance ~~– Governance and People~~ has approved the use of the year end bad debt provision.

Where a credit note relates to a ~~Block~~ Contract Income~~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, before submission to the Director of Operational Finance for cancellation or write-off approval. Where the cancellation is offset by invoicing another commissioner, ~~a reinvoice~~ this can be approved by the Finance Manager (Contract Income).

The quarterly Treasury Management Report to the Finance, Digtal and Estates 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~~ m~~M~~ain bank a~~A~~ccount the receipt will initially be credited to the Commercial Unidentified Receipt Suspense account. The 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 contract income~~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 contact the customer for a remittance advice note. The Cashier ~~will~~may, in the absence of any alternative instructions from the ~~Service Agreements~~Contract Income Team, use such receipts to clear the oldest ~~Service Level Agreement~~Contract Income 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 Chief Financial Officer~~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, Digital and Estates Committee.

(c) 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 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 Head of Finance – Financial Performance 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 for any 'rogue' transactions.

6.4 Reporting

The quarterly Treasury Management Report to Finance, Digital and Estates Committee will report on investments placed, returns earned and new investments set up.

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(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 mMonthly treasury and cash reporting will identify whether there are any cash flow shortages.

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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 Accounts will notify the Head of Finance – Financial PerformanceDeputy Director of Finance – Governance and People and suggest a course of action.

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(ii) The Head of Finance- Financial Performance Deputy Director of Finance – Governance and People will refer to the Director of Operational Finance 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 may~~will~~ be delayed.

(ix) All non-vital capital may~~will~~ be delayed where possible.

(x) ~~Monitor/~~NHS England ~~Improvement~~ may be approached.

The quarterly Treasury Management Report to Finance, Digital and Estates 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, Digital and Estates Committee or Trust Board whichever is relevant to the particular project. All projects will have produced a detailed business case and have been approved in line with the Trust's Capital Investment Policy.

~~Once the need for borrowing has been established, the Director of Operational Finance 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 a~~n~~ 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 Chief Financial Officer ~~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 quarterly ~~daily c~~ 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 quarterly~~daily~~ cashflow plan in light of actual results for the next 21 days.

(d) Ensures the monthly~~daily~~ cashflow plan agrees with the actual results/plan figures recorded in the quarterly~~monthly~~ cashflow plan.

(e) Advises the Head of Financial Accounts ~~Chief Accountant~~ of any potential for cash surpluses and shortfalls.

~~**Weekly Cash Reporting**~~

~~On a weekly basis Chief Accountant The Head of Financial Accounts 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 Director of Operational Finance Deputy Director of Finance – Governance and People and Chief Finance OfficerChief Financial OfficerDirector 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 Chief Financial Officer~~Director of Finance and Information~~.

Quarterly Reporting to the Finance, Digital and Estates 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

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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 NHS EnglandMonitor 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, Digital and Estates 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, Digital and Estates 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 £1,000,000;
  - All ~~high risk investments and all~~ major investments (Strategic Outline Case, OBC and FBC) ~~and greater than 1% (~~£15m and over~~) 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 University Hospitals 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 University Hospitals Bristol and Weston.

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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, Chief Financial Officer Director of Finance and Information to Director of Finance meetings, arbitration cases issuedissued, 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'smonths' 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.

University Hospitals Bristol and Weston
NHS Foundation Trust

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.	Reports to relevant committees	Audit	Monthly through the ~~Chief Finance Officer~~Chief Financial OfficerDirector of Finance and Information's Report with a Quarterly Treasury Management Policy report.	~~Chief Finance Officer~~Chief Financial Officer~~Director of Finance and Information~~'s Director of Operational Finance ~~Deputy Director of Finance – Governance and People~~ ~~Head of Financial Services~~	Finance, Digital & Estates 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~~ Head of Finance – Financial Performance
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~~ Head of Finance – Financial Performance
Training is required:	No
The Training Lead is:	[DITP - Training Lead Title]

Additional Comments	

Plan Elements	**Plan Details**
[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: ~~18 September 2020~~ 16 November 2023.........................

Person completing the assessment: ~~Head of Financial Services~~ Head of Controls and Assurance
....

Meeting of the Board of Directors in Public on Tuesday 9 January 2024

Reporting Committee	People Committee – Thursday 30 November 2023
Chaired By	Bernard Galton, Committee Chair and Non-Executive Director
Executive Lead	Emma Wood, Chief People Officer and Deputy Chief Executive

For Information

The meeting focussed on items relating to the People Strategy pillars: Inclusion and Belonging, Looking after our people and Growing for the Future together with emerging strategic items.
Agenda items included

- Workforce Risk Report
- Guardian of Safe Working Hours quarterly report
- Acute Provider collaborative Shared Service project.
- Well-Being Biannual report
- Just and Learning culture update

For Board Awareness, Action, or Response

There was a very helpful discussion about the Shared Service project which forms part of the wider Acute Provider Collaborative work. Progress is being made but there is still some uncertainty over the future Governance arrangements and working as separate teams does create some problems in terms of standard operating procedures. The positive however is that junior teams are highly engaged with the work.
Both the Wellbeing and Equality and Diversity reports were presented to the Committee. They were comprehensive and the team were congratulated on the quality of the reports. We always strive to continually improve in these areas and the reports evidenced some excellent progress.
The Guardian of Safe Working hours highlighted the continuing demand and capacity mismatches across the Trust and how issues are escalated to Executive level. It is unlikely that there will be a universal solution, but it was recognised that the introduction of Locums Nest will help to ease some of the problems of unfilled shifts. CMO also updated the Committee on other actions that will help to improve the demand and capacity gaps.
Further work has been undertaken on the number of employee cases which was previously reported to be rising exponentially. The further work has shown that there were some anomalies in the data capture which have now been resolved. It is now understood that the number of cases is not increasing but the complexity is. Further training and engagement with the Just Learning culture and the use of mediation before being escalated to formal procedures should improve the situation over the coming months.

There was an excellent presentation from the HR Business Partner in Specialised services.

Key Decisions and Actions

The scope of the Shared Service project needs to be kept under review.

The implementation of Locums Nest across the Trust is important to help with demand and capacity issues and Executives are asked to provide the leadership necessary to complete the implementation phase.

Generally, the workforce performance indicators are positive although the stability index is cause for some concern. This index records the number of people who leave the organisation in the first 12 months of employment.

Additional Chair Comments	
A set of excellent papers. Presentations were succinct and relevant which allowed for more discussion and less listening!	
Update from ICB Committee	
I was not available to attend the last meeting.	
Date of next meeting:	**Thursday 25 January 2024.**

Meeting of the Board of Directors in Public on Tuesday 9 January 2024

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

1. Purpose

This report provides a summary of the applications of the Trust Seal made since the previous report in September 2023**.**

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

Standing Orders for the Trust Board of Directors stipulate that an entry of every 'sealing' shall be made and numbered consecutively in a book provided for that purpose and shall be signed by the person who shall have approved and authorised the document and those who attested the seal. A report of all applications of the Trust Seal shall be made to the Board containing details of the seal number, a description of the document and the date of sealing.

Three sealings have taken place since the last report, as per the attached list.

3. Strategic Alignment

N/A

4. Risks and Opportunities

N/A

5. Recommendation

This report is for **Information**

The Board is asked to note the Register of Seals report.

6. History of the paper

Please include details of where paper has previously been received.

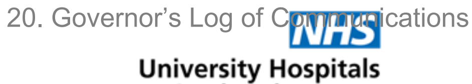
N/A

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

Register of Seals

September 2023 – December 2023

Reference Number	Document	Date Signed	Authorised Signatory 1	Authorised Signatory 2	Witness
889	Lease and license to alter unit 350, Quadrant Trading Estate, Bristol BS32 4QA.	13/09/23	Eugine Yafele	Neil Kemsley	Mark Pender
890	Supplemental lease of part of ground floor, Unit 1 (North-West Suite) St James' Court, 9/12 St James' Parade, Bristol between UHBW and Greggs.	13/09/23	Eugine Yafele	Neil Kemsley	Mark Pender
891	Supplemental lease, Unit 4, BRI Welcome Centre between UHBW and Boots.	08/11/23	Deidre Fowler	Neil Kemsley	Mark Pender



Meeting of the Board of Directors in Public on Tuesday 9th January 2024

Report Title	Governors' Log of Communications
Report Author	Mark Pender, Head of Corporate Governance
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Purpose
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 is a means of channelling communications between the governors and the officers of the Trust.
2. **Key points to note** *(Including any previous decisions taken)*
Since the previous Board of Directors meeting held in public on 14th November 2024: • Three questions have been added to the log relating to themes of Training, Duty of Care and Communications with Patients. • No questions are overdue a response.
3. Strategic Alignment
N/A
4. Risks and Opportunities
None
5. Recommendation
This report is for Information
6. History of the paper **Please include details of where paper has previously been received.**
N/A

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

Governors Log January 2024

Governors questions reference number	Coverage start date	Governor Name	Governor Constituency	Description	Executive Lead	Coverage end date	Response	Status
286	19/12/2023	John Rose		What training is provided for staff who write documentation for meetings and procedural documentation to ensure they are concise yet effective? How is this training rolled out to staff?	Chief Executive Officer	16/01/2024		Assigned to Executive Lead
287	19/12/2023	John Rose		Although the Governors are aware this is a rare occurrence, have there been any instances where due to the absence of a PoA Health and Welfare that a "best interest" decision had been made, over-ruling the views of the patient's long term carer/relative/partner. Governors would like to ensure that those who care, love and know a patient, particularly when the patient is deemed as lacking capacity, are listened to when they are not in possession of a PoA Health and Welfare.	Chief Nurse & Midwife	16/01/2024		Assigned to Executive Lead
288	22/12/2023	Martin Rose		It has been noticed that some patient letters are still coming through with the original UHBristol or Weston Area logo on them, instead of the correct UHBW logo. Can you confirm that all departments have removed the old letterheads and are now using the correct logo?	Chief Executive Officer	19/01/2024		Assigned to Executive Lead