University Hospitals Bristol
NHS Foundation Trust

Public Trust Board Meeting Papers

Date: 29 November 2018

Time: 11:00 – 13:30

Venue: Conference Room, Trust Headquarters

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

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

BOARD OF DIRECTORS (in Public)
Meeting to be held in Public on Thursday 29 November 2018, 11.00 – 13.30
Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

AGENDA

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
Preliminary Business				
1.	Apologies for absence – *Verbal Update*	Information	Chair	
2.	Declarations of interest – *Verbal Update*	Information	Chair	
3.	Patient Story	Information	Chief Executive	11.00
4.	Minutes of the last meeting • **27 September 2018**	Approval	Chair	11.10
5.	Matters arising and action log	Approval	Chair	11.15
6.	Chief Executive's Report	Information	Chief Executive	11.25
Care and Quality				
7.	Quality and Performance Report	Assurance	Deputy Chief Executive and Chief Operating Officer; Chief Nurse; Director of People; Medical Director	11.40
8.	Report from the Chair of the Quality and Outcomes Committee	Assurance	Chair of the Quality and Outcomes Committee	11.55
9.	Report from the Chair of the People Committee	Assurance	Chair of the People Committee	12.00
Strategy and Transformation				
10.	Healthier Together STP report	Assurance	Chief Executive	12.05
11.	Sustainability Annual Report	Assurance	Director of Strategy and Transformation	12.15
Research, Innovation and Education				

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
12.	Research and Innovation Quarterly Report	Assurance	Medical Director	12.30
Financial Performance				
13.	Finance Report	Assurance	Director of Finance and Information	12.40
14.	Report from the Chair of the Finance Committee	Assurance	Chair of the Finance Committee	12.50
Governance				
15.	Register of seals – Q2	Assurance	Trust Secretary	12.55
16.	Freedom to Speak up Update	Assurance	Trust Secretary	13.00
17.	Annual Constitution Review	Approval	Trust Secretary	13.05
18.	Governors' Log of Communications	Assurance	Chief Executive	13.10
Items for Information				
19.	Bristol Royal Hospital for Children' (BRHC) – Annual Report	Information	Chief Nurse	13.15
Concluding Business				
20.	Any Other Urgent Business	Information	Chair	13.25
21.	Date and time of next meeting • **31 January 2019, 11.00 – 13.00, Trust HQ**		Chair	

Meeting of the Board in Public on Thursday 29 November 2018 in the Conference Room, Trust Headquarters

Report Title	**Patient Story**
Report Author	**Tony Watkin, Patient and Public Involvement Lead**
Executive Lead	**Carolyn Mills, Chief Nurse**
Agenda Item No:	**3**

1. Report Summary

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

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

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

Some of our patients experience complex medical conditions that are compounded by challenging personal situations. Their patient stories offer a unique insight into the challenges they face and the extent to which our teams are equally challenged in offering holistic support. Our intention this month was to share such a story of a young adult patient attending the South West Teenage and Young Adult Cancer Service at UH Bristol (TYA) with a diagnosis of Burkitt's Lymphoma, a cancer of the lymphatic system. However, the immediate personal circumstances of the patient have meant that they are no longer able to participate and the patient story will now be deferred until March 2019.

2. Key points to note
(Including decisions taken)

As our approach to sharing patient stories at Trust Board has matured we are faced with our own challenges in bringing some of the more complex stories to the fore. The ability of patients to attend in person may not always be possible or appropriate. This means that our approach needs to be able to mitigate the inherent risks and offer flexibility so that the impact of the lived experience of our patients can continue to be shared in an appropriate manner.

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

N/A

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

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

Minutes of the Board of Directors Meeting held in Public

Thursday 27 September 2018 at 11:00 – 13:00, Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Present

Board Members

Member Name	Job Title/Position
Jeff Farrar	Chair of the Board
David Armstrong	Non-Executive Director
Paula Clarke	Director of Strategy and Transformation
Julian Dennis	Non-Executive Director
Matt Joint	Director of People
Paul Mapson	Director of Finance and Information
Carolyn Mills	Chief Nurse
John Moore	Non-Executive Director
William Oldfield	Medical Director
Guy Orpen	Non-Executive Director
Alison Ryan	Non-Executive Director
Mark Smith	Deputy Chief Executive and Chief Operating Officer
Martin Sykes	Non-Executive Director
Robert Woolley	Chief Executive
Jill Youds	Non-Executive Director

In Attendance

Name	Job Title/Position
Eric Sanders	Trust Secretary
David Smith	Head of Information Governance
John Kirk	Communications Manager
Tasmeen Warr	Communications Officer
Michelle Bonfield	Member of Staff
Adele Cordy	Care Quality Commission
Nikki Evans	Care Quality Commission
Natasha Goswell	Weston Area Health NHS Trust
Josh Skinner	NHS Graduate Management Trainee Scheme
Eloise Taylor	NHS Graduate Management Trainee Scheme
Kate Wilson	Bristol Live
Anne Reader	Head of Quality (Patient Safety) (for Item 12)
Emma Redfern	Consultant (for Item 12)
Martin Williams	Director of Infection, Prevention and Control (for Item 14)
Dr Frances Forrest	Consultant Anaesthetist (for Item 15)
Kate Hanlon	Membership Engagement Manager
Aishah Farooq	Appointed Governor (Youth Involvement Group)
Graham Papworth	Public Governor
Penny Parsons	Public Governor
Carole Dacombe	Public Governor

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Kathy Baxter	Patient Governor
Florene Jordan	Staff Governor
Clive Hamilton	Member of the Public

Minutes:
Sarah Murch: Membership and Governance Administrator

The Chair opened the Meeting at 11.15

Minute Ref	Item Number	Action
Preliminary Business		
146/09/2018	**1. Welcome and Introductions/Apologies for Absence**	
	The Chair of the Board, Jeff Farrar, welcomed everyone to the meeting, extending a particular welcome to visitors from the Care Quality Commission, from Weston Area Health NHS Trust and the NHS Graduate Management Trainee Scheme. Apologies had been received from Steve West, Non-Executive Director and Madhu Bhabuta, Non-Executive (Designate). The Board noted that a written question had been submitted in advance of the meeting from a member of the public, and the question and the response had been circulated for information.	
147/09/2018	**2. Declarations of Interest**	
	There were no new declarations of interest.	
148/09/2018	**3. Patient Story**	
	The Chair explained that the meeting usually began with a patient story. Unfortunately the patient scheduled for this meeting had not been able to attend on this occasion. This would however remain as a standing agenda item.	
149/09/2018	**4. Minutes of the last meeting**	
	Members reviewed the minutes of the meeting held on 27 July 2018. There were no amendments to the minutes. **Members RESOLVED to:** • **Receive** the minutes of the meeting held on the 27 July 2018 as a true and accurate record.	
150/09/2018	**5. Matters arising and Action Log**	
	Members received and reviewed the action log. Completed actions were noted and updates against outstanding actions were noted as follows: **62/04/18 Quality and Performance Report** **Chief Nurse Carolyn Mills to provide an update to the Board on Patient Safety Improvement at the end of the 2015-2018 Patient Safety Improvement Programme**	

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	This was on the agenda. **Acting Medical Director Mark Callaway to update Board on progress with establishing co-horting of the trauma and orthopaedic ward.** William Oldfield, Medical Director, confirmed that a significant amount of work was ongoing to cohort patients onto the orthopaedic ward but that it was proving challenging for various reasons. It was agreed that this action could be closed. **127/07/2018 Quality and Performance Report** **The Board to receive an update on the Trust's digital governance arrangements.** The Board noted that they would receive this update in their Board Development programme. This action could be closed. **134/07/2018 Q1 Corporate Objectives Update** **Consideration to be given to whether the quarterly Corporate Objectives updates should be given greater Non-Executive oversight at Board Committee level.** The Board noted that adequate time would be allocated at Board meetings for the quarterly review of the Corporate Objectives, supported by alignment of Board Committee Annual Business Cycles with the milestones in the plans to deliver corporate objectives, to ensure more detailed updates on progress against key action areas are received. David Armstrong, Non-Executive Director, questioned whether a quarterly review of the objectives was sufficient, given their central importance to the Trust's strategic plans. Eric Sanders, Trust Secretary, noted the time constraints of Board meetings but agreed to more clearly articulate how the objectives would be reviewed through the committee structure. **Members RESOLVED to:** • **Note** the updates against the action log.	
151/09/2018	**6. Chief Executive's Report**	
	The Board received a summary report of the key business issues considered by the Senior Leadership Team in August and September 2018. Robert Woolley, Chief Executive, provided updates on the following matters: • National guidance had been received by the Trust in relation to capital funding, winter planning, reducing the number of long-stay patients and reducing Emergency Department attendance, and flu vaccinations for staff. He reassured the Board that the Trust was taking these matters forward and were working in particular on increasing hospital capacity.	

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	• He had held several open staff meetings at which he had emphasised that one of the Board's main priorities this year was to focus on staff wellbeing and development. As part of this work, there was a project to gather views on staff recognition initiatives across the Trust. Work was ongoing to support managers to live the values and demonstrate leadership behaviours. Among measures to tackle high rates of bullying and harassment revealed through the annual staff survey, the Board was looking at ways to improve the experience of black and minority ethnic staff including holding a training workshop with national leads to ensure that this would be approached in the right way. • Another key priority for this year was a drive to work smarter, and one area in particular that was now yielding results was a prompt start initiative in operating theatres. • Friends and Family tests for inpatients were still giving the Trust a 99% recommendation as a place to receive care. Among other successes, in the 2018 national student survey, overall satisfaction for learning medicine at Bristol was at 88% compared with 84% nationally. Finally, the Trust's Big Green Scheme had been shortlisted 5 times at Sustainable Health and Care Awards. The Chair, Jeff Farrar, added that the Board's focus on staff issues had been strengthened by the formation of a new Board Committee. He welcomed back Alison Ryan, Non-Executive Director, who had returned in September following a one-year sabbatical, and who would be chairing the People Committee. He reminded the Board that this year staff would be able to complete the national staff survey online for the first time. **Members RESOLVED to:** • **Receive** the Chief Executive's Report for assurance.	
Care and Quality		
152/09/2018	**7. Review of Major Incident in Bristol Haematology And Oncology Centre in May 2018**	
	Robert Woolley, Chief Executive, introduced this report. It described the findings of investigations into the causes of a fire in the Bristol Haematology and Oncology Centre (BHOC) on 10 May 2018, the Trust's emergency response, the action required by the Trust to mitigate the risk of fire in the BHOC and other premises, and the need for any improvements in the governance of fire safety arrangements in the Trust. He noted that the Trust was still awaiting the investigation findings from Avon Fire and Rescue Service. The report included the findings from four other investigations: • a serious incident investigation undertaken by the Director of Facilities and Estates • an external review of emergency preparedness and response by NHS	

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	England • a review of patient harm organised by the Acting Medical Director •a governance review, undertaken by Executive Directors, assisted by the Trust Secretariat and the Director of Estates and Facilities. Key points were as follows: The evidence available to the Trust had indicated that the root cause of the fire was a catastrophic failure of the Power Factor Correction (PFC) capacitors within the Low Voltage electrical panel in the plant room on level 1 of the BHOC building, leading to a localised fire. The investigations had concluded that the cause of the fire was entirely unpredictable and there was no evidence to show that it was due to lack of maintenance. The Trust had immediately taken out of service the PFC capacitors in the plant rooms of every other building as a precautionary measure. The ceiling in the plant room had however been compromised due to the removal of fire barrier material. This had allowed the smoke to escape and penetrate the whole building. The alarm system had worked, but it was set up to work sequentially as the smoke rose up the building, and it would have been beneficial if had been heard throughout the building immediately. This had already been changed. Emergency lighting was ineffective due to low levels of illumination, and this was already being remedied. There had been complications around the availability of evacuation equipment, which was already being procured, and some issues around communication with Avon Fire and Rescue Services. NHS England had praised Trust staff for their response to the crisis and their dedicated focus on patient safeguarding and continuity of care. Psychological support had been provided by the Trust for staff who had been affected. It was however noted that policies and procedures had not always been rigorously applied. Investigations into the Trust's fire safety risk assessments had revealed that while progress had been made to enhance fire detection, work was still required particularly in relation to compartmentation, corridor breaks and fire dampers. It appeared that work had not proceeded as expected when significant capital funds had been allocated in 2010. There was a new allocation of funding which would be used to ensure that further work was carried out as a matter of priority, which would be supported by more robust governance arrangements. The Board was asked to approve seven recommendations designed to tighten governance in terms of executive management, board assurance and audit. In addition, the action plan responding to recommendations from the Serious Incident Investigation would be reported through the Quality and Outcomes Committee as well as through Audit Committee.	

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	Martin Sykes, Non-executive Director, voiced his support for these recommendations which he felt would strengthen governance within the existing Board committee structure. Mark Smith, Deputy Chief Executive and Chief Operating Officer, added that the incident had tested the Trust's emergency plans and he assured the Board that the Trust would not miss the opportunity to learn from the findings and strengthen the fire precautions for the future. Alison Ryan, Non-executive Director, enquired whether a review of communications to patients' families and the general public had formed part of the investigations. Robert Woolley responded that while this had not been reviewed as part of the investigations, the Trust had taken a proactive approach to communications, including press coverage. He further added that every patient involved had been met with and offered psychological support. While undoubtedly this had been a traumatic experience for patients and families, feedback that had been received that they were understanding and supportive of the steps the Trust had taken. Importantly, the harm review that had been undertaken as part of the investigations had found that no serious harm had been identified to date as a result of the incident. **Members RESOLVED to:** • **Receive** the findings of the investigations to note. • **Agree** the governance recommendations contained in the report	
153/09/2018	**8. Quality and Performance Report**	
	Mark Smith, Deputy Chief Executive and Chief Operating Officer, presented the Quality and Performance Report, the purpose of which was for the Board to review the Trust's performance on Quality, Workforce and Access standards. In relation to Access standards, he highlighted to the Board: • Overall, the Trust was performing satisfactorily against its own trajectories. • There was a focus on radiology reporting standards and monitoring of patients with a current on-hold status. Progress would be reported to the Audit Committee to ensure there was no reversal of the position. • A significant increase in demand in Dermatology was causing pressures in service delivery. • The Trust was on track to deliver the Quarter 2 trajectory for Emergency Department performance if Walk-in Centre data was included. • The percentage of Referral To Treatment (RTT) patients waiting under 18 weeks was 88.73% as at end of August. This had not	

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	achieved the national 92% standard but the local improvement trajectory had been achieved. • The 62 Day Cancer standard for GP referrals achieved 85.7 % for July, so the national standard of 85% was achieved. • There were significant improvements in Sleep Studies, but the volume of predicted breaches of the 6 Week Diagnostic Wait for Echocardiographies remained above tolerance (80 breaches predicted for end of September) and threatened delivery of the 6 week standard. In relation to Quality standards, Carolyn Mills, Chief Nurse, informed the Board that strong performance was being sustained. There was a continuing issue around ensuring that complaints were responded to within the agreed timeframe and this had been discussed at the Quality and Outcomes Committee (in August, 44 out of 53 formal complaints were responded to with timeframe - 83.0% compared with a target of 95%). William Oldfield, Medical Director, added that in relation to medicines management, there had been no incidents of harm caused by medication errors in July. As an electronic prescribing system was now being implemented, this was being monitored closely. Mortality measures remained within their expected limits, and Fractured Neck of Femur performance was continuing to improve with more specialist input into the wards. Regarding the Workforce metrics in the report, Matt Joint, Director of People, reported that staff sickness remained within target. Compliance for Core Skills training was down, and there had been challenges completing appraisals as the e-appraisal system had not been working as expected during the year. The main challenge remained gaps in recruitment. **Members RESOLVED to:** • **Receive** the Quality and Performance Report for assurance.	
154/09/2018	**9. Quality and Outcomes Committee Chair's Report – August/September**	
	Julian Dennis, Chair of the Quality and Outcomes Committee reported the following key issues from the Committee's meetings in August and September: • The Committee had received a presentation about a project to improve performance in theatres which had shown an astonishing improvement which was having a positive impact on referral-to-treatment times. • The Committee had noted improvements in terms of throughput of Emergency Department since last year but that levels of attendance were ever higher.	

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	• The Committee had received a report on Learning from Deaths and were supportive of the increase in resources into this programme. Jill Youds, Non-Executive Director, enquired about the risks and threats of e-rostering. Matt Joint, Director of People, responded that e-rostering was taking longer to embed than hoped because some groups of consultants had developed their own ways of working and it was difficult to get them to change. Alison Ryan, Non-Executive Director, voiced support for the improved utilisation of theatres and enquired why this had not been tried before. Robert Woolley responded that the approach now adopted was to work with the teams themselves, allowing them to control aspiration and the pace of improvements, which was fundamentally different from the way that the Trust had worked in the past. Carole Dacombe, Public Governor, enquired whether the Trust was confident about its supply of flu vaccine, as she had heard that there had been a shortage affecting GP surgeries. Matt Joint confirmed that he was confident that adequate supplies were coming through. **Members RESOLVED to:** • **Receive** the Quality and Outcomes Committee Chair's report for assurance.	
Organisational and System Strategy and Transformation		
155/09/2018	**10. Six-monthly Nurse Staffing Report**	
	Carolyn Mills, Chief Nurse, introduced this report, the purpose of which was to provide assurance to the Board that wards had been safely staffed over the last six months. Key points to note were: • There had been no significant changes to nursing and midwifery staffing levels over the past six months, and no requests from regulators. No risks relating to staffing had been identified at corporate risk level, though there had been some local issues. **Members RESOLVED to:** • **Receive** the Six-monthly Nurse Staffing Report for assurance.	
156/09/2018	**11. Quarterly Patient Complaints and Experience Reports**	
	Carolyn Mills, Chief Nurse, introduced these reports, which had already been discussed in detail by the Quality and Outcomes Committee. The Complaints Report provided the Board with information about complaints received during the first quarter of 2018/19. Key issues included:	

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	• A particularly high level of enquiries had been received by the Patient Support and Complaints Team in Quarter 1. • There were still issues with responding to complaints within timescale, and each case was being looked at carefully. • There had been a significant reduction in the quarter in complaints about failure to answer telephones/failure to respond. This coincided with a concerted Trust-wide project to improve the quality of telecommunications. According to the Patient Experience report, which contained survey data relating to patient experiences and a summary of Patient and Public Involvement activity, there had been sustained high levels of patient satisfaction during the quarter. Three negative outliers had been highlighted and would be examined further: low survey scores in Ward C808 and Ward A528 (both of which were care of the elderly wards), and patient-reported waiting times in outpatient clinics in the Bristol Haematology and Oncology Centre. David Armstrong, Non-executive Director, voiced concern that the number of complaints about appointments and admissions had risen from 97 in Quarter 3 2017/18 to 155 in Quarter 1 2018/19. Carolyn Mills responded that communication was often a key issue and that the Trust was working to understand this further. David Armstrong further noted that only 11% of respondents to the Trust's complaints survey had said that they thought the Trust would do things differently as a result of their complaint and queried whether this was within expectations. Robert Woolley responded that this needed to change, and reinforced the Trust's impetus to demonstrate to patients the practical consequences of their complaints in terms of action that the Trust was taking as a result. This would form part of the review of managing dissatisfied complainants. Kathy Baxter, Public Governor, noted that governors were still receiving reports that telephones were not responded to in a timely manner, and Carolyn Mills responded that every complaint made in this area was being examined as part of the Trust's focus on improving this. **Members RESOLVED to:** • **Receive** the Quarterly Patient Complaints and Patient Experience Reports for assurance.	
157/09/2018	**12. Evaluation of Patient Safety Programme 2015-2018 and Patient Safety Priorities 2019-2021**	
	Anne Reader, Head of Quality (Patient Safety) and Emma Redfern (Consultant) were in attendance for this item to present two reports on the outcomes of the Trust's Patient Safety Improvement Programme 2015-	

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	2018 and the Trust's patient safety improvement priorities for 2019-2021. The overall aim of the 2015-18 programme had been to reduce harm by 50% by reducing adverse event rate to below 3.23 per 1,000 bed days (which was achieved), and to attain and sustain lower (best) quartile national Summary Hospital Mortality Indicator (which was not achieved). The presentation and reports contained evidence to support progress made in the programme's key domains of early recognition and escalation of deteriorating patients, reducing peri-procedure never events, sepsis, acute kidney injury, medicines safety, safety culture, leadership, and maternity and neonatal health safety. Outcomes included: • A National Early Warning score for adults had been implemented in conjunction with colleagues in other organisations • An emergency department safety checklist for adults and children had been developed and implemented • Adult e-observations system had been implemented • Regional paediatric early warning score observations charts had been developed and the Trust was leading implementation across the South West • Together with West of England Academic Health Network colleagues the Trust had reduced mortality for suspicion of sepsis • Patients with sepsis were moved more promptly into intensive care and there was a reduction in organ failure as a result • The number of patients with increasing (worse) acute kidney injury had been reduced. • The number of omitted doses of critical medicines to being routinely below 0.5% • The Trust had not however managed to make a significant shift in its safety culture • The Trust had not reduce the number of peri-procedure never events, but had introduced a suite of local safety standards for invasive procedures She further outlined the lessons learned from the programme and the next steps. Priorities for 2019-21 would include: • Medication safety • Deteriorating patient including sepsis and acute kidney injury • Maternity and neonatal care • Leadership and culture • Human factors elements of incidents/ never events/distractions/ interruptions • Communication particularly regarding handover and discharges and interface with IT systems	

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	• Out of theatre invasive procedures Members of the Board discussed the following: Alison Ryan, Non-Executive Director expressed appreciation of the significant work of the programme and its achievements and added that the People Committee could be used to monitor culture and leadership development. Paula Clarke, Director of Strategy and Transformation, added that in carrying out the new priorities, linking the Trust's programme of digital and IT improvements into patient safety would be fundamental. Mark Smith, Deputy Chief Executive and Chief Operating Officer, described the system-wide implementation of the National Early Warning Score for adults as an excellent illustration of the regional collaboration in the Sustainability and Transformation Partnership bringing noticeable practical benefits for patients. In response to a question from Jill Youds, Non-Executive Director, as to how these successes could be shared across the wider health service, Anne Reader confirmed that the Academic Health Science Network was well-connected nationally, and the findings had also been presented to the NHS England Medical Director. In response to a question from John Moore, Non-Executive Director, it was noted that while all divisions were represented in the programme, the Estates and Facilities Department were not specifically taking part. **Members RESOLVED** to: • **Receive** the Evaluation Report on the Patient Safety Programme 2015-2018 and Patient Safety Priorities 2019-2021 for Assurance.	
158/09/2018	**13. Learning from Deaths Report**	
	William Oldfield, Medical Director, introduced this report on the first quarter of 2018/19 learning from deaths process. There had been around 300 adult inpatient deaths, similar to the figures reported in the same quarter last year. There had been a structured case note review in 50 cases and no deaths had been identified as potentially avoidable. The report provided assurance that the majority of care provided when reviewed was good. The Trust was aiming to train all consultants and senior nurses in this methodology. Over the next year, the Trust would be looking at expanding the process and fully integrating it into the organisation. Four more Education fellows had recently joined the Mortality Team to develop this.	

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	Alison Ryan, Non-Executive Director, voiced appreciation for the report, particularly as it had been difficult when this was first introduced to encourage consultants to engage with the process. William confirmed that engagement among consultants was now more widespread as it was less onerous than expected and was proving to be useful for them. **Members RESOLVED to:** • **Receive** the Learning from Deaths report for assurance.	
159/09/2018	**14. Infection Prevention and Control Annual Report**	
	Carolyn Mills, Chief Nurse introduced this report, which was to provide assurance that effective systems were in place to control healthcare associated infections. Martin Williams, Director of Infection, Prevention and Control was in attendance for this item. He highlighted the following key points to the Board. • In 2017/18 the Trust had reported five Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemias, against a zero limit. • There were 25 reported cases of Methicillin-Sensitive Staphylococcus aureus (MSSA) bacteraemias, against a target of 28 cases. • The Trust had performed well in relation to clostridium difficile cases with 33 Trust apportioned C.Diff infections against a limit of 45. Of those, 11 were determined to be due to a “lapse in care”. He provided assurance that each MRSA, MSSA and C.Diff case had been reviewed and learning had been taken from them and disseminated. There had been some Norovirus activity last year though no significant disruption to the hospitals. Influenza had been particularly problematic in the community as a whole, and methods were in place at UH Bristol to mitigate that risk. The Board noted that in 2017 Public Health England had introduced mandatory surveillance of E.Coli, Pseudomonus and Klebsiella, and for 2017/18 there was a Bristol, North Somerset and South Gloucestershire healthcare community wide target for a 10% reduction in E.Coli infections, which the Trust was working towards. Members of the Board discussed the following: Julian Dennis, Non-Executive Director, referred to the Trust’s activity within antimicrobial stewardship (an organisational or healthcare system wide approach to promoting and monitoring judicious use of	

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	antimicrobials to preserve their future effectiveness) and asked whether the Trust planned to extend this. Martin Williams responded that UH Bristol was the already the best performing Trust in that it had the highest level of compliance to antimicrobial prescribing but that work to continue a reduction in antibiotic usage would continue as appropriate. **Members RESOLVED to:** • **Receive** the Infection Prevention and Control Annual Report for assurance.	
Workforce		
160/09/2018	**15. Revalidation and Medical Appraisal Report**	
	William Oldfield, Medical Director introduced Dr Frances Forrest, who was in attendance for this item. Frances asked the Board to note the following key points: • Medical Revalidation had now been operational for five years, meaning that the second cycle had commenced and some doctors were re-licensing for a second time. • Processes were operating satisfactorily. There was reasonable engagement with permanent doctors but more difficulty with clinical fellows, who appeared to be less familiar with their responsibilities for revalidation. • The contract for the e-portfolio system for medical appraisal was out to tender and UH Bristol was undergoing a joint tender project with North Bristol NHS Trust, with Weston as an observing partner. Members of the Board discussed the following: • In response to a question from Guy Orpen, Non-executive Director, Frances clarified that the clinical fellows could also be working in other hospitals at the same time, but that one organisation would act as their designated body and would take responsibility of providing the means for them to carry out their revalidation. While the Trust's priority was to deal with those who were attached to UH Bristol as their designated body, they were also aware that some clinical fellows did not attach to any organisation, and it was difficult to ensure that they were carrying out revalidation and re-licencing. • In response to a question from Robert Woolley about how the need for greater support and development highlighted in the report would be taken forward, Frances confirmed that this would be discussed with the Postgraduate Medical Education group. In response to a further question from Carole Dacombe, Public Governor, Frances Forrest responded that the Trust had adequate numbers of trained appraisers, and that the main outstanding issue was clinical fellow	

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	workload and their administrative burden. **Members RESOLVED to:** • **Receive** the revalidation and medical appraisal for assurance.	
Strategy and Transformation		
161/09/2018	**16. Healthier Together Sustainability and Transformation Partnership Update**	
	Robert Woolley, Chief Executive, introduced the July report provided to Partner Boards on the priorities and status of the Healthier Together Sustainability and Transformation Partnership. This was a now regular bi-monthly report and the September issue was due out imminently. Key points to note were: • All organisations had worked together to prioritise bids for national capital money as a system. • The report highlighted ten priority areas that Healthier Together was taking forward: integrated community localities, primary care, acute care collaboration, urgent care, mental health, prevention, maternity, Healthy Weston, workforce and digital innovation. • The report also described an increased commitment from all parties to greater system planning and system governance. It was therefore intended in 2019/20 to create a system performance management framework to organisationally hold each other to account, to create a single shared plan and goals, to test the feasibility of developing a single budget for urgent care, and to create a new system governance infrastructure in shadow form from next year. • Bristol, North Somerset and South Gloucestershire had now been asked to join the aspirant Integrated Care System development programme – a national intensive programme of support to allow the region to apply for designation as an Integrated Care System. Members of the Board discussed the following: • Alison Ryan, Non-Executive Director, expressed interest in the proposal for integrated governance and enquired whether it would include a single accountability for the entire patient pathway as patients were transferred between organisations. Robert Woolley responded that this was not the intention at this stage, but that there would be standardisation in certain areas. • Jill Youds, Non-executive Director, added that it was helpful that the Board would now receive this report regularly, and noted a particular interest in the development of the shared workforce initiatives. • Martin Sykes, Non-Executive Director, expressed surprise at the overall system financial position (which had improved by £25.2m in	

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	2017/18 compared to the 2016/17 out turn). Robert Woolley responded that progress had been made but challenges remained in achieving the 2018/19 target. • In response to a question from Jeff Farrar, Robert Woolley confirmed that Mark Smith would have oversight of the system performance management framework. Jeff Farrar further informed the Board that non-executive input was welcomed in the STP and that Sir Ron Kerr, Chair of Healthier Together, had been invited to UH Bristol to talk to the Board. **Members RESOLVED to:** • **Receive** the Healthier Together report and note the emerging forward programme.	
Financial Performance		
162/09/2018	**17. Finance Report**	
	Paul Mapson, Director of Finance and Information, introduced the report of the Trust's financial position in August. He highlighted that the Trust had reported a surplus of £6.218m, £1.249m adverse to plan, mainly due to divisional and corporate overspends. September was forecast to see an increase in activity which would cover costs, but there would still be some recovery actions required to get back on track. **Members RESOLVED to:** • **Receive** the Finance Report for assurance.	
163/09/2018	**18. Finance Committee Chair's report**	
	Martin Sykes, Finance Committee Chair, reported that the Committee had discussed August's overspend. The committee had also received reports on capital income and expenditure and on the Costings Improvement Programme, which described an approach to improve service line reporting. **Members RESOLVED to:** • **Receive** the Finance Committee Chair's report for assurance.	
164/09/2018	**19. Strategic Capital Programme and Medium Term Financial Plan**	
	Paula Clarke, Director of Strategy and Transformation and Paul Mapson, Director of Finance and Information, jointly introduced this paper which set out proposals for a Strategic Capital Investment Programme and associated Medium Term Financial Plan (MTFP) for the period 2018/19 to 2022/23. Paula Clarke highlighted:	

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Minute Ref	Item Number	Action
	• The Board was being asked to approve commitment to a Strategic Capital Investment Programme ('Phase 5') totalling £237m to 2022/23 • The proposed Phase 5 programme was ambitious in nature and was designed to achieve a balance between renewing and upgrading the existing estate and medical and IT equipment and continuing to develop and expand services • The programme was indicative and would remain flexible and responsive to the needs of the organisation and also the national and local context. Paul Mapson emphasised the necessity of reinvesting surpluses in the infrastructure of the Trust. The programme would include major clinical services strategic schemes, medical equipment and operational capital, IT, estates replacement, and estates infrastructure and compliance. The plan was based on the assumption of a loan and also of working with charitable partners. He believed it to be a reasonable plan that would be achievable, but cautioned that all costings were at this stage indicative. David Armstrong, Non-Executive Director, registered his concern that a paper of such importance was so far down the agenda with little time for discussion. It was confirmed that the paper had previously been discussed at a Board meeting held in privat in July and Robert Woolley emphasised that it was an indicative programme and that the Board were being asked to approve the general approach rather than the individual schemes. Guy Orpen, Non-Executive Director was supportive of the ambitious nature of the programme and asked that the Trust align its strategic intent with the city's strategy through the Mayor. Jeff Farrar agreed to take this forward. John Moore, Non-Executive Director, asked whether there was a decision-making matrix showing how the Trust chose schemes for inclusion in its plans. Paula Clarke confirmed that there was an annual process for major medical and operational capital through which this occurred. **Members RESOLVED to:** • **Approve** commitment to a Strategic Capital Investment Programme totalling £237m to 2022/23 • **Agree** the indicative allocation of this Programme into the proposed categories of Major clinical services strategic schemes, Medical Equipment and Operational Capital, Information Technology, Estates Replacement, and Estates Infrastructure and Compliance.	

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Minute Ref	Item Number	Action
Governance		
165/09/2018	**20. Well-led Review Self-assessment**	
	Eric Sanders, Trust Secretary, introduced a self-assessment of the Trust against the Well-led Framework. Key issues to note: • The Trust was required to undertake a review under the Well-Led Framework every three years. This involved a self-assessment followed by an external review. • The self-assessment process has been undertaken with support from operational leads from across the Trust, under the leadership of the Executive Directors and Trust Secretary. The external review would take place over October and November. Jill Youds and David Armstrong pointed out that while most of the self-assessment appeared green-rated and positive, it should be noted that some of the indicators underneath had in fact been rated amber. Eric Sanders confirmed that the self-assessment had been updated following non-executive input at a recent Board seminar, and that the external review would provide robust challenge. **Members RESOLVED to:** • **Approve** the self-certification against the Well-led framework	
166/09/2018	**21. Governors' Expenses Policy Review**	
	The Board received amendments to the Governors' Expenses Policy to provide clarity and bring mileage allowances in line with the standard rate mileage allowances paid to NHS staff under Agenda for Change. **Members RESOLVED to:** • **Approve** the Governors' Expenses Policy.	
167/09/2018	**22. Board Evaluation**	
	Eric Sanders, Trust Secretary, introduced this report, the purpose of which was to provide a suite of evidence to support a discussion about the effectiveness of the Board and any actions to inform the Board development programme. It included a summary of the Board's recent self-assessment from Board, a review of Board papers, and elements of the Trust's strategy review, patient safety culture survey and staff survey that provided different perspectives on the Board's effectiveness. He drew the Board's attention to Section 3.2 which included suggestions of areas in which Board might like to focus its attentions and asked whether the Board agreed with this assessment. It was agreed to discuss this at a future Board development seminar. **Members RESOLVED to:**	

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Minute Ref	Item Number	Action
	• **Receive** the Board Evaluation report to note • **Receive** the report at a future Board development seminar for further review	Trust Secretary
168/09/2018	**23. Committee Terms of Reference Strategic Review**	
	Eric Sanders, Trust Secretary, introduced the report, which presented an analysis of how the Board currently received assurance against the key items of business through the Committee structure, with the aim of closing any identified gaps and removing areas of duplication. The review had identified that the Board had not explicitly aligned the following areas of required assurance to one of its Committees through their Terms of Reference: • Estates strategy and compliance • Digital strategy • Information Governance It was proposed that these should be allocated within the existing Board Committee structure, with Audit Committee covering Estates compliance (including fire safety) and Information Governance, and the Finance Committee covering Digital Strategy and Estates Strategy. During the following discussion it became apparent that there were differences of opinion on the Board about whether these areas would fit into the current committee structure. It was agreed that there was a need for further discussion on this issue. **Members RESOLVED to:** • **Receive** the Review of Committee Terms of Reference to note • **Receive** this item for discussion at a future meeting.	Trust Secretary
Items for Information		
169/09/2018	**24. Governors' Log of Communications**	
	The purpose of this report was to provide the Board with an update on all questions asked by governors to officers of the Trust through the Governors' Log of Communications. This item was received for **information**.	
Concluding Business		
170/09/2018	**25. Any Other Urgent Business**	
	People Committee: Alison Ryan, Non-Executive Director and Chair of the People Committee, noted that she had tabled a report of the first meeting of People Committee held on 25 September 2018. The Committee had discussed its terms of reference and in particular how it would triangulate with other committees and regional partners. The	

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Minute Ref	Item Number	Action
	committee's purpose was to seek assurance on recruitment and retention issues, turnover, education, the Trust's new leadership programme, culture and engagement, reward and recognition, and the Trust's communications strategy for staff. **UK Withdrawal from the European Union**: Guy Orpen enquired about the risks faced by UH Bristol of a no-deal Brexit. Robert Woolley confirmed that UH Bristol was working inside the national frameworks and guidance, and was relying on that planning alignment for intelligence of the risks and developing scenarios. There was no further business. The Chair closed the meeting at 13:40.	
171/09/2018	**26. Date and time of Next Meeting**	
	The date of the next meeting was confirmed as **11.00 – 13.00, 29 November 2018, Conference Room, Trust HQ, Marlborough Street, Bristol, BS1 3NU.**	

Chair's Signature: ..... Date: .....

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University Hospitals Bristol
NHS Foundation Trust

Public Trust Board of Directors meeting
29 November 2018
Action Tracker

Outstanding actions from the meeting held on 27 September 2018					
No.	**Minute reference**	**Detail of action required**	**Responsible officer**	**Completion date**	**Additional comments**
1.	134/07/2018	**Q1 Corporate Objectives Update** Consideration to be given to whether the quarterly Corporate Objectives updates should be given greater Non-Executive oversight at Board Committee level.	Director of Strategy and Transformation	TBA	**Update Sept 2018:** Adequate time to be allocated at Board meetings for the quarterly review of the Corporate Objectives. Board Committee Annual Business Cycles to be aligned with milestones in the plans to deliver corporate objective, to ensure Board Committees are receiving updates on progress against key action areas**.**
Closed actions from the meeting held on 27 September 2018					
No.	**Minute reference**	**Detail of action required**	**Responsible officer**	**Completion date**	**Additional comments**
1.	62/04/18	**Quality and Performance Report** Chief Nurse Carolyn Mills to provide an update to the Board on Patient Safety Improvement at the end of the programme in September 2018. Acting Medical Director Mark Callaway to update Board on progress with establishing cohorting of the trauma and orthopaedic ward.	Chief Nurse Acting Medical Director	September 2018 September 2018	**Complete** Update provided at the Public Board meeting in September 2018 **Complete** Updates provided at the May and at the September Board. A task and finish plan had been

					set up across the Medicine, Diagnostics & Therapies and Surgery Divisions and work was ongoing.
2.	127/07/2018	**Quality and Performance Report** The Board to receive an update on the Trust's digital governance arrangements.	Director of Finance and Information	December 2018	**Complete**: It has been agreed with the Chair that an update will be brought to a Board Seminar later this year.
3.	167/09/2018	Board to receive the Board Evaluation report at a future Board development seminar for further review	Trust Secretary	November 2018	**Complete** The report was received and reviewed at the November Board Seminar
4.	168/09/2018	Board to receive the Committee Terms of Reference Strategic Review report for discussion at a future meeting.	Trust Secretary	November 2018	**Complete** The report was received and reviewed at the November Board Seminar

Meeting of the Board in Public on Thursday 29 November 2018 in the Conference Room, Trust Headquarters

Report Title	**Chief Executive's Report**
Report Author	**Robert Woolley, Chief Executive**
Executive Lead	**Robert Woolley, Chief Executive**
Agenda Item No:	**6**

1. Report Summary

To report to the Board on matters of topical importance, including a report of the activities of the Senior Leadership Team.

2. Key points to note
(Including decisions taken)

The Board will receive a verbal report of matters of topical importance to the Trust, in addition to the attached report summarising the key business issues considered by the Senior Leadership Team in November 2018.

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

N/A

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

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

APPENDIX A

SENIOR LEADERSHIP TEAM

REPORT TO TRUST BOARD – NOVEMBER 2018

1. INTRODUCTION

This report summarises the key business issues addressed by the Senior Leadership Team in October and November 2018

2. QUALITY, PERFORMANCE AND COMPLIANCE

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

The group received an update on urgent, elective care and winter planning and confirmed support for ongoing work being undertaken.

The group **received** updates on the financial position for 2018/2019.

3. STRATEGY AND BUSINESS PLANNING

The group received an update on the process to support EU staff post Brexit and **supported** the proposed direction of travel.

The group **approved**, in principle, the outline business cases for Level E, St Michael's Hospital refurbishment, and Bristol Eye Hospital Refurbishment and Design, subject to confirmation of charitable funding contribution, final design and physical scope of the programmes and full costings based on the updated scope and designs.

The group **approved** an investment proposal for Selective Dorzal Rhizotomy following the announcement that NHS England would be funding the programme.

The group **supported**, in principle, a proposal to re-introduce the Associate Specialist Grade.

The group **supported** the proposal to pursue a tender process to find a paper supplier and consider a more centralised order system to maximise product discounts.

The group **approved** a recommendation to reintroduce the 2017 Terms and Conditions for new appointments for Trust Grade Doctors from 1 April 2019.

The group received an overview and update on the commissioning intentions 2019/2020 from commissioners, **noting** further guidance was awaited.

The group **received** an update on UH Bristol's participation in the Bristol North Somerset and South Gloucestershire community service procurement process.

The group **supported** the direction of travel being taken by Divisions around the identification of the responsible consultant for individual patients and asked for further work to be undertaken.

The group received an update on position in respect of the handling and disposal of confidential waste in the Trust and **agreed** next steps.

4. RISK, FINANCE AND GOVERNANCE

The group reviewed and **approved** the terms of reference for the Senior Leadership Team.

The group **approved** the terms of reference for the Fire Committee.

The group **approved** the terms of reference for the Image, Design, Environment and Arts Reference Group.

The group **received** the Bristol Royal Hospital for Children's Annual Review 2017-2018 for onward submission to the Trust Board.

Job Planning received and **supported** a proposal around a job planning consistency panel to support the job planning process.

The group received an update on the Smoke Free status and **supported** the ongoing work.

The group **received** an update on current activities from the Freedom to Speak Up Guardian.

The group **received** an update on the Trust's position in respect of information governance.

The group **received** the quarterly update of the Congenital Heart Disease network.

The group **received** one Internal Audit Report with satisfactory assurance in relation to Data Protection and Freedom of Information and an update on outstanding recommendations.

The group **approved** risk exception reports from Divisions.

The group **approved** the Quarter 2 Board Assurance Framework for onward submission to the Trust Board.

The group **approved** the Corporate Risk Register for onward submission to the Trust Board.

The group **received** the Quarter 2 Themed Serious Incident update report, prior to submission to the Quality and Outcomes Committee.

The group **received** the Quarter 2 Corporate Quality Objectives update report, prior to submission to the Quality and Outcomes Committee.

The group **received** the Quarter 2 Corporate Objectives update report.

The group **received** the quarterly report from the Guardian of Safe Working.

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

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

5. RECOMMENDATIONS

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

Robert Woolley
Chief Executive
November 2018

Meeting of the Board in Public on Thursday 29 November 2018 in the Conference Room, Trust Headquarters

Report Title	**Quality and Performance Report**
Report Author	**James Rabbitts, Head of Performance Reporting** **Anne Reader, Head of Quality (Patient Safety)** **Deborah Tunnell, Associate Director of HR Operations**
Executive Lead	**Overview and Access – Mark Smith, Deputy Chief Executive and Chief Operating Officer** **Quality – Carolyn Mills, Chief Nurse/William Oldfield, Medical Director** **Workforce – Matt Joint, Director of People**
Agenda Item No:	**7**

1. Report Summary
To review the Trust's performance on Quality, Workforce and Access standards.
2. Key points to note *(Including decisions taken)*
Please refer to the Executive Summary in the report.
3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
N/A
4. Advice and Recommendations *(Support and Board/Committee decisions requested)*:
• This report is for **ASSURANCE** • The Board is asked to **NOTE**
5. History of the paper **Please include details of where paper has previously been received.**

Quality and Outcomes Committee	27/11/18

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Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

University Hospitals Bristol
NHS Foundation Trust

Quality and Performance Report

November 2018

1.1 OVERVIEW – Executive Summary

Single Oversight Framework

- The 62 Day Cancer standard for GP referrals achieved 87.4% for September and 87.3% for quarter 2. The national standard of 85% was achieved for each month in quarter 2 and for the quarter overall.
- The measure for percentage of A&E patients seen in less than 4 hours was 89.2% for October. This did not achieve the 95% national standard and is below the improvement trajectory target of 90.84%. However, with the addition of Walk-In Centre data (as part of NHS England's "Trust Footprint" publication), UHBristol's A&E performance for October should achieve the trajectory.
- The percentage of Referral To Treatment (RTT) patients waiting under 18 weeks was 89.6% as at end of October. Although this did not achieve the national 92% standard, the improvement trajectory target of 88.5% was achieved.
- The percentage of Diagnostic patients waiting under 6 weeks at end of October was 98.4%, with 141 patients waiting 6+ weeks. This is lower than the national 99% standard but above the recovery trajectory of 98%. The maximum allowed breaches to achieve 99% was 85. The Trust recovery trajectory is set to achieve 99% in February.

Headline Indicators

There were two Clostridium Difficile cases and 1 MRSA case in October. The Trust remains below the year to date tolerance for Clostridium Difficile cases. Nil omissions in care were identified for the MRSA case.

Pressure Ulcer incidence increased significantly in October, with 21 cases. Please see the relevant section 2.1 for more details. Patient Falls returned to levels below the agreed maximum of 4.8 falls per 1,000 beddays.

Patient Experience measures (monthly surveys and Friends and Family Test) remain above target levels. The response time for formal patient complaints was achieved for 85% of the complaints. The Clinical Quality Group has been receiving a monthly report providing details of all breaches and causes to identify learning.

Last Minute Cancelled Operations (LMCs) were at 1.0% of elective activity and equated to 71 cases. There were eight breaches of the 28 day standard (LMCs from last month had to be re-admitted within 28 days).

Workforce

In October Essential Training overall compliance remained static at 89% compared with the previous month, against a target of 90%.

Agency usage reduced by 6.4 FTE, with the largest increase seen in Diagnostics & Therapies with 9.9 FTE compared to 6.4 FTE in the previous month. The largest reduction was seen in Medicine, decreasing to 21.1 FTE from 32.4 FTE the previous month. The largest staff group increase was within Health Professionals increasing to 16.2 FTE from 13.3 FTE in the previous month.

Turnover increased to 13.66% from 13.65% last month, with increases in three divisions – Diagnostics & Therapies, Specialised Services, and Surgery. The largest divisional reduction was seen within Trust Services reducing to 14.94% from 15.41% the previous month. The largest divisional increase was seen within Specialised Services increasing to 15.7% from 15.0% the previous month.

Sickness absence increased to 4.0% from 3.8%, with reductions in one division. The largest divisional reduction was seen in Facilities & Estates reducing to 7.0% from 7.1% the previous month, Specialised Services saw the largest increase to 3.3% from 2.9% the previous month.

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1.2 OVERVIEW – Single Oversight Framework

Access Key Performance Indicator		Quarter 1 2018/19			Quarter 2 2018/19			Quarter 3 2018/19			Quarter 4 2018/19		
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
A&E 4-hours Standard: 95%	Actual	83.96%	91.14%	92.84%	90.26%	90.07%	85.00%	89.16%					
	"Trust Footprint" (Year To Date)	92.05%			91.77%								
	Trajectory	90%	90%	90%	90.53%	91.26%	90.84%	90.06%	90.33%	87%	84%	87%	90%
	"Trust Footprint" Trajectory	90.0%			90.0%			90.0%			95.0%		
Cancer 62-day GP Standard: 85%	Actual (Monthly)	84.08%	82.41%	85.96%	85.66%	88.93%	87.4%						
	Actual (Quarterly)	84.2%			87.3%								
	Trajectory (Monthly)	81%	83%	79%	83%	85%	85%	85%	85%	85%	85%	85%	85%
	Trajectory(Quarterly)	82.5%			85%			85%			85%		
Referral to Treatment Standard: 92%	Actual	88.19%	89.06%	88.55%	88.91%	88.73%	88.52%	89.56%					
	Trajectory	88%	88%	88.5%	88.5%	88.7%	88.5%	88.5%	88.0%	87.0%	86.0%	87.0%	87.0%
6-week wait diagnostic Standard: 99%	Actual	96.80%	97.64%	97.83%	97.88%	97.13%	98.13%	98.36%					
	Trajectory	97.9%	97.9%	97.9%	98.4%	99.0%	98.0%	98.0%	98.0%	98.0%	98.0%	99.0%	99.0%

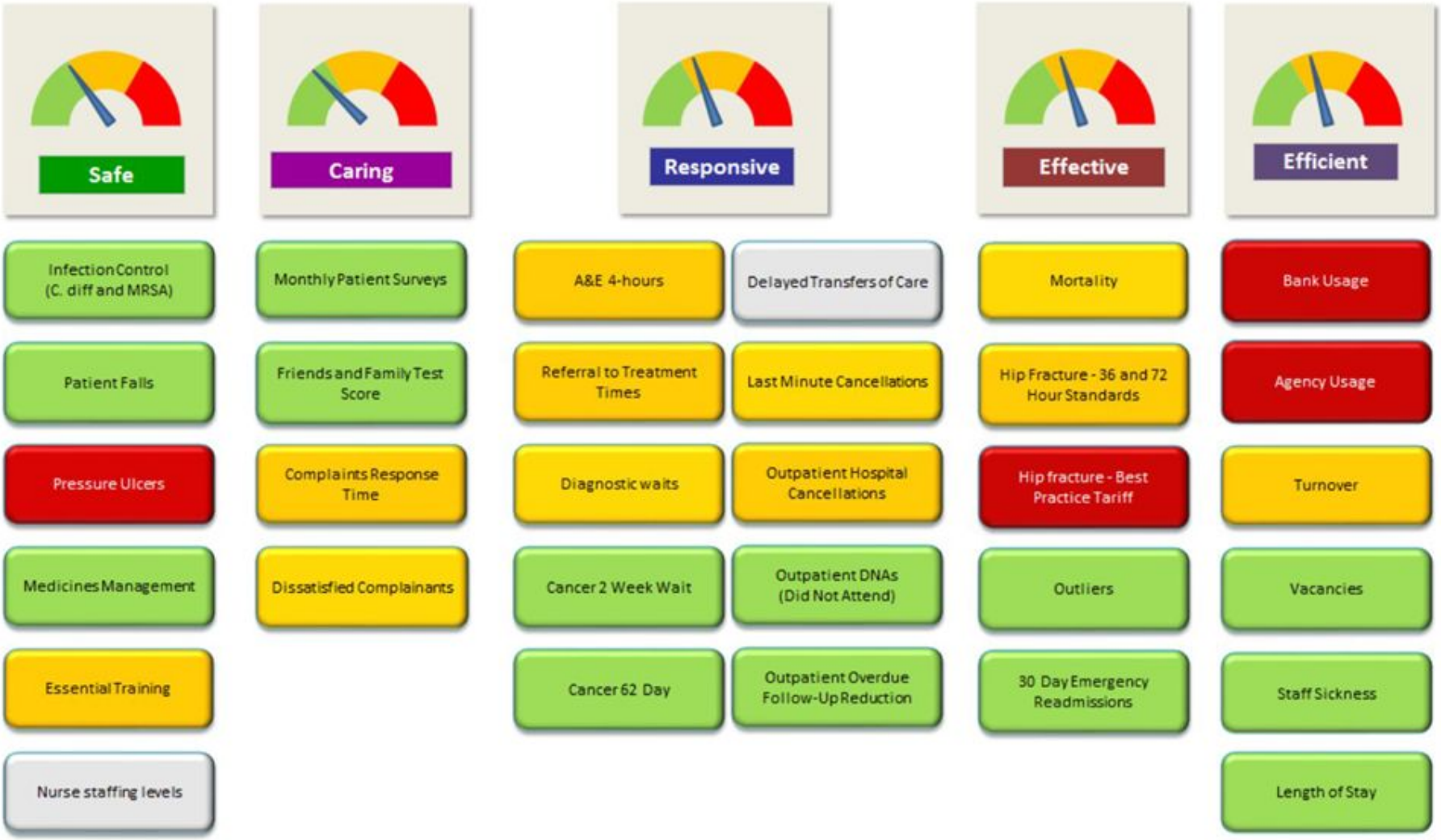
GREEN rating = national standard achieved
AMBER rating = national standard not achieved, but STF trajectory achieved (with Walk In Centre uplift for A&E 4 Hour standard).
RED rating = national standard not achieved, the STF trajectory not achieved

Note on A&E "Trust Footprint":
In agreement with NHS England and NHS Improvement, each Acute Trust was apportioned activity from Walk In Centres and Minor Injury Units in their region. For UHBristol this was the Bristol, North Somerset, Somerset and South Gloucestershire (BNSSSG) region. The result of this apportionment was carried out and published by NHS England as "Acute Trust Footprint" data. This data is being used to assess whether a Trust achieved the recovery trajectory for each quarter.

* With addition of WIC data (as part of NHS England's "Trust Footprint" publications), UHBristol's A&E performance for Quarter 2 achieved the trajectory.

1.3 OVERVIEW – Key Performance Indicators Summary

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



1.4 OVERVIEW – Successes, Priorities, Opportunities, Risk & Threats

	Successes	Priorities
ACCESS	• Consistently achieving the 62 day GP national standard for last four months and for quarter 2, on track in October. • Referral To Treatment (RTT) Performance trajectory is consistently being achieved (July to October) at the set trajectory of 85.5%. • Continually achieving the RTT Wait List size trajectory, whereby the requirement is to maintain the waiting list size at **29,207** by end of March 2019. Waiting list size currently sits at **28,742** at end of October 2018. • The number of Outpatient Follow-Ups that are overdue by more than 12 months has fallen significantly. It reduced from **4,900** in September 2017 to **336** in October 2018. • Diagnostic waits for Adult Endoscopy have recovered in October, following a short-term deterioration in performance (**65** breaches in September, down to **16** in October). • Legacy On-hold referrals signed off by NHS Improvement's Intensive Support Team for block closure. This has been approved at Quality and Outcomes Committee, Service Delivery Group and Risk Management Group. Request to implement in live has been approved by Medway change board and awaits an implementation date from System C to be confirmed. • The number of patients On Hold was around 85,000 when the review began. As at end of October this is now at **22,000**. Work is now underway to agree the sustainable volume. • Cataract Services will be piloting **260** patients per month being offered choice of admission date from pre-op. In February, the service will begin a trial, booking direct to Surgery from outpatient appointment.	• Delivery of GP Cancer 62 Day national standard of **85%** in each month of quarter 3. • Implementation of reporting against the amended national rules for cancer performance (from October 2018). The Trust is thoroughly prepared for this change and has all requisite systems in place ready. • Agree the bed requirement with divisions and commissioners for winter; agree any additional bed requirement and assess potential impact of any demand management schemes. • Deliver A&E 4 hour performance trajectory of **90%** Year To Date, at end of December 2018. Trust needs to achieve a minimum performance level of **87%** before Walk In Centre uplift. • Deliver RTT trajectory of **88.0%** in November. • Deliver the **99%** Diagnostic standard by end of February. Maintain performance at **98%** between October and February. • Monitoring of patients with a current on-hold status to continue at the weekly performance meeting. • Work with our commissioners to continue the review of the local patient access policy. The Trust has shared its proposal with commissioners and have committed to reviewing and reporting back by December.

1.4 OVERVIEW – Successes, Priorities, Opportunities, Risk & Threats

	Opportunities	Risks and Threats
ACCESS	• Opportunity to maintain cancer performance with new national rules for allocation of performance between providers • Funding awarded to support performance improvement across the local area, with a dedicated role at each local provider to troubleshoot pathway issues internally and regionally. 2 posts appointed to. • A business case for additional medical and nursing staffing in Children's ED has been developed and is with the division for sign off • Development of a new Referral To Treatment report showing the dating of patients in relation to breach date (Booking In Order); to be managed through weekly performance meeting. • Observation of staff working practices in the Trust's Patient Administration System commenced in September with a plan to have an in-depth demonstration of proposed functionality by System C (Medway PAS supplier) planned for 27th November. Outcome of this review will be shared with Quality and Outcomes Committee.	• Rising demand in Dermatology continues to cause pressures in service delivery (**11%** increase in 2018/19 referrals). Local commissioners are sighted on this increase as a whole system approach is needed to resolve. • To recover the Hysteroscopies backlog of **10** diagnostic tests (of which the majority are for Cancer patients) and **70** Outpatient appointments, this would need to be provided via Glanso Speciality as a one-off. This activity has been costed and requires final sign-off. • ED attendances are increasing: **4%** rise at BRI and **9%** rise at BCH (Apr-Oct 2017 vs Apr- Oct 2018) • Diagnostic 6 week wait standard did not achieve **99%** for end of October, as originally planned for in the Recovery Action Plan (October achieved **98.4%**). Recent deterioration in adult Endoscopy, continued capacity issues in Echocardiography and the lack of appetite to carry out waiting list initiatives for the Ultrasound service are the main areas of concern. Excluding these three areas, the 6-week target would be achieved. Recovery of Adult Endoscopy will be achieved by end of December 2018. Meetings with external company has taken place (7/11/18) and final financial approval is required to outsource this activity. A recovery plan for Ultrasound is yet to be agreed. • The Trust continues to report 52 week breaches in Paediatric Services. The CCG has requested a revised plan of how the Trust will achieve **ZERO** 52 week breaches by End of March 2019 which was submitted at the Access Performance Group on 6th November. • Without an agreed patient access policy to support the high level of cancellation/patient choice achieving no long waiting patients would be difficult to achieve. Work is being undertaken with Access Improvement Manager leading on the change for UHBristol. • Seasonal variation in performance during winter months.

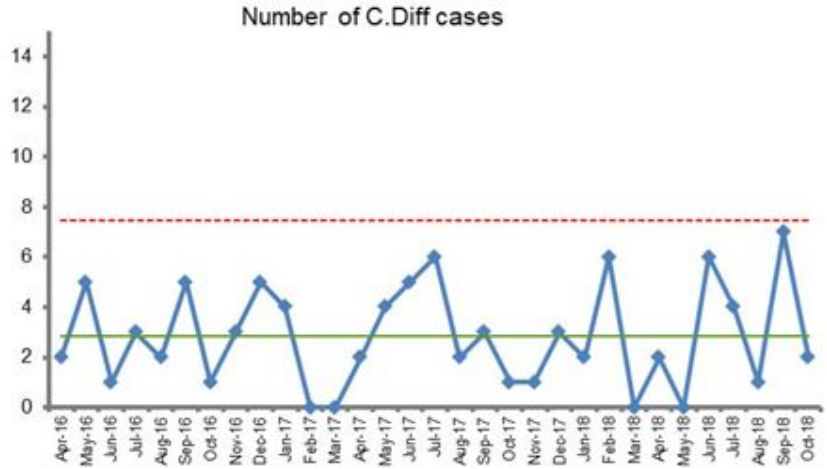
1.4 OVERVIEW – Successes, Priorities, Opportunities, Risk & Threats

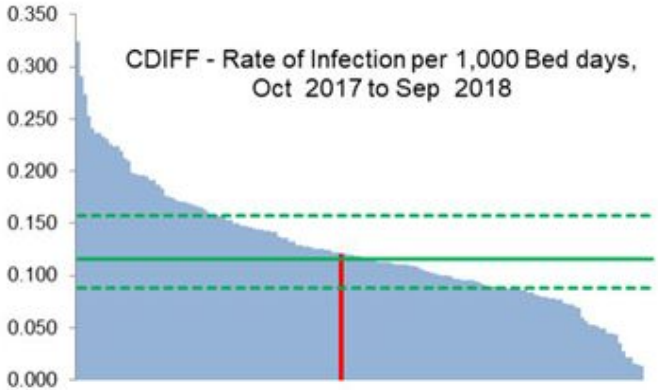
	Successes	Priorities
QUALITY	• All patient feedback indicators are showing consistently high levels of satisfaction overall. If our more detailed analysis by ward/department, reported to the Quality and Outcomes Committee indicates a hot spot, specific restorative actions are taken to rectify the position. Our real-time patient feedback system will be launched in the near future to enable a more responsive approach to any issues identified.	• Pressure ulcer performance for October has deteriorated significantly. The overall number of pressure ulcers reported in October increased for the first time in over two years, to 0.816 per 1,000 bed days. This comprised 18 Category 2 pressure ulcers across all divisions, with one Category 3 and one Category 4 pressure ulcer reported in Division of Medicine, and one Category 3 pressure ulcer reported in Specialised Services Division. A robust review of each incident has taken place with a plan of action for divisional and corporate leads. 50% of incidents were identified around sacral/buttock area, with 28% of incidents with a medical device (endotracheal tube, urinary catheter) providing a contributing factor. Details of actions being taken are provided in the commentary for this indicator which follows in the next section. • Hospital Standardised Mortality Ratio (HSMR) is 101.9 in August 2018. Our investigations to date suggest that a number of factors with regard to the pathway for patients admitted following out of hospital cardiac arrest (with excellent results but with a high mortality risk of around 50%) may be contributing. A greater number of these patients come to our Trust than others in the surrounding area due to this specific service and only one other centre nationally is considered to be a benchmark equivalent service. There is no distinction in mortality risk for patients with in or out of hospital cardiac arrests in mortality indicator calculations. Some patients' mode of admission has been coded as planned in error. Mode of admission has a significant impact on mortality risk assigned to individual patients. Investigations continue. • Stroke patients receiving brain imaging within an hour was 55.2% in September (16 out of 29 patients). A review of stroke patients receiving a CT scan with on a hour is underway to establish causal factors and any areas for improvement.
	Opportunities	**Risks and Threats**
QUALITY	• Antibiotic prescribing compliance was 76.7% in October, a slight improvement since September. The electronic prescribing and administration system (EPMA) implementation in Medicine reported last month as planned for the beginning of November has been delayed. This single phase, rapid roll out to medicine was postponed as there remained concerns about managing the impact of this on patient flow through the admission wards during the winter period. The EPMA team and divisional representatives are reviewing alternative options for phasing the introduction of EPMA in Medicine over smaller clusters of wards over a longer period • VTE risk assessments were reported as 98.4% in October using the required census methodology via a Medway "tick box" on discharge. This is at a similar level to previous months. The diagnostic phase of the VTE improvement work has identified that real-time clinically more robust data from the EPMA system has made visible a number of opportunities to make improvements in systems and processes. These are being taken forward within a multi-disciplinary work stream.	

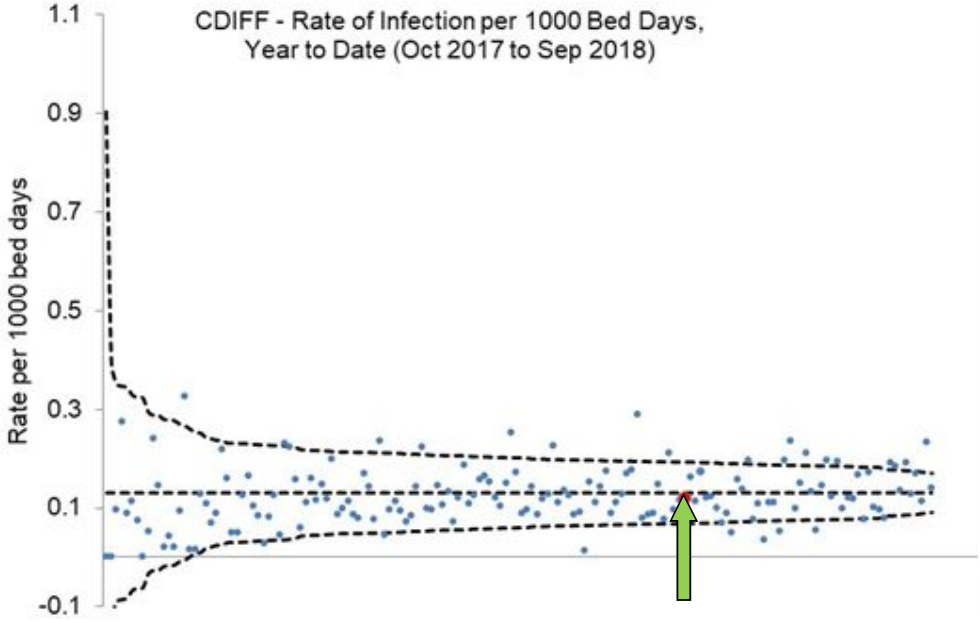
1.4 OVERVIEW – Successes, Priorities, Opportunities, Risk & Threats

	Successes	Priorities
WORKFORCE	• Overall vacancies reduced to 4.6% compared to 5.6% in the previous month. This performance positon reflects in particular the cohorts of newly qualified nurses and doctors in training appointed over recent months. • Additional training sessions held together with targeted on-site training to support an increase in compliance of the Moving & Handling Essential Training programme (ongoing).	• Disseminate communications across divisions with the agreement from the Trust's Senior Leadership Team to fund the 'Settled Status' fee for our EU staff. • Work with BNSSG partners in relation to cross-system agency controls to plan for the expected operational challenges of winter (ongoing). • Action planning with Moving and Handling Leads to develop further strategies to increase essential training compliance with this programme where there has been a 3-month plateau of 83% overall. • Learning from and actioning outcomes of the review of the Supporting Attendance Policy.
	Opportunities	**Risks and Threats**
WORKFORCE	• Additional Moving and Handling (M&H) trainers are now ready and qualified to specifically train Estates and Facilities staff in November 2018, with the target of increasing M&H compliance in this Division to approx. 93%. • To work with the newly recruited 80 Well-being Advocates across the organisation to promote wellbeing activity and target hotspot areas where stress is high (ongoing).	• Potential increase in turnover due to Brexit uncertainty (ongoing). • Potential rise in staff sickness absence with the winter period approaching (ongoing).

Infections – Clostridium Difficile (C.Diff)	
Standards:	Number of Trust Apportioned C.Diff cases to be below the national trajectory of 44 cases for 2018/19. Review of these cases with commissioners' alternate months to identify if there was a "lapse in care".
Performance:	There were two trust apportioned C.Diff cases in October 2018, giving 22 cases year-to-date. This is below the year-to-date trajectory of 26 cases
Commentary:	There were two cases of C. Difficile identified in October 2018. These cases require a review with our commissioners before determining if the cases will be Trust apportioned. Once all cases are reviewed in November, any outstanding appropriate actions will be implemented.
Ownership:	Chief Nurse







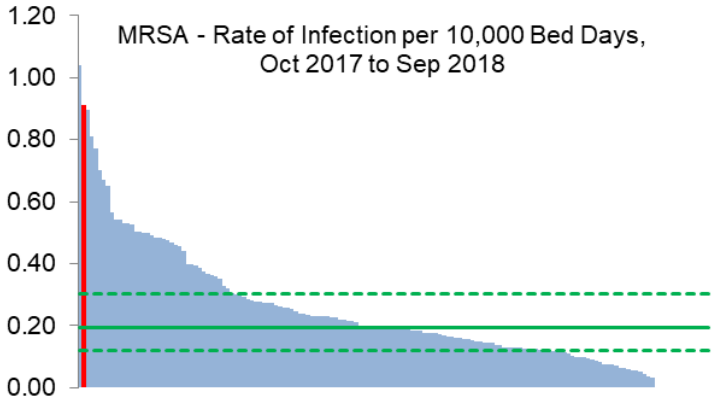
CDIFF Cases	Oct-18	2018/2019
Medicine	1	3
Specialised Services	0	9
Surgery	0	4
Women's and Children's	1	6
Grand Total	2	22

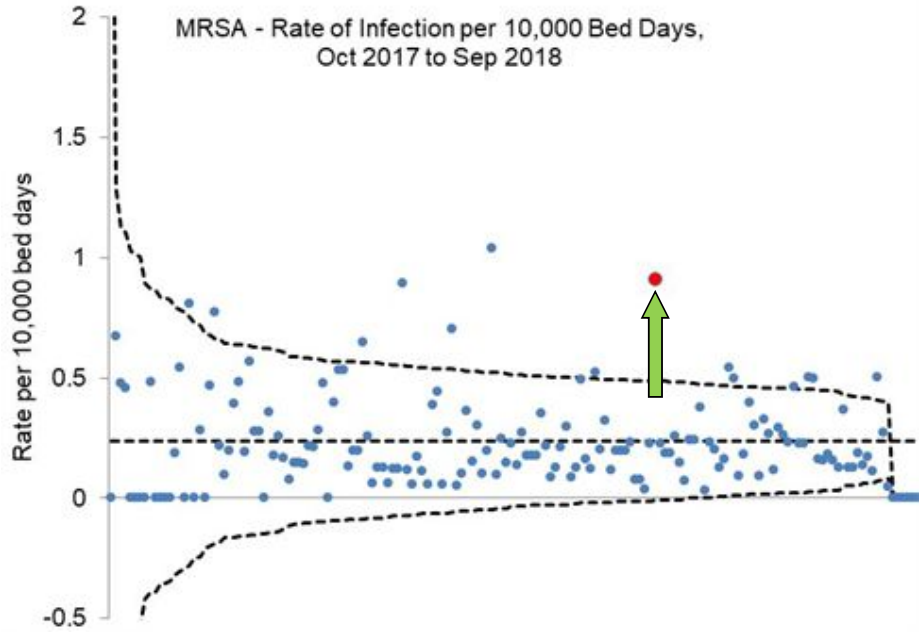
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

2.1 PERFORMANCE – Safe Domain

Infections – Methicillin-Resistant Staphylococcus Aureus (MRSA)	
Standards:	No Trust Apportioned MRSA cases.
Performance:	There was one trust apportioned MRSA cases in October, making five cases year-to-date.
Commentary:	There was one case attributed to the Trust during October 2018. Patient had declined to have blood cultures taken initially resulting in case apportioned to the Trust. Nil omissions in care were identified.
Ownership:	Chief Nurse

MRSA	Oct-18	2018/2019
Medicine	0	2
Specialised Services	1	1
Surgery	0	2
Women's and Children's	0	0
Grand Total	1	5

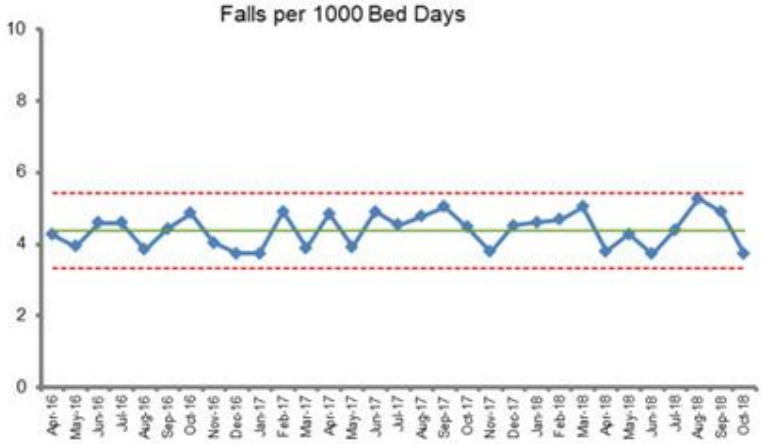


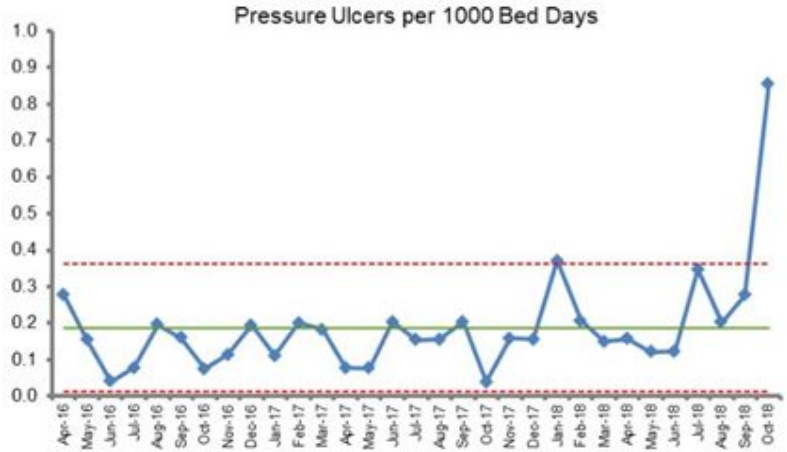


Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

2.1 PERFORMANCE – Safe Domain

Patient Falls and Pressure Ulcers	
Standards:	Inpatient Falls per 1,000 beddays to be less than 4.8. Less than 2 per month resulting in Harm (Moderate or above) Hospital acquired Pressure Ulcers to be below 0.4. No Grade 3 or 4 Pressure Ulcers
Performance:	Falls rate for October was 3.73 per 1,000 beddays. This was 96 Falls with 2 resulting in harm. Pressure Ulcers rate for October was 0.816 per 1,000 beddays. There were 21 Pressure Ulcers in October, with three at Grades 3 or 4.
Commentary:	**Falls** The overall number of falls per 1,000 bed days and falls with harm remains at green. The aim of the 18/19 work plan is to see an overall reduction in the number of falls and falls with harm by delivering a number of practice and education and training related objectives. **Pressure ulcers** Performance for October has deteriorated significantly. The overall number of pressure ulcers reported in October increased for the first time in over two years, to 0.816 per 1,000 bed days. This comprised 18 Category 2 pressure ulcers across all divisions, with one Category 3 (heel) and one Category 4 (toe) pressure ulcer reported in Division of Medicine in one clinical area, and one Category 3 pressure ulcer (genitalia) reported in Specialised Services Division. (Please note this incident which occurred at the end of October will be included in November's serious incident figures due to reporting timescales.) Medical devices have been identified as a recurring causation theme through initial reviews. Actions will be monitored through the Tissue Viability Steering Group. A new risk has been added to the risk register regarding limited experience in some aspects of tissue viability wound care with two new staff in post.
Ownership:	Chief Nurse





Trust Wide Actions:

- Use Tissue Viability leads and champions to raise awareness of pressure prevention – particularly associated with medical devices and pressure points assessment (skin checks.)
- Develop a poster and display in clinical areas regarding pressure prevention, skin checks especially where medical devices may cause pressure to share learning across the organisation
- Spot check audits of pressure ulcer risk assessments, documentation and skin checks until assurance received of consistent, sustained good practice
- Circulate monthly thematic review to clinical leaders for all pressure ulcer incidents, identifying and sharing learning themes
- Update wound care plan documentation to reflect learning
- Update education and training material to reflect learning
- Sharing learning within a weekly pressure ulcer incident report

Division of Medicine additional specific actions:

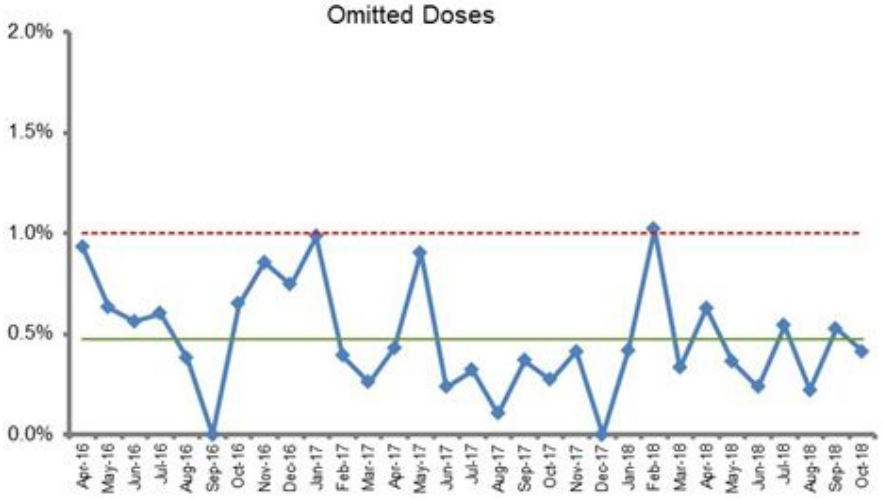
- Review of pressure ulcer care and provision within the ward/division
- Implement further education and training for clinical staff
- Re-circulating skin care guidance and information of available pressure reducing products

Children's Division additional specific action:

- Ensure new doctors, as part of local induction, are provided with guidance and support for taping endotracheal tubes to reduce the risk of pressure damage

2.1 PERFORMANCE – Safe Domain

Medicines Management	
Standards:	Number of medication errors resulting in harm to be below 0.5%. Note this measure is a month in arrears. Of all the patients reviewed in a month, under 0.75% to have had a non-purposeful omitted dose of listed critical medication
Performance:	0% of medication errors in September resulted in harm (0 errors out of 256 cases reviewed). Omitted doses were at 0.41% in September (3 cases out of 725 reviewed).
Commentary:	All medication related incidents resulting in moderate or above harm are reviewed by the pharmacy governance team and tabled for discussion at monthly pharmacy department and divisional risk management meetings, and the bi-monthly Medicines Governance Group. Two catastrophic serious incidents involving medication are being progressed through root cause analyses and will be reported in detail to the Quality and Outcomes Committee. Non-purposeful omitted critical medication in areas not using the electronic prescribing and administration system (EPMA) were at 0.41%. There were no omitted doses on EPMA wards in October. 'Critical' medicines are identified separately using Business Intelligence reporting. The calculated figure is the omitted medicines because of no stock available on the ward at the administration time. This can be investigated in real time by any member of staff to show which medication is being omitted, for which patient. This should then prompt and increase ward stock holding or improvements in order processes.
Ownership:	Medical Director



2.1 PERFORMANCE – Safe Domain

Essential Training	
Standards:	Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%
Performance:	In October Essential Training overall compliance remained static at 89% compared with the previous month (excluding Child Protection Level 3).
Commentary:	October 2018 compliance for Core Skills (mandatory/statutory) training remained static at 89% overall across the eleven core skills programmes. There were no reductions and there were six increases from the previous month. Equality, Diversity and Human Rights increasing to 94% from 93%, Infection Prevention & Control increasing to 94% from 93%, Information Governance increasing to 84% from 83%, NHS Conflict Resolution Training increasing to 94% from 93%, Safeguarding Adults increasing to 90% from 89%, Safeguarding Children increasing to 90% from 89%. Compliance for all other Essential Training increased to 94% compared with 93% in the previous month.
Ownership:	Director of People

Essential Training	Oct-18	KPI
Equality, Diversity and Human Rights	94%	90%
Fire Safety	85%	90%
Health, Safety and Welfare (formerly Health & Safety)	94%	90%
Infection Prevention and Control	94%	90%
Information Governance	84%	90%
Moving and Handling (formerly Manual Handling)	83%	95%
NHS Conflict Resolution Training	94%	90%
Preventing Radicalisation	91%	90%
Resuscitation	86%	90%
Safeguarding Adults	90%	90%
Safeguarding Children	90%	90%

Essential Training	Oct-18	KPI
UHBristol NHS Foundation Trust	89%	90%
Diagnostics & Therapies	90%	90%
Facilities & Estates	89%	90%
Medicine	89%	90%
Specialised Services	90%	90%
Surgery	88%	90%
Trust Services	91%	90%
Women's & Children's	89%	90%

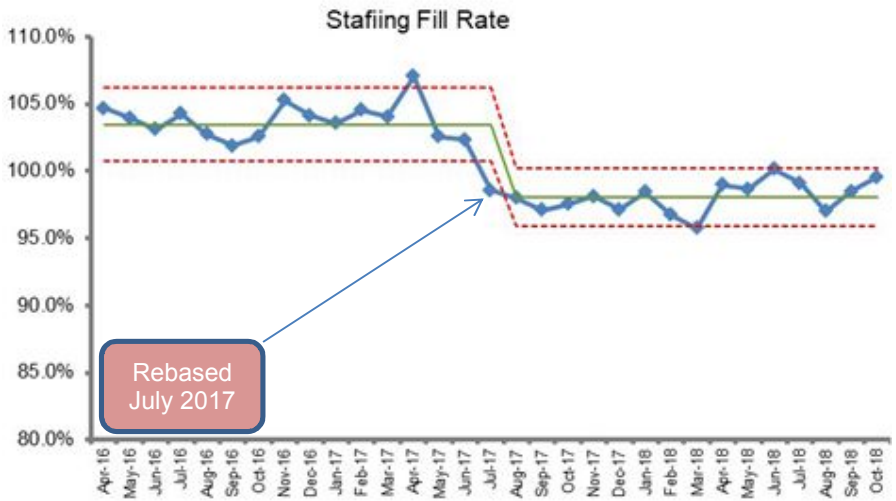
2.1 PERFORMANCE – Safe Domain

Nursing Staffing Levels	
Standards:	Staffing Fill Rate is the total hours worked divided by total hours planned. A figure over 100% indicates more hours worked than planned. No target agreed
Performance:	October's overall staffing level was at 99.6% (239,527 hours worked against 240,542 planned). Registered Nursing (RN) level was at 95.8% and Nursing Assistant (NA) level was at 109.1 %
Commentary:	Overall for the month of October 2018, the Trust had 95% cover for RN's on days and 97% RN cover for nights. The unregistered level of 103% for days and 118% for nights reflects the activity seen in October 2018. This was due primarily to NA specialist assignments to safely care for confused or mentally unwell patients in adults particularly at night.
Ownership:	Chief Nurse

OCTOBER 2018 DATA

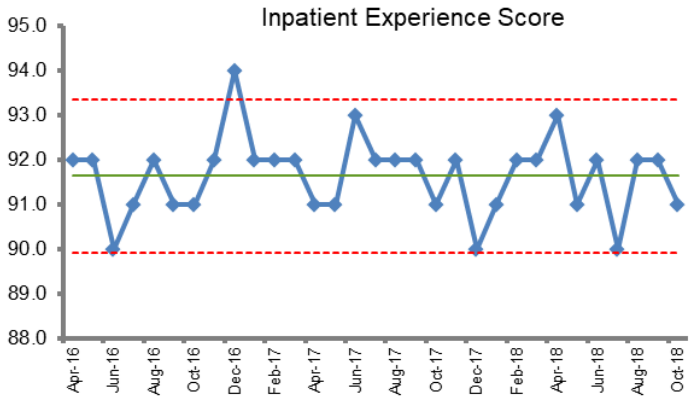
	Day	Night	TOTAL
Registered Nurses	95.0%	96.8%	95.8%
Nursing Assistants	103.1%	117.7%	109.1%
TOTAL	**97.4%**	**102.3%**	**99.6%**

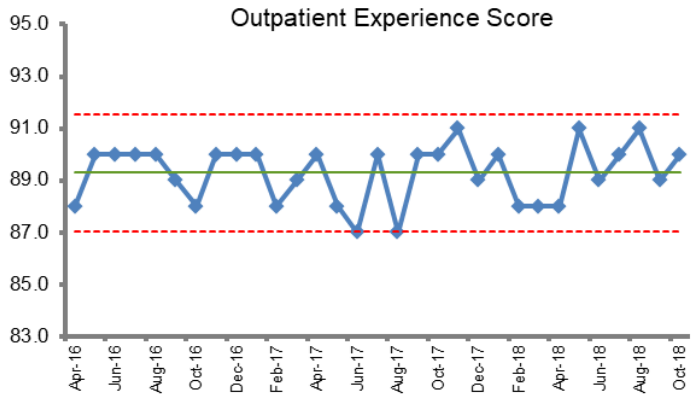
Medicine	107.0%
Specialised Services	107.0%
Surgery	101.7%
Women's and Children's	90.0%
TOTAL	**99.6%**

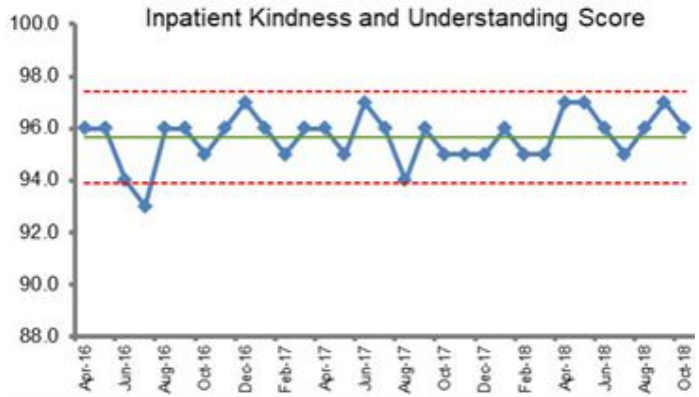


2.2 PERFORMANCE – Caring Domain

Monthly Patient Survey	
Standards:	For the inpatient and outpatient Survey, 5 questions are combined to give a score out of 100. For inpatients, the target is to achieve 87 or more. For outpatients the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target of 90 or over.
Performance:	For October 2018, the inpatient score was 91/100, for outpatients it was 90. For the kindness and understanding question it was 96.
Commentary:	The headline measures from these surveys remained above their minimum target levels in October 2018, indicating the continued provision of a positive patient experience at UH Bristol.
Ownership:	Chief Nurse

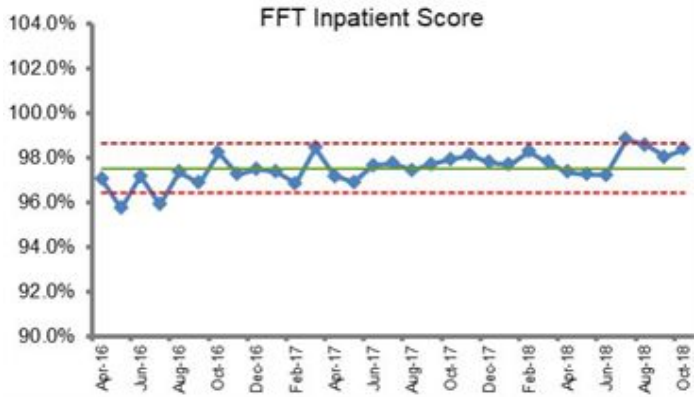


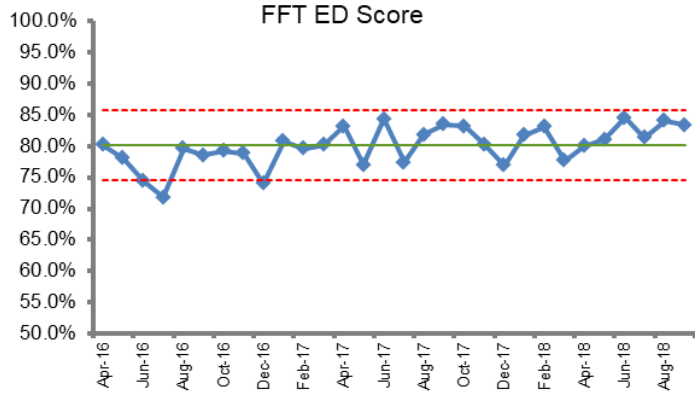


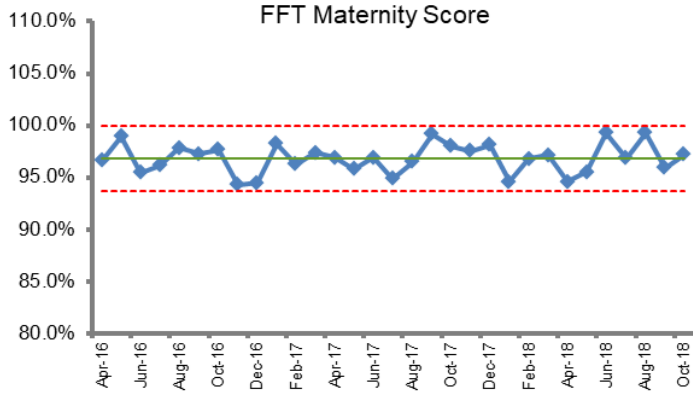


2.2 PERFORMANCE – Caring Domain

Friends and Family Test (FFT) Score	
Standards:	The FFT score is the number of respondents who were likely or very likely to recommend the Trust, as a percentage of all respondents. Standard is that the score for inpatients should be above 90%. The Emergency Department minimum target is 60%.
Performance:	October's FFT score for Inpatient services was 98.4% (2473 out of 2513 surveyed). The ED score was 85.2% (1328 out of 1558 surveyed). The maternity score was 97.2% (420 out of 432 surveyed).
Commentary:	The Trust's scores on the Friends and Family Test were above their target levels in October 2018.
Ownership:	Chief Nurse



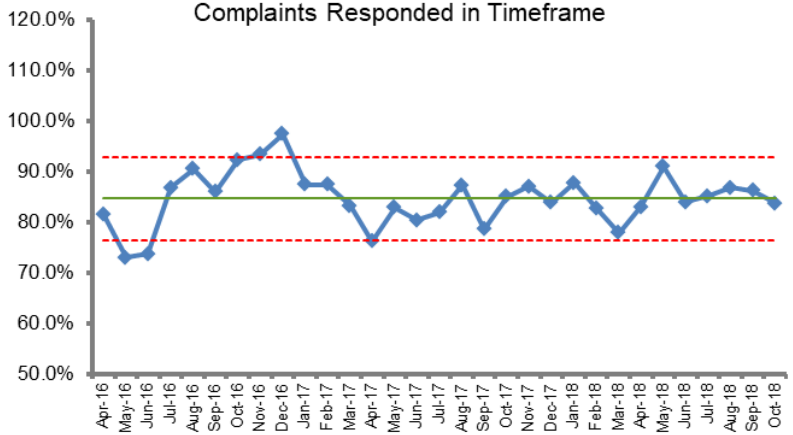


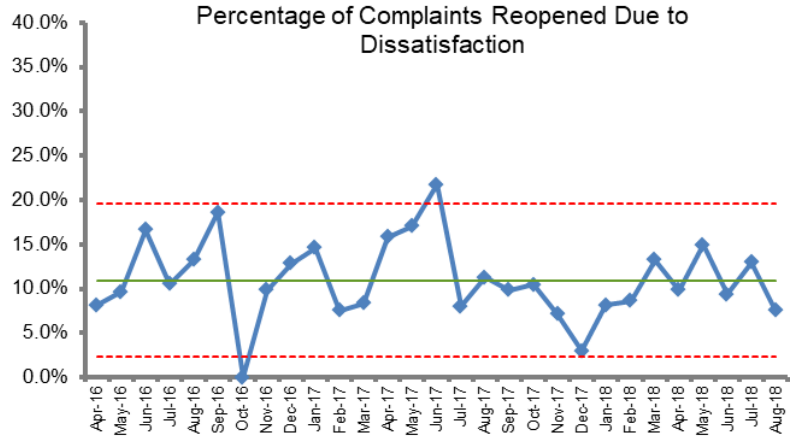


	Response Rate		Score	
	Oct-18	2018/2019	Oct-18	2018/2019
Inpatients				
Medicine	29.9%	34.4%	97.4%	97.2%
Surgery	41.5%	36.0%	98.8%	98.5%
Specialised Services	34.6%	35.0%	98.1%	97.6%
Women's and Children's	33.1%	35.9%	98.5%	98.0%
TOTAL	**36.5%**	**35.5%**	**98.4%**	**98.0%**
Emergency Department				
Bristol Royal Infirmary	13.3%	11.8%	70.8%	66.9%
Children's Hospital	18.6%	20.7%	90.1%	86.5%
Eye Hospital	20.8%	23.6%	95.8%	93.9%
TOTAL	**16.9%**	**17.3%**	**85.2%**	**82.8%**
Maternity				
TOTAL	**31.4%**	**17.6%**	**97.2%**	**96.7%**

2.2 PERFORMANCE – Caring Domain

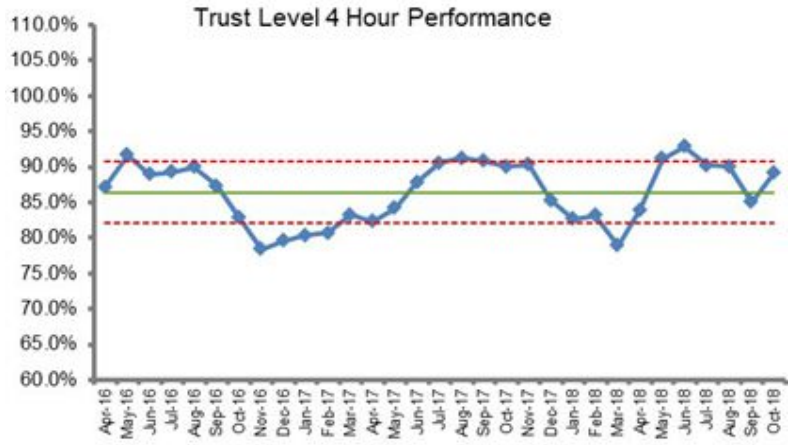
Patient Complaints	
Standards:	For all formal complaints, 95% of them should have the response posted/sent to the complainant within the agreed timeframe. Of all formal complaints responded to, less than 5% should be re-opened because complainant is dissatisfied.
Performance:	In October, 63 out of 74 formal complaints were responded to with timeframe (85.1%) Of the 53 formal complaints responded to in August, 4 resulted in the complainant being dissatisfied with the response (7.6%)
Commentary:	The Trust's performance in responding to complaints via formal resolution within a timescale agreed with the complainant was 85.1% in October, which is above the Red threshold of 85%. This represents 11 breaches from the 74 responses sent out in October. Since August 2018, Clinical Quality Group has been receiving a monthly report providing details of all breaches and causes to identify learning. The rate of dissatisfied complaints in August (this measure is reported two months in arrears) was 7.55%. This represents four cases from the 53 responses sent out during that month. A monthly review of all dissatisfied cases is now being carried out by the Head of Quality (Patient Experience and Clinical Effectiveness) and a Divisional Head of Nursing; learning from this review is shared with all Divisions via the Clinical Quality Group.
Ownership:	Chief Nurse

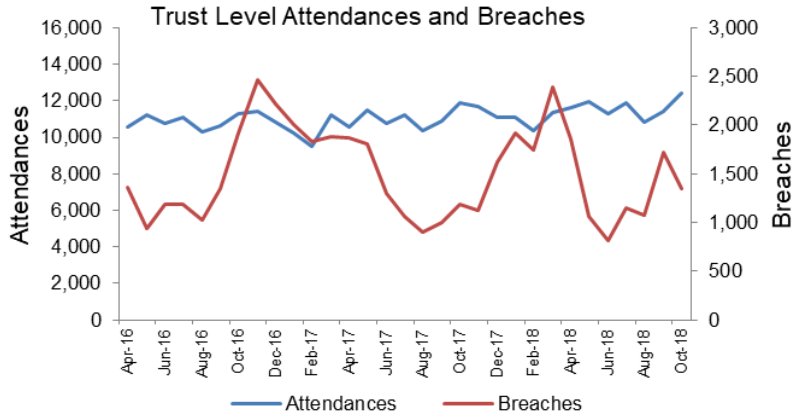


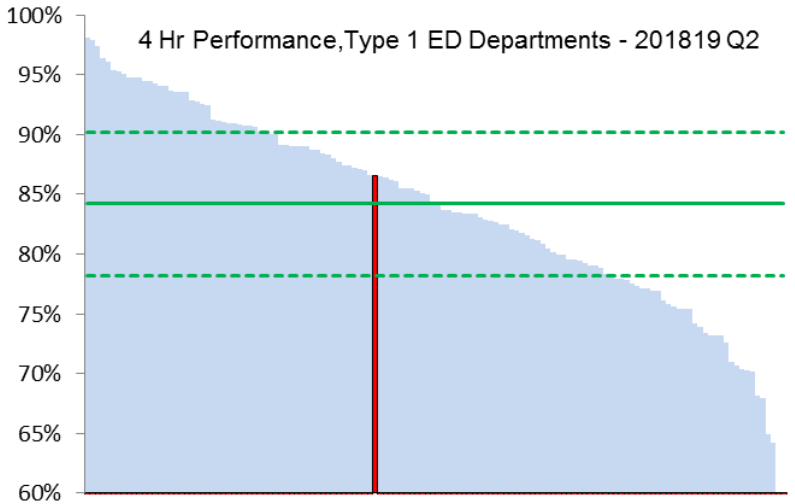


2.3 PERFORMANCE – Responsive Domain

Emergency Department 4 Hour Wait	
Standards:	Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours. The Trust's improvement trajectory is 90.53% for July
Performance:	Trust level performance for October was 89.16% (12439 attendances and 1349 patients waiting over 4 hours).
Commentary:	Performance at the Children's Hospital was 95.1% in October. This is alongside a 9% rise in attendances (Apr-Oct 2018 vs Apr-Oct 2017). The Bristol Royal Infirmary achieved 81.8% in October and the Eye Hospital achieved 98.7%. Bristol Royal Infirmary saw a 3.8% rise in attendances for the same time period. For delivery of the Trust's Sustainability and Transformation (STF) funding for Quarter 3, the Trust needs to be above 90% for Apr-Dec 2018 once local Walk In Centre data has been added (the "Acute Trust Footprint" referenced in Section 1.2). The Walk In Centre data usually gives a 3% uplift, and the Trust is currently at 88.5% so the Quarter 3 funding is, currently, deliverable.
Ownership:	Chief Operating Officer



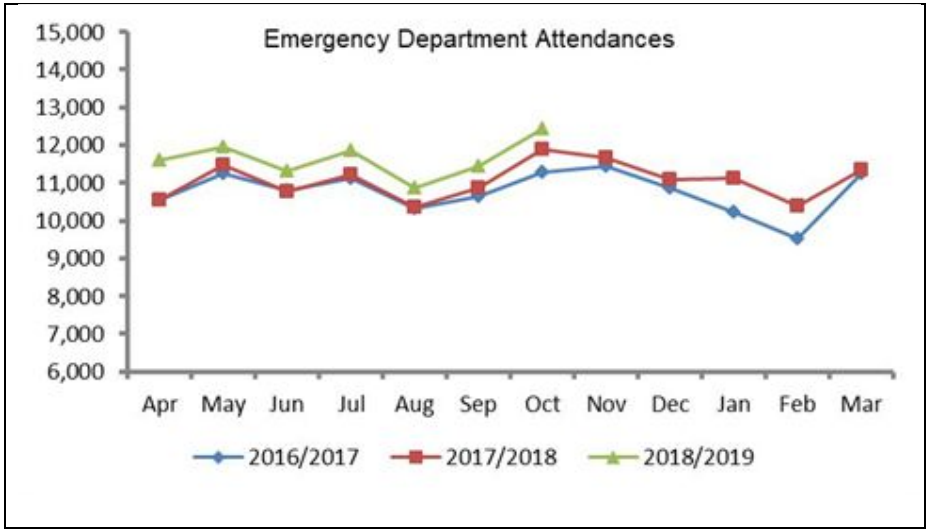


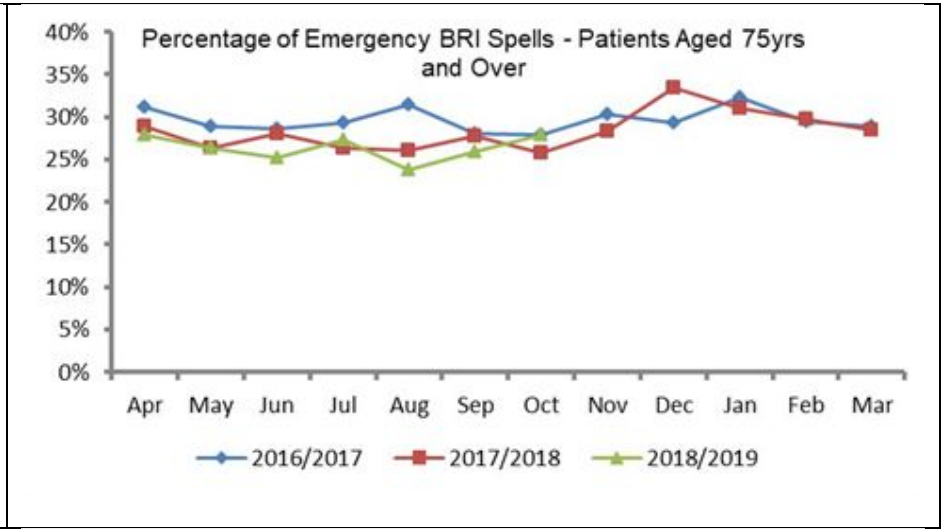


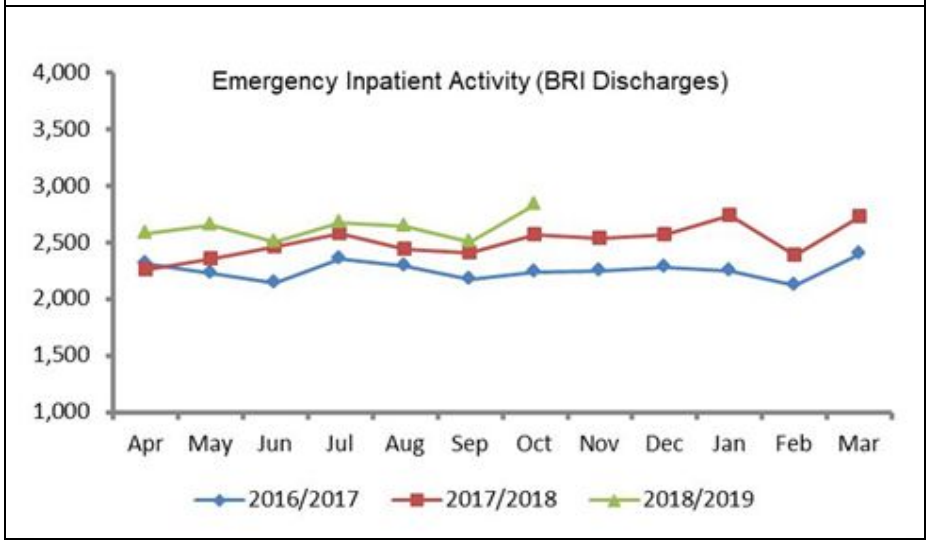
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

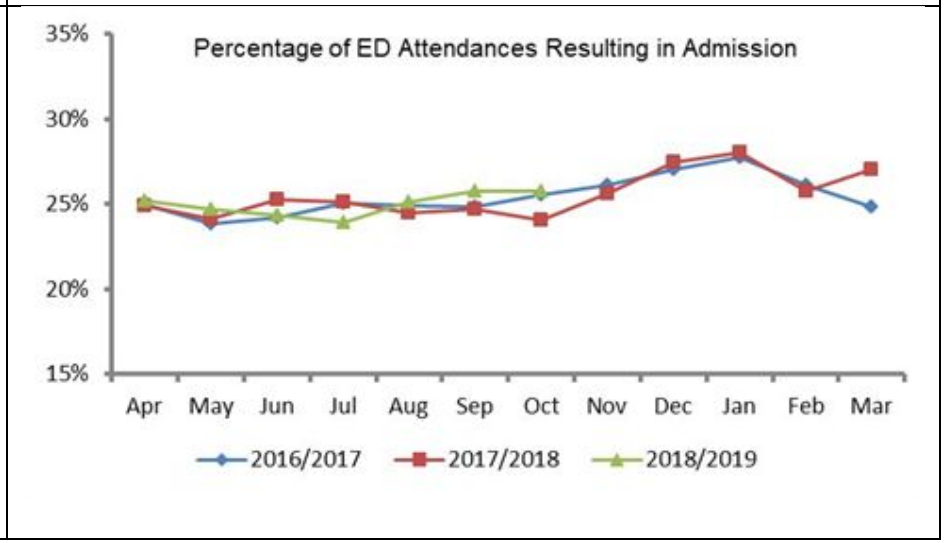
	Attendances		Under 4 Hours		Performance	
	Oct-18	2018/2019	Oct-18	2018/2019	Oct-18	2018/2019
BRI	6123	42017	5008	34453	81.79%	82.00%
Trust	12439	81457	11090	72429	89.16%	88.92%

2.3 PERFORMANCE – Responsive Domain



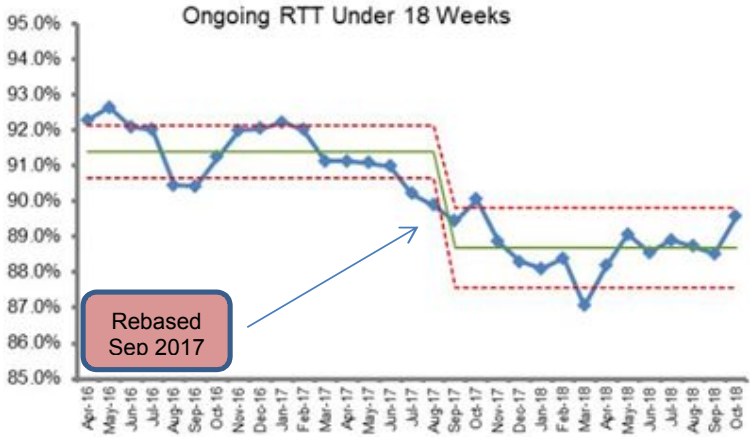


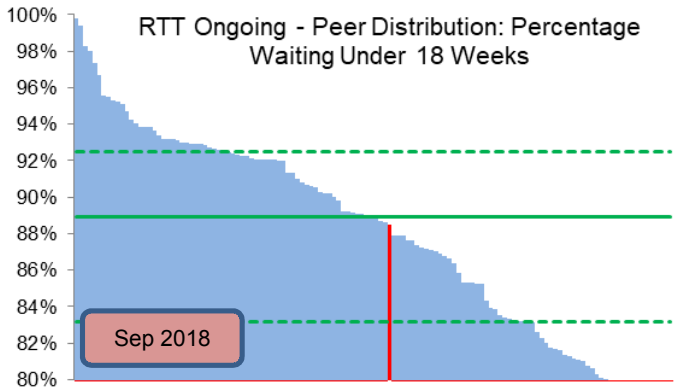




2.3 PERFORMANCE – Responsive Domain

Referral to Treatment (RTT)	
Standards:	At each month-end, the Trust reports the number of patients on an ongoing RTT pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks. The Trust's improvement trajectory has been set at 88.5% for end of July. In addition, no-one should be waiting 52 weeks or over.
Performance:	At end of October, 89.56% of patients were waiting under 18 week (25,742 out of 28,742 patients). 9 patients were waiting 52+ weeks
Commentary:	The 92% national standard was not met at the end of October; however, this was above the recovery trajectory target of 88.50%. November is on track to deliver the 88.0% recovery trajectory.
Ownership:	Chief Operating Officer





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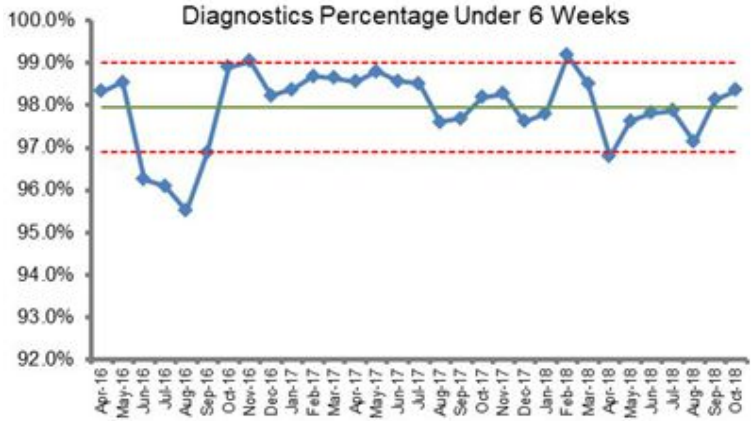
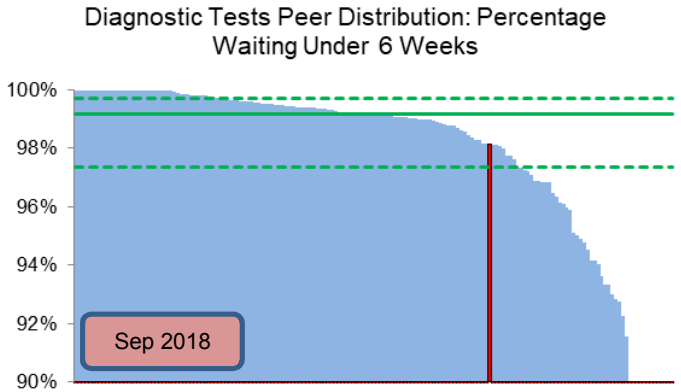
Ongoing Pathways at Oct-18

	Ongoing Pathways	Ongoing Over 18 Weeks	Ongoing Performance
Cardiology	1,934	299	84.5%
Cardiothoracic Surgery	309	41	86.7%
Dermatology	2,550	194	92.4%
ENT	2,102	88	95.8%
Gastroenterology	848	16	98.1%
General Medicine	11	0	100.0%
Geriatric Medicine	79	5	93.7%
Gynaecology	1,223	115	90.6%
Neurology	284	29	89.8%
Ophthalmology	4,266	335	92.1%
Oral Surgery	2,595	339	86.9%
Other (Clinical Genetics)	1,009	183	81.9%
Other (Dental)	1,887	110	94.2%
Other (General Surgery)	1,516	240	84.2%
Other (Haem/Onc)	159	2	98.7%
Other (Medicine)	591	25	95.8%
Other (Other)	397	3	99.2%
Other (Paediatric)	5,163	809	84.3%
Other (Pain Relief)	95	0	100.0%
Other (Thoracic Surgery)	89	6	93.3%
Plastic Surgery	0	0	-
Rheumatology	498	32	93.6%
Thoracic Medicine	323	8	97.5%
Trauma & Orthopaedics	813	121	85.1%
TOTAL	**28,742**	**3,000**	**89.6%**

Diagnostic Waits	
Standards:	Diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is for 99% of patients referred for one of the 15 high volume tests to be carried-out within 6 weeks, as measured by waiting times at month-end. The Trust's improvement trajectory was set at no more than 140 breaches at end of July, which would equate to performance of approximately 98% (depending on total list size).
Performance:	At end of October, 98.36% of patients were waiting under 6 weeks (8,448 out of 8,589 patients). There were 141 breaches of the 6-week standard.
Commentary:	The Trust did not achieve the 99% national standard at end of October. The maximum number of breaches needed to achieve 99% was 85 breaches. The Trust had 141. The areas carrying the largest volume of breaches are Echocardiography (114 breaches), Endoscopy (17 breaches) and MRI (8 breaches). The recovery trajectory is set to maintain 98% and achieve 99% at end of February.
Ownership:	Chief Operating Officer





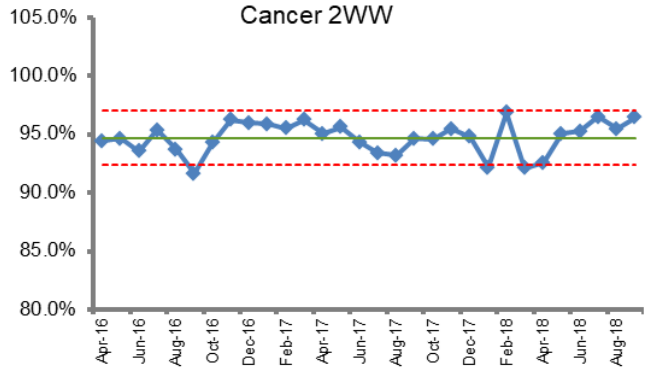
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

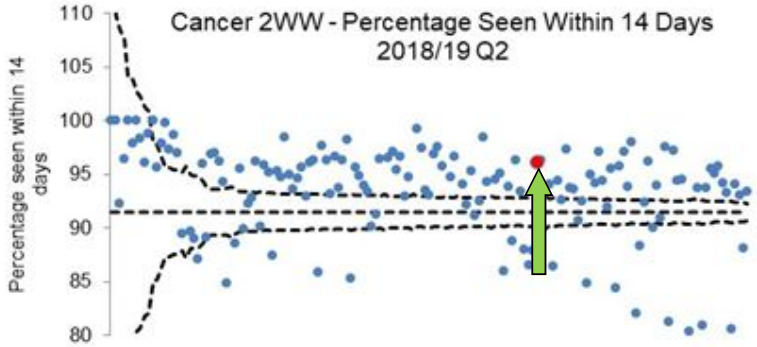
Diagnostic Tests Waiting List at Oct-18

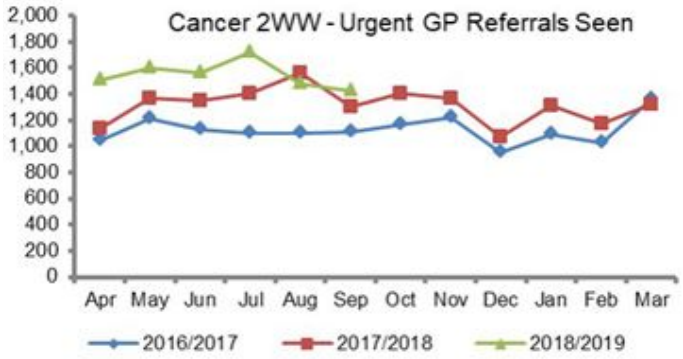
	Under 6 Weeks	6+ Weeks	Total Waiting	Percentage Under 6 Weeks
Audiology	835	0	835	100.0%
Colonoscopy	203	10	213	95.3%
CT	1,055	0	1,055	100.0%
Cystoscopy	6	0	6	100.0%
DEXA Scan	188	0	188	100.0%
Echocardiography	950	114	1,064	89.3%
Flexi Sigmoidoscopy	54	2	56	96.4%
Gastroscopy	161	5	166	97.0%
MRI	1,928	8	1,936	99.6%
Neurophysiology	168	0	168	100.0%
Sleep Studies	124	0	124	100.0%
Ultrasound	2,776	2	2,778	99.9%
Grand Total	**8,448**	**141**	**8,589**	**98.4%**

2.3 PERFORMANCE – Responsive Domain

Cancer Waiting Times – 2WW	
Standards:	Urgent GP-referred suspected cancer patients should be seen within 2 weeks of referral. The national standard is that each Trust should achieve at least 93%
Performance:	For September, 96.4% of patients were seen within 2 weeks (1372 out of 1423 patients). Quarter 1 overall achieved 94.3%. Quarter 2 overall achieved 96.1%
Commentary:	The standard was achieved in quarter 1 and quarter 2 2018/19. The standard is also on track to achieve in quarter 3.
Ownership:	Chief Operating Officer



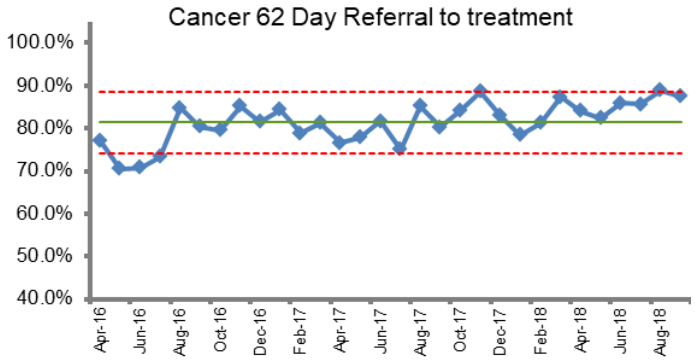


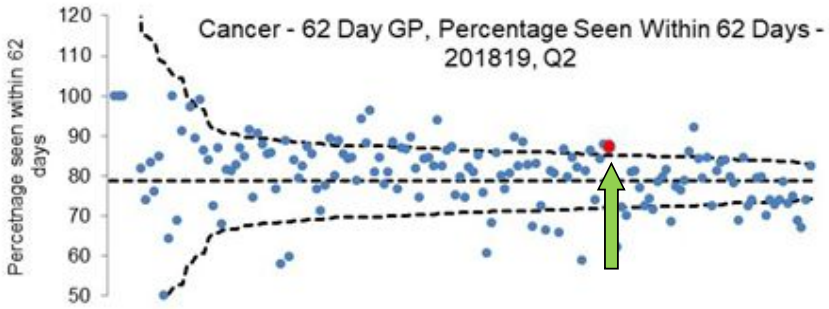


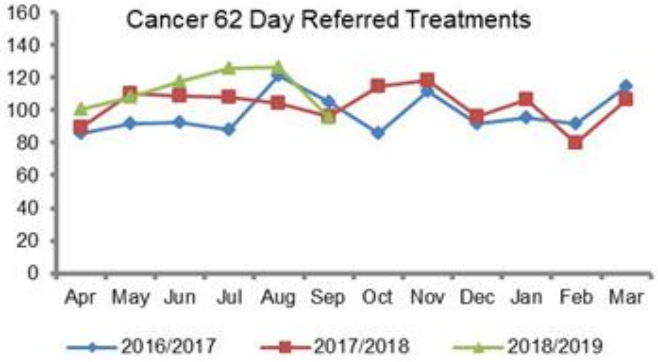
	Cancer 2WW - Sep-18		
Cancer Site	Under 2 Weeks	Total Pathways	Percentage
Other suspected cancer	1	1	100.0%
Suspected children's cancer	21	22	95.5%
Suspected gynaecological cancers	93	103	90.3%
Suspected haematological malignancies excluding ac	15	16	93.8%
Suspected head and neck cancers	335	342	98.0%
Suspected lower gastrointestinal cancers	146	162	90.1%
Suspected lung cancer	16	17	94.1%
Suspected skin cancers	654	667	98.1%
Suspected upper gastrointestinal cancers	91	93	97.8%
Grand Total	1,372	1,423	96.4%

2.3 PERFORMANCE – Responsive Domain

Cancer Waiting Times – 62 Day	
Standards:	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. National standard is that Trusts should achieve at least 85%. The improvement trajectory is 83% for May and 82.5% for Quarter 1.
Performance:	For September, 87.4% of patients were seen within 62 days (83.5 out of 95.5 patients). Quarter 1 finished at 84.2% and Quarter 2 finished at 87.3%.
Commentary:	The national standard was achieved in quarter 2 2018/19. The standard is also on track to achieve in quarter 3.
Ownership:	Chief Operating Officer

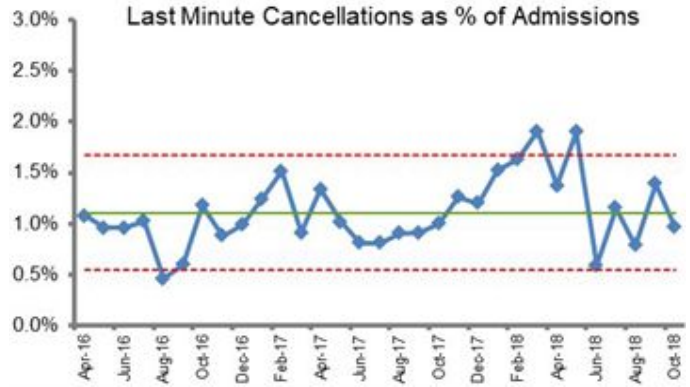


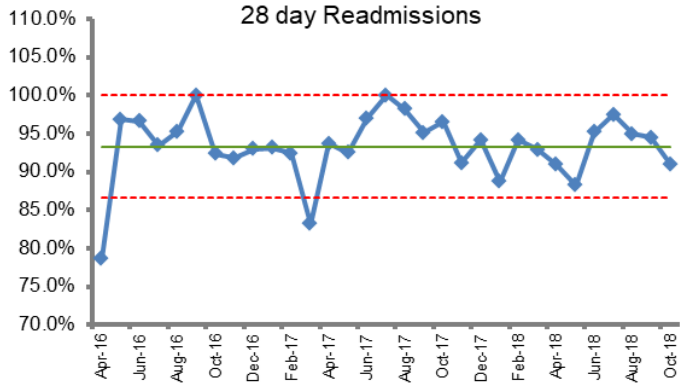


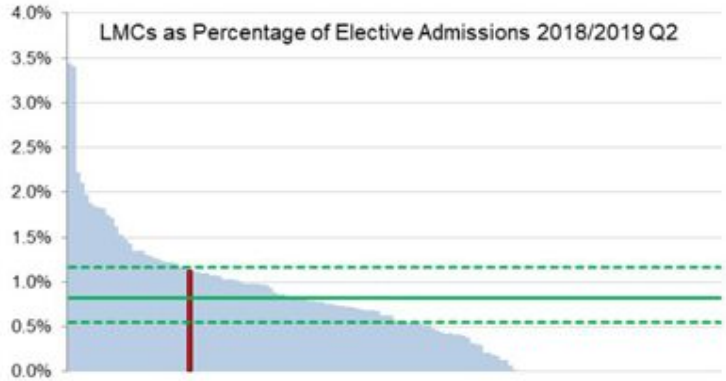


	Cancer 62 Day - Sep-18		
Cancer Site	First Treatment - Within Target	First Treatment - Total	First Treatment - Performance
Breast	4.5	4.5	100.0%
Childrens	1.0	1.0	100.0%
Gynaecological	4.5	4.5	100.0%
Haematological	4.0	4.5	88.9%
Head and Neck	10.0	10.0	100.0%
Lower Gastrointestinal	6.5	8.0	81.3%
Lung	8.5	12.5	68.0%
Other	0.5	0.5	100.0%
Other suspected can	0.0	0.0	
Sarcoma	3.0	3.0	100.0%
Skin	37.0	38.0	97.4%
Upper Gastrointestinal	4.0	5.5	72.7%
Urological	0.0	3.5	0.0%
Grand Total	83.5	95.5	87.4%

Last Minute Cancelled Operations	
Standards:	This covers elective admissions that are cancelled on the day of admission by the hospital, for non-clinical reasons. The total number for the month should be less than 0.8% of all elective admissions. Also, 95% of these cancelled patients should be re-admitted within 28 days
Performance:	In October there were 71 last minute cancellations, which was 1.0% of elective admissions. Of the 89 cancelled in September, 81 (91%) had been re-admitted within 28 days.
Commentary:	October saw a decrease in the number of last minute cancellations, compared to September, alongside an increase in elective admissions. Consequently the overall LMC rate fell to 1%. There were 28 in Cardiac Services, 1 in Medicine, 4 in Dental Services, 4 in ENT/Thoracic, 14 in General Surgery, 8 in Ophthalmology, 1 in Trauma & Orthopaedics and 11 in Paediatrics. The most common reason was "Other Emergency Patient Prioritised" (23 cancellations). Four of August's last minute cancellation patients were not re-admitted within 28 days, so the 95% was narrowly missed.
Ownership:	Chief Operating Officer







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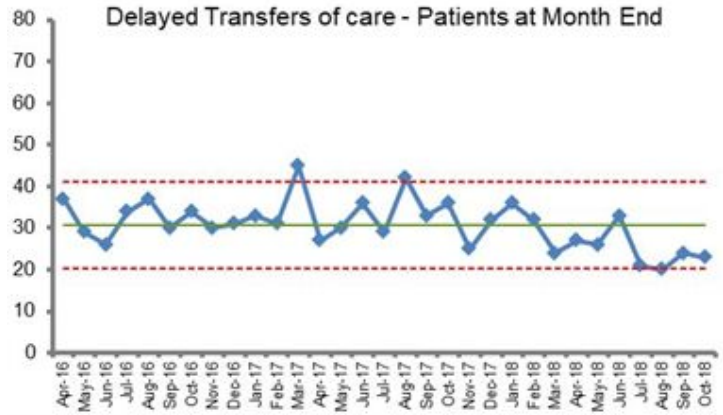
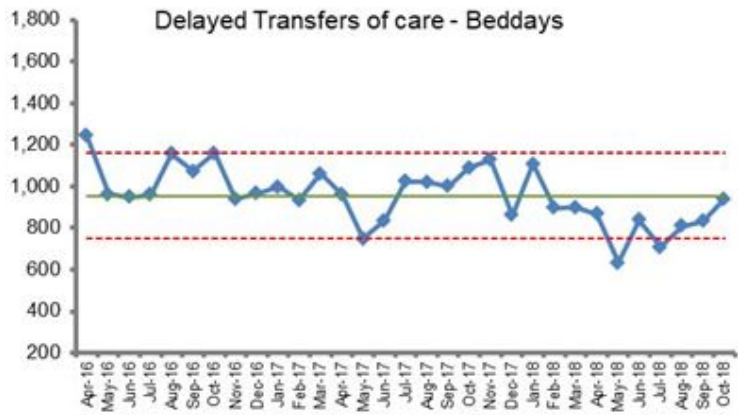
Cancellation Reason	Total
Other Emergency Patient Prioritised	23
No Beds Available	11
No HDU Beds	5
No Theatre Staff	4
Surgeon Unavailable	4
No CICU Beds	4
Technician Not Available	4
Other clinically complicated Patient in theatre	2
Equipment Unavailable	2
Equipment Failure	2
AM list over-ran	2
No ITU Beds	2
Anaesthetist Ill	1
Anaesthetist Unavailable	1
List did not start on time	1
Notes Not Available	1
Booking Error	1
Other Non Emergency Patient Prioritised	1
Grand Total	71

2.3 PERFORMANCE – Responsive Domain

Delayed Transfers of Care (DToC)	
Standards:	Patients who are medically fit for discharge should wait a "minimal" amount of time in an acute bed.
Performance:	In October there were 23 Delayed Transfer of Care patients as at month-end, and 941 beddays consumed by DToC patients.
Commentary:	There were 5 DToCs at South Bristol Hospital and 18 in the Bristol Royal Infirmary. Most beddays were on ward A605 (164 beddays), A522 (117 beddays) and A604 (81 beddays)
Ownership:	Chief Operating Officer





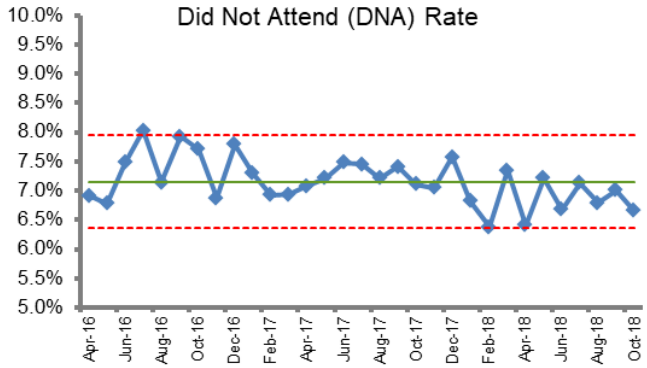
Month	Oct-18					
National DTOC Code	National DTOC Reason	Accountable	Patients (Acute)	Beddays (Acute)	Patients (Non-Acute)	Beddays (Non-Acute)
A	Completion of assessment	Both	0	32	0	9
		NHS	1	33	0	7
		Social Care	0	129	3	83
B	Public Funding	Social Care	0	0	0	4
C	Further non acute NHS Care	NHS	1	62	0	0
Di	Care Home Placement	NHS	1	10	0	0
		Social Care	1	28	0	21
Dii	Care Home Placement	NHS	2	31	0	14
		Social Care	2	52	1	26
E	Care package in own home	NHS	2	50	0	8
		Social Care	7	178	0	34
F	Community equipment / adaptions	NHS	1	19	0	2
		Social Care	0	29	0	11
G	Patient or family choice	NHS	0	36	1	31
H	Disputes	NHS	0	2	0	0
Grand Total			18	691	5	250

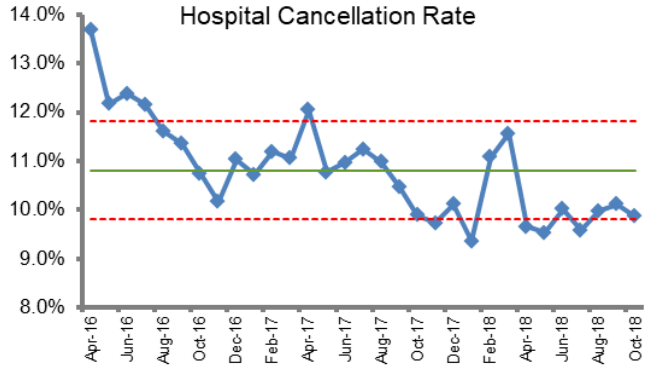
Length of Stay of Inpatients at month-end

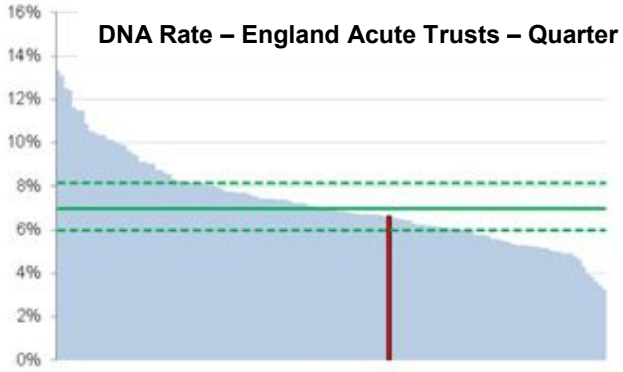
Oct-18	7+ Days	14+ Days	21+ Days	28+ Days
Bristol Children's Hospital	44	33	26	19
Bristol Haematology & Oncology Centre	31	18	6	5
Bristol Royal Infirmary	194	114	74	47
South Bristol Hospital	48	41	32	26
St Michael's Hospital	28	17	13	11
TRUST TOTAL	346	224	151	108
Bristol Royal Infirmary Divisional Breakdown:				
Medicine	106	64	46	29
Specialised Services	44	24	16	9
Surgery, Head & Neck	44	26	12	9

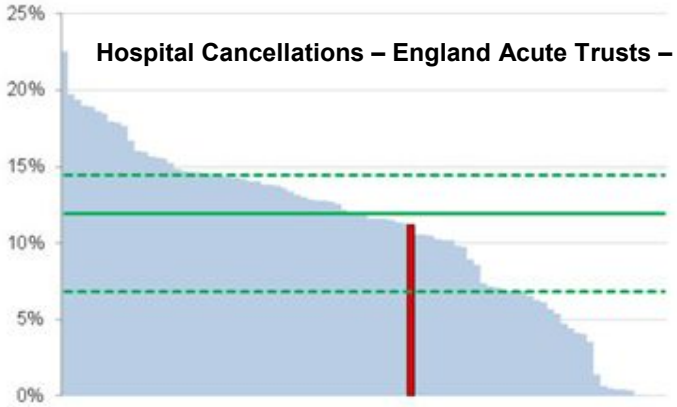
2.3 PERFORMANCE – Responsive Domain

Outpatient Measures	
Standards:	The Did Not Attend (DNA) Rate is the number of outpatient appointments where the patient did not attend, as a percentage of all attendances and DNAs The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made. The target for DNAs is to be below 5%, with an amber tolerance of between 5% and 10%. For Hospital Cancellations, the target is to be on or below 9.7% with an amber tolerance from 10.7% to 9.7%..
Performance:	In October there were 10138 hospital-cancelled appointments, which was 9.9% of all appointments made. There were 4999 appointments that were DNA'ed, which was 6.7% of all planned attendances.
Commentary:	Speciality level DNA targets have been agreed at monthly Outpatient Steering Group (OSG) and will be monitored from Quarter 3.
Ownership:	Chief Operating Officer









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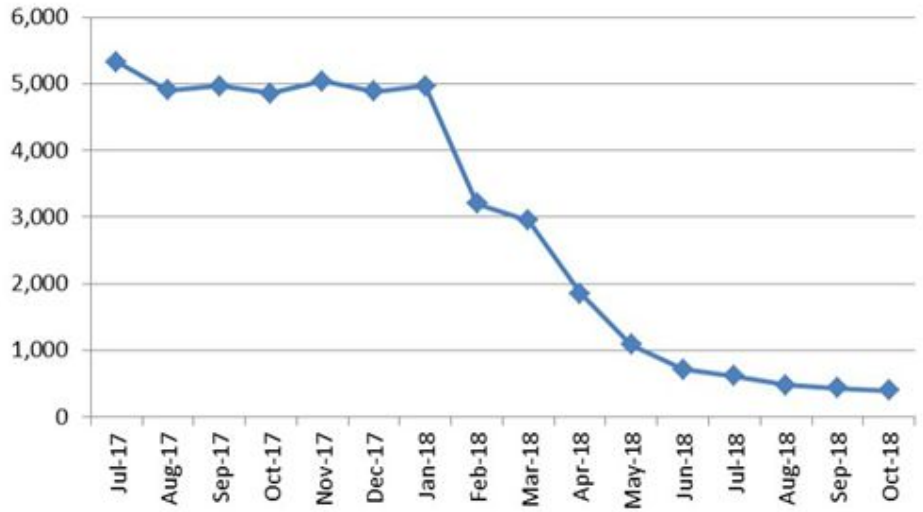
2.3 PERFORMANCE – Responsive Domain

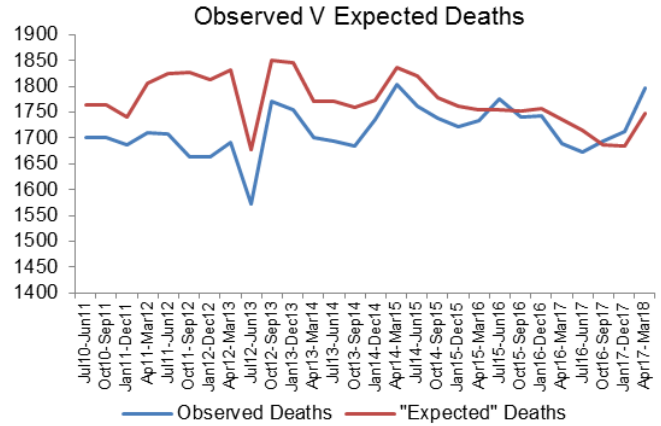
Outpatient – Overdue Follow-Ups	
Standards:	This measure looks at referrals where the patient is on a "Partial Booking List", which indicates the patient is to be seen again in Outpatients but an appointment date has not yet been booked. Each patient has a "Date To Be Seen By", from which the proportion that are overdue can b reported. The current aim is to have no-one more than 12 months overdue
Performance:	As at end of October, number overdue by 12+ months has fallen to 392.
Commentary:	Significant progress has been made by the divisions, through regular weekly review at the Wednesday performance meeting. Focus will shift to the 6-12 months overdue patients from November.
Ownership:	Chief Operating Officer

	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Diagnostics and Therapies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medicine	1,113	1,045	1,111	1,252	1,336	1,276	1,345	1,245	1,105	461	133	23	5	7	3	3
Specialised Services	563	432	442	295	353	387	400	367	383	188	206	214	208	95	58	67
Surgery	1,200	1,058	1,015	934	947	922	887	717	573	444	221	92	17	3	0	0
Women's and Children's	2,451	2,364	2,400	2,381	2,398	2,299	2,330	868	888	756	526	387	387	371	375	322
TRUST TOTAL	**5,327**	**4,899**	**4,968**	**4,862**	**5,034**	**4,884**	**4,962**	**3,197**	**2,949**	**1,849**	**1,086**	**716**	**617**	**476**	436	392

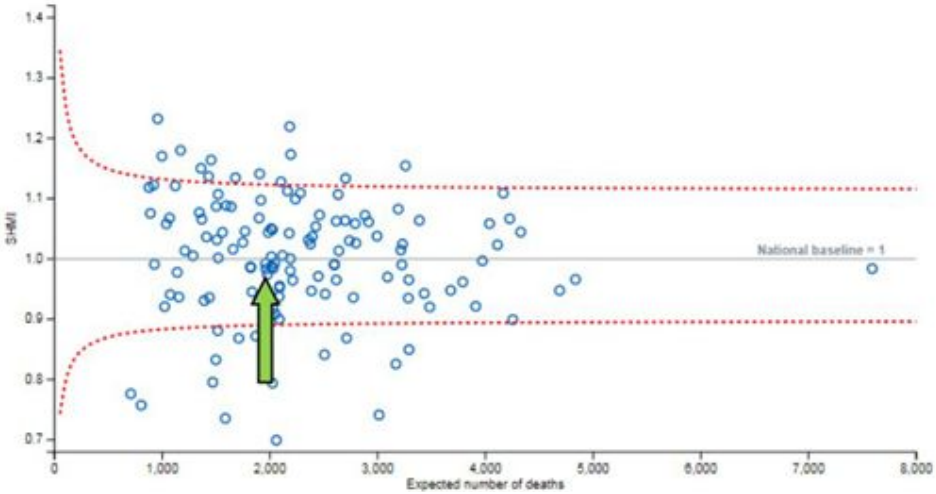


Mortality - Summary Hospital Mortality Indicator (SHMI)	
Standards:	This is the national measure published by NHS Digital .It is the number of actual deaths divided by "expected" deaths, multiplied by 100. The Summary Hospital Mortality Indicator (SHMI) covers deaths in-hospital and deaths within 30 days of discharge. It is published quarterly as covers a rolling 12 –month period. Data is published 6 months in arrears.
Performance:	Latest SHMI data is for 12 month period April 2017 to March-2018. The SHMI was 102.7 (1796 deaths and 1748 "expected"). Data is updated quarterly by NHS Digital.
Commentary:	The Trust SHMI is 102.7 but is still in the "SHMI As Expected" category and statistically there are insufficient data points to determine any trend. Mortality alerts and outliers at speciality level continue to be monitored through the Quality Intelligence Group, chaired by the Medical Director.
Ownership:	Medical Director

Timeframe	Banding	Observed Deaths	"Expected" Deaths	SHMI
Jul15-Jun16	As Expected	1775	1754.3478	101.18
Oct15-Sep16	As Expected	1741	1752.0551	99.37
Jan16-Dec16	As Expected	1743	1758.3667	99.13
Apr16-Mar17	As Expected	1690	1736.8023	97.31
Jul16-Jun17	As Expected	1674	1714.451	97.64
Oct16-Sep17	As Expected	1693	1686.2059	100.40
Jan17-Dec17	As Expected	1712	1683.682	101.68
Apr17-Mar18	As Expected	1796	1748.1723	102.74

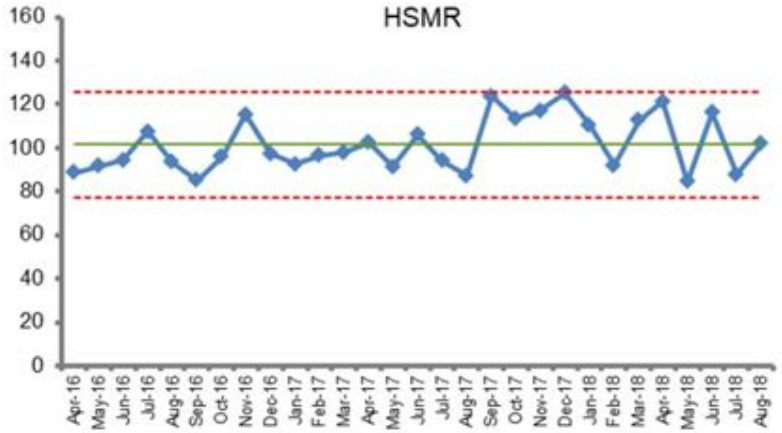


April 2017 to March 2018



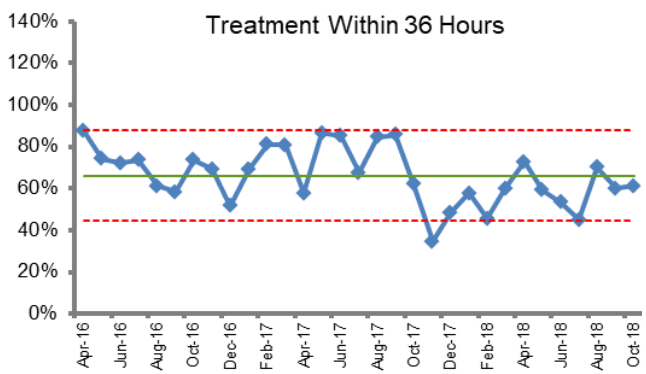
2.4 PERFORMANCE – Effective Domain

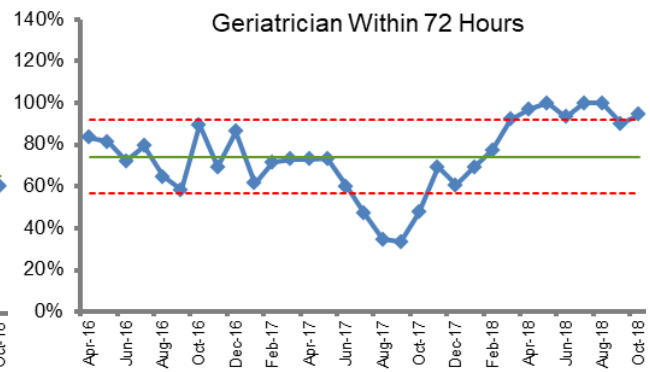
Mortality – Hospital Standardised Mortality Ratio (HSMR)	
Standards:	This is the national measure published by Dr Foster .It is the number of actual deaths divided by "expected" deaths, multiplied by 100. The Hospital Standardised Mortality Ratio (HSMR) is in-hospital deaths for conditions that account for 80% of hospital deaths
Performance:	Latest HSMR data is for August 2018. The HSMR was 101.9 (65 deaths and 64 "expected")
Commentary:	HSMR for August 2018 is 101.9 and remains within the upper and lower statistical process control limits. Mortality alerts and outliers at speciality level continue to be monitored through the Quality Intelligence Group, chaired by the Medical Director.
Ownership:	Medical Director

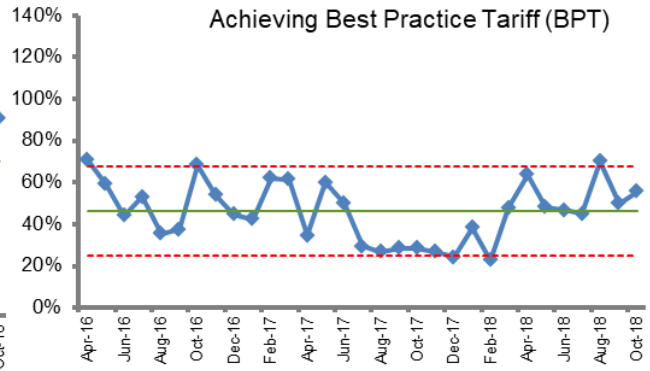


2.4 PERFORMANCE – Effective Domain

Fracture Neck of Femur	
Standards:	Best Practice Tariff (BPT), is a basket of indicators covering eight elements of what is considered to be best practice in the care of patients that have fractured their hip. 90% of patients should achieve Best Practice Tariff. Two key measures are being treated within 36 hours and seeing an orthogeriatrician within 72 hours. Both these measures should achieve 90%.
Performance:	In October, there were 22 patients discharged following an admission for fractured neck of femur who were eligible for Best Practice Tariff (BPT). For the 36 hour target, 54.5% (12 patients) were seen with target. For the 72 hour target, 95.5% (21 patients) were seen within target 11 patients (50%) achieved all elements of the Best Practice Tariff.
Commentary:	In October, there were 22 discharged following an admission with a fractured neck of femur and who were eligible for Best Practice Tariff (BPT). Ten of these patients were not operated on in theatre within the required 36 hours. One additional patient was not reviewed by an ortho-geriatrician within 72 hours, but all patients were reviewed by a physiotherapist on the day of or the day after surgery. Therefore 11 of 22 patients did not qualify for BPT (BPT achievement of 50%). Further details are provided below: The list below outlines the details of the 10 patients who were not treated in theatre within 36 hours: • One patient experienced a delayed because they required a specialist surgeon • One patient was delayed because their anticoagulation medication needed to be optimised prior to surgery • Eight patients were not operated on within the 36 hour timeframe due to other urgent trauma cases being prioritised The patient who was not reviewed by an ortho-geriatrician within 72 hours was due to annual leave at half term.
Ownership:	Medical Director

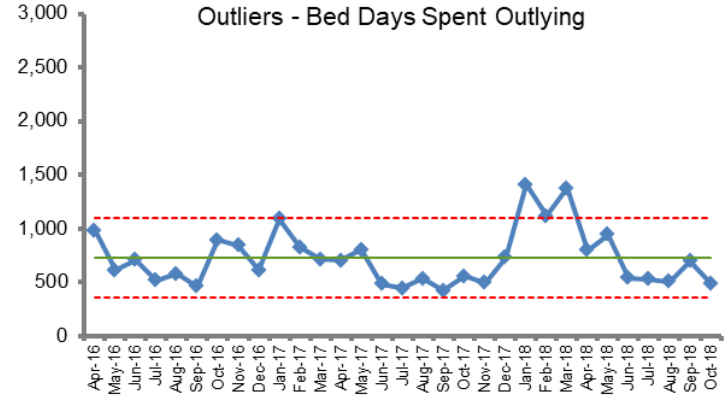


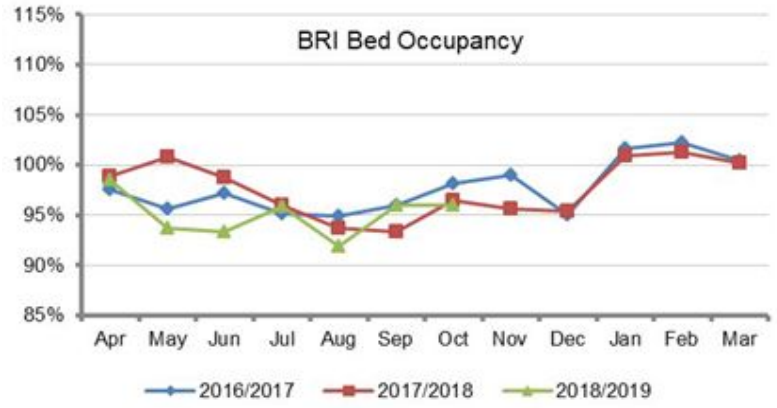


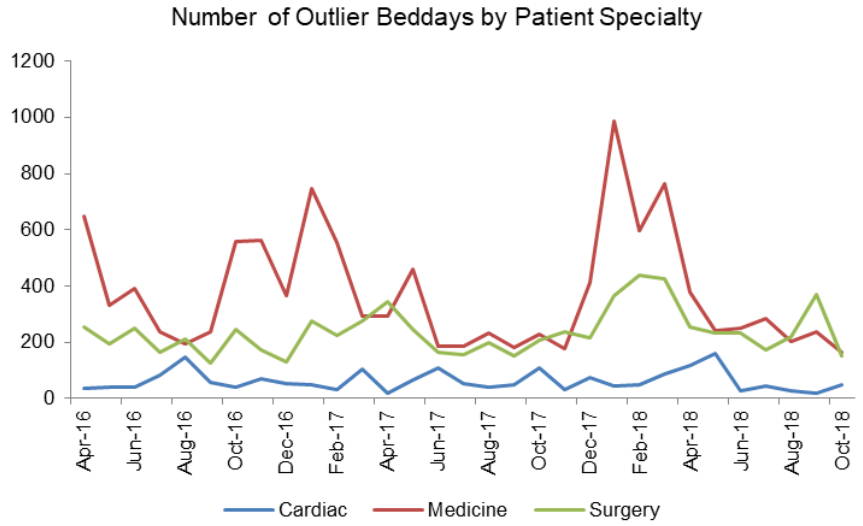


2.4 PERFORMANCE – Effective Domain

Outliers	
Standards:	This is a measure of how many bed-days patients spend on a ward that is different from their broad treatment speciality: medicine, surgery, cardiac and oncology. Our target is a 15% reduction which equates to a 9029 bed-days for the year with seasonally adjusted quarterly targets.
Performance:	In October there were 492 outlying beddays (1 bedday = 1 patient in a bed at 12 midnight).
Commentary:	The October target of no more than 704 beddays was achieved. Of all the outlying beddays 164 were Medicine patients, 123 were Specialised Services patients and 158 were Surgery patients. There were 36 beddays spent outlying overnight on escalation wards.
Ownership:	Chief Operating Officer

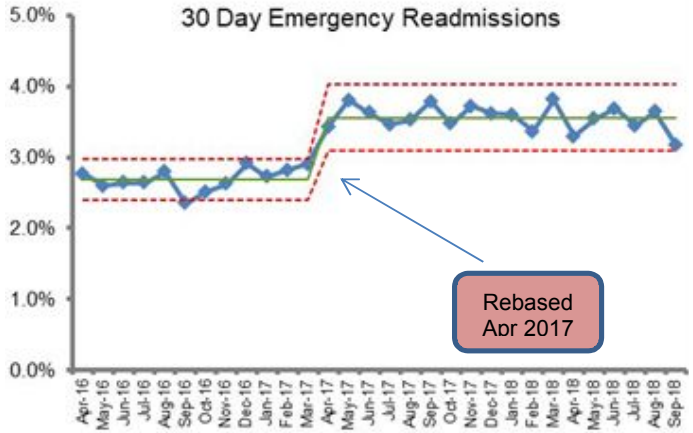






2.4 PERFORMANCE – Effective Domain

30 Day Emergency Readmissions	
Standards:	This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. This uses Payment By Results (PbR) rules, which excludes certain pathways such as Cancer and Maternity. The target for the Trust is to remain below 2017/18 total of 3.62%, with a 10% amber tolerance down to 3.26%.
Performance:	In September, there were 12228 discharges, of which 388 (3.17%) had an emergency re-admission within 30 days.
Commentary:	8.3% of Medicine division discharges were re-admitted within 30 days as an emergency, 3.7% from Surgery and 1.0% from Specialised Services.
Ownership:	Chief Operating Officer

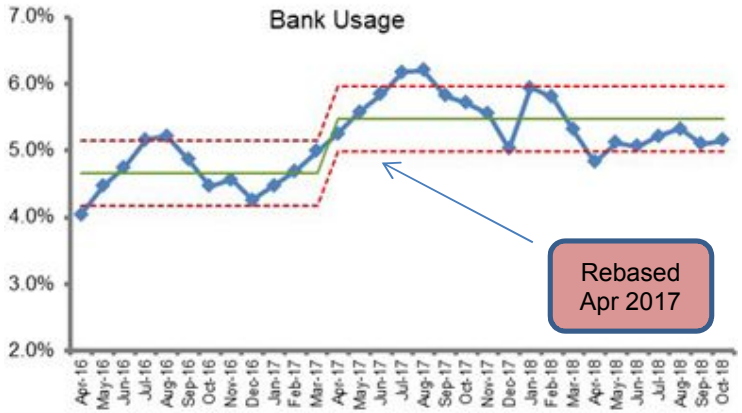


Discharges in September 2018

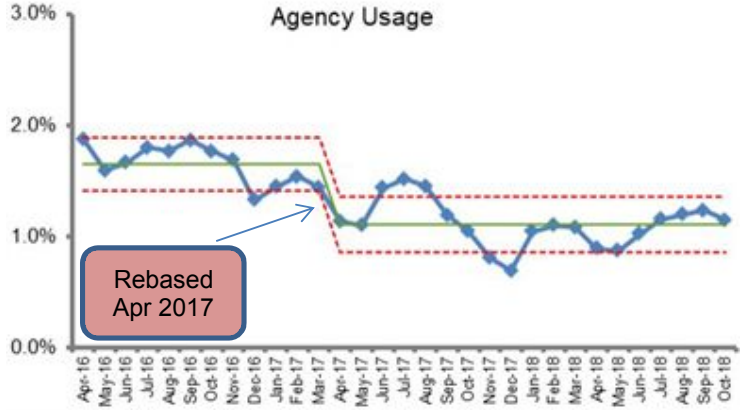
	Emergency Readmissions	Total Discharges	% Readmissions
Diagnostics and Therapies	0	28	0.00%
Medicine	196	2,366	8.28%
Specialised Services	26	2,679	0.97%
Surgery	113	3,080	3.67%
Women's and Children's	53	4,073	1.30%
TRUST TOTAL	**388**	**12,228**	**3.17%**

2.5 PERFORMANCE – Efficient Domain

Bank and Agency Usage	
Standards:	Usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets for 2018/19. The red threshold is 10% over the monthly target.
Performance:	In October, total staffing was at 8831 FTE. Of this, 5.2% was Bank (455 FTE) and 1.1% was Agency (101.5 FTE)
Commentary:	**Agency usage** reduced by 6.4 FTE, with the largest increase seen in Diagnostics & Therapies with 9.9 FTE compared to 6.4 FTE in the previous month. The largest reduction was seen in Medicine, decreasing to 21.1 FTE from 32.4 FTE the previous month. The largest staff group increase was within Health Professionals increasing to 16.2 FTE from 13.3 FTE in the previous month. **Bank usage** increased by 11.1 FTE, with the largest increase seen in Specialised Services with 75.0 FTE compared to 64.9 FTE in the previous month. The largest reduction was seen in Medicine, decreasing to 115.2 FTE from 125.0 FTE the previous month. The largest staff group increase was within Health Professionals increasing to 14.4 FTE from 10.9 FTE in the previous month.
Ownership:	Director of People



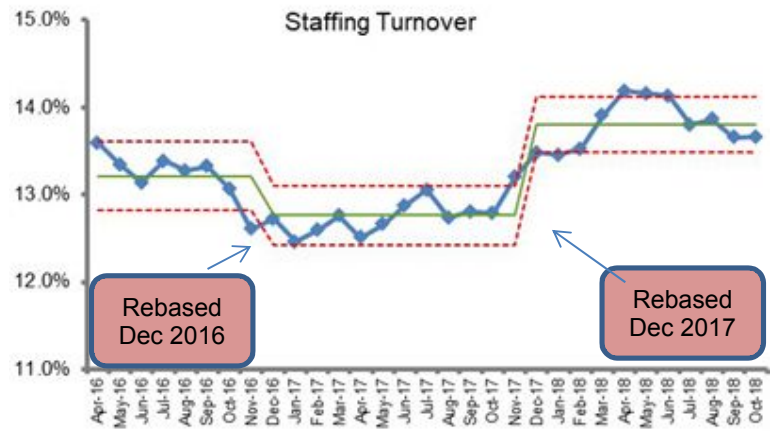
Bank	Oct FTE	Oct Actual %	Oct KPI
UHBristol	**455.3**	**5.2%**	**4.1%**
Diagnostics & Therapies	13.7	1.3%	1.4%
Facilities and Estates	55.6	7.5%	6.9%
Medicine	115.2	8.8%	10.9%
Specialised Services	75.0	7.1%	5.5%
Surgery	93.9	5.1%	1.9%
Trust Services	33.2	4.0%	3.2%
Women's & Children's	68.7	3.3%	1.6%



Agency	Oct FTE	Oct Actual %	Oct KPI
UHBristol	**101.5**	**1.1%**	**0.8%**
Diagnostics & Therapies	9.9	1.0%	1.3%
Facilities and Estates	1.0	0.1%	0.7%
Medicine	21.1	1.61%	1.56%
Specialised Services	20.5	2.0%	0.7%
Surgery	17.8	1.0%	0.6%
Trust Services	3.7	0.4%	0.5%
Women's & Children's	27.6	1.3%	0.4%

2.5 PERFORMANCE – Efficient Domain

Staffing Levels (Turnover)	
Standards:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 12.3% by the end of 2018/19. The red threshold is 10% above monthly trajectory.
Performance:	In October, there had been 970 leavers over the previous 12 months with 7098 FTE staff in post on average over that period; giving a Turnover of 970 / 7098 = 13.7%
Commentary:	Turnover increased to 13.66% from 13.65% last month, with increases in three divisions – Diagnostics & Therapies, Specialised Services, and Surgery. The largest divisional reduction was seen within Trust Services reducing to 14.94% from 15.41% the previous month. The largest divisional increase was seen within Specialised Services increasing to 15.7% from 15.0% the previous month. The biggest reduction in staff group was seen within Additional Clinical Services (0.7 percentage points). The largest increase in staff group was seen within Add Prof Scientific and Technic (0.9 percentage points).
Ownership:	Director of People



Turnover	Oct-18	KPI
UH Bristol NHS Foundation Trust	**13.7%**	**13.0%**
Diagnostics & Therapies	10.9%	11.8%
Facilities & Estates	17.5%	16.4%
Medicine	14.5%	14.2%
Specialised Services	15.7%	14.0%
Surgery	13.3%	12.3%
Trust Services	14.9%	14.1%
Women's & Children's	11.9%	11.0%

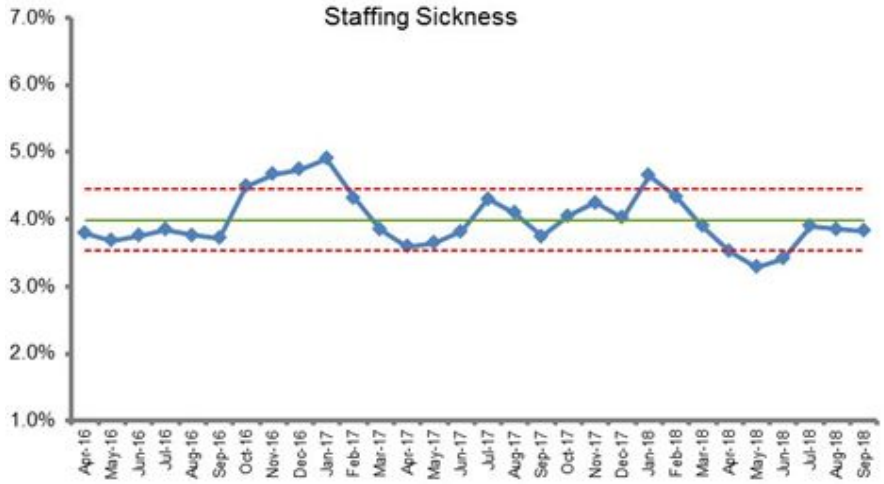
2.5 PERFORMANCE – Efficient Domain

Staffing Levels (Vacancy)	
Standards:	Vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a Trust-wide target of 5%.
Performance:	In October, funded establishment was 8671, with 397 as vacancies (4.6%).
Commentary:	Overall vacancies reduced to 4.6% compared to 5.6% in the previous month. There were reductions in Admin & Clerical, Medical Staff and Nursing Staff. Medicine had the largest Divisional reduction to 50.8 FTE from 85.4 FTE the previous month. The largest staff group vacancy position reduction was seen within Nursing staff reducing to 148.3 FTE from 222.6 FTE the previous month. The biggest Divisional reduction in this staff group was seen within Women's and Children's where Nursing vacancies reduced to 8.0 FTE from 41.3 FTE the previous month.
Ownership:	Director of People

Vacancy	Oct-18	KPI
UH Bristol	**4.6%**	**5.0%**
Diagnostics & Therapies	6.2%	5.0%
Medicine	4.2%	5.0%
Specialised Services	5.6%	5.0%
Surgery	5.1%	5.0%
Women's & Children's	0.0%	5.0%
Trust Services	4.8%	5.0%
Facilities & Estates	11.7%	5.0%

2.5 PERFORMANCE – Efficient Domain

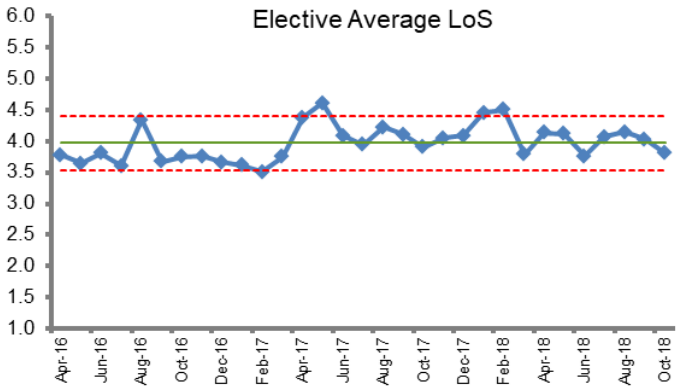
Staff Sickness	
Standards:	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2018/19. The red threshold is 0.5% over the monthly target.
Performance:	In October, total available FTE days were 256617 of which 10150 (4.0%) were lost to staff sickness
Commentary:	Sickness absence increased to 4.0% from 3.8%, with reductions in one division. The largest divisional reduction was seen in Facilities & Estates reducing to 7.0% from 7.1% the previous month, Specialised Services saw the largest increase to 3.3% from 2.9% the previous month. The largest staff group increase was seen in Add Prof Scientific and Technic, rising to 3.4% from 2.2% the previous month. The largest staff group reduction was seen within Healthcare Scientists reducing to 2.8% from 3.3% the previous month.
Ownership:	Director of People

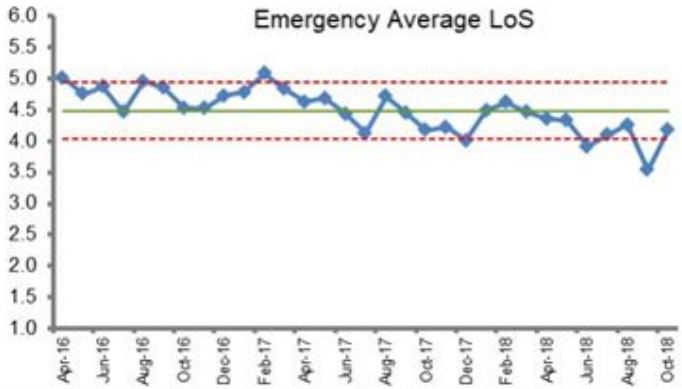


Sickness	Oct-18	Oct KPI
UH Bristol NHS Foundation Trust	4.0%	4.0%
Diagnostic & Therapies	2.8%	3.0%
Facilities & Estates	7.0%	6.5%
Medicine	4.8%	4.5%
Specialised Services	3.3%	3.7%
Surgery	3.9%	3.6%
Trust Services (exc Facilities & Estates)	3.4%	3.0%
Women's & Children's	3.6%	4.0%

2.5 PERFORMANCE – Efficient Domain

Average Length of Stay	
Standards:	Average Length of Stay is the number of beddays (1 beddays = 1 bed occupied at 12 midnight) for all inpatients discharged in the month, divided by number of discharges.
Performance:	In October there were 6838 discharges that consumed 26,489 beddays, giving an overall average length of stay of 3.87 days.
Ownership:	Chief Operating Officer

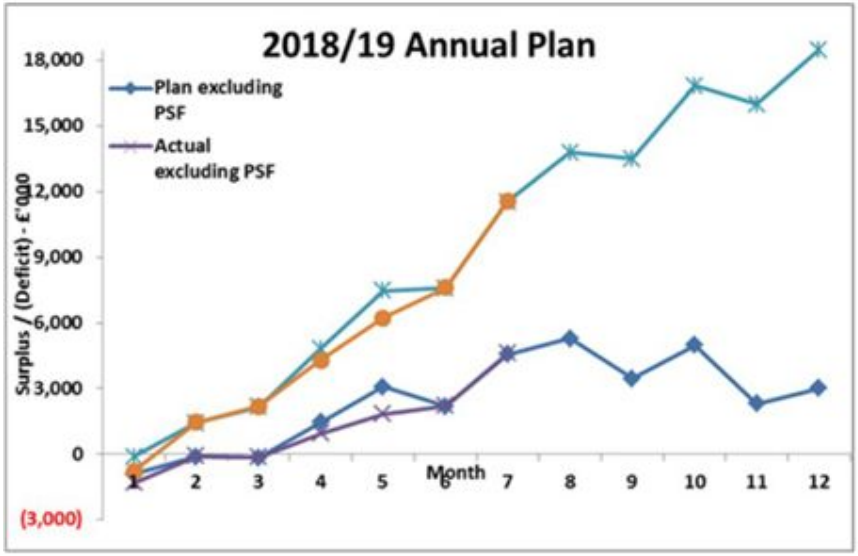


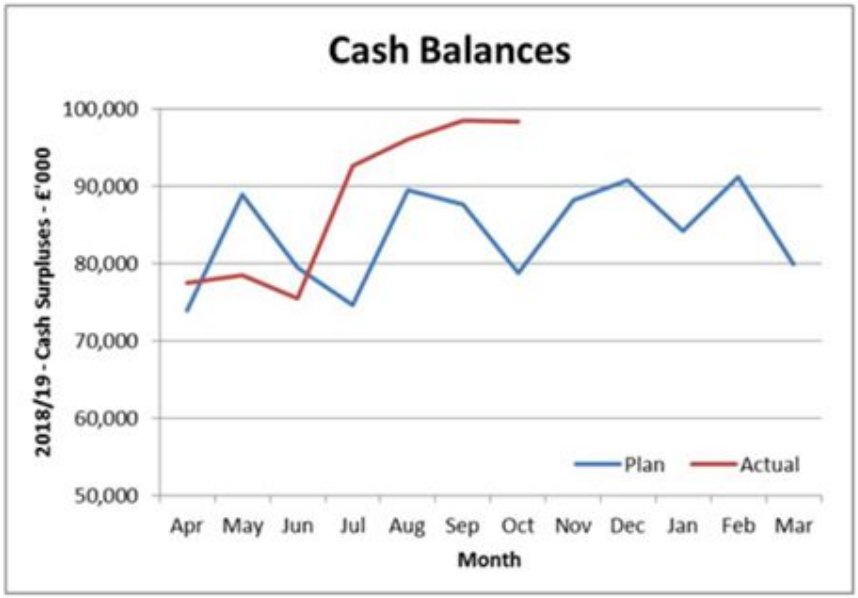


Average Length of Stay – England Acute Trusts – 2018/19 Quarter 1

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

2.6 FINANCIAL PERFORMANCE



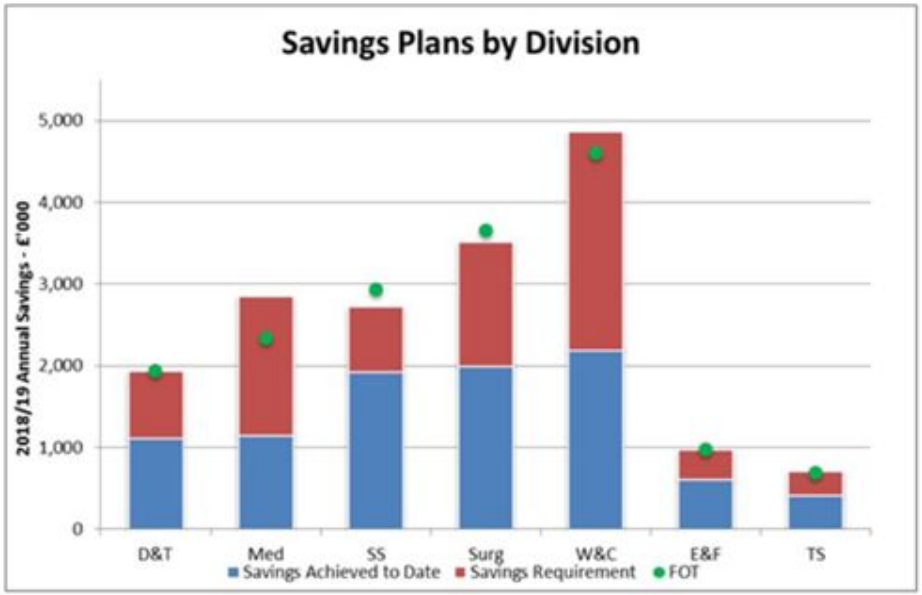


Actual Spend - £'000							
Agency	In Month					Plan for Year	Straight Line Projection
	QTR 1	Jul	Aug	Sept	Oct		
Nursing & Midwifery	1,406	549	618	684	623	3,257	6,651
Medical							
Consultants	56	71	61	53	48	184	495
Other Medical	106	71	24	17	1	276	375
Other	189	126	188	129	175	1,701	1,383
Total	**1,757**	**817**	**891**	**883**	**847**	**5,418**	**8,906**

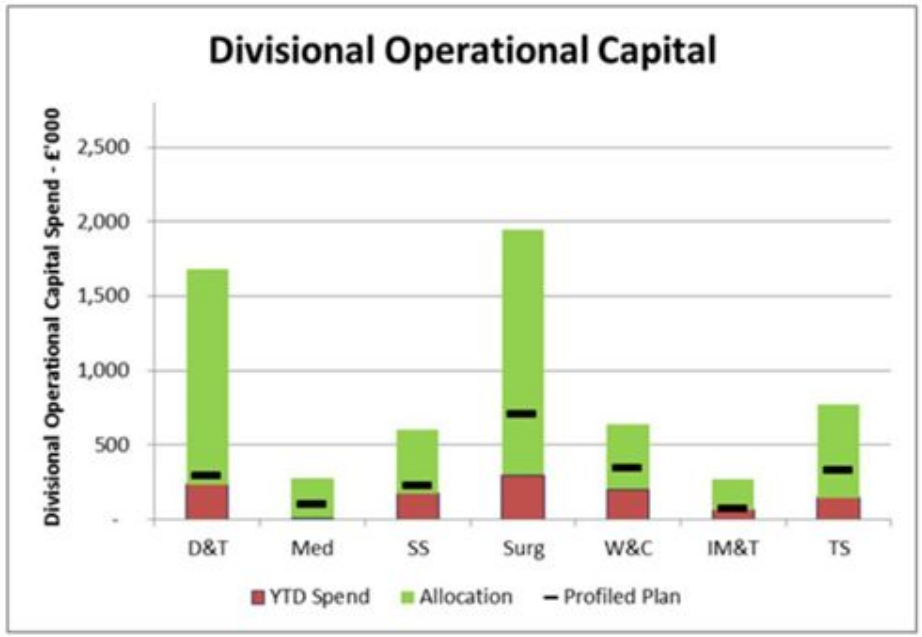
YTD Variance to Budget Surplus/(Deficit) - £'000					
Division	QTR 1	Jul	Aug	Sept	Oct
Diagnostics & Therapies	156	161	160	97	149
Medicine	(449)	(844)	(1,285)	(1,510)	(1,562)
Specialised Services	335	275	204	210	116
Surgery	(651)	(995)	(1,436)	(1,634)	(1,888)
Women's & Children's	(78)	(121)	(617)	(966)	(1,056)
Estates & facilities	(18)	16	28	20	(10)
Trust Services	(18)	(18)	(36)	(32)	(28)
Other Corporate Services	152	246	162	187	131
Total	**(571)**	**(1,280)**	**(2,820)**	**(3,628)**	**(4,148)**

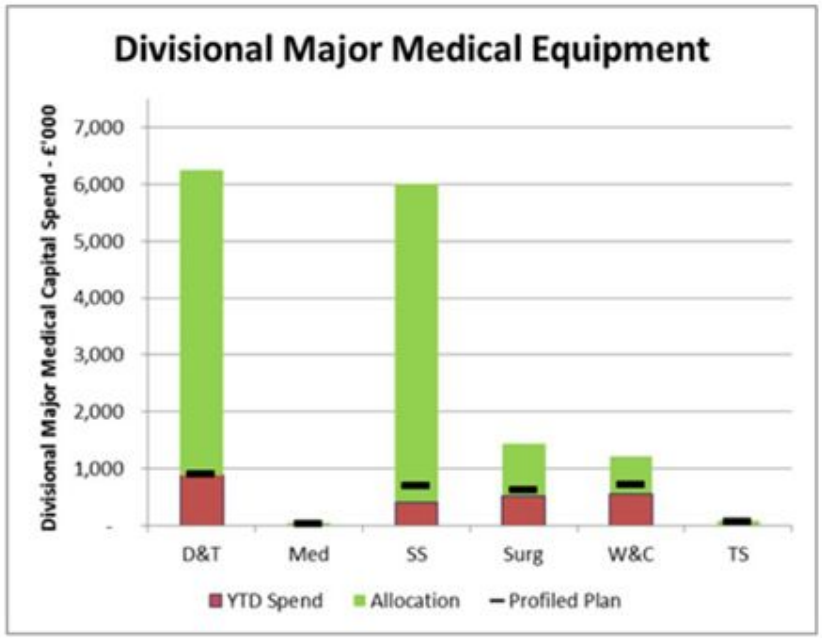
Variance to Budget Surplus/(Deficit) - £'000						
	In Month					YTD
Subjective Heading	QTR 1	Jul	Aug	Sept	Oct	Total
Nursing & Midwifery Pay	(1,015)	(338)	(288)	(465)	(639)	**(2,745)**
Medical & Dental Pay	(1,033)	(340)	(395)	(449)	(376)	**(2,593)**
Other Pay	328	260	80	197	120	**985**
Non Pay	(1,087)	(475)	(464)	(157)	(174)	**(2,357)**
Income from Operations	(27)	75	17	80	(139)	**6**
Income from Activities	2,263	109	(490)	(14)	688	**2,556**
Total	**(571)**	**(709)**	**(1,540)**	**(808)**	**(520)**	**(4,148)**

2.6 FINANCIAL PERFORMANCE



2018/19 Capital Programme			Year To Date		
Operational Plan	Subjective Heading	Revised Plan / FOT	Internal Plan	Actual spend	Variance (over) /under
£'000		£'000	£'000	£'000	£'000
	Sources of Funding				
1,600	PDC	4,094	-	-	-
3,189	Loan				
3,000	Donations - Cash	2,972	1,009	888	(121)
	Donations - Direct Cash:	28	28	28	0
24,338	Depreciation	23,531	13,613	13,607	(6)
	Insurance Claim	2,266			0
14,962	Cash balances	(598)	(1,688)	(3,763)	(2,075)
47,089	Total Funding	32,293	12,962	10,760	(2,202)
	Application/Expenditure				
(11,618)	Strategic Schemes	(7,754)	(1,868)	(1,756)	112
(17,620)	Medical Equipment	(17,671)	(3,005)	(2,433)	572
(16,415)	Operational Capital	(16,139)	(4,284)	(2,798)	1,486
(7,468)	Information Technology	(7,824)	(2,835)	(2,998)	(163)
(2,367)	Estates Replacement	(3,298)	(970)	(775)	195
(55,488)	Gross Expenditure	(52,686)	(12,962)	(10,760)	2,202
8,399	In-Year Slippage	20,393			
(47,089)	Net Expenditure	(32,293)	(12,962)	(10,760)	2,202

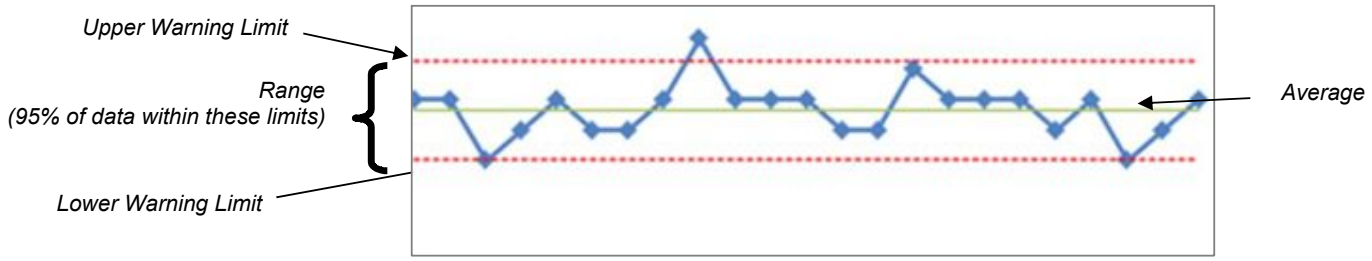




A1 APPENDIX 1 – Explanation of SPC Charts

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

An example chart is shown below:



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

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

APPENDIX 2 External Views of the Trust

This section provides details of the ratings and scores published by the Care Quality Commission (CQC), NHS Choices website and Monitor. A breakdown of the currently published score is provided, along with details of the scoring system and any changes to the published scores from the previous reported period.

Care Quality Commission

Ratings for the main University Hospitals Bristol NHS Foundation Trust sites
(March 2017)

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent & Emergency Medicine	Good	Outstanding	Good	Requires improvement	Outstanding	Good
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Outstanding	Good	Outstanding	Outstanding
Critical care	Good	Good	Good	Requires improvement	Good	Good
Maternity & Family Planning	Good	Good	Good	Good	Outstanding	Good
Services for children and young people	Good	Outstanding	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients & Diagnostic Imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Outstanding	Good	Requires improvement	Outstanding	**Outstanding**

NHS Choices

Website
The NHS Choices website has a 'Services Near You' page, which lists the nearest hospitals for a location you enter. This page has ratings for hospitals (rather than trusts) based upon a range of data sources.

Site	User ratings	Recommended by staff	Mortality rate (within 30 days)	Food choice & Quality
BCH	5 stars	OK	OK	✓ 98.5%
STM	5 stars	OK	OK	✓ 98.4%
BRI	4 stars	OK	OK	✓ 96.5%
BDH	3 stars	OK	OK	Not available
BEH	4.5 Stars	OK	OK	✓ 91.7%

Stars – maximum 5
OK = Within expected range
✓ = Among the best (top 20%)
! = Among the worst
Please refer to appendix 1 for our site abbreviations.

APPENDIX 3 – Trust Scorecards

SAFE, CARING & EFFECTIVE

Topic	ID	Title	Annual 17/18	Annual 18/19 YTD	Monthly Totals Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Quarterly Totals 17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
Patient Safety																				
Infections	DA01	MRSA Trust Apportioned Cases	4	5	1	1	1	0	0	1	0	2	0	0	1	1	1	3	1	1
	DA02	MSSA Trust Apportioned Cases	25	19	4	1	2	3	3	3	5	4	2	3	1	1	8	12	6	1
	DA03	CDiff Trust Apportioned Cases	35	22	1	3	2	6	0	2	0	6	4	1	7	2	8	8	12	2
C.Diff "Avoidables"	DA03B	CDiff Trust Apportioned Cases - Lapse in Care	7	2	0	0	0	0	0	1	0	0	1	0	0	0	0	1	1	0
	DA03D	CDiff Trust Apportioned Cases - Still Under Review	12	13	1	3	2	6	0	0	0	1	2	1	7	2	8	1	10	2
Infection Checklists	DB01	Hand Hygiene Audit Compliance	97.6%	97.4%	97.6%	97.3%	98.4%	98.2%	96.9%	96.8%	97.8%	97.4%	97.7%	97.2%	98%	97%	97.8%	97.3%	97.6%	97%
	DB02	Antibiotic Compliance	86.4%	80.5%	89.1%	85.4%	85.2%	89.6%	85.3%	82.8%	81.3%	83%	84.6%	77.4%	75.1%	76.7%	86.6%	82.5%	79.6%	76.7%
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	-	-	96%	95%	98%	94%	95%	95%	96%	95%	95%	95%	95%	95%	-	-	-	-
	DC02	Cleanliness Monitoring - Very High Risk Areas	-	-	98%	98%	96%	97%	98%	97%	97%	98%	97%	97%	97%	98%	-	-	-	-
	DC03	Cleanliness Monitoring - High Risk Areas	-	-	97%	96%	93%	96%	96%	96%	95%	96%	96%	95%	95%	96%	-	-	-	-
Serious Incidents	S02	Number of Serious Incidents Reported	57	41	4	4	6	2	7	3	10	4	4	8	8	4	15	17	20	4
	S02a	Number of Confirmed Serious Incidents	53	23	3	4	6	2	6	3	10	4	3	3	-	-	14	17	6	-
	S02b	Number of Serious Incidents Still Open	-	18	-	-	-	-	-	-	-	-	1	5	8	4	-	-	14	4
	S03	Serious Incidents Reported Within 48 Hours	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	S03a	Serious Incidents - 72 Hour Report Completed Within Timescale	94.7%	97.6%	50%	100%	100%	100%	100%	100%	100%	100%	75%	100%	100%	100%	100%	100%	95%	100%
	S04	Serious Incident Investigations Completed Within Timescale	96.2%	97.1%	100%	100%	83.3%	100%	100%	100%	75%	100%	100%	100%	100%	100%	93.3%	92.9%	100%	100%
	S04a	Overdue Exec Commissioned Non-SI Investigations	19	9	1	3	3	1	1	2	2	1	2	2	0	0	5	5	4	0
Never Events	S01	Total Never Events	8	1	0	0	1	0	1	0	0	0	0	1	0	0	2	0	1	0
Patient Safety Incidents	S06	Number of Patient Safety Incidents Reported	15656	10316	1332	1193	1347	1379	1480	1428	1311	1445	1566	1539	1510	1517	4206	4184	4615	1517
	S06b	Patient Safety Incidents Per 1000 Beddays	50.86	58.46	52.96	46.38	50.04	57.11	55.29	55.84	52.85	59.13	60.39	62.35	59.72	58.92	54.04	55.92	60.81	58.92
	S07	Number of Patient Safety Incidents - Severe Harm	92	55	9	9	10	7	7	6	13	10	5	3	9	9	24	29	17	9
Patient Falls	AB01	Falls Per 1,000 Beddays	4.59	4.3	3.78	4.51	4.61	4.68	5.04	3.79	4.27	3.72	4.4	5.27	4.9	3.73	4.78	3.93	4.85	3.73
	AB06a	Total Number of Patient Falls Resulting in Harm	25	17	2	5	2	0	2	2	4	1	1	5	2	2	4	7	8	2
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.162	0.295	0.159	0.156	0.372	0.207	0.149	0.156	0.121	0.123	0.347	0.203	0.277	0.816	0.244	0.134	0.277	0.816
	DE02	Pressure Ulcers - Grade 2	45	45	4	4	10	5	4	2	3	3	8	4	7	18	19	8	19	18
	DE04A	Pressure Ulcers - Grade 3 or 4	5	7	0	0	0	0	0	2	0	0	1	1	0	3	0	2	2	3
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	98.4%	98.4%	98.2%	98%	98%	98.3%	98.3%	98.1%	98.4%	98.5%	98.3%	98.7%	98.4%	98.4%	98.2%	98.3%	98.5%	98.4%
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	95%	92.6%	94%	92.3%	91.4%	94.4%	97.1%	93.8%	96.1%	91.1%	95%	93.4%	89.6%	87.8%	94.1%	93.8%	92.9%	87.8%
	N04	Number of Hospital Associated VTEs	50	23	1	3	8	3	7	3	4	3	4	6	3	-	18	10	13	-
	N04A	Number of Potentially Avoidable Hospital Associated VTEs	2	1	0	0	0	0	0	0	0	1	0	0	0	-	0	1	0	-
	N04B	Number of Hospital Associated VTEs - Report Not Received To Date	4	12	0	1	0	1	2	1	1	1	3	5	1	-	3	3	9	-
Nutrition	WB03	Nutrition: 72 Hour Food Chart Review	92.1%	-	95.2%	88.8%	95%	91%	93.7%	-	-	-	-	-	-	-	93%	-	-	-
Nutrition Audit	WB10	Fully and Accurately Completed Screening within 24 Hours	89.9%	91.2%	-	88.9%	-	-	86.3%	-	-	92%	-	-	90.4%	-	86.3%	92%	90.4%	-
Safety	Y01	WHO Surgical Checklist Compliance	99.7%	99.8%	99.2%	99.8%	100%	99.8%	99.7%	99.9%	99.7%	99.7%	99.9%	99.8%	99.8%	99.8%	99.8%	99.7%	99.8%	99.8%

APPENDIX 3 – Trust Scorecards

Topic	ID	Title	Annual 17/18	Annual 18/19 YTD	Monthly Totals Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Quarterly Totals 17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
Medicines	WA01	Medication Incidents Resulting in Harm	0.55%	0.19%	0.47%	0.5%	0.49%	0%	0%	0%	0.91%	0.37%	0%	0%	0%	-	0.15%	0.42%	0%	-
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	0.4%	0.41%	0.41%	0%	0.42%	1.02%	0.33%	0.63%	0.36%	0.24%	0.54%	0.22%	0.53%	0.41%	0.57%	0.43%	0.4%	0.41%
Safety Thermometer	AK03	Safety Thermometer - Harm Free Care	97.9%	-	98.8%	98.3%	98.8%	98.2%	98.2%	-	-	-	-	-	-	-	98.4%	-	-	-
	AK04	Safety Thermometer - No New Harms	98.8%	-	99.1%	99%	99.9%	98.4%	98.5%	-	-	-	-	-	-	-	98.9%	-	-	-
Deteriorating Patient	AR03	National Early Warning Scores (NEWS) Acted Upon	96%	-	93%	97%	95%	91%	100%	-	-	-	-	-	-	-	95%	-	-	-
Out of Hours	TD05	Out of Hours Discharges (8pm-7am)	8.7%	9.5%	9.4%	9.1%	8.7%	8.2%	9%	10.2%	8.8%	8.9%	10.3%	9.5%	9.4%	9.2%	8.6%	9.3%	9.7%	9.2%
Timely Discharges	TD03	Percentage of Patients With Timely Discharge (7am-12Noon)	22.4%	21.4%	24%	20.8%	20.5%	20.9%	21.9%	20.3%	22.4%	21.7%	21.4%	21.4%	21.4%	20.8%	21.1%	21.5%	21.4%	20.8%
	TD03D	Number of Patients With Timely Discharge (7am-12Noon)	11138	6310	1010	863	867	814	945	834	963	875	902	912	916	908	2626	2672	2730	908
Staffing Levels	RP01	Staffing Fill Rate - Combined	98.9%	98.8%	98.1%	97.2%	98.5%	96.8%	95.7%	99%	98.7%	100.1%	99.1%	97%	98.5%	99.6%	97%	99.2%	98.2%	99.6%
Clinical Effectiveness																				
Mortality	X04	Summary Hospital Mortality Indicator (SHMI) - National Data	100.6	-	-	101.7	-	-	102.7	-	-	-	-	-	-	-	102.7	-	-	-
	X02	Hospital Standardised Mortality Ratio (HSMR)	106.4	102.4	117.1	125.3	110.5	91.9	112.6	121.3	84.4	116.2	87.7	101.9	-	-	105.2	107.3	93.9	-
Readmissions	C01	Emergency Readmissions Percentage	3.62%	3.49%	3.75%	3.62%	3.62%	3.39%	3.84%	3.31%	3.55%	3.78%	3.45%	3.65%	3.17%	-	3.62%	3.55%	3.43%	-
Sepsis (Inpatients)	AG02a	Percentage of Patients Meeting Criteria Screened for Sepsis (Inpatients)	51.1%	98.4%	33.3%	46.7%	64.7%	87%	83.3%	87.1%	100%	100%	100%	100%	100%	-	79.7%	95.7%	100%	-
	AG03a	Sepsis Patients Percentage Commencing Antibiotics Within 1 Hour (Inpatien	77.4%	66.7%	-	100%	-	100%	50%	75%	-	33.3%	100%	-	-	-	75%	57.1%	100%	-
	AG04a	Sepsis Patients Percentage with a 72 Hour Review (Inpatients)	93.3%	100%	-	75%	-	100%	-	100%	-	-	100%	-	-	-	100%	100%	100%	-
		For months where there is some data, a "-" (dash) indicates no applicable data. It does not indicate data is missing.																		
Sepsis (Emergency Department)	AG02b	Percentage of Patients Meeting Criteria Screened for Sepsis (ED)	83.4%	93.7%	76%	68%	86%	88%	88%	80%	89.2%	92.8%	98%	100%	96%	-	87.3%	89.3%	98%	-
	AG03b	Sepsis Patients Percentage Commencing Antibiotics Within 1 Hour (ED)	85.5%	84.2%	86.2%	91.7%	90%	74.2%	94.1%	75%	91.3%	76.9%	80%	94.3%	82.8%	-	83.8%	81.1%	86.9%	-
	AG04b	Sepsis Patients Percentage with a 72 Hour Review (ED)	93.1%	96.8%	84%	90.9%	100%	82.1%	100%	100%	95.1%	92.9%	100%	100%	96%	-	91.2%	94.9%	98.8%	-
Maternity	G01	Percentage of Low Weight Babies	2.5%	2.9%	2%	4.6%	3.2%	2%	3.2%	3.2%	2.1%	4.2%	2.8%	2.5%	2.7%	-	2.8%	3.1%	2.7%	-
	G01A	Number of Low Weight Babies	119	67	7	18	13	7	12	12	8	15	11	10	11	0	32	35	32	0
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	64.2%	60.5%	34.6%	48.5%	57.7%	45.5%	60%	72.7%	59.3%	53.3%	45%	70%	60%	54.5%	54.8%	64%	58.3%	54.5%
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	61.6%	96.8%	69.2%	60.6%	69.2%	77.3%	92%	97%	100%	93.3%	100%	100%	90%	95.5%	79.5%	97.3%	96.7%	95.5%
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	34.8%	54.1%	26.9%	24.2%	38.5%	22.7%	48%	63.6%	48.1%	46.7%	45%	70%	50%	50%	37%	54.7%	55%	50%
	U05	Fracture Neck of Femur - Time To Treatment 90th Percentile (Hours)	-	-	75.9	58.6	64.8	65.7	81.5	48.7	72.7	50.6	61.3	79.3	63.6	-	-	-	-	-
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	62.6%	48.6%	55.6%	60.9%	57.9%	61.3%	54.3%	58.1%	30.8%	65%	36.1%	45.2%	55.2%	-	57.4%	51.6%	44.8%	-
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	85.8%	85.3%	83.3%	87%	84.2%	93.5%	80.4%	81.4%	76.9%	90%	83.3%	90.3%	93.1%	-	85.2%	82.8%	88.5%	-
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	54.6%	47.8%	70%	42.9%	50%	36.4%	20%	15.4%	54.5%	63.2%	30.8%	66.7%	46.7%	55.6%	34.2%	46.5%	47.5%	55.6%
Dementia	AC01	Dementia - FAIR Question 1 - Case Finding Applied	89.3%	80.5%	93.7%	87.9%	90.7%	87.3%	86.3%	87.3%	84.8%	77.6%	74.7%	80.2%	79.8%	79%	88.2%	83.6%	78%	79%
	AC02	Dementia - FAIR Question 2 - Appropriately Assessed	96.2%	93.5%	97.4%	100%	93.8%	86%	96.5%	95%	91.9%	89.5%	94.9%	97.7%	91.2%	93.6%	92%	92.2%	94.9%	93.6%
	AC03	Dementia - FAIR Question 3 - Referred for Follow Up	92.9%	92.3%	100%	100%	100%	-	100%	-	0%	100%	100%	100%	100%	100%	100%	50%	100%	100%
	AC04	Percentage of Dementia Carers Feeling Supported	60%	100%	-	-	100%	-	33.3%	-	-	100%	-	-	-	-	50%	100%	-	-
Outliers	J05	Ward Outliers - Beddays Spent Outlying.	9098	4515	499	730	1411	1120	1377	800	945	543	531	507	697	492	3908	2288	1735	492

APPENDIX 3 – Trust Scorecards

Topic	ID	Title	Annual 17/18	Annual 18/19 YTD	Monthly Totals Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Quarterly Totals 17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
Patient Experience																				
Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	92	90	91	92	92	93	91	92	90	92	92	91	92	92	91	91
	P01g	Patient Survey - Kindness and Understanding	-	-	95	95	96	95	95	97	97	96	95	96	97	96	96	96	96	96
	P01h	Patient Survey - Outpatient Tracker Score	-	-	91	89	90	88	88	88	91	89	90	91	89	90	89	89	90	90
Friends and Family Test Coverage	P03a	Friends and Family Test Inpatient Coverage	35%	35.5%	33.2%	28.4%	34.9%	36.2%	30.3%	40.7%	37.6%	33.7%	35.6%	35.4%	29.1%	36.5%	33.7%	37.2%	33.5%	36.5%
	P03b	Friends and Family Test ED Coverage	17.3%	17.3%	17.9%	14.6%	17.8%	17.4%	15.2%	17.3%	17.2%	18.4%	17.3%	17.4%	17%	16.9%	16.8%	17.6%	17.2%	16.9%
	P03c	Friends and Family Test MAT Coverage	19%	17.6%	12.4%	23.1%	17.5%	17.7%	18.2%	19.8%	13.2%	11.2%	14%	9.8%	23.1%	31.4%	17.8%	14.8%	15.6%	31.4%
Friends and Family Test Score	P04a	Friends and Family Test Score - Inpatients	97.7%	98%	98.1%	97.8%	97.7%	98.3%	97.8%	97.4%	97.3%	97.3%	98.8%	98.6%	98.1%	98.4%	97.9%	97.3%	98.5%	98.4%
	P04b	Friends and Family Test Score - ED	81%	82.8%	80.3%	77%	81.8%	83.2%	77.7%	80.1%	81.1%	84.6%	81.4%	84.1%	83.4%	85.2%	81%	81.9%	82.9%	85.2%
	P04c	Friends and Family Test Score - Maternity	96.9%	96.7%	97.5%	98.1%	94.6%	96.8%	97.1%	94.6%	95.5%	99.3%	96.8%	99.3%	95.9%	97.2%	96.1%	96%	96.9%	97.2%
Patient Complaints	T01	Number of Patient Complaints	1815	1058	155	98	143	121	159	149	157	140	148	143	152	169	423	446	443	169
	T01a	Patient Complaints as a Proportion of Activity	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	T03a	Complaints Responded To Within Trust Timeframe	83%	85.9%	87.1%	83.8%	87.8%	82.8%	77.9%	83.1%	91%	84%	85.2%	86.8%	86.3%	85.1%	82.3%	85.9%	86.1%	85.1%
	T03b	Complaints Responded To Within Divisional Timeframe	83.8%	84.4%	90%	82.4%	91.8%	82.8%	77.9%	85.9%	82.1%	78.7%	85.2%	86.8%	82.2%	90.5%	83.4%	82.2%	84.4%	90.5%
	T04c	Percentage of Responses where Complainant is Dissatisfied	10.68%	10.94%	7.14%	2.94%	8.16%	8.62%	13.23%	9.86%	14.92%	9.33%	12.96%	7.55%	-	-	10.29%	11.27%	10.28%	-
Cancelled Operations	F01q	Percentage of Last Minute Cancelled Operations (Quality Objective)	1.19%	1.16%	1.26%	1.2%	1.53%	1.63%	1.91%	1.37%	1.9%	0.59%	1.15%	0.79%	1.39%	0.97%	1.69%	1.29%	1.1%	0.97%
	F01a	Number of Last Minute Cancelled Operations	919	542	85	71	102	98	121	85	125	39	79	54	89	71	321	249	222	71

RESPONSIVE

Topic	ID	Title	Annual Target Green	Annual Target Red	Annual 17/18	Annual 18/19 YTD	Monthly Totals Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Quarterly Totals 17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
Referral to Treatment (RTT) Performance	A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	92%	87%	89.6%	88.8%	88.9%	88.3%	88.1%	88.4%	87%	88.2%	89.1%	88.6%	88.9%	88.7%	88.5%	89.6%	87.8%	88.6%	88.7%	89.6%
	A03a	Referral To Treatment Number of Ongoing Pathways Over 18 Weeks	-	-	-	-	2927	3085	3138	3308	3783	3510	3244	3377	3208	3290	3354	3000	-	-	-	-
Referral to Treatment (RTT) Wait Times	A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	0	1	209	73	13	9	1	15	18	15	12	9	11	7	10	9	34	36	28	9
	A07	Referral To Treatment Ongoing Pathways 40+ Weeks	-	-	-	-	136	158	160	148	164	154	141	129	126	119	113	113	-	-	-	-
Cancer (2 Week Wait)	E01a	Cancer - Urgent Referrals Seen In Under 2 Weeks	93%	93%	94.3%	95.2%	95.5%	94.8%	92.2%	96.9%	92.1%	92.6%	95.1%	95.3%	96.5%	95.5%	96.4%	-	93.6%	94.3%	96.1%	-
	E01c	Cancer - Urgent Referrals Stretch Target	80%	80%	58.9%	57.6%	57.6%	54.4%	58.8%	59.6%	54.6%	41.3%	53.1%	56.7%	60.6%	66.4%	68.8%	-	57.7%	50.6%	65.2%	-
Cancer (31 Day)	E02a	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	96%	96%	95.8%	96.5%	98.1%	96.7%	92.9%	95.1%	95.8%	94.4%	95%	94.7%	97.4%	99.2%	99.1%	-	94.5%	94.7%	98.5%	-
	E02b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98%	98%	98.6%	97.8%	98.7%	98.9%	98.7%	98.6%	98.4%	97.6%	96.6%	97.6%	96.1%	100%	99.1%	-	98.6%	97.2%	98.4%	-
	E02c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	94%	94%	92%	94.8%	96.8%	93%	96.6%	87.7%	79.5%	93%	85%	95.6%	98.2%	96.2%	98.1%	-	89%	91.4%	97.5%	-
	E02d	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	94%	94%	96.3%	94.6%	96.1%	97.6%	92.9%	97.9%	96.4%	98.5%	85.4%	91.6%	97.1%	97.4%	95.6%	-	95.6%	92.2%	96.8%	-
Cancer (62 Day)	E03a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85%	85%	81.7%	85.8%	88.6%	82.9%	78.4%	81.3%	87.3%	84.1%	82.4%	86%	85.7%	88.9%	87.4%	-	82.4%	84.2%	87.3%	-
	E03b	Cancer 62 Day Referral To Treatment (Screenings)	90%	90%	74.8%	57.1%	76.5%	71.4%	100%	58.3%	28.6%	66.7%	37.5%	41.7%	100%	60%	100%	-	61.5%	43.5%	83.3%	-
	E03c	Cancer 62 Day Referral To Treatment (Upgrades)	85%	85%	85.4%	81.3%	88.5%	85.7%	88.7%	83.9%	90.9%	79.3%	77.9%	84.4%	77.7%	84.7%	86.8%	-	87.9%	80.4%	82.6%	-
	E03f	Cancer Urgent GP Referrals - Numbers Treated after Day 103	-	-	47.5	25	2	4.5	3	2.5	2	3	5	5.5	2	5.5	4	-	7.5	13.5	11.5	-
Cancelled Operations	F01	Last Minute Cancelled Operations - Percentage of Admissions	0.8%	1.2%	1.19%	1.16%	1.26%	1.2%	1.53%	1.63%	1.91%	1.37%	1.9%	0.59%	1.15%	0.79%	1.39%	0.97%	1.69%	1.29%	1.1%	0.97%
	F01a	Number of Last Minute Cancelled Operations	-	-	919	542	85	71	102	98	121	85	125	39	79	54	89	71	321	249	222	71
	F02	Cancelled Operations Re-admitted Within 28 Days	95%	85%	94.2%	92.7%	91.2%	94.1%	88.7%	94.1%	92.9%	90.9%	88.2%	95.2%	97.4%	94.9%	94.4%	91%	92.3%	91.8%	95.3%	91%
Admissions Cancelled Day Before	F07	Percentage of Admissions Cancelled Day Before	-	-	1.61%	1.72%	1.9%	1.38%	1.81%	2.08%	2.31%	2.26%	2.36%	1.67%	0.41%	1.53%	2.05%	1.82%	2.06%	2.1%	1.31%	1.82%
	F07a	Number of Admissions Cancelled Day Before	-	-	1244	803	128	82	121	125	146	140	155	110	28	105	131	134	392	405	264	134
Primary PCI	H02	Primary PCI - 150 Minutes Call to Balloon Time	90%	70%	76.1%	78.4%	77.4%	63.8%	80.9%	71.1%	65.2%	86.2%	80%	81.8%	70.6%	79.3%	72%	-	74.1%	82.4%	73.9%	-
	H03a	Primary PCI - 90 Minutes Door to Balloon Time	90%	90%	93.2%	94.2%	93.5%	93.6%	95.7%	97.4%	91.3%	93.1%	92.5%	100%	91.2%	93.1%	96%	-	95.4%	95.1%	93.2%	-
Diagnostic Waits	A05	Diagnostics 6 Week Wait (15 Key Tests)	99%	99%	98.29%	97.67%	98.28%	97.62%	97.81%	99.19%	98.51%	96.8%	97.64%	97.83%	97.88%	97.13%	98.13%	98.36%	98.53%	97.41%	97.72%	98.36%
Outpatients	R03	Outpatient Hospital Cancellation Rate	9.7%	11.7%	10.7%	9.8%	9.7%	10.1%	9.4%	11.1%	11.6%	9.7%	9.5%	10%	9.6%	10%	10.1%	9.9%	10.6%	9.7%	9.9%	9.9%
	R05	Outpatient DNA Rate	5%	10%	7.2%	6.8%	7.1%	7.6%	6.8%	6.4%	7.3%	6.4%	7.2%	6.7%	7.1%	6.8%	7%	6.7%	6.8%	6.8%	7%	6.7%
Outpatient Ratio	R01	Follow-Up To New Ratio	2.03	2.03	2.19	2.08	2.15	2.2	2.22	2.17	2.1	2.06	1.99	2.05	2.1	2.11	2.13	2.14	2.16	2.03	2.11	2.14
ERS	BC01	ERS - Available Slot Issues Percentage	-	-	20.2%	20.6%	22.3%	20.8%	20.8%	22.6%	14.6%	18.6%	21.5%	23.8%	22.9%	22.1%	15.5%	-	19.4%	21.4%	19.9%	-

APPENDIX 3 – Trust Scorecards

Topic	ID	Title	Annual Target Green	Annual Target Red	Annual 17/18	Annual 18/19 YTD	Monthly Totals Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Quarterly Totals 17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
Delayed Discharges	Q01A	Acute Delayed Transfers of Care - Patients	-	-	279	127	17	23	27	23	19	22	18	25	17	11	16	18	69	65	44	18
	Q02A	Non-Acute Delayed Transfers of Care - Patients	-	-	103	47	8	9	9	9	5	5	8	8	4	9	8	5	23	21	21	5
	Q01B	Acute Delayed Transfers of Care - Beddays	-	-	8466	3972	854	606	836	715	696	576	471	632	503	586	513	691	2247	1679	1602	691
	Q02B	Non-Acute Delayed Transfers of Care - Beddays	-	-	3106	1659	273	255	272	182	204	291	161	207	204	225	321	250	658	659	750	250
Green To Go List	AQ06A	Green To Go List - Number of Patients (Acute)	-	-	-	-	44	47	53	54	52	59	56	60	54	42	55	39	-	-	-	-
	AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	-	-	11	13	15	26	17	18	14	21	17	19	24	21	-	-	-	-
	AQ07A	Green To Go List - Beddays (Acute)	-	-	-	-	1555	1532	1757	1652	1989	1832	1574	1836	1571	1621	1562	1608	-	-	-	-
	AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	-	-	451	479	593	453	501	614	451	459	618	570	753	681	-	-	-	-
Length of Stay	J03	Average Length of Stay (Spell)	-	-	4.05	3.82	4	3.74	4.15	4.15	3.96	4.01	3.93	3.66	3.8	3.92	3.52	3.87	4.08	3.87	3.75	3.87
	J04D	Percentage Length of Stay 14+ Days	-	-	6.8%	6.4%	6.9%	6%	6.6%	6.9%	7.1%	6.5%	6.4%	6.3%	6.5%	6.5%	5.8%	6.9%	6.9%	6.4%	6.2%	6.9%
14 Day LOS Patients	C07	Number of 14+ Day Length of Stay Patients at Month End	-	-	-	-	213	243	242	252	238	234	207	243	234	211	233	224	-	-	-	-
AMU	J35	Percentage of Cardiac AMU Wardstays	-	-	4.2%	2.9%	6.4%	5.6%	2.5%	4.2%	3.4%	7.1%	6%	2%	1.3%	0.5%	0%	3.4%	3.3%	5.1%	0.6%	3.4%
	J35A	Percentage of Cardiac AMU Wardstays Under 24 Hours	-	-	47%	33.5%	60%	38.8%	61.9%	61.3%	29.6%	32.2%	38.5%	50%	25%	25%	-	23.3%	50.6%	37%	25%	23.3%

Emergency Department Indicators

ED - Time In Department	B01	ED Total Time in Department - Under 4 Hours	95%	90%	86.48%	88.92%	90.33%	85.33%	82.69%	83.2%	78.89%	83.95%	91.14%	92.84%	90.26%	90.07%	85%	89.16%	81.54%	89.3%	88.44%	89.16%
	This is measured against the national standard of 95%																					
ED - Time in Department (Differentials)	B814	ED Total Time in Department - Under 4 Hours (STP)	-	-	86.48%	88.92%	90.33%	85.33%	82.69%	83.2%	78.89%	83.95%	91.14%	92.84%	90.26%	90.07%	85%	89.16%	81.54%	89.3%	88.44%	89.16%
	B807	BRI ED - Percentage Within 4 Hours	-	-	78.35%	82%	88.22%	77.24%	71.39%	73.24%	65.06%	73.92%	85.56%	89.08%	84.8%	83.37%	75.44%	81.79%	69.78%	82.81%	81.27%	81.79%
	B803	BCH ED - Percentage Within 4 Hours	-	-	94.89%	95.7%	91.54%	92.56%	93.91%	94.5%	95.08%	94.45%	96.25%	96.26%	96.39%	97.9%	94.16%	95.05%	94.49%	95.67%	96.02%	95.05%
	B804	BEH ED - Percentage Within 4 Hours	99%	99%	96.26%	97.34%	94.21%	98.34%	96.63%	94.35%	92.9%	94.4%	98.11%	97.66%	96.19%	98.75%	97.46%	98.67%	94.62%	96.7%	97.49%	98.67%
	This is measured against the trajectories created to deliver the Sustainability and Transformation Fund targets																					
Trolley Waits	B06	ED 12 Hour Trolley Waits	0	1	8	1	0	5	3	0	0	0	0	0	0	0	0	1	3	0	0	1
Time to Initial Assessment	B02c	ED Time to Initial Assessment - Under 15 Minutes (Excludes BCH)	95%	95%	97.9%	95.8%	98.6%	98.2%	97.6%	96.5%	96.3%	96.8%	94.8%	98.4%	94.3%	95.1%	96.1%	95.2%	96.8%	96.7%	95.1%	95.2%
	B02b	ED Time to Initial Assessment - Data Completness	95%	95%	94.4%	91.3%	94.8%	99.4%	99.4%	98.4%	93.7%	91.9%	90.2%	92.8%	91.4%	90.6%	91%	91.5%	97.2%	91.6%	91%	91.5%
Time to Start of Treatment	B03	ED Time to Start of Treatment - Under 60 Minutes	50%	50%	52.2%	51.7%	48.4%	51%	54.4%	52.4%	48%	49.5%	53.8%	51.3%	50.8%	55.6%	48%	53.1%	51.6%	51.6%	51.4%	53.1%
	B03b	ED Time to Start of Treatment - Data Completeness	95%	95%	97.4%	96.9%	97.8%	98%	98%	97.6%	96.5%	96.5%	96.7%	97.3%	96.8%	97.1%	96.6%	97.1%	97.4%	96.8%	96.8%	97.1%
Others	B04	ED Unplanned Re-attendance Rate	5%	5%	2.8%	3.1%	3.3%	3.3%	3.1%	2.9%	2.9%	3%	3%	2.8%	2.9%	2.7%	3.2%	3.9%	3%	2.9%	2.9%	3.9%
	B05	ED Left Without Being Seen Rate	5%	5%	1.9%	1.8%	1.1%	1%	1%	1.1%	1.5%	1.4%	1.6%	1.7%	1.9%	1.6%	2.2%	2.1%	1.2%	1.5%	1.9%	2.1%
Ambulance Handovers	BA09	Ambulance Handovers - Over 30 Minutes	-	-	840	368	63	87	62	59	85	75	48	54	45	58	14	74	206	177	117	74
Acute Medical Unit (AMU)	J35	Percentage of Cardiac AMU Wardstays	-	-	4.2%	2.9%	6.4%	5.6%	2.5%	4.2%	3.4%	7.1%	6%	2%	1.3%	0.5%	0%	3.4%	3.3%	5.1%	0.6%	3.4%
	J35a	Percentage of Cardiac AMU Wardstays Under 24 Hours	-	-	47%	33.5%	60%	38.8%	61.9%	61.3%	29.6%	32.2%	38.5%	50%	25%	25%	-	23.3%	50.6%	37%	25%	23.3%

FINANCIAL MEASURES

Topic	Title	Monthly Totals												Quarterly Totals			
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Q1	Q2	Q3	Q4
Year To Date Annual Plan Surplus / (Deficit)	Annual Plan excluding PSF	(890)	(102)	(151)	1,468	3,081	2,181	4,569	5,277	4,983	4,983	2,315	3,000	(151)	2,181	4,983	3,000
	Actual excluding PSF	(1,320)	(93)	(141)	950	1,832	2,202	4,596	0	0	0	0	0	(141)	2,202	0	0
	Annual Plan including PSF	(116)	1,446	2,171	4,823	7,467	7,599	11,535	13,792	13,516	16,851	15,989	18,480	2,171	7,599	13,516	18,480
	Actual Plan including PSF	(778)	1,455	2,181	4,304	6,218	7,620	11,562	0	0	0	0	0	2,181	7,620	0	0
Year to Date Variance Divisional Position Favourable / (Adverse)	Diagnostics & Therapies	12	71	156	161	160	97	149						156	97		
	Medicine	(72)	(145)	(449)	(844)	(1,285)	(1,510)	(1,562)						(449)	(1,510)		
	Specialised Services	(175)	65	335	275	204	210	116						335	210		
	Surgery	(75)	(191)	(651)	(995)	(1,436)	(1,634)	(1,888)						(651)	(1,634)		
	Women's & Children's	(145)	(332)	(78)	(121)	(617)	(966)	(1,056)						(78)	(966)		
	Estates & facilities	3	(6)	(18)	16	28	20	(10)						(18)	20		
	Trust Services	(8)	(10)	(18)	(18)	(36)	(32)	(28)						(18)	(32)		
	Other Corporate Services	18	127	152	246	162	187	131						152	187		
	Total	**(442)**	**(421)**	**(571)**	**(1,280)**	**(2,820)**	**(3,628)**	**(4,148)**	**0**	**0**	**0**	**0**	**0**	**(571)**	**(3,628)**	**0**	**0**
Year To Date Savings Actuals	Diagnostics & Therapies	153	278	426	578	770	927	1,109						426	927		
	Medicine	148	335	479	614	813	944	1,151						479	944		
	Specialised Services	182	398	623	989	1,270	1,519	1,923						623	1,519		
	Surgery	226	438	719	1,014	1,295	1,632	1,995						719	1,632		
	Women's & Children's	224	467	725	1,082	1,429	1,817	2,192						725	1,817		
	Estates & facilities	92	180	270	362	466	537	608						270	537		
	Trust Services	63	124	182	242	299	357	412						182	357		
	Other Corporate Services	656	1,312	1,969	2,625	3,281	3,937	4,593						1,969	3,937		
	Total	**1,743**	**3,532**	**5,393**	**7,507**	**9,622**	**11,670**	**13,983**	**0**	**0**	**0**	**0**	**0**	**5,393**	**11,670**	**0**	**0**
In Month Variance Subjective Analysis Favourable / (Adverse)	Nursing & Midwifery Pay	(256)	(329)	(430)	(338)	(288)	(465)	(639)						(1,015)	(1,091)		
	Medical & Dental Pay	(358)	(322)	(353)	(340)	(395)	(449)	(376)						(1,033)	(1,184)		
	Other Pay	128	74	126	260	80	197	121						328	537		
	Non Pay	2	(728)	(361)	(475)	(464)	(157)	(173)						(1,087)	(1,096)		
	Income from Operations	(69)	0	42	75	17	80	(139)						(27)	172		
	Income from Activities	111	1,327	825	109	(490)	(14)	688						2,263	(395)		
	Total	**(442)**	**22**	**(151)**	**(709)**	**(1,540)**	**(808)**	**(518)**	**0**	**0**	**0**	**0**	**0**	**(571)**	**(3,057)**	**0**	**0**
In Month Agency Expenditure Actuals	Nursing & Midwifery	448	443	515	549	618	684	623						1,406	1,851		
	Medical													0	0		
	Consultants	17	25	14	71	61	53	48						56	185		
	Other Medical	17	35	54	71	24	17	1						106	112		
	Other	31	85	73	126	188	129	175						189	443		
	Total	**513**	**588**	**656**	**817**	**891**	**883**	**847**	**0**	**0**	**0**	**0**	**0**	**1,757**	**2,591**	**0**	**0**
Cash	Actual Cash	**77,562**	**78,472**	**75,537**	**92,633**	**96,144**	**98,620**	**98,367**	**0**	**0**	**0**	**0**	**0**	**75,537**	**98,620**	**0**	**0**
Capital Spend	Actual Capital Expenditure	**660**	**2,314**	**3,759**	**6,362**	**7,061**	**9,774**	**10,760**						**3,759**	**9,774**		

QoC Chair's Report – November 2018

For Information and Awareness
[Items which the Committee were informed of, via report to or discussion at the meeting(s), which the Chair would like to make the Board aware of.] - Quality and Performance Report - Winter Plan Update - Real time OPD presentation - Review of Harm to chemotherapy patients following BHOC major incident - Serious Incident Report - Root Cause Analysis Reports - Clinical Quality Group Meeting Report
For Board action or response
[Items arising from the meeting(s) which require Board action or response.] - Minutes of the last meeting - Action log - Matters arising: follow ups scans booking - Cancer Waiting Times Operational Policy
Key Decisions and Actions
[Key decisions and actions agreed by the Committee.] There had been a 9% increase in attendances to the Children's ED and the reasons for this needed to be better understood. There appear to be delays to the completion of a number of actions against Serious Incident 53863 and the Committee sought assurance that sufficient attention was being paid to their completion.
Additional Chair Comments
[Any additional commentary from you as Chair not covered by the above: e.g. particular themes of discussion, etc.]

People Committee 27 November 2018. Chair's Report

For Information and Awareness

The Committee reviewed the Trust's performance against workforce and people KPIs as presented In the Quality and Performance Report. Items noted included a slight reduction in the use of agency staffing (though with variations between divisions), and maintained rates of turnover and sickness absence. Overall the Trust was performing reasonably well for turnover compared to peer Trusts. There were some 'hotspot' areas where the Trust was targeting performance against KPIs, which the People Committee would continue to review.

It was noted that work was ongoing to identify a possible software platform to help with tracking the progress of Trust apprentices. It was noted that there was an upcoming OFSTED inspection of the Trust's provision, and the right platform would help the Trust demonstrate robust pathway planning and support for apprentices.

Currently 48% of staff had completed the annual Staff Survey, against a target of 50%. Some key areas needed focus, including Estates and Facilities, to improve the response rate. It was noted by the Committee that internal communications would be a vital part of staff engagement in this, especially for staff who were more dispersed across the Trust and/or who had limited computer access.

The Committee was pleased to note that 1,176 members of staff so far had taken part in the Management Development Programme. There was an agreed aim that any staff with a managerial or supervisory role should be able to access this training in due course. This would support staff reaching higher grades in their own learning, and mean less time was spent 'catching up' on basic management skills. It was noted that the Non-Executive Directors of the Board were very supportive and were offering their own skills and experience to support the programme and its participants. It was noted that participation rates varied between divisions, and the Committee felt that in due course an audit of participation would be needed to understand the numbers of staff who had participated and rates of participation rates across different divisions. Staff Side were also currently exploring potential barriers to participating in the programme encountered by staff, to help support engagement.

The Committee received a presentation on workforce management in the Estates and Facilities Division. Workforce indicators continued to demonstrate challenges for the division, and the presentation set out the efforts being made to address these, in particular staff issues. The Committee recognised that great efforts had been made in this area, however felt that further work was needed to assure them that the problems were manageable and solutions/improvements could be found. In particular, the high vacancy rates and challenges to recruitment were a matter of concern given the division's responsibility to manage the workload in response to the Bristol Haematology and Oncology Centre major fire incident of May 2018.

It was agreed that the Committee would receive a further update report on this issue in Spring 2019.

For Board action or response

[Items arising from the meeting(s) which require Board action or response.]

The Terms of Reference for the new People Committee had now been agreed. The Committee had agreed to review these in six months to ensure they remained fit for purpose (including membership and attendance) and reflecting the increasing maturity of the new committee and in line with Trust-wide development of the Terms of Reference.

The Board is asked to APPROVE the new Terms of Reference of the People Committee.

Key Decisions and Actions

[Key decisions and actions agreed by the Committee.]

The Committee had agreed to receive a new set of workforce 'dashboards' covering key workforce matters including those impacting directly on staff. Retention would continue to be a key focus for the Committee as it had had a pivotal role in supporting the Trust's overall performance. Consequently it was agreed that 'breakdowns' of data would be used to help identify where workforce performance challenges had had most impact (e.g. financially or in terms of quality).

Additional Chair Comments

[Any additional commentary from you as Chair not covered by the above: e.g. particular themes of discussion, etc.]

The Chair noted that it would take the new Committee some time to work out the appropriate 'levers' for exercising its role in order to provide assurance to the Board regarding People issues. There was general Committee agreement that getting people issues 'right' would have a major impact in helping the Trust retain its CQC 'Outstanding' rating.

Meeting of the Board in Public on Thursday 29 November 2018 in the Conference Room, Trust Headquarters

Report Title	**Healthier Together STP Report**
Report Author	**Robert Woolley, Chief Executive**
Executive Lead	**Robert Woolley, Chief Executive**
Agenda Item No:	**10**

1. Report Summary

This is the regular (bi-monthly) update report provided to Partner Boards on the priorities and status of the Healthier Together Sustainability and Transformation Partnership (STP).

2. Key points to note
(Including decisions taken)

Since the last report in September, the Healthier Together programme has continued to progress at pace including producing the pre-consultation business case ahead of going to consultation on the Healthy Weston change proposals.
Our next period will focus on getting programme plans fully established, resourced and delivering and looking forward to developing our annual plans for 2019/20, with an increased emphasis on extending our joint working to maximise benefits for the system and our population.

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

N/A

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

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

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Healthier Together

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

Healthier Together Sponsoring Board meeting paper

Agenda Item: 4

Title	**Healthier Together regular progress report to partner boards**
Date of meeting	26 November 2018
Author	Robert Woolley / Julia Ross / Laura Nicholas
Sponsor / Director	Julia Ross / Robert Woolley
Presenter	Julia Ross / Robert Woolley
Purpose:	Information
Previously discussed / endorsed at (Group / forum)	None

Purpose:
The purpose of this paper is to share the progress report for presenting to partner Boards on the priorities and status of the Healthier Together Sustainability and Transformation Partnership.

Issue / summary:

This is the 4th summary progress report for partner Boards covering progress of the Healthier Together Partnership from September to November 2018.

Recommendations:

The Sponsoring Board is asked to:

- Endorse the report as an effective summary of Healthier Together business over the last 2 months
- Confirm that this report can be shared with partners to take to Boards for their consideration and feedback.

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HEALTHIER TOGETHER UPDATE REPORT TO PARTNER BOARDS NOVEMBER 2018

1. INTRODUCTION

The purpose of this report is to brief partner Boards on the priorities and status of the Healthier Together Sustainability and Transformation Partnership. This is the fourth of these reports.

Since the last report in September, the Healthier Together programme has continued to progress at pace including:

- Establishing a clear road map for developing an aligned single system plan for 2019/20
- Agreeing the full programme of national support as part of the Aspiring ICS programme
- Mobilising work to develop both a one year and a five workforce plan
- Producing the pre-consultation business case ahead of going to consultation on the Healthy Weston change proposals.
- Starting work on the business case for implementation of the re-designed single system stroke pathway
- Bringing together and progressing system wide work to transform frailty services into a single forward programme
- Staring work on an acute care collaboration strategy

Our next period will focus on getting programme plans fully established, resourced and delivering and looking forward to developing our annual plans for 2019/20, with an increased emphasis on extending our joint working to maximise benefits for the system and our population.

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2. DEVELOPING THE BNSSG SYSTEM PLAN FOR 2019/20

Partners continue to make good progress with the work plan outlined in the September report, as summarised in Fig1. Below

Fig 1. 2019/20 system planning progress

Exec group June	Paper discussing next steps for Healthier Together planning approach - agreed to develop a single plan and work on a number of enablers e.g. principles to work within, MOU, performance framework.
Exec Group August	Paper received on system ambitions and proposed milestones for 2019/20. Agreed, with further work to be completed to explore possible single budget for urgent care proposal

Sponsoring Board September	Initial discussion on developing principles and governance for the system, facilitated by PWC.
Clinical Cabinet and Clinical Oversight Group September	Discussion and commitment to work together to transform urgent care services. Cabinet statement agreed.
System Delivery Oversight Group Workshop October	System wide agreement on the key **risks** to be addressed in the 2019/20 system plan: • Workforce • Urgent care • Financial recovery
Executive group development session October	Included work on urgent care leading to 2 areas of focus – Community Mobilisation and Creating a 'Perfect' urgent care system.
Aspiring ICS Programme	Agreement to 2 day Acceleration Solutions Event to develop the model of care, financial model, performance framework and governance arrangements for 2019/20

The system planning workshop on 8 October effectively launched the work programme and helped us to agree our approach and key areas of focus. A number of partner representative groups are now meeting and working together to ensure effective collaboration and pace is maintained. This represents a different way of working which is presenting some challenges. However, having begun the process early and with emerging national guidance supporting and enabling our approach, work is currently on track to achieve a system plan within the nationally determined timeframe.

The focus on urgent care as a demonstration of how partners can plan and deliver together to improve services and outcomes for our population has been welcomed by clinical leaders across the system, who endorsed and formally declared their collective support for a stronger collaborative approach.

Key milestones for completion of the system plan (in accordance with the national timeline) is as follows:

Milestone	Date
Publication of national planning guidance	Mid December
Initial draft submission - activity & efficiency to NHS regulators	14/01/2019
Draft 2019/20 organisation operating plans submitted	
Draft aggregate system 2019/20 operating plan submissions and system operational plan narrative	19/02/2019
Contracts signed	21/03/2019
Final 2019/20 organisation operating plan submission	04/04/2019
Final aggregate system 2019/20 operating plan submissions and system operational plan narrative	11/04/2019

3. ASPIRING ICS PROGRAMME

Over the last two months there has been positive dialogue with NHS England and PwC - the programme delivery partner on developing the inputs we need to strengthen our system collaboration arrangements towards working to become an ICS. Alongside the work we are already doing for ourselves across BNSSG, the external support offer has now been refined into the following four areas:

i) **Developing a single system plan for 19/20 -** An accelerated solution event - Two day focused event w/c taking place on 11 & 12 December to redesign multiple elements of the urgent and emergency care system. The event will involve partner chief executives and other senior clinicians and managers and will tackle solutions development in four key areas:
   - The clinical care model
   - Payment mechanisms
   - Developing a performance framework
   - Revised governance to support the above

ii) **Sharpening our Vision –** Supporting system senior leaders to further clarify and develop the core narrative and key messages that define our system ambition for transformational change through the STP – The Sponsoring Board will host a half day workshop on 26 November with other senior clinical and managerial leaders invited.

iii) **Population Health Management –** Support to upskill and mobilise a system approach planning population health improvement

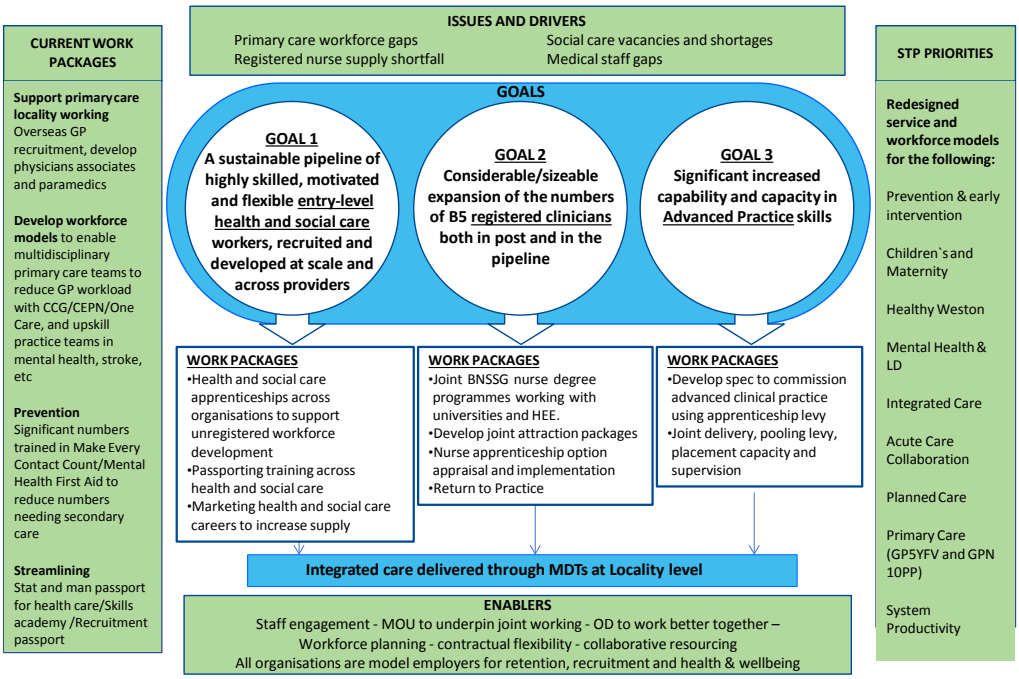
iv) **Development of primary care localities –** targeted support to help strengthen the emergent infrastructure and leadership in the six local geographies across BNSSG.

The programme will also provide support to develop a “roadmap” with ongoing action in part resulting from these interventions that will prepare BNSSG to progress to ICS status during 2019.

4. WORKFORCE PLANNING

Following agreement of the workforce strategy in August, a comprehensive work programme is now in place underpinning the three strategic goals as shown in figure 3. Below.

Our Goals 2018-2020/21



Three working sub-groups have been established, led by partner HR Directors to take forward the agreed work packages. These are;

- Workforce planning and information
- Workforce education and talent management
- Community and primary care workforce

Workforce pressures continue to present one of our most significant system risks. To help accelerate progress the workforce planning group have undertaken a procurement for external support to develop a one and five year workforce plan. McKinsey and Company have been appointed and started on 19 November, focussing initially on the one year plan (for 2019/2020) required in response to national planning guidance. The plans will prompt action by all partner organisations, with greater collaboration to tackle issues of workforce supply, recruitment and retention. The plans will be developed in conjunction with the workforce transformation steering group and will be discussed with the Executive group.

5. ESTABLISHING A CITIZENS PANEL AND FIRST SURVEY

The Healthier Together Sponsoring Board agreed an ambition to positively transform the way we as system partners engage and involve the people we serve in co-producing the transformation of health and care across BNSSG. A key element of our plans is to establish a citizens panel of around 1000 people, fully representative of our population to help us to consult and engage more effectively on our key issues.

Our market research agency, Jungle Green, is making good progress. We now have around 400 people on the panel, reflecting a good representative spread from across Bristol, North Somerset and South Gloucestershire. We originally intended to recruit around 1,000 people to the panel, but it is likely that we will now increase this figure to 1,500 to take account of survey response rates and drop-off rates.
Within a few days of being recruited, panel members are invited to take part in the first survey which includes questions on additional demographic information, self-care, mental health and general practice. Meanwhile we are now starting to gather input for survey two which is due to go live in late January.

6. PROGRESS WITH PRIORITY PROGRAMMES KEY PROJECTS

6.1 STROKE PATHWAY RECONFIGURATION

The stroke reconfiguration board has been re-established and chaired by Chris Burton, Medical Director at NBT to lead the implementation of the redesigned stroke pathway previously developed by local clinicians. A new programme manager, Hannah Leyton has been recruited to the Healthier Together team to work with the board to develop the implementation plan which will include improvements in stroke prevention, developing a detailed business case for a dedicated hyper-acute stroke service and improvements to the rehabilitation and re-ablement approach to managing stroke recovery. BNSSG is higher than its peer group populations for deaths from stroke and the revised pathway should improve this.

6.2 ACUTE CARE COLLABORATION STRATEGY

The Acute Care Collaboration programme includes a number of work streams. Work has now commenced on the development of an overarching ACC strategy that will provide a framework and approach for acute care providers to collaborate together and with wider networks, to improve patient care and outcomes. This work will cover the 3 key aspects of acute care: core general acute services; interface with community locality services and specialist provision for both BNSSG and the wider catchment population.

The key elements of the strategy are set out in figure 2 below.

Proposed approach to developing the strategy:

figure 2.

The Proposed Product

- A clear statement of our ambition for acute care services that reflects the views of the public and staff (our shared vision)

- An overarching framework and set of principles for guiding decisions around the configuration of acute services within the Healthier Together model of care
- Framed by a clear understand of the current service configuration, risks and opportunities, and drivers for change
- Agreement on the priorities for collaboration
- A set of delivery models guiding how services can begin to work together through an integrated approach focused on whole population outcomes and making the best use of existing skills and capacity

Timeframe:

- Initial draft Feb 2019
- Final draft April 2019

6.3 FRALITY PATHWAY

Work has started on the development of a system-wide frailty strategy for BNSSG to deliver a step change in the way we deliver care and support for this growing group of people. Our ambition extends beyond just those who are elderly and will seek to enable more joined up and effective care with a particular focus on keeping people well and independent in their communities. In parallel with development of the overarching strategy, plans are in development to produce a new community based model for frailty. This work will begin with a system wide design workshop ting place on 6 December. Progress will be overseen by the Healthier Together integrated care steering group.

6.4 HEALTHY WESTON PRE-CONSULTATION BUSINESS CASE

The Healthy Weston programme has been working at pace over the last few months, supported by McKinsey and Company, to develop detailed proposals for changes to services at Weston Hospital in the context of a wider strategy for health and care for the hospital's local population. A pre-consultation business case (PCBC) has been drafted that will set out the specifics of the key hospital change proposals to inform the decision by the CCG to go to formal public consultation.

The draft document will need to go through a number of key review and assurance steps before the CCG considers its decision on 6th January 2019. If the PCBC is approved, public consultation will start shortly afterwards. The table below shows the high level timeline.

Key step	Date
First draft PCBC completed	12th November 2018
South West Clinical Senate review	20th November 2018
Staff, Public and Stakeholder engagement events	21st November – 3rd December
CCG Governing Body considers final draft PCBC	4th December 2018

and consultation plan (closed meeting)	
North Somerset HOSP Meeting	w/c 10th December
Updates to PCBC to reflect Senate and HOSP feedback	15th December
NHS England Stage II Assurance	19th December
PCBC and Consultation Document considered by the CCG Governing Body	6th January 2019
Consultation	16th Jan - 10th April 2019
Review of consultation and development of decision making business case	10th April – end May 2019
CCG considers outcome of consultation and decision making business case	June 2019

7. CHAIRS REFERENCE GROUP

The Healthier Together partnership chairs met on 4 October. Sir Ron Kerr, Independent Chair for Healthier Together led a discussion to explore what becoming an integrated care system (ICS) might mean for BNSSG, particularly in the context of developing a single system plan.

Discussions concluded that there is strong support from chairs for the principle of greater collaboration as a means of addressing some of our greatest system challenges and the steps being taken to increase the level of aligned and joint planning are seen as positive. Chairs were keen to explore further how progress should continue to be made alongside the responsibilities of organisation sovereign boards, ensuring that the wider non-executive community are engaged in the emerging way forward. It was agreed that non-executives would need further opportunities to meet together to develop their understanding of the ICS concept and to be able to support alignment of boards to some common principles that will enable progress towards ICS status.

8. RECOMMENDATIONS

The Board is asked to:

- Note the information in this report
- Confirm that this report can be shared with partner Boards for their consideration

Robert Woolley, Joint STP Lead Executive
Julia Ross, Joint STP Lead Executive
Laura Nicholas, Healthier Together Programme Director

Meeting of the Board in Public on Thursday 29 November 2018 in the Conference Room, Trust Headquarters

Report Title	**Sustainability Annual Report**
Report Author	**Sam Willitts, Energy and Sustainability Manager**
Executive Lead	**Paula Clarke, Director of Strategy and Transformation**
Agenda Item No:	**11**

1. Report Summary

This report highlights the actions driven by our sustainable development management plan "Big Green Scheme Strategy - Care without Costing the Earth: Our vision of sustainable healthcare 2015-2020". The report recognises the successes we have achieved in embracing change across the development of sustainable models of care, energy, water, travel, procurement and waste.

As the health and care system continues to face increasing demands and financial pressures, this report demonstrates the importance of ensuring that sustainability is part of the transformation of health and social care services.

2. Key points to note

The Trust is achieving success in cost and carbon reductions:

- 26% reduction in carbon footprint by operating expenditure
- £1.8 million energy costs saved since 2014
- 21% of staff engaged by our green champions in delivering sustainability improvements across our Trust

Our sustainable development strategy is evolving to integrate with the UN Sustainable Development Goals and STP work so that we continually improve and progress our work. The report identifies the hotspots we need to focus on to both build on successes and target areas requiring improvement.

The report proposes that we maintain our leadership by setting a target of carbon neutrality by 2050. This would give us a clear net zero carbon goal and to develop plans to balance the areas where we have already been successful in reducing our emissions, with those areas that have been more challenging. We will assess this target as we refresh our sustainability strategy from 2020 onwards.

The measurement and performance of Trust's Sustainable Development will be monitored, reviewed and updated regularly through the Sustainability Implementation Group to ensure the objectives of the Sustainability Strategy and Policy are being achieved.

3. Risks

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

The risks associated with this report include:

Risks to achieving out sustainability strategy goals are set out in the report.

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

4. Advice and Recommendations *(Support and Board/Committee decisions requested)*:
• This report is for **INFORMATION** • The Board is asked to **NOTE** the report

NHS
University Hospitals Bristol
NHS Foundation Trust

Sustainable Development Annual Report 2017-2018

Care Without Costing the Earth

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

11

Foreword from Robert Woolley, Chief Executive

As an NHS organisation, we are committed to delivering high quality care and having a positive effect on the communities we serve. Sustainability involves spending public money well, the smart and efficient use of natural resources, reducing our impact on the environment and building healthy, resilient communities. By making the most of social, environmental and economic assets, we can improve health, both in the immediate and longer term, even in the context of the rising costs of natural resources.

This report highlights the actions driven by our sustainable development management plan "Big Green Scheme Strategy - Care without Costing the Earth: Our vision of sustainable healthcare 2015-2020". The report recognises the successes we have achieved in embracing change across the development of sustainable models of care, energy, water, travel, procurement and waste; and the goals we have set ourselves to keep improving.

As the health and care system continues to face increasing demands and financial pressures, this report demonstrates the importance of ensuring that sustainability is part of the transformation of health and social care services.

The Trust Board is committed to embedding sustainability into how we deliver **care without costing the Earth.**

With kind regards,

We seek to focus on three key aims which we consider will have the greatest impact:

- *Leading in partnership for carbon reduction across the health and care system*
- *Wellbeing and engagement of our staff and communities*
- *Financial savings through resource efficiency*

University Hospitals Bristol
NHS Foundation Trust

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Statement of Intent

This is our first annual sustainable development report. Reporting publically on sustainability helps us manage our social and environmental impacts and improve operating efficiency and natural resource stewardship. It forms an important component of relations with staff and our communities. This report chiefly covers the 2017/18 reporting period. However, we also reflect on our progress since our sustainable development vision was published and provide a statement of commitment to our future activities.

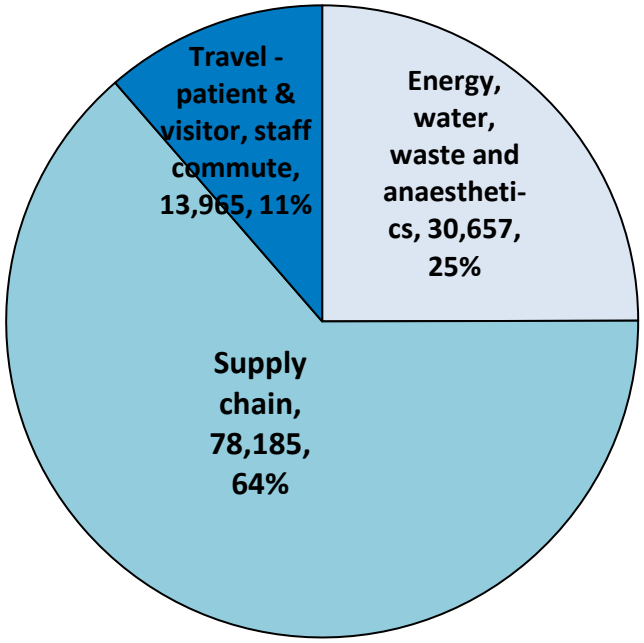
Trust Annual Numbers

8 Hospitals With:

8976 staff Delivering care to:

1 million patients

Carbon footprint (tCO_2e)



Turnover £629,476,000

Total Carbon footprint 125,376 tCO_2e

In 2018 we have 8 hospitals and are a Foundation Trust with 20,000 members and 27 elected Governors. We provide treatment and care to almost a million patients locally and across the south west region every year as inpatients or day case patients and in our outpatient and emergency departments.

We are recognised by patients as one of the best hospital providers in the country in the national inpatient survey and have remained financially sustainable through our focus on delivering “affordable excellence” in all our services.

However, the world around us is changing, putting increasing strain on our clinical services and on our staff. There are severe limitations in resources in the NHS, both locally and nationally. Our local population is expected to grow significantly in the next few years (around 35,000 by 2020). This includes a large increase in people aged over 75 (10,000 more in the next four years).

We know that to ensure quality care is sustained into the future, that we must increasingly work in partnership with the communities we serve, with our staff and with other health and care providers.

A sustainable vision for the Trust

Our Sustainable development strategy "Care without Costing the Earth" is how we will become a sustainable organisation.

We aspire to delivering care in a way that minimises our environmental impacts, and in doing so, increase efficiency in the use of all our resources - people, money, time and materials.

In practice, this requires us to work towards three **key aims:**

- *Leading in partnership for carbon reduction across the health and care system*
- *Wellbeing and engagement of our staff and communities*
- *Financial savings through resource efficiency*

Better for patients, better for the planet

Our top priority is to deliver the best quality of care within the resources available. This has always been a challenge and will become increasingly so as cost pressures escalate and scarce resources diminish. It is therefore essential that we consider the environmental and social impact of how our services are delivered.

There are many cross cutting themes that lead to better patient care. These include the importance of integrating our care services with prevention, encouraging and supporting self-care and linking sustainability and quality through our transformation agenda. Crucially, we must embed sustainable behaviours into our workplace and partnership cultures.

Our Trust Values underpin our commitment to sustainable development:

Respecting everyone: Listening to and taking account of the views of our staff, our patients and the populations we serve in the decisions we make.
Embracing change: 'we encourage change that makes the best use of our resources' – we look to constantly improve everything we do: research new ideas and be bold encouraging efficiency and innovation.
Recognising success: Green Impact staff recognition encourage new ideas, to be known as the best for the good of our patients and each other, taking pride in delivering best quality.
Working together: 'to achieve what is best for our patients': to ensure a healthy future for our hospitals, supporting each other across the whole Trust and with our partners and communities across the whole system.

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

What influences our strategy?

1. UN Sustainable Development Goals

The UN Sustainable Development Goals (SDGs) form a global action plan to end extreme poverty, inequality and climate change by 2030, and have been signed by every member of the UN, including the UK. The 17 goals have been agreed globally as a framework for sustainable development and the Department of Health has incorporated the UN SDGs into the single departmental plan and embedded them in relevant policy areas.

The UN SDGs give an international context against which to align the Trust's sustainable development plans. The NHS/PHE Sustainable Development Unit has developed a tool that enables us to assess progress against the SDGs; the relevant scores for each area of our activity are shown through this report.

Guidance on 'Engaging with the Sustainable Development Goals' by PwC suggests five of the goals are a priority for the Health and Care Industry as a whole:

- Good Health & Wellbeing
- Decent Work and Economic Growth
- Gender Equality
- Quality Education
- Industry and Innovation and Infrastructure

In order to deliver our services other goals are also relevant, including:

- Reduced Inequalities,
- Sustainable Cities and Communities,
- Climate Action
- Responsible Production & Consumption

"The SDGs provide a great framework for the Trust's sustainable development in the healthcare sector. They help to put into context everything we need to consider to deliver a truly sustainable system.

It's so useful because it demonstrates how everyday activities link to local, national and international drivers, and show how local objectives can influence more widely than you might first think. Alignment to the SDGs really helps to frame our work in the wider context of the international agenda."

Sam Willitts, Energy and Sustainability Manager

What influences our strategy?

2. National and Regional

Sustainable development and health has seen increased focus across Government. This is evident from the Department for Environment, Food & Rural Affairs 25 Year Environment Plan; the Department for Business, Energy & Industrial Strategy Clean Growth Strategy; the Chief Medical Officer's Annual Report on pollution and the consistent commitment to this agenda from the Department of Health and its Arm's Length Bodies. Following the landmark 2018 UN IPCC report, the Energy and Clean Growth minister Claire Perry has recently called on the Committee for Climate Change to plot a path towards a "net-zero carbon" future.

Over the last year, we have seen NHS England adopt a sustainable development management plan and the National Institute of Health and Care Excellence (NICE) show how environmental issues can be integral to evidence based guidance. In addition to this, the Next Steps on the Five Year Forward View reiterated that every local health and care system has an opportunity and the responsibility to take account of wider social, economic and environmental benefits, actively contributing social value in how they deliver high quality care to their community.

A whole systems approach to sustainable healthcare

At a local level, our healthcare system is complex and involves many different partners. As such our work on sustainable development must take a 'whole systems' approach – all working efficiently together.

Our Healthier Together Sustainability and Transformation Partnership (STP) was set up to improve and join-up local services to better meet the changing needs of the local population. The STP activity is developing programmes that will contribute to the sustainability of our local health system.

A Bristol North Somerset and South Gloucestershire Health and Sustainability group has been established within the STP Estates group and has been developing partnership projects and sharing best practice to achieve savings through environmental sustainability.

By sharing the responsibility for sustainable healthcare across our local health system, we can make better use of our collective resources, improve staff wellbeing across organisations and further reduce operating costs.

What influences our strategy?

3. An evolving strategy for an evolving Trust

Our sustainable development strategy is evolving to integrate with the UN SDGs and STP so that we continually improve and progress our work in our own organisation and within the partnership.

Since our sustainable development strategy was launched:

• We are being recognised for our successes and need to build on them. Many of the quick wins such as switching to low energy lighting, running recycling campaigns and promoting active travel have started to be implemented. We want to support our teams to work smarter by considering the added value in every action we take to continue to achieve results.

• As part of the STP, we are seeing a shift in how we design and deliver services as a healthcare system (together not as a single organisation) and how we future-proof the care we provide.

• The Trust has gone through significant changes. Staff and patient numbers have increased and our estate is continually being transformed. How we occupy buildings, travel between them and share spaces with our public-sector peers will become increasingly important in the future.

Carbon Neutral

Since 1990, Britain's greenhouse gas emissions have fallen by 41%; a good start to achieving the 80% target by 2050, in line with the Climate Change Act. It is ten years since the Government legislated the target, but in the wake of a landmark UN IPCC report identified the world needs to achieve a net zero carbon global economy by 2050, there is Government and cross party commitment to increasing our carbon reduction to meet our obligations and plan for a "net-zero carbon" future.

Science-based carbon neutral targets are being adopted by many organisations.

An audit of carbon reduction advised us to review our targets. This report proposes that we maintain our leadership by setting a target of carbon neutrality by 2050. This would give us a clear goal against which to take a science-based approach to balancing the areas where we have already been successful in reducing our emissions, with those areas that have been more challenging.

Risks and Opportunities

This section highlights the key sustainable development risks and opportunities faced by the Trust.

	Reducing CO_2 and tackling climate change	Workplace wellbeing
Driver	NHS Sustainable Development Strategy, Climate Change Act, Social Value Act	5 Year Forward View, DH Health and Wellbeing Strategy
Risk	Failure to meet NHS CO_2 reduction targets and Trust Sustainability targets, resulting in avoidable cost and potential reputational impact. Failure to mitigate the threat and impact of climate change, which will impact on population health and wellbeing. Failure to account for CO_2 in our supply chain – over 60% of the NHS footprint is in the supply chain. Missed opportunity to use NHS buying power to raise environmental and labour standards.	Failure to safeguard our staff against avoidable health and wellbeing issues – notably stress at work and musculoskeletal (MSK) problems. Failure to support and invest in our staff. Risk of avoidable absenteeism and poor retention rates.
Mitigation	Carbon reduction embedded in Sustainable Development Management Plan actions Energy efficiency, water, waste, procurement, travel	Workplace wellbeing strategy, Green Impact awards staff engagement
Opportunity	Work to date has proven that CO_2 reduction delivers financial benefits and creates opportunity to enhance Trust reputation. Buying locally creates opportunity to support our local economy. By coordinating our purchases and considering whole-life costs, we can achieve additional savings.	Achieving and maintaining a high level of staff wellbeing is key to delivering high quality patient care. A healthy, happy workforce means a more productive workforce. Opportunity to reduce absenteeism and increase retention rates through workplace wellbeing interventions, reducing reliance on agency workers and delivering cash savings.

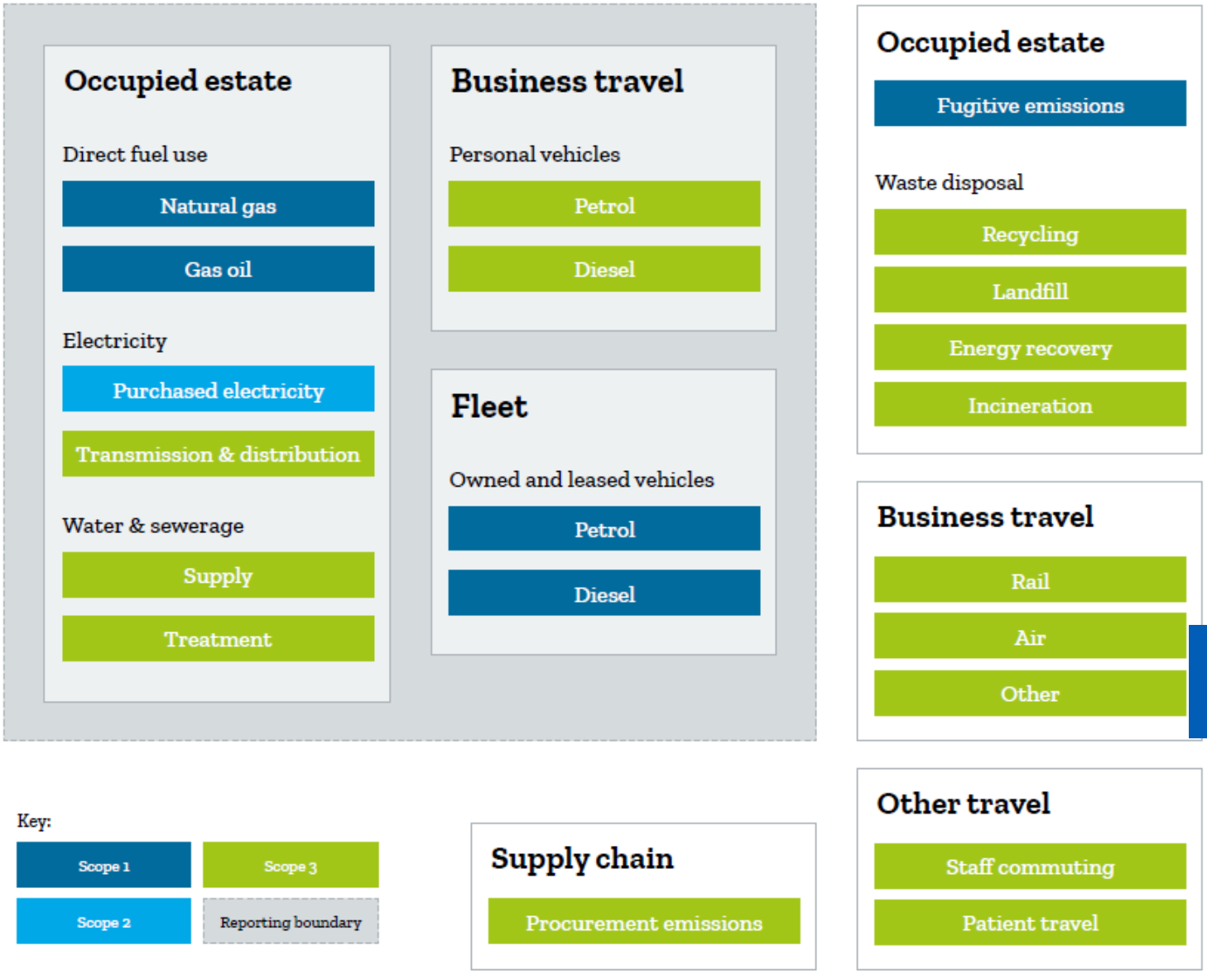
Risks and Opportunities

	Improving air quality	Future-proofing services	Partnerships
Driver	Marmot Review, Air Quality Plan for NO_2	UK Climate Change Adaptation Policy	Health and Wellbeing Board Sustainability and Transformation Partnerships
Risk	Poor environmental performance directly impacts the health of our local population, creating additional and avoidable burden on health services.	Increasing financial pressure on local health services because we fail to focus on prevention and health improvement and deliver on efficiency plans across the STP. Avoidable health risks (e.g. illness from disease, flood trauma) and strain on local services because we fail to adapt to and plan for extreme weather events resulting from climate change.	Failure to take advantage of the benefits of partnership working, including sharing learning and pooling resources.
Mitigation	Reduction in business mileage, move towards cleaner vehicle technology and incentivise active travel. Rationalise and consolidate orders for fewer deliveries.	BNSSG Health and Sustainability Group has drafted a regional climate change adaptation plan. Business Continuity and Heatwave, Cold Weather & Winter Plans help to mitigate the impact of extreme weather on Trust infrastructure and services.	Building strong partnerships across the local health economy to further integration and improve efficiency supporting sustainable development
Opportunity	Increase in active travel and uptake of sustainable travel modes has a direct impact on health and wellbeing, both for staff and patients. Reduction in the need to travel has the potential to alleviate stress and improve wellbeing for some staff. Sustainable travel results in reduced emissions and costs to the health service. Increasing productivity helps to improve our cost efficiency.	Opportunity to bring together work on new models of care, quality improvement and resource efficiency. STP-wide Climate Change Adaptation plan to jointly manage risks across our region	Opportunity to create economies of scale, enhancing business cases for investment in low carbon, sustainable approaches to healthcare delivery. Opportunity to share best practice and drive innovation through partnership working.

Committed to Inclusion in everything we

Scope

We set the accounting boundary for reporting our CO_2e* emissions in line with the Green House Gases Protocol (GHG). Our footprint boundary is aligned to the clinical services that the Trust is commissioned to deliver and which are delivered in accordance with Trust policies and procedures.
This approach also aligns with other national NHS reporting processes and standards, notably the annual Estates Return Information Collection (ERIC). We account for emissions from energy we consume, ensuring only those emissions relating to the services provided by the Trust are reported. The diagram below summarises the emission sources covered by our current GHG reporting boundary, broken down according to their scope.



*CO_2e describes a measure of all Greenhouse Gases portrayed as an equivalent of CO_2 impact

- Scope 1: Direct GHG Emissions. These occur from sources owned or controlled by the organisation.
- Scope 2: Energy Indirect Emissions. These occur as a result of energy consumed that is supplied by another party.
- Scope 3: Other indirect GHG Emissions. All other emissions that occur as a consequence of organisational activity but which are not owned or controlled by the organisation.

Sustainability Scorecard

We focus on three aims to measure progress and effectiveness of Care Without Costing the Earth. Financial sustainability (measured in savings achieved), Environmental impact (measured by CO_2e) and staff engagement and wellbeing

£1.8million energy costs saved since 2014

26% reduction in carbon footprint Organisation Carbon Footprint by Operating Expenditure ($gCO_2e/£$)

21% of staff engaged by our green champions in delivering sustainability improvements across our Trust

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Our Key Aims

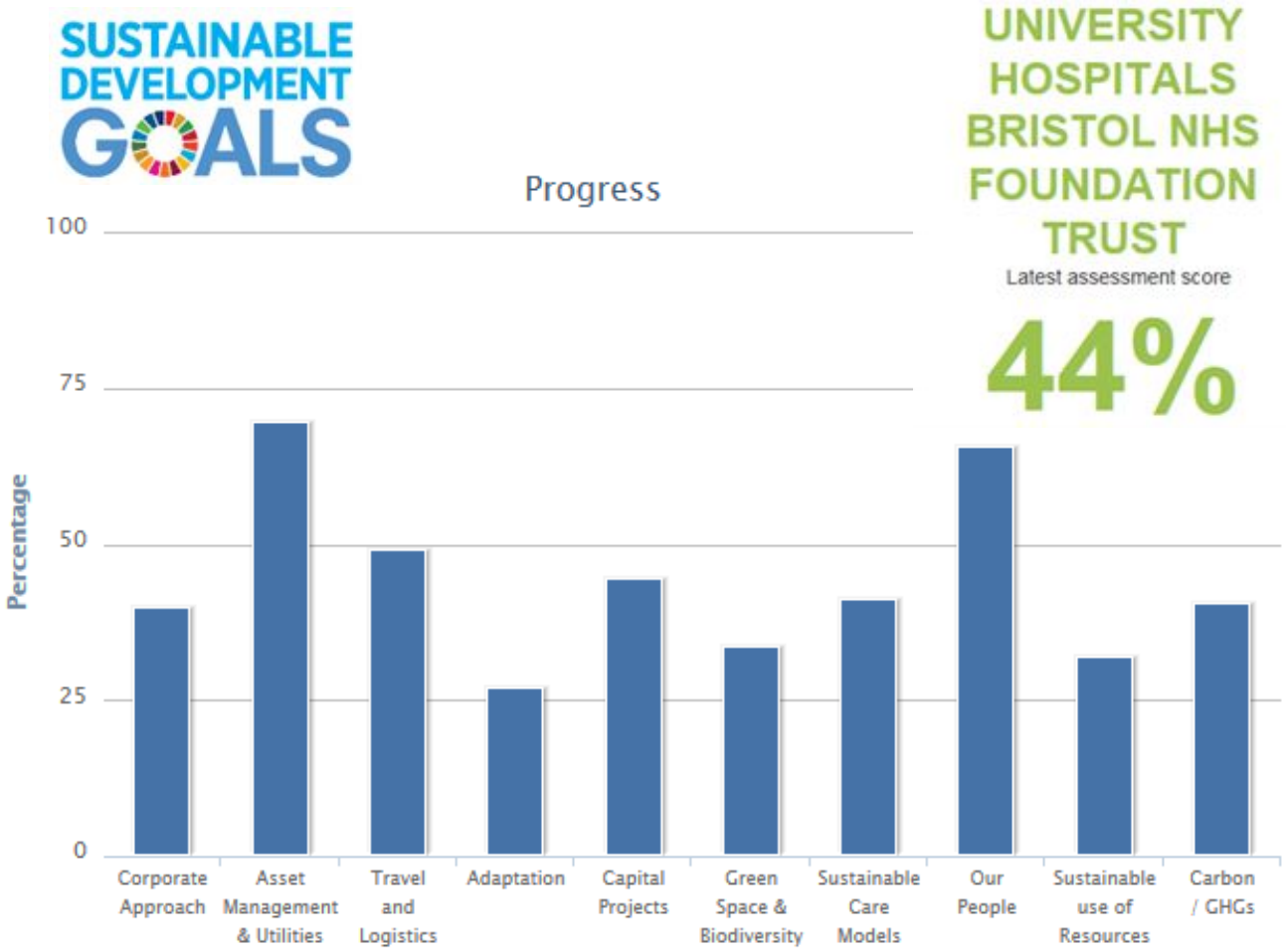
- *Leading in partnership for carbon reduction across the health and care system*
- *Wellbeing and engagement of our staff and communities*
- *Financial savings through resource efficiency*

Sustainable Development Assessment

Sustainable Development Assessment Tool

We measure our impact as an organisation on corporate social responsibility through the use of the Sustainable Development Assessment Tool (SDAT). The **SDAT** is an online self-assessment system aligned to the UN Sustainable Development Goals (SDGs). The tool is designed to help NHS, health and care organisations understand their sustainable development work, measure progress and help create the focus of for our sustainable development plans.

Our most recent application of the SDAT was in October 2018, scoring 44 %, which showed an improvement to our score of 30% achieved in April 2018. Plans for further improvement are included in the Sustainable Development Management Plan (SDMP). The SDMP is managed and monitored by the Trust's Sustainability Implementation Group that reports through the Senior Leadership Team into the Trust Board. Further details of governance can be found in Appendix A.



Our organisation is starting to contribute to these Sustainable Development Goals at a local level

Sustainable Development Assessments Tool - Hotspots

We have used the SDAT to identify the hotspots where we are most successful and where we need to focus in the future.

Strongest areas are *Asset Management and Utilities* and *Our People*. This reflects our core goals, set out in our sustainable development vision and strategy.

Weakest areas are *Adaptation*, *Sustainable Use of Resources* and *Greenspaces and Biodiversity*. This overlaps with the biggest weakness in the cross cutting theme of procurement.

Adaptation to climate change is being addressed through a system wide approach. We have developed a sustainability and transformation partnership wide adaptation plan and risk assessment which will address the challenges we face in this area.

Procurement is our biggest contributor to carbon emissions and also our greatest opportunity to bring our buying power to the supply chain. Supporting a more resource-efficient supply chain will enable us to drive down costs and reduce our impacts. To achieve this, we need to make sustainability a priority in our procurement process, ensuring the knowledge and skills of procurement staff are utilised to support all staff in embedding sustainability in procurement decision making.

We have embedded the scores through this report to show our progress in each area and where we are contributing to UN Sustainable Development Goals.

	Asset Management & Utilities	Travel and Logistics	Adaptation	Capital Projects	Green Space & Biodiversity	Sustainable Care Models	Our People	Sustainable use of Resources	Corporate Approach	Carbon / GHGs
Governance & Policy	78%	56%	20%	33%	22%	33%	83%	100%	56%	58%
Core responsibilities	87%	44%	29%	61%	33%	41%	63%	59%	81%	42%
Procurement and Supply chain	50%	27%	11%	25%	8%	50%	67%	14%	0%	26%
Working with Staff, Patients & Communities	22%	67%	44%	22%	61%	50%	58%	5%	39%	17%
Overall Module score	70%	49%	27%	44%	33%	41%	66%	32%	40%	41%

We will review our sustainable development strategy focusing on the hotspot areas identified

Our Steps to Sustainable Healthcare

	Physical infrastructure: Buildings – Energy -Waste	Transport: Journeys without costing the Earth
Key measure of success	Providing the workspace for low carbon care delivery with wellbeing in mind.	Maximising the health benefits of our travel while minimising the environmental impacts.
2020 goals	28% reduction in CO_2e from buildings Cost savings from CO_2 reduction from buildings energy, water and waste	28% reduction in CO_2e from travel Cost savings from absolute reduction in CO_2 emissions from all travel and transport operations
progress	★ ★ ★	★ ★
Key areas for action	• Energy used to heat and power our estate is the largest part of our Non-procurement carbon footprint. • Energy costs are likely to increase and become more volatile in the future – which may create • an energy security risk. • High quality workspaces support staff health and wellbeing, which in turn will enhance the quality of patient care.	• Fossil fuels release Greenhouse Gases - Contributing to climate change and air pollution. Both will affect local health and wellbeing. • Fuel is expensive and as natural resources deplete prices will increase. • Fewer cars on the road reduces air pollution creating a cleaner environment, while active travel improves mental and physical health and wellbeing.

★ Getting started

★ ★ Making progress towards target

★ ★ ★ On track to meet 2020 target

	People: Culture, Productivity, and Wellbeing	Procurement	Pioneering
Key measure of success	Creating a better working life. Empowering and motivating people to achieve sustainable healthcare.	Supporting an ethical and resource efficient supply chain.	Supporting a resilient local health economy to serve our community now and in the future.
2020 goals	20% of staff engaged, in sustainability and improved wellbeing. Members of the community play and integral role in our sustainability decision making.	28% reduction in CO_2e from procurement. Cost savings through driving a reduction in procurement.	Reduction in the risk rating of Climate Change Adaptation risk assessment.
progress	★ ★ ★	★	★
Key areas for action	• Individual actions can collectively make a big difference to reduce our environmental footprint – in and out of work. • Engaged and healthy staff are more productive in the workplace and create a workforce that is more resilient to illness. • Sustainable lifestyles are healthy lifestyles and staff are empowered to do things differently for a better working life. • Healthy choices are green choices. Actions such as active travel and reducing meat consumption also reduce carbon emissions. • Increasing productivity helps to improve our cost efficiency.	• Procurement accounts for more than 60% of the overall NHS carbon footprint. • By managing demand and taking a more critical, whole-life view of purchasing decisions, we can reduce waste and deliver cost savings. • A responsible procurement policy can improve the lives of those at the far end of the supply chain and support local businesses to work with the Trust.	• Cutting carbon beyond 'quick wins' requires creativity and collaboration. • We'll work with staff, stakeholders and peers to develop new opportunities. • Through innovation and working in partnership with our peers, we can bring efficiency and cost savings. • Supporting our workforce to be responsible for • Sustainable behaviours will strengthen our organisation and the care we deliver, while we tackle the public health risk of climate change.

Physical Infrastructure: Buildings Energy Waste

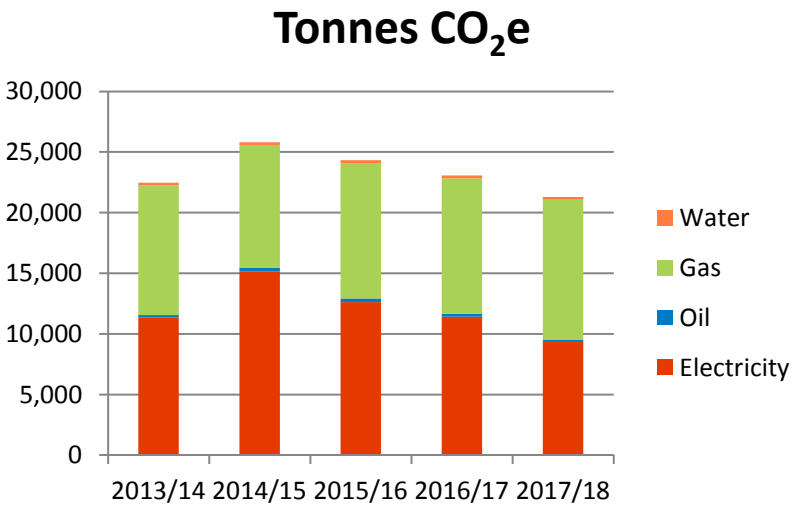
ENERGY

UH Bristol NHS FT has spent £4,148,595 on energy in 2017/18, which is a 7.8% increase on energy spend from 2016/17. However, we have lower energy costs than the Model Hospital benchmark. We have reduced our carbon emissions from energy use since 2014/15.

Asset Management & Utilities

In this module we have scored 69.57%

We are starting to contribute to these SDGs at a local level;



We are committed to playing our part in tackling climate change and creating an environmentally sustainable city – since 2014 we have reduced our emissions from energy use by 17% and saved £1.8 million.

Solar Panels on St Michael's Hospital

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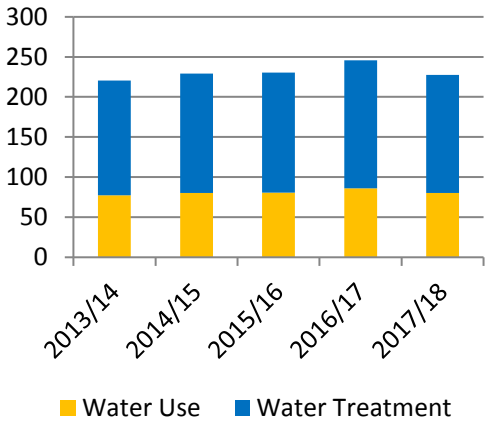
WATER

Performance
Despite increased activity, we have reduced our consumption of water in 2017/18. Our water and sewage costs are below the Model Hospital benchmark.

We have repaired steam leaks in pipes across the precinct significantly reducing the demand for water at our boiler house

Carbon Emissions tCO_2e - Water



Green space and Biodiversity

Our Sustainable Development Action Plan states we will 'provide green spaces across our estate to support patients, public and staff health, wellbeing and biodiversity'. Greenspaces help to offset our negative environmental impacts by improving local biodiversity and air quality and absorbing carbon dioxide.
We have worked in partnership with Incredible Edible, Avon Wildlife Trust and Bristol University students to improve greenspaces including our woodland walkway, allotment, Bristol Heart Institute roof garden and in 2017, the makeover of a garden at St Michael's Hospital.

St Michael's Hospital roof garden; e*dible plants were incorporated into the garden to emphasise the link between good diet and health.*

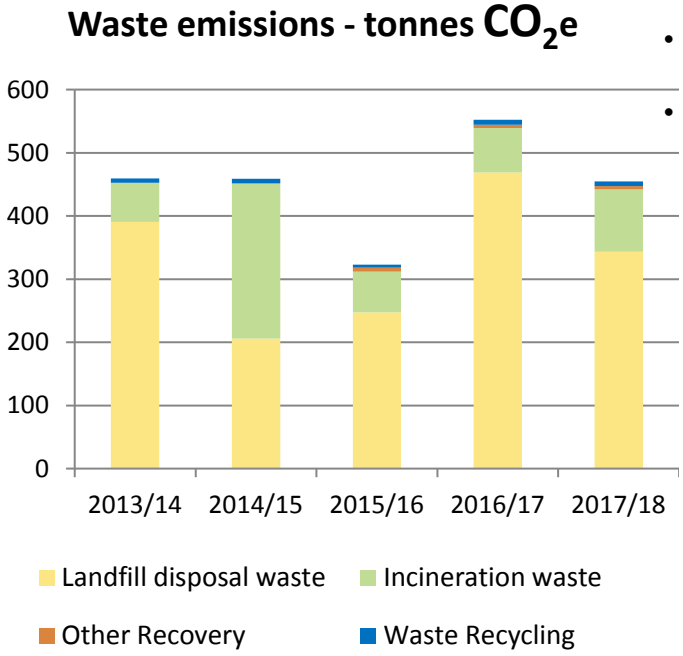
Future plans include transforming another garden at St Michael's in partnership with Bristol University Horticultural Team and renovations to a roof garden on the Bristol Haematology and Oncology Centre in collaboration with Avon Wildlife Trust.
A new greenspaces volunteer role is currently being developed to help with long-term maintenance and a greenspaces map has been created to help signpost staff, patients and visitors to outdoor spaces.

'Thank you for the amazing garden you have worked so hard to create…this garden will be greatly appreciated by our patients'
Clinical Nurse Manager, St Michael's Hospital.

Physical Infrastructure: Buildings Energy Waste

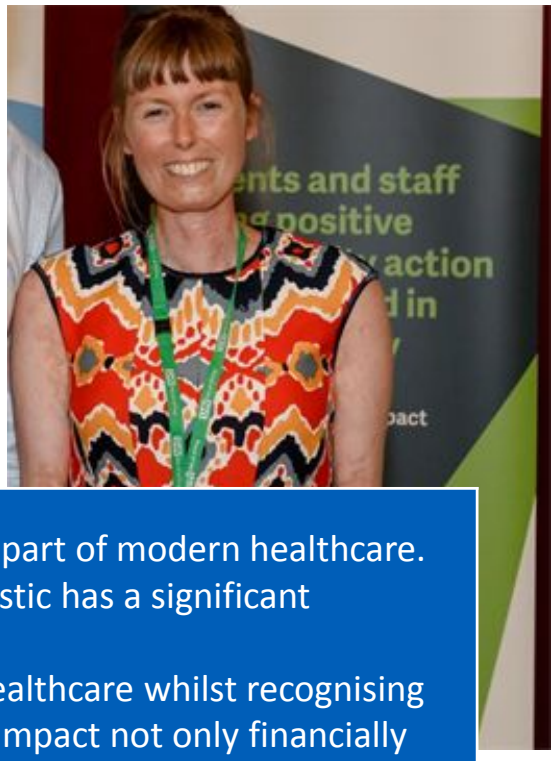
Waste
Waste has decreased, despite higher levels of activity. We have managed to improve the level of recycled or reused waste from 15% to 17%.

We have conducted waste audits to support areas in improving their waste management, as well as continuing to roll out Dry Mixed Recycling to all areas across the site. Levels of recycling have been improved by trialling the removal of 'personal' office bins to be replaced with 'waste disposal' areas. This is now being rolled out Trust-wide.



UH Bristol is committing to becoming a more sustainable organisation by reducing our reliance on plastics and reducing the amount of waste being sent to landfill.
By reducing waste and increasing recycling, the Trust will be able to save money which can be invested back into patient care. UH Bristol has committed to:

- Introduce dry mixed recycling bins into all public areas of the Trust by October 2018.
- Introduce dry mixed recycling bins into all staff areas that do not currently have any by October 2018, and making this a requirement of waste disposal options in all areas.
- Removing all 'personal' office bins Trust-wide and replacing with communal waste disposal areas by October 2018.
- Introduce takeaway cup recycling bins Trust-wide by October 2018.
- Reduce the use of single-use plastics e.g. straws, cutlery, cups, to only those that are medically needed by 2020.



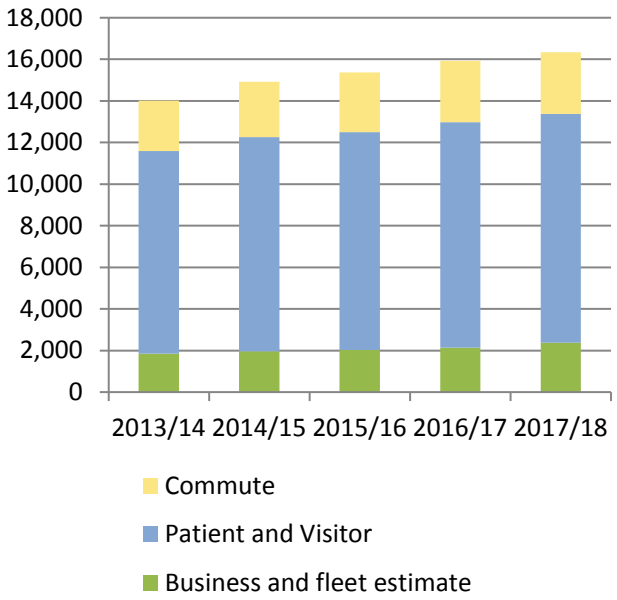
"Plastic is an extraordinary material which is a vital part of modern healthcare. However, the current production and disposal of plastic has a significant environmental impact.
UH Bristol needs to deliver safe and cost effective healthcare whilst recognising this impact. The new measures will have a positive impact not only financially and environmentally but also on our staff, patients and the local community."
Alexandra Heelis, Sustainability Officer.

11

Transport: Journeys without costing the Earth

Travel
The staff travel survey shows 26% of staff walk or cycle to work.

Travel emissions - tonnes CO_2e



Travel and Logistics

In this module we have scored 48.96%
We contribute to these SDGs at a local level;

"Two members of our Early Supported Discharge (ESD) team are keen cyclists. They came to me with the idea of trialling the use of e-bikes to make home visits to stroke patients recently discharged from hospital. Through their loan scheme, Bristol City Council was able to provide us with two e-bikes to trial for six months. The bikes proved to be such a success that after three months, we secured the use of three more.

Every member of the ESD team is now using the e-bikes. This means we're putting fewer cars on the roads for short local journeys, and the journey times are proving to be the same or even less than by car"

"It's better for the environment and it's saving the hospital time and money."
Caroline Bannister, Deputy General Manager, South Bristol Community Hospital

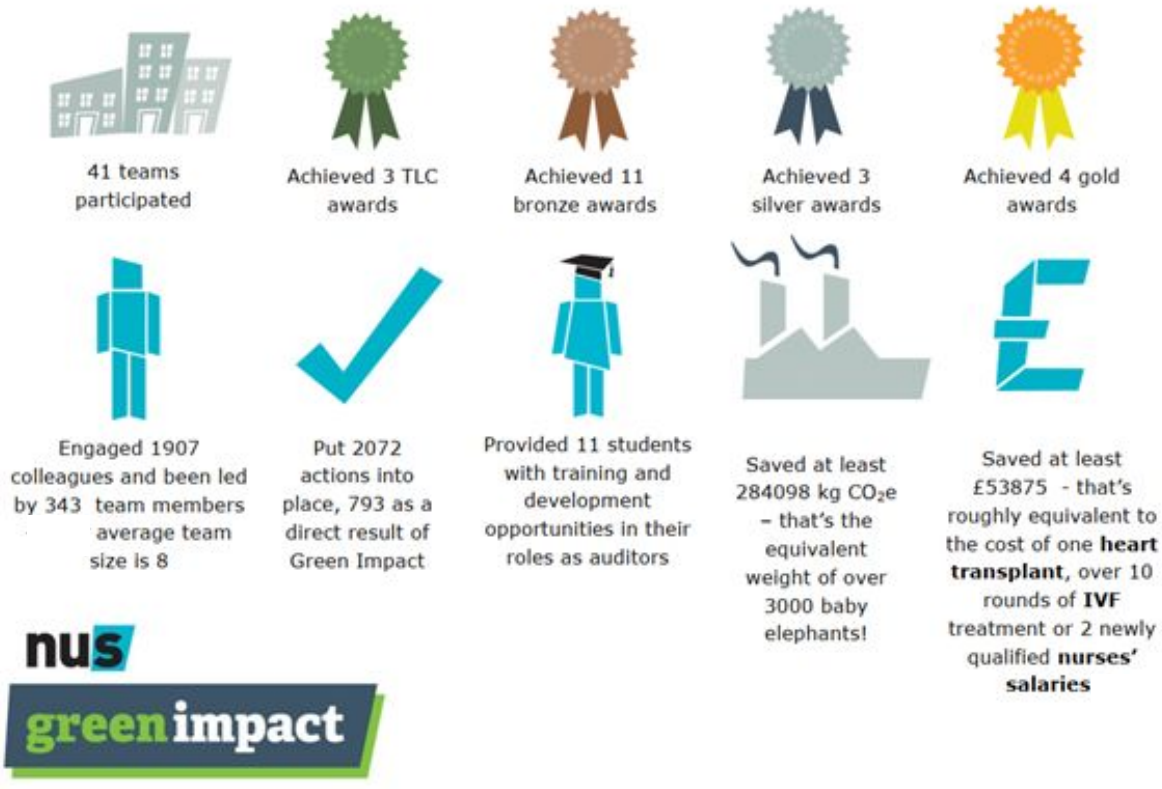
People: Culture, Productivity and Wellbeing

People
21% of our staff have been engaged by green champions to improve the sustainability of our hospitals.

Our People

In this module we have scored 65.59%
We are contributing to these SDGs at a local level;

Recognising success:
Green impact awards



The Green Impact Awards recognise the success of our Green champions in undertaking actions to improve the sustainability of our Trust.

People: Culture, Productivity and Wellbeing

The Green Impact Awards recognise the success of our Green champions in undertaking actions to improve the sustainability of our Trust.

Green Champion: Catherine Down
I am very interested in green initiatives as I hate waste and have a particular dislike for plastics and non-recyclable packaging. I was happy to get involved and help to reduce waste, reduce energy consumption, raise awareness and encourage colleagues to be greener by leading by example.

I enjoy working together with fellow Green Champions, who I would not otherwise have contact with as we all work in different departments. It is satisfying to work together for a common cause and feel like we are making a difference.

The most challenging thing about Green Impact is getting individuals to change their behaviours and attitudes towards green initiatives, therefore we are working to try and integrate sustainability actions into everyday working life.

Green Impact is a really useful tool, giving us direction and suggestions of initiatives, to help us challenge existing practices and habits, and encourage colleagues to do things differently.'

Running the Green Impact awards in partnership with the University of Bristol and North Bristol NHS Trust enables us to recognise the success of our staff in making our hospitals more sustainable.

Procurement

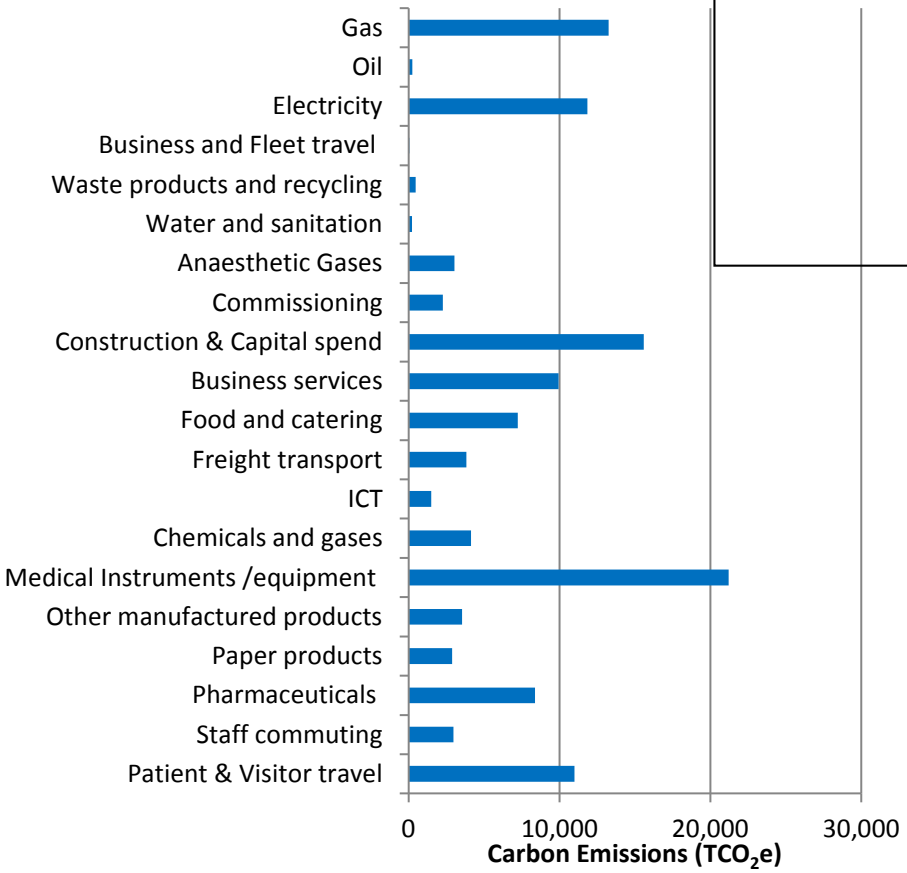
Our procurement activities make up the largest part of our carbon footprint. We have managed to make improvements to reduce our impacts in specific areas but this remains our biggest opportunity to reduce carbon emissions, achieve financial savings and use our buying power to achieve social benefits in our region.

Sustainable use of Resources

In this module we have scored 31.94%

We are starting to contribute to these SDGs at a local level;

2017/18 Emissions (tCO_2e)

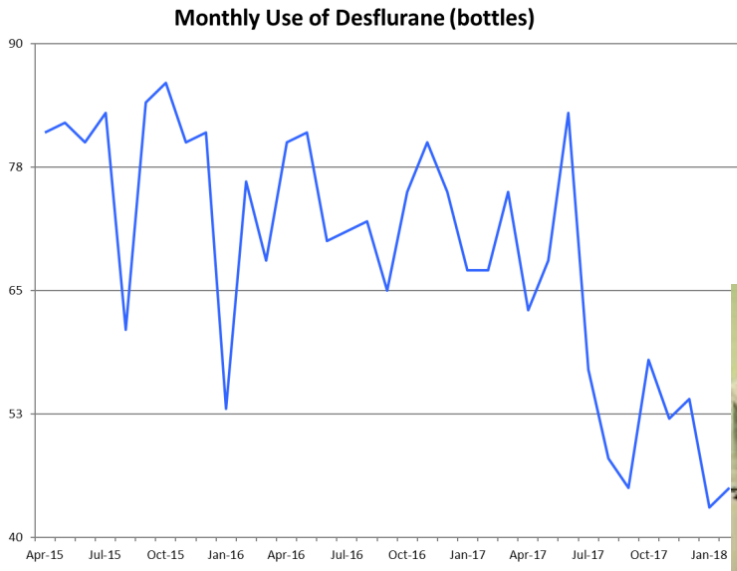


Introducing paperless working:
The Trust is working towards implementing a paperless system across all sites. This reduces costs and avoids waste. As well as the space saving implications of this initiative, staff have reported benefits due to multiple people being able to view patient notes at one time. Furthermore, the increase in laptops and tablets has had unforeseen benefits such as the use of video to quickly and efficiently share information and procedures compared to lengthy written notes.

Procurement

The impact of anaesthetic gases on global warming has been recognised. The NHS and PHE Sustainable Development Unit estimates that total emissions for volatile anaesthetic gases (VAGs) equates to 2.5% of the NHS carbon footprint for England. As most anaesthesia is used in an acute setting, this rises to 5% of the carbon footprint of an acute Trust, comparable with half the emissions from gas used for building energy use.

Desflurane is a commonly used VAG; it is however significantly more harmful to the environment, with a global warming potential (GWP) twenty times greater and tropospheric lifetime fourteen times greater than other volatiles. The vaporisation of one bottle of Desflurane creates the same GWP_{100} effect as 886kg of carbon dioxide, eighteen times that of other VAGs. Desflurane also has a significantly higher financial cost than other VAGs. An anaesthetist from UH Bristol set about educating his colleagues about the environmental and financial implications of Desflurane and encourage them to use other VAGs instead.



The reduction in use of Desflurane since the project was implemented in July 2017

A total reduction of 119,610kg has been seen since July 2017, which equates to an **average monthly saving of 21, 644kg CO_2e, a 28% reduction.** This is equivalent to the amount of CO_2 emitted from an average passenger car driven for 53,049 miles and would take 561 trees 10 years to sequester this CO_2e from the atmosphere.

In addition to the high environmental cost, Desflurane also has a high financial cost compared to other VAG. Therefore, even with the increased use of other volatile anaesthetic gases due to the decrease in Desflurane use, an **average monthly saving of £1,549, a reduction of £17%**, was made.

Pioneering

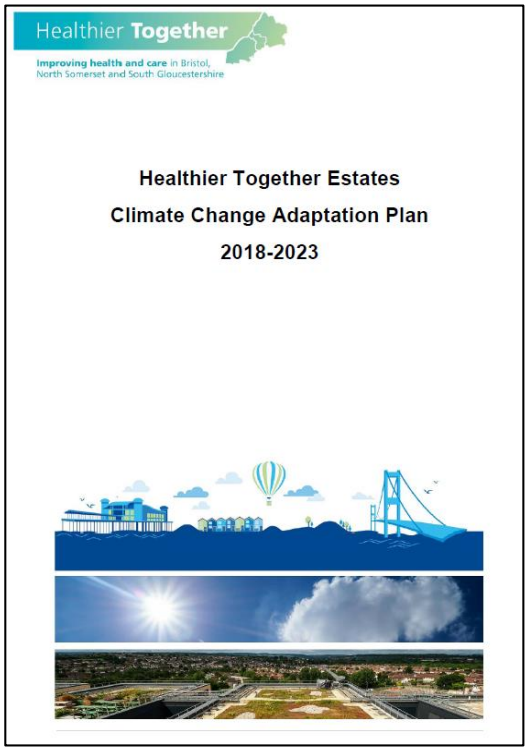
Adaptation
Climate change brings new challenges to our business both in direct effects to the healthcare estate, but also to patient health. Examples in recent years include the effects of heat waves, extreme temperatures and prolonged periods of cold, floods and droughts; these are expected to increase as a result of climate change.

Our board approved plans address the potential need to adapt the delivery of the organisation's activities and infrastructure to cope with climate change and adverse weather events. Through our business continuity planning we have begun to identify the risks we need to consider and the associated adaptations

Sustainable Care Models

In this module we have scored 41.03%
We are starting to contribute to these SDGs at a local level;

To ensure that our services continue to meet the needs of our local population during extreme events we are also developing adaptation plans with health organisations across our region.



DRAFT STP adaptation plan BNSSG Health and Sustainability Group

Climate change adaptation in the NHS is about organisational resilience and the prevention of avoidable illness. It's about embracing every opportunity to create a sustainable, healthy and resilient healthcare service fit for the future. It's about reducing our impact on the environment to prevent climate change, reducing our organisational costs, ensuring business continuity and reducing health inequalities, but most of all it's about making sure that our buildings, ours services, our staff and our patients are prepared and ready for what lies ahead.

Our vision for 2020

As we approach 2020, we have begun analysing and evaluating what we have achieved in delivering on our sustainable development management plan (SDMP) “Big Green Scheme Strategy – Care without costing the Earth”; what we still need to improve upon and how best we can move forward to make our Trust increasingly sustainable and resilient for the future.

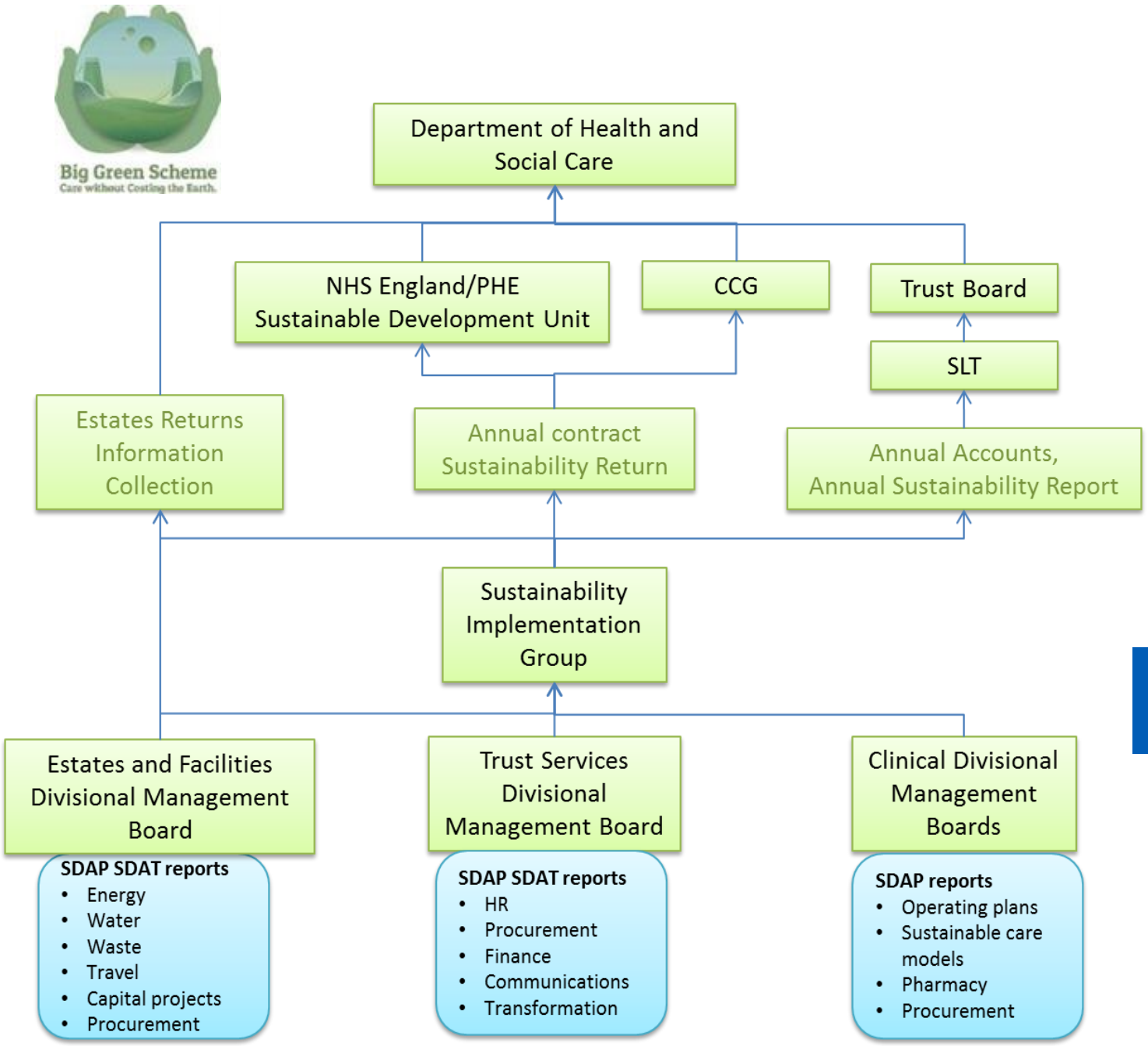
We have achieved and continue to achieve significant sustainable improvements since our 2015 SDMP was first published and are continually learning and striving to achieve our goals. Using the Sustainable Development Unit’s Sustainability Reporting Tool and Sustainable Development Assessment Tool we want to identify and unlock further social, environmental and financial savings, in alignment with the UN’s Sustainable Development Goals.

Working in partnership with Healthier Together; our Bristol, North Somerset and South Gloucestershire Sustainable and Transformation Partnership, offers us the opportunity to improve upon sustainability in health and care services in our area. We will review and develop our Sustainability Strategy going forward to 2025 working with our STP partners and reflecting the Trusts’ 2025 Strategy – “Embracing Change, Proud to Care”

It is everyone’s responsibility to create a sustainable NHS, from those that use services to those that design and deliver them. The personal values and choice of staff and patients will be an increasing driver for sustainable local change and we invite everyone to contribute and work towards a sustainable healthcare system together.

Appendix A
Governance Chart

To ensure delivery of our Sustainability Strategy monitoring and reporting against our Sustainable development action plan is managed by the Trust's Sustainability Implementation Group. The impact of actions and progress with delivery of the Sustainability Strategy is reported by the Sustainability Implementation Group through the Senior Leadership Team to the Trust Board in the mandatory sustainability section of the Trust's Annual Accounts and as separate annual Sustainable Development Report.



NHS
University Hospitals Bristol
NHS Foundation Trust

Sustainable Development Annual Report 2017 - 2018

11

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

Meeting of the Board in Public on Thursday 29 November 2018 in the Conference Room, Trust Headquarters

Report Title	**Research and Innovation Quarterly Report**
Report Author	**David Wynick, Director of Research**
Executive Lead	**Bill Oldfield, Medical Director**
Agenda Item No:	**12**

1. Report Summary
The purpose of this report is to provide an update on performance and governance for the Board.
2. Key points to note *(Including decisions taken)*
See executive summary in report.
3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
The risks associated with this report include: N/A
4. Advice and Recommendations *(Support and Board/Committee decisions requested)***:**
• This report is for **ASSURANCE** • The Board is asked to **NOTE** the report

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

Public Board Meeting - November 2018-29/11/18 - Page 119

Executive Summary

Performance:

Our recruitment into NIHR portfolio research (Clinical Research Network High Level Objective 1) is on trajectory to meet our stretch target of 8691 recruits by 31 March 2019, contributing to the increased regional target of 28,883.

Our performance in achieving the 80% target set by Clinical Research Network High Level Objective 2 (Recruitment to time and target) will be used to influence our delivery funding for 19/20. Our current performance is 62% for commercial studies and 55% for non-commercial studies. A workstream project is underway within R&I to identify ways to improve performance.

Funding:

Over-all, the West of England CRN is performing poorly in terms of recruitment nationally. This is likely to have an impact on regional finances for 2019/20, and will consequently affect the allocation to UHBristol. However, the precise funding mechanism is not known, so this is difficult to model.

Indications are that we will also receive a cut to our Research Capability Funding for 2019/20, and we expect further details of the national approach during quarter 3.

The Interview for the Applied Research Collaborations (ARC), the next iteration of the CLAHRC, has taken place. The outcome is expected by Christmas. Professor Sarah Purdy has taken on the Directorship of the CLAHRC for the remainder of the contract (until September 2019).

Overview

Successes	Priorities
• 441 UHBristol staff have taken part in the Second Bristol Online Survey of Dementia Attitudes since we opened in September. This is the highest participation in the region for this UWE led study. • BHOC is the top UK recruiting site (of 15) for the PALLAS trial, the aim of which is to help reduce incidence of breast cancer recurrence. • The results of the AIRWAYS-2 trial, led by Professor Jonathan Benger, have been published in the Journal of the American Medical Association. The trial compared the two most common methods of providing advanced airway management during out of hospital cardiac arrest, and found them to be equally effective, though with some important advantages for the newer technique of supraglottic airway insertion. • UH Bristol research teams have recruited the first UK patient in 6 commercial trials, 1 of which was the first patient to receive a novel Advanced Therapy Medicinal Product (ATIMP) in Europe.	• Continue to plan a bid for an NIHR Clinical Research Facility in 2021 • Improve performance in recruiting the target number of patients on time for both commercial and non-commercial research. This metric is one which drives our income from the Clinical Research Network. • Support divisional management teams to develop research elements of their strategies, to inform the refresh of the Trust Strategy
Opportunities	**Risks and Threats**
• Increase engagement and input of medical and non-medical clinicians into research, ensuring allocated time in job plans translates into research activity which is visible and measurable. • Work with UWE to develop research capacity in non-medical staff groups.	• Expectation that research capability funding will decrease further during 2019/20, reducing ability to make strategic funding allocations. • Absences and pending vacancies in core R&I team impact on ability to manage research effectively across the trust • Clinical pressures deprioritise research across the trust and limit opportunities to maintain activity and increase in new areas of potential.

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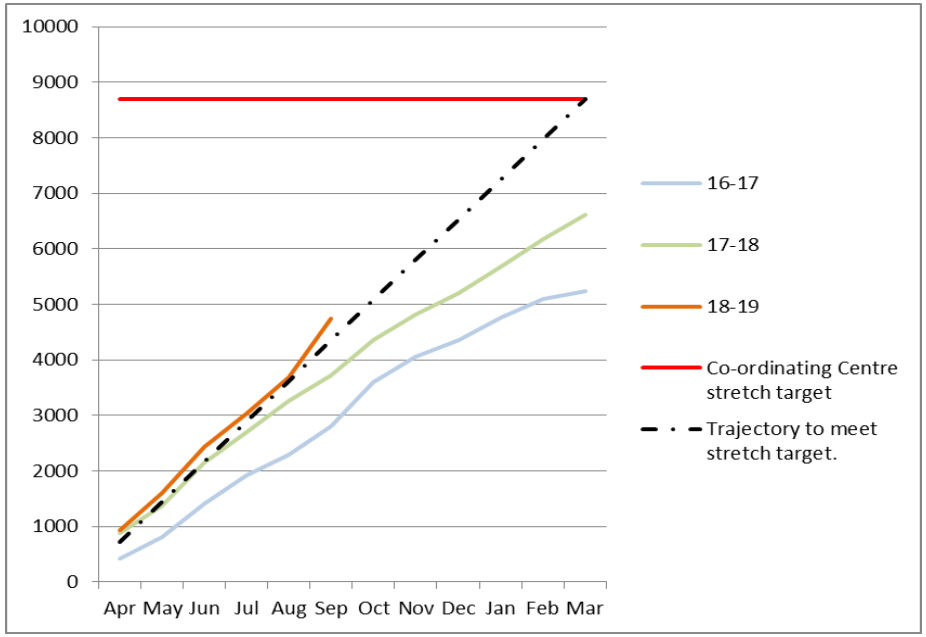
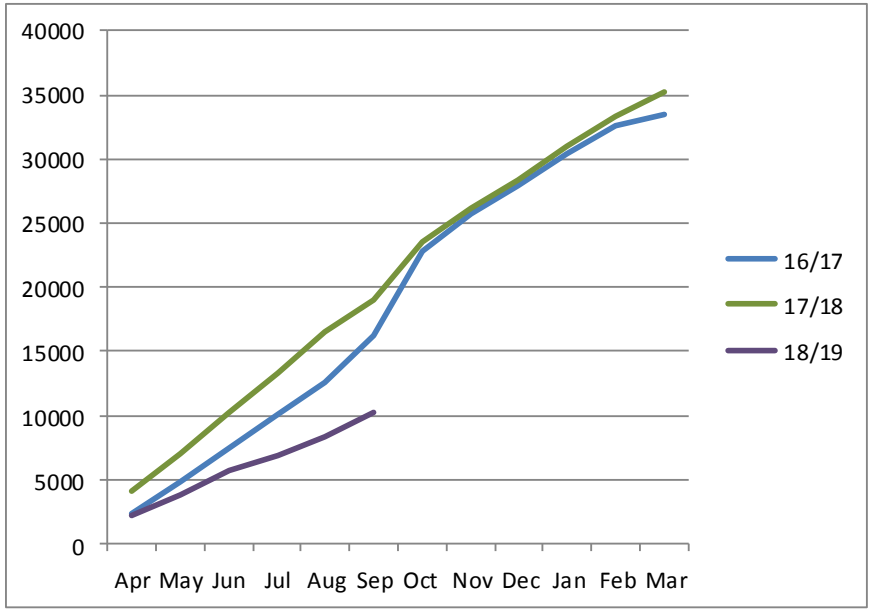
Performance Overview

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

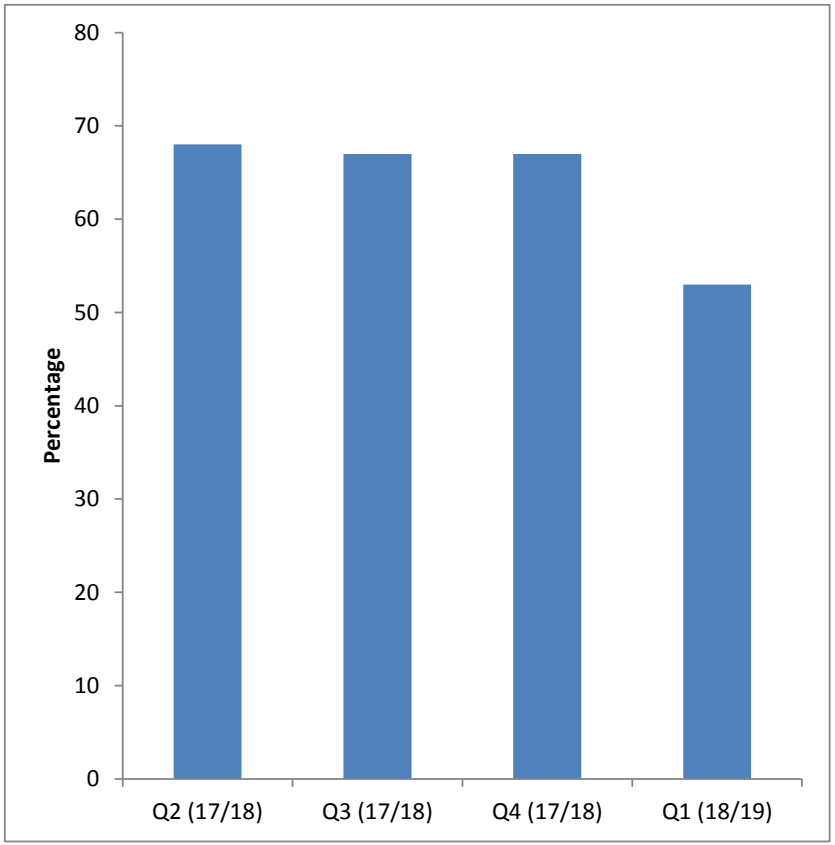
a) Cumulative Recruitment in Commercial and Non-Commercial NIHR Studies



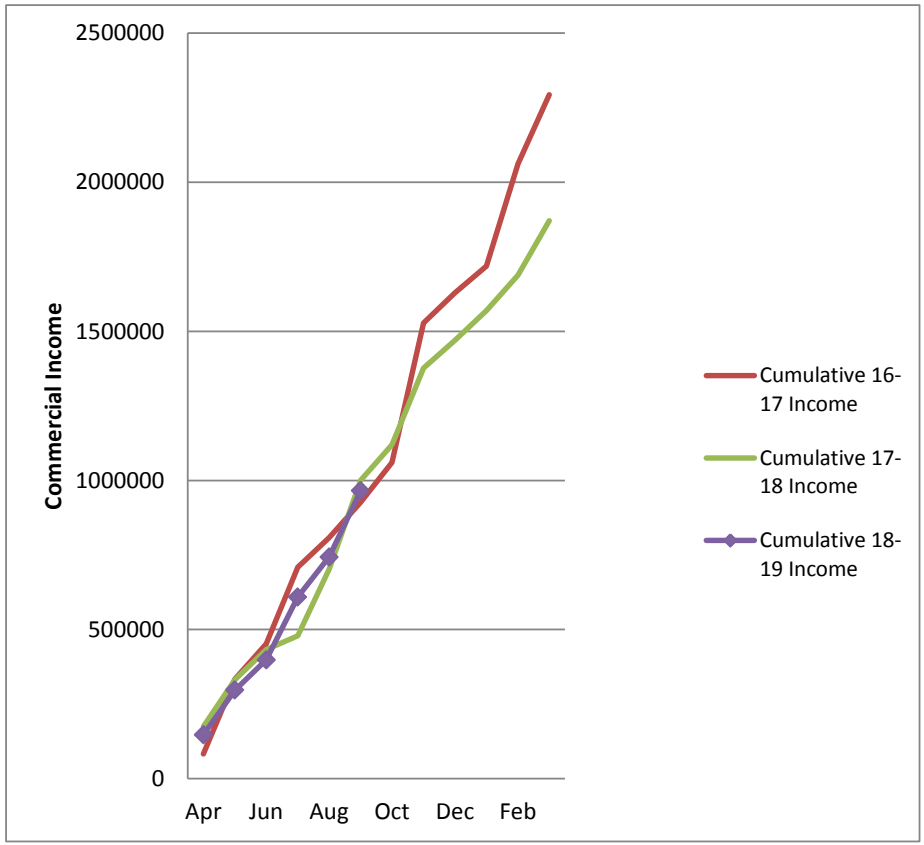
b) Cumulative weighted recruitment into NIHR portfolio studies 18-19. [NB. There is a 6 week lag in recruitment data becoming visible on the system.]



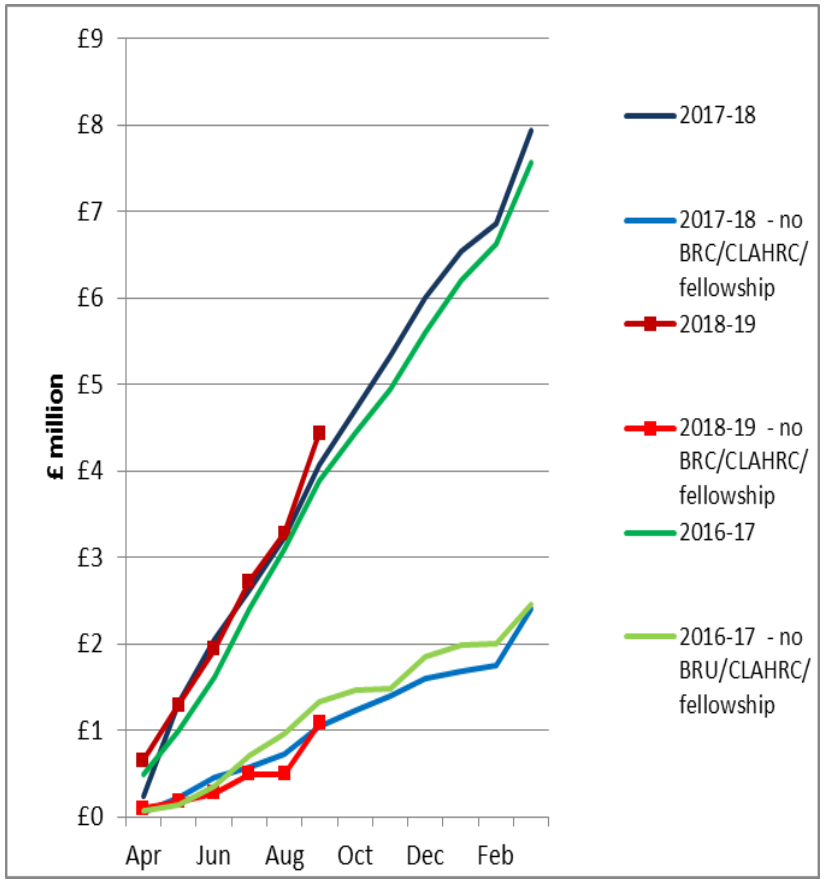
c) Percentage of closed commercial studies recruiting to time and target



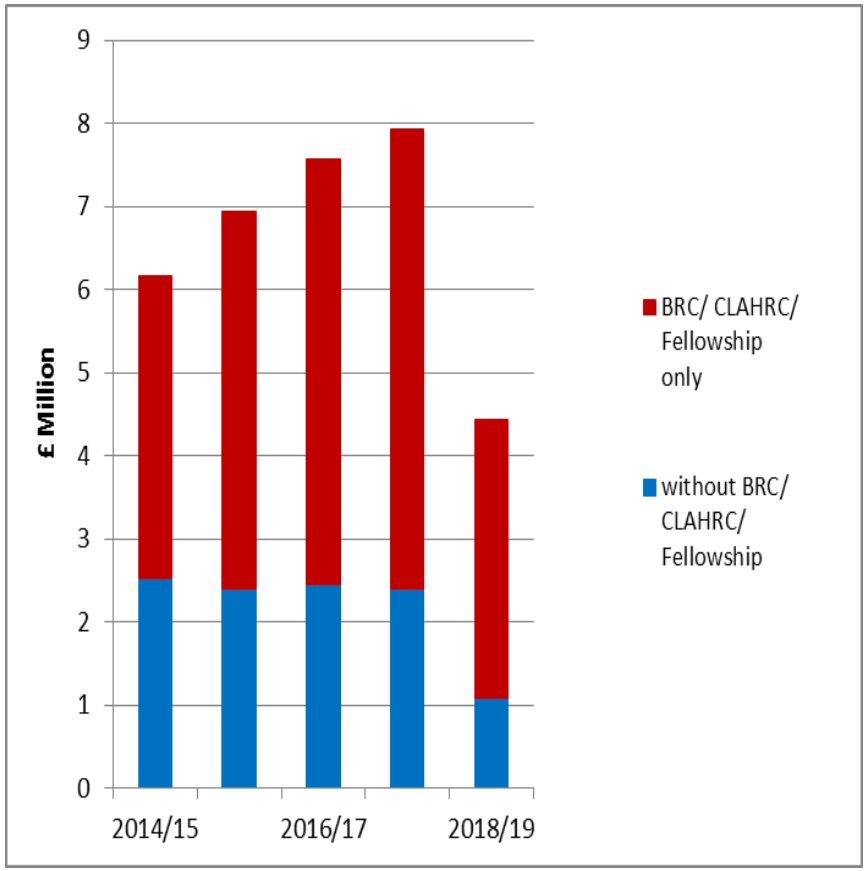
d) Monthly commercial income



NIHR monthly grant income – year on year comparison



NIHR grant income – drives research capability funding.



Meeting of the Board in Public on Thursday 29 November 2018 in the Conference Room, Trust Headquarters

Report Title	**Finance Report**
Report Author	**Kate Parraman, Deputy Director of Finance**
Executive Lead	**Paul Mapson, Director of Finance and Information**
Agenda Item No:	**13**

1. Report Summary

The purpose of this report is to:

- Inform the Finance Committee of the financial position of the Trust for October
- Provide assurance on the delivery of the Core Control total

2. Key points to note

(Including decisions taken)

The Operational Plan requirement to October is a surplus of £11.535m excluding technical items. The Trust is reporting a surplus of £11.562m, £0.027m favourable to plan. This is due to:

- Divisional and Corporate overspends of £4.148m, offset by
- Corporate share of income over performance £0.799m
- Release of Corporate Reserves of £2.926m
- Financing underspends of £0.450m

The Clinical Divisional deficit in October is £4.241m, compared to £3.803m last month, a deterioration of £0.438m.

The financial position remains broadly on plan but delivery of the year end core Control Total remains high risk due to the following issues:

- Wales HRG4+ issue remains unresolved (£1.5m risk)
- Adverse nursing spend run-rate is deteriorating
- Impact of winter on elective activity delivery
- Medical staff overspending continuing unabated
- Other unforeseen pressures

However the forecast outturn remains a surplus of £3.0m core and £16.855m including Provider Sustainability funding.

3. Risks

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

N/A

4. Advice and Recommendations

(Support and Board/Committee decisions requested):

- This report is for information

5. History of the paper

Please include details of where paper has previously been received.

Finance Committee	27 November 2018

Report of the Finance Director

Section 1 – Executive Summary

	2018/19 Annual Plan £m	Income / (Expenditure)		Variance
		Plan to date £m	Actual to date £m	Favourable /(Adverse) £m
Corporate Income	622.374	366.771	367.570	0.799
Divisions & Corporate Services	(580.743)	(338.491)	(342.639)	(4.148)
Financing	(35.592)	(20.785)	(20.335)	0.450
Reserves	(3.039)	(2.926)	-	2.926
Surplus/(deficit) excl PSF	**3.000**	**4.569**	**4.596**	**0.027**
PSF Core Funding	10.836	4.876	4.876	-
PSF Performance Funding	4.644	2.090	2.090	-
Surplus/(deficit) incl PSF	**18.480**	**11.535**	**11.562**	**0.027**

The financial position remains broadly on plan but the delivery of the year end core Control Total remains high risk due to the following issues:

- Wales HRG4+ issue remains unresolved (£1.5m risk)
- Adverse nursing spend run-rate is deteriorating
- Impact of winter on elective activity delivery
- Medical staff overspending continuing unabated
- Other unforeseen pressures

The forecast outturn surplus of £3.0m core and £16.855m including Provider Sustainability funding remains however.

- The Operational Plan for the year is a surplus of £18.480m excluding technical items. This includes £15.480m of Provider Sustainability Funding (PSF).
- The Operational Plan requirement to October is a surplus of £11.535m excluding technical items.
- The Trust is reporting a surplus of £11.562m, £0.027m favourable to plan. This is due to :
  - Divisional and Corporate overspends of £4.148m, offset by
  - Corporate share of income over performance £0.799m
  - Release of Corporate Reserves of £2.926m
  - Financing underspends of £0.450m
- The Clinical Divisional deficit in October is £4.241m, compared to £3.803m last month, a deterioration of £0.438m. With the exception of Diagnostic and Therapies, all Clinical Divisions continued with in-month adverse variances. Significantly Surgery was £0.254m adverse in month.
- The Trust has met the core control total for the first two quarters and is forecasting achievement at quarter three, therefore PSF core funding is included for 7 months.
- PSF performance funding has been achieved for the first two quarters and is forecast for quarter three. Therefore PSF performance funding is included for 7 months.
- Control Totals for year-end financial positions have been set and advised to Divisions. These are based around forecast out-turns and are intended to restrict Divisional overspends to £5.3m.
- Divisions who generate surpluses will be allowed to convert them to discretional capital. This will not impact on the Trust's overall revenue financial positon.

Section 2 – Analysis of Divisional Positions

The main report shows the total budget variances by Division and main subjective heading however it is important to also understand variances from the agreed Operating Plans which include realistic allowances for key areas, hence only the variances beyond these allowances are important. The summary positions are shown below.

To Month 7 £000	Diagnostics & Therapies			Medicine			Specialised Services			Surgery			Women's & Children's			Total Clinical Divisions		
	Op Plan	Actual	(Adv) / Fav	Op Plan	Actual	(Adv)// Fav	Op Plan	Actual	(Adv) / Fav	Op Plan	Actual	(Adv) / Fav	Op Plan	Actual	(Adv) / Fav	Op Plan	Actual	(Adv) / Fav
Income	**(22)**	**182**	**204**	**99**	**413**	**314**	**111**	**260**	**149**	**848**	**1,181**	**333**	**485**	**458**	**(27)**	**1,521**	**2,494**	**973**
Pay																		
– Nursing	99	8	(91)	(592)	(1,141)	(549)	8	(164)	(172)	(166)	(443)	(277)	(665)	(652)	13	(1,316)	(2,392)	(1,076)
– Consultants	(83)	(23	60	(93)	(259)	(166)	(93)	(143)	(50)	1	(688)	(689)	(202)	(323)	(121)	(470)	(1,436)	(966)
– Juniors	-	-	-	(175)	(457)	(282)	-	(3)	(3)	(323)	(29)	294	(166)	(640)	(474)	(664)	(1,129)	(465)
– Other Pay	221	349	128	371	11	(360)	(11)	(49)	(38)	128	(33)	(161)	(126)	(66)	60	583	212	(371)
Pay Total	**237**	**334**	**97**	**(489)**	**(1,846)**	**(1,357)**	**(96)**	**(359)**	**(263)**	**(360)**	**(1,193)**	**(833)**	**(1,159)**	**(1,681)**	**(522)**	**(1,867)**	**(4,745)**	**(2,878)**
Non-Pay																		
– Drugs	257	92	(165)	(264)	(247)	17	19	9	(10)	(98)	(122)	(24)	(130)	(159)	(29)	(216)	(427)	(211)
– Supplies	(522)	(458)	64	(25)	(75)	(50)	(53)	54	107	(195)	(648)	(453)	(217)	(244)	(27)	(1,012)	(1,371)	(359)
– Other	74	(113)	(187)	150	44	(106)	(209)	(17)	192	(479)	(1,355)	(876)	311	280	(31)	(153)	(1,161)	(1,008)
– Support funding	112	112	-	150	150	0	169	169	-	248	248	-	290	290	-	969	969	-
Non Pay Total	**(79)**	**(368)**	**(288)**	**11**	**(128)**	**(139)**	**(74)**	**215**	**289**	**(524)**	**(1,877)**	**(1,353)**	**254**	**167**	**(87)**	**(412)**	**(1,990)**	**(1,578)**
Grand Total	**136**	**149**	**13**	**(379)**	**(1,561)**	**(1,182)**	**(59)**	**116**	**175**	**(36)**	**(1,889)**	**(1,853)**	**(420)**	**(1,056)**	**(636)**	**(758)**	**(4,241)**	**(3,483)**
Forecast Outturn			**219**			**(1,833)**			**28**			**(2,614)**			**(1,500)**			**(5,700)**

The analysis shows the following:

1. An improvement regarding income in month 07 has resulted in Divisions being ahead of plan by £1.0m. It should be noted, however, that Divisional savings plans assume additional activity of £3.9m.
2. Whilst nursing spend anticipated a YTD overspend of £1.30m, the actual overspend is £2.40m i.e. £1.1m worse than planned. Half of this is accounted for by the Medicine Division with smaller adverse variances in Surgery £0.277m and Specialised Services £0.172m.
3. Medical pay budgets were planned at £1.1m overspend to month 07, however, the actual overspend is £2.6m i.e. £1.5m worse than planned. This is the single biggest issue in the Trust's current adverse position. Of this adverse movement £1.0m is re Consultants and £0.5m re Junior Doctors. What is interesting, however, is that agency spend is similar to 2017/18.
4. Non-pay costs for drugs and supplies are worse than plan by £0.6m. Some of this relates to activity increases but there are undoubtedly some control issues.
5. Other non-pay is £1.0m adverse. This is almost all within Surgery and relates to adverse variances within blood £0.217m, internal recharges £0.202m, unachieved savings targets £0.420m and non clinical supplies.

Section 3 – Summary of variance to Operating Plans

The following table shows the clinical divisions performance against their operating plan at month 7.

	Operating plan trajectory to month 07 £'m	Divisional recovery plan to month 07 £'m	Actual Variance to month 07 £'m	Year end Control Total £'m
Diagnostics and Therapies	0.136	0.146	0.149	0.200
Medicine	(0.379)	(1.638)	(1.561)	(1.800)
Specialised Services	(0.059)	0.172	0.116	0.200
Surgery	(0.036)	(1,805)	(1.889)	(2.500)
Women's and Children's	(0.420)	(1,029)	(1.056)	(1.400)
Total	(0.758)	(4.154)	(4.241)	(5.300)

Clinical divisions are forecasted an outturn at month six of £5.700m adverse in total. This is considerably adverse to the operating plan total but £1.570m better than a straight-line projection. Specialised Services and Diagnostics and Therapies are reporting favourable variances to date and favourable variances to date against operating plan trajectories and are therefore not covered in detail in this section. Advised Control Totals equate to a £5.3m deficit.

Medicine

The division is £1.562m adverse at month seven; this is £1.184m adverse to the division's operating plan trajectory. At month seven the division's variance is favourable to the recovery plan trajectory by £0.076m. The key reasons for being adverse to the operating plan are:

- The Division is £0.314m ahead of its planned trajectory for income at month 07, this follows a strong performance in month 07.
- Nursing pay is £0.549m adverse to plans, due to higher than expected enhanced care costs, increased agency usage in ED and higher than planned levels of vacancies and sickness causing higher than planned agency costs.
- Medical pay is £0.448m adverse to plan (£0.166m on Consultants and £0.282m on other medical staff) this is driven by high levels of sickness and maternity leave within other medical staff and pressures in ED including acting down for consultant staff.
- Non pay in total contributes an adverse variance of £0.139m due to a number of factors including the division's current shortfall on it savings programme.

Surgery

The division is £1.889m adverse at month seven; this is £1.853m adverse to the division's operating plan trajectory. At month seven the division is £0.083m adverse to the recovery plan trajectory. The key reasons for being adverse to the operating plan are:

- The Division is £0.333m ahead of its planned trajectory for income at month 07, income is ahead of plan in Cardiac surgery, Trauma and orthopaedics, Ophthalmology, ENT and Women's and Children's.
- Nursing pay is £0.277m adverse due to pressures in ITU as well as higher than planned agency and bank in theatres and some wards including SBCH.
- Medical staff continue to overspend significantly against the operating plan assumptions £0.395m. This primarily relates to consultants and includes additional payments for additional sessions particularly within anaesthesia, Eye Hospital and in Dental. Other medical staff are currently underspent compared to the operating plan trajectory.
- Non pay is adverse to the operating plan by £1.352m , clinical supplies being £453m adverse (£0.195m being due to poor controls earlier in the year which have now been rectified) internal recharges £0.202m, blood £0.217m and savings programme shortfalls £0.420m year to date (procurement programmes due to deliver later in the year and income related savings schemes.

Women's and Children's

The division is £1.056m adverse at month seven; this is £0.636m adverse to the division's operating plan trajectory. At month seven the division is £0.027m adverse to the recovery plan trajectory. The key reasons for being adverse to the operating plan are:

- Income is slightly behind plan at month seven £0.027m.
- Medical pay is significantly adverse to plan by £0.595m this is due to significantly higher levels of sickness and maternity cover being required particularly within Other medical staff £0.474m.
- Non pay is broadly in line with the operating plan trajectory £0.087m adverse with small adverse variances on drugs and clinical supplies.

Section 4 – Division and Corporate Services Performance

Performance by Division and Corporate Service Area:

	Variance to Budget favourable/(adverse)			Operating Plan trajectory favourable/(adverse)	
	To 30 Sep £m	Oct £m	To 31 Oct £m	To 31 Oct £m	Var £m
Diagnostic & Therapies	0.097	0.052	0.149	0.136	0.013
Medicine	(1.510)	(0.052)	(1.562)	(0.378)	(1.184)
Specialised Services	0.210	(0.094)	0.116	(0.059)	0.175
Surgery	(1.634)	(0.254)	(1.888)	(0.035)	(1.853)
Women's & Children's	(0.966)	(0.090)	(1.056)	(0.420)	(0.636)
Estates & Facilities	0.020	(0.030)	(0.010)	0.024	(0.034)
Trust Services	(0.032)	0.004	(0.028)	-	(0.028)
Other Corporate Services	0.186	(0.055)	0.131	-	0.131
Total	**(3.629)**	**(0.519)**	**(4.148)**	**(0.732)**	**(3.416)**

In October the position deteriorated by £0.519m to give a year to date adverse variance of £4.148m. This compares to an adverse position of £0.572m to the end of the first quarter, which increased by £0.709m in July, £0.539m in August and £1.809m in September.

The rate of overspending reduced with the exception of Surgery. Surgery was £0.254m adverse in month compared to £0.198m last month and ££0.441m in August.

Divisions are £3.416m adverse to their Operating Plan trajectory. Medicine and Surgery continue to be significantly adverse against their plans.

(monthly trend analysis is shown in appendix 4)

- Diagnostic and Therapies – a favourable variance of £0.149m, in line with the Operating Plan trajectory.
- Medicine – an adverse variance of £1.562m, £1.184m higher than the Operating Plan trajectory. Adverse variance in month of £0.052m compares with £0.225m last month and £0.441m the month before. Pay was £0.239m adverse in month, of which £0.143m relates to nursing and £0.098m to medical pay. Income from activities over performed this month by £0.246m, increasing the cumulative over performance to £0.342m.
- Specialised Services – a favourable variance of £0.116m, £0.175m favourable to Operating Plan trajectory. Pay is £0.360m adverse to plan and £0.175m adverse in month. Significantly nursing was £0.132m adverse in month. Non pay improved by £0.196m in the month through clinical supplies rebates. Income from activities underperformed in month by £0.084m and is £0.177m above plan.
- Surgery – an adverse variance of £1.888m which is £1.853m adverse to Operating Plan trajectory. Pay deteriorated by £0.288m in October (of which £0.126m was nursing and £0.129m medical and dental) and is £1.193m adverse to date. Non pay deteriorated by £0.284m and is £1.876m adverse to date. Income from activities cumulative over performance increased to £1.245m.
- Women's & Children's – an adverse variance of £1.056m year to date, which is £0.636m adverse to Operating Plan trajectory. Pay deteriorated by £0.331m in October, of which £0.214m related to nursing and £0.124 to medical staff, and is £1.681m adverse to date. Income from activities was £0.172m favourable in month increasing the cumulative over performance to £0.449m above plan.

Section 4 – Division and Corporate Services Performance continued

Performance by subjective heading:

	Monthly Average 2017/18	2017/18 Outturn £m	Quarter 1 £m	Quarter 2 £m	October £m	2018/19 To date £m
Nursing & midwifery pay	(0.328)	(3.941)	(1.015)	(1.091)	(0.639)	(2.746)
Medical & dental pay	(0.353)	(4.233)	(1.033)	(1.184)	(0.376)	(2.593)
Other pay	0.076	0.912	0.328	0.537	0.121	0.987
Non-pay	(0.388)	(4.655)	(1.088)	(1.095)	(0.173)	(2.356)
Income from operations	(0.003)	(0.030)	(0.027)	0.172	(0.139)	0.006
Income from activities	0.396	4.753	2.263	(0.396)	0.688	2.554
Total	**(0.600)**	**(7.195)**	**(0.572)**	**(3.057)**	**(0.518)**	**(4.148)**

- Nursing pay continues to overspend, with a cumulative overspend of £2.746m. This is predominately from Medicine (£1.141m), Women's and Children's (£0.652m) and Surgery (£0.498m), including theatre ODP's. October had the highest adverse nursing variance of the year to date at £0.591m adverse, with both Specialised and Women's and Children's having significantly worse variance than at any other month.
- Medical and dental pay variances were slightly better at £0.376m adverse compared to £0.449m in September. Of the £2.593m cumulative adverse variance, £0.963m is within Women's and Children's, £0.726m in Surgery and £0.716m in Medicine.
- The adverse non pay variance remains of real concern. The largest Divisional overspend to date is within Surgery which has an adverse variance of £1.877m, although much of this has been linked to activity increases which have additional income associated. Work continues to control all expenditure on clinical supplies.
- Income from Activities had a favourable in month variance of £0.688m taking the year to date favourable position to £2.554m. The main areas of over performance year to date are emergency inpatients and outpatient procedures in with Surgery being the main beneficiary of this income position.

Section 5– Subjective Analysis Detail

a) Nursing (including ODP) and Midwifery Pay

Favourable/ (Adverse)	Monthly Average 2017/18	2017/18 Outturn £m	Quarter 1 £m	Quarter 2 £m	October 2018 £m	2018/19 To date £m
Substantive	0.837	10.046	2.423	3.177	0.731	6.332
Bank	(0.666)	(7.997)	(2.093)	(2.456)	(0.755)	(5.304)
Agency	(0.999)	(5.988)	(1.345)	(1.813)	(0.616)	(3.774)
Total	**(0.328)**	**(3.939)**	**(1.015)**	**(1.092)**	**(0.638)**	**(2.746)**

- Nursing pay variance was £0.638m adverse in the month, which is the worst month this year to date. Medicine remains the largest variance at £1.141m adverse year to date, reflecting continued high costs for Enhanced Care Observations and covering vacancies. However, Medicine's position was an improvement on the variance shown in September and there has been some successful recruitment that is starting to have in impact which is encouraging. Having started the year well in terms of nursing variance both Surgery and Specialised have worsened over August and September. Both areas are reporting an impact of supernumerary nurses following recent recruitment, with Specialised having significant enhanced observation costs on wards in month and Surgery having increased acuity in ITU. The largest in month nursing overspend for nursing was in Women's and Children's reflecting high agency use to cover sickness, high patient numbers in Children's A&E and also vacancies. There was significant recruitment in October, however many of these staff were supernumerary through the month as they complete training.

- Nursing budgets on wards are set with a 21% allowance for unavoidable time lost as a result of training, sickness and annual leave. However it is possible to be within the 21% allowance in terms of hours worked and still be over budget if the staff used to cover the shifts are at a premium cost.

- In October the nursing lost time percentage for staff numbers (i.e. wte/ hours worked) was 127% an increase of 2% compared to September. Medicine worsened from 126% to 129% compared to September and Children's showed the highest percentage of the year to date at 130%. The Children's position though contains the impact of the supernumerary staff in September. The overall spend percentage also increased to 128% reflecting premium cots within the total.

- Sickness increased in most areas in October, with a number of areas reporting levels above operating plan.

- Vacancy levels improved across the board but remain above operating plan levels in most areas. Nursing Assistant vacancies in both Specialised and Surgery Divisions are much higher than plan figure. Medicine vacancy levels for nursing assistants dropped below operating plan levels for the first time in 2018/19.

- Total enhanced observation costs for October were £0.205m a £0.014m decrease compared to September. This pressure is predominately seen in Medicine where the run rate for the year has averaged £0.105m against a plan of £0.044m.

Section 5 – Subjective Analysis Detail continued

b) Medical and Dental Pay

Favourable/ (Adverse)	Monthly Average 2017/18	2017/18 Total £m	Quarter 1	Quarter 2 £m	October 2018 £m	2018/19 To date £m
Consultant						
– substantive	0.064	0.768	0.287	0.225	0.105	0.617
– add. hours	(0.179)	(2.143)	(0.540)	(0.593)	(0.171)	(1.304)
– locum	(0.061)	(0.736)	(0.340)	(0.164)	(0.065)	(0.569)
– agency	(0.016)	(0.190)	(0.007)	(0.131)	(0.022)	(0.160)
Other						
– substantive	0.078	0.932	0.478	0.517	0.085	1.080
– add. hours	(0.131)	(1.575)	(0.405)	(0.451)	(0.134)	(0.990)
– exception	-	(0.007)	(0.003)	(0.002)	(0.002)	(0.007)
– locum	(0.088)	(1.059)	(0.398)	(0.473)	(0.171)	(1.042)
– agency	(0.019)	(0.224)	(0.105)	(0.112)	(0.001)	(0.218)
Total	**(0.353)**	**(4.234)**	**(1.033)**	**(1.184)**	**(0.376)**	**(2.593)**

- The adverse medical pay variance in October of £0.376m is £0.073m better than September. Women's and Children's have the largest medical pay adverse variance at £0.963m year to date, although there remains significant levels of adverse variance in Medicine, £0.716m and Surgery £0.726m.

- The cost of maternity and sickness cover cross all three Divisions is a significant driver of the position. This cover is provided both through internal additional sessions and agency use and carries a premium cost.

- Both Women's and Children's also have rota gaps for junior doctors requiring cover at additional cost, although the recent rotation has reduced gaps in Women's and Children's, and improvements are expected going forward.

Section 5 – Subjective Analysis Detail continued

c) Non pay

Favourable/ (Adverse)	Monthly Average £m	2017/18 Outturn £m	Quarter 1 2018 £m	Quarter 2 £m	October 2018 £m	2018/19 To date £m
Blood	(0.021)	(0.248)	(0.063)	(0.027)	0.002	(0.088)
Clinical supplies &	(0.079)	(0.950)	(0.539)	(0.744)	0.032	(1.251)
Drugs	(0.080)	(0.961)	(0.167)	(0.192)	(0.079)	(0.438)
Establishment	(0.014)	(0.166)	0.000	0.097	(0.019)	0.078
General supplies &	0.001	0.007	0.067	0.019	(0.006)	0.080
Outsourcing	(0.093)	(1.117)	(0.103)	(0.083)	(0.007)	(0.193)
Premises	(0.006)	(0.067)	0.046	(0.073)	(0.092)	(0.119)
Services from other bodies	(0.086)	(1.031)	(0.290)	(0.062)	(0.033)	(0.385)
Research	0.003	0.034	0.030	0.049	(0.042)	0.037
Other non-pay expenditure	(0.127)	(1.526)	(0.068)	(0.079)	0.071	(0.076)
Tranche 1 Winter	0.114	1.370		-		
Total inc CIP	**(0.388)**	**(4.655)**	**(1.088)**	**(1.095)**	**(0.173)**	**(2.356)**

- The adverse position of £0.173m in October is similar to September's variance of £0.157m adverse and continues the improvement on the average monthly run rate up to September of £0.364m adverse.

- The position includes a £0.063m adjustment to accrued expenditure in Women's and Children's following a review of cardiology activity. If this were adjusted for the variance would have been £0.236m adverse, which is still an improvement on the first six months average position.

- Of the £2.356m cumulative overspend, 75% relates to blood, drugs and clinical supplies expenditure. Some of this reflects higher than planned activity levels and is in part offset by income. However improved controls and savings delivery remains a focus.

- Surgery Division accounts for more nearly 80% of the adverse position, with a year to date adverse variance of £1.877m. Of this, £0.986m is within blood, drugs and clinical supplies. The level of overspend in September showed an increase compared to October, but is mainly activity driven.

- Outsourcing continues to be well managed and remains significantly lower than in 2017/18.

- Services from Other Bodies has a significant adverse variance of £0.385m year to date. The in-month position is slightly lower than the year to date run rate. The largest variances under this heading are within Diagnostics and Therapies £0.225m and Surgery £0.184m. Services which are overspending mainly reflect activity levels such as send-away testing £0.171m in Diagnostics and Therapies and Bowel Scoping in Surgery £0.100m.

Section 6 – Clinical and Contract Income

Contract income by work type: (further detail at agenda item 2.2)

	In month variance Fav/(Adv) £m	Year to Date Plan £m	Year to Date Actual £m	Year to Date Variance Fav/(Adv) £m
Activity Based:				
Accident & Emergency	0.131	10.929	11.444	0.516
Bone Marrow Transplants	0.029	4.747	4.696	(0.051)
Critical Care Beddays	0.241	25.875	26.142	0.266
Day Cases	(0.043)	23.592	23.256	(0.336)
Elective Inpatients	(0.333)	33.955	34.818	0.863
Emergency Inpatients	0.314	55.571	56.626	1.055
Excess Beddays	0.091	3.246	3.183	(0.063)
Non-Elective Inpatients	(0.268)	18.859	18.410	(0.449)
Other	0.149	36.923	37.107	0.183
Outpatients	0.332	47.702	48.209	0.506
Total Activity Based	**0.643**	**261.399**	**263.890**	**2.491**
Contract Penalties	(0.037)	(1.235)	(1.430)	(0.195)
Contract Rewards	0.099	5.792	6.154	0.362
Pass through payments	0.172	55.076	52.494	(2.582)
Prior Year Income	-	6.966	6.966	-
Other	0.076	21.150	21.526	0.376
S&T Funding	0.028	-	0.193	0.193
2018/19 Total	**0.981**	**349.148**	**349.793**	**0.646**

The level of un-coded spells remains high however assurance can be taken regarding the estimation process given that the September estimate was 2% (£0.20m) lower than was estimated and previously August's estimate was 1% (£0.10m) lower.

- Activity based income was £0.643m favourable in October, resulting in a £2.491m favourable position year to date.
- Urgent care income to date is significantly above plan. A&E is £0.516m above plan of which £0.377m is adult and £0.138m paediatric. Emergency inpatients is £1.055m above plan of which £0.952m is within Surgery and £0.711m Specialised Services whilst Women's and Children's is £0.647m adverse to plan.
- Paediatric critical care activity was £0.145m higher than plan in October. To date cardiac HDU is £0.058m above plan, paediatric critical care is adverse to plan by £0.091m and adult critical care is above plan by £0.299m.
- Bone Marrow Transplants were below plan in October by £0.051m. The paediatric service was £0.055m favourable to plan in month and is now £0.125m ahead of plan. The adult service was £0.026m below plan in month and is £0.176m adverse to date.
- Outpatients is £0.506m above plan to date. Of the £0.332m increase in month, £0.145m was within Surgery (predominantly Ophthalmology) and £0.184m within Women's and Children's.
- The Trust has received penalties of £1.430m year to date, £0.195m greater than planned. Cancelled operations account for £0.14m, marginal rate emergency tariff £0.07m and avoidable emergency readmissions £0.10m.
- CQUIN performance is £0.362m above plan. The year end forecast is to achieve 87.1%.
- Income relating to pass through payments was £0.172m above plan in October, taking the cumulative variance to £2.582m adverse. Of this £1.484m relates to excluded drugs, £0.501m excluded devices and £0.527 blood.

Section 7 – Savings Programme

Analysis by work streams: (further detail at agenda item 2.4)

	2018/19 Annual Plan £m	Year to date		
		Plan £m	Actual £m	Variance fav/(adv) £m
Allied Healthcare Professionals	0.779	0.454	0.457	0.003
Blood	0.046	0.025	0.021	(0.004)
Diagnostic Testing	0.156	0.026	0.000	(0.026)
Estates & Facilities	0.746	0.489	0.504	0.014
Healthcare Scientists Productivity	0.120	0.071	0.067	(0.004)
HR Pay and Productivity	0.097	0.062	0.053	(0.009)
Income, Fines and External	2.290	1.154	1.075	(0.079)
Medical Pay	0.625	0.335	0.168	(0.167)
Medicines	0.751	0.454	0.496	0.042
Non Pay	5.020	2.881	2.858	(0.022)
Nursing Pay	1.061	0.580	0.393	(0.187)
Other / Corporate	7.874	4.593	4.593	-
Productivity	3.267	1.756	1.956	0.200
Support Funding	1.936	0.968	0.968	-
Trust Services	0.653	0.381	0.375	(0.006)
Unidentified	0.055	0.032	0.000	(0.032)
Total	**25.474**	**14.260**	**13.983**	**(0.277)**

Analysis by Division:

	2018/19 Annual Plan £m	Year to date			Year end
		Plan £m	Actual £m	Variance fav/(adv) £m	FOT £m
Diagnostics &	1.934	1.010	1.109	0.100	1.945
Medicine	2.858	1.691	1.151	(0.539)	2.339
Specialised Services	2.727	1.501	1.923	0.422	2.940
Surgery	3.521	2.081	1.995	(0.086)	3.656
Women's & Children's	4.869	2.371	2.192	(0.179)	4.605
Facilities &Estates	0.976	0.594	0.608	0.014	0.976
Finance	0.186	0.110	0.110	-	0.186
Human Resources	0.126	0.072	0.075	0.003	0.121
IM&T	0.201	0.117	0.115	(0.003)	0.194
Trust HQ	0.203	0.120	0.113	(0.007)	0.196
Corporate	7.874	4.593	4.593	-	7.874
Total	**25.474**	**14.260**	**13.983**	**(0.277)**	**25.032**

- The Trust is forecasting to make savings of £25.032m by year end, 98.3% of plan. This is a reduction from last month of £0.364m. Women's and Children's have reduced their forecast by £0.591m. Medicine is forecasting a year end shortfall of £0.519m and Women's and Children's £0.264m.

- The savings requirement for 2018/19 is £25.474m. The Trust has achieved savings of £13.983m against a plan of £14.260m. This includes the Divisional support funding of £1.936m which has been allocated over the ten months June to March. Of the £0.277m shortfall to date, Medical and Nursing pay account for £0.354m.

- Medicine is £0.539m behind plan to date. £0.170m is within productivity (length of stay and savings from contracts) and £0.286m savings yet to be identified. The Division's current forecast is an underachievement of £0.657m at year end.

- Women's and Children's is £0.120m behind plan of which £0.123m is within nursing pay.

Section 8 – Use of Resources Rating

The Trust's Use of Resources Rating is summarised below:

		Year to date	
	Weighting	Plan	Actual
Liquidity			
Metric Result – days		28.8	32.2
Metric Rating	20%	1	1
Capital servicing capacity			
Metric Result – times		3.2	3.2
Metric Rating	20%	1	1
Income & expenditure margin			
Metric Result		2.9%	2.8%
Metric Rating	20%	1	1
Distance from financial plan			
Metric Result		0.0%	(0.1)%
Metric Rating	20%	1	2
Variance from agency ceiling			
Metric Result		56.07%	24.3%
Metric Rating	20%	1	1
Overall URR (unrounded)		**1**	**1.2**
Overall URR (rounded)		**1**	**1**
Overall URR (subject to override)		**1**	**1**

- The Trust's Use of Resources Rating for the period to 31st October 2018 is 1 against a plan of 1.
- The Trust is reporting a surplus against the core control total of £4.596m. The year to date Provider Sustainability Funding (PSF) assumed for ED performance is £2.090m and Core PSF assumed is £4.876m.

Section 9 – Capital Programme

The Trust's sources and application of capital funding is summarised below

NHSI Plan £m	Subjective Heading	Revised Plan £m	Forecast Outturn £m	Slippage £m	Year to date		
					Revised Plan £m	Actual spend £m	Variance £m
	Sources of Funding						
1.600	PDC	4.094	4.094	-	-	-	-
3.189	Borrowings	-	-	-	-	-	-
3.000	Donations - Cash	2.972	2.972	-	1.009	0.888	(0.121)
-	Donations - Direct	0.028	0.028	-	0.028	0.028	-
	Cash:						
24.338	Depreciation	23.531	23.531	-	13.613	13.607	(0.006)
-	Insurance Claim	2.266	2.266	-	-	-	-
14.962	Cash balances	17.917	(0.598)	(18.515)	(1.688)	(3.763)	(2.075)
47.089	**Total Funding**	**50.808**	**32.293**	**(18.515)**	**12.962**	**10.760**	**(2.202)**
	Application/Expenditure						
(11.618)	Strategic Schemes	(10.186)	(7.754)	2.432	(1.868)	(1.756)	0.112
(17.620)	Medical Equipment	(19.966)	(17.671)	2.295	(3.005)	(2.433)	0.572
(16.415)	Operational Capital	(17.344)	(16.139)	1.205	(4.284)	(2.798)	1.486
(7.468)	Information Technology	(8.403)	(7.824)	0.579	(2.835)	(2.998)	(0.163)
(2.367)	Estates Replacement	(3.308)	(3.298)	0.010	(0.970)	(0.775)	0.195
(55.488)	**Gross Expenditure**	**(59.207)**	**(52.686)**	**6.521**	**(12.962)**	**(10.760)**	**2.202**
8.399	Planned Slippage	8.399	20.393	11.994			
(47.089)	**Net Expenditure**	**(50.808)**	**(32.293)**	**18.515**	**(12.962)**	**(10.760)**	**2.202**

- Capital expenditure was £10.760m to the end of October against a revised plan of £12.962m, £2.202m behind plan.
- The key variances are in medical equipment and operational capital which are behind plan by £0.572m and £1.486m respectively.
- The Trust Capital Group has prioritised schemes to be delivered by Bristol and Weston Purchasing Consortium and the Estates Department.
- The variance on medical equipment primarily relates to balance of funds on radiotherapy and radiology schemes which are being assessed by the divisions.
- The operational capital variance relates to the high volume of low value schemes and also the resource availability within Estates while recruitment is in progress.

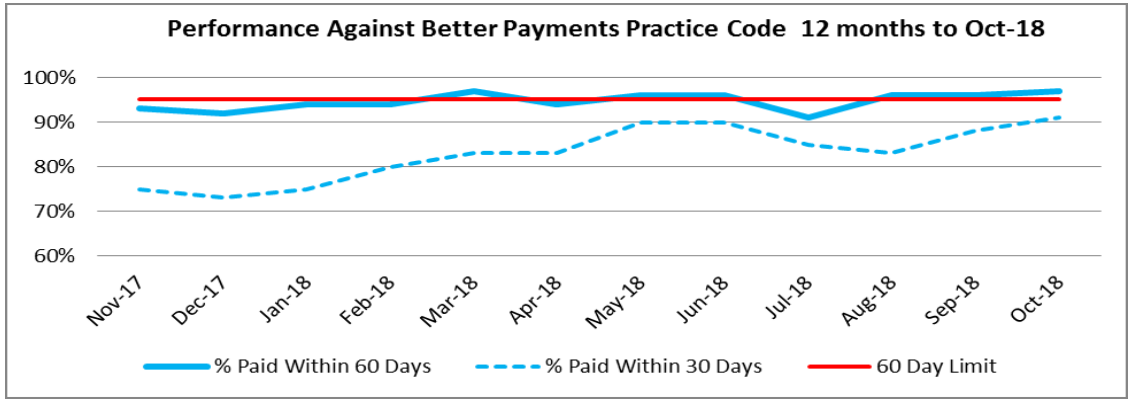
- The forecast outturn expenditure is £32.293m
- Specific scheme slippage of £6.521m has been agreed and risk assessed by the Trust Capital Group (further details in agenda item 3.1)
- Planned slippage of £20.393m relates to quarter four schemes which are at risk of not completing until 2019/20 due to the resource constraints in Bristol and Weston Purchasing Consortium, Estates and the divisions. The plan recognised £8.399m of slippage, the revised assessment is £11.994m higher than the plan (further details in agenda item 3.1)

Section 10 – Statement of Financial Position and Cashflow

Statement of Financial Position: (further information is at agenda item 4.1)

	Plan as at 31 Oct £m	Actual as at 31 Oct £m	Variance £m
Inventories	12.740	11.975	(0.765)
Receivables	38.780	27.101	(11.679)
Accrued Income	19.928	17.395	(0.467)
Debt Provision	(10.112)	(5.427)	4.685
Cash	78.747	98.367	19.620
Other assets	4.037	5.128	1.091
Total Current Assets	141.120	154.539	13.419
Payables	(40.813)	(33.972)	6.841
Accruals	(22.493)	(38.342)	(15.849)
Borrowings	(6.170)	(6.167)	0.003
Deferred Income	(6.481)	(4.930)	1.551
Other Liabilities	(2.770)	(2.577)	0.193
Total Current Liabilities	(78.727)	(85.988)	(7.261)
Net Current Assets/(Liabilities)	**62.393**	**68.551**	**6.158**

Payment Performance:



- Net current assets as at 31 October 2018 were £68.551m, £6.158m higher than the Operational Plan. Current assets and liabilities are higher than plan by £13.419m and £7.261m respectively.
- Inventories were £11.975m, £0.765m lower than plan due to the bulk purchases in the Adult Cath Labs having been utilised and the impact of the High Cost Tariff Excluded Devices model.
- The Trust's cash and cash equivalents balance was £98.367m. This is £19.620m higher than the Operating Plan resulting from the higher than planned level of accruals after netting against the payables variance (i.e. invoices due that have not been received) and capital slippage.
- The total value of debtors was £26.423m (£14.880m SLA and £11.543m non-SLA). This represents a increase in the month of £7.088m (£6.337m SLA and £0.751m non-SLA). Debts over 60 days old decreased by £0.704m (£0.231m SLA and £0.473m non-SLA) to £10.387m (£5.495m SLA and £4.892m non-SLA).
- In October, 97% of invoices were paid within the 60 day target set by the Prompt Payments Code and 91% were paid within the 30 day target set by the Better Payment Practice Code.

Section 11 – Risk

There are 4 financial risks on the corporate risk register. The following summarises the current risk assessment and any changes following internal finance review and consideration at Risk Management Group. There are no changes to the risk ratings be reported this month.

Action required risks:

Risk 416 – Delivery of Trust's Financial Strategy. Current risk – Moderate (6)
This reflects the current assessment of the national environment, local health economy and delivery of the Trust's 2018/19 Operational Plan. The medium term financial plan was delivered to Board in July. A system wide planning group is developing a five year baseline model against which to assess individual operation plans. This will assist in highlighting external risk factors. There has been no further change to this risk.

Risk 951 – Loss of Provider Sustainability Funding (PSF). Current risk - Very high (15)
The Trust is forecasting achievement of Core PSF through delivery of the financial control total but is expecting to lose Performance PSF for non-delivery of the ED trajectory in the last quarter. The actions to mitigate the risk have been split between the core and performance elements to better describe the different actions required to mitigate each element. Risk 416 is not increased through the loss of Performance PSF as the Trust's Financial Strategy does not rely upon it.

Risk 959 – Failure to deliver Operational Plan through non-delivery of savings. Current risk - High (12)
The Trust is forecasting to deliver savings of £25.4m against a target of £25.5m. This forecast includes a Medicine shortfall of £0.657m and a Surgery over delivery of £0.159m. The current position is savings to date of £11.670m against a target of £11.998m. Risk 416 is not increased by this as it is expected that recovery plans and non-recurring corporate savings will deliver the 2018/19 Operational Plan at this stage.

Risk 1843 – Failure to deliver the Operating Plan Control Total. Current risk – High (12)
The level of risk is driven by the likelihood assessment of possible and major. The Trust has met its control total at Q1 and Q2 and is expecting to deliver the year end control total demonstrated by the month 6 NHS Improvement submission. The level of risk derives from the analysis and risks described in sections 2 and 3 of this report regarding the delivery of the Division's recovery plan and the level of non-recurring corporate underspends to mitigate this.

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Appendix 1

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

Finance Report October 2018– Summary Income & Expenditure Statement

Approved Budget / Plan 2018/19	Heading	Position as at 31st October			Actual to 30th September
		Plan	Actual	Variance Fav / (Adv)	
£'000		£'000	£'000	£'000	£'000
	Income				
582,032	From Activities	340,970	343,562	2,592	291,666
95,039	Other Operating Income (excluding Provider Sustainability Funding)	57,006	57,031	25	48,917
677,071	**Sub totals income**	**397,976**	**400,593**	**2,617**	**340,583**
	Expenditure				
(395,500)	Staffing	(231,616)	(235,967)	(4,351)	(201,756)
(239,940)	Supplies and Services	(138,080)	(139,695)	(1,615)	(119,082)
(635,440)	**Sub totals expenditure**	**(369,696)**	**(375,662)**	**(5,966)**	**(320,838)**
(3,039)	Reserves	(2,926)	–	2,926	–
–	NHS Improvement Plan Profile		–	–	–
38,592	Earnings before Interest,Tax,Depreciation and Amortisation	**25,354**	**24,931**	**(423)**	**19,745**
5.70	**EBITDA Margin - %**		**6.22**		**5.80**
	Financing				
(23,703)	Depreciation & Amortisation - Owned	(13,827)	(13,607)	220	(11,651)
244	Interest Receivable	142	309	167	193
(242)	Interest Payable on Leases	(141)	(141)	–	(121)
(2,507)	Interest Payable on Loans	(1,485)	(1,485)	–	(1,273)
(9,384)	PDC Dividend	(5,474)	(5,411)	63	(4,691)
(35,592)	**Sub totals financing**	**(20,785)**	**(20,335)**	**450**	**(17,543)**
3,000	NET SURPLUS / (DEFICIT) before Technical Items excluding Provider Sustainability Funding	**4,569**	**4,596**	**27**	**2,202**
4,644	Provider Sustainability Funding - Performance	2,090	2,090	–	1,625
10,836	Provider Sustainability Funding - Core	4,876	4,876	–	3,793
18,480	SURPLUS / (DEFICIT) before Technical Items including Provider Sustainability Funding	**11,535**	**11,562**	**27**	**7,620**
	Technical Items				
3,000	Donations & Grants (PPE/Intangible Assets)	1,189	916	(273)	680
629	Impairments	–	–	–	–
–	Reversal of Impairments	–	–	–	–
(1,519)	Depreciation & Amortisation - Donated	(873)	(915)	(42)	(782)
20,590	SURPLUS / (DEFICIT) after Technical Items including Provider Sustainability Funding	**11,851**	**11,563**	**(288)**	**7,518**

Approved Budget / Plan 2018/19	Division	Total Budget to Date	Total Net Expenditure / Income to Date	Variance [Favourable / (Adverse)]				Total Variance to date	Total Variance 30th September	Operating Plan Trajectory Year to Date	Variance from Operating Plan Year to Date	CIP Variance
				Pay	Non Pay	Operating Income	Income from Activities					
£'000		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	Corporate Income (excluding Provider Sustainability Funding)											
576,920	Contract Income	338,800	338,800	-	-	-	-	-	-			
5,801	Pay Award Funding	3,382	3,382	-	-	-	-	-	-			
-	Penalties	-	-	-	-	-	23	23	32			
-	Contract Rewards	-	-	-	-	-	362	362	264			
3,500	Overhead share of income variance	3,500	4,299	-	744	-	(330)	414	309			
36,153	NHSE Income	21,089	21,089	-	-	-	-	-	-			
622,374	**Sub Total Corporate Income**	**366,771**	**367,570**	-	**744**	-	**55**	**799**	**605**			
	Clinical Divisions											
(57,070)	Diagnostic & Therapies	(33,226)	(33,077)	334	(367)	21	161	149	97	136	13	(19)
(87,522)	Medicine	(51,105)	(52,667)	(1,842)	(132)	70	342	(1,562)	(1,510)	(378)	(1,184)	(516)
(114,216)	Specialised Services	(66,612)	(66,496)	(360)	217	82	177	116	210	(59)	175	332
(112,983)	Surgery	(65,752)	(67,640)	(1,193)	(1,876)	(64)	1,245	(1,888)	(1,634)	(35)	(1,853)	(59)
(130,055)	Women's & Children's	(75,309)	(76,365)	(1,681)	167	9	449	(1,056)	(966)	(420)	(636)	(648)
(501,846)	**Sub Total - Clinical Divisions**	**(292,004)**	**(296,245)**	**(4,742)**	**(1,991)**	**118**	**2,374**	**(4,241)**	**(3,803)**	**(756)**	**(3,485)**	**(910)**
	Corporate Services											
(39,202)	Estates and Facilities	(23,162)	(23,172)	104	(131)	-	17	(10)	20	24	(34)	38
(28,515)	Trust Services	(16,032)	(16,060)	314	(272)	(70)	-	(28)	(32)	-	(28)	(5)
(11,180)	Other	(7,293)	(7,162)	(28)	38	(42)	163	131	186	-	131	-
(78,897)	**Sub Totals - Corporate Services**	**(46,487)**	**(46,394)**	**390**	**(365)**	**(112)**	**180**	**93**	**174**	**24**	**69**	**33**
(580,743)	**Sub Total (Clinical Divisions & Corporate Services)**	**(338,491)**	**(342,639)**	**(4,352)**	**(2,356)**	**6**	**2,554**	**(4,148)**	**(3,629)**	**(732)**	**(3,416)**	**(877)**
(3,039)	Reserves	(2,926)	-	-	2,926	-	-	2,926	2,792			
-	NHS Improvement Plan Profile	-	-	-	-	-	-	-	-			
(3,039)	**Sub Total Reserves**	**(2,926)**	-	-	2,926	-	-	2,926	2,792			
38,592	**Earnings before Interest,Tax,Depreciation and Amortisation**	**25,354**	**24,931**	**(4,352)**	**1,314**	**6**	**2,609**	**(423)**	**(232)**	**(732)**	**(3,416)**	**(877)**
	Financing											
(23,703)	Depreciation & Amortisation - Owned	(13,827)	(13,607)	-	220	-	-	220	200			
244	Interest Receivable	142	309	-	167	-	-	167	71			
(242)	Interest Payable on Leases	(141)	(141)	-	-	-	-	-	-			
(2,507)	Interest Payable on Loans	(1,485)	(1,485)	-	-	-	-	-	(19)			
(9,384)	PDC Dividend	(5,474)	(5,411)	-	63	-	-	63	1			
(35,592)	**Sub Total Financing**	**(20,785)**	**(20,335)**	-	**450**	-	-	**450**	**253**			
3,000	**NET SURPLUS / (DEFICIT) before Technical Items excluding Provider Sustainability Funding**	**4,569**	**4,596**	**(4,352)**	**1,764**	**6**	**2,609**	**27**	**21**	**(732)**	**(3,416)**	**(877)**
4,644	Provider Sustainability Funding - Performance	2,090	2,090						-			
10,836	Provider Sustainability Funding - Core	4,876	4,876						-			
15,480	**Sub Total Provider Sustainability Funding**	**6,966**	**6,966**						-			
18,480	**SURPLUS / (DEFICIT) before Technical Items including Provider Sustainability Funding**	**11,535**	**11,562**	**(4,352)**	**1,764**	**6**	**2,609**	**27**	**21**	**(732)**	**(3,416)**	**(877)**
	Technical Items											
3,000	Donations & Grants (PPE/Intangible Assets)	1,189	916	-	-	(273)	-	(273)	(484)			
629	Impairments	-	-	-	-	-	-	-	-			
-	Reversal of Impairments	-	-	-	-	-	-	-	-			
(1,519)	Depreciation & Amortisation - Donated	(873)	(915)	-	(42)	-	-	(42)	(38)			
2,110	**Sub Total Technical Items**	**316**	**1**	-	**(42)**	**(273)**	-	**(315)**	**(522)**			
20,590	**SURPLUS / (DEFICIT) after Technical Items including Provider Sustainability Funding**	**11,851**	**11,563**	**(4,352)**	**1,722**	**(267)**	**2,609**	**(288)**	**(501)**	**(732)**	**(3,416)**	**(877)**

REGISTERED NURSING - NURSING CONTROL GROUP AND HR KPIs

Graph 1 **RN Sickness**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*3.1%*	*3.1%*	*3.1%*	*4.3%*	*4.3%*	*4.3%*	*3.9%*	*3.9%*	*3.9%*	*3.8%*	*3.8%*	*3.8%*
Medicine	Actual	3.1%	2.1%	3.2%	3.0%	3.5%	3.6%	2.8%					
Specialised Services	*Target*	*3.6%*	*3.6%*	*3.6%*	*3.5%*	*3.5%*	*3.5%*	*3.8%*	*3.8%*	*3.8%*	*3.9%*	*3.9%*	*3.9%*
Specialised Services	Actual	2.2%	2.2%	2.3%	3.6%	2.9%	3.1%	3.4%					
Surgery	*Target*	*3.8%*	*3.8%*	*3.8%*	*3.8%*	*3.8%*	*3.8%*	*3.8%*	*3.8%*	*3.8%*	*3.8%*	*3.8%*	*3.8%*
Surgery	Actual	3.5%	3.4%	4.3%	4.2%	3.5%	3.8%	3.9%					
Women's	*Target*	*4.0%*	*4.0%*	*4.0%*	*4.1%*	*4.1%*	*4.1%*	*4.6%*	*4.6%*	*4.6%*	*4.4%*	*4.4%*	*4.4%*
Women's	Actual	4.6%	3.6%	3.9%	3.9%	4.2%	3.1%	3.7%					
Children's	*Target*	*4.0%*	*4.0%*	*4.0%*	*4.1%*	*4.1%*	*4.1%*	*4.6%*	*4.6%*	*4.6%*	*4.4%*	*4.4%*	*4.4%*
Children's	Actual	4.5%	4.3%	4.2%	4.9%	4.1%	4.2%	4.1%					

Source: HR info available after a weekend- Mth 8 data not available

Graph 2 **RN Vacancies**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*
Medicine	Actual	7.9%	7.7%	9.1%	8.8%	9.8%	9.6%	6.2%					
Specialised Services	*Target*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*
Specialised Services	Actual	9.0%	10.1%	9.5%	9.4%	9.1%	7.8%	6.3%					
Surgery	*Target*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*
Surgery	Actual	7.9%	8.2%	7.0%	8.8%	7.9%	8.1%	7.5%					
Women's	*Target*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*
Women's	Actual	6.1%	6.9%	7.3%	7.7%	7.2%	6.3%	3.0%					
Children's	*Target*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*
Children's	Actual	0.4%	2.4%	3.9%	4.4%	6.1%	2.0%	-1.5%					

Source: HR

Graph 3 **RN Turnover**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*14.0%*	*14.0%*	*14.0%*	*14.0%*	*14.0%*	*14.0%*	*14.0%*	*14.0%*	*14.0%*	*14.0%*	*14.0%*	*14.0%*
Medicine	Actual	14.8%	15.5%	16.0%	16.2%	17.0%	16.6%	16.3%					
Specialised Services	*Target*	*13.5%*	*13.5%*	*13.5%*	*13.5%*	*13.5%*	*13.5%*	*13.5%*	*13.5%*	*13.5%*	*13.5%*	*13.5%*	*13.5%*
Specialised Services	Actual	18.0%	17.4%	18.2%	17.0%	17.2%	16.9%	17.3%					
Surgery	*Target*	*11.8%*	*11.8%*	*11.8%*	*11.8%*	*11.8%*	*11.8%*	*11.8%*	*11.8%*	*11.8%*	*11.8%*	*11.8%*	*11.8%*
Surgery	Actual	16.3%	16.6%	16.9%	16.7%	16.3%	16.1%	16.5%					
Women's	*Target*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*
Women's	Actual	12.0%	12.3%	13.3%	13.1%	13.5%	13.4%	13.3%					
Children's	*Target*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*
Children's	Actual	13.3%	13.5%	13.4%	13.2%	13.5%	13.6%	13.5%					

Source: HR - Registered
Note: M4 figs restated

Graph 4 **Operating plan for nursing agency £000**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*135.2*	*113.8*	*113.8*	*95.2*	*95.2*	*95.2*	*95.2*	*113.8*	*135.2*	*135.2*	*128.0*	*113.8*
Medicine	Actual	118.0	121.6	134.8	187.0	203.5	216.0	147.2					
Specialised Services	*Target*	*50.8*	*50.8*	*50.8*	*50.8*	*50.8*	*50.8*	*36.3*	*36.3*	*36.3*	*36.3*	*36.3*	*36.3*
Specialised Services	Actual	43.0	23.4	55.4	67.2	88.2	97.6	120.0					
Surgery	*Target*	*49.7*	*54.6*	*49.7*	*54.6*	*49.7*	*39.7*	*39.7*	*39.7*	*29.8*	*39.7*	*39.7*	*39.7*
Surgery	Actual	90.2	104.0	82.4	93.8	109	162.2	139.2					
Women's	*Target*	*4.5*	*4.5*	*4.5*	*4.1*	*4.1*	*4.1*	*3.3*	*3.3*	*1.6*	*3.7*	*2.1*	*2.5*
Women's	Actual	0.4	6.0	2.9	4.3	3.3	1.1	0.5					
Children's	*Target*	*86.2*	*86.2*	*86.2*	*78.4*	*78.4*	*78.4*	*62.7*	*62.7*	*31.3*	*70.5*	*39.2*	*47.0*
Children's	Actual	186.1	167.5	223.2	183.5	202.4	209.3	220.1					
Trust Total	*Target*	326.4	309.9	305.0	283.2	278.2	268.3	237.2	255.8	234.3	285.5	245.3	239.3
Trust Total	Actual	437.7	422.5	498.7	535.8	606.4	686.2	627.0	-	-	-	-	-

Source: Finance GL (excludes NA 1:1)

Graph 5 **Operating plan for nursing agency wte**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*24.6*	*21.8*	*21.8*	*19.0*	*19.0*	*19.0*	*19.0*	*21.8*	*24.6*	*24.6*	*24.6*	*21.8*
Medicine	Actual	20.1	19.1	20.7	27.9	27.2	29.6	19.9					
Specialised Services	*Target*	*5.0*	*5.0*	*5.0*	*5.0*	*5.0*	*5.0*	*3.5*	*3.5*	*3.5*	*3.5*	*2.0*	*2.0*
Specialised Services	Actual	6.5	3.2	6.9	9.0	10.3	11.1	13.4					
Surgery	*Target*	*10.0*	*11.0*	*10.0*	*11.0*	*10.0*	*8.0*	*8.0*	*8.0*	*6.0*	*8.0*	*8.0*	*8.0*
Surgery	Actual	10.1	14.5	11.6	13.6	15.4	20.3	17.4					
Women's	*Target*	*0.6*	*0.6*	*0.6*	*0.5*	*0.5*	*0.5*	*0.4*	*0.4*	*0.2*	*0.5*	*0.3*	*0.3*
Women's	Actual	0.2	0.9	0.4	0.6	0.3	0.2	0.1					
Children's	*Target*	*10.5*	*10.5*	*10.5*	*9.5*	*9.5*	*9.5*	*7.6*	*7.6*	*2.9*	*8.6*	*4.8*	*5.7*
Children's	Actual	22.7	21.1	25.2	22.7	22.4	23.7	26.1					
Trust Total	*Target*	50.6	48.8	47.8	45.0	44.0	42.0	38.5	41.3	37.1	45.1	39.6	37.8
Trust Total	Actual	59.6	58.8	64.8	73.7	75.5	84.8	76.8	-	-	-	-	-

Source: Finance GL (excludes NA 1:1)

Graph 6 **Operating plan for nursing agency as a % of total staffing**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*7.4%*	*6.3%*	*6.3%*	*5.3%*	*5.3%*	*5.3%*	*5.3%*	*6.2%*	*7.3%*	*7.3%*	*7.0%*	*6.2%*
Medicine	Actual	6.3%	6.5%	7.2%	9.5%	9.7%	11.0%	7.5%					
Specialised Services	*Target*	*3.6%*	*3.6%*	*3.6%*	*3.6%*	*3.6%*	*3.6%*	*2.5%*	*2.5%*	*2.5%*	*2.5%*	*2.5%*	*2.5%*
Specialised Services	Actual	3.1%	1.6%	3.8%	4.5%	5.5%	6.3%	7.5%					
Surgery	*Target*	*2.4%*	*2.7%*	*2.4%*	*2.7%*	*2.4%*	*2.0%*	*1.9%*	*1.9%*	*1.5%*	*1.9%*	*1.9%*	*1.9%*
Surgery	Actual	5.0%	5.6%	4.4%	5.0%	5.4%	8.3%	7.0%					
Women's	*Target*	*0.1%*	*0.1%*	*0.1%*	*0.1%*	*0.1%*	*0.1%*	*0.1%*	*0.1%*	*0.0%*	*0.1%*	*0.1%*	*0.1%*
Women's	Actual	0.0%	0.2%	0.1%	0.1%	0.1%	0.0%	0.0%					
Children's	*Target*	*2.4%*	*2.4%*	*2.4%*	*2.2%*	*2.2%*	*2.2%*	*1.7%*	*1.7%*	*0.9%*	*1.9%*	*1.1%*	*1.3%*
Children's	Actual	5.2%	4.6%	6.1%	5.0%	5.1%	5.6%	5.6%					
Trust Total	Actual	5.0%	4.8%	5.6%	6.0%	6.3%	7.4%	6.6%					

Source: Finance GL (RNs only)

Graph 7 **Occupied bed days**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	Actual	9,172	8,954	8,869	9,261	8,840	9,150	9,302					
Specialised Services	Actual	4,580	4,135	4,425	4,734	4,482	4,455	4,787					
Surgery	Actual	4,493	4,456	4,144	4,475	4,477	4,363	4,468					
Women's	Actual	2,762	2,734	2,580	2,991	2,702	2,925	2,712					
Children's	Actual	3,848	3,773	3,732	3,621	3,449	3,556	3,796					
Trust Total	Actual	24,855	24,052	23,750	25,082	23,950	24,449	25,065	-	-	-	-	

Source: Info web: KPI Bed occupancy

Note: M7 data not available until 19/11/18

Graph 8 **ECO £000 (total temporary spend)**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*44*	*44*	*44*	*44*	*44*	*44*	*44*	*44*	*44*	*44*	*44*	*44*
Medicine	Actual	66	69	120	139	127	114	102					
Specialised Services	*Target*	*20*	*20*	*20*	*20*	*20*	*20*	*20*	*20*	*20*	*20*	*20*	*20*
Specialised Services	Actual	29	19	26	26	14	27	40					
Surgery	*Target*	*43*	*43*	*43*	*43*	*43*	*43*	*43*	*43*	*43*	*43*	*43*	*43*
Surgery	Actual	40	69	21	27	31	49	41					
Women's	*Target*	-	-	-	-	-	-	-	-	-	-	-	-
Women's	Actual	-	-	-	-	-	-	-					
Children's	*Target*	*12*	*12*	*12*	*12*	*12*	*12*	*12*	*12*	*12*	*12*	*12*	*12*
Children's	Actual	11	19	32	50	20	29	22					
Trust Total	*Target*	119.6	119.6	119.6	119.6	119.6	119.6	119.6	119.6	119.6	119.6	119.6	119.6
Trust Total	Actual	145.6	176.0	199.0	243.2	191.8	219.0	205.0	-	-	-	-	-

Source: Service Improvement Team - Nikki

Graph 9 **CIP - Nursing & Midwifery Productivity**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
Trust Total	*Target*	83	83	83	89	81	75	85	85	108	80	107	101	**1,061**
Trust Total	Actual	51	80	70	35	77	62	18						**393**

Source: Service Improvement Team - Russell/Nikki

NURSING ASSISTANTS (UNREGISTERED) - NURSING CONTROL GROUP AND HR KPIs

Graph 1 **NA Sickness**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*7.1%*	*7.1%*	*7.1%*	*7.9%*	*7.9%*	*7.9%*	*6.1%*	*6.1%*	*6.1%*	*5.9%*	*5.9%*	*5.9%*
Medicine	Actual	6.1%	5.9%	6.6%	8.0%	7.4%	7.3%	8.3%					
Specialised Services	*Target*	*6.3%*	*6.3%*	*6.3%*	*5.8%*	*5.8%*	*5.8%*	*7.6%*	*7.6%*	*7.6%*	*6.3%*	*6.3%*	*6.3%*
Specialised Services	Actual	4.0%	3.0%	8.3%	8.7%	6.6%	5.0%	6.3%					
Surgery	*Target*	*4.0%*	*4.0%*	*4.0%*	*4.0%*	*4.0%*	*4.0%*	*4.0%*	*4.0%*	*4.0%*	*4.0%*	*4.0%*	*4.0%*
Surgery	Actual	6.1%	5.1%	4.1%	6.0%	6.5%	7.2%	5.3%					
Women's	*Target*	*6.0%*	*6.0%*	*6.0%*	*7.0%*	*7.0%*	*7.0%*	*7.0%*	*7.0%*	*7.0%*	*6.0%*	*6.0%*	*6.0%*
Women's	Actual	8.3%	8.2%	10.1%	8.0%	5.1%	4.0%	7.3%					
Children's	*Target*	*6.0%*	*6.0%*	*6.0%*	*7.0%*	*7.0%*	*7.0%*	*7.0%*	*7.0%*	*7.0%*	*6.0%*	*6.0%*	*6.0%*
Children's	Actual	9.8%	8.8%	10.7%	10.0%	10.3%	9.2%	9.0%					

Source: HR info available after a weekend- Mth 8 data not available

Graph 2 **NA Vacancies**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*
Medicine	Actual	12.5%	11.9%	9.7%	9.8%	6.3%	8.8%	4.5%					
Specialised Services	*Target*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*
Specialised Services	Actual	10.4%	10.9%	11.0%	10.0%	6.5%	8.7%	10.4%					
Surgery	*Target*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*
Surgery	Actual	9.1%	10.4%	9.7%	10.3%	9.6%	10.2%	9.7%					
Women's	*Target*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*
Women's	Actual	3.9%	2.6%	4.1%	6.8%	4.9%	8.2%	7.2%					
Children's	*Target*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*
Children's	Actual	2.3%	2.5%	4.6%	5.8%	3.9%	2.2%	4.3%					

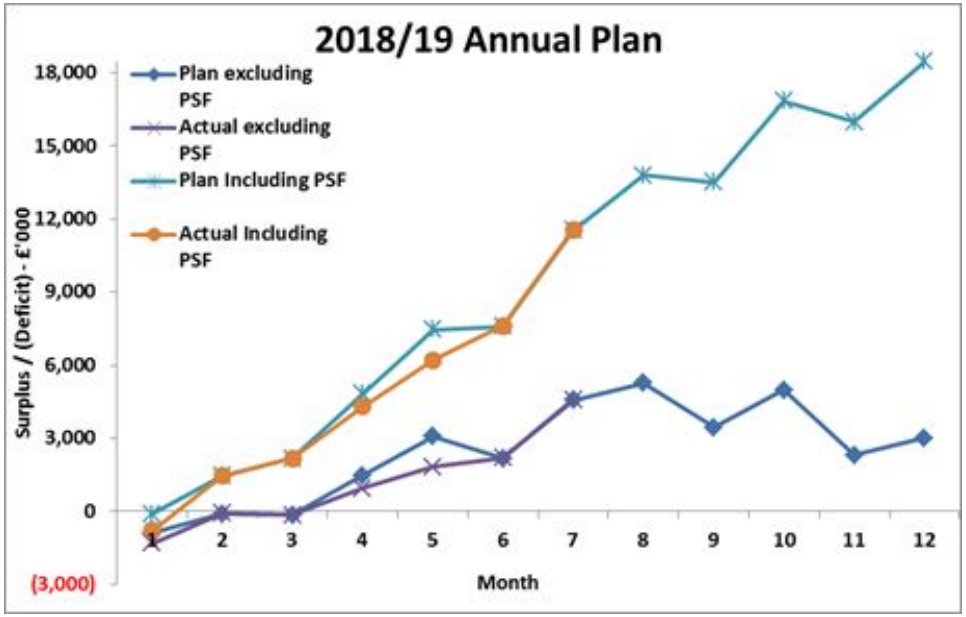
Source: HR

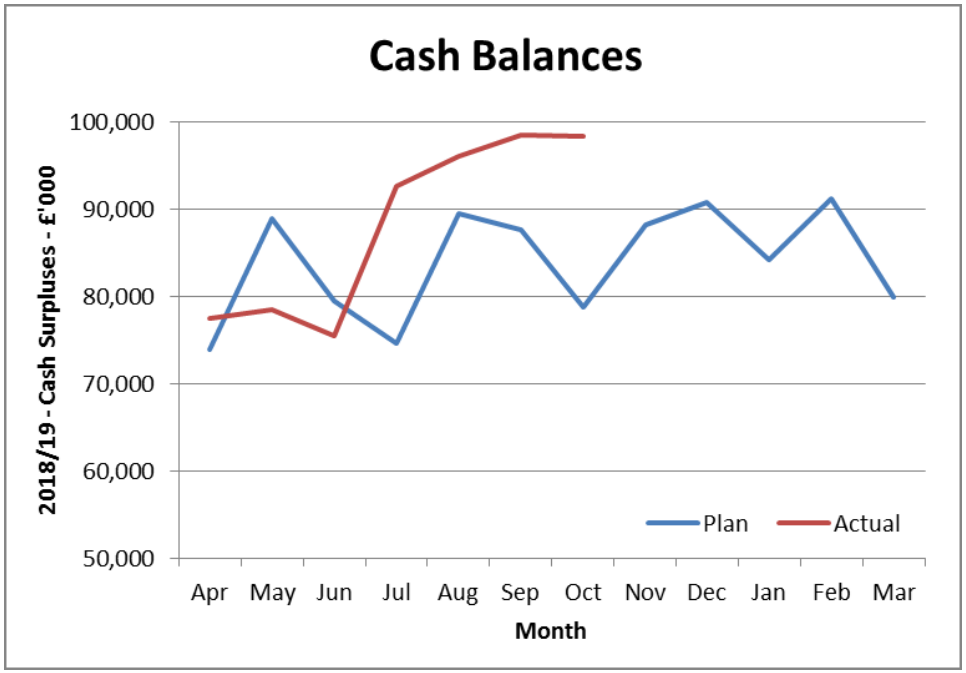
Graph 3 **NA Turnover**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*18.5%*	*18.5%*	*18.5%*	*18.5%*	*18.5%*	*18.5%*	*18.5%*	*18.5%*	*18.5%*	*18.5%*	*18.5%*	*18.5%*
Medicine	Actual	20.2%	19.7%	19.8%	20.0%	21.2%	19.0%	19.9%					
Specialised Services	*Target*	*17.0%*	*17.0%*	*17.0%*	*17.0%*	*17.0%*	*17.0%*	*17.0%*	*17.0%*	*17.0%*	*17.0%*	*17.0%*	*17.0%*
Specialised Services	Actual	20.3%	17.7%	16.2%	14.8%	13.5%	14.5%	17.4%					
Surgery	*Target*	*16.9%*	*16.9%*	*16.9%*	*16.9%*	*16.9%*	*16.9%*	*16.9%*	*16.9%*	*16.9%*	*16.9%*	*16.9%*	*16.9%*
Surgery	Actual	16.9%	15.4%	14.8%	15.8%	14.4%	15.8%	16.5%					
Women's	*Target*	*12.1%*	*12.1%*	*12.1%*	*12.1%*	*12.1%*	*12.1%*	*12.1%*	*12.1%*	*12.1%*	*12.1%*	*12.1%*	*12.1%*
Women's	Actual	9.4%	9.2%	9.3%	9.3%	9.6%	8.6%	9.6%					
Children's	*Target*	*12.1%*	*12.1%*	*12.1%*	*12.1%*	*12.1%*	*12.1%*	*12.1%*	*12.1%*	*12.1%*	*12.1%*	*12.1%*	*12.1%*
Children's	Actual	20.2%	20.5%	20.2%	22.5%	26.5%	23.9%	22.2%					

Source: HR

Performance – Finance



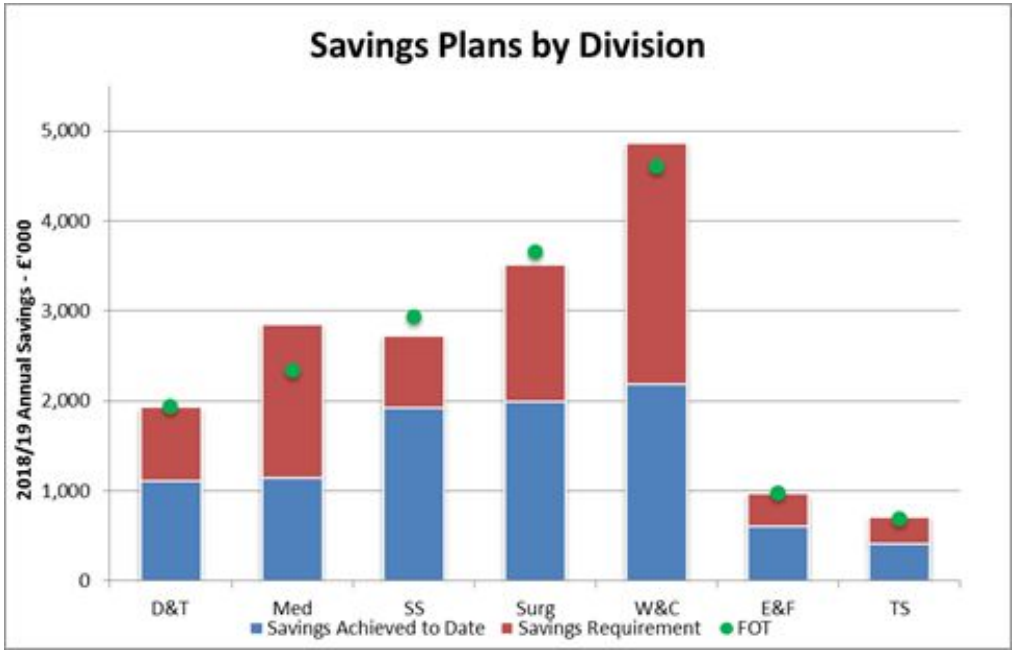


Actual Spend - £'000							
Agency	In Month					Plan for Year	Straight Line Projection
	QTR 1	Jul	Aug	Sept	Oct		
Nursing & Midwifery	1,406	549	618	684	623	**3,257**	**6,651**
Medical							
Consultants	56	71	61	53	48	**184**	**495**
Other Medical	106	71	24	17	1	**276**	**375**
Other	189	126	188	129	175	**1,701**	**1,383**
Total	**1,757**	**817**	**891**	**883**	**847**	**5,418**	**8,906**

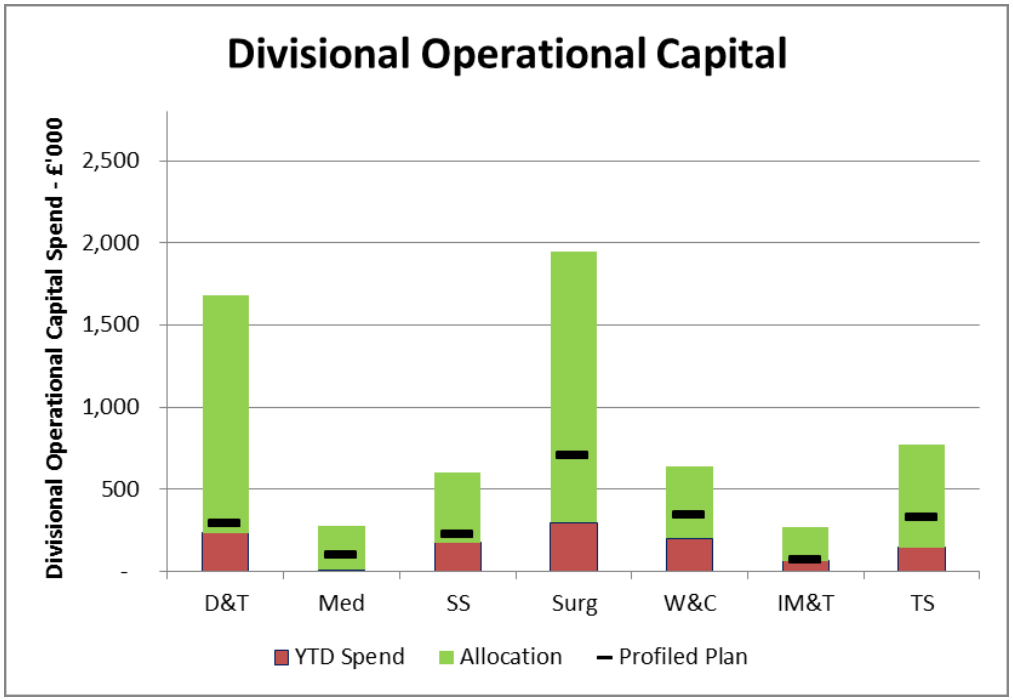
YTD Variance to Budget Surplus/(Deficit) - £'000					
Division	QTR 1	Jul	Aug	Sept	Oct
Diagnostics & Therapies	156	161	160	97	149
Medicine	(449)	(844)	(1,285)	(1,510)	(1,562)
Specialised Services	335	275	204	210	116
Surgery	(651)	(995)	(1,436)	(1,634)	(1,888)
Women's & Children's	(78)	(121)	(617)	(966)	(1,056)
Estates & facilities	(18)	16	28	20	(10)
Trust Services	(18)	(18)	(36)	(32)	(28)
Other Corporate Services	152	246	162	187	131
Total	**(571)**	**(1,280)**	**(2,820)**	**(3,628)**	**(4,148)**

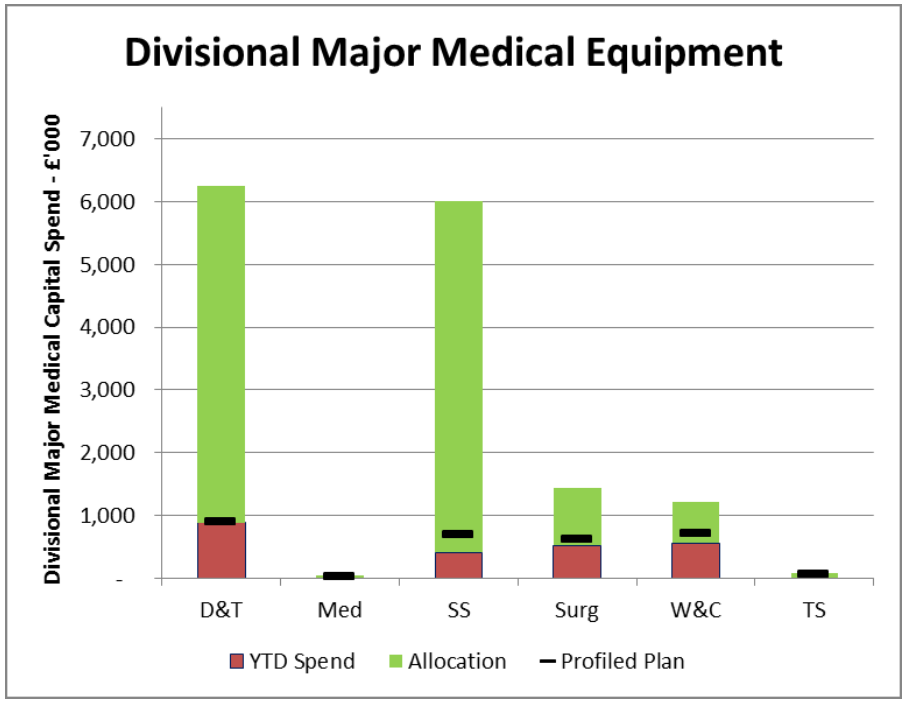
Variance to Budget Surplus/(Deficit) - £'000						
	In Month					YTD
Subjective Heading	QTR 1	Jul	Aug	Sept	Oct	Total
Nursing & Midwifery Pay	(1,015)	(338)	(288)	(465)	(639)	**(2,745)**
Medical & Dental Pay	(1,033)	(340)	(395)	(449)	(376)	**(2,593)**
Other Pay	328	260	80	197	120	**985**
Non Pay	(1,087)	(475)	(464)	(157)	(174)	**(2,357)**
Income from Operations	(27)	75	17	80	(139)	**6**
Income from Activities	2,263	109	(490)	(14)	688	**2,556**
Total	**(571)**	**(709)**	**(1,540)**	**(808)**	**(520)**	**(4,148)**

Performance – Finance



2018/19 Capital Programme			Year To Date		
Operational Plan	Subjective Heading	Revised Plan / FOT	Internal Plan	Actual spend	Variance (over) /under
£'000		£'000	£'000	£'000	£'000
	Sources of Funding				
1,600	PDC	4,094	-	-	-
3,189	Loan				
3,000	Donations - Cash	2,972	1,009	888	(121)
	Donations - Direct	28	28	28	0
	Cash:				
24,338	Depreciation	23,531	13,613	13,607	(6)
	Insurance Claim	2,266			0
14,962	Cash balances	(598)	(1,688)	(3,763)	(2,075)
47,089	**Total Funding**	**32,293**	**12,962**	**10,760**	**(2,202)**
	Application/Expenditure				
(11,618)	Strategic Schemes	(7,754)	(1,868)	(1,756)	112
(17,620)	Medical Equipment	(17,671)	(3,005)	(2,433)	572
(16,415)	Operational Capital	(16,139)	(4,284)	(2,798)	1,486
(7,468)	Information Technology	(7,824)	(2,835)	(2,998)	(163)
(2,367)	Estates Replacement	(3,298)	(970)	(775)	195
(55,488)	**Gross Expenditure**	**(52,686)**	**(12,962)**	**(10,760)**	**2,202**
8,399	In-Year Slippage	20,393			
(47,089)	**Net Expenditure**	**(32,293)**	**(12,962)**	**(10,760)**	**2,202**





Meeting of the Board in Public on Thursday 29 November 2018 in the Conference Room, Trust Headquarters

Report Title	**Register of Seals – Q2**
Report Author	**Sophie Melton Bradley, Deputy Trust Secretary**
Executive Lead	**Eric Sanders, Trust Secretary**
Agenda Item No:	**15**

1. Report Summary

Purpose

To report applications of the Trust Seal as required by the Foundation Trust Constitution.

The attached report includes all new applications of the Trust Seal since the previous report in June 2018.

2. Key points to note

(Including decisions taken)

Key issues to note

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

3. Risks

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

The risks associated with this report include:
N/A

4. Advice and Recommendations

*(Support and Board/Committee decisions requested)***:**

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

Register of Seals – August - October 2018

Reference Number	Date Signed	Document	Authorised Signatory 1	Authorised Signatory 2	Witness
813	18/09/2018	Agreement of Sale and Purchase for PHE land at Myrtle Road	Woolley, Robert	Mapson, Paul	Melton Bradley, Sophie
814	26/09/2018	Memorandum of Understanding between UH Bristol, the Education Centre Management Ltd and the Governor and Company of the Bank of Ireland	Mapson, Paul	Smith, Mark	Smith, Rachel
815	22/10/2018	Licence to cover land adjacent to The Cottage, Lox Fox Manor	Mapson, Paul	Woolley, Robert	Melton Bradley, Sophie

University Hospitals Bristol
NHS Foundation Trust

Meeting of the Board in Public on Thursday 29 November 2018 in the Conference Room, Trust Headquarters

Report Title	**Freedom to Speak up Update**
Report Author	**Eric Sanders, Trust Secretary and Freedom to Speak Up Guardian**
Executive Lead	**Eric Sanders, Trust Secretary and Freedom to Speak Up Guardian**
Agenda Item No:	**17**

1. Report Summary

To provide an update on the current activities of the Freedom to Speak Up Guardian and the concerns raised year to date.

2. Key points to note
(Including decisions taken)

Significant work has been undertaken during 2018/19 to raise awareness of Speaking Up and to respond to concerns.

Year to date there have been 14 reported concerns. In 2017/18 there were 13 for the whole year. The main theme from concerns raised relates to attitude and behaviours, between staff and their manager and between colleagues.

Development of a Speaking Up Strategy is continuing with good progress and engagement so far. Further work is required over the next 2-3 months to refine the strategy and incorporate this into the new Trust Strategy.

Given the increase in workload, temporary investment has been approved to introduce a support role for the Guardian to help coordinate all of the reactive and proactive activities currently underway.

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

The risks associated with this report include:
The report identifies the potential risks relating to ensuring there is adequate support for members of staff who raise concerns and to deliver the programme of awareness raising across the Trust. Investment has been agreed until 31 March 2019 to address this risk.

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

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

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

Senior Leadership Team	***21 November 2018***

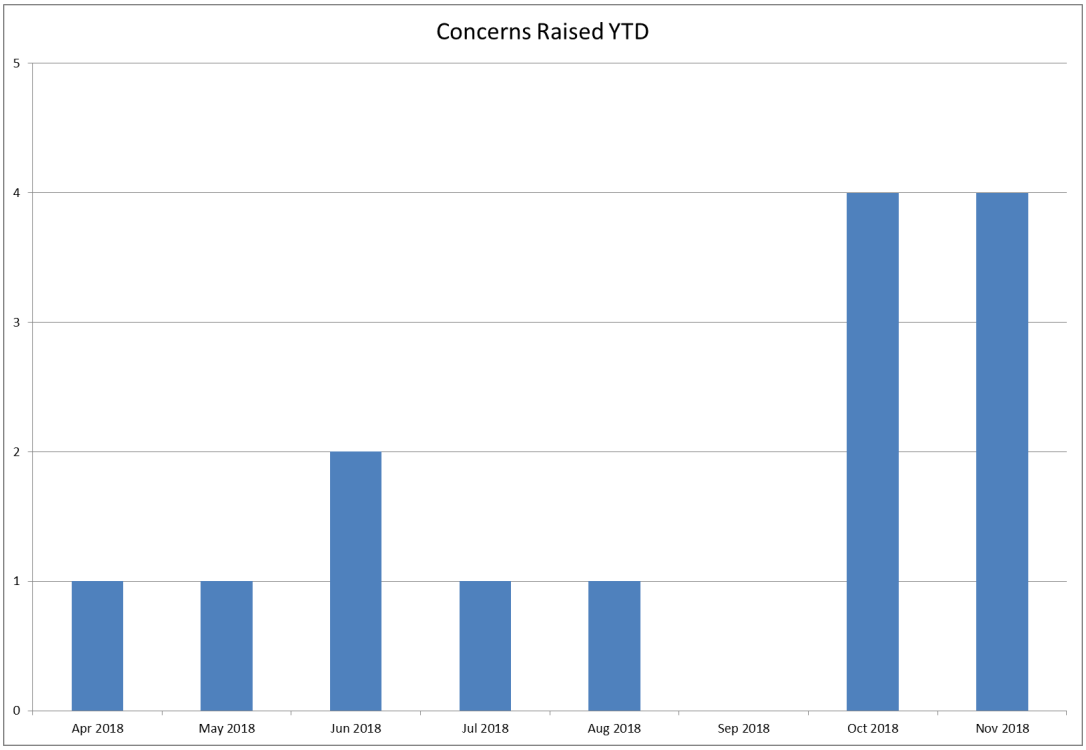
Freedom to Speak Up (FTSU) – Update Report

1. Summary of Current Work Programme

1.1. Activities are split between reactive responses to concerns and proactive awareness raising.

Current Activities

1.2. Current numbers of concerns raised year to date and by category are as follows:



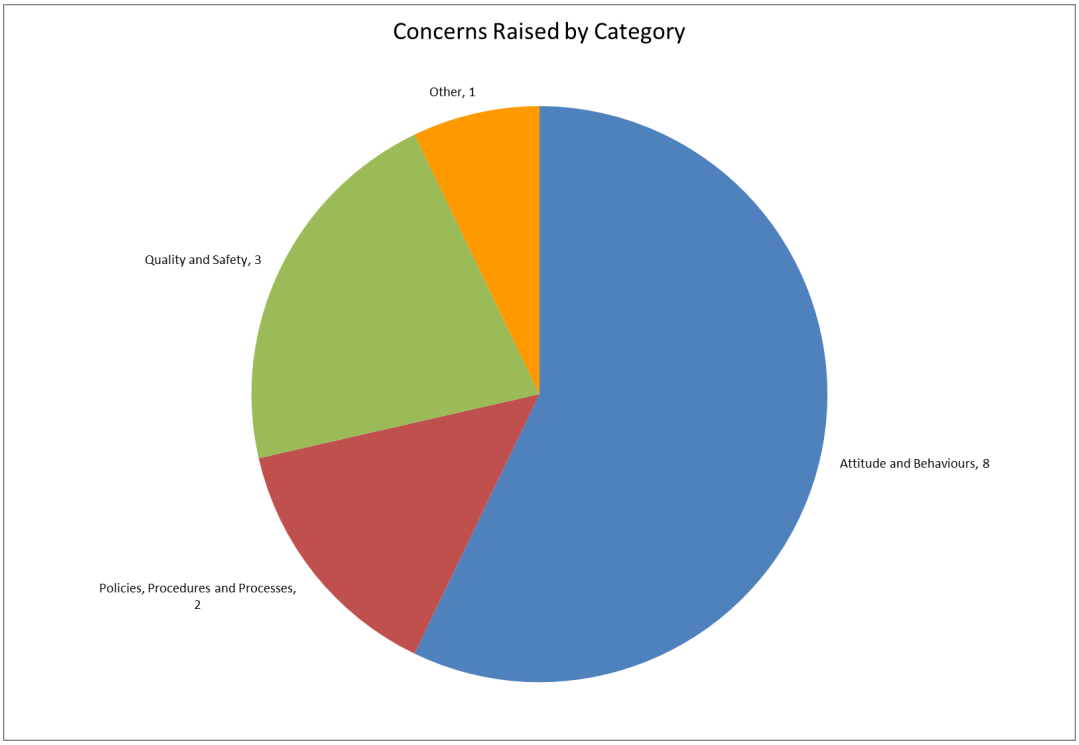
1.3. 14 cases have been raised year to date (compared to 13 for the whole of 2017/18).

1.4. The rise in the number of cases reported in October coincides with the national Speaking Up month and further enhanced publicity, supported by the Communications Team and through the Speaking Up Advocates. Interestingly the number of concerns being raised following a recommendation from another member of staff has increased. This is demonstrating that the informal communication network in the Trust is as effective as the more formal routes.

1.5. There are eight open cases being managed, with one case currently on hold.

1.6. Additionally there is good engagement with the unions and employee services to support individuals and ensure that concerns are investigated appropriately.

1.7. In all of the closed cases, there has been positive feedback from the individual's who raised the concern, and positive feedback about raising concerns in the future.



1.8. Concerns continue to be raised about a variety of issues, but are predominantly around the attitude and behaviours of managers and colleagues. In a number of cases attitude and behaviour is a sub-category below quality and safety.

1.9. In all of the cases when quality and safety was identified, these were immediately communicated to the Medical Director and Chief Nurse, with immediate action instigated to better understand the issues.

Proactive Activities

1.10. One of the agreed objectives for the Freedom to Speak Up Guardian for 2018/19 was to build awareness of Speaking Up within the wider organisation. To do this the following activities have been undertaken:

- Attendance at the JUC away day to discuss FTSU and identify “Hot Spot” areas for further work
- The FTSU Guardian is now a member of the Equality & Diversity Committee and led a session with the group on “What Speaking Up means to me?” to inform the development of an FTSU strategy.
- Continue to hold quarterly FTSU Advocate meetings.
- Attendance at nursing preceptorship days.
- Review of induction materials and messaging.
- Development of an FTSU communications plan, supported by Communications, which includes regular Newsbeat articles, Connect information and the potential for a new FTSU desktop wallpaper on every Trust PC.

- Publication of a number of articles from Advocates telling their story about why they chose to be involved and what it means to them to Speak Up.
- Attendance at management meetings including the Estates and Facilities Divisional Board, and at a planning meeting with Specialised Services.
- Attendance at the national FTSU Speaking Up launch event at the Houses of Parliament.
- Continued recruitment of FTSU Advocates and additional training now planned, alongside a revised FTSU Advocate role description.
- New Advocate communication materials have been developed and circulated.
- Alignment of activities between the FTSU Advocates, Wellbeing Leads, Bullying & Harassment Advisers and unions, including joint communications.
- Initial planning activities for proactive work in Dental, Cardiology and Hotel Services, with the former 2 at a more progressed stage.
- An FTSU Summit was held on Wednesday 14 November to discuss how to best to target activities in the dental hospital with representatives from BDH, unions, advocates and wellbeing leads.

2. Development of an FTSU Strategy

2.1. In addition to awareness raising, it was agreed with the Board to develop an FTSU Strategy. To inform the development of this strategy, a number of engagement sessions have been held with staff to get their views on what this means to them. The sessions have been focused on three questions:

1. What do you think the speaking up agenda looks like in UH Bristol at the moment?
2. What do you want speaking up to look like and feel like in 5 years' time?
3. How do we get from where we are to our desired future state?

2.2. To date approximately 30 people have been involved in the discussions, and the intention is to continue to speak to as many staff as possible in the next couple of months to get as wide a perspective as possible. The final strategy will then be drafted and discussed at the Board, via the Executive Team and the Senior Leadership Team.

2.3. The Executives have supported the principle that the FTSU Strategy will be incorporated into the overarching Trust Strategy, given the significance of this programme of work and the connection to the draft strategic priority related to staff well-being.

3. Challenges and Risks

3.1. A significant amount of work has happened in the last seven months to build and develop the approach to Speaking Up within the Trust, however there is much more to do to ensure that all staff are aware of the option of Speaking

Up and have confidence in using the process, where appropriate. Current challenges and risks include:

- Time to support individuals who have raised concerns – the eight open cases (plus one on hold) are a mix of simple, (relatively) straight forward issues and those which are much more complex issues, with the individual's requiring more support.
- Time to ensure adequate progress is being made in relation to investigations.
- Coordination of Advocate activities and supporting them to deliver the FTSU agenda.
- Coordination of proactive activities including arranging meetings, circulating information, following up on actions etc.

3.2. To help manage this workload, the Chief Executive has supported the investment in a Speaking Up Engagement Lead role, to provide part time support to the Guardian. This will be piloted to the end of the year, with a decision on longer term investment to be made as part of the normal business planning round.

Eric Sanders

FTSU Guardian

University Hospitals Bristol
NHS Foundation Trust

Meeting of the Board in Public on Thursday 29 November 2018 in the Conference Room, Trust Headquarters

Report Title	**Annual Constitution Review**
Report Author	**Eric Sanders, Trust Secretary**
Executive Lead	**Eric Sanders, Trust Secretary**
Agenda Item No:	**17**

1. Report Summary

One of the statutory duties of the Board and Council of Governors is to approve amendments to the Trust constitution. Every year, governors review the UH Bristol Constitution through their Constitution Focus Group and recommend changes to the Council of Governors and the Board for approval. This year the recommended changes are more extensive than in previous years, as the proposed changes outline a plan to merge the public and patient membership constituencies. The number of governors on the Council has also been reviewed as part of this proposal.

2. Key points to note
(Including decisions taken)

- The proposal to merge the public and patient constituencies was the result of a year-long review with governors of our membership profile with the aim of a) simplifying the way membership is organised to make it easier for members to understand which governors represent them, and b) to make governor representation more meaningful.
- The number of governors on the Council has been reviewed as part of the proposal. This ensures greater equality in the number of members that each governor represents and avoids duplication in appointed governor roles with existing links through the Sustainability and Transformation Partnership.
- All proposed changes have been checked by an external legal advisor to ensure that the Constitution continues to meet the requirements of Schedule 7 of the 2006 Act.
- The Council of Governors met on 31 October 2018 and approved the changes outlined in the draft Constitution by a majority vote.

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

The risks associated with this report include:
N/A

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

- This report is for **APPROVAL**
- The Board is asked to **APPROVE** the report

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

Council of Governors	31 October 2018

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

Proposed changes to the Trust Constitution

Background
Every NHS foundation trust has its own Constitution which defines how the Trust's governance operates. One of the statutory duties of the Board and governors is to approve amendments to the Trust Constitution.

Every year, through the Constitution Focus Group, governors review the UH Bristol Constitution. This year the Constitution has also been reviewed by an external legal advisor. External legal advice was sought because the proposed changes are more extensive than in previous years and the Constitution had not been subject to external review for at least three years.

Proposed changes include those relating to the proposal to merge the public and patient membership constituencies. A vote on this proposal, as well as on the amendments to the Constitution took place at Council of Governors on 31 October 2018, where governors approved the changes by a majority vote.

Rationale for merging public and patient constituencies
There had been an opportunity to review the structure of the membership and Council of Governors in 2017-18 for the first time in a number of years. This review, shared and discussed with the governors through their Constitution Focus Group meetings in December 2017, March, May and July 2018, highlighted that:

- We know many of our public members and governors are (or have been) patients and/or carers.
- Governors represent all Foundation Trust members and members of the public regardless of their characteristics.
- There are low numbers of members in the two 'carer of patients' constituencies compared to the other constituencies (and a disproportionate number of governors representing these constituencies)
- Merging the constituencies would enable the Trust to draw governors from a larger pool. There has been particularly low turnout for governor elections in the 'carers of patients 15 years and under' constituency (4.6% in 2017 and 3.2% in 2014).

Following these meetings there was agreement by a majority of governors to support the merger of the public and patient membership constituencies. This would be effected by removing the patient and carer constituency classes and re-categorising these members as 'public members'.

At the Constitution Focus Group meetings in July and October 2018, governors reviewed the impact the merger would have on the governors who represent patient/carer members and what this would mean for future governor numbers. Options for future public governor numbers took into account the geographical spread of patient admissions and first outpatient GP referrals in 2017/18; the geographical location of all Foundation Trust members and the ratios of members to governors. Governors agreed to take the following recommendations to the Council of Governors:

- To keep the number of staff governor seats as six (no change).
- To revise the number of appointed governor seats from eight to six (removing the Avon & Wiltshire Mental Health Partnership seat and the South West Ambulance Service seat – these organisations are represented through the Sustainability and Transformation Partnership.)

- To revise the total number of public governor seats to 17 (nine for Bristol, three for North Somerset, three for South Gloucestershire and two for Rest of England & Wales).
- These changes would reduce the size of the Council of Governors from 35 to 29 (see detail below).

Appointed governors

	Current governor numbers	Proposed governor numbers
Appointed governors (total)	**8**	**6**
University of Bristol	**1**	**1**
University of the West of England	**1**	**1**
Joint Union Committee	**1**	**1**
Youth Involvement Group	**2**	**2**
Council (Bristol, North Somerset or South Glos)	**1**	**1**
South Western Ambulance Service	**1**	**0**
Avon & Wiltshire Mental Health Partnership	**1**	**0**

Staff governors

	Current staff numbers	Current governor numbers	Proposed governor numbers
Staff Classes (total)	**10,367**	**6**	**6**
Medical and Dental	**1,555**	**1**	**1**
Nursing and Midwifery	**4,009**	**2**	**2**
Other Clinical Healthcare Professionals	**1,751**	**1**	**1**
Non Clinical Healthcare Professionals	**3,052**	**2**	**2**

Public/patient governors

	Total members	Current governor numbers	Membership numbers merged	Proposed governor numbers
Public members (total)	**5,101**	**21**	**8,534**	**17**
Bristol	**2,564**	**5**	**4,529**	**9**
North Somerset	**962**	**2**	**1,682**	**3**
South Gloucestershire	**1,004**	**2**	**1,542**	**3**
Rest of England and Wales	**571**	**2**	**781**	**2**
Patient members (total)	**3,433**	**10**	**N/A**	**N/A**
Patient Carer of patients 16 years and over	**155**	**2**	**N/A**	**N/A**
Patient Carer of patients 15 years and under	**436**	**2**	**N/A**	**N/A**
Patient – Local	**2,842**	**6**	**N/A**	**N/A**

In supporting the recommendations, governors were keen to ensure that the carer voice would continue to be heard and that they would continue to receive updates from SWASFT and AWP through other means (e.g. governor development seminars or project focus groups). It was noted that governors would be part of the Trustwide Carers' Strategy Group

(restarted at the end of October 2018), and that governor representatives would report back from this group to the governor Quality Focus Group.

Proposed changes to the Trust Constitution
All proposed changes are highlighted in the attached draft Constitution through 'tracked changes' (see Appendix 1). The tracked changes highlighted in yellow are those which relate to the merger of the public and patient constituencies (*note changes to the public/patient constituencies would not come into effect until 1 June 2019, i.e. patient/carer governors would not step down until this time).*

The key areas of all proposed changes are summarised in the table below. All proposed changes in the attached draft Constitution document have been checked (external legal advisor) to ensure that the Constitution continues to meet the requirements of Schedule 7 of the 2006 Act.

Relevant paragraph/ section of constitution	**Paragraph heading**	**Detail of change**
5	Membership and constituencies	Proposal to remove the patients and carers constituency. All proposed changes relating to the removal of this constituency are highlighted in yellow in Appendix 1.
8	Staff constituency	Additional detail around contractors and academic staff removed. Staff membership details are pulled from ESR. If staff member is not on ESR, staff member will not be a member of the staff constituency.
11	Annual Members' Meeting (AMM)	Reference removed regarding 'notice of meeting being prominently displayed at the Trust's main address and all the Trust's principal places of business'. This is impractical. The AMM is promoted through a number of other effective channels (Trust website and social media, local media, Voices).
15	Council of Governors – disqualification and removal	Removal of reference to DBS check requirement. No longer required for governors.
17	Council of Governors: vacancies	Clarification added around filling vacant seats on the Council of Governors.
24	Board of Directors – composition	Detail around the role of Non-Executive Director (Designate) moved to Annex 7.

Relevant paragraph/ section of constitution	Paragraph heading	Detail of change
33	Board of Directors – conflicts of interest of Directors	Clarification of wording around conflicts of interest.
Annex 1	Public constituencies	Numbers updated to reflected most recent population data.
Annex 2	Staff constituencies	Numbers updates to reflect updated headcount.
Annex 7	Meetings of the Board	Details of NED Designate role added as 3.4A Clarification of a quorum at 3.43.
Annex 8	Council of Governors Code of Conduct	Reference to Governor Role Description removed – not part of the constitution.

Next steps
The Board is asked to:

- Approve the proposed changes to the Trust Constitution as recommended by the Council of Governors on 31 October 2018.

University Hospitals Bristol NHS Foundation Trust

Constitution

[as at date as approved by Board]

Deleted: 28 July 2017

Approved by the Council of Governors on 31 October 2018 TBC
Approved by the Board of Directors on 29 November 2018 TBC

To be reviewed not later than March 2020 TBC

Deleted: 28 July 2017
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University Hospitals Bristol NHS Foundation Trust Constitution

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1. **Interpretation and definitions**

1.1 Unless otherwise stated, words or expressions contained in this constitution shall bear the same meaning as in the 2006 Act.

1.2 Words importing the masculine gender only shall include the feminine gender, words importing the singular shall import the plural and vice-versa.

1.3 References to statutory provisions shall be construed as references to those provisions as subsequently amended or re-enacted (whether before or after the date of this Agreement) from time to time and shall include any provisions of which they are re-enactments (whether with or without modification).

1.4 The following expressions have the following meanings, unless the context requires otherwise—

"the 2006 Act"	is the National Health Service Act 2006 (as amended by the 2012 Act).
"the 2012 Act"	is the Health and Social Care Act 2012.
"Accounting Officer"	is the person who from time to time discharges the functions specified in paragraph 25(5) of Schedule 7 to the 2006 Act.
"Annual Members Meeting"	means an annual meeting of the Members.
"constitution"	means this constitution and all annexes to it.
"Director"	means a member of the Board of Directors of the Trust.
"Governor"	means a member of the Council of Governors of the Trust.
"health service body"	means an NHS foundation trust or any of the bodies listed in Section 9(4) of the 2006 Act.
"Member"	means a member of the Trust.
"NHS Improvement/ (Monitor)"	Monitor is the body corporate, as provided by Section 61 of the 2012 Act. From 1 April 2016, Monitor is now part of NHS Improvement and therefore references to Monitor have now been replaced, where appropriate, by NHS Improvement.
"voluntary organisation"	means a body, other than a public or local authority, the activities of which are not carried on for profit.

2. **Name**

2.1 The name of the foundation trust is University Hospitals Bristol NHS Foundation Trust (the Trust).

3. **Principal purpose**

3.1 The principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England.

3.2 The Trust does not fulfil its principal purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes.

3.3 The Trust may provide goods and services for any purposes related to—

3.3.1 the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and

3.3.2 the promotion and protection of public health.

3.4 The Trust may also carry on activities other than those mentioned in the above paragraph, for the purpose of making additional income available in order better to carry on its principal purpose.

4. **Powers**

4.1 The powers of the Trust are set out in the 2006 Act.

4.2 All the powers of the Trust shall be exercised by the Board of Directors on behalf of the Trust.

4.3 Any of these powers may be delegated to a committee of Directors or to an Executive Director.

5. **Membership and constituencies**

5.1 The Trust shall have Members, each of whom shall be a Member of one of the following constituencies—

5.1.1 a Public Constituency, or

5.1.2 the Staff Constituency.

Deleted: , or

Deleted: <#>the Patients and Carers Constituency¶

6. **Application for Membership**

6.1 An individual who is eligible to become a Member may do so on application to the Trust or by being invited by the Trust to become a Member of the Staff Constituency in accordance with paragraph 9.

6.2 An individual shall become a Member on the date his name is added to the Trust's register of Members, and shall cease to be a Member on the date is removed from the register of Members.

7. **Public Constituency**

7.1 An individual who lives in an area specified in Annex 1 as an area for a Public Constituency may become or continue as a Member.

Deleted: of the Trust

7.2 Those individuals who live in an area specified for a Public Constituency are referred to collectively as a Public Constituency.

7.3 An individual who ceases to live in any area specified in Annex 1 shall cease to be a Member of any Public Constituency. A Member who moves from one area to another shall become a Member of the Public Constituency for that new area. Members should notify the Trust of any change of address.

7.4 In the case of any doubt, the Trust's decision as to whether or not an individual lives in an area will be final.

7.5 The minimum number of Members for each Public Constituency is specified in Annex 1.

8. **Staff Constituency**

8.1 An individual who is employed by the Trust under a contract of employment with the Trust may become or continue as a Member provided—

8.1.1 he is employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months, or

8.1.2 he has been continuously employed by the Trust under a contract of employment for at least 12 months.

8.2 Individuals who exercise functions for the purposes of the Trust, otherwise than under a contract of employment with the Trust, may become or continue as Members of the Staff Constituency if they have exercised these functions continuously for a period of at least 12 months.

8.3 Those individuals who are eligible for membership by reason of this paragraph 8 are referred to collectively as the Staff Constituency.

8.4 The Staff Constituency shall be divided into four descriptions of individuals who are eligible for membership of the Staff Constituency, each description of individuals being specified within Annex 2 and being referred to as a Staff Class within the Staff Constituency.

8.5 The minimum number of Members in each Staff Class is specified in Annex 2.

9. **Automatic membership by default – staff**

9.1 An individual who is—

9.1.1 Eligible under paragraph 8.1 to become a Member of the Staff Constituency, and

9.1.2 invited by the Trust to become a Member of the Staff Constituency,

shall become a Member as a Member of the Staff Constituency and appropriate Staff Class without an application being made, unless he informs the Trust that he does not wish to do so.

10. **Restriction on membership**

10.1 A Member of a constituency, or of a class within a constituency, may not while membership of that constituency or class continues, be a Member of any other constituency or class.

10.2 An individual who satisfies the criteria for membership of the Staff Constituency may not become or continue as a Member of any constituency other than the Staff Constituency.

10.3 An individual shall not be eligible for membership if he—

10.3.1 fails or ceases to fulfil the criteria for membership of any of the constituencies,

10.3.2 was formerly employed by the Trust or its predecessor applicant NHS Trust and was dismissed for gross misconduct,

10.3.3 was formerly employed by the Trust and in the preceding two years was lawfully dismissed other than by reason of redundancy,

10.3.4 has been involved as a perpetrator in a serious incident of violence or abuse in the last five years at any of the Trust's hospitals or against any of the Trust's staff members or patients,

Deleted: This category includes (but is not limited to) —¶
<#>contractors who provide services to the Trust for at least 16 hours per week or 50% of their contracted hours (whichever is the lesser), or¶
academic staff who have an honorary contract with the Trust and who work at the Trust.

Deleted: . and a Member of the appropriate Staff Class,

Deleted: **<#>Patients and Carers Constituency**¶
<#>An individual who has attended any of the Trust's hospitals as either a patient or as the carer of a patient may become or continue as a Member. A carer is someone who provides unpaid help and support to another person who could not cope without their help. This could be due to age, physical or mental illness, disability or addiction. ¶
<#>Those individuals who are eligible for membership by reason of paragraph 10.1 are referred to collectively as the Patients and Carers Constituency.¶
<#>The Patients and Carers Constituency shall be divided into three descriptions of individuals who are eligible for membership of the Patients and Carers Constituency. Each description of individuals is specified within Annex 3 and is referred to as a class of the Patients and Carers Constituency.¶
<#>An individual providing care under a contract (including a contract of employment) with a voluntary organisation, or as a volunteer for a voluntary organisation, does not come within the category of those who qualify for membership of the Patients and Carers Constituency.¶
<#>The minimum number of Members in each class of the Patients and Carers Constituency is specified in Annex 3.¶
<#>An applicant for membership who notifies the Trust of his eligibility to be a Member of either a Public Constituency or of the Patients and Carers Constituency, shall become a Member of the appropriate class of the Patients and Carers Constituency unless he has informed the Trust in writing that he wishes instead to become a Member of a Public Constituency.¶

10.3.5 has been placed on the registers of Schedule 1 Offenders pursuant to the Sexual Offences Act 2003 (as amended) and/or the Children & Young Person's Acts 1933 to 1969 (as amended) and his or her conviction is not spent under the Rehabilitation of Offenders Act 1974,

10.3.6 does not agree to, or by his actions or conduct shows that he does not (in the reasonable opinion of the Trust), abide by the Trust values as set out in the Trust's Integrated Business Plan or elsewhere,

10.3.7 has been identified as a vexatious complainant by the Trust or other authority or has been excluded from treatment at any of the Trust's hospitals due to unacceptable behaviour,

10.3.8 is deemed, in the reasonable opinion of the Trust, to have acted in a manner contrary to the interests of the Trust,

10.3.9 is deemed, in the reasonable opinion of the Trust, to have failed to comply in a material way with the values and principles of the National Health Service or the Trust, and/or this constitution, or

10.3.10 is under the age of seven (7) years.

10.4 Members should ensure their own eligibility for membership and inform the Trust if they cease to be eligible.

10.5 A Member shall cease to be a Member if—

10.5.1 he resigns by notice in writing to the Membership Manager,

10.5.2 he dies,

10.5.3 he ceases to be entitled under this constitution to be a Member,

10.5.4 he is expelled under this constitution, or

10.5.5 it appears to the Membership Manager that the Member no longer wishes to be involved in the affairs of the Trust as a Member, and after enquiries made in accordance with a process approved by the Governors, the Member does not establish that he has a continuing wish to be involved in the affairs of the Trust as a Member.

10.6 The Trust shall give any Member at least 14 days' written notice before removing him from Membership under paragraphs 10.5.3, 10.5.4, or 10.5.5. The Trust shall consider any representations made by the Member during that notice period.

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11. Annual Members' Meeting

11.1 The Trust shall hold an Annual Members' Meeting no later than 30 September every year. The Annual Members' Meeting shall be open to the public.

11.2 Any Members' meetings other than the Annual Members' Meeting shall be called "Special Members' Meetings".

11.3 Special Members' Meetings shall be open to all Members, Governors and Directors, and to representatives of the Trust's financial auditors. Special Members' Meetings shall not be open to anyone else unless invited by the Trust.

11.4 All Members' meetings are to be convened by the Directors.

11.5 The Directors shall decide where any Members' meeting is to be held and may provide that the same meeting can be conducted in multiple venues.

11.6 The Directors shall set the quorum for any Members' meeting.

11.7 The Trust shall give at least 14 clear days' notice of any Members' meeting—

11.7.1 by notice in writing to all Members (by email where email addresses are held),

11.7.2 by notice on the Trust's website, and

11.7.3 to the Governors and the Directors, and to the Trust's auditors,

stating whether the meeting is an Annual Members' Meeting or a Special Members' Meeting, giving the time, date and place of the meeting and indicating the business to be dealt with at the meeting.

Deleted: <#>by notice prominently displayed at the Trust's main address and at all of the Trust's principal places of business,¶

11.8 The Directors shall present to the Members at the Annual Members' Meeting—

11.8.1 a report on steps taken to secure that (taken as a whole) the actual membership is representative of those eligible for such membership,

11.8.2 the progress of the membership strategy,

11.8.3 any proposed changes to the policy for the composition of the Governors and of the Non-Executive Directors,

11.8.4 the results of the election and appointment of Governors, and

11.8.5 any other reports or documentation it considers necessary or otherwise required by NHS Improvement or the 2006 Act, including the annual accounts, any report of the auditor and the annual report.

11.9 The Chair or in his absence the Vice Chair shall chair any Members' meetings. If neither the Chair nor the Vice Chair is present, the Governors present shall elect one of their number to chair the meeting. If there is only one Governor present and willing to act that person shall chair the meeting. If no Governor is present and willing to chair the meeting within fifteen minutes after the notified start time of the meeting, the Members present and entitled to vote shall choose one of their number to chair the meeting.

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12. **Council of Governors – composition**

12.1 The Trust is to have a Council of Governors, which shall comprise both elected and appointed Governors.

12.2 The composition of the Council of Governors is specified in Annex 4.

Comment [A1]: Annex numbers will need updating if changes taken in

12.3 The Governors, other than the appointed Governors, shall be chosen by election by their constituency or, where there are classes within a constituency, by their class within that constituency.

12.4 The number of Governors to be elected by each constituency, or, where appropriate, by each class of each constituency, is specified in Annex 4.

12.5 At all times more than half of the Governors shall be Governors who are elected by Members of the Public Constituency.

Deleted: and the Patients and Carers Constituency

13. **Council of Governors – election of Governors**

13.1 Elections for elected Governors shall be conducted in accordance with the Model Election Rules.

13.2 The Model Election Rules as published from time to time by the Department of Health form part of this constitution. The Model Election Rules current at the date of the Trust's Authorisation are attached at Annex 5.

13.3 A subsequent variation of the Model Election Rules by the Department of Health shall not constitute a variation of the terms of this constitution for the purposes of paragraph 45 of the constitution (amendment of the constitution).

13.4 An election, if contested, shall be by secret ballot.

13.5 A Member of a Public Constituency standing for election as Governor must, at the time of his nomination, make a declaration for the purposes of Section 60 of the 2006 Act in the form specified by the Trust, stating the particulars of his qualification to vote as a Member and that he is not prevented from being a Governor by virtue of any provisions of this constitution.

Deleted: or the Patients and Carers Constituency

14. **Council of Governors - tenure**

14.1 An elected Governor may hold office for a period of up to three years.

14.2 An elected Governor shall cease to hold office if he ceases to be a Member of the constituency or class by which he was elected (except that a Public Governor who moves from one Public Constituency to another during his term of office shall continue in office as a Public Governor for the constituency which elected him for the remainder of his term).

14.3 Subject to paragraph 14.7, an elected Governor shall be eligible for re-election at the end of his term.

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14.4 An appointed Governor may hold office for a period of up to three years (except for Governors appointed by the Trust's Youth Involvement Group who may hold office for a period of up to one year).

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14.5 An appointed Governor shall cease to hold office if the appointing organisation withdraws his appointment.

14.6 Subject to paragraph 14.7, an appointed Governor shall be eligible for re-appointment at the end of his term.

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14.7 No Governor may serve for more than a total of nine years.

15. **Council of Governors – disqualification and removal**

15.1 Governors must be at least 16 years of age at the date they are nominated for election or appointment.

15.2 A person may not become or continue as a Governor if he—

15.2.1 has been adjudged bankrupt or his estate has been sequestrated and (in either case) has not been discharged,

15.2.2 has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it,

15.2.3 within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him,

15.2.4 has within the preceding two years been lawfully dismissed otherwise than by reason of redundancy from any paid employment

with a Health Service Body,

15.2.5 was formerly employed by the Trust or its predecessor application NHS trust and was dismissed for gross misconduct,

15.2.6 is a person whose term of office as the chair or as a member or director of a Health Service Body has been terminated on the grounds that his continuance in office is no longer in the best interests of the health service, for non-attendance at meetings or for non-disclosure of a pecuniary interest,

15.2.7 has had his name removed by a direction under Section 154 of the 2006 Act from any list prepared under Part 4 of that Act and has not subsequently had his name included in such a list,

15.2.8 has failed to make, or has falsely made, any declaration as required to be made under Section 60 of the 2006 Act or has spoken or voted in a meeting on a matter in which he had a direct or indirect pecuniary or non-pecuniary interest and he is judged to have acted so by a majority of the Council of Governors,

15.2.9 has been removed as a Governor, suspended from office or disqualified from holding office as a Governor by NHS Improvement, or NHS Improvement has exercised any of those powers in relation to him on any other occasion whether in relation to the Trust or some other NHS Foundation Trust,

15.2.10 has received a written warning from the Trust for verbal and/or physical abuse towards Trust staff or patients,

15.2.11 has been placed on the registers of Schedule 1 Offenders pursuant to the Sexual Offences Act 2003 (as amended) and/or the Children and Young Person's Act 1933 to 1969 (as amended) and his conviction is not spent under the Rehabilitation of Offenders Act 1974,

15.2.12 is a Member of a Staff Class and any professional registration relevant to his eligibility to be a Member of that Staff Class has been suspended for a continuous period of more than six months,

15.2.13 is incapable by reason of mental disorder, illness or injury in managing and administering his property and/or affairs,

15.2.14 is appointed by an organisation that ceases to exist,

15.2.15 is a member of the UK Parliament,

15.2.16 is a director or a governor of another NHS Foundation Trust,

15.2.17 is a member of a health related local authority overview and scrutiny committee, or

15.3 A Governor who becomes disqualified must notify the Trust as soon as practicable and in any event within 14 days of first becoming aware that he is disqualified.

15.4 If the Trust becomes aware that a Governor is disqualified, the Trust will give him notice that he is disqualified as soon as practicable.

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16. **Council of Governors: Termination of Tenure**

16.1 A Governor's term of office shall be terminated—

16.1.1 by the Governor giving notice in writing to the Trust of his

resignation from office at any time during that term of office,

16.1.2 by the giving of a notice under either paragraph 15.3 or 15.4,

16.1.3 by the Council of Governors if he has failed to attend two successive meetings of the Council of Governors unless the Council of Governors is satisfied:

16.1.3.1 the absence was due to reasonable cause, and

16.1.3.2 that the Governor will resume attendance at meetings of the Council of Governors within such period as it considers reasonable.

16.1.4 if the Council of Governors resolves that—

16.1.4.1 his continuing as a Governor would or would be likely to prejudice the ability of the Trust to fulfil its principal purpose or of its purposes under this constitution or otherwise to discharge its duties and functions,

16.1.4.2 his continuing as a Governor would or would be likely to prejudice the Trust's work with other persons or body with whom it is engaged or may be engaged in the provision of goods and services,

16.1.4.3 his continuing as a Governor would or would be likely to adversely affect public confidence in the goods and services provided by the Trust,

16.1.4.4 his continuing as a Governor would or would be likely to otherwise bring the Trust into disrepute or be detrimental to the interest of the Trust,

16.1.4.5 it would not be in the best interests of the Council of Governors for him to continue in office as a Governor,

16.1.4.6 it would not be in the best interests of the Trust for him to continue in office as a Governor,

16.1.4.7 he is a vexatious or persistent litigant or complainant with regard to the Trust's affairs and his continuance in office would not be in the best interests of the Trust,

16.1.4.8 he has failed or refused to undertake and/or satisfactorily complete any training which the Council of Governors has required him to undertake in his capacity as a Governor,

16.1.4.9 he has in his conduct as a Governor failed to comply in a material way with the values and principles of the National Health Service or the Trust, and/ or this constitution, or

16.1.4.10 he has committed a material breach of any code of conduct applicable to Governors and/or the Standing Orders for Governors.

16.2 A resolution under paragraph 16.1.4 shall be proposed by the Chair (or in his absence, the Vice Chair) and considered in a meeting of the Council of Governors convened for that purpose and to pass requires a majority of three quarters of the Governors voting at that meeting.

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16.3 If the Chair is minded to propose a resolution under paragraph 16.1.4, the Chair shall first offer the Governor in question the opportunity to have the evidence reviewed by an independent assessor agreeable to that Governor and to the Chair.

16.4 The Standing Orders adopted by the Council of Governors may contain provisions governing its procedure for terminating a Governor's term of office.

16.5 A Governor whose term of office is terminated before it expires shall not be eligible to be a Governor for three years from the date of termination, except by resolution carried by a majority of the Council of Governors voting.

17. **Council of Governors: vacancies**

17.1 If an appointed Governor's seat falls vacant for any reason before his term of office was due to expire, the Trust will invite the relevant appointing body to appoint a new Governor to hold office for the remainder of the term of office.

17.2 If an elected Governor's seat falls vacant for any reason more than 90 days before his term office was due to expire, the Trust will invite the candidate who secured the second highest number of votes in the last election for that office to assume the position for the remainder of the retiring Governor's term, provided that he achieved at least five percent (5%) of the number of votes for that constituency (or class of constituency, as the case may be). If that candidate does not accept, the vacancy will be offered to the candidate who secured the next highest number of votes (provided that he achieved at least five percent (5%) of the number of votes), and so on.

17.3 If no reserve candidate is available or willing to fill the vacancy and the relevant term of office has an unexpired period of at least 12 months' and:

17.3.1 an election is not due to be held within 6 months of the vacancy arising, an election will be held in accordance with the Election Scheme as soon as is reasonably practicable to fill the unexpired period; or

17.3.2 an election is due to be held within 6 months, the office will stand vacant until the next scheduled election,

provided always that any such vacancy shall not cause the aggregate number of Public Governors to be less than half the total membership of the Council of Governors. In that case an election will be held in accordance with the Election Scheme as soon as reasonably practicable to fill the unexpired period.

17.4 If no reserve candidate is available or willing to fill the vacancy and the relevant term of office has an unexpired period of less than 12 months', the office will stand vacant until the next scheduled election provided always that any such vacancy shall not cause the aggregate number of Public Governors to be less than half the total membership of the Council of Governors. In that case an election will be held in accordance with the Election Scheme as soon as reasonably practicable to fill the unexpired period

17.5 No defect in the election or appointment of a Governor or deficiency in the composition of the Council of Governors shall affect the validity of any act or decision of the Council of Governors.

18. **Council of Governors – duties of Governors**

18.1 The general duties of the Council of Governors are—

18.1.1 to hold the Non-Executive Directors individually and collectively to

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account for the performance of the Board of Directors, and

18.1.2 to represent the interests of the Members as a whole and the interests of the public.

18.2 The Trust must take steps to secure that the Governors are equipped with the skills and knowledge they require in their capacity as such.

19. **Council of Governors – meetings of Governors**

19.1 The Chair or, in his absence the Vice Chair, shall preside at meetings of the Council of Governors.

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19.2 Meetings of the Council of Governors shall be open to members of the public, unless members of the public are excluded for special reasons.

19.3 For the purposes of obtaining information about the Trust's performance of its functions or the Directors' performance of their duties (and deciding whether to propose a vote on the Trust's or Directors' performance), the Council of Governors may require one or more of the Directors to attend a meeting of the Council of Governors.

20. **Council of Governors – standing orders**

20.1 The standing orders for the practice and procedure of the Council of Governors are attached at Annex 6.

21. **Council of Governors – referral to the Panel**

21.1 In this paragraph, the Panel means a panel of persons appointed by NHS Improvement to which a governor of an NHS foundation trust may refer a question as to whether the trust has failed or is failing—

21.1.1 to act in accordance with its Constitution, or

21.1.2 to act in accordance with provision made by or under Chapter 5 of the 2006 Act.

21.2 A Governor may refer a question to the Panel only if more than half of the Governors voting approve the referral.

22. **Council of Governors – conflicts of interest of Governors**

22.1 If a Governor has a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the Governor shall disclose that interest to the Governors as soon as he becomes aware of it.

22.2 The Standing Orders for the Council of Governors shall make provision for the disclosure of interests and arrangements for the exclusion of a Governor declaring any interest from any discussion or consideration of the matter in respect of which an interest has been disclosed.

23. **Council of Governors – travel expenses**

23.1 The Trust may pay travelling and other expenses to Governors at rates determined by the Trust.

24. **Board of Directors – composition**

24.1 The Trust has a Board of Directors, which comprises both Executive and Non-Executive Directors.

24.2 The Board of Directors comprises—

24.2.1 a Non-Executive Chairman,

24.2.2 up to 8 other Non-Executive Directors (one of whom may be nominated as the Senior Independent Director), and

24.2.3 up to 7 Executive Directors.

24.3 One of the Executive Directors shall be the Chief Executive.

24.4 The Chief Executive shall be the Accounting Officer

24.5 One of the Executive Directors is the Finance Director

24.6 One of the Executive Directors is to be a registered medical practitioner or a registered dentist (within the meaning of the Dentists Act 1984)

24.7 One of the Executive Directors is to be a registered nurse or a registered midwife

24.8 The Board of Directors shall at all times be constituted so that the number of Non-Executive Directors (excluding the Chair) equals or exceeds the number of Executive Directors.

Moved down [1]: In addition, the Trust may choose to appoint Non-Executive Directors (Designate) to the Board of Directors. Non-Eexecutive Directors (Designate) will attend Board of Director meetings and relevant Committee meetings as judged appropriate by the Chair, and will playing play an active role by providing advice and appropriate challenge across the range of Trust healthcare services and supporting business areas. However, Non-Eexecutive Directors (Designates) are not formally appointed as a boardBoard member and, should circumstances arise, will not be eligible to vote.

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25. **Board of Directors – general duty**

25.1 The general duty of the Board of Directors and of each Director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the Members as a whole and for the public.

26. **Board of Directors – qualification for appointment as a Non-Executive Director**

26.1 A person may be appointed as a Non-Executive Director only if—

26.1.1 he is a Member of a Public Constituency, or

26.1.2 where any of the Trust's hospitals includes a medical or dental school provided by a university, he exercises functions for the purposes of that university, and

26.1.3 he is not disqualified by virtue of paragraph 31 below.

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27. **Board of Directors – appointment and removal of the Chair and other Non-Executive Directors**

27.1 The Council of Governors at a general meeting of the Council of Governors shall appoint or remove the Chair and the other Non-Executive Directors.

27.2 Removal of the Chair or another Non-Executive Director shall require the approval of at least three-quarters of the Council of Governors.

28. **Board of Directors – appointment of the Vice Chair**

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28.1 The Council of Governors at a general meeting shall appoint one of the Non-Executive Directors to be the Vice Chair.

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29. **Board of Directors - appointment and removal of the Chief Executive and other**

Executive Directors

29.1 The Non-Executive Directors shall appoint or remove the Chief Executive.

29.2 The appointment of the Chief Executive shall require the approval of the more than half of the Council of Governors voting.

29.3 A committee consisting of the Chief Executive, the Chair and the other Non-Executive Directors shall appoint or remove the other Executive Directors.

30. **Board of Directors – disqualification**

30.1 A person may not become or continue as a Director if he—

30.1.1 has been adjudged bankrupt or his estate has been sequestrated and (in either case) has not been discharged,

30.1.2 has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it,

30.1.3 within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him,

30.1.4 in the case of a Non-Executive Director, no longer satisfies the relevant requirements for appointment,

30.1.5 is a person whose tenure of office as a Chair or as a member or Director of a Health Service Body has been terminated on the grounds that his appointment is not in the interests of public service, or for non-disclosure of a pecuniary interest,

30.1.6 has within the preceding two years been dismissed, otherwise than by reason of redundancy, by the coming to an end of fixed term contract or through ill health, from any paid employment with a Health Service Body,

30.1.7 in the case of an Executive Director, is no longer employed by the Trust,

30.1.8 has had his name removed by a Direction under section 154 of the 2006 Act from any list prepared under Part 4 of that Act, and has not subsequently had his name included on such a list,

30.1.9 is a member of a patient and public involvement forum,

30.1.10 is a member of a local authority's overview and scrutiny committee,

30.1.11 is the subject of a disqualification order made under the Company Directors' Disqualifications Act 1986,

30.1.12 has failed or refused to undertake any training which the Board of Directors requires all Directors to undertake,

30.1.13 has failed to sign and deliver to the Secretary in the form required by the Board of Directors confirmation that he accepts the Code of Conduct for Directors and other documents such as the Fit and Proper Person declaration,

30.1.14 is a partner, spouse, person whose status is that of "Civil Partner" as defined in the Civil Partnerships Act 2004, child, step child or adopted child, sibling or parent of an existing Director,

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30.1.15 is an 'unfit person' as defined in the Trust's provider licence (as may be amended from time to time), or

30.1.16 does not meet any other statutory requirement for being a Director of an NHS foundation trust including but not limited to the criteria set out in Regulation 5(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (including any modification or re-enactment thereof) .

31. **Board of Directors – meetings**

31.1 Meetings of the Board of Directors shall be open to members of the public, unless members of the public are excluded for special reasons[1].

31.2 Before holding a meeting, the Board of Directors must send a copy of the agenda of the meeting to the Council of Governors. As soon as practicable after holding a meeting, the Board of Directors must send a copy of the minutes of the meeting to the Council of Governors.

32. **Board of Directors – standing orders**

32.1 The standing orders for the practice and procedure of the Board of Directors are attached at Annex 7.

33. **Board of Directors - conflicts of interest of Directors**

33.1 The duties that a Director has by virtue of being a Director include in particular—

33.1.1 a duty to avoid a situation in which the Director has an actual or potential, financial, non-financial professional, non-financial personal or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust (a "Conflict"); and

33.1.2 a duty not to accept a benefit from a third party by reason of being a Director or doing (or not doing) anything in that capacity.

33.2 The duty referred to in sub-paragraph 33.1.1 is not infringed if—

33.2.1 the situation cannot reasonably be regarded as likely to give rise to a conflict of interest, or

33.2.2 the matter has been authorised in accordance with the constitution.

33.3 The duty referred to in sub-paragraph 33.1.2 is not infringed if acceptance of the benefit cannot reasonably be regarded as likely to give rise to a conflict of interest.

33.4 In sub-paragraph 33.1.2, "third party" means a person other than—

33.4.1 the Trust, or

33.4.2 a person acting on its behalf.

33.5 If a Director has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust, the Director must declare the nature and extent of that interest to the other Directors.

33.6 If a declaration under this paragraph proves to be, or becomes, inaccurate, incomplete, a further declaration must be made.

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[1] Annex 7, paragraph 3.1 sets out such reasons in greater detail.

33.7 Any declaration required by this paragraph must be made before the Trust enters into the transaction or arrangement.

33.8 This paragraph does not require a declaration of an interest of which the Director is not aware or where the Director is not aware of the transaction or arrangement in question.

33.9 A Director need not declare an interest—

33.9.1 if it cannot reasonably be regarded as likely to give rise to a conflict of interest,

33.9.2 if, or to the extent that, the Directors are already aware of it, or

33.9.3 if, or to the extent that, it concerns terms of the Director's appointment that have been or are to be considered—

33.9.3.1 by a meeting of the Board of Directors, or

33.9.3.2 by a committee of the Directors appointed for the purpose under the constitution.

33.10 The Standing Orders of the Board of Directors shall include provisions about the disclosure of interests and arrangements for a Director with an interest to withdraw from a meeting in relation to the matter in respect of which he has declared an interest.

33.11 A matter shall have been authorised for the purposes of paragraph 33.2.2 above if:

33.11.1 The Directors, in accordance with the requirements set out in this paragraph 33.11, authorise any matter or situation proposed to them by any Director which would, if not authorised, involve a Director (an "Interested Director") breaching his duty under paragraph 33.1.1 above to avoid Conflicts:

33.11.1.1 the matter in question shall have been proposed by any Director for consideration in the same way that any other matter may be proposed to the Directors under the provisions of this constitution;

33.11.1.2 any requirement as to the quorum for consideration of the relevant matter is met without counting the Interested Director or any other Interest Director; and

33.11.1.3 the matter was agreed to without the Interested Director voting or would have been agreed to if the Interested Director's and any other Interested Director's vote had not been counted.

33.11.2 Any authorisation of a Conflict under this paragraph 33.11 may (whether at the time of giving the authorisation or subsequently):

33.11.2.1 extend to any actual or potential conflict of interest which may reasonably be expected to arise out of the Conflict so authorised;

33.11.2.2 provide that the Interested Director be excluded from the receipt of documents and information and the participation in discussions (whether at meetings of the Directors or

otherwise) related to the Conflict;

33.11.2.3 impose upon the Interested Director such other terms for the purposes of dealing with the Conflict as the Directors think fit;

33.11.2.4 provide that, where the Interested Director obtains, or has obtained (through his involvement in the Conflict and otherwise than through his position as a Director of the Trust) information that is confidential to a third party, he will not be obliged to disclose that information to the Board of Directors, or to use it in relation to the Trust's affairs where to do so would amount to a breach of that confidence; and

33.11.2.5 permit the Interested Director to absent himself from the discussion of matters relating to the Conflict at any meeting of the Directors and be excused from reviewing papers prepared by, or for, the Directors to the extent they relate to such matters.

33.11.3 Where the Directors authorise a Conflict, the Interested Director will be obliged to conduct himself in accordance with any terms imposed by the Directors in relation to the Conflict.

33.11.4 The Directors may revoke or vary such authorisation at any time, but this will not affect anything done by the Interested Director, prior to such revocation or variation in accordance with the terms of such authorisation.

33.11.5 A Director is not required, by reason of being a Director, to account to the Trust for any remuneration, profit or other benefit which he derives from or in connection with a relationship involving a Conflict which has been authorised by the Directors (subject in each case to any terms, limits or conditions attaching to that authorisation) and no contract shall be liable to be avoided on such grounds.

34. **Board of Directors – remuneration and terms of office**

34.1 The Council of Governors at a general meeting shall decide the remuneration and allowances, and the other terms and conditions of office, of the Chair and the other Non-Executive Directors.

34.2 The Trust shall maintain a committee of Non-Executive Directors to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and other Executive Directors.

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35. **Registers**

35.1 The Trust shall have—

35.1.1 a register of Members showing, in respect of each Member, the constituency to which he belongs and, where there are classes within it, the class to which he belongs,

35.1.2 a register of Governors,

35.1.3 a register of interests of Governors,

35.1.4 a register of Directors, and

35.1.5 a register of interests of Directors.

36. **Registers – inspection and copies**

36.1 The Trust shall make the registers specified in paragraph 35 above available for inspection by members of the public, except in the circumstances set out below or as otherwise prescribed by regulations.

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36.2 The Trust shall not make any part of its registers available for inspection by members of the public which shows details of—

36.2.1 any Member of the Public Constituency, or

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36.2.2 any other Member, if he so requests.

36.3 So far as the registers are required to be made available—

36.3.1 they are to be available for inspection free of charge at all reasonable times, and

36.3.2 a person who requests a copy of or extract from the registers is to be provided with a copy or extract.

36.4 If the person requesting a copy or extract is not a Member, the Trust may impose a reasonable charge for doing so.

37. **Documents available for public inspection**

37.1 The Trust shall make the following documents available for inspection by members of the public free of charge at all reasonable times—

37.1.1 a copy of the current Constitution,

37.1.2 a copy of the latest annual accounts and of any report of the auditor on them, and

37.1.3 a copy of the latest annual report.

37.2 The Trust shall also make the following documents relating to a special administration of the Trust available for inspection by members of the public free of charge at all reasonable times—

37.2.1 a copy of any order made under section 65D (appointment of trust special administrator), 65J (power to extend time), 65KC (action following Secretary of State's rejection of final report), 65L(trusts coming out of administration) or 65LA (trusts to be dissolved) of the 2006 Act,

37.2.2 a copy of any report laid under section 65D (appointment of trust special administrator) of the 2006 Act,

37.2.3 a copy of any information published under section 65D (appointment of trust special administrator) of the 2006 Act,

37.2.4 a copy of any draft report published under section 65F (administrator's draft report) of the 2006 Act,

37.2.5 a copy of any statement provided under section 65F(administrator's draft report) of the 2006 Act,

37.2.6 a copy of any notice published under section 65F(administrator's draft report), 65G (consultation plan), 65H (consultation requirements), 65J (power to extend time), 65KA(Monitor's

decision), 65KB (Secretary of State's response to Monitor's decision), 65KC (action following Secretary of State's rejection of final report) or 65KD (Secretary of State's response to re-submitted final report) of the 2006 Act,

37.2.7 a copy of any statement published or provided under section 65G (consultation plan) of the 2006 Act,

37.2.8 a copy of any final report published under section 65I (administrator's final report),

37.2.9 a copy of any statement published under section 65J (power to extend time) or 65KC (action following Secretary of State's rejection of final report) of the 2006 Act,

37.2.10 a copy of any information published under section 65M (replacement of trust special administrator) of the 2006 Act.

37.3 Any person who requests a copy of or extract from any of the above documents is to be provided with a copy.

37.4 If the person requesting a copy or extract is not a Member, the Trust may impose a reasonable charge for doing so.

38. **Auditor**

38.1 The Trust shall have an auditor.

38.2 The Council of Governors shall appoint or remove the auditor by a majority vote at a general meeting of the Council of Governors.

39. **Audit committee**

39.1 The Trust shall maintain a statutory committee of Non-Executive Directors as an audit committee to perform such monitoring, reviewing and other functions as are appropriate.

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40. **Accounts**

40.1 The Trust must keep proper accounts and proper records in relation to the accounts.

40.2 NHS Improvement may with the approval of the Secretary of State give directions to the Trust as to the content and form of its accounts.

40.3 The accounts are to be audited by the Trust's auditor.

40.4 The Trust shall prepare in respect of each financial year annual accounts in such form as NHS Improvement may with the approval of the Secretary of State direct.

40.5 The functions of the Trust with respect to the preparation of the annual accounts shall be delegated to the Accounting Officer.

41. **Annual report, forward plans and non-NHS work**

41.1 The Trust shall prepare an annual report and send it to NHS Improvement.

41.2 The Trust shall give information as to its forward planning in respect of each financial year to NHS Improvement.

41.3 The document containing the information with respect to forward planning (referred to above) shall be prepared by the Directors.

41.4 In preparing the document, the Directors shall have regard to the views of the Council of Governors.

41.5 Each forward plan must include information about—

41.5.1 the activities other than the provision of goods and services for the purposes of the health service in England that the Trust proposes to carry on, and

41.5.2 the income it expects to receive from doing so.

41.6 Where a forward plan contains a proposal that the Trust carry on an activity of a kind mentioned in sub-paragraph 41.5.1 the Council of Governors must—

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41.6.1 determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfilment by the Trust of its principal purpose or the performance of its other functions, and

41.6.2 notify the Directors of its determination.

41.7 If the Trust proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England, the Trust may implement the proposal only if more than half of the Governors voting approve its implementation.

42. **Presentation of the annual accounts and reports to the Governors and Members**

42.1 The following documents are to be presented to the Council of Governors at a general meeting of the Council of Governors—

42.1.1 the annual accounts,

42.1.2 any report of the auditor on them, and

42.1.3 the annual report.

42.2 The documents shall also be presented to the Members at the Annual Members' Meeting by at least one Director in attendance.

42.3 The Trust may combine a meeting of the Council of Governors convened for the purposes of sub-paragraph 42.1 with the Annual Members' Meeting.

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43. **Instruments**

43.1 The Trust shall have a seal.

43.2 The seal shall not be affixed except under the authority of the Board of Directors.

44. **Amendment of the Constitution**

44.1 The Trust may make amendments of its Constitution only if—

44.1.1 more than half of the Council of Governors voting approve the amendments, and

44.1.2 more than half of the Directors voting approve the amendments.

44.2 Amendments made under paragraph 44.1 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the constitution would, as a result of the amendment, not accord with schedule 7 of the 2006 Act.

44.3 Where an amendment is made to the Constitution in relation to the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust)—

44.3.1 at least one Governor must attend the next Annual Members' Meeting and present the amendment,

44.3.2 the Trust must give the Members an opportunity to vote on whether they approve the amendment, and

44.3.3 if more than half of the Members voting approve the amendment, the amendment continues to have effect, otherwise, it ceases to have effect and the Trust must take such steps as are necessary as a result.

44.4 Amendments by the Trust of its Constitution are to be notified to NHS Improvement. For the avoidance of doubt, NHS Improvement's functions do not include a power or duty to determine whether or not the constitution, as a result of the amendments, accords with Schedule 7 of the 2006 Act.

45. **Mergers etc. and significant transactions**

45.1 The Trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the Council of Governors.

45.2 The Trust may enter into a significant transaction only if more than half of the members of the Council of Governors voting approve entering into the significant transaction.

45.3 Significant transaction is defined as investments, divestments or other transactions comprising more than 25% of the assets, income or capital of the NHS Foundation Trust, in line with NHS Improvement's Single Oversight Framework.

46. **Indemnity**

46.1 Governors and Directors who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability which is incurred in the execution or purported execution of their Board functions, save where they have acted recklessly. Any costs arising in this way will be met by the Trust and the Trust shall have the power to purchase suitable insurance or make appropriate arrangements with the National Health Service Resolution to cover such costs.

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ANNEX 1

THE PUBLIC CONSTITUENCIES

The Public Constituencies	Area of each Public Constituency (as defined by Local Authority boundaries)	Minimum Number of Members
Bristol	Bristol City Council	2271
North Somerset	North Somerset District Council	1058
South Gloucestershire	South Gloucestershire Council	1388
Rest of England and Wales	Rest of England and Wales	5

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The minimum number of members is based on 0.5% of the population in each Public Constituency as reported in the ONS 2016 based sub-national population data:

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Rest of England and Wales – fixed value at 5 members

ANNEX 2

THE STAFF CONSTITUENCIES

Classes within the Staff Constituency	Individuals Eligible for Membership of that Staff Class	Minimum Number of Members in each Staff Class
Medical and Dental Staff	Those individuals defined in paragraph 1 below.	1166
Nursing and Midwifery Staff	Those individuals defined in paragraph 2 below.	3007
Other Clinical Healthcare Staff	Those individuals defined in paragraph 3 below.	1313
Non-Clinical Healthcare Staff	Those individuals defined in paragraph 4 below.	2289

The minimum number of members is based on 75% of the headcount of the eligible workforce in each Staff Constituency as at July 2018.

1. **Medical and Dental Staff**

1.1 Members of the Staff Constituency who are fully registered persons within the meaning of the Medical Act 1983 or the Dentists Act 1984 and who are otherwise fully authorised and licensed to practise in England and Wales or who are otherwise designated by the Trust from time to time as eligible to be members of this Staff Class for the purposes of this paragraph having regard to the usual definitions applicable at that time for persons carrying on the professions of medical practitioner or dentist.

2. **Nursing and Midwifery Staff**

2.1 Members of the Staff Constituency who are registered under the Nurses, Midwifes and Health Visitors Act 1997 and who are otherwise fully authorised and licensed to practise in England and Wales or are otherwise designated by the Trust from time to time as eligible to be Members of this Staff Class for the purposes of this paragraph, having regard to the usual definitions applicable at that time for persons carrying on the profession of registered nurse or registered midwife and individuals who are health care assistants.

3. **Other Clinical Healthcare Staff**

3.1 Members of the Staff Constituency who do not come within paragraphs 1 or 2 above and are regulated by a regulatory body that falls within the remit of the Professional Standards Authority for Health and Social Care established by the NHS Reform Act 2002 (as amended by the 2012 Act), or who are otherwise designated by the Trust from time to time as eligible Members of this Staff Class for the purposes of this paragraph, having regard to the usual definitions applicable at that time for persons carrying on such professions.

4. **Non-Clinical Staff**

4.1 Members of the Staff Constituency, who do not come within paragraphs 1, 2 or 3 above and are designated by the Trust from time to time as eligible to be a

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Member of this Staff Class.

5. **Honorary contract holders**

5.1 Those individuals who are Members of the Staff Constituency pursuant to paragraph 8.2 of this constitution (academic staff under an honorary contract with the Trust) shall be members of a Staff Class detailed in paragraphs 1, 2 and 3 above as appropriate.

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6. **Continuous Employment**

6.1 For the purposes of paragraph 8.1.2 and 1.1 of this constitution, Chapter 1 of Part 14 of the Employment Rights Act 1996 shall apply for the purposes of determining whether an individual has been continuously employed by the Trust or has continuously exercised functions for the purposes of the Trust.

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7. **Exercise of Functions**

7.1 For the purposes of paragraph 1.1 of this constitution it shall be for the Trust in its absolute discretion to determine whether an individual exercises functions for the purposes of the Trust and whether that individual has done so continuously for a period of at least twelve months.

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ANNEX 4

COMPOSITION OF COUNCIL OF GOVERNORS

	Electing/Appointing Body	Number of Governors	Total
1.	**Public Constituencies**		
	Bristol	9	
	South Gloucestershire	3	
	North Somerset	3	
	Rest of England and Wales	2	17
2.	**Staff Constituency**		
	Medical and Dental Staff Class	1	
	Nursing and Midwifery Staff Class	2	
	Other Clinical Healthcare Staff Class	1	
	Non-Clinical Healthcare Staff Class	2	**6**
4.	**Appointed Governors**		
	Local Authority		
	Bristol City Council	1	
	Universities		
	University of Bristol	1	
	University of West of England	1	
	Partnership Organisations		
	Joint Union Committee	1	
	University Hospitals Bristol NHS Foundation Trust Youth Involvement Group	2	6
	Total Number of Governors		29

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THE PATIENTS AND CARERS CONSTITUENCY¶
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Classes within the Patients and Carers Constituency ...

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Avon and Wiltshire Mental Health Partnership NHS Trust ...

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1. **Appointed Governors**

1.1 Each appointing body shall be entitled to appoint a Governor or Governors (as set out in the table above) in accordance with a process of appointment agreed by it with the Trust. The absence of any such agreed process of appointment shall not prevent an appointing body from appointing it Governor(s).

1.2 If Bristol City Council declines or fails to appoint a Governor within three months of

being requested to do so by the Trust, the Trust shall consult North Somerset District Council and South Gloucestershire Council and the Trust shall invite one of those local authorities to appoint a Governor in substitution for Bristol City Council.

1.3 At the end of the term of appointment of that Governor the Trust shall in its absolute discretion decide whether to permit Bristol City Council to appoint a Governor for the next period of office (provided it remains eligible to do so) or to invite the local authority which had appointed a Governor in substitution to do so.

ANNEX 5

THE ELECTION RULES

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PART 1: INTERPRETATION

1. Interpretation

PART 2: TIMETABLE FOR ELECTION

2. Timetable
3. Computation of time

PART 3: RETURNING OFFICER

4. Returning officer
5. Staff
6. Expenditure
7. Duty of co-operation

PART 4: STAGES COMMON TO CONTESTED AND UNCONTESTED ELECTIONS

8. Notice of election
9. Nomination of candidates
10. Candidate's particulars
11. Declaration of interests
12. Declaration of eligibility
13. Signature of candidate
14. Decisions as to validity of nomination forms
15. Publication of statement of nominated candidates
16. Inspection of statement of nominated candidates and nomination forms
17. Withdrawal of candidates
18. Method of election

PART 5: CONTESTED ELECTIONS

19. Poll to be taken by ballot
20. The ballot paper
21. The declaration of identity (public constituency)

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Action to be taken before the poll

22. List of eligible voters
23. Notice of poll
24. Issue of voting information by returning officer
25. Ballot paper envelope and covering envelope
26. E-voting systems

The poll

27. Eligibility to vote
28. Voting by persons who require assistance
29. Spoilt ballot papers and spoilt text message votes
30. Lost voting information
31. Issue of replacement voting information
32. ID declaration form for replacement ballot papers (public constituencies)

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33 Procedure for remote voting by internet
34. Procedure for remote voting by telephone
35. Procedure for remote voting by text message

Procedure for receipt of envelopes, internet votes, telephone vote and text message votes

36. Receipt of voting documents
37. Validity of votes
38. Declaration of identity but no ballot (public constituency)
39. De-duplication of votes
40. Sealing of packets

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PART 6: COUNTING THE VOTES

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42. Arrangements for counting of the votes
43. The count
STV44. Rejected ballot papers and rejected text voting records
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STV49. Exclusion of candidates
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55. Delivery of documents
56. Forwarding of documents received after close of the poll
57. Retention and public inspection of documents
58. Application for inspection of certain documents relating to election

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60. Election expenses
61. Expenses and payments by candidates
62. Expenses incurred by other persons

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63. Publicity about election by the corporation
64. Information about candidates for inclusion with voting information
65. Meaning of “for the purposes of an election”

PART 11: QUESTIONING ELECTIONS AND IRREGULARITIES

66. Application to question an election

PART 12: MISCELLANEOUS

67. Secrecy
68. Prohibition of disclosure of vote
69. Disqualification
70. Delay in postal service through industrial action or unforeseen event

PART 1: INTERPRETATION

1. Interpretation

1.1 In these rules, unless the context otherwise requires:

"*2006 Act*" means the National Health Service Act 2006;

"*corporation*" means the public benefit corporation subject to this constitution;

"*council of governors*" means the council of governors of the corporation;

"*declaration of identity*" has the meaning set out in rule 21.1;

"*election*" means an election by a constituency, or by a class within a constituency, to fill a vacancy among one or more posts on the council of governors;

"*e-voting*" means voting using either the internet, telephone or text message;

"*e-voting information*" has the meaning set out in rule 24.2;

"*ID declaration form*" has the meaning set out in Rule 21.1; "internet voting record" has the meaning set out in rule 26.4(d);

"*internet voting system*" means such computer hardware and software, data other equipment and services as may be provided by the returning officer for the purpose of enabling voters to cast their votes using the internet;

"*lead governor*" means the governor nominated by the corporation to fulfil the role described in Appendix B to The NHS Foundation Trust Code of Governance (Monitor, December 2013) or any later version of such code.

"*list of eligible voters*" means the list referred to in rule 22.1, containing the information in rule 22.2;

"*method of polling*" means a method of casting a vote in a poll, which may be by post, internet, text message or telephone;

"*NHS Improvement (Monitor)*" m*eans the corporate body known as Monitor as provided by section 61 of the 2012 Act. From 1 April 2016, Monitor is now part of NHS Improvement and therefore references to Monitor have now been replaced, where appropriate, by NHS Improvement*;

"*numerical voting code*" has the meaning set out in rule 64.2(b)

"*polling website*" has the meaning set out in rule 26.1;

"*postal voting information*" has the meaning set out in rule 24.1;

"***telephone short code****"* means a short telephone number used for the purposes of submitting a vote by text message;

"*telephone voting facility*" has the meaning set out in rule 26.2;

"*telephone voting record*" has the meaning set out in rule 26.5 (d);

"*text message voting facility*" has the meaning set out in rule 26.3;

"*text voting record*" has the meaning set out in rule 26.6 (d);

"*the telephone voting system*" means such telephone voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by telephone;

"*the text message voting system*" means such text messaging voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by text message;

"*voter ID number*" means a unique, randomly generated numeric identifier allocated to each voter by the Returning Officer for the purpose of e-voting,

"*voting information*" means postal voting information and/or e-voting information

1.2 Other expressions used in these rules and in Schedule 7 to the NHS Act 2006 have the same meaning in these rules as in that Schedule.

PART 2: TIMETABLE FOR ELECTIONS

2. Timetable

2.1 The proceedings at an election shall be conducted in accordance with the following timetable:

Proceeding	Time
Publication of notice of election	Not later than the fortieth day before the day of the close of the poll.
Final day for delivery of nomination forms to returning officer	Not later than the twenty eighth day before the day of the close of the poll.
Publication of statement of nominated candidates	Not later than the twenty seventh day before the day of the close of the poll.
Final day for delivery of notices of withdrawals by candidates from election	Not later than twenty fifth day before the day of the close of the poll.
Notice of the poll	Not later than the fifteenth day before the day of the close of the poll.
Close of the poll	By 5.00pm on the final day of the election.

3. Computation of time

3.1 In computing any period of time for the purposes of the timetable:

(a) a Saturday or Sunday;

(b) Christmas day, Good Friday, or a bank holiday, or

(c) a day appointed for public thanksgiving or mourning,

shall be disregarded, and any such day shall not be treated as a day for the purpose of any proceedings up to the completion of the poll, nor shall the returning officer be obliged to proceed with the counting of votes on such a day.

3.2 In this rule, “bank holiday” means a day which is a bank holiday under the Banking and Financial Dealings Act 1971 in England and Wales.

4. Returning Officer

4.1 Subject to rule 69, the returning officer for an election is to be appointed by the corporation.

4.2 Where two or more elections are to be held concurrently, the same returning officer may be appointed for all those elections.

5. Staff

5.1 Subject to rule 69, the returning officer may appoint and pay such staff, including such technical advisers, as he or she considers necessary for the purposes of the election.

6. Expenditure

6.1 The corporation is to pay the returning officer:

(a) any expenses incurred by that officer in the exercise of his or her functions under these rules,

(b) such remuneration and other expenses as the corporation may determine.

7. Duty of co-operation

7.1 The corporation is to co-operate with the returning officer in the exercise of his or her functions under these rules.

PART 4: STAGES COMMON TO CONTESTED AND UNCONTESTED ELECTIONS

8. Notice of election

8.1 The returning officer is to publish a notice of the election stating:

(a) the constituency, or class within a constituency, for which the election is being held,

(b) the number of members of the council of governors to be elected from that constituency, or class within that constituency,

(c) the details of any nomination committee that has been established by the corporation,

(d) the address and times at which nomination forms may be obtained;

(e) the address for return of nomination forms (including, where the return of nomination forms in an electronic format will be permitted, the e-mail address for such return) and the date and time by which they must be received by the returning officer,

(f) the date and time by which any notice of withdrawal must be received by the returning officer

(g) the contact details of the returning officer

(h) the date and time of the close of the poll in the event of a contest.

9. Nomination of candidates

9.1 Subject to rule 9.2, each candidate must nominate themselves on a single nomination form.

9.2 The returning officer:

(a) is to supply any member of the corporation with a nomination form, and

(b) is to prepare a nomination form for signature at the request of any member of the corporation,

but it is not necessary for a nomination to be on a form supplied by the returning officer and a nomination can, subject to rule 13, be in an electronic format.

10. Candidate's particulars

10.1 The nomination form must state the candidate's:

(a) full name,

(b) contact address in full (which should be a postal address although an e-mail address may also be provided for the purposes of electronic communication), and

(c) constituency, or class within a constituency, of which the candidate is a member.

11. Declaration of interests

11.1 The nomination form must state:

(a) any financial interest that the candidate has in the corporation, and

(b) whether the candidate is a member of a political party, and if so, which

party,

and if the candidate has no such interests, the paper must include a statement to that effect.

12. Declaration of eligibility

12.1 The nomination form must include a declaration made by the candidate:

(a) that he or she is not prevented from being a member of the council of governors by paragraph 8 of Schedule 7 of the 2006 Act or by any provision of the constitution; and,

(b) for a member of the public constituency, of the particulars of his or her qualification to vote as a member of that constituency, or class within that constituency, for which the election is being held.

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13. Signature of candidate

13.1 The nomination form must be signed and dated by the candidate, in a manner prescribed by the returning officer, indicating that:

(a) they wish to stand as a candidate,

(b) their declaration of interests as required under rule 11, is true and correct, and

(c) their declaration of eligibility, as required under rule 12, is true and correct.

13.2 Where the return of nomination forms in an electronic format is permitted, the returning officer shall specify the particular signature formalities (if any) that will need to be complied with by the candidate.

14. Decisions as to the validity of nomination

14.1 Where a nomination form is received by the returning officer in accordance with these rules, the candidate is deemed to stand for election unless and until the returning officer:

(a) decides that the candidate is not eligible to stand,

(b) decides that the nomination form is invalid,

(c) receives satisfactory proof that the candidate has died, or

(d) receives a written request by the candidate of their withdrawal from candidacy.

14.2 The returning officer is entitled to decide that a nomination form is invalid only on one of the following grounds:

(a) that the paper is not received on or before the final time and date for return of nomination forms, as specified in the notice of the election,

(b) that the paper does not contain the candidate's particulars, as required by rule 10;

(c) that the paper does not contain a declaration of the interests of the candidate, as required by rule 11,

(d) that the paper does not include a declaration of eligibility as required by rule 12, or

(e) that the paper is not signed and dated by the candidate, if required by rule

13.

14.3 The returning officer is to examine each nomination form as soon as is practicable after he or she has received it, and decide whether the candidate has been validly nominated.

14.4 Where the returning officer decides that a nomination is invalid, the returning officer must endorse this on the nomination form, stating the reasons for their decision.

14.5 The returning officer is to send notice of the decision as to whether a nomination is valid or invalid to the candidate at the contact address given in the candidate's nomination form. If an e-mail address has been given in the candidate's nomination form (in addition to the candidate's postal address), the returning officer may send notice of the decision to that address.

15. Publication of statement of candidates

15.1 The returning officer is to prepare and publish a statement showing the candidates who are standing for election.

15.2 The statement must show:

(a) the name, contact address (which shall be the candidate's postal address), and constituency or class within a constituency of each candidate standing, and

(b) the declared interests of each candidate standing,

as given in their nomination form.

15.3 The statement must list the candidates standing for election in alphabetical order by surname.

15.4 The returning officer must send a copy of the statement of candidates and copies of the nomination forms to the corporation as soon as is practicable after publishing the statement.

16. Inspection of statement of nominated candidates and nomination forms

16.1 The corporation is to make the statement of the candidates and the nomination forms supplied by the returning officer under rule 15.4 available for inspection by members of the corporation free of charge at all reasonable times.

16.2 If a member of the corporation requests a copy or extract of the statement of candidates or their nomination forms, the corporation is to provide that member with the copy or extract free of charge.

17. Withdrawal of candidates

17.1 A candidate may withdraw from election on or before the date and time for withdrawal by candidates, by providing to the returning officer a written notice of withdrawal which is signed by the candidate and attested by a witness.

18. Method of election

18.1 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is greater than the number of members to be elected to the council of governors, a poll is to be taken in accordance with Parts 5

and 6 of these rules.

18.2 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is equal to the number of members to be elected to the council of governors, those candidates are to be declared elected in accordance with Part 7 of these rules.

18.3 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is less than the number of members to be elected to be council of governors, then:

(a) the candidates who remain validly nominated are to be declared elected in accordance with Part 7 of these rules, and

(b) the returning officer is to order a new election to fill any vacancy which remains unfilled, on a day appointed by him or her in consultation with the corporation.

19. Poll to be taken by ballot

19.1 The votes at the poll must be given by secret ballot.

19.2 The votes are to be counted and the result of the poll determined in accordance with Part 6 of these rules.

19.3 The corporation may decide that voters within a constituency or class within a constituency, may, subject to rule 19.4, cast their votes at the poll using such different methods of polling in any combination as the corporation may determine.

19.4 The corporation may decide that voters within a constituency or class within a constituency for whom an e-mail address is included in the list of eligible voters may only cast their votes at the poll using an e-voting method of polling.

19.5 Before the corporation decides, in accordance with rule 19.3 that one or more e-voting methods of polling will be made available for the purposes of the poll, the corporation must satisfy itself that:

(a) if internet voting is to be a method of polling, the internet voting system to be used for the purpose of the election is:

(i) configured in accordance with these rules; and

(ii) will create an accurate internet voting record in respect of any voter who casts his or her vote using the internet voting system;

(b) if telephone voting to be a method of polling, the telephone voting system to be used for the purpose of the election is:

(i) configured in accordance with these rules; and

(ii) will create an accurate telephone voting record in respect of any voter who casts his or her vote using the telephone voting system;

(c) if text message voting is to be a method of polling, the text message voting system to be used for the purpose of the election is:

(i) configured in accordance with these rules; and

(ii) will create an accurate text voting record in respect of any voter who casts his or her vote using the text message voting system.

20. The ballot paper

20.1 The ballot of each voter (other than a voter who casts his or her ballot by an e-voting method of polling) is to consist of a ballot paper with the persons remaining validly nominated for an election after any withdrawals under these rules, and no others, inserted in the paper.

20.2 Every ballot paper must specify:

(a) the name of the corporation,

(b) the constituency, or class within a constituency, for which the election is being held,

(c) the number of members of the council of governors to be elected from that constituency, or class within that constituency,

(d) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,

(e) instructions on how to vote by all available methods of polling, including the relevant voter's voter ID number if one or more e-voting methods of polling are available,

(f) if the ballot paper is to be returned by post, the address for its return and the date and time of the close of the poll, and

(g) the contact details of the returning officer.

20.3 Each ballot paper must have a unique identifier.

20.4 Each ballot paper must have features incorporated into it to prevent it from being reproduced.

21. The declaration of identity (public constituency)

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21.1 The corporation shall require each voter who participates in an election for a public constituency to make a declaration confirming:

(a) that the voter is the person:

(i) to whom the ballot paper was addressed, and/or

(ii) to whom the voter ID number contained within the e-voting information was allocated,

(b) that he or she has not marked or returned any other voting information in the election, and

(c) the particulars of his or her qualification to vote as a member of the constituency or class within the constituency for which the election is being held,

("declaration of identity")

and the corporation shall make such arrangements as it considers appropriate to facilitate the making and the return of a declaration of identity by each voter, whether by the completion of a paper form ("ID declaration form") or the use of an electronic method.

21.2 The voter must be required to return his or her declaration of identity with his or her ballot.

21.3 The voting information shall caution the voter that if the declaration of identity is not duly returned or is returned without having been made correctly, any vote cast by the voter may be declared invalid.

Action to be taken before the poll

22. List of eligible voters

22.1 The corporation is to provide the returning officer with a list of the members of the constituency or class within a constituency for which the election is being held who are eligible to vote by virtue of rule 27 as soon as is reasonably practicable after the final date for the delivery of notices of withdrawals by candidates from an election.

22.2 The list is to include, for each member:

(a) a postal address; and,

(b) the member's e-mail address, if this has been provided

to which his or her voting information may, subject to rule 22.3, be sent.

22.3 The corporation may decide that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list.

23. Notice of poll

23.1 The returning officer is to publish a notice of the poll stating:

(a) the name of the corporation,

(b) the constituency, or class within a constituency, for which the election is being held,

(c) the number of members of the council of governors to be elected from that constituency, or class with that constituency,

(d) the names, contact addresses, and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,

(e) that the ballot papers for the election are to be issued and returned, if appropriate, by post,

(f) the methods of polling by which votes may be cast at the election by voters in a constituency or class within a constituency, as determined by the corporation in accordance with rule 19.3,

(g) the address for return of the ballot papers,

(h) the uniform resource locator (url) where, if internet voting is a method of polling, the polling website is located;

(i) the telephone number where, if telephone voting is a method of polling, the telephone voting facility is located,

(j) the telephone number or telephone short code where, if text message voting is a method of polling, the text message voting facility is located,

(k) the date and time of the close of the poll,

(l) the address and final dates for applications for replacement voting information, and

(m) the contact details of the returning officer.

24. Issue of voting information by returning officer

24.1 Subject to rule 24.3, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following

information by post to each member of the corporation named in the list of eligible voters:

(a) a ballot paper and ballot paper envelope,

(b) the ID declaration form (if required),

(c) information about each candidate standing for election, pursuant to rule 61 of these rules, and

(d) a covering envelope;

("postal voting information").

24.2 Subject to rules 24.3 and 24.4, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following information by e-mail and/ or by post to each member of the corporation named in the list of eligible voters whom the corporation determines in accordance with rule 19.3 and/ or rule 19.4 may cast his or her vote by an e-voting method of polling:

(a) instructions on how to vote and how to make a declaration of identity (if required),

(b) the voter's voter ID number,

(c) information about each candidate standing for election, pursuant to rule 64 of these rules, or details of where this information is readily available on the internet or available in such other formats as the Returning Officer thinks appropriate, (d) contact details of the returning officer,

("e-voting information").

24.3 The corporation may determine that any member of the corporation shall:

(a) only be sent postal voting information; or

(b) only be sent e-voting information; or

(c) be sent both postal voting information and e-voting information;

for the purposes of the poll.

24.4 If the corporation determines, in accordance with rule 22.3, that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list, then the returning officer shall only send that information by e-mail.

24.5 The voting information is to be sent to the postal address and/ or e-mail address for each member, as specified in the list of eligible voters.

25. Ballot paper envelope and covering envelope

25.1 The ballot paper envelope must have clear instructions to the voter printed on it, instructing the voter to seal the ballot paper inside the envelope once the ballot paper has been marked.

25.2 The covering envelope is to have:

(a) the address for return of the ballot paper printed on it, and

(b) pre-paid postage for return to that address.

25.3 There should be clear instructions, either printed on the covering envelope or

elsewhere, instructing the voter to seal the following documents inside the covering envelope and return it to the returning officer –

(a) the completed ID declaration form if required, and

(b) the ballot paper envelope, with the ballot paper sealed inside it.

26. E-voting systems

26.1 If internet voting is a method of polling for the relevant election then the returning officer must provide a website for the purpose of voting over the internet (in these rules referred to as "the polling website").

26.2 If telephone voting is a method of polling for the relevant election then the returning officer must provide an automated telephone system for the purpose of voting by the use of a touch-tone telephone (in these rules referred to as "the telephone voting facility").

26.3 If text message voting is a method of polling for the relevant election then the returning officer must provide an automated text messaging system for the purpose of voting by text message (in these rules referred to as "the text message voting facility").

26.4 The returning officer shall ensure that the polling website and internet voting system provided will:

(a) require a voter to:

(i) enter his or her voter ID number; and

(ii) where the election is for a public constituency, make a declaration of identity;

in order to be able to cast his or her vote;

(b) specify:

(i) the name of the corporation,

(ii) the constituency, or class within a constituency, for which the election is being held,

(iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,

(iv) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,

(v) instructions on how to vote and how to make a declaration of identity,

(vi) the date and time of the close of the poll, and

(vii) the contact details of the returning officer;

(c) prevent a voter from voting for more candidates than he or she is entitled to at the election;

(d) create a record ("internet voting record") that is stored in the internet voting system in respect of each vote cast by a voter using the internet that

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comprises of-

(i) the voter's voter ID number;

(ii) the voter's declaration of identity (where required);

(iii) the candidate or candidates for whom the voter has voted; and

(iv) the date and time of the voter's vote,

(e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this; and

(f) prevent any voter from voting after the close of poll.

26.5 The returning officer shall ensure that the telephone voting facility and telephone voting system provided will:

(a) require a voter to

(i) enter his or her voter ID number in order to be able to cast his or her vote; and

(ii) where the election is for a public constituency, make a declaration of identity;

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(b) specify:

(i) the name of the corporation,

(ii) the constituency, or class within a constituency, for which the election is being held,

(iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,

(iv) instructions on how to vote and how to make a declaration of identity,

(v) the date and time of the close of the poll, and

(vi) the contact details of the returning officer;

(c) prevent a voter from voting for more candidates than he or she is entitled to at the election;

(d) create a record ("telephone voting record") that is stored in the telephone voting system in respect of each vote cast by a voter using the telephone that comprises of:

(i) the voter's voter ID number;

(ii) the voter's declaration of identity (where required);

(iii) the candidate or candidates for whom the voter has voted; and

(iv) the date and time of the voter's vote

(e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;

(f) prevent any voter from voting after the close of poll.

26.6 The returning officer shall ensure that the text message voting facility and text messaging voting system provided will:

(a) require a voter to:

(i) provide his or her voter ID number; and

(ii) where the election is for a public constituency, make a declaration of identity;

in order to be able to cast his or her vote;

(b) prevent a voter from voting for more candidates than he or she is entitled to at the election;

(d) create a record ("text voting record") that is stored in the text messaging voting system in respect of each vote cast by a voter by text message that comprises of:

(i) the voter's voter ID number;

(ii) the voter's declaration of identity (where required);

(ii) the candidate or candidates for whom the voter has voted; and

(iii) the date and time of the voter's vote

(e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;

(f) prevent any voter from voting after the close of poll.

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The poll

27. Eligibility to vote

27.1 An individual, aged 16 or over, who becomes a member of the corporation on or before the closing date for the receipt of nominations by candidates for the election, is eligible to vote in that election.

28. Voting by persons who require assistance

28.1 The returning officer is to put in place arrangements to enable requests for assistance to vote to be made.

28.2 Where the returning officer receives a request from a voter who requires assistance to vote, the returning officer is to make such arrangements as he or she considers necessary to enable that voter to vote.

29. Spoilt ballot papers and spoilt text message votes

29.1 If a voter has dealt with his or her ballot paper in such a manner that it cannot be accepted as a ballot paper (referred to as a "spoilt ballot paper"), that voter may apply to the returning officer for a replacement ballot paper.

29.2 On receiving an application, the returning officer is to obtain the details of the unique identifier on the spoilt ballot paper, if he or she can obtain it.

29.3 The returning officer may not issue a replacement ballot paper for a spoilt ballot paper unless he or she:

(a) is satisfied as to the voter's identity; and

(b) has ensured that the completed ID declaration form, if required, has not been returned.

29.4 After issuing a replacement ballot paper for a spoilt ballot paper, the returning officer shall enter in a list ("the list of spoilt ballot papers"):

(a) the name of the voter, and

(b) the details of the unique identifier of the spoilt ballot paper (if that officer was able to obtain it), and

(c) the details of the unique identifier of the replacement ballot paper.

29.5 If a voter has dealt with his or her text message vote in such a manner that it cannot be accepted as a vote (referred to as a "spoilt text message vote"), that voter may apply to the returning officer for a replacement voter ID number.

29.6 On receiving an application, the returning officer is to obtain the details of the voter ID number on the spoilt text message vote, if he or she can obtain it.

29.7 The returning officer may not issue a replacement voter ID number in respect of a spoilt text message vote unless he or she is satisfied as to the voter's identity.

29.8 After issuing a replacement voter ID number in respect of a spoilt text message vote, the returning officer shall enter in a list ("the list of spoilt text message votes"):

(a) the name of the voter, and

(b) the details of the voter ID number on the spoilt text message vote (if that officer was able to obtain it), and

(c) the details of the replacement voter ID number issued to the voter.

30. Lost voting information

30.1 Where a voter has not received his or her voting information by the tenth day before the close of the poll, that voter may apply to the returning officer for replacement voting information.

30.2 The returning officer may not issue replacement voting information in respect of lost voting information unless he or she:

(a) is satisfied as to the voter's identity,

(b) has no reason to doubt that the voter did not receive the original voting information,

(c) has ensured that no declaration of identity, if required, has been returned.

30.3 After issuing replacement voting information in respect of lost voting information, the returning officer shall enter in a list ("the list of lost ballot documents"):

(a) the name of the voter

(b) the details of the unique identifier of the replacement ballot paper, if applicable, and

(c) the voter ID number of the voter.

31. Issue of replacement voting information

31.1 If a person applies for replacement voting information under rule 29 or 30 and a declaration of identity has already been received by the returning officer in the name of that voter, the returning officer may not issue replacement voting information unless, in addition to the requirements imposed by rule 29.3 or 30.2, he or she is also satisfied that that person has not already voted in the election, notwithstanding the fact that a declaration of identity if required has already been

received by the returning officer in the name of that voter.

31.2 After issuing replacement voting information under this rule, the returning officer shall enter in a list ("the list of tendered voting information"):

(a) the name of the voter,

(b) the unique identifier of any replacement ballot paper issued under this rule;

(c) the voter ID number of the voter.

32. ID declaration form for replacement ballot papers (public constituency)

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32.1 In respect of an election for a public constituency an ID declaration form must be issued with each replacement ballot paper requiring the voter to make a declaration of identity.

Polling by internet, telephone or text

33. Procedure for remote voting by internet

33.1 To cast his or her vote using the internet, a voter will need to gain access to the polling website by keying in the url of the polling website provided in the voting information.

33.2 When prompted to do so, the voter will need to enter his or her voter ID number.

33.3 If the internet voting system authenticates the voter ID number, the system will give the voter access to the polling website for the election in which the voter is eligible to vote.

33.4 To cast his or her vote, the voter will need to key in a mark on the screen opposite the particulars of the candidate or candidates for whom he or she wishes to cast his or her vote.

33.5 The voter will not be able to access the internet voting system for an election once his or her vote at that election has been cast.

34. Voting procedure for remote voting by telephone

34.1 To cast his or her vote by telephone, the voter will need to gain access to the telephone voting facility by calling the designated telephone number provided in the voter information using a telephone with a touch-tone keypad.

34.2 When prompted to do so, the voter will need to enter his or her voter ID number using the keypad.

34.3 If the telephone voting facility authenticates the voter ID number, the voter will be prompted to vote in the election.

34.4 When prompted to do so the voter may then cast his or her vote by keying in the numerical voting code of the candidate or candidates, for whom he or she wishes to vote.

34.5 The voter will not be able to access the telephone voting facility for an election once his or her vote at that election has been cast.

35. Voting procedure for remote voting by text message

35.1 To cast his or her vote by text message the voter will need to gain access to the text message voting facility by sending a text message to the designated

telephone number or telephone short code provided in the voter information.

35.2 The text message sent by the voter must contain his or her voter ID number and the numerical voting code for the candidate or candidates, for whom he or she wishes to vote.

35.3 The text message sent by the voter will need to be structured in accordance with the instructions on how to vote contained in the voter information, otherwise the vote will not be cast.

Procedure for receipt of envelopes, internet votes, telephone votes and text message votes

36. Receipt of voting documents

36.1 Where the returning officer receives:

(a) a covering envelope, or

(b) any other envelope containing an ID declaration form if required, a ballot paper envelope, or a ballot paper,

before the close of the poll, that officer is to open it as soon as is practicable; and rules 37 and 38 are to apply.

36.2 The returning officer may open any covering envelope or any ballot paper envelope for the purposes of rules 37 and 38, but must make arrangements to ensure that no person obtains or communicates information as to:

(a) the candidate for whom a voter has voted, or

(b) the unique identifier on a ballot paper.

36.3 The returning officer must make arrangements to ensure the safety and security of the ballot papers and other documents.

37. Validity of votes

37.1 A ballot paper shall not be taken to be duly returned unless the returning officer is satisfied that it has been received by the returning officer before the close of the poll, with an ID declaration form if required that has been correctly completed, signed and dated.

37.2 Where the returning officer is satisfied that rule 37.1 has been fulfilled, he or she is to:

(a) put the ID declaration form if required in a separate packet, and

(b) put the ballot paper aside for counting after the close of the poll.

37.3 Where the returning officer is not satisfied that rule 37.1 has been fulfilled, he or she is to:

(a) mark the ballot paper “disqualified”,

(b) if there is an ID declaration form accompanying the ballot paper, mark it “disqualified” and attach it to the ballot paper,

(c) record the unique identifier on the ballot paper in a list of disqualified documents (the “list of disqualified documents”); and

(d) place the document or documents in a separate packet.

37.4 An internet, telephone or text message vote shall not be taken to be duly returned unless the returning officer is satisfied that the internet voting record, telephone voting record or text voting record (as applicable) has been received by the

returning officer before the close of the poll, with a declaration of identity if required that has been correctly made.

37.5 Where the returning officer is satisfied that rule 37.4 has been fulfilled, he or she is to put the internet voting record, telephone voting record or text voting record (as applicable) aside for counting after the close of the poll.

37.6 Where the returning officer is not satisfied that rule 37.4 has been fulfilled, he or she is to:

(a) mark the internet voting record, telephone voting record or text voting record (as applicable) "disqualified",

(b) record the voter ID number on the internet voting record, telephone voting record or text voting record (as applicable) in the list of disqualified documents; and

(c) place the document or documents in a separate packet.

38. Declaration of identity but no ballot paper (public constituency)[2]

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38.1 Where the returning officer receives an ID declaration form if required but no ballot paper, the returning officer is to:

(a) mark the ID declaration form "disqualified",

(b) record the name of the voter in the list of disqualified documents, indicating that a declaration of identity was received from the voter without a ballot paper, and

(c) place the ID declaration form in a separate packet.

39. De-duplication of votes

39.1 Where different methods of polling are being used in an election, the returning officer shall examine all votes cast to ascertain if a voter ID number has been used more than once to cast a vote in the election.

39.2 If the returning officer ascertains that a voter ID number has been used more than once to cast a vote in the election he or she shall:

(a) only accept as duly returned the first vote received that was cast using the relevant voter ID number; and

(b) mark as "disqualified" all other votes that were cast using the relevant voter ID number

39.3 Where a ballot paper is disqualified under this rule the returning officer shall:

(a) mark the ballot paper "disqualified",

(b) if there is an ID declaration form accompanying the ballot paper, mark it "disqualified" and attach it to the ballot paper,

(c) record the unique identifier and the voter ID number on the ballot paper in the list of disqualified documents;

(d) place the document or documents in a separate packet; and

(e) disregard the ballot paper when counting the votes in accordance with these rules.

[2] It should not be possible, technically, to make a declaration of identity electronically without also submitting a vote.

39.4 Where an internet voting record, telephone voting record or text voting record is disqualified under this rule the returning officer shall:

(a) mark the internet voting record, telephone voting record or text voting record (as applicable) “disqualified”,

(b) record the voter ID number on the internet voting record, telephone voting record or text voting record (as applicable) in the list of disqualified documents;

(c) place the internet voting record, telephone voting record or text voting record (as applicable) in a separate packet, and

(d) disregard the internet voting record, telephone voting record or text voting record (as applicable) when counting the votes in accordance with these rules.

40. Sealing of packets

40.1 As soon as is possible after the close of the poll and after the completion of the procedure under rules 37 and 38, the returning officer is to seal the packets containing:

(a) the disqualified documents, together with the list of disqualified documents inside it,

(b) the ID declaration forms, if required,

(c) the list of spoilt ballot papers and the list of spoilt text message votes,

(d) the list of lost ballot documents,

(e) the list of eligible voters, and

(f) the list of tendered voting information

and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

STV41. Interpretation of Part 6

STV41.1 In Part 6 of these rules:

"*ballot document*" means a ballot paper, internet voting record, telephone voting record or text voting record.

"*continuing candidate*" means any candidate not deemed to be elected, and not excluded,

"*count*" means all the operations involved in counting of the first preferences recorded for candidates, the transfer of the surpluses of elected candidates, and the transfer of the votes of the excluded candidates,

"*deemed to be elected*" means deemed to be elected for the purposes of counting of votes but without prejudice to the declaration of the result of the poll,

"*mark*" means a figure, an identifiable written word, or a mark such as "X",

"*non-transferable vote*" means a ballot document:

(a) on which no second or subsequent preference is recorded for a continuing candidate,

or

(b) which is excluded by the returning officer under rule STV49,

"*preference*" as used in the following contexts has the meaning assigned below:

(a) "first preference" means the figure "1" or any mark or word which clearly indicates a first (or only) preference,

(b) "next available preference" means a preference which is the second, or as the case may be, subsequent preference recorded in consecutive order for a continuing candidate (any candidate who is deemed to be elected or is excluded thereby being ignored); and

(c) in this context, a "second preference" is shown by the figure "2" or any mark or word which clearly indicates a second preference, and a third preference by the figure "3" or any mark or word which clearly indicates a third preference, and so on,

"*quota*" means the number calculated in accordance with rule STV46,

"*surplus*" means the number of votes by which the total number of votes for any candidate (whether first preference or transferred votes, or a combination of both) exceeds the quota; but references in these rules to the transfer of the surplus means the transfer (at a transfer value) of all transferable ballot documents from the candidate who has the surplus,
"*stage of the count*" means:

(a) the determination of the first preference vote of each candidate,
(b) the transfer of a surplus of a candidate deemed to be elected, or
(c) the exclusion of one or more candidates at any given time,

"*transferable vote*" means a ballot document on which, following a first preference, a second or subsequent preference is recorded in consecutive numerical order for a continuing candidate,

"*transferred vote*" means a vote derived from a ballot document on which a second or subsequent preference is recorded for the candidate to whom that ballot document has been transferred, and

"*transfer value*" means the value of a transferred vote calculated in accordance with rules STV47.4 or STV47.7.

42. Arrangements for counting of the votes

42.1 The returning officer is to make arrangements for counting the votes as soon as is practicable after the close of the poll.

42.2 The returning officer may make arrangements for any votes to be counted using vote counting software where:

(a) the board of directors and the council of governors of the corporation have approved:

(i) the use of such software for the purpose of counting votes in the relevant election, and

(ii) a policy governing the use of such software, and

(b) the corporation and the returning officer are satisfied that the use of such software will produce an accurate result.

43. The count

43.1 The returning officer is to:

(a) count and record the number of:

(iii) ballot papers that have been returned; and

(iv) the number of internet voting records, telephone voting records and/or text voting records that have been created, and

(b) count the votes according to the provisions in this Part of the rules and/or the provisions of any policy approved pursuant to rule 42.2(ii) where vote counting software is being used.

43.2 The returning officer, while counting and recording the number of ballot papers, internet voting records, telephone voting records and/or text voting records and counting the votes, must make arrangements to ensure that no person obtains or communicates information as to the unique identifier on a ballot paper or the voter ID number on an internet voting record, telephone voting record or text voting record.

43.3 The returning officer is to proceed continuously with counting the votes as far as is practicable.

STV44. Rejected ballot papers and rejected text voting records

STV44.1 Any ballot paper:

(a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,

(b) on which the figure “1” standing alone is not placed so as to indicate a first preference for any candidate,

(c) on which anything is written or marked by which the voter can be identified except the unique identifier, or

(d) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the ballot paper shall not be rejected by reason only of carrying the words “one”, “two”, “three” and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

STV44.2 The returning officer is to endorse the word “rejected” on any ballot paper which under this rule is not to be counted.

STV44.3 Any text voting record:

(a) on which the figure “1” standing alone is not placed so as to indicate a first preference for any candidate,

(b) on which anything is written or marked by which the voter can be identified except the unique identifier, or

(c) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the text voting record shall not be rejected by reason only of carrying the words “one”, “two”, “three” and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

STV44.4 The returning officer is to endorse the word “rejected” on any text voting record which under this rule is not to be counted.

STV44.5 The returning officer is to draw up a statement showing the number of ballot papers rejected by him or her under each of the subparagraphs (a) to (d) of rule STV44.1 and the number of text voting records rejected by him or her under each of the sub-paragraphs (a) to (c) of rule STV44.3.

FPP44. Rejected ballot papers and rejected text voting records

FPP44.1 Any ballot paper:

(a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,

(b) on which votes are given for more candidates than the voter is entitled to vote,

(c) on which anything is written or marked by which the voter can be identified except the unique identifier, or

(d) which is unmarked or rejected because of uncertainty,

shall, subject to rules FPP44.2 and FPP44.3, be rejected and not counted.

FPP44.2 Where the voter is entitled to vote for more than one candidate, a ballot paper is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.

FPP44.3 A ballot paper on which a vote is marked:

(a) elsewhere than in the proper place,

(b) otherwise than by means of a clear mark,

(c) by more than one mark,

is not to be rejected for such reason (either wholly or in respect of that vote) if an intention that the vote shall be for one or other of the candidates clearly appears, and the way the paper is marked does not itself identify the voter and it is not shown that he or she can be identified by it.

FPP44.4 The returning officer is to:

(a) endorse the word "rejected" on any ballot paper which under this rule is not to be counted, and

(b) in the case of a ballot paper on which any vote is counted under rules FPP44.2 and FPP 44.3, endorse the words "rejected in part" on the ballot paper and indicate which vote or votes have been counted.

FPP44.5 The returning officer is to draw up a statement showing the number of rejected ballot papers under the following headings:

(a) does not bear proper features that have been incorporated into the ballot paper,

(b) voting for more candidates than the voter is entitled to,

(c) writing or mark by which voter could be identified, and

(d) unmarked or rejected because of uncertainty,

and, where applicable, each heading must record the number of ballot papers rejected in part.

FPP44.6 Any text voting record:

(a) on which votes are given for more candidates than the voter is entitled to vote,

(b) on which anything is written or marked by which the voter can be identified except the voter ID number, or

(c) which is unmarked or rejected because of uncertainty,

shall, subject to rules FPP44.7 and FPP44.8, be rejected and not counted.

FPP44.7 Where the voter is entitled to vote for more than one candidate, a text voting record is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.

FPP448 A text voting record on which a vote is marked:

(a) otherwise than by means of a clear mark,

(b) by more than one mark,

is not to be rejected for such reason (either wholly or in respect of that vote) if an intention that the vote shall be for one or other of the candidates clearly appears, and the way the text voting record is marked does not itself identify the voter and it is not shown that he or she can be identified by it.

FPP44.9 The returning officer is to:

(a) endorse the word "rejected" on any text voting record which under this rule is not to be counted, and

(b) in the case of a text voting record on which any vote is counted under rules

FPP44.7 and FPP 44.8, endorse the words “rejected in part” on the text voting record and indicate which vote or votes have been counted.

FPP44.10 The returning officer is to draw up a statement showing the number of rejected text voting records under the following headings:

(a) voting for more candidates than the voter is entitled to,

(b) writing or mark by which voter could be identified, and

(c) unmarked or rejected because of uncertainty,

and, where applicable, each heading must record the number of text voting records rejected in part.

STV45. First stage

STV45.1 The returning officer is to sort the ballot documents into parcels according to the candidates for whom the first preference votes are given.

STV45.2 The returning officer is to then count the number of first preference votes given on ballot documents for each candidate, and is to record those numbers.

STV45.3 The returning officer is to also ascertain and record the number of valid ballot documents.

STV46. The quota

STV46.1 The returning officer is to divide the number of valid ballot documents by a number exceeding by one the number of members to be elected.

STV46.2 The result, increased by one, of the division under rule STV46.1 (any fraction being disregarded) shall be the number of votes sufficient to secure the election of a candidate (in these rules referred to as “the quota”).

STV46.3 At any stage of the count a candidate whose total votes equals or exceeds the quota shall be deemed to be elected, except that any election where there is only one vacancy a candidate shall not be deemed to be elected until the procedure set out in rules STV47.1 to STV47.3 has been complied with.

STV47. Transfer of votes

STV47.1 Where the number of first preference votes for any candidate exceeds the quota, the returning officer is to sort all the ballot documents on which first preference votes are given for that candidate into sub- parcels so that they are grouped:

(a) according to next available preference given on those ballot documents for any continuing candidate, or

(b) where no such preference is given, as the sub-parcel of non-transferable votes.

STV47.2 The returning officer is to count the number of ballot documents in each parcel referred to in rule STV47.1.

STV47.3 The returning officer is, in accordance with this rule and rule STV48, to transfer each sub-parcel of ballot documents referred to in rule STV47.1(a) to the candidate for whom the next available preference is given on those ballot documents.

STV47.4 The vote on each ballot document transferred under rule STV47.3 shall be at a value (“the transfer value”) which:

(a) reduces the value of each vote transferred so that the total value of all such votes does not exceed the surplus, and

(b) is calculated by dividing the surplus of the candidate from whom the votes are being transferred by the total number of the ballot documents on which those votes are given, the calculation being made to two decimal places (ignoring the remainder if any).

STV47.5 Where at the end of any stage of the count involving the transfer of ballot documents, the number of votes for any candidate exceeds the quota, the returning officer is to sort the ballot documents in the sub-parcel of transferred votes which was last received by that candidate into separate sub-parcels so that they are grouped:

(a) according to the next available preference given on those ballot documents for any continuing candidate, or

(b) where no such preference is given, as the sub-parcel of non-transferable votes.

STV47.6 The returning officer is, in accordance with this rule and rule STV48, to transfer each sub-parcel of ballot documents referred to in rule STV47.5(a) to the candidate for whom the next available preference is given on those ballot documents.

STV47.7 The vote on each ballot document transferred under rule STV47.6 shall be at:

(a) a transfer value calculated as set out in rule STV47.4(b), or

(b) at the value at which that vote was received by the candidate from whom it is now being transferred,

whichever is the less.

STV47.8 Each transfer of a surplus constitutes a stage in the count.

STV47.9 Subject to rule STV47.10, the returning officer shall proceed to transfer transferable ballot documents until no candidate who is deemed to be elected has a surplus or all the vacancies have been filled.

STV47.10 Transferable ballot documents shall not be liable to be transferred where any surplus or surpluses which, at a particular stage of the count, have not already been transferred, are:

(a) less than the difference between the total vote then credited to the continuing candidate with the lowest recorded vote and the vote of the candidate with the next lowest recorded vote, or

(b) less than the difference between the total votes of the two or more continuing candidates, credited at that stage of the count with the lowest recorded total numbers of votes and the candidate next above such candidates.

STV47.11 This rule does not apply at an election where there is only one vacancy.

STV48. Supplementary provisions on transfer

STV48.1 If, at any stage of the count, two or more candidates have surpluses, the transferable ballot documents of the candidate with the highest surplus shall be transferred first, and if:

(a) The surpluses determined in respect of two or more candidates are equal, the transferable ballot documents of the candidate who had the highest recorded vote at the earliest preceding stage at which they had unequal votes shall be transferred first, and

(b) the votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between those candidates by lot, and the transferable ballot documents of the candidate on whom the lot falls shall be transferred first.

STV48.2 The returning officer shall, on each transfer of transferable ballot documents under rule STV47:

(a) record the total value of the votes transferred to each candidate,

(b) add that value to the previous total of votes recorded for each candidate and record the new total,

(c) record as non-transferable votes the difference between the surplus and the total transfer value of the transferred votes and add that difference to the previously recorded total of non-transferable votes, and

(d) compare:

(i) the total number of votes then recorded for all of the candidates, together with the total number of non-transferable votes, with

(ii) the recorded total of valid first preference votes.

STV48.3 All ballot documents transferred under rule STV47 or STV49 shall be clearly marked, either individually or as a sub-parcel, so as to indicate the transfer value recorded at that time to each vote on that ballot document or, as the case may be, all the ballot documents in that sub-parcel.

STV48.4 Where a ballot document is so marked that it is unclear to the returning officer at any stage of the count under rule STV47 or STV49 for which candidate the next preference is recorded, the returning officer shall treat any vote on that ballot document as a non-transferable vote; and votes on a ballot document shall be so treated where, for example, the names of two or more candidates (whether continuing candidates or not) are so marked that, in the opinion of the returning officer, the same order of preference is indicated or the numerical sequence is broken.

STV49. Exclusion of candidates

STV49.1 If:

(a) all transferable ballot documents which under the provisions of rule STV47 (including that rule as applied by rule STV49.11) and this rule are required to be transferred, have been transferred, and

(b) subject to rule STV50, one or more vacancies remain to be filled,

the returning officer shall exclude from the election at that stage the candidate with the then lowest vote (or, where rule STV49.12 applies, the candidates with the then lowest votes).

STV9.2 The returning officer shall sort all the ballot documents on which first preference votes are given for the candidate or candidates excluded under rule STV49.1 into two sub-parcels so that they are grouped as:

(a) ballot documents on which a next available preference is given, and

(b) ballot documents on which no such preference is given (thereby including ballot documents on which preferences are given only for candidates who

are deemed to be elected or are excluded).

STV49.3 The returning officer shall, in accordance with this rule and rule STV48, transfer each sub-parcel of ballot documents referred to in rule STV49.2 to the candidate for whom the next available preference is given on those ballot documents.

STV49.4 The exclusion of a candidate, or of two or more candidates together, constitutes a further stage of the count.

STV49.5 If, subject to rule STV50, one or more vacancies still remain to be filled, the returning officer shall then sort the transferable ballot documents, if any, which had been transferred to any candidate excluded under rule STV49.1 into sub- parcels according to their transfer value.

STV49.6 The returning officer shall transfer those ballot documents in the sub-parcel of transferable ballot documents with the highest transfer value to the continuing candidates in accordance with the next available preferences given on those ballot documents (thereby passing over candidates who are deemed to be elected or are excluded).

STV49.7 The vote on each transferable ballot document transferred under rule STV49.6 shall be at the value at which that vote was received by the candidate excluded under rule STV49.1.

STV9.8 Any ballot documents on which no next available preferences have been expressed shall be set aside as non-transferable votes.

STV49.9 After the returning officer has completed the transfer of the ballot documents in the sub-parcel of ballot documents with the highest transfer value he or she shall proceed to transfer in the same way the sub-parcel of ballot documents with the next highest value and so on until he has dealt with each sub-parcel of a candidate excluded under rule STV49.1.

STV49.10 The returning officer shall after each stage of the count completed under this rule:

(a) record:

(i) the total value of votes, or

(ii) the total transfer value of votes transferred to each candidate,

(b) add that total to the previous total of votes recorded for each candidate and record the new total,

(c) record the value of non-transferable votes and add that value to the previous non-transferable votes total, and

(d) compare:

(i) the total number of votes then recorded for each candidate together with the total number of non-transferable votes, with

(ii) the recorded total of valid first preference votes.

STV49.11 If after a transfer of votes under any provision of this rule, a candidate has a surplus, that surplus shall be dealt with in accordance with rules STV47.5 to STV47.10 and rule STV48.

STV49.12 Where the total of the votes of the two or more lowest candidates, together with any surpluses not transferred, is less than the number of votes credited to the next lowest candidate, the returning officer shall in one operation exclude such two or more candidates.

STV49.13 If when a candidate has to be excluded under this rule, two or more candidates each have the same number of votes and are lowest:

(a) regard shall be had to the total number of votes credited to those candidates at the earliest stage of the count at which they had an unequal number of votes and the candidate with the lowest number of votes at that stage shall be excluded, and

(b) where the number of votes credited to those candidates was equal at all stages, the returning officer shall decide between the candidates by lot and the candidate on whom the lot falls shall be excluded.

STV50. Filling of last vacancies

STV50.1 Where the number of continuing candidates is equal to the number of vacancies remaining unfilled the continuing candidates shall thereupon be deemed to be elected.

STV50.2 Where only one vacancy remains unfilled and the votes of any one continuing candidate are equal to or greater than the total of votes credited to other continuing candidates together with any surplus not transferred, the candidate shall thereupon be deemed to be elected.

STV50.3 Where the last vacancies can be filled under this rule, no further transfer of votes shall be made.

STV51. Order of election of candidates

STV51.1 The order in which candidates whose votes equal or exceed the quota are deemed to be elected shall be the order in which their respective surpluses were transferred, or would have been transferred but for rule STV47.10.

STV51.2 A candidate credited with a number of votes equal to, and not greater than, the quota shall, for the purposes of this rule, be regarded as having had the smallest surplus at the stage of the count at which he obtained the quota.

STV51.3 Where the surpluses of two or more candidates are equal and are not required to be transferred, regard shall be had to the total number of votes credited to such candidates at the earliest stage of the count at which they had an unequal number of votes and the surplus of the candidate who had the greatest number of votes at that stage shall be deemed to be the largest.

STV51.4 Where the number of votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between them by lot and the candidate on whom the lot falls shall be deemed to have been elected first.

FPP51. Equality of votes

FPP51.1 Where, after the counting of votes is completed, an equality of votes is found to exist between any candidates and the addition of a vote would entitle any of those candidates to be declared elected, the returning officer is to decide between those candidates by a lot, and proceed as if the candidate on whom the lot falls had received an additional vote.

FPP52. Declaration of result for contested elections

FPP52.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:

(a) declare the candidate or candidates whom more votes have been given than for the other candidates, up to the number of vacancies to be filled on the council of governors from the constituency, or class within a constituency, for which the election is being held to be elected,

(b) give notice of the name of each candidate who he or she has declared elected:

(i) where the election is held under a proposed constitution pursuant to powers conferred on the [insert name] NHS Trust by section 33(4) of the 2006 Act, to the chairman of the NHS Trust, or

(ii) in any other case, to the chairman of the corporation; and

(c) give public notice of the name of each candidate whom he or she has declared elected.

FPP52.2 The returning officer is to make:

(a) the total number of votes given for each candidate (whether elected or not), and

(b) the number of rejected ballot papers under each of the headings in rule FPP44.5,

(c) the number of rejected text voting records under each of the headings in rule FPP44.10,

available on request.

STV52. Declaration of result for contested elections

STV52.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:

(a) declare the candidates who are deemed to be elected under Part 6 of these rules as elected,

(b) give notice of the name of each candidate who he or she has declared elected –

(i) where the election is held under a proposed constitution pursuant to powers conferred on the [insert name] NHS Trust by section 33(4) of the 2006 Act, to the chairman of the NHS Trust, or

(ii) in any other case, to the chairman of the corporation, and

(c) give public notice of the name of each candidate who he or she has declared elected.

STV52.2 The returning officer is to make:

(a) the number of first preference votes for each candidate whether elected or not,

(b) any transfer of votes,

(c) the total number of votes for each candidate at each stage of the count at

which such transfer took place,

(d) the order in which the successful candidates were elected, and

(e) the number of rejected ballot papers under each of the headings in rule STV44.1,

(f) the number of rejected text voting records under each of the headings in rule STV44.3,

available on request.

53. Declaration of result for uncontested elections

53.1 In an uncontested election, the returning officer is to as soon as is practicable after final day for the delivery of notices of withdrawals by candidates from the election:

(a) declare the candidate or candidates remaining validly nominated to be elected,

(b) give notice of the name of each candidate who he or she has declared elected to the chairman of the corporation, and

(c) give public notice of the name of each candidate who he or she has declared elected.

54. Sealing up of documents relating to the poll

54.1 On completion of the counting at a contested election, the returning officer is to seal up the following documents in separate packets:

(a) the counted ballot papers, internet voting records, telephone voting records and text voting records,

(b) the ballot papers and text voting records endorsed with "rejected in part",

(c) the rejected ballot papers and text voting records, and

(d) the statement of rejected ballot papers and the statement of rejected text voting records,

and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

54.2 The returning officer must not open the sealed packets of:

(a) the disqualified documents, with the list of disqualified documents inside it,

(b) the list of spoilt ballot papers and the list of spoilt text message votes,

(c) the list of lost ballot documents, and

(d) the list of eligible voters,

or access the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage.

54.3 The returning officer must endorse on each packet a description of:

(a) its contents,

(b) the date of the publication of notice of the election,

(c) the name of the corporation to which the election relates, and

(d) the constituency, or class within a constituency, to which the election relates.

55. Delivery of documents

55.1 Once the documents relating to the poll have been sealed up and endorsed pursuant to rule 56, the returning officer is to forward them to the chair of the corporation.

56. Forwarding of documents received after close of the poll

56.1 Where:

(a) any voting documents are received by the returning officer after the close of the poll, or

(b) any envelopes addressed to eligible voters are returned as undelivered too late to be resent, or

(c) any applications for replacement voting information are made too late to enable new voting information to be issued,

the returning officer is to put them in a separate packet, seal it up, and endorse and forward it to the chairman of the corporation.

57. Retention and public inspection of documents

57.1 The corporation is to retain the documents relating to an election that are forwarded to the chair by the returning officer under these rules for one year, and then, unless otherwise directed by the board of directors of the corporation, cause them to be destroyed.

57.2 With the exception of the documents listed in rule 58.1, the documents relating to an election that are held by the corporation shall be available for inspection by members of the public at all reasonable times.

57.3 A person may request a copy or extract from the documents relating to an election that are held by the corporation, and the corporation is to provide it, and may impose a reasonable charge for doing so.

58. Application for inspection of certain documents relating to an election

58.1 The corporation may not allow:

(a) the inspection of, or the opening of any sealed packet containing –

(i) any rejected ballot papers, including ballot papers rejected in part,

(ii) any rejected text voting records, including text voting records rejected in part,

(iii) any disqualified documents, or the list of disqualified documents,

(iv) any counted ballot papers, internet voting records, telephone voting records or text voting records, or

(v) the list of eligible voters, or

(b) access to or the inspection of the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage,

by any person without the consent of the board of directors of the corporation.

58.2 A person may apply to the board of directors of the corporation to inspect any of the documents listed in rule 58.1, and the board of directors of the corporation may only consent to such inspection if it is satisfied that it is necessary for the purpose of questioning an election pursuant to Part 11.

58.3 The board of directors of the corporation's consent may be on any terms or conditions that it thinks necessary, including conditions as to –

(a) persons,

(b) time,

(c) place and mode of inspection,

(d) production or opening,

and the corporation must only make the documents available for inspection in accordance with those terms and conditions.

58.4 On an application to inspect any of the documents listed in rule 58.1 the board of directors of the corporation must:

(a) in giving its consent, and

(b) in making the documents available for inspection

ensure that the way in which the vote of any particular member has been given shall not be disclosed, until it has been established –

(i) that his or her vote was given, and

(ii) that NHS Improvement has declared that the vote was invalid.

PART 9: DEATH OF A CANDIDATE DURING A CONTESTED ELECTION

FPP59. Countermand or abandonment of poll on death of candidate

FPP59.1 If at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:

(a) countermand notice of the poll, or, if voting information has been issued, direct that the poll be abandoned within that constituency or class, and

(b) order a new election, on a date to be appointed by him or her in consultation with the corporation, within the period of 40 days, computed in accordance with rule 3 of these rules, beginning with the day that the poll was countermanded or abandoned.

FPP59.2 Where a new election is ordered under rule FPP59.1, no fresh nomination is necessary for any candidate who was validly nominated for the election where the poll was countermanded or abandoned but further candidates shall be invited for that constituency or class.

FPP59.3 Where a poll is abandoned under rule FPP59.1(a), rules FPP59.4 to FPP59.7 are to apply.

FPP59.4 The returning officer shall not take any step or further step to open envelopes or deal with their contents in accordance with rules 38 and 39, and is to make up separate sealed packets in accordance with rule 40.

FPP59.5 The returning officer is to:

(a) count and record the number of ballot papers, internet voting records, telephone voting records and text voting records that have been received,

(b) seal up the ballot papers, internet voting records, telephone voting records and text voting records into packets, along with the records of the number of ballot papers, internet voting records, telephone voting records and text voting records and

ensure that complete electronic copies of the internet voting records telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

FPP59.6 The returning officer is to endorse on each packet a description of:

(a) its contents,

(b) the date of the publication of notice of the election,

(c) the name of the corporation to which the election relates, and

(d) the constituency, or class within a constituency, to which the election relates.

FPP59.7 Once the documents relating to the poll have been sealed up and endorsed pursuant to rules FPP59.4 to FPP59.6, the returning officer is to deliver them to the chairman of the corporation, and rules 57 and 58 are to apply.

STV59. Countermand or abandonment of poll on death of candidate

STV59.1 If, at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be

named as a candidate has died, then the returning officer is to:

(a) publish a notice stating that the candidate has died, and

(b) proceed with the counting of the votes as if that candidate had been excluded from the count so that –

(i) ballot documents which only have a first preference recorded for the candidate that has died, and no preferences for any other candidates, are not to be counted, and

(ii) ballot documents which have preferences recorded for other candidates are to be counted according to the consecutive order of those preferences, passing over preferences marked for the candidate who has died.

STV59.2 The ballot documents which have preferences recorded for the candidate who has died are to be sealed with the other counted ballot documents pursuant to rule 54.1(a).

PART 10: ELECTION EXPENSES AND PUBLICITY

Election expenses

60. Election expenses

60.1 Any expenses incurred, or payments made, for the purposes of an election which contravene this Part are an electoral irregularity, which may only be questioned in an application made to NHS Improvement under Part 11 of these rules.

61. Expenses and payments by candidates

61.1 A candidate may not incur any expenses or make a payment (of whatever nature) for the purposes of an election, other than expenses or payments that relate to:

(a) personal expenses,

(b) travelling expenses, and expenses incurred while living away from home, and

(c) expenses for stationery, postage, telephone, internet(or any similar means of communication) and other petty expenses, to a limit of £100.

62. Election expenses incurred by other persons

62.1 No person may:

(a) incur any expenses or make a payment (of whatever nature) for the purposes of a candidate's election, whether on that candidate's behalf or otherwise, or

(b) give a candidate or his or her family any money or property (whether as a gift, donation, loan, or otherwise) to meet or contribute to expenses incurred by or on behalf of the candidate for the purposes of an election.

62.2 Nothing in this rule is to prevent the corporation from incurring such expenses, and making such payments, as it considers necessary pursuant to rules 63 and 64.

Publicity

63. Publicity about election by the corporation

63.1 The corporation may:

(a) compile and distribute such information about the candidates, and

(b) organise and hold such meetings to enable the candidates to speak and respond to questions,

as it considers necessary.

63.2 Any information provided by the corporation about the candidates, including information compiled by the corporation under rule 64, must be:

(a) objective, balanced and fair,

(b) equivalent in size and content for all candidates,

(c) compiled and distributed in consultation with all of the candidates standing for election, and

(d) must not seek to promote or procure the election of a specific candidate or candidates, at the expense of the electoral prospects of one or more other candidates.

63.3 Where the corporation proposes to hold a meeting to enable the candidates to speak, the corporation must ensure that all of the candidates are invited to attend, and in organising and holding such a meeting, the corporation must not seek to promote or procure the election of a specific candidate or candidates at the expense of the electoral prospects of one or more other candidates.

64. Information about candidates for inclusion with voting information

64.1 The corporation must compile information about the candidates standing for election, to be distributed by the returning officer pursuant to rule 24 of these rules.

64.2 The information must consist of:

(a) a statement submitted by the candidate of no more than 250 words,

(b) if voting by telephone or text message is a method of polling for the election, the numerical voting code allocated by the returning officer to each candidate, for the purpose of recording votes using the telephone voting facility or the text message voting facility ("numerical voting code"), and

(c) a photograph of the candidate.

65. Meaning of "for the purposes of an election"

65.1 In this Part, the phrase "for the purposes of an election" means with a view to, or otherwise in connection with, promoting or procuring a candidate's election, including the prejudicing of another candidate's electoral prospects; and the phrase "for the purposes of a candidate's election" is to be construed accordingly.

65.2 The provision by any individual of his or her own services voluntarily, on his or her own time, and free of charge is not to be considered an expense for the purposes of this Part.

PART 11: QUESTIONING ELECTIONS AND THE CONSEQUENCE OF IRREGULARITIES

66. Application to question an election

66.1 An application alleging a breach of these rules, including an electoral irregularity under Part 10, may be made to NHS Improvement for the purpose of seeking a referral to the independent election arbitration panel (IEAP).

66.2 An application may only be made once the outcome of the election has been declared by the returning officer.

66.3 An application may only be made to NHS Improvement by:

(a) a person who voted at the election or who claimed to have had the right to vote, or

(b) a candidate, or a person claiming to have had a right to be elected at the election.

66.4 The application must:

(a) describe the alleged breach of the rules or electoral irregularity, and

(b) be in such a form as the independent panel may require.

66.5 The application must be presented in writing within 21 days of the declaration of the result of the election. NHS Improvement will refer the application to the independent election arbitration panel appointed by NHS Improvement.

66.6 If the independent election arbitration panel requests further information from the applicant, then that person must provide it as soon as is reasonably practicable.

66.7 NHS Improvement shall delegate the determination of an application to a person or panel of persons to be nominated for the purpose.

66.8 The determination by the IEAP shall be binding on and shall be given effect by the corporation, the applicant and the members of the constituency (or class within a constituency) including all the candidates for the election to which the application relates.

66.9 The IEAP may prescribe rules of procedure for the determination of an application including costs.

67. Secrecy

67.1 The following persons:

(a) the returning officer,

(b) the returning officer's staff,

must maintain and aid in maintaining the secrecy of the voting and the counting of the votes, and must not, except for some purpose authorised by law, communicate to any person any information as to:

(i) the name of any member of the corporation who has or has not been given voting information or who has or has not voted,

(ii) the unique identifier on any ballot paper,

(iii) the voter ID number allocated to any voter,

(iv) the candidate(s) for whom any member has voted.

67.2 No person may obtain or attempt to obtain information as to the candidate(s) for whom a voter is about to vote or has voted, or communicate such information to any person at any time, including the unique identifier on a ballot paper given to a voter or the voter ID number allocated to a voter.

67.3 The returning officer is to make such arrangements as he or she thinks fit to ensure that the individuals who are affected by this provision are aware of the duties it imposes.

68. Prohibition of disclosure of vote

68.1 No person who has voted at an election shall, in any legal or other proceedings to question the election, be required to state for whom he or she has voted.

69. Disqualification

69.1 A person may not be appointed as a returning officer, or as staff of the returning officer pursuant to these rules, if that person is:

(a) a member of the corporation,

(b) an employee of the corporation,

(c) a director of the corporation, or

(d) employed by or on behalf of a person who has been nominated for election.

70. Delay in postal service through industrial action or unforeseen event

70.1 If industrial action, or some other unforeseen event, results in a delay in:

(a) the delivery of the documents in rule 24, or

(b) the return of the ballot papers,

the returning officer may extend the time between the publication of the notice of the poll and the close of the poll by such period as he or she considers appropriate.

ANNEX 6
STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE COUNCIL OF GOVERNORS

1. INTERPRETATION

1.1 In these Standing Orders, the provisions relating to Interpretation in the Constitution shall apply and the words and expressions defined in the Constitution shall have the same meaning.

2. MEETINGS OF THE COUNCIL OF GOVERNORS

2.1 Calling Meetings

2.1.1 Save in the case of emergencies or the need to conduct urgent business, the Secretary shall give at least fourteen days written notice of the date and place of every meeting of the Council of Governors to all Governors. Notice will also be published on the Trust's website.

2.1.2 The Secretary shall ensure that within the meeting cycle of the Council of Governors, general meetings are called at appropriate times to consider matters as required by the 2006 Act and the Constitution.

2.1.3 If the Chair fails to call a meeting of the Council of Governors after a requisition for that purpose, signed by at least one-third of the whole number of the Council of Governors has been presented to him at Trust Headquarters, such one third or more members of the Council of Governors may forthwith call a meeting.

2.1.4 **Admission of the Public** and the Press– The meetings of the Council of Governors shall be open to members of the public and press unless the Council of Governors decides otherwise in relation to all of the meeting for reasons of confidentiality, or on other proper grounds, or for other special reasons. Matters to be dealt with by the Council of Governors following the exclusion of members of the public and/or press shall be confidential to the members of the Council of Governors. Governors and any employees of the Trust in attendance shall not reveal or disclose the contents of papers marked 'In Confidence' or minutes headed 'Items Taken in Private' outside of the Trust, without the express permission of the Trust.

2.1.5 In the event that the public and press are admitted to all or part of a meeting by reason of SO 2.1.4 above, the Chair (or Vice Chair) shall give such directions as he thinks fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Council's business shall be conducted without interruption and disruption and the public will be required to withdraw upon the Council of Governors resolving "that in the interests of public order the meeting adjourn for (*the period to be specified*) to enable the Board to complete business without the presence of the public".

Deleted: Deputy Chair

2.1.6 The Trust may make such arrangements from time to time as it sees fit with regards to the extending of invitations to observers to attend and address any of the Council of Governor meetings.

2.1.7 Nothing in these Standing Orders shall be construed as permitting the introduction by the public or press representatives of recording, transmitting, video or small apparatus into meetings of the Council of Governors. Such permission shall be granted only upon resolution of the Trust.

2.1.8 The Council of Governors may agree further provisions in respect of the admission of the public and the press, to be set out in a policy.

2.1.9 **Chair of Meetings** – The Chair of the Trust, or in his absence, the Vice Chair, is to preside at meetings of the Council of Governors.

Deleted: Deputy Chair

2.1.10 The Vice Chair, may preside at meetings of the Council of Governors in the following circumstances:

Deleted: Deputy-Chair

2.1.10.1 When there is a need for someone to have the authority to chair any meeting of the Council of Governors when the Chair is not present.

2.1.10.2 On those occasions when the Council of Governors is considering matters relating to Non-Executive Directors and it would be inappropriate for the Chair to preside.

2.1.10.3 When the remuneration, allowance and other terms and conditions of the Chair are being considered.

2.1.10.4 When the appointment of the Chair is being considered, should the current Chair be a candidate for re-appointment.

2.1.10.5 On occasions when the Chair declares a pecuniary interest that prevents him from taking part in the consideration or discussion of a matter before the Council of Governors.

2.1.11 **Setting the Agenda –** The Council of Governors may determine that certain matters shall appear on every agenda for a meeting of the Council of Governors and shall be addressed prior to any other business being conducted.

2.1.12 **Agenda** – A Governor desiring a matter to be included on an agenda shall specify the question or issue to be included by request in writing to the Chair or Secretary at least three clear business days before Notice of the meeting is given. Requests made less than three days before the Notice is given may be included on the agenda at the discretion of the Chair.

2.1.13 **Notices of Motion** – A Governor desiring to move or amend a motion shall send a written notice thereof at least ten clear days before the meeting to the Chair or Secretary, who shall insert in the agenda for the meeting all notices so received subject to the Notice being permissible under the appropriate regulations. This paragraph shall not prevent any motion being moved during the meeting, without Notice on any business mentioned on the agenda in accordance with SO 2.1.13, subject to the Chair's discretion.

2.1.14 **Withdrawal of Motion or Amendments** – A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.

2.1.15 **Motion to Rescind a Resolution** – Notice of motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six calendar months shall be in writing, be in accordance of SO 2.1.14 and shall bear the signature of the Governor who gives it and also the signature of four other Governors. When any such motion has been disposed of by the Council of Governors, it shall not be competent for any Governor other than the Chair to propose a motion to the same effect within six months; however the Chair may do so if he considers it appropriate.

2.1.16 **Motions** – The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.

2.1.17 When a motion is under discussion or immediately prior to discussion it shall be open to a Governor to move:

2.1.17.1 An amendment to the motion.

2.1.17.2 The adjournment of the discussion or the meeting.

2.1.17.3 That the meeting proceed to the next business.

2.1.17.4 That the motion be now put.

No amendment to the motion shall be admitted if, in the opinion of the Chair of the meeting, the amendment negates the substance of the motion.

2.1.18 **Chair's Ruling** – Statements of Governors made at meetings of the Council of Governors shall be relevant to the matter under discussion at the material time and the decision of the Chair of the meeting on questions of order, relevancy, regularity and any other matters shall be observed at the meeting.

Save as permitted by law, at any meeting the person presiding shall be the final authority on the interpretation of Standing Orders (on which he should be advised by the Chief Executive).

2.1.19 **Voting** – Save as otherwise provided in the Constitution and/or the 2006 Act, if the Chair so determines or if a Governor requests, a question at a meeting shall be determined by a majority of the votes of the Governors present and voting on the question and, in the case of any equality of votes, the person presiding shall have a casting vote.

2.1.20 All questions put to the vote shall, at the discretion of the person presiding, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the Governors present so request.

2.1.21 If at least one-third of the Governors present so request, the voting (other than by paper ballot) on any question may be recorded to show how each Governor present voted or abstained.

2.1.22 If a Governor so requests, his/her vote shall be recorded by name upon any vote (other than by paper ballot).

2.1.23 In no circumstances may an absent Governor vote by proxy. Absence is defined as being absent at the time of the vote.

2.1.24 **Minutes** – The Minutes of the proceedings of a matter shall be drawn up and submitted for agreement at the next ensuing meeting where they will be signed by the person presiding at it.

2.1.25 No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.

2.1.26 **Suspension of Standing Orders** – Except where this would contravene any statutory provision, or any provision of the Constitution, any one or more of the SO's may be suspended at any meeting provided that at least two thirds of the Council of Governors are present, including one Public Governor and one Staff Governor, and that a majority of those present vote in favour of suspension.

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2.1.27 A decision to suspend SO's shall be recorded in the minutes of the meeting.

2.1.28 A separate record of matters discussed during the suspension of SO's shall be made and shall be available to the Governors.

2.1.29 No formal business may be transacted while SO's are suspended.

2.1.30 **Record of Attendance** – the names of the Governors present at the meeting shall be recorded in the minutes.

2.1.31 **Quorum** – A meeting of the Council of Governors shall be quorate and quoracy shall require that there shall be present at the meeting not less than 50% of all Governors and of those not less than 51% shall be Elected Governors (excluding those Governors representing the Staff Constituency).

2.1.32 A Governor who has declared a non-pecuniary interest in any matter may participate in the discussion and consideration of the matter but may not vote in respect of it: in these circumstances the Governor will count towards the quorum of the meeting. If a Governor has declared a pecuniary interest in any matter, the Governor must leave the meeting room, and will not count towards the quorum of the meeting, during the consideration, discussion and voting on the matter. If a quorum is then not available for the discussion and/or the passing or a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

2.1.33 Subject to SO's in relation to interests, any Director or their nominated representatives shall have the right to attend meetings of the Council of Governors and, subject to the overall control of the Chair, to speak to any item under consideration.

3. COMMITTEES

3.1 Except as required by paragraph 9 of this Annex 6, the Council of Governors shall exercise its functions in general meeting and shall not delegate the exercise of any function or any power in relation to any function to a committee.

4. DECLARATIONS OF INTERESTS AND REGISTER OF INTERESTS

4.1 **Declaration of Interests** – in accordance with the Constitution, Governors are required to declare formally any direct or indirect pecuniary interest and any other interest which is relevant and material to the business of the Trust. The responsibility for declaring an interest is solely that of the Governor concerned.

4.2 A Governor must declare to the Secretary:

4.2.1 any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter concerning the Trust, and

4.2.2 any interests which are relevant and material to the business of the Trust.

4.3 Such a declaration shall be made by completing and signing a form, as prescribed by the Secretary from time to time setting out any interests required to be declared in accordance with the Constitution or these SO's and delivering it to the Secretary within 28 days of a Governor's election or appointment or otherwise within seven days of becoming aware of the existence of a relevant or material interest. The Secretary shall amend the Register of Interests upon receipt of notification within three working days.

4.4 If a Governor is present at a meeting of the Council of Governors and has an interest of any sort in any matter which is the subject of consideration, he shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not vote on any question with respect to the matter and, if he has declared a pecuniary interest, he shall not take part in the consideration or discussion of the matter. The provisions of this paragraph are subject to paragraph 4.5.

4.5 "relevant and material" interests may include but may not be limited to the following:

4.5.1 directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies);

4.5.2 ownership or part-ownership or directorships of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS;

4.5.3 majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS;

4.5.4 a position of authority in a charity or voluntary organisation in the field of health and social care;

4.5.5 any connection with a voluntary or other organisation contracting for or commissioning NHS services;

4.5.6 any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to, lenders or banks;

4.5.7 research funding/grants that may be received by an individual or their department;

4.5.8 interests in pooled funds that are under separate management.

4.6 Any travelling or other expenses or allowances payable to a Governor in accordance with this Constitution shall not be treated as a pecuniary interest.

4.7 Subject to any other provision of this Constitution, a Governor shall be treated as having indirectly a pecuniary interest in a contract, proposed contract or other matter, if:

4.7.1 he, or a nominee of his, is a director of a company or other body not being a public body, with which the contract was made or is proposed to be made or which has a direct pecuniary interest in the other matter under consideration; or

4.7.2 he is a partner, associate or employee of any person with whom the contract was made or is proposed to be made or who has a direct pecuniary interest in the same.

4.8 A Governor shall not be treated as having a pecuniary interest in any contract, proposed contract or other matter by reason only:

4.8.1 of his membership of a company or other body, if he has no beneficial interest in any securities of that company or other body;

4.8.1 of an interest in any company, body, or person with which he is connected as mentioned in paragraphs 4.2, 4.5 and 4.7, which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a Governor in the consideration or discussion of or in voting on, any question with respect to that contract or matter.

4.9 Where a Governor:

4.9.1 has an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body; and

4.9.1 the total nominal value of those securities does not exceed £5,000 or one-hundredth of the total nominal value of the issued share capital of the company or body, whichever is the less, and

4.9.3 if the share capital is of more than one class, the total nominal value of shares of any one class in which he has a beneficial interest does not exceed one-hundredth of the total issued share capital of that class;

4.10 the Governor shall not be prohibited from taking part in the consideration or discussion of the contract or other matter or from voting on any question with respect to it, without prejudice however to his duty disclose his interest.

4.11 In the case of persons living together the interest of one partner or spouse shall, if known to the other, be deemed for the purposes of these SO's to be also an interest of the other.

4.12 If Governors have any doubt about the relevance of an interest, this should be discussed with the Trust Secretary.

4.13 **Register of Interests** - the Trust Secretary shall record any declarations of interest made in a Register of Interests kept by him in accordance with paragraph 36 of the Constitution. Any interest declared at a meeting shall also be recorded in the minutes of the meeting.

4.14 The Register will be available for inspection by members of the public free of charge at all reasonable times. A person who requests it is to be provided with a copy or extract from the register. If the person requesting a copy or extract is not a member of the Trust then a reasonable charge may be made for doing so.

5. STANDARDS OF BUSINESS CONDUCT

5.1 **Policy –** in relation to their conduct as a Governor of the Trust, each Governor must comply with the Code of Conduct for Governors. In particular, the Trust must be impartial and honest in the conduct of its business and its office holders and staff must remain beyond suspicion. Governors are expected to be impartial and honest in the conduct of official business.

5.2 **Interest of Governors in Contracts** – if it comes to the knowledge of a Governor that a contract in which he/she has any pecuniary interest not being a contract to which he is himself a party, has been, or is proposed to be, entered into by the Trust he/she shall, at once, give notice in writing to the Secretary of the fact that he/she is interested therein. In the case of married persons or persons living together as partners, the interest of one partner shall, if known to the other, be deemed to be also the interest of that partner.

5.3 A Governor shall not solicit for any person any appointment in the Trust.

6. REMUNERATION

6.1 Governors are not to receive remuneration.

7. PAYMENT OF EXPENSES TO GOVERNORS

7.1 The Trust will pay travelling expenses to Governors at the prevalent NHS Public Transport rate for attendance at General Meetings of the Governors, or any other business authorised by the Trust Secretary as being under the auspices of the Council of Governors.

7.2 Expenses will be authorised and reimbursed through the Trust Secretary's office on receipt of a completed and signed expenses form provided by the Trust Secretary.

7.3 A summary of expenses paid to Governors will be published in the Trust's Annual Report.

8. MISCELLANEOUS

8.1 **Review of Standing Orders** – These Standing Orders shall be reviewed annually by the Council of Governors and any requirements for amendments must be approved by both the Board of Directors and the Council of Governors.

8.2 **Vice Chair** – In relation to any matter concerning the Council of Governors or a Governor outside a meeting of the Council of Governors, which arises the Vice Chair may exercise such power as the Chair would have in those circumstances.

8.3 **Notice** – Any written notice required by these SO's shall be deemed to have been given on the day the notice was sent to the recipient.

8.4 **Confidentiality** – A Governor shall not disclose any matter reported to the Council of Governors notwithstanding that the matter has been reported or action has been concluded, if the Council of Governors shall resolve that it is confidential.

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9. COUNCIL OF GOVERNORS : NOMINATIONS AND APPOINTMENTS COMMITTEE

9.1 The Chair and other Non-Executive Directors shall be appointed following a process of open competition conducted in accordance with a policy to be agreed by the Council of Governors.

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9.2 The Council of Governors shall establish a committee of its members to be called the Nominations and Appointments Committee ("the Committee") to discharge those functions in relation to the selection of the Chair and Non-Executive Directors described in Terms of Reference to be approved by the Council of Governors.

ANNEX 7

STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE BOARD OF DIRECTORS

1. INTERPRETATIONS AND DEFINITIONS

1.1 Save as otherwise permitted by law, at any meeting the Chair of the Trust shall be the final authority on the interpretation of Standing Orders (on which he should be advised by the Chief Executive).

1.2 All references in these Standing Orders to the masculine gender shall be read equally applicable to the feminine gender.

1.3 For convenience, and unless the context otherwise requires, the terms and expressions contained within the Interpretations and Definitions section of the Constitution at page 4 are incorporated and are deemed to have been repeated here verbatim for the purposes of interpreting words contained in this Annex 8 and in addition:

"AUDIT COMMITTEE" means a committee whose functions are concerned with providing the Trust Board with a means of independent and objective review and monitoring financial systems and information, quality and clinical effectiveness, compliance with law, guidance and codes of conduct, effectiveness of risk management, the processes of governance and the delivery of the Board assurance framework.

"COMMITTEE" means a committee or sub-committee appointed by the Trust.

"COMMITTEE MEMBERS" shall be persons formally appointed by the Trust to sit on or to chair specific committees.

"CONTRACTING AND PROCURING" means the systems for obtaining the supply of goods, materials, manufactured items, services, building and engineering services, works of construction and maintenance and for disposal of surplus and obsolete assets.

"FUNDS HELD ON TRUST" means those funds which the Trust holds at its date of incorporation, receives on distribution by statutory instrument, or chooses subsequently to accept under powers derived under Schedule 6, paragraph 8 of the 2006 Act. Such funds may or may not be charitable.

"COMMISSIONING" means the process for determining the need for and for obtaining the supply of healthcare and related services by the Trust within available resources.

"NOMINATED OFFICER" means an Officer charged with the responsibility for discharging specific tasks within Standing Orders and standing financial instructions.

"OFFICER" means an employee of the Trust or any other person holding a paid appointment or office with the Trust.

"SFIs" means standing financial instructions.

"SOs" means Standing Orders.

2. THE BOARD

2.1 All business shall be conducted in the name of the Trust.

2.2 All funds received in trust shall be held in the name of the Trust as corporate trustee.

2.3 The power of the Trust shall be exercised in public or private session as provided for in SO 3.

2.4 The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These powers and decisions are set out in the Schedule of Matters reserved to the Board and Scheme of Delegation and have effect as if incorporated into the Standing Orders.

3. MEETINGS OF THE BOARD

3.1 **Admission of the Public and the Press** – The meetings of the Board of Directors shall be open to members of the public and press unless the Board decides otherwise in relation to all of the meeting for reasons of confidentiality, or on other proper grounds, or for other special reasons. Matters to be dealt with by the Board following the exclusion of members of the public and/or press shall be confidential to the members of the Board. Directors and any employees of the Trust in attendance shall not reveal or disclose the contents of papers marked 'In Confidence' or minutes headed 'Items Taken in Private' outside of the Trust, without the express permission of the Trust.

3.2 In the event that the public and press are admitted to all or part of a Board meeting by reason of SO 3.1 above, the Chair (or Vice Chair) shall give such directions as he thinks fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Board's business shall be conducted without interruption and disruption and the public will be required to withdraw upon the Board resolving "that in the interests of public order the meeting adjourn for (*the period to be specified*) to enable the Board to complete business without the presence of the public".

3.3 The Board of Directors may agree further provisions in respect of the admission of the public and the press, to be set out in a policy.

3.4 **Observers at Board Meetings** - The Trust may make such arrangements from time to time as it sees fit with regards to the extending of invitations to observers to attend and address any of the Board meetings.

3.4A The Trust may appoint Non-Executive Directors (Designate) to the Board of Directors on such terms as the Board of Directors may direct. Non-Executive Directors (Designate) will attend Board of Director meetings and relevant Committee meetings at the discretion of the Chair, and will play an active role in such meetings by providing advice and appropriate challenge across the range of Trust healthcare services and supporting business areas. For the avoidance of doubt, Non-Executive Directors (Designate) are not formally appointed as members of the Board of Directors and, should circumstances arise, will not be eligible to vote.

3.5 Nothing in these Standing Orders shall be construed as permitting the introduction by the public or press representatives of recording, transmitting, video or small apparatus into meetings of the Board or Committees. Such permission shall be granted only upon resolution of the Trust.

3.6 **Calling of Meetings** – Ordinary meetings of the Board shall be held at such times and places as the Board determines.

3.7 The Chair of the Trust may call a meeting of the Board at any time. If the Chair refuses to call a meeting after a requisition for that purpose, signed by at least one-third of the whole number of Directors, has been presented to him/her, or if, without so refusing, the Chair does not call a meeting within seven days after such requisition has been presented to him at the Trust's Headquarters, such one third or more Directors may forthwith call a meeting.

3.8 **Notice of Meetings** – Before each meeting of the Board, a written notice of the meeting, specifying the business proposed to be transacted at it shall be delivered to every Director, or sent by post to the usual place of residence of such Director, so as to be available to him at least three clear days before the meeting.

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3.9 Want of service of the notice on any Director shall not affect the validity of a meeting.

3.10 In the case of a meeting called by Directors in default of the Chair, the notice shall be signed by those Directors and no business shall be transacted at the meeting other than that specified in the notice, or emergency motions permitted under SO 3.21.

3.11 Agendas will normally be sent to members of the Board five days before the meeting and supporting papers, whenever possible, shall accompany the agenda, but will certainly be despatched no later than five clear days before the meeting, save in emergency. Failure to serve such a notice on more than three Directors will invalidate the meeting. A notice shall be presumed to have been served one day after posting.

3.12 Before any meeting of the Board which is to be held in public, a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Trust's website at least five clear days before the meeting.

3.13 **Setting the Agenda** – The Board may determine that certain matters shall appear on every agenda for a meeting and shall be addressed prior to any other business being conducted. (Such matters may be identified within these Standing Orders or following subsequent resolution shall be listed in an Appendix to the Standing Orders).

3.14 A Director desiring a matter to be included on an agenda shall make his/her request in writing to the Chair at least twelve clear days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than twelve days before a meeting may be included on the agenda at the discretion of the Chair.

3.15 **Petitions** - Where a petition has been received by the Trust, the Chair of the Board shall include the petition as an item for the agenda of the next Board meeting.

3.16 **Chair of Meeting** – At any meeting of the Board, the Chair of the Board, if present, shall preside. If the Chair is absent from the meeting the Vice Chair, if there is one and he/she is present, shall preside. If the Chair and Vice Chair are absent, such Non-Executive as the Directors present shall choose shall preside.

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3.17 If the Chair is absent temporarily on the grounds of a declared conflict of interest the Vice Chair, if present, shall preside. If the Chair and Vice Chair are absent, or are disqualified from participating, such Non-Executive Director as the Directors present shall choose shall preside.

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3.18 **Notices of Motion** – A Director of the Board desiring to move or amend a motion shall send a written notice thereof at least twelve clear days before the meeting to the Chief Executive, who shall ensure that it is brought to the immediate attention of the Chair. The Chief Executive shall insert in the agenda for the meeting all notices so received, subject to the notice being permissible under the appropriate regulations. Subject to SO 3.21.8, this paragraph shall not prevent any motion being moved during the meeting without notice on any business mentioned on the agenda.

3.19 **Withdrawal of Motion or Amendments** – A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.

3.20 **Motion to Rescind a Resolution** – Notice of motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six calendar months shall bear the signature of the Director who gives it and also the signature of three other Board Directors and, before considering any such motion, the Board may refer the matter to any appropriate Committee or the Chief Executive for recommendation. When any such motion has been disposed of by the Board, it shall not be competent for any Director other than the Chair to propose a motion to the same effect within six months, however the Chair may do so if he/she considers it appropriate. This

Standing Order 3.19 shall not apply to motions moved in pursuance of a report or recommendations of a Committee or the Chief Executive.

3.21 **Motions** - A motion may be proposed by the Chair or any Director present at the meeting. Such motion shall be seconded by another Director. The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.

Emergency Motions

3.21.1 Subject to the agreement of the Chair and SO 3.22 below, a Director may give written notice of an emergency motion after the issue of the notice of meeting and agenda (by reason of SO 3.6 and SO 3.9), up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. At the Chair's discretion, the emergency motion shall be declared to the Board at the commencement of the business of the meeting as an additional item included on the agenda. The Chair's decision to include the item shall be final.

3.22 When a motion is under discussion or immediately prior to discussion it shall be open to a Director to move:

3.22.1 an amendment to the motion;

3.22.2 the adjournment of the discussion or the meeting;

3.22.3 that the meeting proceed to the next business; (*)

3.22.4 the appointment of an ad hoc committee to deal with a specific item of business;

3.22.5 that the motion be now put; (*)

3.22.6 that a Director be not further heard; (*)

3.22.7 that the public be excluded pursuant to SO 3.1;

3.23 *in the case of sub-paragraphs denoted by (*) above, to ensure objectivity motions may only be put by a Director who has not previously taken part in the debate and who is eligible to vote.

3.24 no amendment to the motion shall be admitted if, in the opinion of the Chair of the meeting, the amendment negates the substance of the motion. If there are a number of amendments, they shall be considered one at a time. When a motion has been amended, the amended motion shall become the substantive motion before the meeting, upon which any further amendment may be moved;

3.25 the Chair may (at his discretion) refuse to admit any motion of which notice was not given in accordance with SO 3.16, other than a motion relating to:

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(a) the reception of a report;

(b) consideration of any item of business before the Trust Board;

(c) the accuracy of minutes;

(d) that the Board proceed to next business;

(e) that the Board adjourn;

(f) that the question be now put.

3.26 **Chair's Ruling** - Statements of Directors made at meetings of the Board shall be relevant to the matter under discussion at the material time and the decision of the Chair of the meeting on questions of order, relevancy, regularity and any other matter shall be final.

3.27 **Voting** - Save as provided in SO 3.32 every question at a meeting shall be determined by a majority of the votes of the Chair of the meeting and Directors present and voting on the question and, in the case of the number of votes for and against a motion being equal, the Chair of the meeting (or any other person presiding in accordance with the terms of these Standing Orders) shall have a second or casting vote.

3.28 All questions put to the vote shall, at the discretion of the Chair of the meeting, be determined by oral expression or by a show of hands. A paper ballot may also be used if the Chair so directs or it is proposed and seconded by any of the Directors present.

3.29 If at least one-third of the Directors present so request, the voting (other than by paper ballot) on any question may be recorded to show how each Director present voted or abstained.

3.30 If a Director so requests, his/her vote shall be recorded by name upon any vote (other than by paper ballot).

3.31 In no circumstances may an absent Director vote by proxy. Absence is defined as being absent at the time of the vote.

3.32 An Officer who has been appointed formally by the Board to act up for an Executive Director during a period of incapacity or temporarily to fill an Executive Director vacancy, shall be entitled to exercise the voting rights of the Executive Director. An Officer attending the Board to represent an Executive Director during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the Executive Director. An Officer's status when attending a meeting shall be recorded in the minutes.

3.33 **Minutes** - The Minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they will be signed by the person presiding at it.

3.34 No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.

3.35 Minutes shall be circulated in accordance with Director wishes. Where providing a record of a meeting in public the minutes shall be made available to the public. 3.36 **Joint Directors** – Where the Office of a Director is shared jointly by more than one person:

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3.36.1 either or both of those persons may attend or take part in meetings of the Board:

3.36.2 if both are present at a meeting they should cast one vote if they agree:

3.36.3 in the case of disagreements no vote should be cast:

3.36.4 the presence of either or both of those persons should count as the presence of one person for the purposes of SO 3.38 (Quorum).

3.37 **Suspension of Standing Orders** – Except where it would contravene any statutory provision or any provision in the Constitution, any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the Board are present, including one Executive Director and one Non-Executive Director, and at least two-thirds of those present vote in favour of suspension.

3.38 A decision to suspend Standing Orders shall be recorded in the minutes of the meeting.

3.39 A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Chair and Directors of the Board.

3.40 No formal business may be transacted while Standing Orders are suspended.

3.41 The Audit Committee shall review every decision to suspend Standing Orders.

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3.42 **Record of Attendance** – The names of the Chair and Directors present at the meeting shall be recorded in the minutes.

3.43 **Quorum** – No business shall be transacted at a meeting unless at least one half of the whole number of the voting Chair and Directors appointed are present (including at least two Non-Executive Directors and one Executive Director, and a majority of Non-Executive Directors).

3.44 An Officer in attendance for an Executive Director but without formal acting-up status may not count towards the quorum.

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3.45 If the Chair or Director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest (see Standing Order 6 or 7) he shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business. The above requirement for at least one Executive Director to form part of the quorum shall not apply where the Executive Directors are excluded from a meeting (for example when the Board considers the recommendations of the Remuneration and Nominations Committee).

4. ARRANGEMENTS FOR THE EXERCISE OF FUNCTIONS BY DELEGATION

4.1 Subject to the Constitution, or any relevant statutory provision, the Board may make arrangements for the exercise, on behalf of the Board, of any of its functions:

4.1.1 by a committee, sub-committee or,

4.1.2 appointed by virtue of Standing Order 5.1 or 5.2 below or by an Officer of the Trust,

4.1.3 or by another body as defined in Standing Order 4.2 below,

in each case subject to such restrictions and conditions as the Trust thinks fit.

4.2 Where a function is delegated to a third party, the Trust has responsibility to ensure that the proper delegation is in place. In other situations, i.e. delegation to committees, sub committees or Officers, the Trust retains full responsibility.

4.3 **Emergency Powers** – The powers which the Board has retained to itself within these Standing Orders (Standing Order 2.4) may in emergency be exercised by the Chief Executive and the Chair after having consulted at least two Non-Executive Directors. The exercise of such powers by the Chief Executive and Chair shall be reported to the next formal meeting of the Board in public or private session (as appropriate) for ratification.

4.4 **Delegation to Committees** – The Board shall agree from time to time to the delegation of executive powers to be exercised by committees, or sub-committees, or joint-committees, which it has formally constituted. The constitution and terms of reference of these committees, or sub-committees, or joint committees and their specific executive powers shall be approved by the Board in respect of its sub-committees.

4.5 **Delegation to Officers** – Those functions of the Trust which have not been retained as reserved by the Board or delegated to a committee or sub-committee or joint-committee shall be exercised on behalf of the Trust by the Chief Executive. The Chief Executive shall determine which functions he/she will perform personally and shall nominate Officers to undertake the remaining functions for which he/she will still retain an accountability to the Trust.

4.6 The Chief Executive shall prepare a Scheme of Delegation identifying his/her proposals which shall be considered and approved by the Board, subject to any amendment agreed during the discussion. The Chief Executive may periodically propose amendment to the Scheme of Delegation that shall be considered and approved by the Board as indicated above.

4.7 Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the Board of the Finance Director to provide information and advise the Board in accordance with statutory or NHS Improvement requirements. Outside these requirements the roles of the Finance Director shall be accountable to the Chief Executive for operational matters.

4.8 The arrangements made by the Board as set out in the Schedule of Matters reserved to the Board and Scheme of Delegation shall have effect as if incorporated in these Standing Orders.

4.9 **Overriding Standing Orders** – If for any reason these Standing Orders 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 next formal meeting of the Board for action or ratification. All Directors of the Board and staff have a duty to disclose any non-compliance with these Standing Orders to the Chief Executive as soon as possible.

5. COMMITTEES

5.1 Subject to the Constitution, (and to any guidance issued by the Department of Health applicable to Foundation Trusts or as may be given by NHS Improvement), the Trust may appoint committees of the Trust, or together with one or more Health Authorities or other Trusts, appoint joint committees, consisting wholly or partly of the Chair and members of the Trust or other health service bodies or wholly of persons who are not members of the Trust or other health service bodies in question.

5.2 A committee or joint committee appointed under SO 5.1 may, subject to such directions as may be given by the Trust or other health service bodies in question, appoint sub-committees consisting wholly or partly of members of the committee or joint committee (whether or not they are members of the Trust or other health service bodies in question); or wholly of persons who are not members of the Trust or other health service bodies or the committee of the Trust or other health service bodies in question.

5.3 The Standing Orders of the Trust, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees established by the Trust. In which case the term “Chair” is to be read as a reference to the Chair of the committee as the context permits, and the term “member” is to be read as a reference to a member of the committee also as the context permits. (There is no requirement to hold meetings of committees established by the Trust in public).

5.4 Each such committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Board), as the Board shall decide and shall be in accordance with any applicable legislation and regulation or direction. Such terms of reference shall have effect as if incorporated into the Standing Orders.

5.5 The Board of Directors may appoint committees consisting wholly or partly of persons who are not Executive Directors or Non-Executive Directors of the Trust for any purpose that is calculated or likely to contribute, or assist it in the exercise of its powers. It may delegate powers to such committees only if the membership consists wholly of Directors.

5.6 Where committees are authorised to establish sub-committees they may not delegate executive powers to the sub-committee unless expressly authorised by the Board.

5.7 The Board shall approve the appointments to each of the committees which it has formally constituted. Where the Board determines, and regulations permit, that persons, who are neither Directors nor Officers, shall be appointed to a committee the terms of such

appointment shall be within the powers of the Board. The Board shall define the powers of such appointees and shall agree allowances, including reimbursement for loss of earnings, and/or expenses in accordance where appropriate with national guidance.

5.8 Where the Board is required to appoint persons to a committee and/or to undertake statutory functions, and where such appointments are to operate independently of the Board, such appointment shall be made in accordance with the Constitution, the Terms of Reference and any applicable regulations and directions.

5.9 The Trust Board of Directors shall establish an Audit Committee and Remuneration and Nomination Committee, as standing Committees of the Trust Board of Directors. In addition, the Trust Board of Directors shall establish such other Committees as it deems necessary and appropriate from time to time.

6 DECLARATIONS OF INTERESTS AND REGISTER OF INTERESTS

6.1 **Declaration of Interests** - The Constitution, the 2006 Act and the Code of Conduct and Accountability requires Board Directors to declare interests which are relevant and material to the NHS board of which they are a director. All existing Board Directors should declare such interests. Any Board Directors appointed subsequently should do so on appointment.

6.2 Interests which should be regarded as "relevant and material" are:

6.2.1 directorships, including non-executive directorships held in private companies or public limited companies (with the exception of those of dormant companies);

6.2.2 ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS;

6.2.3 majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS;

6.2.4 a position of trust in a charity or voluntary organisation in the field of health and social care;

6.2.5 any connection with a voluntary or other organisation contracting for NHS services;

6.2.6 any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust including but not limited to, lenders or banks;

6.2.7 interests in pooled funds that are under separate management;

6.2.8 research funding/grants that may be received by an individual or their department;

6.2.9 any other commercial interest in the decision before the meeting.

6.3 At the time Board Directors' interests are declared, they should be recorded in the Board minutes. Any changes in interests should be declared at the next Board meeting following the change occurring and recorded in the minutes of that meeting.

6.4 Board Directors' directorships of companies likely or possibly seeking to do business with the NHS should be published in the Board's Annual Report. The information should be kept up to date for inclusion in succeeding annual reports.

6.5 During the course of a Board meeting, if a conflict of interest is established, the Director concerned should withdraw from the meeting and play no part in the relevant discussion or decision.

6.6 There is no requirement in the Code of Conduct and Accountability for the interests of Board Directors' spouses or partners to be declared. However SO 7 requires that the interest of Directors' spouses, if living together, in contracts should be declared. Therefore the interests of Board Directors' spouses and cohabiting partners should also be regarded as relevant.

6.7 If Board Directors have any doubt about the relevance of an interest, this should be discussed with the Chair or the Secretary. Financial Reporting Standard No 8 (issued by the Accounting Standards Board) specifies that influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest. The interests of partners in professional partnerships including general practitioners should also be considered.

6.8 **Register of Interests** - The Chief Executive will ensure that a Register of Interests is established to record formally declarations of interests of Board Directors. In particular, the Register will include details of all directorships and other relevant and material interests which have been declared by both Executive and Non-Executive Directors, as defined in Standing Order 6.2.

6.9 These details will be kept up to date by means of an annual review of the Register in which any changes to interests declared during the preceding twelve months will be incorporated.

6.10 The Register will be available to the public in accordance with paragraph 36 and 37 of the Constitution and the Chief Executive will take reasonable steps to bring the existence of the Register to the attention of the local population and to publicise arrangements for viewing it.

6.11 All senior managers and clinicians have a duty to ensure that declaration of interests are made which could materially affect the outcome of decisions made by them. Where in doubt, all senior managers and clinicians should contact their respective Directors for clarification.

7 DISABILITY OF CHAIR AND DIRECTORS IN PROCEEDINGS ON ACCOUNT OF PECUNIARY INTEREST

7.1 Subject to the following provisions of this Standing Order, if the Chair or a Director has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Trust at which the contract or other matter is the subject of consideration, he shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration or discussion of the contract or other matter or vote on any question with respect to it.

7.2 The Board may exclude the Chair or a Director of the Board from a meeting of the Board while any contract, proposed contract or other matter in which he has a pecuniary interest, is under consideration.

7.3 Any remuneration, compensation or allowances payable to the Chair or a Director by virtue of the 2006 Act shall not be treated as a pecuniary interest for the purpose of this Standing Order.

7.4 For the purpose of this Standing Order the Chair or a Director shall be treated, subject to SO 7.5, as having indirectly a pecuniary interest in a contract, proposed contract or other matter, if:

7.4.1 he, or a nominee of his, is a director of a company or other body, not being a public body, with which the contract was made or is proposed to be made or which has a direct pecuniary interest in the other matter under consideration; or

7.4.2 he is a partner / associate of, or is in the employment of, a person with whom the contract was made or is proposed to be made or who has a direct pecuniary interest in the other matter under consideration;

7.4.3 and in the case of persons living together as partners, the interest of one partner shall, if known to the other, be deemed for the purposes of this Standing Order to be also an interest of the other.

7.5 The Chair or a Director shall not be treated as having a pecuniary interest in any contract, proposed contract or other matter by reason only:

7.5.1 of his membership of a company or other body, if he has no beneficial interest in any securities of that company or other body;

7.5.2 of an interest in any company, body or person with which he is connected as mentioned in SO 7.4 above which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a Director in the consideration or discussion of or in voting on, any question with respect to that contract or matter.

7.6 Where the Chair or a Director has an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body, and the total nominal value of those securities does not exceed £5,000 or one-hundredth of the total nominal value of the issued share capital of the company body, whichever is the less, and if the share capital is of more than one class, the total nominal value of shares of any one class in which he has a beneficial interest does not exceed one-hundredth of the total issued share capital of that class, this Standing Order shall not prohibit him/her from taking part in the consideration or discussion of the contract or other matter or from voting on any question with respect to it, without prejudice however to his/her duty to disclose his/her interest.

7.7 This SO 7 applies to a committee or sub-committee and to a joint committee as it applies to the Trust and applies to a Director of any such committee or sub-committee (whether or not he is also a Director of the Trust) as it applies to a Director of the Trust.

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8 STANDARDS OF BUSINESS CONDUCT POLICY

8.1 Staff should comply with the national guidance contained in HSG 1993/5 “Standards of Business Conduct for NHS Staff”. This section of Standing Orders should be read in conjunction with this document.

8.2 **Interest of Officers in Contracts** - If it comes to the knowledge of an Officer of the Trust that a contract in which he has any pecuniary interest not being a contract to which he is himself a party, has been, or is proposed to be, entered into by the Trust he shall, at once, give notice in writing to the Chief Executive or the Secretary of the fact that he is interested therein. In the case of persons living together as partners, the interest of one partner shall, if known to the other, be deemed to be also the interest of that partner.

8.3 An Officer should also declare to the Chief Executive any other employment or business or other relationship of his, or of a cohabiting spouse, that conflicts, or might reasonably be predicted could conflict with the interests of the Trust.

8.4 The Trust requires interests, employment or relationships declared, to be entered in a register of interests of staff.

8.5 **Canvassing of and Recommendations by, Directors in Relation to Appointments** – Canvassing of Directors of the Trust or of any Committee of the Trust directly or indirectly for any appointment under the Trust shall disqualify the candidate for such appointment. The contents of this paragraph of Standing Order 8 shall be included in application forms or otherwise brought to the attention of candidates.

8.6 A Director of the Board shall not solicit for any person any appointment under the Trust or recommend any person for such appointment, but this paragraph of this Standing Order 8 shall not preclude a Director from giving written testimonial of a candidate's ability, experience or character for submission to the Trust.

8.7 Informal discussions outside appointments panels or committees, whether solicited or unsolicited, should be declared to the panel or committee.

8.8 **Relatives of Directors or Officers** – Candidates for any staff appointment under the Trust shall, when making application, disclose in writing to the Trust whether they are related to any Director or the holder of any office under the Trust. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render him liable to instant dismissal.

8.9 The Chair and every Director and Officer of the Trust shall disclose to the Chief Executive any relationship between himself and a candidate of whose candidature that Director or Officer is aware. It shall be the duty of the Chief Executive to report to the Board any such disclosure made.

8.10 On appointment, Directors (and prior to acceptance of an appointment in the case of Executive Directors) should disclose to the Board whether they are related to any other Director or holder of any office in the Trust.

8.11 Where the relationship to a Director of the Trust is disclosed, the Standing Order headed `Disability of Chair and Directors in proceedings on account of pecuniary interest' (SO 7) shall apply.

9 CUSTODY OF SEAL AND SEALING OF DOCUMENTS

9.1 **Custody of Seal** – The Common Seal of the Trust shall be kept by the Chief Executive or designated Officer in a secure place.

9.2 **Sealing of Documents** – The seal of the Trust shall not be fixed to any documents unless the sealing has been authorised by a resolution of the Board or of a committee thereof, or where the Board has delegated its powers. Where it is necessary that a document be sealed, the seal shall be affixed in the presence of two Directors; OR, one Director and the Trust Secretary; OR two senior managers (not being from the originating department) duly authorised by the Chief Executive, and shall be attested by them.

9.3 Before any building, engineering, property or capital document is sealed it must be approved and signed by the Finance Director (or an Officer nominated by him) and authorised and countersigned by the Chief Executive (or an Officer nominated by him/her who shall not be within the originating directorate).

9.4 **Register of Sealing** – An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose and shall be signed by the persons 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 at least quarterly. (The report shall contain details of the seal number, a description of the document and the date of sealing).

10 SIGNATURE OF DOCUMENTS

10.1 Where the signature of any document will be a necessary step in legal proceedings involving the Trust, it shall be signed by the Chief Executive, unless any enactment otherwise requires or authorises, or the Board shall have given the necessary authority to some other person for the purpose of such proceedings.

10.2 The Chief Executive or nominated Officer(s) shall be authorised, by resolution of the Board, to sign on behalf of the Trust any agreement or other document not requested to be executed as a deed, the subject matter of which has been approved by the Board or any committee, sub-committee or standing committee with delegated authority.

11 MISCELLANEOUS

11.1 **Standing Orders to be given to Directors and Officers** – It is the duty of the Chief Executive to ensure that existing Directors and Officers and all new appointees are

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notified of and understand their responsibilities within Standing Orders and standing financial instructions. Updated copies shall be issued to staff designated by the Chief Executive. New designated Officers shall be informed in writing and shall receive copies where appropriate of Standing Orders.

11.2 **Documents having the standing of Standing Orders** – standing financial instructions (including provisions as to tendering and contract procedures, disposals and in-house services), Schedule of Matters reserved to the Board and Scheme of Delegation, the Policy on the Register of Interests, Gifts and Hospitality and the Staff Disciplinary and Appeals Procedures document shall be read in conjunction with the Standing Orders. The Board may also, from time to time, agree and approve policy statements / procedures which will apply to all or specific groups of staff employed by the Trust. The decision to approve such policies and procedures shall be recorded in an appropriate Trust Board minute to be read in conjunction with these Standing Orders.

11.3 **Review of Standing Orders** - Standing Orders shall be reviewed annually by the Board and any requirements for amendments must be directed to both the Board of Directors and the Council of Governors. The requirement for review extends to all documents having the effect as if incorporated in Standing Orders.

11.4 The Board may confirm contracts to purchase from a voluntary organisation or a local authority using appropriate powers under the 2006 Act and shall comply with procedures laid down by the Finance Director which shall be in accordance with this Act.

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ANNEX 8
COUNCIL OF GOVERNORS CODE OF CONDUCT

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

CODE OF CONDUCT FOR GOVERNORS

1. Introduction

1.1 As defined by legislation, the Trust's Council of Governors have a formal role in the governance of the Trust, working with the Board of Directors to promote the success of the organisation for its members and the public. To support the proper discharge of the Council of Governors' statutory duties and to promote the success of the relationship between the Council of Governors and the Board of Directors, it is essential that Governors adopt high standards of personal conduct. Recognising this, this document sets out the Council's expectations for the way in which Governors will conduct themselves in all aspects of their role within the Trust.

2. Framework for Council of Governors

2.1 The Trust operates within a legal, regulatory and governance framework which includes the NHS Act 2006, the Health and Social Care Act 2012, the Foundation Trust Code of Governance and the Trust's Constitution. The Constitution defines the composition of the Council of Governors and the arrangements for appointing (and, where necessary, removing) Governors. The Constitution's annexes include the Standing Orders for the Council of Governors and Board of Directors.

2.2 This Code of Conduct is subject to the Constitution; nothing within this shall take precedence over or in any way amend the Constitution or any legal or regulatory requirements. This Code of Conduct is to be read in the context of that legal and regulatory framework.

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3. Role of the Council of Governors

3.1 The role of the Council of Governors is defined in law and in NHS Improvement's regulatory and governance framework. Although the role definition is not repeated here it is important as context for this Code of Conduct to recognise that good governance in the Trust depends upon active and constructive engagement between the Board of Directors and the Council of Governors. Adopting this approach will ensure that the Council of Governors is able to discharge its statutory duties, particularly in relation to:

3.1.1 Holding the Non-Executive Directors individually and collectively to account for the performance of the Board; and

3.1.2 Representing the interests of the members as a whole and of the public

4. Board of Directors/Council of Governors Engagement

4.1 The Constitution and supporting guidance commit the Board of Directors and the Council of Governors (as a whole and Governors individually) to engaging proactively and constructively with the Board of Directors, acting through the Chairman, Senior Independent Director and the Lead Governor where appropriate according to their roles.

4.2 The Council of Governors will work with the Board of Directors for the best interests of the Trust as a whole, taking into account all relevant advice and information presented to, or requested by, the Council of Governors. The Council of Governors will not unduly delay responses to proposals or other reports from the Board of Directors, acting proactively to agree with the Board of Directors the information which the Council of Governors will need in order properly to discharge its statutory duties.

5. Conduct of Governors

5.1 This section of the Code sets out the conduct which all Governors agree to abide by. These commitments are in addition to compliance with NHS Improvement's requirements, the Code of Governance and the Constitution.

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5.1.1 Personal Conduct

Governors agree that they will:

a) Act in the best interests of patients and the Trust as a whole in the delivery of services within relevant financial and operational parameters, seeking at all times to properly discharge their statutory duties;

b) Comply at all times with legal and regulatory requirements and with the Constitution, Standing Orders, relevant Terms of Reference, policies and guidance;

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c) Be honest and act with integrity and probity at all times;

d) Respect and treat with dignity and fairness, the public; patients; relatives; carers; NHS staff and partners in other agencies;

e) Respect and value all Governors and Directors as colleagues;

f) Not seek to profit from their position as a Governor or in any way use their position to gain advantage for any person;

g) Accept responsibility for their actions and generally take seriously the responsibilities which are commensurate with the decision-making rights assigned to the Council of Governors through the legal and regulatory framework;

h) Ensure that the interests of the members as a whole and the public are represented and upheld in decision making such that in accordance with the requirements of the Constitution and relevant policies, those decisions are not influenced by gifts or inducements or any interests outside the Trust;

i) Not be influenced in any way and not represent any outside interests which they may hold, including any membership of trade unions or political organisations;

j) Ensure that no person is discriminated against on grounds of religion or belief; ethnic origin; gender; marital status; age; disability; sexual orientation or socio-economic status;

k) Show their commitment to team working by working constructively with their fellow Governors and the Board of Directors as well as with their colleagues in the NHS and the wider community;

l) Not make, permit or knowingly allow to be made, any untrue; misleading or misrepresentative statement either relating to their own role or to the functions or business of the Trust;

m) At all times, uphold the values and core principles of the NHS and the Trust as set out in its Constitution;

n) Conduct themselves in a manner which reflects positively on the Trust and not in any manner which could be regarded as bringing it into disrepute;

o) Seek to ensure that the membership of the constituency from which they are elected/their appointing organisation is both properly informed and represented

p) At all times, uphold the seven principles of public life as set out by the Committee on Standards in Public Life (also known as the Nolan Principles) as below:

(i) Selflessness: Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves; their family or friends or other interested parties.

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

(iii) Objectivity: In carrying out public business, including making public appointments; awarding contracts or recommending individuals for awards or benefits, holders of public office should make choices on merit.

(iv) Accountability: Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever

scrutiny is appropriate to their office.

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

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

(vii) Leadership: Holders of public office shall promote and support these principles by leadership and example.

q) seek advice from the Chairman or the Trust Secretary on matters relating the Constitution, governance requirements or conduct, and have regard to the advice given to them.

5.1.2 **Confidentiality**

Governors agree that they will:

r) Respect the confidentiality of the information they are made privy to as a result of their membership of the Council of Governors, except where information is made available in the public domain.

s) Understand, endorse and promote the Trust's Data Protection Policy in every aspect of their work. A copy of this policy will be provided to each Governor and training will be provided where necessary.

t) Make no public statements on behalf of the Trust or communicate in any way with the media without the prior consent of the Chairman or a designated officer from the Trust's Communications Department.

5.1.3 **Declaration of Interests**

Governors agree that:

u) It is essential for good corporate governance and to maintain public confidence in the Trust that all decision making is robust and transparent. To support this, the Constitution and the Trust's Policy on the Register of Interests, Gifts and Hospitality set out requirements for Governors to declare relevant interests (as defined in the Constitution).

v) Governors will declare interests on request from the Trust Secretary or, as required by the Constitution, whenever they become aware of a potential conflict of interest in respect of a matter being considered by the Council of Governors. Governors should seek advice from the Trust Secretary or the Chairman where they are unsure as to whether an interest needs to be declared. Declared interests will be included in a Register of Interests, which will be published

6. Participation in Meetings and in Training and Development

6.1 The Council of Governors will hold a number of meetings per year, the number to be determined by the Chairman. The schedule for these meetings and for other activities will be proposed by the Trust Secretary and is subject to approval by the Council of Governors.

6.2 It is expected that Governors will attend meetings of the Council of Governors and any committees to which they are appointed but it is accepted that there will be occasions on which Governors cannot attend, in which case they will give apologies for absence.

6.3 The Constitution provides for the Council of Governors to remove any Governor from office where he/she fails to attend two consecutive Council of Governor meetings and

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where the Council is not satisfied that the absence was due to a reasonable cause and that the attendance record will be rectified.

6.4 The Board of Directors has a statutory duty to take steps to ensure that the Governors are equipped with the skills and knowledge they need to discharge their responsibilities appropriately. A programme of training and development will be agreed with the Council of Governors and it is expected that Governors will participate in such activities unless, in reasonable circumstances, this is not possible.

7. Upholding this Code of Conduct

7.1 Following approval of this Code of Conduct by the Council of Governors, individual Governors agree to comply with all of its content.

7.2 Where possible or appropriate, any concerns about the conduct or performance of a Governor will be addressed under the leadership of the Chairman through training, development or other means which are considered appropriate. Where such concerns exist the Chairman will write to the Governor concerned to set out the concerns and the action agreed to rectify or otherwise address them.

7.3 The Constitution provides for the circumstances in which a Governor can be removed from office, including where any Governor fails to comply with this Code of Conduct. It is for the Chairman to propose removal from office if this is necessary after all other course of action, including training and development where relevant, have been exhausted. The Constitution provides for an independent review of evidence associated with such a proposal, reflecting the Foundation Trust Code of Governance. As required by the Constitution, it is for the Council of Governors to determine (in accordance with rules set out in the Constitution) whether any Governor should be removed from office following a proposal from the Chairman and an independent review if one is commissioned.

Approved by the Council of Governors on TBC
Approved by the Board of Directors on TBC

To be reviewed not later than TBC

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ANNEX 9

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

CODE OF CONDUCT FOR GOVERNORS

DECLARATION OF ACCEPTANCE

I confirm that I have received, read and understood the Code of Conduct for Governors (the Code).

I further confirm that I will comply with the provisions of the Code.

……
Signature of Governor

……
Name of Governor

……
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……
……
……
Address for Governor

……
Date of signature

Please return the completed form to:

The Trust Secretariat
Trust Headquarters
University Hospitals Bristol NHS Foundation Trust

Meeting of the Board in Public on Thursday 29 November 2018 in the Conference Room, Trust Headquarters

Report Title	**Governors Log of Communications**
Report Author	**Kate Hanlon, Membership Engagement Manager**
Executive Lead	**Eric Sanders, Trust Secretary**
Agenda Item No:	**18**

1. Report Summary

The purpose of this report is to provide the Council of Governors with an update on all questions on the Governors' Log of Communications and subsequent responses added or modified since the previous Board.

The Governors' Log of Communications was established as a means of channelling communications between the governors and the officers of the Trust. The log is distributed to all Board members, including Non-executive Directors when new items are received and when new responses have been provided.

2. Key points to note

(Including decisions taken)

- In the period seven new queries have been added to the log and answers have been received for all
- Six items are awaiting a governor response
- Item 208 (workforce) was re-opened for further clarification
- Item 203 (single point failure) and 206 (fire safety training and policy implementation) were assigned to a Board Committee
- Item 198 (patient safety) was updated.

3. Risks

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

The risks associated with this report include:

None

4. Advice and Recommendations

(Support and Board/Committee decisions requested):

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

ID	Governor Name		
214	Jane Sansom	***Theme:*** Arts programme	***Source:*** Governor Direct

Query **21/11/2018**

Many staff, and hopefully patients and visitors, are delighted to see the Trust investing in Anna Farthing to develop an Arts Strategy. This sends a strong message that the Trust values the well-being of staff and patients. How is the programme funded and how will this funding be sustained to ensure the ongoing success of the programme?

Division: Trust-wide ***Executive Lead:*** *Chief Executive* ***Response requested:*** 05/12/2018

Response **22/11/2018**

Anna Farthing's post as Arts Programme Director is funded by Above & Beyond for 18 months until October 2019. The current budget for the programme is a combination of Above & Beyond funding, capital, and funds from partnership projects with Bristol City Council, our local universities, Arts and Humanities Research Council etc. We receive essential and valuable in kind support from BID, civic organisations such as the Lord Mayors office, cultural organisations and individual volunteers.

The current programme offers low budget pilot projects, tasters and testers, to ascertain the potential value of the Arts and Culture programme to address strategic issues and the psycho social needs of patients, staff, students, families, visitors etc. These are arranged around a theme per month. After the focus month activities continue so that as more strands are introduced they can be embedded, and hopefully sustained by the engagement of participants. Part of the role is to create a strategy and action plans which will include resourcing and potential sources of financial support to sustain the programme.

Status: *Awaiting Governor Response*

ID	Governor Name		
213	Flo Jordan	***Theme:*** Recruitment	***Source:*** Governor Direct

Query **08/11/2018**

How can staff, and potential staff, be assured that the recruitment process at the Trust (i.e. from advert to interview and offer) is being adhered to in line with Trust policies and values - and are staff adequately trained to follow the process?

Division: Trust-wide ***Executive Lead:*** *Director of People* ***Response requested:*** 22/11/2018

Response **20/11/2018**

The HR Resourcing team routinely audit the Trust's recruitment process on a monthly basis with a random selection of files across Agenda for Change, Medical & Dental, Volunteers and Work Experience Placements to ensure compliance with the Trust's Recruitment policy, which is positioned and in line with the compliance stipulations of both NHS Employers and the Care Quality Commission (CQC). The outcome of these audits are used for team shared learning within Resourcing and also reported to the Safeguarding Recruitment Group where necessary.

The Trust provides a monthly 'Recruiting the Best' training session which covers off all aspects of the Trust's Recruitment policy. It is a requirement under the Trust's Recruitment policy that at least one interview panel member has attended the 'Recruiting the Best' training. In addition the HR Resourcing team provide quarterly open days designed to provide refresher training for managers on all aspects of recruitment. The next open day will be taking place on 5 December 2018.

Furthermore, the Trust shares the core values of the organisation from outset of the recruitment process. The values are positioned in all Job Descriptions, adverts and recruitment related correspondence. All shortlisted candidates receive a document which describes the values of the Trust and at interview, Managers are trained to assess the values and attitudes of candidates to ensure we are recruiting people who can recognise and are committed to working within

Status: *Awaiting Governor Response*

ID	Governor Name		
212	Graham Papworth	***Theme:*** Impact of Brexit	***Source:*** Governor Direct

Query **08/11/2018**

Does UH Bristol plan to cover the cost of any staff EU visas post Brexit? University College London Hospitals, St George's Hospitals and Guy's and St Thomas's have already said they will, with costs of £65 to £85 a head. If yes, what is the potential cost implication?

Division: Trust-wide ***Executive Lead:*** *Director of People* ***Response requested:*** 22/11/2018

Response **22/11/2018**

The Trust's Senior Leadership team (SLT) has agreed to pay the £65 residency application fee for any EU staff working at UH Bristol who wish to apply for residency in the UK once the Government opens up the process nationally. Resourcing will provide drop-in sessions to support staff at the appropriate time. Comms to this affect are being disseminated w/c 12 November 2018 to all EU staff through Divisions to confirm the Trust's support and to ensure all our EU workers feel a valued part of the workforce.

Status: *Awaiting Governor Response*

ID	Governor Name		
211	Penny Parsons	***Theme:*** Patient feedback	***Source:*** Project Focus Group

Query **27/10/2018**

Thinking about the Trust's quality objective around implementing more responsive systems for gathering patient feedback, have other Trusts been consulted (in terms of learning from their mistakes and successes) in constructing and running these sorts of systems? What is the status of this project?

Division: Trust-wide ***Executive Lead:*** *Chief Nurse* ***Response requested:*** 09/11/2018

Response **01/11/2018**

The Trust's Patient Experience and Involvement team talks to a range of trusts and suppliers about the patient experience systems they have in place, in particular Northumbria, Kings College Hospital, North Bristol Trust, Bristol Community Health and Imperial. There isn't one single approach that has come to the fore and they have all brought valuable insights to the development of the Trust's Quality Strategy.

Specifically in terms of real-time e-feedback systems, the key learning (and challenge) for UH Bristol is that collecting feedback in real-time needs to be backed up by robust processes and support for staff to use that data in 'rapid-time', the need for effective promotion of these opportunities to service-users, and also that these tools are a compliment to 'traditional' methods to capture and use patient feedback (surveys, focus groups, community engagement) rather than a replacement for them. These insights have all been built into our plans. That said, we are pushing this technology further than many organisations are by using is it not just as a means of collecting survey feedback, but using it as a mechanism for people to be able to feed directly into the Trust's complaints and resolution processes.

We are working towards an implementation in the Bristol Royal Infirmary by the end of December 2018. From there we will spend Q4 (January-March 2019) learning from this initial implementation, before rolling-out to our other hospitals during 2019/20.

Status: *Awaiting Governor Response*

ID	Governor Name		
210	John Chablo	***Theme:*** Digital hospital	***Source:*** Governor Direct

Query **25/10/2018**

As a Digital Exemplar, UH Bristol is doing great things internally implementing digital systems to make life easier and better for our staff and patients. However, the current website doesn't reflect this fantastic work going on, as it is not secure (https SSL certificate required) and is non responsive (not mobile friendly). As the majority of people now use mobile to view websites, this makes it very difficult to use and view, and I feel doesn't project the right image for us as Digital Exemplars. Are we looking at updating the site?

Division: Trust-wide ***Executive Lead:*** *Chief Operating Officer* ***Response requested:*** 08/11/2018

Response **30/10/2018**

We are looking to upgrade our website in the near future and have begun to explore the options for this. Over the coming weeks we will be meeting with staff and other stakeholders to review what is good about the current website, what their aspirations are for a new website and to look at best practice at other trusts. Ensuring it is mobile friendly and accessible will be a key priority for the new website.

Status: *Awaiting Governor Response*

ID	Governor Name		
209	Carole Dacombe	***Theme:*** Telecommunications	***Source:*** Project Focus Group

Query **26/09/2018**

Given the longstanding and significant need to give attention to issues relating to telephone systems at the Trust, governors were disappointed to note the relatively sparse feedback on telecommunication within the recent Q1 report on Corporate Quality Objectives.

We wish to seek assurance that work on telecommunication issues is being pursued with real urgency and priority within the customer service objective. Have measurable targets been set for this work?

Division: Trust-wide ***Executive Lead:*** *Chief Nurse* ***Response requested:*** 10/10/2018

Response **13/11/2018**

In April 2018 we launched a Trust-wide initiative to improve our telecommunications alongside work undertaken directly within the divisions. Our primary outcome measure is the number of complaints the Trust receives about telecoms. A recent Trust-wide analysis from January 2014 to October 2018 indicates our median complaints per month is the lowest in 2018 (6.5 per month for 2014; 12.5 for 2015; 10.5 for 2016; 9 for 2017, and 5 for 2018 to date). This is an early indication that work to improve telecommunications is having a positive impact. We understand issues with telephone systems are particularly frustrating for patients and so continue with three major areas of focus:

1) Improving our performance reporting
Key to driving improvements are process measures that tell us whether the changes staff have made to their working arrangements have made any difference to the number of calls they answer. Yet, until this project launched we had very limited means of proactively reporting telecoms activity and performance. Our software system is configured to focus on outbound call activity. Thus, inbound call data was in a very raw form, requiring substantial post processing to share anything meaningful. For example, we cannot easily calculate the percentage of calls answered in a day, and calls will reflect as 'answered' when picked up by a voicemail server or bulletin message. We have been working with IM&T and the software provider to use the system to its best capability. Whilst we have made some gains in redirecting its focus to capture inbound performance, the data still requires post processing. An analyst is currently working on whether we can further refine our reports to provide the information we need to drive and sustain improvements. If this is not possible, we will look at new code to be written into subsequent versions of the software.

2) Direct support to particular teams
High-volume, outpatient-heavy departments have the highest inbound call demand and frequency of complaints. These departments are staffed by co-ordinator teams who have numerous administrative tasks, so we have taken a process-led approach to understand and overcome barriers to answering the phones in a timely way. We are optimising our use of existing resources by modifying task structures, rotas and improving teamwork to support them to answer more calls. We have also assessed sources of failure demand (e.g. other teams signposting callers to inappropriate extensions, or confusing information in letters prompting calls to the department). There are a number of issues that can divert priority from our phones. In this context, there will be a ceiling to the improvements that

ID **Governor Name**

can be made within current resources, unless we can broaden the scope of the project to reduce inbound call traffic further. This bears consideration when we plan how best to sustain improvements.

3) Sharing good practice, tips and stories from teams

Before launching an awareness drive in April 2018, some departments had already undertaken work to improve telecoms in their own areas. We used the learning from these teams and others joining the project to share good practice, tips and resources via internal communications channels. A recent staff survey showed that 76% of nearly 400 respondents are aware of the drive to 'Take phonership'. The next phase of our communications will focus on sharing the benefits of improving telecoms and making these resources more accessible

Measurable targets

Given the challenges obtaining clear telephony data, it has not been possible to set Trust-wide targets regarding the percentage of calls answered. Instead, we have focussed on providing site-specific data as a process measure to provide feedback to teams who are making changes. Our agreed outcome measure is a reduction in complaints. Our target is to reduce complaints in key departments by 50% at the end of Q4. Complaints have reduced by more than 50% in nine out of 12 identified departments. During Q3 we will continue our Trust-wide communications and direct work with departments. We will also continue our focus on improving the quality of telecoms data, to establish ongoing monitoring of performance within the divisions during 2019.

Status: *Awaiting Governor Response*

ID	Governor Name		
208	Flo Jordan	***Theme:*** Workforce	***Source:*** Governor Direct

Query **20/09/2018**

I am aware that pockets of our specialist workforce are under strain due to staff turnover including retention and upcoming retirements. Is the Trust aware of where these gaps are, and do we offer opportunities for existing staff to upskill or retrain to fill these gaps?

Follow up question submitted 08/11/18: It was good to hear that you have recruitment plans in place, but how do you measure their effectiveness and do you have any further comment on tackling the issue of retention?

Division: Trust-wide ***Executive Lead:*** *Director of People* ***Response requested:*** 04/10/2018

Response **17/10/2018**

The Trust is aware of the gaps as this is reported through Divisional workforce reports on a monthly and quarterly basis with supporting recruitment plans in place as appropriate.

A component of these plans would be the opportunity to retain these staff by using the retire and return policy which we have successfully deployed in a number of high turnover areas. This is clearly not a long term sustainable solution therefore the Trust has commenced work on succession planning that will ultimately ensure our high risk roles have identified successors in the future.

Status: *Re-opened*

ID	Governor Name		
207	Sue Milestone	***Theme:*** Carers	***Source:*** Governor Direct

Query **18/09/2018**

Since the Chair of the Carers' Strategy Group left the Trust in February 2018, the Carers' Strategy Group has not met, nor has there been any word on the status of this vital group. Liaison with carers of vulnerable patients is particularly important, especially in light of the findings in May of the National Learning Difficulties Mortality Review (LeDeR) carried out by NHS England and University of Bristol into deaths of patients with learning difficulties while in NHS care. The conclusions reached were that 25% of patients with LD die on average 20 years younger than the rest of the population, and these vulnerable patients are three times more likely to die from an avoidable death while in the care of the NHS. Can governors understand if the role of the Chair of the Carers' Strategy Group has been filled and the current status of Group? And what is the Trust's involvement with the LeDeR?

Division: Trust-wide ***Executive Lead:*** *Chief Nurse* ***Response requested:*** 03/10/2018

Response **10/10/2018**

The next meeting of the Carers Strategy Group is in October 2018 and there are dates set into 2019. Work to deliver the seven objectives identified through engagement with carers continues internally and through cross working with partners. The Trust is fully involved in the National Learning Difficulties Mortality Review work. The outcomes of these reviews have been reported through the Learning from Deaths Annual Report presented at Public Trust Board.

Status: *Closed*

ID	Governor Name		
206	Flo Jordan	***Theme:*** Fire safety training and policy implementation	***Source:*** From Constituency/ Members

Query **05/09/2018**

After the recent fire at BHOC, what assurance can staff (and patients) be given that fire safety policies are being followed and that any breaches (e.g. blocking of fire exits) are reported and acted on? And how do we ensure that staff, particularly in surgical areas such as theatres, are adequately trained to safely evacuate patients who may require ongoing complex care in the event of a fire?

Division: Trust-wide ***Executive Lead:*** *Chief Operating Officer* ***Response requested:*** 19/09/2018

Response **24/09/2018**

In terms of the Trust Fire Policies, these are independently audited on an annual basis by an externally appointed Authorised Engineer for Fire who is directly accountable to the Director of Estates and Facilities. This ensures that our policies remain up to date and are being appropriately implemented. With regard to any breaches and ensuring that all fire exits remain clear, a monthly check is carried out by members of the Estates and Facilities Directorate and by trained fire wardens. Any blockages are reported to the Manager of the area concerned, and if the matter is not resolved it is reported to the Fire Safety Advisor who will visit and issue a Non-Compliance Notice if required. The status of the fire escape checklist and of any breaches are reported monthly to the Division of Estates and Facilities Risk Management Group and the Divisional Management Board. Any material breaches are reported to the Deputy Chief Operating Officer.

The Trust has a good record of meeting the essential training targets for Fire Safety and consistently achieves over 85% compliance. Training is available for all staff to book themselves onto for Fire Warden, Ward Evacuation and Theatre Evacuation training courses at our Fire Training Centre at Tyndalls Park. We have made 38 courses available to staff over the last eight months.

Status: *Assigned to Board Committee*

ID	Governor Name		
203	John Rose	***Theme:*** Single point failure	***Source:*** Project Focus Group

Query **25/05/2018**

The recent fire at the Bristol Haematology and Oncology Centre has been dealt with in an exemplary manner, but it shows how vulnerable any business can be to an accident or single point failure. Does the Trust have an operational risk assessment of all its assets recognising the likelihood and effect of single point failures of buildings, departments, power supplies, steam supplies, heating, cooling and ventilation systems, and have mitigating actions been identified and agreed? In addition, are all emergency and life safety systems regularly and effectively tested and reviewed.

Division: Trust-wide ***Executive Lead:*** *Chief Operating Officer* ***Response requested:*** 08/06/2018

Response **13/06/2018**

We have business continuity plans for all key departments and areas of the Trust. These include any patient facing department as well as any other key services provided by the Trust. These plans contain risk assessments as well as a prioritisation of the functions performed by each service. Additionally there is a focus on the response to impacts of incidents affecting premises, staffing, utilities and resources for each area. Within this process single points of failure are highlighted with mitigating actions put in place. Any high risks will also have an additional action plan as part of the plans. Estates and IM&T also hold plans for key systems which are relied upon across the Trust.

Alongside the business continuity plans MEMO also hold a database of all equipment which requires UPS backup and these are maintained between themselves and estates.

Status: *Assigned to Board Committee*

ID	Governor Name		
198	John Rose	***Theme:*** Patient safety	***Source:*** Governor Direct

Query **14/03/2018**

Recent media coverage seems to suggest that surgeons (and doctors) can carry out procedures with only themselves aware of their histories of success or otherwise. What processes are in place to monitor the effectiveness and safety of medical and surgical activities at UH Bristol?

Division: Trust-wide ***Executive Lead:*** *Medical Director* ***Response requested:*** 28/03/2018

Response **11/04/2018**

We have a system for proactively monitoring our quality intelligence data for any potential outlier alerts which need further investigation. Where a potential alert is identified this is reviewed to see if it is statistically significant, that coding and mode of admission data is accurate and, if both, then a clinical review of the care of the patients which comprise the alert is undertaken. Where possible we triangulate the information with other data sources if they are available to us, such as national clinical audits, serious incident investigations, mortality review process. Occasionally we receive outlier alerts from third parties such as the CQC who may use slightly different datasets and statistical methodology. Increasingly when this occurs we are finding that we are already aware of a similar outlier alert which has already been investigated and, if relevant, improvement actions are in place or is being investigated.

Update 03/05/18: The quality intelligence data in the original reply refers to Hospital Episode Statistics data derived from clinical coding of every single patient's inpatient treatment as recorded in the clinical notes. This is reviewed in a number of ways to identify any outlier alerts and themes which can be drilled down into further detail, including to individual consultants. This includes such things and complications, misadventures, surgical site infections, readmissions, mortality. Alerts are reviewed and investigated further via an agreed standard operating procedure, including a review of individual patients if indicated, and reported into the Trust's Quality Intelligence Group chaired by the Medical Director.

With regard to the data in the quality dashboard, this comes from a wide range of internal and external sources e.g. NHS Digital (Summary Hospital Mortality Indicator) and local monitoring systems e.g. observational handwashing audits.

Update 25/09/18: Surgeons also submit data on outcomes to national and regional registries and as part of national clinical audits.

Data on individual surgeons' outcomes can be found on the NHS Choices website. This would highlight whether a surgeon's outcomes are statistically worse than expected – and if they were, this would be reviewed by the Trust (for example, this might be explained by a more complex patient caseload).

If a surgeon wants to introduce a new clinical procedure, they are required to seek permission from the Trust's Clinical Effectiveness Group – as part of this process, CEG will consider any published evidence relating to the effectiveness and risks of the proposed procedure. CEG also asks surgeons to submit data on early clinical outcomes from newly introduced procedures.

ID **Governor Name**

Any pattern of concerns raised by patients about particular procedures or surgeons would be identified via regular analysis of complaints. Information about doctors cited in complaints is shared monthly with the Associate Medical Director – if concerns are identified, the surgeon or doctor would be interviewed by a member of the Medical Director's team.

Update 19/11/18: All departments participate in regular Mortality and Morbidity Meetings where untoward outcomes are reviewed by the Multi-Disciplinary Team and escalated if there are any concerns.

If any member of the relevant immediate team (e.g. Anaesthetist, Junior Doctor, Theatre/Ward/Outpatient Nurse) or wider hospital community has any concerns about either a procedure or a clinician they can escalate the concerns (in an anonymous manner if so wished) by using either the 'Whistle-Blowing' Process or by contacting the Freedom to Speak Up Guardian.

All new medical staff are advised at Induction that they can contact the Medical Director Team in a confidential manner at any point if they have any concerns.

Status: *Awaiting Governor Response*

Meeting of the Board in Public on Thursday 29 November 2018 in the Conference Room, Trust Headquarters

Report Title	**Bristol Royal Hospital for Children (BRHC) – Annual Report**
Report Author	**Ian Barrington/Bryony Strachan, Divisional Director & Clinical Chair for Women's and Children's Division**
Executive Lead	**Carolyn Mills, Chief Nurse**
Agenda Item No:	**20**

1. Report Summary

2. Key points to note

The Bristol Royal Hospital for Children's Annual Review 2017-18 summarises the key highlights and achievements in the BRCH over the last year. It is an opportunity to recognise and share the developments and improvements that have been made to services, the continued hard work and commitment of our staff and the evolving engagement and involvement we have with our families**.**

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

The risks associated with this report include:
N/A

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

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

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

Senior Leadership Team	21 November 2018

Bristol Royal Hospital For Children

NHS
University Hospitals Bristol
NHS Foundation Trust

Bristol Royal Hospital for Children

Annual Review 2017/18

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Welcome and introduction

We are delighted to present the annual review 2017/18 for the Bristol Royal Hospital for Children. This annual review gives us the opportunity to share with you some of our key highlights and achievements during the year. We hope you will enjoy reading it and will share our sense of pride in what has been achieved by our dedicated and passionate staff and our families.

One of our key priorities is to listen to our children, young people and their families and, where we can, to act upon what they say. We received excellent feedback from the National Children's survey by the Care Quality Commission, and we were delighted to achieve one of the very best parent experience ratings nationally. We have launched our new orientation videos of our wards introduced by children for children, which alongside our excellent 'A Little Deep Sleep' film, have helped many families prepare for their stay in hospital.

Our main charity, The Grand Appeal, has reached an important milestone in raising over £50 million for the hospital. The extra added value it brings, whether in accommodation for parents far away from home, innovative equipment, life-changing research or music therapy and arts and play programmes is immeasurable. We are extremely grateful to our charity partners and fundraisers that make such a difference to children and their families. Their fundraising enables us to provide that extra special support such as the videos above, state of the art equipment, and research to give care of the highest quality.

We are proud of our leading edge research, which is an integral part of the children's hospital and helps us deliver the best care possible to our patients and to improve the care we give in the future. Ground-breaking research from Bristol is changing children's lives in the UK and internationally. An example of this is the 2017 National Institute of Health Research and Arthritis Research UK-funded Bristol-led SYCAMORE trial in paediatric rheumatology. The drug used in the trial has been licensed and approved by the European Medicines Agency and the US Food and Drug Administration and is having an impact on tens of thousands of children across more than 35 countries.

Our clinical services continue to deliver outstanding results. In particular, the major trauma service exemplifies many of the services we have. This brings together our regional hospitals, transport services by ambulance or helicopter, and multiple teams in the hospital and community rehabilitation, all working towards the same goal of getting a child home again as well and as fit as possible.

However, we know that we don't get things right every single time. We are very committed to ensuring that we learn from when things happen, to support patients and families and staff to ensure that as a hospital we continue to listen and reflect and share any learning more widely when needed.

Our workforce is crucial to the experience and care our children receive. We are rising to the challenges that the NHS faces in supporting its staff. In 2017/18 we have been innovative in recruitment and ways to help the wellbeing of our staff. We are pleased with the better scores in the staff survey this year. We are brilliantly supported by our teams behind the scenes, those unsung heroes that keep the wards clean, the lights on and the water flowing. Thank you to our staff this year who went the extra mile, whether literally through the snow drifts in the winter, or by giving exceptional care.

We would also like to thank our Trust Board, who have gone above and beyond at times to support our services and champion the voice of the child with our commissioners and other NHS leaders.

Bryony Strachan, Clinical Chair, Women and Children's Division

Ian Barrington, Divisional Director, Women and Children's Division

Carolyn Mills, Chief Nurse and Executive Lead for Women and Children's Division

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Who we are and what we do

The Bristol Royal Hospital for Children (BRHC) is one of the major specialist children's hospitals in the country and forms part of University Hospitals Bristol NHS Foundation Trust. We provide local services for the children of Bristol and the surrounding area and have a partnership with Weston Area Health NHS Trust for the children of North Somerset. We are a large specialist care centre for the South West of England and cover a population of 933,000 children. Our region extends over 200 miles from Cheltenham in the North to Truro in the South, and Swindon in the East. We are the designated Paediatric Major Trauma Centre for the South West. We also provide vital renal transplantation and congenital heart disease care for paediatric patients from South Wales and work collaboratively with our partners in Cardiff.

We have 74 different specialities, 10 inpatient wards, five day case wards, an emergency department, nine theatres, a paediatric intensive care unit and 37 outpatient clinic rooms. We employ over 1,380 staff.

Our Paediatric Intensive Care Unit (PICU) is the lead centre for paediatric intensive care in the South West and also hosts the Wales and West Acute Transport for Children service (WATCh), which is a collaborative, centralised paediatric transport service serving South Wales and the South West of England.

Clinical networks

The children's hospital is part of a number of paediatric clinical networks including the Congenital Heart Disease Network, Neurosciences Network, Paediatric Intensive Care Network and the Major Trauma Network. These clinical networks bring together clinicians from secondary and tertiary care to work in a co-ordinated way and to ensure equitable provision of high quality clinically effective services for patients.

Child and Family Support Service

The Child and Family Support Service is a skilful multi-service team who work together to maximise the support offered to patients and families. It ensures families are aware of the right services to meet their needs and supports activities that help reduce the impact of the stress that a hospital visit or stay can bring. Find out more on page 10.

Research and education

The children's hospital is a leading organisation for healthcare research and education and has a considerable reputation for innovative research and development.

Our supporters

We are fortunate to have some fantastic charities that support us, including Above and Beyond, The Grand Appeal and Guild of Friends, who work each tirelessly to support the children's hospital in many ways to care for our patients and their families in a way we are proud of.

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Our history

The first children's hospital in Bristol was opened in 1866 as the "Bristol Hospital for Sick Children and Outdoor Treatment of Women" on Royal Fort Road. It was a nine bed hospital founded by the philanthropist Mark Whitnell with the core principle that any child, no matter how poor, would be admitted as long as there was room. It treated children and women but in 1941 it became exclusively for children.

In 2001 a brand new children's hospital, costing around £30 million, was opened by Prince Charles, the Prince of Wales. This was the first children's hospital in Europe designed wholly around children.

In 2014 a major expansion project was undertaken at the children's hospital and paediatric services were transferred from North Bristol NHS Trust, to bring together all major acute paediatric services onto one site.

Our mission, vision and values

Our mission is to improve the health of the people we serve by delivering exceptional care, teaching and research every day.

Our vision is for Bristol and our hospitals to be among the best and safest places in the country to receive care.

We want to be characterised by:

- High quality individual care, delivered with compassion
- A safe, friendly and modern environment
- Employing the best and helping all our staff fulfil their potential
- Pioneering and efficient practice, putting ourselves at the leading edge of research, innovation and transformation
- Our commitment to partnership and the provision of leadership to the networks we are part of, for the benefit of the region and the people we serve.

Our highlights 2017/18

In 2017/18 we continued to be united in our mission to improve the health of the children we look after, to deliver exceptional care, teaching and research every day, to engage with our families to understand what we could do differently and to aim to be among the best and safest places in the country to receive care. We are delighted to share some of our accomplishments in 2017/18, made possible by the continuing commitment and dedication of our staff, our families, our volunteers, our partners and our charities.

- **95% of our children were seen within four hours** in our emergency department, meeting the national performance target. This was a **4% improvement** on 2016/17 despite a 2% increase in total attendances. Find out more about how we achieved this on page 15.
- The children's hospital fully achieved the **delivery of the actions to address the recommendations from the Independent Review of Children's Cardiac Services in Bristol**. Although the review focussed on children's cardiac services, the children's hospital, where possible, has implemented learning and service changes throughout the organisation, recognising the benefits this will bring to patients and their families. Our strategy is one of continual improvement, recognising that there are always more improvements and work that can be done, and to not recognise this would be complacent.
- We refurbished our **Patient Resuscitation Unit** in our Emergency Department.
- We **successfully appointed to a number of key roles** including a clinical director for surgery, nurse recruitment lead, a consultant in paediatric endocrinology to support the diabetes and obesity service and a paediatric high dependency unit (HDU) consultant in PICU.
- We have developed **ward orientation videos** for patients and families. Each film is presented by an ex-patient from the unit concerned and their family to help new patients better understand what to expect when they attend or visit our hospital.

- We continued to **strengthen our international links** with our consultant neurosurgeon and paediatric cardiac surgeon presenting at the international conference at Hunan Children's Hospital in China. Our ketogenic service, which is the largest in the UK, has been invited to present at a conference in South Korea, and we planned a trip to the Mercy James Institute for Paediatric Surgery and Intensive Care (MJIPSIC) in Malawi to help support the setup of an education programme for high dependency and intensive care nursing.
- The South Wales and South West Congenital Heart Disease (CHD) Network launched a regional **lifespan specialist psychology service** for CHD patients which includes access to 24/7 support information online through to specialist 1:1 support for those

South Wales and South West Congenital Heart Disease Network

with the greatest need. In addition the network launched a new **network website** (www.swswchd.co.uk), which was designed with the needs of patients and their families at heart.

- The first **deep brain stimulation case** was conducted in the hospital.
- We agreed to participate and be a pilot site for NHS England's 111 clinical hub model to support urgent care pathways.
- John Moppett, consultant paediatric haematologist, has been appointed as the UK clinical lead for the next acute lymphoblastic leukaemia, ALL (ALLTogether) trial due to open early 2020. The trial will involve over 7,000 patients from 13 countries.
- The first meeting of the **South West Acquired Brain Injury Neurorehabilitation Network (SWANN**) was held and was well attended from across the region.
- Our children's cancer unit has been developing a national **Chemotherapy Passport for nurses.** The passport, which will have a nationally agreed and recognised set of competencies for nurses in administering chemo, will enable consistent training across the country. Once nurses have their passport training they can then move freely between employers.
- **CHEMOCARE,** an electronic chemotherapy prescribing system Introduction of across the region that improves communication regarding treatment decisions between the children's hospital and local centres.
- We continued our work to improve the pathway for children moving to adult services (transition); this included strengthening the links between the learning disability service in the children's hospital and the adult service.
- We developed a "Red-Amber-Green" rating system for our outreach teams to prioritise any children on their active list of patients with a graphic indicator that highlights whether a child is improving, deteriorating, and staying the same.
- We brought the community paediatric service for the area under the management of our dietetic team at the children's hospital, with the agreement and support of community dietetic providers and North Bristol NHS trust. This will ensure a **more sustainable dietetic service in the community** as well as clearer pathways and interface with hospital services.
- WATCh has implemented nurse **delivered high dependency transports** which has increased flexibility and capacity within the busy WATCh workload. Nurses are supported to develop advanced clinical assessment skills through formal education at the local University and supervised transport episodes.

- The Children's Emergency Department has improved the speed it takes for children with with suspected sepsis to be given antibiotics (currently around 80% within one hour). The department has also developed a neuroradiology pathway for imaging in cases of suspected intracranial pathology, and also developed a clear patient pathway to safely manage febrile neutropenia patients, and patients with bleeding disorders.
- We safely introduced **criteria-led discharges** on our observation ward, which has resulted in patients needing to stay in hospital for fewer days. This work won an award for quality improvement, and was presented at national conference.
- We launched '**You Got This'**, a programme designed and started by our staff consisting of activities, support, innovations and resources to formally strengthen our team and our wellbeing. As a team we

have decided to invest our energies in interventions that make us feel good and keep us well.

- The hospital has been recognised as a **Centre of Excellence within the European Reference Network (ERN) for rare endocrine conditions.** The multi-disciplinary team is working with other ERN centres and patient engagement groups across Europe to improve care for children with rare endocrine conditions.

- We were successful in being commissioned as a Tier 3 Paediatric Obesity service which has enabled us to expand the service including appointing to specialist roles in nursing, dietetics, psychology and social work. This service is leading nationally in its effectiveness in managing childhood complex obesity.

- The paediatric diabetes team has demonstrated excellent compliance with the standards of care described in the paediatric diabetes best practice tariff and an improved performance in the National Paediatric Diabetes Audit and clinical outcomes for its patients.

- Paediatric rheumatology has led some **ground-breaking research** leading to the approval to use adalimumab in children with uveitis.

- BBC Points West highlighted the fantastic **ketogenic service** at the hospital which supports patients who are resistant to drugs to manage and control their epilepsy.

- Our Paediatric Palliative Care and Bereavement Support Team supports the delivery of high quality paediatric palliative care and bereavement support to families. In 2017/18 we held a **special afternoon of remembrance** with readings, music and reflections, for all families whose child had died at BRHC in the last year. Each family received a natural stone memory pebble engraved with the name of their child. Feedback from those attending was that it was a comforting and healing experience.

- Ongoing nursing team recruitment in theatres has improved sufficiently to support the **introduction of a second on-site theatre practitioner overnight**. This initiative was in line with specific staff well-being requests, as well as improved safety and productivity standards.
- We continued our **excellent response to the theatre requirements of the Paediatric Major Trauma Service** throughout the year, with nationally recognised results in transfer to theatre time (that means the time it takes for a patient to have their operation) for this patient group.

We also have many highlights to share with you specifically about;

- Our Child and Family Support Services (page 9)
- Care we delivered (page 12)
- Our finances (page 15)
- Our patients and families (page 17)
- Our staff (page 25)
- Our supporters (page 32)
- Patient Safety (page 35)
- Research (page 36)
- Education (page 38)

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Child and Family Support Services- Our services & our highlights 2017/18

Chaplaincy and Friends for Parents

The Department of Spiritual and Pastoral Care (Chaplaincy) enables and provides spiritual, religious and pastoral care to the patients, staff, relatives and carers who come in contact with our Trust.

Our highlights: Gillian Wilding who heads up our 'Friends for Parent' service was awarded a Prime Minister's Point of Light Award for her services to the NHS.

Psychology

We work with families on psychological responses to illness, provide therapeutic groups, teach and train around the country, publish in books and journals and hold patient participation and Involvement events to find out what would really help.

Our highlight: Our team won the Innovation Excellence Award at the Macmillan Professionals Awards for the multi-professional development of an IAM on line Portal aimed at improving the cancer journey for teenagers and young people by making their voices more central to their care.

Play Services

The play team provide patients with development support through fun and familiar activities, help meet their social, emotional and cultural needs and offer preparation support for procedures.

Our highlight: Our play service has increased in size and now includes a sensory play practitioner.

Music therapy

The Grand Appeal music therapists deliver a service five days per week, covering wards at the children's hospital and the Neonatal Intensive Care Unit (NICU) at St Michael's Hospital.

Our highlight: During 2017, we carried out a service evaluation collecting data from 50 patients and families, and then produced a poster describing this work to present at the British Association for Music Therapy national conference in London. The poster was seen by over 400 delegates and received the runner-up prize from the scientific committee.

Child and Family Support Services- Our services & our highlights 2017/18

LIAISE

The LIAISE team, which includes the family support team, provides a range of support services to patients and families within BRHC and NICU, including supporting local resolution for worries or concerns, providing information and encouraging engagement and involvement work within the team.

Our highlight: We introduced a reduced price laundry service, supported by the Grand Appeal, and developed a referral system for the local Food Bank to allow families in difficulty to access support.

Family Support

The Family Support service sits within LIAISE and is funded by the Grand Appeal, working with long stay patients and families who do not have dedicated social work support within their service.

Our highlight: The service to the neonatal intensive care unit was successfully expanded, working within the developing model of Family Integrated Care.

Paediatric Liaison Team

Our Paediatric Liaison team help with children's mental health needs during an inpatient stay. They get in touch with services outside of the hospital to line up care after discharge.

Our highlight: We have expanded the

Young People's Involvement

The young person's involvement worker is part of the LIAISE team and ensures that voices of young people are heard within the Trust. This included running the Youth Involvement Group and supporting our Young Governors

Our highlight: Some of our members attended the membership strategy

Hospital School

The hospital school is funded by the Local Authority to provide schoolroom and bedside educations for patients and siblings to support their existing studies. This can include working towards and sitting exams.

Social workers

Dedicated social workers sit within the multi-disciplinary teams for cystic fibrosis, renal. osteogenesis imperfecta and obesity, and within oncology funded by CLIC Sargent.

Our highlight: Together with the family support workers, we set up a peer

service with two part time mental health practitioners and additional psychiatric time.	event to contribute to discussions about what the Trust should be focusing on in the next few years.	**Our highlight:** Over the course of the school year, the team taught 778 children, running 4,984 teaching sessions.	support group to help them work together more effectively, discuss more challenging aspects of their roles and mutually support each other.

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Our year in numbers

Outpatients
31,252 new appointments
40,384 follow ups
8.1% patients did not arrive for their appointments
795 peripheral clinics held in 16 different hospitals across South West & Wales

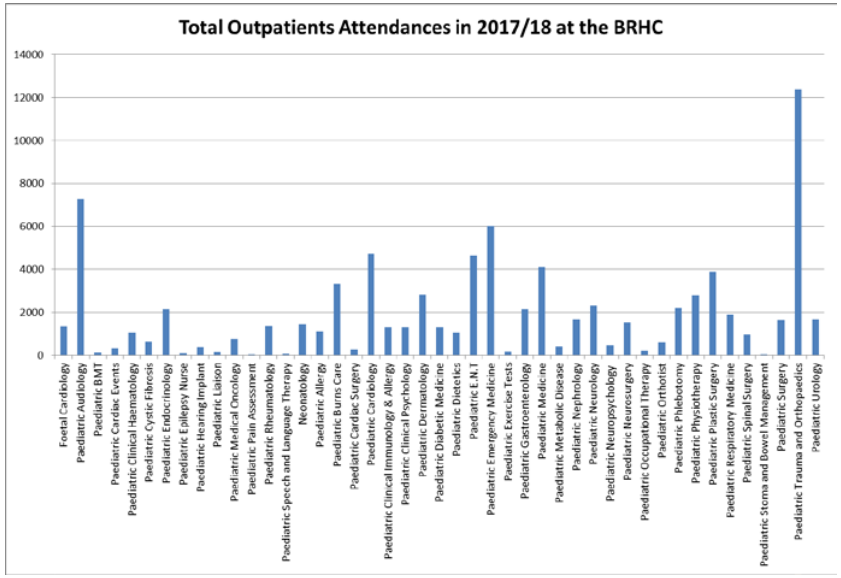
Theatres
8,753 operations performed
98.7% patients had operations on their surgery date as planned

Admissions
Elective day case- 9,170
Elective inpatient- 3,425
Emergency- 10,667
Non-elective- 365

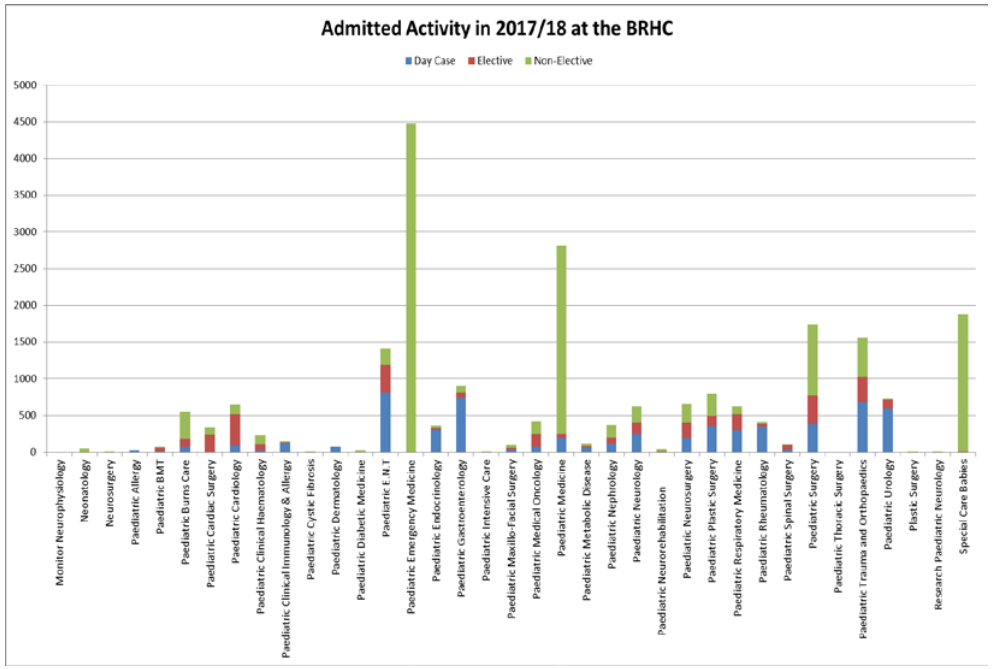
Emergency Department
Emergency Department attendances- 41,068
95% patients seen within four hours

Care delivered 2017/18

In 2017/18 we had over 70,000 attendances at our outpatient clinics in 2017/18. Paediatric trauma and orthopaedics ran the largest outpatients service equating to 16% of all outpatient attendances.



We had over 23,600 admissions to our hospital. 45% of these were emergency admissions. 84% of patients referred to our services for planned care had treatment in less than 18 weeks.



Our Emergency Department in numbers

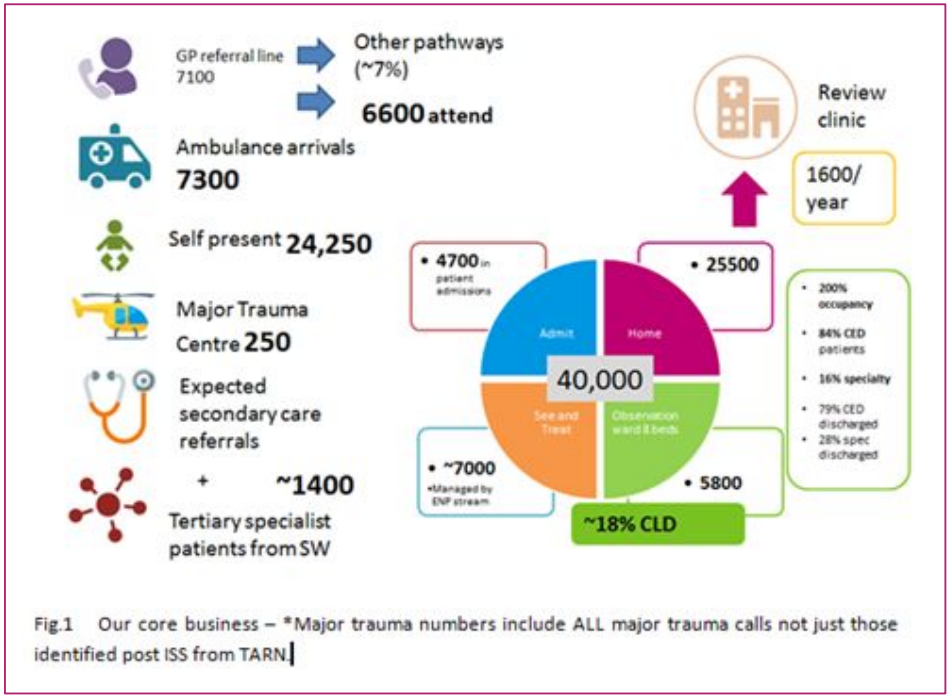


Fig.1 Our core business – *Major trauma numbers include ALL major trauma calls not just those identified post ISS from TARN.

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Our Improving patient care 2017/18- Patient flow project

One of our highlights in 2017/18 has been the improvements made to how our patients flow through our hospital, from when they arrive at our emergency department through to when they are discharged. This has led to an increase in the numbers of patients being seen within the four hour target for emergency care and has also reduced the number of patients cancelled on the day of their admission due to a lack of beds.

Why improve patient flow?

Over the last few years, we have seen a significant increase in the number of emergency attendances at the Children's Emergency Department and an increase in the number of patients requiring emergency admission.

In winter, the hospital sees extremely high numbers of patients compared to other times in the year. During winter, we know we have less capacity than there is demand to admit both emergency patients and those needing elective or pre-planned care. This results in delays in patient care and impacts on the quality of patient care patients receive.

What we did:

- We held a **winter planning workshop** in June 2017 to review impact of last year's plans to support improved care through winter peaks and agree changes for the coming winter, which teams felt would have the greatest impact.
- We set up a **daily hospital-wide meeting** to gather information on discharges for next 48 hours, as well as staffing to support flow.
- We have improved the use of the Clinical Investigation Unit as an ambulatory care unit, and we also now offer a **Discharge Waiting Area** service to allow beds to be freed up on inpatient wards.
- We have developed standards to improve and standardarise how we book patients for admission.
- We have improved communication between hospital teams about patients outside of Bristol in the wider region or at home awaiting admission.
- We have developed '**Think Discharge'** whichis an initative that we have implemented to support teams in planning discharges more effectively,we have provided guidance on roles and responsiblties which has been developed along with a booklet for patients and families to support and empower them.

What have we achieved?

- **95%** of all patients seen and discharged/admitted within four hours, the first time since 2014 despite a significant increase in attendances.
- We have reduced the number of admissions we cancel last minute.

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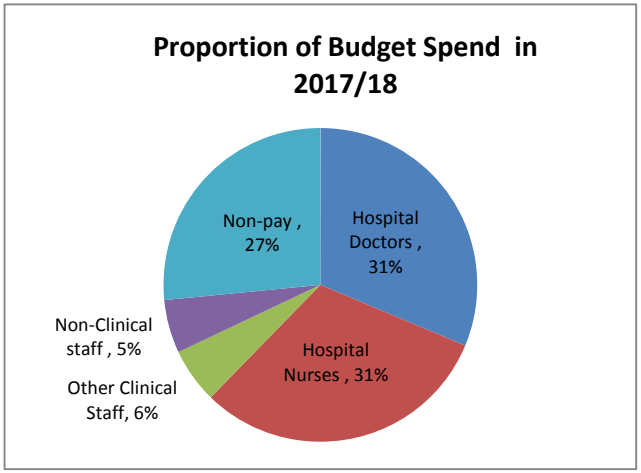
Finance and Resources

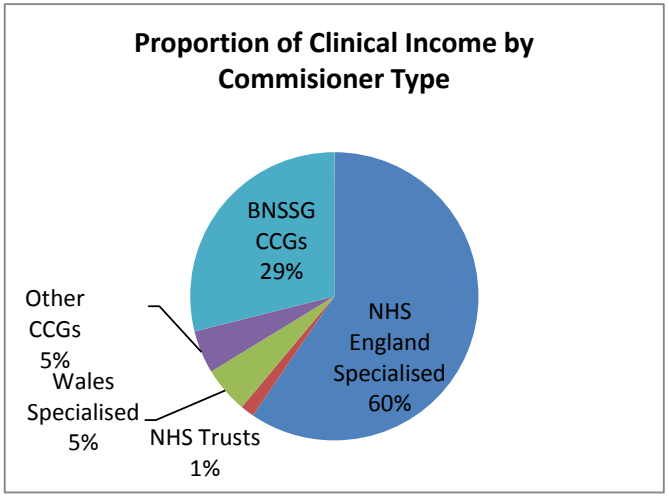
Our budget in 2017/18 was £93.2 million, with a cost improvement target of £2 million, approximately 2% of overall turnover. A cost improvement target is a target NHS services are set that challenges them to save money by doing things more innovatively or efficiently.

In total 73% of the money we spend relates to paying staff as illustrated in the graph below.



At the end of the 2017/18 financial year, we overspent its budget by £2.2 million. The main areas of overspend related to higher than expected pay costs for doctors, nurses and midwives. The increased cost was linked to patients having higher care needs and therefore required greater input from clinical staff leading to increased costs.

We achieved our cost improvement target through a mixture of increased income generated through higher than planned levels of activity and obtaining better value for money through reduced purchasing costs. The chart identifies the sources of divisional income by purchaser. The majority of income is generated through delivery of specialist commissioned services to both the local population, but also across the South West of England, Wales and in some areas, nationally.



In terms of overall income and spend for our services, provisional financial figures for 2017/18 indicate that we generated a surplus of income over spend of 2.8%, which is a positive performance in today's NHS health environment and is a good measure of sustainability and efficiency.

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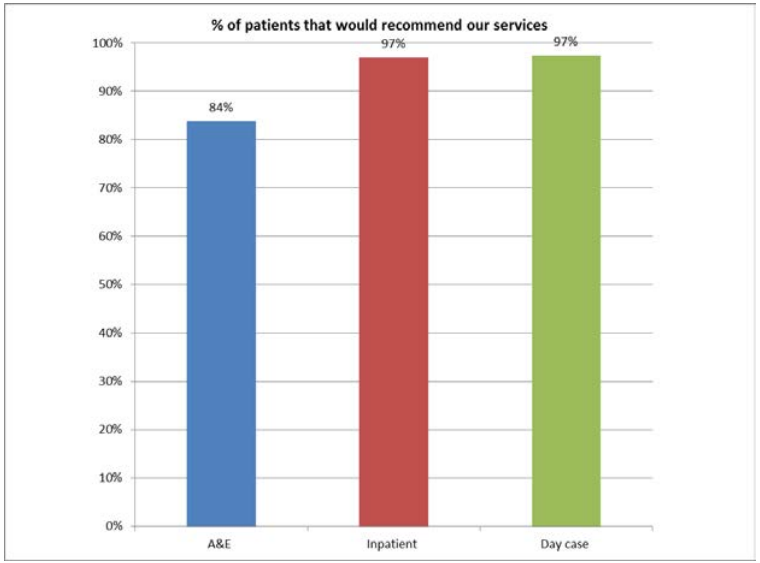
Listening to our patients and families

We regularly ask our patients and their families about their experience with us, and what we could do to improve. We have a number of ways families can give their feedback including via our Facebook site, Friends and Family test cards, text messaging and touchscreens in the department and participating in feedback surveys. We also encourage families to be involved in helping us improve with a number of different family engagement and involvement activities.

Our scores in the Friends and Family test show that in our inpatient and day case areas 97% of our patients would recommend our services to friends and family while in our ED this is 84%.



Bristol Royal Hospital For Children

NHS University Hospitals Bristol NHS Foundation Trust

CONVERSATIONS

Our themes – #Conversations 2018

24-29 September 2018

Looking after you

The wellbeing of patients, families and staff is very important to us.

As part of #conversations, we wanted to explore what we can do to help patients, staff and families cope with the day-to-day stresses of hospital life and offer them time and space to think about how they can better help themselves, whilst having some fun at the same time.

Please drop in to one of our sessions on Monday 24 September (staff) or Tuesday 25 September (families) to find out what the hospital can offer in support, take part in some fun activities and graze on our selection of healthy snacks and naughty treats while browsing our information stands for everything from back care advice to mindfulness classes.

For staff, the Care First team will be with us on 25 September, running their brilliant stress awareness sessions.

Look out for our wellbeing programme posters for more details of what's on.

But if cake is more your thing... Stop press – Bake off news!

We know we have some of the most talented bakers in the Trust right here in the children's hospital so what better way to celebrate than with a hospital wide bake off!

We're looking for our budding bake off contestants to help us bake for our Thursday tea party. So if you've ever fancied yourself as the next Nadiya Hussain or Edd Kimber, why not put your skills to the test?

Register to enter by emailing bchinfo@UHBristol.nhs.uk and bring your bake to the Activity Centre on Level 5 on Thursday 28 September at 1.30pm, ready for scrutiny by the hospitals very own versions of Paul and Prue.

The winner will receive the coveted children's hospital Bake Off wooden spoon – yours to keep for ever!

And if cake eating is more your thing, please join us for the tea party to make up your own minds about whose bake is best. Party bags will be provided for those who can't attend!

We've still got room for more volunteers!

Can you offer us an hour to run a roadshow, staff our reception stand or help with one of our other activities.

It's a great opportunity to visit different areas and meet other colleagues and families – you may even pick up some bright ideas to take back to your own team!

If you'd like to know more, please contact the LIAISE team at bchinfo@UHBristol.nhs.uk or call us on 0117 342 8065.

The GRAND APPEAL

September edition

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The most recent **National Children's Survey** was conducted in 2016 as part of the Care Quality Commission's national patient survey programme. The children's hospital received a very positive set of results with 11 out of 28 scores for parents of children aged 0-15 years were classed as being better than the national average to a statistically significant degree. This included:

- An overall experience rating among the top three trusts nationally
- Within the sub-group of parents of children aged 0-7 years, the children's hospital achieved the joint top score nationally on the survey question relating to whether parents felt that they were treated with respect and dignity
- Of the 18 questions completed by children, three children's hospitals scores were classed as being better than the national average to a statistically significant degree
- All of the remaining scores in the survey were in line with the national average
- The Trust was recognised by the Care Quality Commission as achieving among the **very best parent experience ratings nationally in this survey[1].**

[1] http://www.cqc.org.uk/sites/default/files/20171128_cyp16_outliers.pdf

This improvement in performance has been driven by a **strategy of engagement with children, young people, families and staff over the last three years.** In particular:

- Embedding "you said, we did" ward surveys and the Family and Friends Test to generate timely feedback
- Developing a menu of options to listen to and plan service developments with families, including surveys, listening events and co-design projects
- Holding the #conversations week, which facilitated staff and patient engagement around the themes of service improvement
- The development of the "Partnership Charter", which details what families can expect from our hospital, and what staff can expect of families
- Launching a Facebook page to facilitate communication and family feedback and conversations
- Working with charity partners to provide accommodation and facilities for families, especially those far from home
- Listening to families in the Cardiac Review to ensure that we learn from their experiences
- Ensuring that a cohesive staff engagement plan is in place at the children's hospital, to ensure there is an understanding of what staff need to deliver best care for patients and families
- Increasing resources in the LIAISE patient and family support service.

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Being Involved- Nicola Morris, children's hospital parent representative

"My involvement with the children's hospital began just over 12 years ago when our son Calum was born in February 2006 with Congenital Heart Disease (CHD). His heart condition has meant that he has already had four open heart surgeries and numerous other cardiac and other procedures which have all take place at the children's hospital.

I have always been incredibly impressed with the care Calum and we, as a family, have received from the hospital so I was keen to give something back. My involvement as a parent began by attending 'listening events' run by the cardiac service to obtain feedback from families on their experiences of using the service. From these events, new leaflets and information for families has been produced and I have been involved in reading this to check it is family/parent focused.

Following the publication of the Independent Review of Children's Cardiac Services (IRCCS) report in June 2016, I became a parent representative on the Trust's IRCCS Steering Group. This group was set up to ensure the implementation of the recommendations from the review. My role was to ensure the Trust was being open and transparent and making appropriate changes that also met the needs of families. These meetings involved senior management from the Trust but as a parent representative I always felt my views and those of the other parents were valued and acted upon. At the end of the process I was invited to speak at the Trust Board meeting where I shared Calum's story and talked about my involvement in the IRCCS Steering Group.

More recently I have been working with the cardiac ward and The Grand Appeal to look at developing a stronger parent support group for families affected by CHD. Having a child with a heart condition is extremely scary and isolating, so providing support from the point of diagnosis and through their child's cardiac journey is something I feel passionately about."

Engaging patients and families at all levels

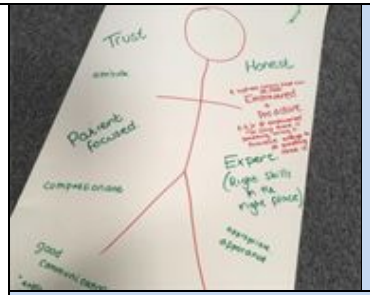
At a national level

We collaborated with NHS England and organised a cardiac and critical care event for patients and young people which waslinked to the national critical care review.

At a Board level:
Two of our Young Governors form part of the Trust's Membership Governing Body. They have been recruited from the Young Persons Involvement Group which meets monthly at the hospital to review and comment on developments and resources which will have an impact on young people.

Parent carers have shared their stories as part of our public Trust Board to ensure that the experiences of paediatric patients and their families are heard at the highest level.

At a service level:
Parent carers formed part of the Independent Cardiac Review Steering Group which concluded its activity this



Patient Engagement and Involvement

In 2017, the Trust's Women's and Children's Division, who manage the children's hospital, consolidated a number of the activities from previous plans to significantly increase the amount of engagement and involvement activity taking place, and to raise the profile of existing activity to widen awareness and share good practice.

Many teams within the Bristol Royal Hospital for Children are now using effective Patient and Public Involvement to improve and develop their services.

Teams are encouraged to take a 'menu' style approach to their engagement activity, choosing a style and format which suits the subject and the staff and families involved.

A part of the operating plan for 2018/19, the division has committed to expanding the existing mechanisms for managing, supporting and reporting on this work to ensure that we continue to develop opportunities to work in partnership with families and learn from their experiences.

Events and activities

Tree of Life:
The psychology service has developed a Tree of Life programme which offers cardiac patients the opportunity to meet others of the same age who are in similar situations. The aim is to help children to think about life beyond their heart condition.

Major Trauma Family Day:
The major trauma team invited patients and families who had received care back to the unit to meet with the team under less stressful circumstances. This gave staff and patients the opportunity to 'close the loop' on their experience and celebrate their recovery.

Memorial service:
The palliative, end of life and bereavement support team have re-established the annual memorial service for families who have lost a child, which took place at Woodlands. All families who had lost a child within the last 12 months received a memorial pebble.

year. Parent carers and patient representatives now sit on the South West and South Wales Congenital Cardiac Network to continue this work. Parent Carer representatives sit on the Children's Disability and Special Educational Needs (SEN) operational group and feed back to their members regarding progress against the group workplan **Recruitment and retention:** Young people have participated in several interview processes for recruitment of staff for the children's hospital.		**Up the Pace:** The children's cardiac physiology team held their annual 'Up the Pace' event which invites children with pacemakers and Implantable Cardiac Defibrillator (ICD) devices to get together to share their experiences and create an opportunity for peer support. **Osteogenesis Imperfecta (OI) Family Day:** The OI team held a family day at the Watershed in Bristol which included information sessions for patients and parents as well as group activities.

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Young Peoples Voices

Young Governors:
Our Young Governor spoke at a Trustwide Health Matters session about her views on young people in healthcare and their needs.

Young Minds Matter:
The Youth Involvement Group and Trust Young Members designed and delivered a fantastic event which included information stalls for youth support services, advice on health and fitness, and opportunities for fun including mindfullness activities, yoga and the Trust smoothie bike. As an event by young people for young people, we have been able to share this model with local schools and colleges to widen engagement.

Orientation videos:
This year we filmed four of 18 videos to introduce patients and families to the Seahorse Intesive Care Unit, Dolphin Ward (cardiac), Apollo 35 (adolescent), Lighthouse (renal) and Starlight (oncology and bone marrow and stem cell transplatation). Each film is presented by an ex-patient from the unit concerned and their family to help new patients better understand what to expect.

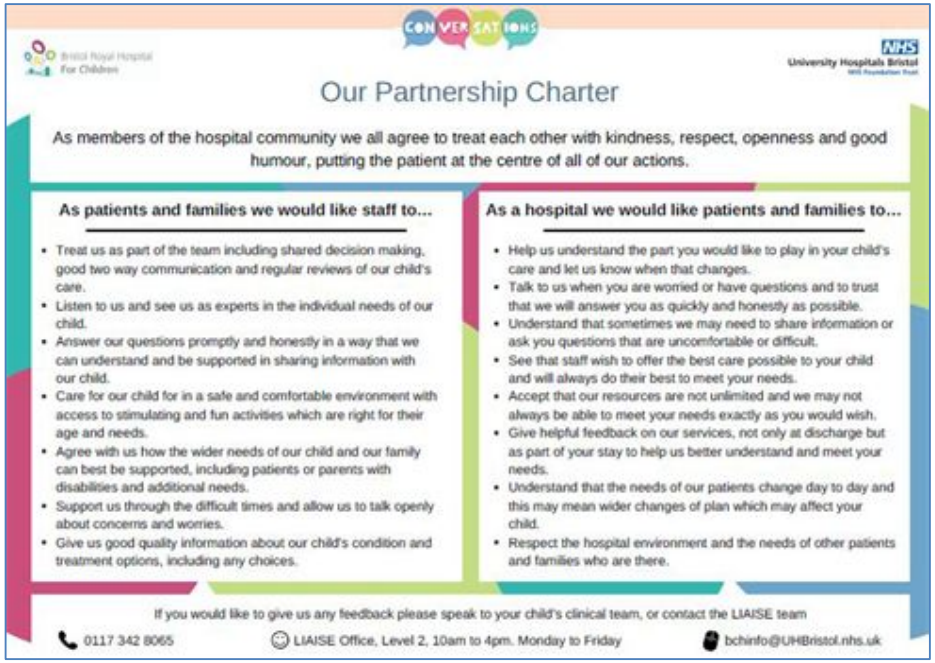
15 steps:
The Youth Involvement Group have

#conversations

In its second year, **#conversations** at the children's hospital focused on discharge, allowing staff and families to comment on the systems and resources being developed to support the process.

We reshared our Parnership Charter, created as part of #conversations 2016, and also reminded families how to ask for a clinical review of their child if they have concerns.

We also received a huge amount of positive feedback through the 'Big Thank You' project, which was also featured on our Facebook page.



Parents and Carers

Parent Carer group:
The LIAISE team regularly attend Bristol Parent Carers Annual General meeting and work closely with them throughout the year. They also link with parent carer groups across the South West.

Cardiac listening events:
In 2017, we changed the model for our Listening Events to work with parent carer groups, holding sessions in evenings or weekends at venues in the community. This significantly increased engagement.

Soft spaces from children with complex needs, mental health needs and special educational needs:
The Emergency Department held two focus groups and continues to work with parents of children with disabilities to create a softer space for clinical examinations, to include sensory distraction provision(lots of nice things for children to look at and be distracted by) and a more adaptable environment.

Afternoon tea:
PICU launched an afternoon tea project encourging parents of

assessed Meadow Ward (short stay surgery) and Bluebell Ward (neurosciences) using the '15 steps' tool which considers what the ward looks and feels like from a young person's perspective. **Wayfinding project:** Our nursing team worked with patients and families and our involvement group to help plan our new signage for our hospital, following the renumbering of all wards as part of the Trust wayfinding project. Patients and ward teams made the decision on the new name for the ward, based on the existing theme of their floor. New artwork is being installed in public areas this year to enhance this project further.			patients on the unit to spend some social time together, supported by staff, allowing experiences to be shared in a less formal way and building a sense of community. This has been very well received by families and staff alike. **Sharing the positives:** Positive feedback and reviews continue to be received via the hospital Facebook page which provided staff with an opportuity to see how patients are progressing following discharge and also offers a source of positive experiences for prospective patients and families.

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We changed our name

In 2018 as a result of feedback from the Local Authority Special Educational Needs (SEN) and Disability Inspection and from families, we changed our name to explicitly include reference to SEN and rewrote our Terms of Reference, which is a document that outlines the roles and responsibilities in of the group. Key members of the group include:

- Paediatric disability specialist
- Matron lead for disability and SEN
- Complex discharge co-ordinator
- Sensory play specialist
- Music therapy
- Psychology
- LIAISE
- Parent carer representatives
- Allied Health Professionals representative
- Community child health representatives – nursing and medical
- Local authority representative

Children's Disability and Special Educational Needs (SEN) Working Group

The Children's Disability and SEN Working Group (formerly the Disabled Children's Working Group) was established to support the children's hospital in meeting the needs of children and young people with disabilities or special educational needs within the hospital setting, including transitions to and from community services for acute care and their ultimate transition to adult services.

The group hold multi-disciplinary advisory meetings on a quarterly basis which feed into a monthly operational group. All activity is reviewed and plans for the following year are developed at the annual fun day which takes place during the autumn.

All of our meetings are open to parent carers and to representatives from charities whose core business relates to supporting children and young people with disabilities and special educational needs

We ran two advisory meetings and our annual family fun day

Our advisory group meetings finalised changes to the hospital passport, which is a identifying document that all patients receive when they are admitted to our hospital and took an initial look at transition to feed into the work plan for this coming year.

Our annual fun day focussed on the senses – what the patient might experience through sight, sound, taste, touch and smell in hospital and how they might respond, as well as offering fun seasonal craft activities.

In response to the feedback we received on the day, we have been able to make the following improvements:

- Offer a separate space for music therapy so they could run throughout the day
- Improve our changing space facilities
- Reduce the numbers of attendees in the early slots to improve the experience for children with sensory overload issues.

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Our staff

We are incredibly proud of our staff. We know how important our staff are to the experience and care our children and young adults receive. This year, our teams have gone the extra mile, whether literally through the snow drifts in the winter or by being with our families and giving exceptional care every day.

There are current challenges in the NHS to recruit clinical staff and we are rising to these challenges at the children's hospital. In 2017/18 we have been innovative in recruitment; the open days for nursing in particular have been a real success. There are a number of initiatives to support the wellbeing of our staff and we have a number of ways that staff can let us know how they are doing and how we can get things right for them. The 'Happy App', for example, is an online and anonymous staff engagement tool used to collect and respond to staff feedback in real time.

We will ensure that staff are involved and supported as best we can. We worked with our junior doctors to bring in their new national job contract and will continue to work with them to ensure they have the right education, experience and support to give the brilliant care they do.

We were pleased to achieve an improvement in our NHS staff survey results and are committed to listening to and acting on the staff voice about their experience of working in the children's hospital, through informal channels as well as through the Happy App, Friends and Family Test and the national staff survey. The 2017 survey scores showed 3.91 for staff engagement, slightly higher than the national average for acute trusts of 3.80 (on a scale of 1-5). The overall key finding on whether staff are willing to recommend the organisation as a place to work or be treated increased from 3.95 to 4.00, compared to the national average of 3.64. A total of 90% of respondents to the staff survey reported they felt the learning and development they had received kept them up to date with professional requirements.

The work of the Faculty of Nurse Education is described elsewhere in this review. Alongside other developments (such as locally delivered people management training, leadership development training and continued investment in clinical skills facilitation), this provides a strong package of learning and development for staff and line managers.

In terms of the health and wellbeing of the workforce, 93% of staff reported they believed the organisation takes positive action on health and wellbeing. Divisional activities to support this include our ongoing contract with Care First, an employee assistance programme,

Care first
employee assistance solutions

who as well as telephone and face-to-face counselling, offer a great variety of online support and resources and attend twice yearly to support staff with stress awareness sessions. Uptake of the Care First sessions have increased significantly in 2017/18 with a 78% increase in face-to-face sessions and 25% increase in telephone sessions. We have built a strong network of wellbeing advocates across Children's Services, who are key to disseminating information to teams locally and being a point of contact for staff in their work area.

Staff engagement covers a broad spectrum of activities and measures, but a key part of this is whether staff feel able to contribute to improvements at work. The staff survey told us 76% of respondents felt they are able to contribute to improvements at work and this is seen through the hospital in quality improvement projects, local team-based improvements, many of which have been recognised locally, Trust-wide, and in many cases regionally and nationally.

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Nurse recruitment and retention - a new approach

Recruitment and retention of nursing staff is an ongoing national challenge, and is a particular challenge for paediatric services. At the children's hospital, we were determined to use innovative ideas to try and address this challenge. We recognised that the new generation of nurses want opportunities for development and progression, to feel listened to, to have their voices heard, to feel engaged and that their contribution really matters and makes a difference.

We wanted to change the face of recruitment moving from a corporate approach to a more personalised approach. We dedicated a matron post to act as the recruitment lead for the hospital. This senior outward-facing role promoted not only our hospital as a fantastic place to work in, but also Bristol, our city, as a wonderful place to live in, recognising that for potential staff it is about the place they will be living in as well working in. All the recruitment open days were organised for potential staff to meet with many receptive and positive current multi-disciplinary staff from the hospital, giving them a good flavour of what it is like to work in the hospital. By being the face of recruitment for potential new staff and being directly available for any queries, the recruitment lead has, and continues to, successfully put that "personal touch" into recruitment at the children's hospital.

NHS
University Hospitals Bristol
NHS Foundation Trust

MINDFUL EMPLOYER

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

There also has been great work done in raising the profile of recruitment at the children's hospital both nationally and internationally. We have improved our recruitment campaigns and adverts, using social media and branding, ensuring they are consistent, engaging and attractive to potential staff. We also have developed recruitment videos for children's nursing and theatre practitioners that are available on our website and via social media.

One of the key attractions of working in the children's hospital is the opportunities we offer for education. The Faculty of Nurse Education has been established for the past five years and is instrumental in enabling nurses to continue with their professional development and further their careers. The High Dependency Unit (HDU) rotation is another great opportunity set up for staff development. This initiative enables staff who have been qualified for a year to apply for, and if successful, rotate through three different HDU units in the hospital – cardiac, medical and neurosciences. They are supported by specific "Rotation Champions" and also study to attain a HDU qualification delivered by our Faculty of Nurse Education.

All of the positive focus on improving nurse recruitment and retention at the children's hospital has really made a difference. At the start of this work there was a large vacancy rate across the entire hospital.

Implementing these improvements has meant that from September 2018 we have successfully recruited to fill all our vacancies, including some extra to allow for turnover, across the entire hospital. We have also attracted more experienced nurses to join our hospital than any other year. This success is due to a culture and attitude change within the whole hospital; by having a key group of professions championing good practice, good candidate experience, a streamlined approach and potentially most importantly, broadcasting that we are proud of the excellent work we are doing.

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Awards and recognition

We are incredibly proud of the amazing achievements of our staff. It is fantastic to see their hard work and commitment to care recognised in awards ranging from our local nursing and recognising success awards to national awards. Here are some examples of the awards our staff have successfully achieved:

- Our **play specialists Jo Caseley and Tom Lonsdale** were nominated and won an award at the Avon & Somerset Police & Crime Commissioners Pride Awards. The purpose of these awards was to recognise the silent stars that achieve great things or go above and beyond what is expected. These awards give communities the chance to highlight those working tirelessly within their organisations. The text from the nomination read: *"The CLIC Sargent play team are excellent, caring, kind, understanding, great listeners and over all fantastic... They look after me every time I'm admitted into the hospital for my treatment of ALL (Acute Lymphoblastic Lymphoma) Childhood Cancer... I cannot thank them enough and they make our stay so much fun and worthwhile and all the children and parents are all first priorities."*

- Our **Children's Emergency Department** received recognition for the fantastic work it does, both at the Bristol Post Health and Care Awards, winning "Healthcare Team of the Year" category, as well as being awarded third place for "Best Emergency Department for Training", which is an amazing achievement considering they were judged against departments from all over the UK.

- The **IAM Portal Project (Integrated Assessment Mapping)** received a Macmillan Innovation Excellence Award. The portal is aimed at delivering emotional and clinical support to teenage and young adult (TYA) cancer patients.
- Our **Starlight Ward nurses** received an award for the best nursing poster at European Society for Blood and Marrow Transplantation conference.
- **Helen Morris,** Matron for Starlight ward**,** won best nursing poster about the development and roll out of a telephone triage tool, at the **International** Oncology conference**.**

- **Bristol's OI (Osteogenesis Imperfecta) Service** was awarded a Health Excellence Award at the Houses of Parliament in June 2018. This national award recognises the quality work of the multidisciplinary team to improve the lives of children with OI and their families. Several team members attended Westminster to receive this award on behalf of the children's hospital from the Brittle Bone Society.

- Our **Cell Bank** received the UK Clinical Research Collaboration Year Award 2017.
- Our **Cardiac Services** were awarded **national recognition from SOFT UK** for the care of children born with Trisomy's.
- **Lisa Cooke,** Head of Paediatric Dietetics, was awarded an **IBEX award** from the British Dietetic Association for sustained contributions to the profession.
- At the **Trust Nursing Awards,** the children's hospital had several members of staff and teams who were nominated in all categories, and recognised as "Highly Commended" in their particular category. We had two overall winners from the children's hospital;
    - **Sarah Johnson**, Ward Sister for Apollo 35 Ward was awarded the winner of the "Inspirational Leader" category for the whole Trust.
- **Graham Tarling**, Nursing Assistant on Meadow Ward, was awarded the Winner in the Nursing Assistant category for the whole Trust.
- At the **Trust's Recognising Success Awards,** we had over 50 nominations in the 11 categories with six winners, two highly commended and two shortlisted;
    - **Childrens Emergency Department**- winner of the "Clinical Team of the Year"
    - **Tom Winchester,** Above and Beyond Volunteer, - winner of the Volunteer of the Year raising funds via Above & Beyond for the children's hospital
    - **Andrea Bennett,** nursing assistant in outpatients- winner of the Unsung Hero in a clinical role
    - **Carrie Hemming,** nurse on Apollo 35 ward, **Charlie Maloney,** Porter **and Rachel Cox,** Consultant Paediatric Oncologist- individual winners in the Patient Star Awards.

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Thank you to all of our supporters

We are very fortunate at the children's hospital to have a large number of great charities, organisations and people that generously support our individual services and specialisms without which many of the great improvements for families and the service would not be possible. We would like to take this opportunity to thank them for their continued commitment to supporting the children's hospital.

Here are a few examples of some of the great charities that work with us here at the children's hospital

Above & Beyond

In 2017/18 the money kindly raised by Above and Beyond was used to help support children, their families and staff in the children's hospital.

Here are just a few examples of the positive impact this fundraising has had.

Bristol to Paris Cycle Challenge raised over £119,000

80 cyclists, including hospital staff, family and friends of patients, pedalled 430km from Bristol to Paris, raising over £119,000 for the Major Trauma and Rehabilitation Unit in the children's hospital. Building work has now started on a new and inspiring rehabilitation environment.

Kiddimoto launched a helmet design competition in the children's hospital. The winning design now on the 'Above & Beyond' helmet it is available to buy from major cycle shops and the Kiddimoto website with £5 of every sale going to the children's hospital

Magic Carpet arrives

Children on Dolphin Ward are now enjoying hundreds of digital games on a magic carpet. It helps to get children moving and out of bed post-surgery.

Sensory area

Staff in **Carousel Outpatients** fundraised for a new sensory zone in the waiting area to help those with complex needs like autism better cope with their hospital experience.

Childhood leukaemia research

The J&M Britton Charitable Trust gave £7,000 in support of our hospitals. £5,000 helped fund Dr John Moppett's, consultant paediatric haematologist, new research into childhood leukaemia.

Above & Beyond is the official charity for all nine city centre hospitals within the University Hospitals Bristol NHS Foundation Trust. Our work touches the lives of over 974,000 patients, the millions of families and friends who visit them and the 8,000 NHS staff who treat them.

Registered Charity No. 1170973. Company Number 10394287.

Guild of Friends

For the past 70 years The Guild of Friends of the Bristol Royal Hospital for Children has supported the hospital with the aim of improving the lives of the children for whom it cares and their families. Each month The Guild gives funds to the hospital which provides subsistence support to low income families whose children are undergoing treatment at the hospital. It also funds monthly visits from professional entertainers and magicians to bring fun and laughter to the wards. The Guild supports the play department providing creative and education activities for the patients and their siblings. It also helps fund essential medical equipment.

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In partnership with
Bristol Royal Hospital
For Children

The Grand Appeal is proud to be the dedicated Bristol Children's Hospital Charity, providing 360 degree support for the hospital for over 20 years. The charity works in partnership with the hospital to support the amazing patients and their families, and the staff that care for them 24 hours a day, 365 days a year.

The charity raises funds for pioneering and lifesaving medical equipment; funding research into new and better treatments to improve childhood health; providing family accommodation and family support to parents and siblings; as well as funding a wide-ranging arts, music, play and entertainment programme for patients, ensuring the hospital is a vibrant and child-friendly environment for all.

Over the next year, the charity will continue to work together with the expert teams at the hospital to create a revolutionary 3D Cardiac Bio-Printing Service for children, a new patient hotel, a wide ranging programme of ground-breaking research as well as expanding its family accommodation provision.

Pioneering, lifesaving medical equipment

Family accommodation for the Neonatal and Paediatric Intensive Care Units

Arts, music and play for patients

Medical research and new developments to improve childhood health

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Patient safety

At the children's hospital we take patient safety very seriously. Patient safety is about avoiding harm, improving quality of care and learning from when things go wrong. A highly skilled multidisciplinary team including clinicians and managers make up the Quality and Patient Safety Team and they meet weekly to evaluate care throughout the hospital and consider ways to improve. The responsibilities of the Quality and Patient Safety team are threefold. They have a duty to respond to all safety concerns, to learn from their investigations and to embed processes and systems which will make a difference to the safety of patients and the quality of care they receive. A core safety team continues this focus on a day-to-day basis.

Our well-structured programme of improvement aligns with our three year Trust plan for patient safety improvement and the national Sign up to Safety Programme. The focus of our programme in the children's hospital includes improving our systems of escalation (i.e. how and when we highlight something to senior staff), communication, staff induction, management of the deteriorating patient and sepsis.

We strive to support our clinical and non-clinical leaders to carry out their functions as ambassadors of safety. In 2017/2018 we have encouraged the timely and efficient management of patient safety concerns. We take every opportunity to encourage openness, honesty and team working. Our aim is not to blame but to learn from mistakes to improve our services. Our programme of staff education includes:

- Patient safety team attendance at the mandatory nurse training days
- Individual and ad hoc face--to-face teaching
- A 'train the trainer' programme
- A planned morning of patient safety training for senior clinicians of all disciplines
- An ongoing project which aims to develop the role of junior doctors in patient safety.

The Quality and Patient Safety Team are sharing weekly Patient Safety Messages, in the form of eye catching drawings, keeping the wording accompanying the drawing simple. The aim for these messages is to share the learning from serious incidents and themes of incidents in an innovative manner. The messages have been well received with staff appreciating the different approach that delivers the important messages in a format that is quick and easy to interpret.

Research in the children's hospital

The children's hospital and the research active staff within it ensure that patients under their care can access research studies and trials, both locally and regionally. Much of this work is supported and directly delivered in partnership with the Women's and Children's Division Research Unit, the Biomedical Research Centre and as part of collaborations with the NIHR (National Institute for Health Research), Bristol University, University of the West of England and in collaboration with national and international research groups.

2017-2018 has seen the continued delivery of research in complex trials across multiple clinical children's specialities within the hospital and community settings.

Within 2017-2018 there were 1,310 participants recruited to studies in multiple clinical specialities

Complex bone disorders: The children's hospital hosts the nationally commissioned Highly Specialised Osteogenesis Imperfecta Service and has significant research activity in this area.

Neurosciences: The current neurosciences portfolio has now expanded to include research in neuromuscular research, in particular in Duchenne Muscular Dystrophy (DMD). In 2017 early phase clinical trials in DMD began.

Infection and immunity: The speciality is consistently research active and delivers both in hospital and community-based studies including being a lead UK site for vaccine research.

Rheumatology: The team at the children's hospital are leaders in commercial and non-commercial clinical trials in rare rheumatic diseases. Professor A.V. Ramanan was awarded the Royal College of Physicians/NIHR CRN Consultant award for 2018 for outstanding contribution to research.

Nephrology: The ongoing partnership between the renal unit at the children's hospital and the Bristol Renal group at the University of Bristol aims to achieve excellence in research whilst continuously striving to develop novel therapeutic approaches to benefit patients.

Respiratory: The children's hospital was awarded funding and status as a Clinical Trials Accelerator Platform centre funded by the Cystic Fibrosis Trust. The aim is to increase the delivery and support of trials in cystic fibrosis.

Paediatric intensive care, neonatal intensive care and emergency care: Research in PICU is increasing and supported by the welcome addition of two research nurses based in the unit within the last year. Research based in the neonatal intensive care unit (NICU) is starting to increase and this expansion will continue into 2018-2019. The children's emergency department (ED) remain research active and is amongst the highest recruiters nationally to the multi-centre ED based studies.

Burns: The Children's Burns Research Centre is part of the Burns Collective, a research initiative from The Scar Free Foundation which aims to improve burns and scald care in the UK. The clinical centre is based at the South West Children's Burns Service at BRHC and has links with university partners at Bristol, West of England, Cardiff and Bath as well as the adult service at North Bristol NHS Trust.

Oncology, haematology and BMT: The children's hospital is the Principal Treatment Centre for the Paediatric Oncology Shared Care Network across the South West. It is also one of 11 Paediatric Centres in the Experimental Cancer Medicine Centres Network, which runs early phase clinical trials in children and young people with cancer.

For a full copy of the BRHC's oncology annual report please contact Sarah Kidd, Trial Coordinator (Sarah.Kidd@UHBristol.nhs.uk).

Cardiac: The Cardiac Research Team works alongside the divisional Research Team but is managed by the Clinical Trials & Evaluation Unit. The team is part of the cardiovascular theme within the National Institute for Research Biomedical Research Centre.

Clinical Research Facility: The designated Clinical Research Facility (CRF) beds within the Clinical Investigations Unit provide a resource for the team to be able to care for and review children who are participating in research studies. Future plans are committed to the potential expansion of the CRF to enable the team to meet the growing portfolio of research.

Patient and Public Involvement

The Women's and Children's Division Research Unit supports the running of the Young Person's Advisory Group (YPAG). Researchers come to YPAG to get a young person's or young service user's view into the design and delivery of their research. For more information please see: http://generationr.org.uk/about/

Patient and Public Involvement (PPI) Cardiac: PPI in research is around involving members of the public in advising about what research should be funded and helping to design research studies. The Cardiac team works closely with the PPI lead for the NIHR Bristol Biomedical Research Centre to ensure that PPI is developed, facilitated and supported appropriately throughout the course of the research projects. Further details can be found here: http://cteu.bristol.ac.uk/ppi/news-and-events/

Allied Health Professionals

Within the children's hospital there is a significant interest and research output from Allied Health Professionals either as leads for studies in their own right or delivering specialist interventions usually as part of clinical drug trials.

Significant achievements

Children's hospital-led research has influenced changes in clinical care. An example of this is the SYCAMORE trial in paediatric rheumatology which took place in 2017. The drug used in the trial has been licensed and approved by European Medicines Agency and is having an impact on around 15,000 children across 35 countries worldwide.

Clinical research nurses within the team have been selected by commercial sponsors to act as consultants for new trials programmes and to contribute their nursing expertise to patient-centred and focussed protocol developments.

For the full Annual Report for the Women's and Children's Division Research Unit, please contact Teresa.duerr@uhbristol.nhs.uk

Education in the children's hospital

As a regional children's hospital we are activity involved in teaching and training across the whole workforce including:

- Undergraduate medical training
- Major paediatrics training centre for Severn Deanery, the body responsible for post-graduate medical education in the area, as well as speciality training centre for the whole South West
- Advanced nurse practitioners in post and in training across a wide range of specialities including critical care and neurosciences
- Student and post-graduate training posts with nursing and allied health professionals/healthcare scientists
- The Bristol Paediatric Simulation Centre has both a national and interventional reputation for paediatric simulation. Simulation is a way of modelling something as close to real life as possible as a method of teaching. Courses are run from its own specialist facility in the Education Centre and also an active outreach programme.

The **Faculty of Children's Nurse Education (FCNE)** is now in its fifth year. The faculty team continues to provide a variety of courses and study events for nurses working both within the children's hospital, the South West region and beyond. Provision of continual professional development opportunities is essential for staff development, recruitment and retention.

Feedback for all events facilitated by the FCNE is very positive and indicates that the content the team delivers helps practitioners improve their knowledge and skills, thereby increasing the quality of care delivered to the children and families within the children's hospital. Nurses working with children with congenital heart disease made the following comments after a cardiac course they had completed: *"I have a better understanding of why we do things"* and *'I am better able to explain things to families'*.

The **paediatric neurosciences course** will be one of the first in the country and is being developed in collaboration with our Operational Delivery Network partners in Southampton and Oxford. The first pilot course for BRHC nurses will run in autumn 2018. A three centre advanced course is planned for 2019 where nurses from all three specialist neuroscience centres within the network will learn together.

Similarly the paediatric pain course facilitated by the children's pain team and overseen by the FCNE is unique and following a successful pilot last year has its first group of students including non-BRHC nurses this autumn.

Additionally, the number of ward-based clinical skills facilitators (CSFs) has grown, so now the majority of wards and departments within the children's hospital have a CSF in post supporting nurses in clinical practice. The FCNE team support the development of CSFs with biannual study days.

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Our priorities for 2018/19

At the children's hospital for 2018/19 we are focussing on the following top priorities:

- Put **patient experience at the heart** of everything we do
- Creating the right environment for **staff to flourish.**
- Develop **sustainable workforce models** through improved engagement and innovative solutions to delivering care
- Return to a **sustainable financial position** by delivering 2.5% savings and eliminating our underlying deficit.
- Innovate **new ways of delivering care** to improve productivity and efficiency i.e. virtual clinics and Patient Initiated Follow Ups (PIFU)
- Adopt a **quality improvement approach** to improve efficiency and productivity in our surgical services.
- Move towards models of **networked care** wherever possible.
- Develop an **educational strategy** for the division that directly aligns with quality management and the safety of patients as well as delivering core training requirements for all staff.
- Support the next phase in the development for the women's and children's research strategy including the development of a **clinical research facility.**

Some other exciting developments and focus for 2018/19 include:

- Progression of the **children's hospital expansion plan** to full business case. This expansion proposal focuses on the emergency department, inpatient bed base, outpatients, neuro-rehabilitation and PICU. The case also sets out the need for a redesign of spaces to deliver increased storage space and improved family and staff facilities.
- **Noise@Night project** is being launched in the hospital in the autumn 2018/19, promoting awareness of the importance of rest and sleep for patients in our hospitals.
- Another #**conversations week,** one of our patient and family engagement events, was held in September 2018, with fun activities for patients, families and staff. This year, we have been asking what people think about digital technology and how it can help us work more efficiently and effectively, and what is important in our five year strategy.
- We hope to roll out a positive reporting system called **GREATix.** This system, currently in use in children's emergency department, focusses on the positives, enabling something to be reported for being excellent rather than something negative. Through investigation and sharing of Excellence Reports a number of changes in practice and improvement can take place.

GREATix

- **A new volunteer "buddy" role** is being recruited to. These 'buddies' will spend time with children and young people who are often bored, lonely or feel isolated. They will provide valuable social interaction with patients by reading stories, chatting, playing games, providing companionship, and for some young patients a cuddle may just be what they need. We hope our buddies can help 'normalise' a patient's time in hospital and also give parents and carers a much needed break.

Looking to the future – 2025

As we conclude our annual report, we are turning our thoughts to the future. As we anticipate the next NHS ten year plan, we are asking:

- What would great health care for children, young people and families look like in 2025 so we can make the right plans going forward?
- How will our digital revolution and use of technology help us to change the care we give for the better?
- What innovations and new treatments will there be - and how will we afford them?
- Which roles will be in our workforce and how will they be trained and supported?

What we do know is that it is only by continuing to work together that we will face the challenges of the next few years and build further on our successes as a leading children's hospital delivering exceptional care every day.

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