University Hospitals Bristol
NHS Foundation Trust

Public Trust Board Meeting Papers

Date: 24 May 2019

Time: 11:00 – 13:00

Venue: Conference Room, Trust Headquarters

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

University Hospitals Bristol
NHS Foundation Trust

Board of Directors (in Public)

Meeting of the Board of Directors to be held in Public 24 May 2019 11.00 – 13.00
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	
4.	Minutes of the Last Meeting • **30 April 2019**	Approval	Chair	
5.	Matters Arising and Action Log	Approval	Chair	
6.	Chief Executive's Report	Information	Chief Executive	
Patient Care and Clinical Outcomes				
7.	Quality and Performance Report	Assurance	Deputy Chief Executive and Chief Operating Officer, Chief Nurse, Medical Director, Director of People	
8.	Quality and Outcomes Committee - Chair's Report	Assurance	Chair of the Quality and Outcomes Committee	
9.	People Committee – Chair's Report	Assurance	Chair of the People Committee	
10.	Freedom to Speak Up Strategy and Annual Report	Approval	Freedom to Speak Up Guardian	
Strategic Performance and Oversight				
11.	Healthier Together Partnership Board – Terms of Reference	Approval	Chief Executive	
12.	Diversity and Inclusion Strategy	Approval	Director of People	

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
13.	Research and Innovation Strategy	Approval	Medical Director	
14.	Education Strategy	Approval	Director of People	
Financial Performance				
15.	Finance Report	Assurance	Director of Finance and Information	
16.	Finance Committee – Chair's Report	Assurance	Chair of Finance Committee	
Governance				
17.	Audit Committee – Chair's Report	Assurance	Chair of Audit Committee	
18.	Audit Committee Terms of Reference	Approval	Trust Secretary	
19.	Transforming Care Programme Board Report	Information	Director of Strategy and Transformation	
20.	Register of Seals – Q4	Information	Trust Secretary	
21.	Provider Licence Self-Certifications	Approval	Trust Secretary	
22.	Governors' Log of Communications	Information	Trust Secretary	
Concluding Business				
23.	West of England Academic Health Science Network Board Report	Information	Chief Executive	
24.	Any Other Urgent Business – *Verbal Update*	Information	Chair	
25.	Date and time of next meeting • **30 July 2019**	Information	Chair	

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Meeting of the Board in Public on Friday 24th May 2019 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**

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.

In this story, we will meet Claire. Claire is 35 years old and has a wealth of different experiences of health care provision by virtue of her multiple and complex health conditions. Claire's health journey began when she was nine years old when she was diagnosed with a condition whereby the blood vessels in her brain had not formed properly, resulting in an increased susceptibility to having brain hemorrhages. Claire is also diagnosed with insulin dependent diabetes and most recently with heart failure. The culmination of these conditions means that Claire can be dealing with up to 14 different health professionals within the NHS and across various organisations including UH Bristol at any one time. In this story, Claire will explore the importance of communication between professionals across different providers and the approach she has taken to "project manage" her own health as a way of controlling and understanding the different and varied aspects of her care. With reference to her recent care at UH Bristol, Claire will also explore the different attitudes in our Trust to shared decision making with patients. This story is grounded both in how we work with patients as partners in care and the notion of self-care.

In advance of the Board meeting, members are invited to watch a short film which includes contributions from Claire. The film offers a wider context to the practice of shared decision making and the value it offers both patients and the health service. To watch the clip, click on this link https://www.youtube.com/watch?v=lZRUkFI7zrE

2. Key points to note
(Including decisions taken)

The story allows us to reflect on the needs of patients with complex health needs as they access care across a range of different organisations.

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
5. History of the paper **Please include details of where paper has previously been received.**
N/A

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

Tuesday 30 April 2019 at 12:00-13:30, 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
Madhu Bhabuta	Non-Executive Director (Designate)
Paula Clarke	Director of Strategy and Transformation
Julian Dennis	Non-Executive Director
Matt Joint	Director of People
Paul Mapson	Director of Finance and Information
John Moore	Non-Executive Director
William Oldfield	Medical Director
Guy Orpen	Non-Executive Director
Mark Smith	Deputy Chief Executive and Chief Operating Officer
Martin Sykes	Non-Executive Director
Steve West	Non-Executive Director
Robert Woolley	Chief Executive

In Attendance:

Name	Job Title/Position
Eric Sanders	Trust Secretary
Emma Mooney	Director of Communications
John Kirk	Head of Communications
Malcolm Watson	Public Governor
Tom Frewin	Public Governor
Carole Dacombe	Public Governor
John Rose	Public Governor
John Sibley	Patient Governor
Ray Phipps	Patient Governor
Garry Williams	Patient/Carer Governor
Florene Jordan	Staff Governor
Sophie Jenkins	Appointed Governor (Joint Union Committee)
Stuart Younie	Member of staff
Clive Hamilton	Member of the public
Edward Parkes	Member of the public
Adam Postans	Member of the press

Minutes:
Sarah Murch: Membership and Governance Administrator

The Chair opened the Meeting at 11:00

Minute Ref	Item Number	Action
	Preliminary Business	
01/04/2019	**1. Welcome and Introductions/Apologies for Absence**	
	The Chair of the Board, Jeff Farrar, welcomed everyone to the meeting. Apologies had been received from Carolyn Mills, Chief Nurse.	
02/04/2019	**2. Declarations of Interest**	
	There were no new declarations of interest.	
03/04/2019	**3. Minutes of the last meeting**	
	Board members reviewed the minutes of the meeting held on 28 March 2019. **Members RESOLVED to:** • **Receive** the minutes of the Board of Directors meeting held in public on 28 March 2019 as a true and accurate record.	
04/04/2019	**4. 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: **195/01/2019 Patient Story** **- Carers' Strategy Steering Group work to take account of issues raised regarding visibility of young carers. To report back to Board through the Quality and Outcomes Committee.** A specific set of actions related to young career visibility had been added into the work plan for the Carers' Strategy Steering Group, and agreed as a Trust quality objective for 2019/20. This action could be closed on this basis. **180/11/2018 Report from the Chair of the People Committee** **- People Committee membership and Executive Director attendance to be reviewed.** A review of the Committee's operation (including membership/attendance) would be undertaken once the committee had been operating for 6 months. **210/03/2019 Patient Story** **- Assurance to be provided to Board members about the correspondence process in relation to cancer and other significant diagnoses.** Mark Smith, Deputy Chief Executive and Chief Operating Officer provided assurance that, according to the Trust's procedures, a patient with a cancer diagnosis would initially receive their diagnosis from a consultant and would also have the opportunity to discuss it with a clinical nurse specialist. The Trust was also looking at the corresponding GP processes. He still wished to make contact with the patient who had provided the patient story, particularly in order to look at how inter-trust	

Minute Ref	Item Number	Action
	transfer processes could be improved. **214/032019 Quality and Performance Report - Connection between demand, capacity and estate to be explored at a future Board Seminar.** **217/03/2019 Six-Monthly Nurse Staffing Report Model Hospital digital tool to be demonstrated to the Board.** Eric Sanders, Trust Secretary, noted that both of these issues would be included in the Board Development Seminar programme for 2019/20. **Members RESOLVED to:** • **Note** the updates against the action log.	
05/04/2019	**5. Chief Executive's Report**	
	Robert Woolley, Chief Executive, explained that this Extraordinary meeting had been convened in order to launch the Trust's strategy for the next five years and he expressed appreciation for the work that had gone into the strategy's development and launch. The Board were also provided with a summary report of the key business issues considered by the Senior Leadership Team in April 2019 and updates on the following matters: • **CQC Inspection**: The Care Quality Commission (CQC) had arrived that day for an unannounced four-day inspection of the Trust's hospitals. There were 21 inspectors on site and they would be focussing on Adult Emergency Department, Children's and Young People's services, Maternity Services, and Surgery. As part of the inspection approach, the Trust had already taken part in a Use of Resources review on 11 April, and would be taking part in a Well-Led review on 21-23 May. • **Financial Performance and Contracts**: Because the Trust had ended the financial year in surplus, it had now received around £11m of additional capital in incentive Provider Sustainability Funding. The Trust's contract for 2019/20 had now been signed with specialised commissioners but remained unsigned with Bristol North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG) due to an unresolved financial gap. • **Healthy Weston**: The BNSSG CCG had extended their Healthy Weston consultation period to 14 June, due to the extension of the period of electoral purdah until 23 May. Their decision-making business case was still expected to be published in October. **Members RESOLVED to:** • **Receive** the Chief Executive's Report for assurance.	

Minute Ref	Item Number	Action
	Patient Care and Clinical Outcomes	
06/04/2019	**6. Quality and Performance Report**	
	The Board noted the Quality and Performance Report which reviewed the Trust's performance on Quality, Workforce and Access standards in the past month. William Oldfield, Medical Director, highlighted the following key points: • The business case for a 'silver trauma unit' had now been approved, and this would support improvements in care delivery for frail, elderly patients who had suffered trauma. • The Trust's mortality ratio remained within expected limits but work was ongoing to improve this further, including changes to coding to ensure that the Trust was comparable with its peers. • In March 2019, the Trust had met the 90% requirement for all sepsis measures. Quarterly sepsis audits would continue in 2019/20 to ensure improvements in the management of sepsis were sustained. • There would be a renewed focus on falls prevention in 2019/20, particularly looking at further reducing falls through a focus on additional risk reduction actions. Robert Woolley, Chief Executive, added that numbers of cancellations of surgery were lower than last winter, but the Trust was looking at whether further work could be done to reduce cancelled operations, particularly for cardiac and cancer patients. In response to a question from Martin Sykes, Non-Executive Director, it was suggested that the current metric in the report did not provide sufficient detail in terms of the types of operations that were being cancelled and it was agreed to look at whether more detail could be included. **Action – Consideration to be given as to whether cancelled operations metrics in the Quality and Performance Report should be changed to provide further detail of the types of operations cancelled.** In relation to workforce metrics, Matt Joint, Director of People, highlighted that the Trust's vacancy rate was now down to 4% but there was still a need to improve retention. Turnover had improved by 1% last year, and it was hoped to improve it by a further 1% this year. **Members RESOLVED to:** • **Receive** the Quality and Performance Report for assurance.	Deputy CE/COO
07/04/2019	**7. Quality and Outcomes Committee Chair's Report**	
	Julian Dennis, Chair of the Quality and Outcomes Committee highlighted the following key issues from the Committee's meetings in April. Key	

Minute Ref	Item Number	Action
	points were as follows: • The Committee had considered the Quality and Performance Report for March 2019 and noted key metrics and risks relevant to the work of the committee. • The Committee had been impressed with the results of the Trust's thorough winter planning and noted the shift this year towards whole-year capacity planning which it was hoped would help to further address peaks in demand. • The Committee had received an update on the development of the silver trauma unit. • The Committee had received an update from the Women's and Children's Division following a thematic review of the serious incidents identified in the maternity service. Performance against safety metrics indicated that the service was comparable to other similar services in other Trusts, but the review had also identified areas in which the service could improve. Carole Dacombe, Public Governor, welcomed the Board's approval of the business case for a silver trauma unit and the focus on this issue. She further referred to the quality objective around 'recognition of the dying patient', seeking assurance that there was a focus on the human side of this, particularly the support given to patients and families. William Oldfield, Medical Director, responded that this was an important part of the 'respect process' that would be introduced as part of this objective. Clive Hamilton, member of the public, enquired whether the establishment of the silver trauma unit would improve Fractured Neck of Femur results, Robert Woolley and William Oldfield explained that while the unit may not improve the metrics, its purpose was to improve the quality of care received by elderly patients with comorbidities who had experienced a fracture and reduce the length of stay following an admission. **Members RESOLVED to:** • **Receive** the Quality and Outcomes Committee Chair's report for assurance.	
08/04/2019	**8. Report from the Chair of the People Committee**	
	John Moore, Interim Chair of the People Committee, reported the following key issues from the Committee's meeting in April: • The Committee had reviewed the workforce performance report and key risks relating to workforce. They had welcomed the news that appraisal compliance was rising and the expectation that the target would be achieved by June. • The Committee had approved the Diversity and Inclusion Strategy	

Minute Ref	Item Number	Action
	on behalf of the Board. • A report on Exit Interviews had been received including planned improvements to this process. Non-Executive Directors had noted that in relation to the top ten reasons for leaving over the last 12 months, five of them were within the Trust's control. They were pleased that a task group was being set up to consider retention issues in more detail. • They had received a report on the gender pay gap in the organisation measuring the pay gap between male and female employees. While UH Bristol and the NHS in general were performing satisfactorily compared with other sectors, the Trust still needed to demonstrate that they were treating all staff fairly. There was still a significant gap between female and male employees receiving clinical excellence awards, in terms of both number and value. John Rose, Public Governor, noted that governors had also reviewed the Diversity and Inclusion Strategy and had identified a number of areas for improvement. Jeff Farrar, Chair, thanked governors for their significant level of engagement in relation to the strategy and provided assurance that their feedback had been taken into account and incorporated as far as possible. In response to a question from Sophie Jenkins, Joint Union Committee Appointed Governor, about the quality of exit interviews, Matt Joint, Director of People confirmed that these were anonymous and that they included verbatim narrative which was very useful. Improvements had recently been made to the questionnaire and it would be developed further to enable reporting at a departmental level. Clive Hamilton, member of the public, referred to the Trust's dip in essential training performance in relation to infection prevention and control and resuscitation. Matt Joint responded that in both cases, this was due to a change in standards which meant that the Trust would take time to return to full compliance. **Members RESOLVED to:** • **Receive** the People Committee Chair's report for assurance.	
09/04/2019	**9. Audit Committee – Chair's Report**	
	David Armstrong, Chair of the Audit Committee, reported the following key issues from the committee's meeting on 23 April. The Committee had received and reviewed the standing items: strategic and operational risk registers, the Facilities and Estates report and the Internal Audit reports, none of which had presented any new issues. They had also reviewed the governance of hosted services, received an update	

Minute Ref	Item Number	Action
	to the accounting standards, considered the draft annual governance statement, signed off internal audit strategy and plan for the next three years, and updated the Terms of Reference. **Members RESOLVED to:** • **Receive** the Audit Committee Chair's report for assurance.	
	Strategic Performance and Oversight	
10/04/2019	**10. Healthier Together Sustainability and Transformation Partnership Update**	
	Robert Woolley, Chief Executive, gave a verbal update on the priorities and status of the Healthier Together Sustainability and Transformation Partnership (the collaboration between health and care organisations across Bristol, North Somerset and South Gloucestershire - BNSSG). Key points were as follows: • The leadership of the Healthier Together Sustainability and Transformation Partnership (STP) had agreed to revise the overall governance of the STP and create a System Partnership Board. This would include Chief Executives and Chairs of the partner organisations as well as representatives of the public through Healthwatch. • Terms of reference for this board were under development but would retain recognition that every member institution at present was still a sovereign institution with its own governance. It would however allow for Boards to delegate authority into a system partnership setting as and when it was necessary, particularly given that it was likely that funding and regulation would increasingly be addressed at systems rather than at individual organisations. It would be a symbolic change and was unlikely to make any material difference in-year, but the Board should consider UH Bristol's place in future system development during one of its development sessions. **Action: UH Bristol's response to system working to be included in future Board seminar**. There was also an intention to establish a Non-Executive Director network in the next few months which Non-Executive Directors would be formally invited to join. John Moore, Non-Executive Director, enquired whether there was representation on the STP's steering groups at a senior nursing level. Robert Woolley explained that there was a clinical cabinet which included nursing and medical colleagues. In addition, each organisation nominated staff to take part in the STP's different workstreams.	Trust Secretary

Minute Ref	Item Number	Action
	In response to a question from Garry Williams, Patient/Carer Governor, about how the current administration and office functions for the region's STP were being funded, Robert Woolley explained that all the NHS partners in the STP had contributed money to create a central programme office. **Members RESOLVED to:** • **Receive** the Healthier Together STP Report for assurance.	
11/04/2019	**11. Embracing Change, Proud to Care: Our 2025 Vision**	
	Paula Clarke, Director of Strategy and Transformation, introduced the Trust's strategy for the next five years, which was before the Board for approval. The key points were as follows: • Following more than a year of development, this was the final version of the Trust's new five-year strategy, *Embracing Change, Proud to Care,* setting out the Trust's ambition and vision for 2025. • The development of the strategy had included engagement with staff, patients, families, local people, governors and health and care partners in the region. It reflected and supported the ambitions set out in the NHS Long-term Plan and the BNSSG Healthier Together vision. • The Trust's mission would remain unchanged: to improve the health of the people we serve by delivering exceptional care, teaching and research, every day. • However, there was a recognition that the Trust would not be able to meet growing health and care need and expectations in the same way in the future, hence the need to look at new ways of doing things. Key areas of focus in the strategy were therefore to increase specialist clinical services, to work collaboratively with all partners in the wider health and care system, and to increase the Trust's ambitions in terms of education, research and innovation. • The strategy was a live plan, with year-on-year actions to achieve its ambitions. The Trust's clinical divisions had been developing their own five-year strategies in parallel, and some actions had already been included in their 2019/20 operating plans. • Core and enabling strategies for education, research, people, digital, improvement and innovation, estates, and communication were now under development. • If approved, the next stage would be to communicate the strategy to staff and the wider community. The Chair and Non-Executive Directors commended the Executive Team on a well-written and coherent strategy. Steve West, Non-Executive Director, commented that the thorough process that the Trust had undergone to develop the strategy had resulted in a plan with both ambition and focus which set the tone for the leadership role that would be played by UH Bristol in the wider system. Madhu Bhabuta and Julian	

Minute Ref	Item Number	Action
	Dennis also commented on its clear and comprehensible nature. The Board asked that care be taken to communicate it effectively to staff and patients. Governors also commended the readability of the strategy document and the rigour of the development process. Carole Dacombe, Public Governor, voiced appreciation for the section of the strategy summarising the lessons learned through its development, which she felt was true to the process and would give assurance to those who had contributed that their voices had been heard. In response to a question from Ray Phipps, Public Governor, about the alignment of the Trust's research ambitions with others in the region, Paula Clarke responded that UH Bristol worked closely with the universities, Bristol Health Partners and others with the aim of making Bristol as a whole a centre of excellence for research. **Members RESOLVED to:** • **APPROVE** the new Trust strategy Embracing Change, Proud to Care – Our 2025 strategy.	
12/04/2019	**12. Strategic Outline Case – Maggie's Centre at UH Bristol**	
	Paula Clarke, Director of Strategy and Transformation, introduced this report seeking Board support for a Strategic Outline Case for the provision of a Maggie's Centre at UH Bristol. This would provide holistic wellbeing support for cancer patients initially and patients with other conditions in the future. The Board had agreed the idea of a cancer support centre in principle in early 2016 and significant patient engagement and discussion with stakeholders had taken place since then. It was now proposed that Maggie's would fundraise to provide the capital required for design and construction of a centre and would fund the services provided in the centre on an ongoing basis. To enable this, UH Bristol would be required to lease a small plot of land to Maggie's on a long-term basis at a peppercorn rent. The location was yet to be confirmed and would be considered in the context of the Trust's new 2025 Estates Strategy (to be approved by September 2019). Maggie's Centre would work in partnership with Penny Brohn UK to enable delivery of some holistic services. The Board voiced their support for the centre, which it was hoped would make a significant difference to the care for cancer patients in the city. **Members RESOLVED to:** • **NOTE and SUPPORT the next steps to :** **- agree in principle to lease an allocation of UH Bristol estate to Maggie's (for peppercorn rent) for the construction of a Maggie's Centre**	

Minute Ref	Item Number	Action
	- support the next stage of the business case process for this scheme which will be the development of an Outline Business Case **- support the negotiation of Heads Of Terms between UH Bristol and Maggie's to be agreed as this scheme progresses.**	
	Financial Performance	
13/04/2019	**13. Finance Report**	
	Paul Mapson, Director of Finance and Information, introduced the Finance Report which informed the Board of the financial position of the Trust at year-end, subject to audit. The operational plan for the year required a core surplus of £3m, but the Trust had exceeded this by approximately £1.5m, partly due to additional income received in respect of care provided to patients living in Wales. The Trust had exceeded its control total and as a result had earned an extra £11m in incentive Provider Sustainability Funding. The total surplus for the year including PSF was therefore reported as over £18m. The Trust still had underlying divisional deficits going into next year and this was reflected in the 2019/20 plan. The Board discussed the report. Jeff Farrar, Trust Chair, commended Paul Mapson and his team for their management of the Trust's finances which meant that UH Bristol was one of very few Trusts in England which had been in surplus for 16 years running. In response to a question from John Moore, Non-Executive Director about whether there were any caveats about how the £11m PSF funding could be spent, Paul Mapson responded that it was capital funding and therefore could not be spent on revenue costs. Madhu Bhabuta, Non-Executive Director, asked whether the decision on Welsh funding set a precedent for the future. Paul Mapson responded that while it did not formally set a precedent, the fact that it had now been received two years running was a positive indication. It was a vindication of UH Bristol's decision that they should not refuse treatment to Welsh patients on financial grounds. In response to a question from Garry Williams, Patient/Carer Governor, about the financial impact of the recent decision by Bristol City Council to refuse planning permission for the Trust's proposed transport hub and car park, it was noted that the Board was considering this at present and an update would be provided to governors in due course. **Members RESOLVED to:** • **Receive** the Finance Report for assurance.	

Minute Ref	Item Number	Action
14/04/2019	**14. Finance Committee Chair's report**	
	Martin Sykes, Finance Committee Chair, introduced a report from the meeting of the Finance Committee on 26 April, including the following key points: The Committee had received the year-end report and had welcomed the news that the Trust had exceeded expectations and received the incentive Provider Sustainability Funding. The Committee had reviewed capital expenditure and procurement and had noted that there were still delays in relation to capital expenditure, which they would continue to monitor. **Members RESOLVED to:** • **Receive** the Finance Committee Chair's report for assurance.	
	Governance	
	Items for Information	
15/04/2019	**15. 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. It was noted that some questions had been re-opened and would be considered at a governors' meeting. **Members RESOLVED to:** • **Receive** the Governors' Log of Communications for information.	
	Concluding Business	
16/04/2019	**16. Any Other Urgent Business**	
	There was no further business. The Chair closed the meeting at 13:26.	
17/04/2019	**17. Date and time of Next Meeting**	
	The date of the next meeting was confirmed as **11.00 – 13.00, Friday 24 May 2019, Conference Room, Trust HQ, Marlborough Street, Bristol, BS1 3NU.**	

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

University Hospitals Bristol
NHS Foundation Trust

Public Trust Board of Directors meeting
24 May 2019
Action Tracker

Outstanding actions from the meeting held on 30 April 2019					
No.	**Minute reference**	**Detail of action required**	**Responsible officer**	**Completion date**	**Additional comments**
1.	06/04/2019	**Quality and Performance Report** Consideration to be given as to whether cancelled operations metrics in the Quality and Performance Report should be changed to provide further detail of the types of operations cancelled.	Deputy Chief Executive and Chief Operating Officer	May 2019	Work in Progress Update to come to May 2019 meeting.
2.	10/04/2019	**Healthier Together Sustainability and Transformation Partnership Update** UH Bristol's response to system working to be included in future Board seminar.	Trust Secretary	May 2019	Completed This would be included as part of the 2019/20 Board Development plan.
3.	180/11/2018	**Report from the Chair of the People Committee** Trust Chair to review People Committee membership and Executive Director attendance	Chair /Trust Secretary	May 2019	Completed Trust Chairman will review with the new Chair of the People Committee once they are in post.
Closed actions from the meeting held on 30 April 2019					
No.	**Minute reference**	**Detail of action required**	**Responsible officer**	**Completion date**	**Additional comments**
1.	195/01/2019	**Patient Story** Carers' Strategy Steering Group work to take account of issues raised regarding visibility of young carers. To report back to Board through the Quality and Outcomes Committee.	Chief Nurse	March 2019	Closed An update was provided at the April 2019 meeting.

2.	210/03/2019	**Patient Story** Assurance to be provided to Board members about the correspondence process in relation to cancer and other significant diagnoses.	Deputy Chief Executive /Chief Operating Officer	April 2019	Closed An update was provided at the April 2019 meeting.
3.	214/032019	**Quality and Performance Report** Connection between demand, capacity and estate to be explored at a future Board Seminar.	Trust Secretary	April 2019	Completed This would be included as part of the 2019/20 Board Development plan.
4.	217/03/2019	**Six-Monthly Nurse Staffing Report** Model Hospital digital tool to be demonstrated to the Board.	Trust Secretary	April 2019	Completed This would be included as part of the 2019/20 Board Development plan.

Meeting of the Board in Public on 24 May 2019 in the Conference Room, Trust Headquarters

Report Title	**Chief Executive Report**
Report Author	**Robert Woolley, Chief Executive**
Executive Lead	**Robert Woolley, Chief Executive**

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 May 2019.
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**.**
5. History of the paper **Please include details of where paper has previously been received.**
N/A

APPENDIX A

SENIOR LEADERSHIP TEAM

REPORT TO TRUST BOARD – MAY 2019

1. INTRODUCTION

This report summarises the key business issues addressed by the Senior Leadership Team in May 2019.

2. QUALITY, PERFORMANCE AND COMPLIANCE

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

The group **approved** the Draft Annual Quality Report, including, Corporate Quality Objectives for 2019/20.

3. STRATEGY AND BUSINESS PLANNING

The group **received** an update on the management of waiting list initiative payments. An implementation plan and further work was requested.

The group **received** an update on the current position in respect of the merger with Weston Area Health Trust.

The group **approved** the Divisional Operating Plan for Medicine.

The group **approved** in principle the Corporate Objectives for 2019/20,

The group **approved** the business case for the introduction of the nursing associate role into the nursing establishment and skill mix at the Trust.

The group **approved** the business case for the development of a Silver Trauma Unit.

The group **received** an update on the progress with digitizing the legacy medical records in the Trust.

4. RISK, FINANCE AND GOVERNANCE

The group **received** updates on the financial position for month 1 of 2019/20.

The group **received** an update on the implementation of the Deep Vein Thrombosis service following successful tender of the service to GP Care.

The group **approved** the External Visits, Inspections and Accreditations Policy.

The group **received** four satisfactory Internal Audit Report in relation to Doctors Recruitment Checks, Duty of Candour, Off Payroll Engagements, and Managing Medical Staff, three with significant assurance in relation to Accounts Payable, Main Accounting, and Payroll and an update on outstanding recommendations. The internal audit report for Data Security and Protection Toolkit was also received.

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

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

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

Paul Mapson
Director of Finance
May 2019

Meeting of the Board in Public on Friday 24 May 2019 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**

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 Committee is asked to **NOTE** the report.
5. History of the paper **Please include details of where paper has previously been received.**
N/A

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University Hospitals Bristol
NHS Foundation Trust

Quality and Performance Report

May 2019

1.1 OVERVIEW – Executive Summary

Single Oversight Framework

- The 62 Day Cancer standard for GP referrals achieved 82.9% for March and 83.8% for quarter 4 overall, which are below the national standard of 85%. However, the national standard had been achieved for quarters 2 and 3.
- The measure for percentage of A&E patients seen in less than 4 hours was 78.3% for April. This did not achieve the 95% national standard or the improvement trajectory target of 84.5%.
- The percentage of Referral To Treatment (RTT) patients waiting under 18 weeks was 89.0% as at end of April. Although this did not achieve the national 92% standard, the improvement trajectory target of 88% was achieved.
- The percentage of Diagnostic patients waiting under 6 weeks at end of April was 95.3%, with 418 patients waiting 6+ weeks. This is lower than the national 99% standard. The maximum allowed breaches to achieve 99% was 88.

Headline Indicators

There were four Clostridium Difficile cases in April. The maximum allowed for the financial year 2019/20 is 57 cases, so an average of 4.75 per month. In addition, there were no MRSA cases in April. Pressure Ulcer and Patient Falls incidence remained below target levels in April. Falls rate was 4.46 falls per 1000 beddays (115 falls) and Pressure Ulcers was 0.19 per 1000 beddays (5 ulcers).

The headline measures from the monthly patient surveys and the Friends and Family Test remain above their minimum target levels in April 2019. In Complaints, 93% of formal complaints were responded to within deadline, which equated to 4 responses out of 59 not meeting the standard. Only 5% of February complaint responses were re-opened due to complainant being dissatisfied with the original response.

Last Minute Cancelled Operations (LMCs) were at 1.6% of elective activity and equated to 108 cases.

Workforce

April 2019 compliance for Core Skills (mandatory/statutory) maintained static at 90% overall across the eleven core skills programmes and so achieved the standard. There were no reductions and there were two increases from the previous month across the eleven core skill programmes. The largest increase was seen in Infection Prevention & Control increasing to 85% from 83% the previous month.

In April 2019, total staffing was at 8855 full time equivalents (FTEs). Of this, 4.9% was Bank (434 FTE) and 1.2% was Agency (107 FTE). In addition, there had been 941 leavers over the previous 12 months giving a Turnover of 13.2%. Overall vacancy rate remains below target at 4.5% but showed a slight increase in April, up from 4.1% in March.

In April, total available FTE days were 250,809 of which 4.0% were lost to staff sickness. Training has commenced to support staff with stress related issues alongside training for managers to increase awareness and build confidence to recognise the symptoms in their teams. Almost 400 managers have booked onto the course to date.

Appraisal compliance increased to 75.3% in April from 72.3% in March, with increases within all seven divisions. Regular communications, training, support videos and face to face guidance continue as part of the ongoing focus to increase user confidence in the e-appraisal system and ensure quality appraisals are being undertaken.

1.2 OVERVIEW – Single Oversight Framework

Financial Year 2018/19

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%	84.24%	83.05%	84.50%	81.05%	81.23%
	"Trust Footprint" (Year To Date)	92.05%			91.77%			90.84%			89.84%		
	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)	84.1%	82.4%	86.0%	85.7%	88.9%	87.4%	85.5%	87.9%	86.5%	85.1%	83.5%	82.9%
	Actual (Quarterly)	84.2%			87.3%			86.6%			83.8%		
	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	88.2%	89.1%	88.6%	88.9%	88.7%	88.5%	89.6%	90.1%	89.3%	89.4%	89.1%	89.2%
	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	96.8%	97.6%	97.8%	97.9%	97.1%	98.1%	98.4%	96.9%	93.8%	93.3%	96.9%	95.5%
	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 (WIC) and Minor Injury Units (MIU) in their region. This apportionment is 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. The A&E "Trust Footprint" data above relates to Trust performance after WIC and MIU data has been added.

1.2 OVERVIEW – Single Oversight Framework

Financial Year 2019/20

Access Key Performance Indicator		Quarter 1 2019/20			Quarter 2 2019/20			Quarter 3 2019/20			Quarter 4 2019/20		
		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
A&E 4-hours **Standard: 95%**	Actual	78.25%											
	Trajectory	84.5%	90.5%	90.5%	90.5%	90.5%	85.5%	89.7%	84.7%	83.5%	85.0%	81.6%	81.7%
Cancer 62-day GP **Standard: 85%**	Actual (Monthly)												
	Actual (Quarterly)												
	Trajectory (Monthly)	85%	85%	85%	83%	85%	85%	85%	85%	85%	85%	85%	85%
	Trajectory(Quarterly)	85%			85%			85%			85%		
Referral to Treatment **Standard: 92%**	Actual	89.0%											
	Trajectory	88%	88%	88%	88%	88%	88%	88%	88%	87%	87%	87%	88%
6-week wait diagnostic **Standard: 99%**	Actual	95.3%											
	Trajectory	96%	96%	97%	97%	98%	99%	99%	99%	99%	99%	99%	99%

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

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	• Delivering the 62 day GP national standard for eight consecutive months (Jun-Jan) and in quarters 2 and 3. Internal performance (patients not shared with other providers) sustained above >90% in quarter 4. • Referral To Treatment (RTT) Performance trajectory was achieved for 12 consecutive months during 2018/19. Month-end reported position for end of April is 89.0% against a trajectory of 88%. • The Trust finished 2018/19 with an RTT total list size below the March 2018 level of 29,207. Waiting list size at end of April 2019 was 28,763. • The number of patients On Hold was at 86,000 when the review began. As of end of April this number is being maintained at 19,000 with monthly reductions of around 200-400 pathways which are now labelled "transitional pathways". • Outpatient standards for open referral management (including Transitional Pathways and Partial Booking) have been agreed with divisions during February to ensure wait times in outpatients are maintained. • Full integration of eRS (electronic Referral Service) referrals has led to only 23 appointments in March-19 being referred on paper into a consultant led service. • UHBristol had the fastest advice and guidance response rates in the South West of England for Q4.	• Delivery of GP Cancer 62 Day national standard of 85% in quarter 1 and its component months, recovering from the impact of cancellations due to critical care beds • Implement the new 28 day cancer standard and Cancer Waiting Times Guidance • The total RTT waiting list size needs to be maintained below the March 2018 level during 2019/20. Continue to deliver RTT trajectory and performance above 88% in May 2019. • The divisional focus remains on reducing Outpatient follow-ups that are overdue by more than 6 months • The work with our commissioners to review the local patient access policy is now complete. The changes to the policy will be included into an internal Standard Operating Procedure (SOP) to support staff at each step of the patient pathway. The SOP will be taken to the relevant groups during May/June 2019 with supporting communications via the medical director to all clinicians and newsbeat for all staff. Referral to Treatment (RTT) training sessions will incorporate new rules and staff re-trained accordingly. • The RTT Performance lead will represent UHB at the RTT Task and Finish Group. The purpose of the group is to have a standardised way of identifying patients who have been waiting for treatment for more than 26 weeks. This requires careful consideration prior to implementing plans to transfer patients to alternative providers where treatment could be undertaken sooner. The first task and finish meeting took place in April. The May meeting is planned in order to look at the raw data of patients who are 26 weeks+ across the three acute Trusts (UHBristol, North Bristol and Weston). • Divisions to provide assurance that their operating plans for 2019/20 deliver national compliance across all of the key metrics. • Achieve the 99% Diagnostic standard from Quarter 3 2019/20. • There is a system-wide (Bristol, North Somerset, South Glocs) outpatient transformation workshop on the 25th June for clinical and managerial staff. This will guide future opportunities to work smarter within outpatients.

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

	Opportunities	Risks and Threats
ACCESS	• Opportunity to maintain/improve cancer performance with new national rules for allocation of performance between providers and changes to rules pertaining to clinical trials and active surveillance. • The improvement work around the Medway patient administration system (PAS) continues following the observations that we undertook in the winter of 2018 with our PAS supplier, SystemC. In addition to this an observation visit to another Medway Trust has been secured for 17th May. This will allow the Trust to consider additional improvements to the configuration of the Medway system to support delivery of RTT. An options paper will be written during June to document our proposal. • The local clinical commissioning group (CCG) has requested that UH Bristol consider providing peer support across RTT, Cancer and Theatres. The CCG will confirm who requires the peer support and what the timescales are. • Working with system partners to reduce the number of patients in hospital for more than 21 days has the potential to release bedday savings. Tackling this cohort of patients is a 2019/20 requirement from NHS England. • Work is underway to reduce follow-ups across the local health system: Bristol, North Somerset and South Gloucestershire (BNSSG). UHBristol will be working closely with North Bristol Trust and Weston to ensure pathway alignment for follow-up across BNSSG. The three specialities that have been identified are Ophthalmology, haematology and T&O. Clinicians in all three are being contacted to engage them in designing the proposed change. • A tariff has been agreed for 19/20 for advice and guidance, the existing services will be developed further and new services will be proposed with the aim of reducing referrals to face to face services.	• Surgical cancellations due to lack of critical care beds during March and April have impacted on cancer standards. Some cancellations also incurred in May. Recovering from the impact of these rapidly and preventing more are priorities. Renewed focus on the theatre “start the day” initiative. • Diagnostic 6 week wait standard of 99% was not delivered at end of April 2019. The recovery plan, as submitted to NHS Improvement, requires delivery by end of quarter 2 2019/20. • The Trust continues to report 52 week breaches in Paediatric Services. There has been a number of on the day cancellations from patient’s parents. A revised plan has been agreed with the CCGs for UHB to ensure that we have no 52 week waiting patients by September 2019 but continue to achieve ZERO 52 week breaches as quickly as possible. Long waiters will continue to be monitored at the weekly Performance meeting to ensure this is achieved and the CCGs with NHSI/E have yet to finalise the associated fines to 52 week waits although we are expecting to receive fines for any patient reported at month end from April 2019 to incur a £2,500 fine per patient, per month. Currently this would result in a charge of £35,000 to UHB and £35,000 to our local CCG. • Although the local access policy has been revised; the policy still includes a focus on allowing the patient to exercise their right to choice. This may result in difficulty in achieving ZERO long waiting patients so focus on this will continue at the weekly performance meetings chaired by the Deputy COO. • The CCG are being requested to support GP secretary training to increase the use of e-RS and reduce the number of paper referrals received. • Weston Trust will require additional support from UHBristol to successfully implement the outpatient requirements of the Service Development and Improvement Plan (SDIP).

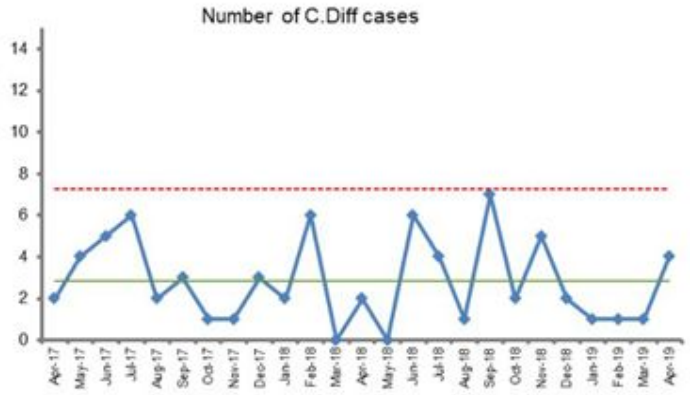
1.4 OVERVIEW – Successes, Priorities, Opportunities, Risk & Threats

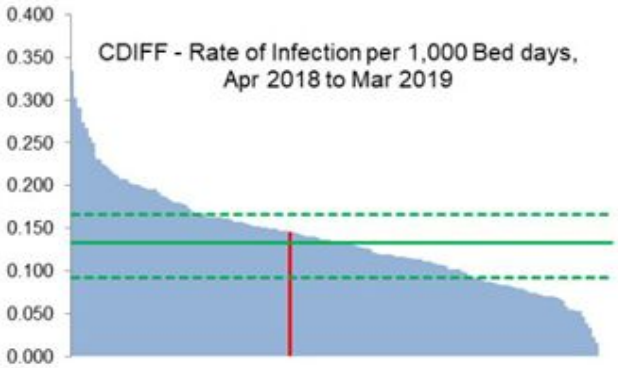
	Successes	Priorities
QUALITY	• Our patient experience indicators continue to show people who use our services generally have a positive experience. • There were no medication incidents resulting in moderate or a higher level of harm in March 2019 and we continue to sustain our target for reduction of non-purposeful omitted doses of critical medication with a figure of 0.31% in April against the 0.75% target.	• There was one grade 3 pressure ulcer in April 2019. A number of actions are being taken as detailed later on in this report. These include targeted/bespoke training to individual wards when indicated following an incident and revised documentation to prompt timely interventions to prevent pressure ulcers and promote healing. Also a Tissue Viability (TV) champion's day was held on May 17th 2019. The focus for this day included prevention, factors affecting healing and treatment options. TV champions are supported by their ward sisters to improve / deliver change in practice and by the TV divisional leads. The champions day is an important vehicle to share key elements of practice, but also to value staff who have taken on this role and support them to continue to make a difference in their clinical areas
	Opportunities	**Risks and Threats**
QUALITY	• The safety thermometer "no new harm" data is below our stretch target of 98.3%, but well above the national average for acute trusts of 93.9%. The safety thermometer audit uses a point prevalence monthly audit, which is limited in its scope. We are working will commissioners and colleagues in neighbouring acute trusts to finalise an alternative consistent measure of the four harms which comprise the safety thermometer: falls, pressure ulcers, VTE and catheter associated urinary tract infections.	• There are no new risks or threats to quality and safety to report this month.

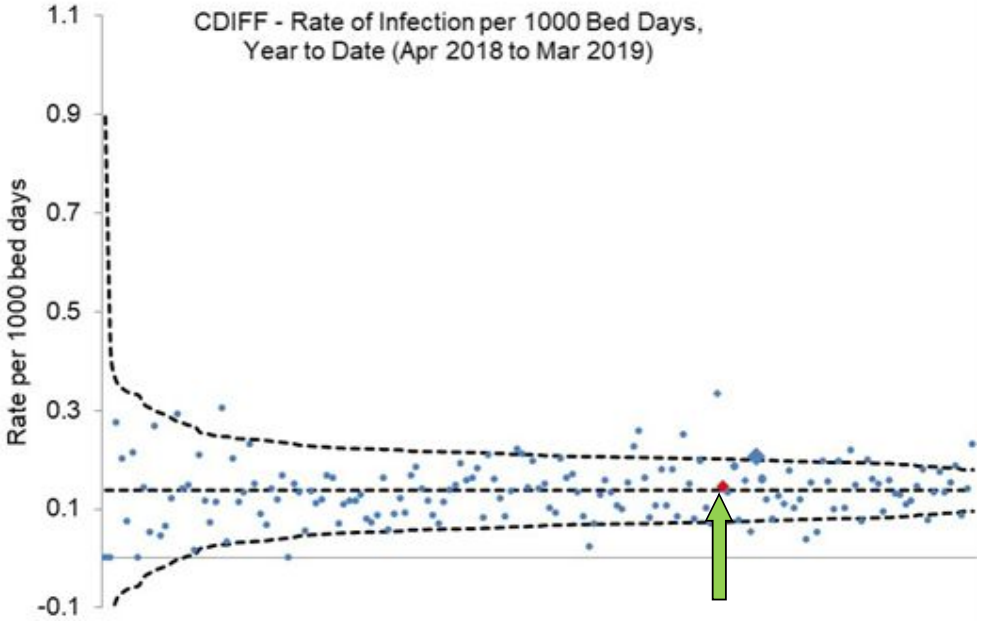
1.4 OVERVIEW – Successes, Priorities, Opportunities, Risk & Threats

	Successes	Priorities
WORKFORCE	• The psychological wellbeing plan which focuses on resources and training to support staff and managers with self-care and reduce stress in the workplace has seen over 400 managers booked onto the new training provision. Initial feedback is positive. • Wellbeing advocates have increased to 150 across the organization. These advocates champion the wellbeing agenda and support staff in local areas. • The workforce diversity & inclusion strategy was signed-off by the People Committee; this brings together key programmes of work and sets the direction of travel for the next 5 years. • Development of a simplified management tool and external training provision for ligature awareness in response to a safety alert. • European Union (EU) Settlement Scheme support sessions have continued to run. The sessions have been popular with 70 attendees over April. • Successful recruitment to the registered nurse staff bank, with 5 new starters in April and a further 6 due in May.	• Development of the divisional improving staff experience plans as a result of the heat map data arriving in May; plans will be in place in by the end of June. • Continued focused communications on appraisal to drive compliance alongside the focus on improving the quality of the experience for staff. • Testing completed of the functionality to allow managers with large teams to delegate appraisal responsibility on the system is proving positive. Date for formal roll out to be confirmed. • Quarterly review of progress against actions from the 2018 external H&S audit. • Development of a Managers training programme for Stress Assessment using the HSE Management Standard Assessment Tool. • Phase 1 of the new medical & dental recruitment toolkit due to go live May 2019. • Recruitment checks have begun for the August deanery intake. The Trust expects to welcome approximately 350 doctors.
	Opportunities	**Risks and Threats**
WORKFORCE	• Commencement of the work-streams under the NHSI Clinical Retention programme; career pathway design, flexible working, flexible retirement and internal mobility. • Conclusion of the design and development of the new Pharmacy Recruitment video to support marketing and attraction to the varied roles in the Trust's Pharmacy services. • New pay progression rules will create a robust link between performance, quality appraisals, and pay. A task and finish group is being established to oversee this workstream across the organisation. • Confirmed go ahead to proceed with implementing medical e-rostering in the Eye Hospital.	• Resuscitation provision improved again by 1% in April but its compliance is still lowest of the Core Skills at 76%. • Failure to meet the 85% appraisal compliance target by the end of June. • Increased operational demands in last 4 weeks increases the risk of using high cost non framework agencies. Proactive planning with Divisions increased daily to reduce last minute requests.

Infections – Clostridium Difficile (C.Diff)	
Standards:	Number of Trust Apportioned C.Diff cases to be below the national trajectory of 57 cases for 2019/20. Review of these cases with commissioners' alternate months to identify if there was a "lapse in care".
Performance:	There were four trust apportioned C.Diff cases in April 2019, giving 35 cases year-to-date.
Commentary/ Actions:	There were four cases of C. Difficile identified in April 2019. These cases require a review with our commissioners before determining if the cases will be Trust apportioned. Once reviewed any outstanding appropriate actions will be implemented. All cases have had an initial review to ensure there is no cross infection. For 2019/20 there are changes to the C. Difficile reporting algorithm which reduces the number of days to identify hospital onset healthcare associated cases from ≥3 to ≥2 days following admission. The limit for the Trust for 2019/20 has been set at 57 cases.
Ownership:	Chief Nurse





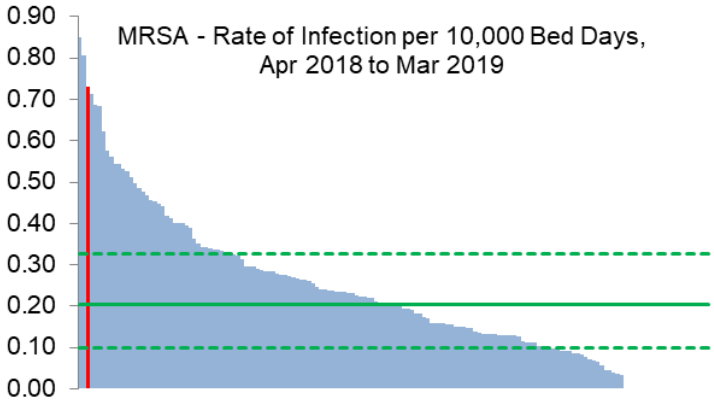


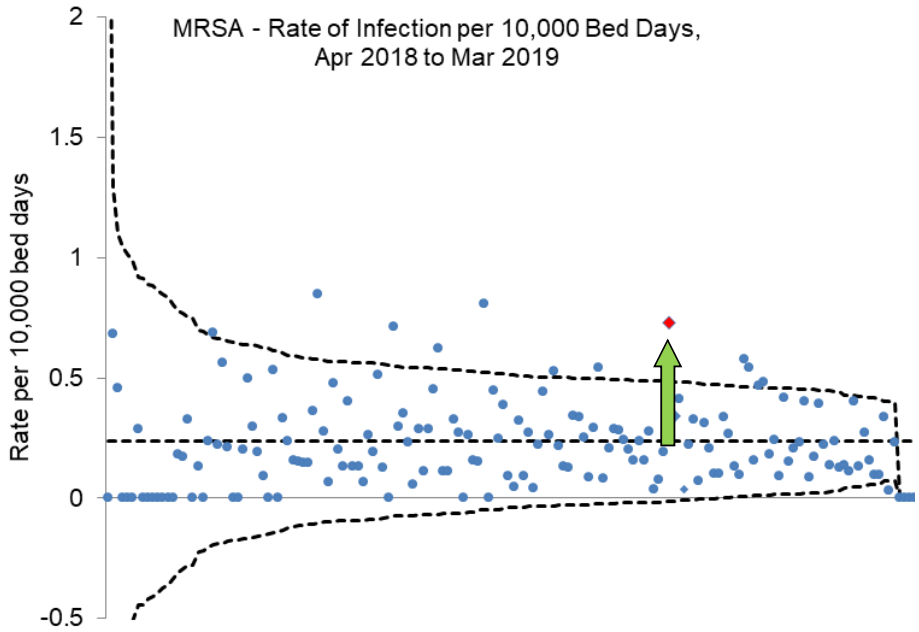
CDIFF Cases	Apr-19	2019/2020
Medicine	1	1
Specialised Services	0	0
Surgery	1	1
Women's and Children's	2	2
Grand Total	0	4

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

Infections – Methicillin-Resistant Staphylococcus Aureus (MRSA)	
Standards:	No Trust Apportioned MRSA cases.
Performance:	There were no trust apportioned MRSA cases in April 2019.
Commentary/ Actions:	Ongoing training and reporting mechanisms are continually being reviewed.
Ownership:	Chief Nurse

MRSA	Apr-19	2019/2020
Medicine	0	0
Specialised Services	0	0
Surgery	0	0
Women's and Children's	0	0
Grand Total	0	0





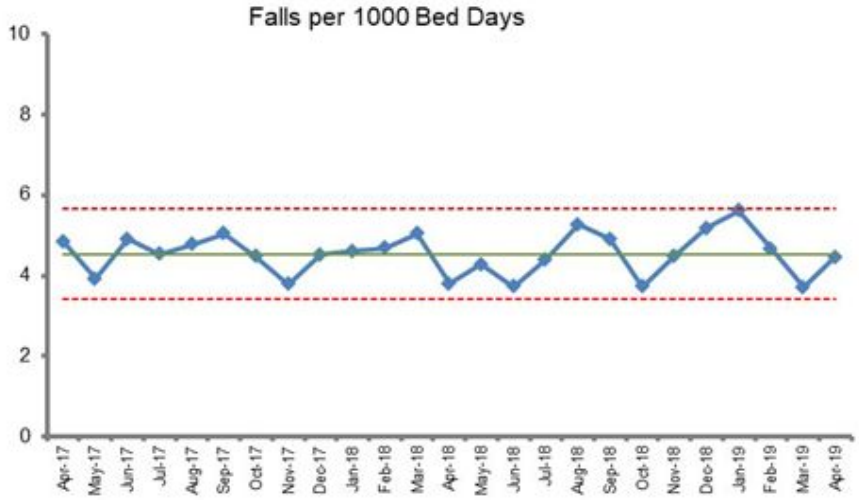
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

2.1 PERFORMANCE – Safe Domain

Patient Falls	
Standards:	Inpatient Falls per 1,000 beddays to be less than 4.8. Less than 2 per month resulting in Harm (Moderate or above)
Performance:	Falls rate for April was 4.46 per 1,000 beddays. This was 115 falls with three resulting in harm.

Commentary/ Actions:	The total number of falls in April 2019 was 115, which is a slight increase on the number of falls in March. In April there were three falls with harm, two in the Division of Medicine and one in Specialised Services Division.
	
	Actions being taken to reduce the risk of falls include:
	• Implementing actions required to achieve new 19/20 Falls CQUIN has commenced, which include:
	  ○ The revised draft multifactorial falls risk assessment, including a vision checklist was reviewed at the May Falls meeting and will be finalised by the end of May, ready for approval in June.
	  ○ Measuring lying and standing blood pressure measurement for all patients 65 and over
	  ○ Ensuring no anti-psychotic, anxiolytics or hypnotics, are given during hospital stay or if required there should be documentation of rationale
	  ○ Ensuring patient mobility assessment is documented within 24hrs or mobility aid provided within 24hrs
	• A revised Datix report following a fall within all adult areas to ensure all relevant information is captured to maximise learning from all falls incidents was approved in May. This will be launched in June. Work to develop a Datix report for paediatric and outpatient settings is now underway.
	• The induction and patient safety teaching slides and E Learning package are being updated to reflect the change in practice required to achieve the 19/20 Falls CQUIN, aimed at reducing the number of falls
	
	The 19/20 work and audit plans were approved at the May meeting and will be closely monitored and reviewed at each meeting

Ownership:	Chief Nurse

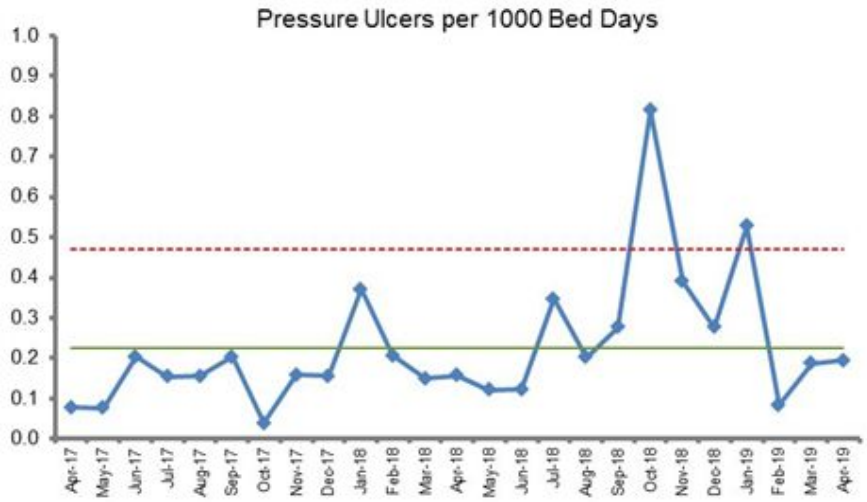


2.1 PERFORMANCE – Safe Domain

Pressure Ulcers	
Standards:	Hospital acquired Pressure Ulcers to be below 0.4. No Grade 3 or 4 Pressure Ulcers
Performance:	Pressure Ulcers rate for April was 0.19 per 1,000 beddays. There were five Pressure Ulcers in April, with one at Grades 3 or 4.

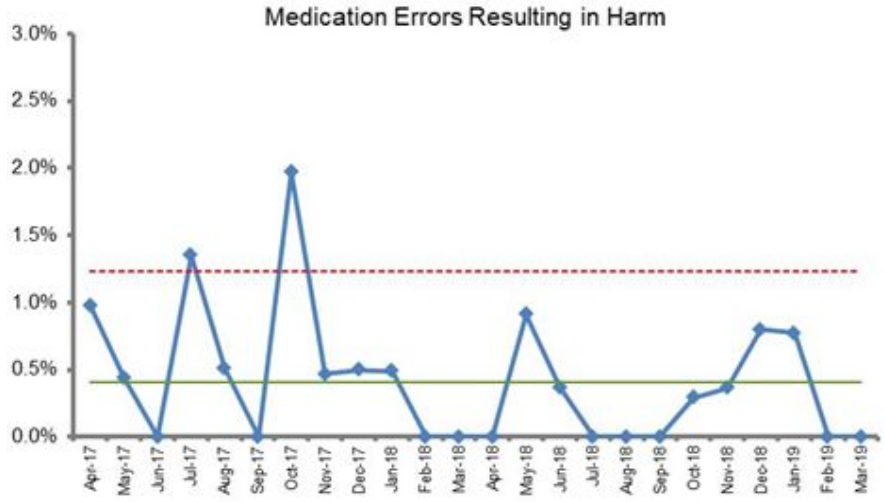
Commentary/ Actions:	This comprises four Category two pressure ulcers, and one Category three pressure ulcer (coccyx).
	
	The aim of the 19/20 work plan is to reduce the number of pressure ulcers which developed on a ward.
	• The Tissue Viability Team continue to deliver monthly pressure ulcer training sessions and monthly wound assessment training sessions for staff. The team also deliver targeted/bespoke training to individual wards when indicated following an incident or on request
	• Continue documentation review and revision
	  ○ The Adult Pressure ulcer care plan has been revised and is currently being piloted with a view to launch at the end of June. Work is currently underway to revise care plans for maternity and paediatrics.
	  ○ Wound care documentation has been reviewed, updated and implemented to support staff documentation and improve identifying/assessing wounds and planning care/actions to manage and prevent deterioration.
	  ○ The care plan documentation will audited in six months to assess improvement in practice following the June launch and take actions where required
	• A Tissue Viability (TV) champion's day was held on May 17th 2019. The focus for this day included prevention, factors affecting healing and treatment options. TV champions are supported by their ward sisters to improve / deliver change in practice and by the TV divisional leads. The champions day is an important vehicle to share key elements of practice, but also to value staff who have taken on this role and support them to continue to make a difference in their clinical areas
	• All actions are monitored through the tissue viability steering group.

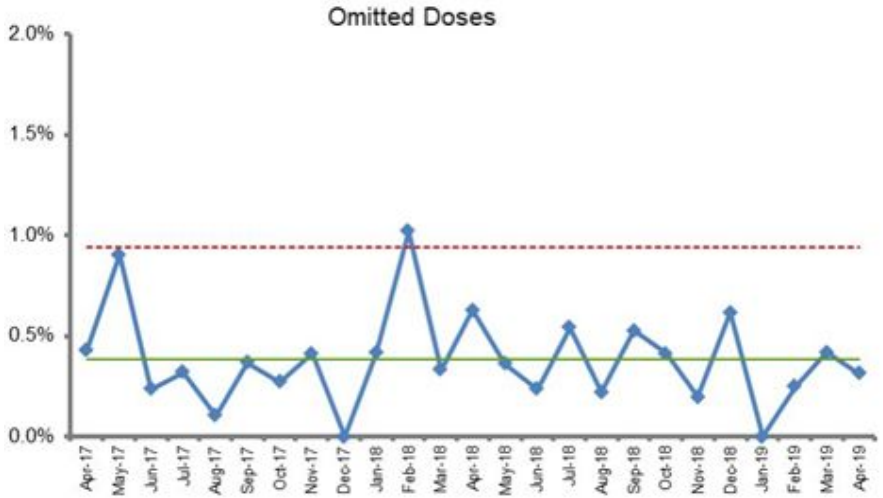
Ownership:	Chief Nurse



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:	Zero moderate harm medication incidents were reported in March 2019, out of 232 cases audited. Omitted doses were at 0.31% in April (2 cases out of 637 reviewed in areas using paper drug charts).
Commentary/ Actions:	One omitted dose was insulin in an adult admissions unit. The second omitted dose was a dose of anticonvulsant in an adult surgical ward. Both wards are currently using paper drug charts, so cannot identify whether the dose was given but not signed for, or whether the dose was truly omitted. Numbers of omitted doses are so low that it is not possible to apply any robust explanation, other than human error as the most likely cause. Full data on non-purposeful omitted critical medicines in Medway e-prescribing (EPMA) wards (currently only South Bristol Community Hospital) was 0.03% (one omitted dose out of 3979 administrations) for April: chloramphenicol eye ointment which was not available on the ward in time) The Medication Safety Subgroup of the Medicines Governance Group continue to monitor and validate the correct level of harm for all medication incidents and implements actions to prevent recurrence of the incident resulting in harm to a patient. Particular focus is paid to the involvement of high risk drugs in medication incidents.
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 April 2019 Essential Training overall compliance remained static at 90% compared to the previous month (excluding Child Protection Level 3).
Commentary/ Actions:	April 2019 compliance for Core Skills (mandatory/statutory) training remained static at 90% overall across the eleven core skills programmes. There were no reductions and there were two increases from the previous month across the eleven core skill programmes. The largest increase was seen in Infection Prevention & Control increasing to 85% from 83% the previous month. Compliance for all other Essential Training increased to 95% compared with 94% in the previous month. • Infection Prevention and Control (IPC), at 85%, is continuing a steady recovery from a temporary drop caused by IPC level 2's transition from a 3-yearly to annual update frequency. • Although it improved again by 1% in April, Resuscitation compliance is lowest of the Core Skills at 76%. Resus training provision is under close review to determine improvements. Benchmarking with other NHS organisations across the STP to assess interpretation and provision of the Resus standards is underway. • The pass-porting of training records, prior to induction, commenced on a limited scale in April. There are still technical limitations to be overcome in the areas of 'pre-hire IAT' transfers and differences in new starter processes.
Ownership:	Director of People

Essential Training	Apr-19	KPI
Equality, Diversity and Human Rights	96%	90%
Fire Safety	88%	90%
Health, Safety and Welfare (formerly Health & Safety)	94%	90%
Infection Prevention and Control	85%	90%
Information Governance	87%	95%
Moving and Handling (formerly Manual Handling)	88%	90%
NHS Conflict Resolution Training	95%	90%
Preventing Radicalisation	94%	90%
Resuscitation	76%	90%
Safeguarding Adults	93%	90%
Safeguarding Children	92%	90%

Essential Training	Apr-19	KPI
UHBristol NHS Foundation Trust	**90%**	**90%**
Diagnostics & Therapies	91%	90%
Facilities & Estates	92%	90%
Medicine	89%	90%
Specialised Services	91%	90%
Surgery	89%	90%
Trust Services	94%	90%
Women's & Children's	88%	90%

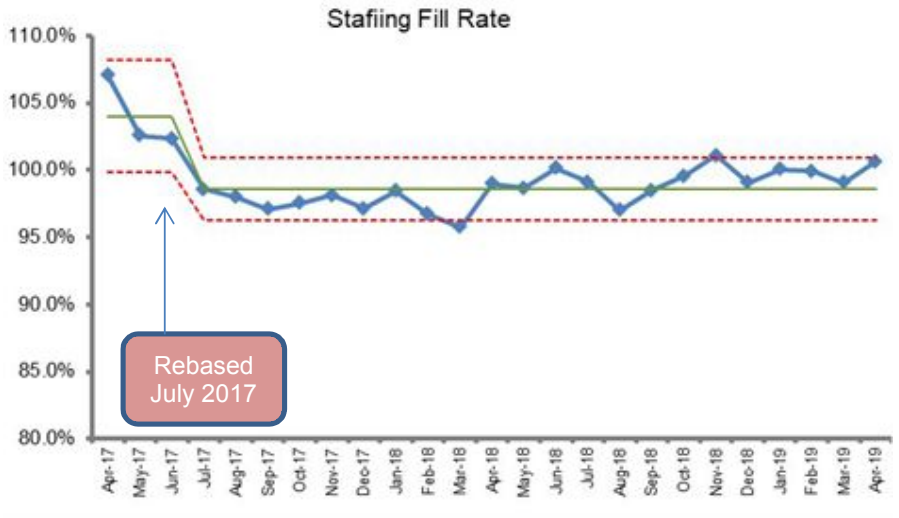
2.1 PERFORMANCE – Safe Domain

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:	April's overall staffing level was at 100.6% (235,217 hours worked against 233,768 planned). Registered Nursing (RN) level was at 97.4% and Nursing Assistant (NA) level was at 108.8%
Commentary/ Actions:	Overall for the month of April 2019, the trust had 97% cover for RN's on days and 98% RN cover for nights. The unregistered level of 102% for days and 118% for nights reflects the activity seen in April 2019. This was due primarily to NA specialist assignments to safely care for confused or mentally unwell patients in adults particularly at night. The Trust continues to validate temporary staffing assignments against agreed criteria.
Ownership:	Chief Nurse

APRIL 2019 DATA

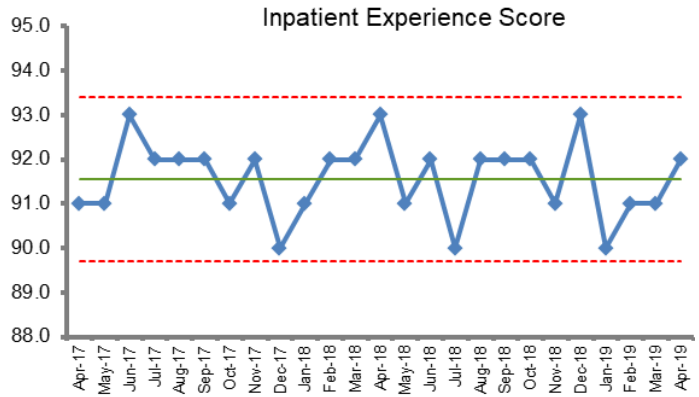
	Day	Night	TOTAL
Registered Nurses	97.1%	97.7%	97.4%
Nursing Assistants	102.0%	118.4%	108.8%
TOTAL	**98.6%**	**103.2%**	**100.6%**

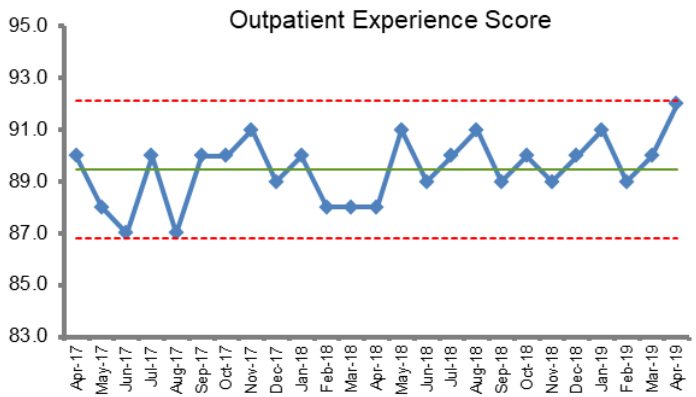
Medicine	110.7%
Specialised Services	100.1%
Surgery	102.1%
Women's and Children's	92.9%
TOTAL	**100.6%**

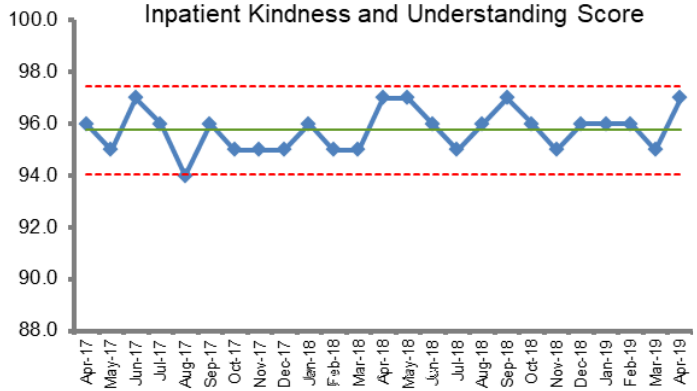


2.2 PERFORMANCE – Caring Domain

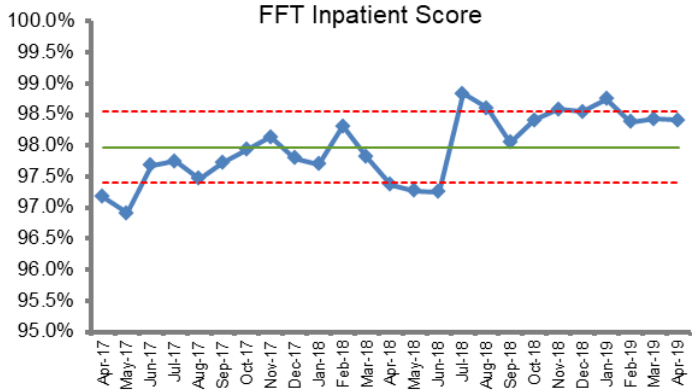
Monthly Patient Survey	
Standards:	For the inpatient and outpatient Survey, 5 questions are combined to give a score out of 100. For inpatients, the target is to achieve 87 or more. For outpatients the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target of 90 or over.
Performance:	For April 2019, the inpatient score was 92/100, for outpatients it was 92. For the kindness and understanding question it was 97.
Commentary/ Actions:	The headline measures from these surveys remained above their minimum target levels, indicating the continued provision of a positive patient experience at UH Bristol.
Ownership:	Chief Nurse

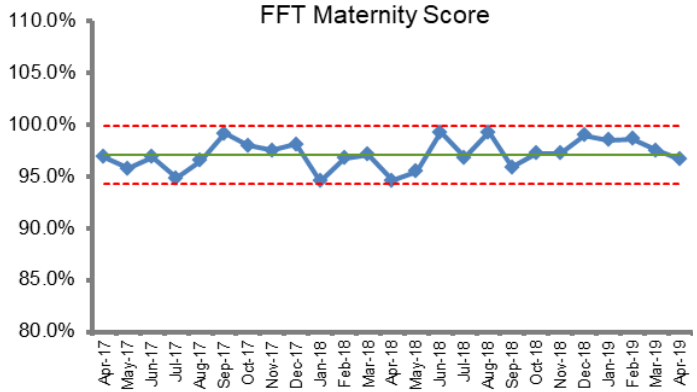


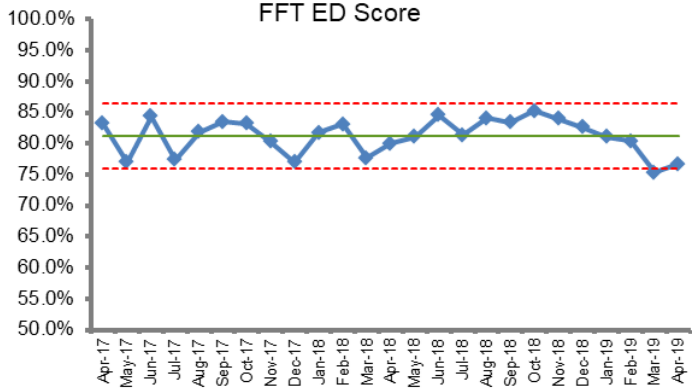




Friends and Family Test (FFT) Score	
Standards:	The FFT score is the number of respondents who were likely or very likely to recommend the Trust, as a percentage of all respondents. Standard is that the score for inpatients should be above 90%. The Emergency Department minimum target is 70%.
Performance:	April's FFT score for Inpatient services was 98.4% (2162 out of 2197 surveyed). The ED score was 76.7% (929 out of 1211 surveyed). The maternity score was 96.7% (350 out of 362 surveyed).
Commentary/ Actions:	The headline measures from these surveys remained above their minimum target levels
Ownership:	Chief Nurse



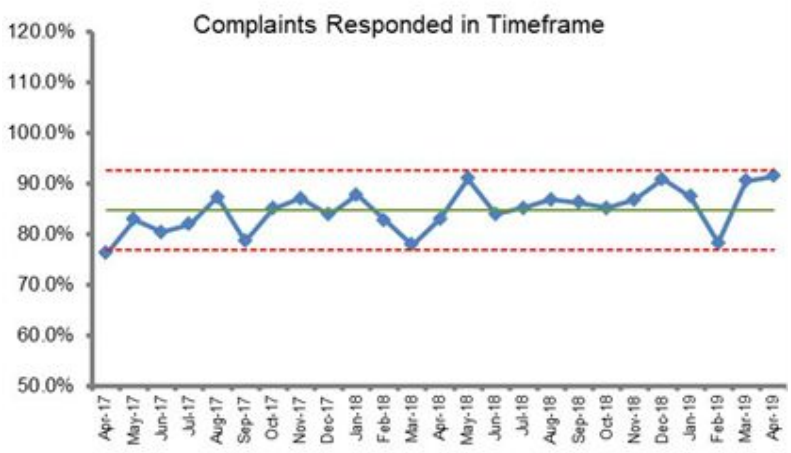


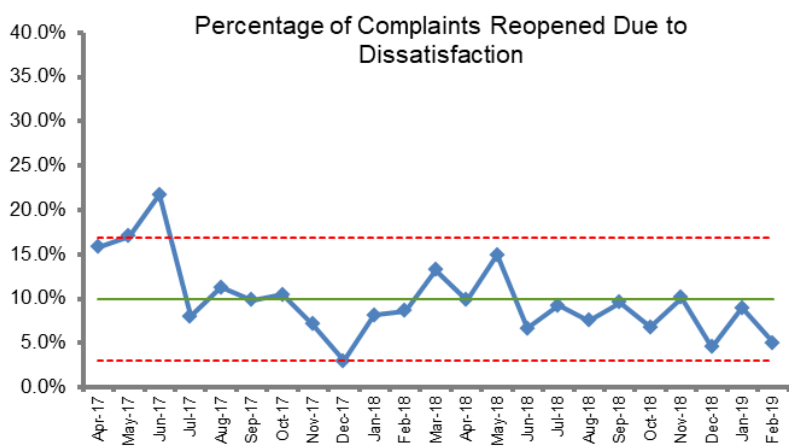


	Response Rate		Score	
	Apr-19	2019/2020	Apr-19	2019/2020
Inpatients				
Medicine	35.4%	35.4%	98.4%	98.4%
Surgery	36.2%	36.2%	98.7%	98.7%
Specialised Services	39.4%	39.4%	97.8%	97.8%
Women's and Children's	35.9%	35.9%	98.1%	98.1%
TOTAL	**36.3%**	**36.3%**	**98.4%**	**98.4%**
Emergency Department				
Bristol Royal Infirmary	11.3%	11.3%	58.0%	58.0%
Children's Hospital	16.5%	16.5%	82.7%	82.7%
Eye Hospital	14.8%	14.8%	92.7%	92.7%
TOTAL	**13.8%**	**13.8%**	**76.7%**	**76.7%**
Maternity				
TOTAL	**28.5%**	**28.5%**	**96.7%**	**96.7%**

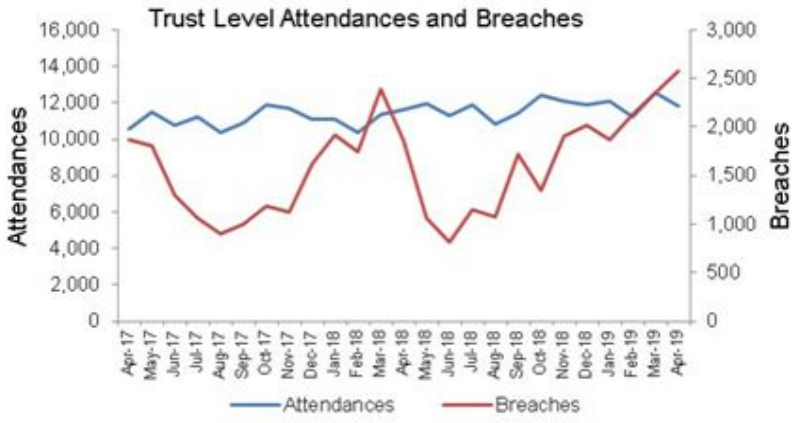
2.2 PERFORMANCE – Caring Domain

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 April, 55 out of 59 formal complaints were responded to with timeframe (93.2%) Of the 60 formal complaints responded to in February, 3 resulted in the complainant being dissatisfied with the response (5.0%)
Commentary/ Actions:	There were four breaches from the 59 formal responses sent out in April; two were for the Division of Specialised Services and one each for the Divisions of Medicine and Women & Children. Three of the breaches were due to delays within the respective divisions and one (for Specialised Services) was caused by a delay in the Patient Support & Complaints Team. The Trust's performance in responding to complaints via informal resolution within a timescale agreed with the complainant was 91% in April. This equates to 11 breaches from the 117 responses sent out in April. Performance in respect of informal complaints will shortly reported to the Trust Board, in addition to performance in respect of formal complaints, as the majority of complaints are now resolved informally. Of the 11 breaches recorded, five were from the Division of Surgery, two each from the Divisions of Medicine and Women & Children and one each from the Divisions of Diagnostics & Therapies and Trust Services. The rate of dissatisfied complaints in February (this measure is reported two months in arrears) was 5%. This represents three cases from the 60 first responses sent out during that month and is an improvement on the 8.9% reported last month in respect of responses sent out in January.
Ownership:	Chief Nurse





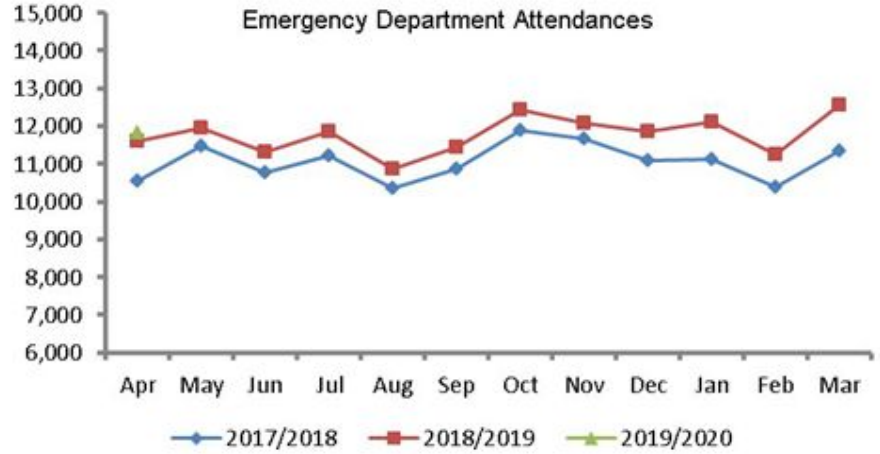
Emergency Department (ED) 4 Hour Wait	
Standards:	Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours. The Trust's improvement trajectory is 84.5% for April.
Performance:	Trust level performance for April was 78.25% (11823 attendances and 2571 patients waiting over 4 hours).
Commentary/ Actions:	Performance at the Children's Hospital was 92.0% in April. This is alongside a 11% rise in attendances (2017/18 vs 2018/19). The Bristol Royal Infirmary achieved 63.6% in April and the Eye Hospital achieved 96.1%. Bristol Royal Infirmary saw a 3.5% rise in attendances for the same time period. The ED Workforce Review business case has been submitted divisionally and is awaiting outcome of growth monies before decision to progress. Two ED consultants have been appointed for Sep-19 start. In response to ongoing pressures in the BRI ED, driven by crowding, surges in demand and staffing, there is a three day "Home for the Holiday" event scheduled for May in order to try to get as many patients as possible back to their own homes prior to or during the bank holiday. This event will focus on UHBristol actions which can be taken to progress patient's care journeys, for example trying to move diagnostics forwards, following up on reviews and liaising with primary care and community services to agree discharge plans.
Ownership:	Chief Operating Officer

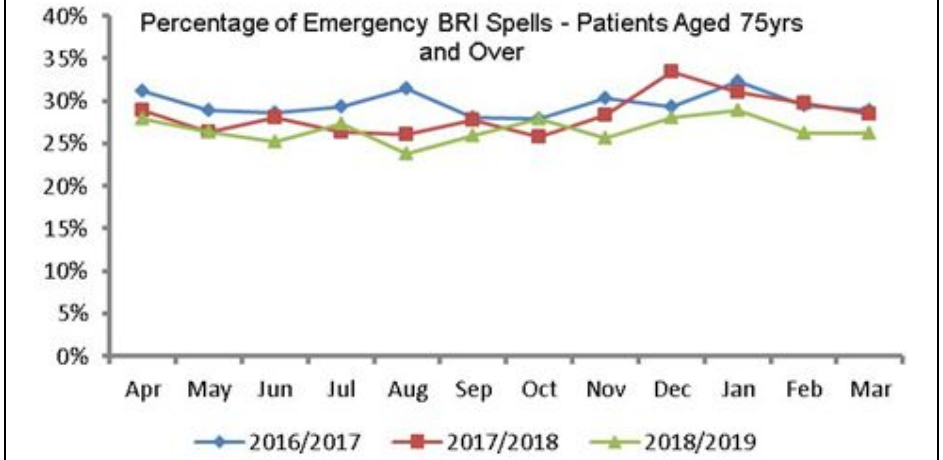


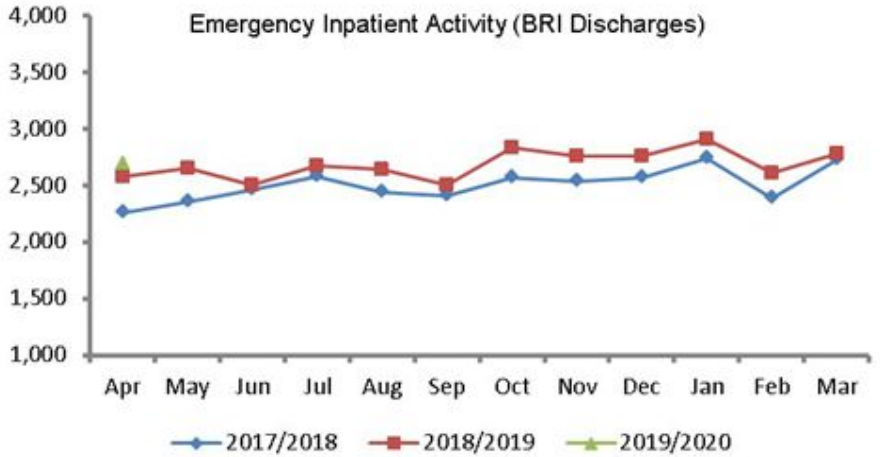
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

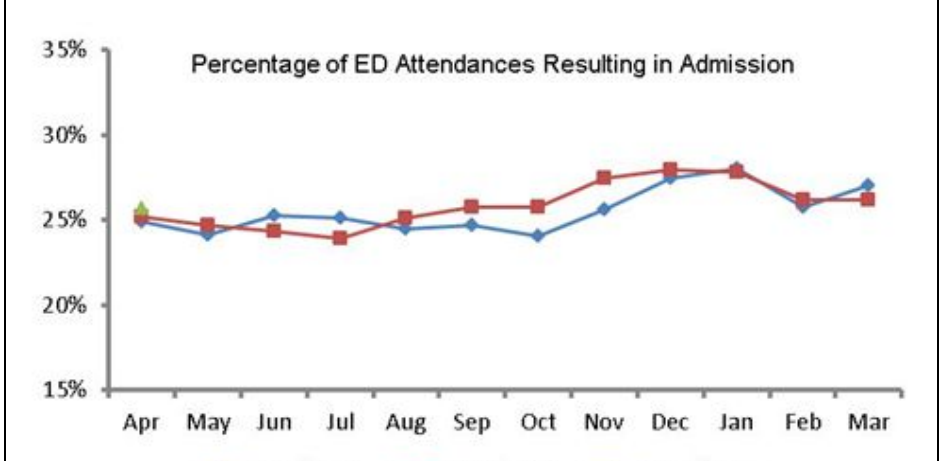
	Attendances		Under 4 Hours		Performance	
	Apr-19	2019/2020	Apr-19	2019/2020	Apr-19	2019/2020
BRI	6034	6034	3836	3836	63.57%	63.57%
Trust	11823	11823	9252	9252	78.25%	78.25%

2.3 PERFORMANCE – Responsive Domain



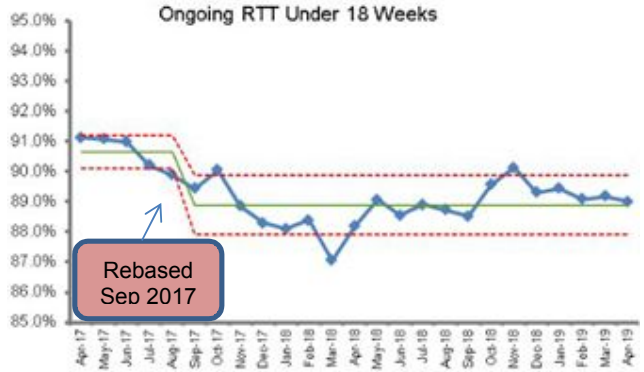


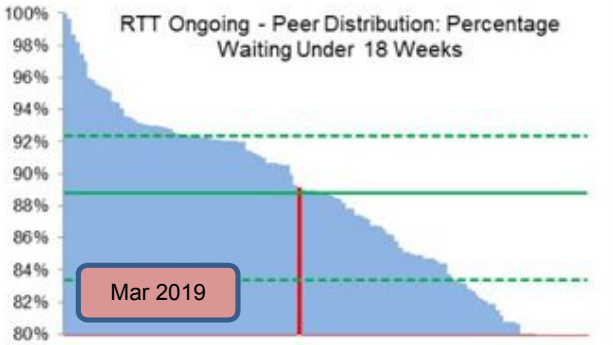




2.3 PERFORMANCE – Responsive Domain

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 88.0% for end of April. In addition, no-one should be waiting 52 weeks or over at the end of March 2019.
Performance:	At end of April, 89.0% of patients were waiting under 18 week (25,602 out of 28,763 patients). 14 patients were waiting 52+ weeks
Commentary/ Actions:	The 92% national standard was not met at the end of April; the Trust has achieved for 13 consecutive months the RTT set recovery trajectory. Key actions for 2019/20: • Achieve zero 52 week waiting patients by September 2019 • Ensure the total waiting list size remains below the March 2018 level of 29,207 • Ensure that set divisional trajectories continue to be achieved month on month. These have now been agreed and will be monitored and actioned through the weekly performance meetings, chaired by Deputy Chief Operating Officer.
Ownership:	Chief Operating Officer





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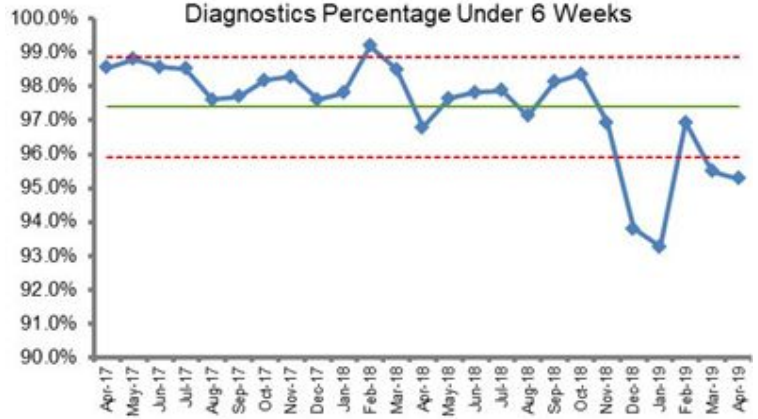
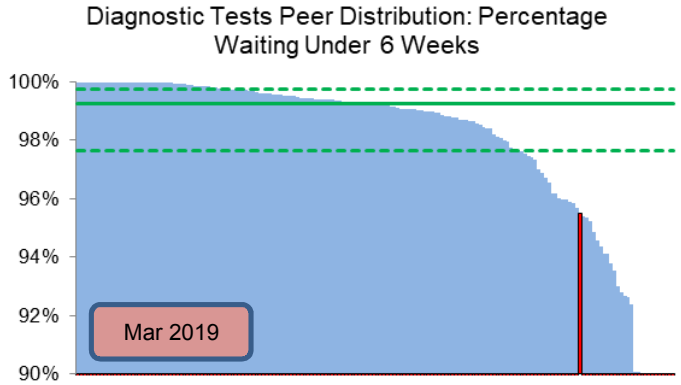
Ongoing Pathways at Apr-19

	Ongoing Pathways	Ongoing Over 18 Weeks	Ongoing Performance
Cardiology	2,183	472	78.4%
Cardiothoracic Surgery	350	104	70.3%
Dermatology	2,487	222	91.1%
ENT	2,031	127	93.7%
Gastroenterology	751	23	96.9%
General Medicine	7	0	100.0%
Geriatric Medicine	75	5	93.3%
Gynaecology	1,387	161	88.4%
Neurology	279	25	91.0%
Ophthalmology	3,249	305	90.6%
Oral Surgery	2,704	307	88.6%
Other (Clinical Genetics)	797	15	98.1%
Other (Dental)	2,335	118	94.9%
Other (General Surgery)	1,584	352	77.8%
Other (Haem/Onc)	155	4	97.4%
Other (Medicine)	562	20	96.4%
Other (Other)	461	7	98.5%
Other (Paediatric)	5,146	763	85.2%
Other (Pain Relief)	80	0	100.0%
Other (Thoracic Surgery)	98	9	90.8%
Plastic Surgery	3	1	66.7%
Rheumatology	411	12	97.1%
Thoracic Medicine	509	13	97.4%
Trauma & Orthopaedics	445	96	78.4%
TOTAL	**28,763**	**3,161**	**89.0%**

2.3 PERFORMANCE – Responsive Domain

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 has committed to recovery by beginning of Quarter 3 2019/10
Performance:	At end of April, 95.3% of patients were waiting under 6 weeks (8,428 out of 8,846 patients). There were 418 breaches of the 6-week standard.
Commentary/ Actions:	The Trust did not achieve the 99% national standard at end of April. The maximum number of breaches needed to achieve 99% was 88 breaches. The areas carrying the largest volume of breaches are Echocardiography, Non-obstetric ultrasound and CT Cardiac, see table below. • Echos was returning to standard due to utilisation of additional capacity outside the organisation. However, short-notice staff vacancies within the service has caused a delay to recovery • For Ultrasound, staff vacancies have caused a reduction in available capacity. The service is running waiting list initiatives and utilising agency and locum sonographers to cover vacancies while permanent staff are recruited. • CT Cardiac has experienced a growth in demand since October. Service has seen, on average, a30% increase in referrals. Some of this increase is due to new NICE guidelines around CT Cardiac as a preferred exam for certain pathways. In addition, this is a complex modality where scans involve numerous staff (e.g. radiologist, radiographer, nurse), which makes outsourcing difficult Full recovery trajectories for 2019/20 are being developed for these areas.
Ownership:	Chief Operating Officer





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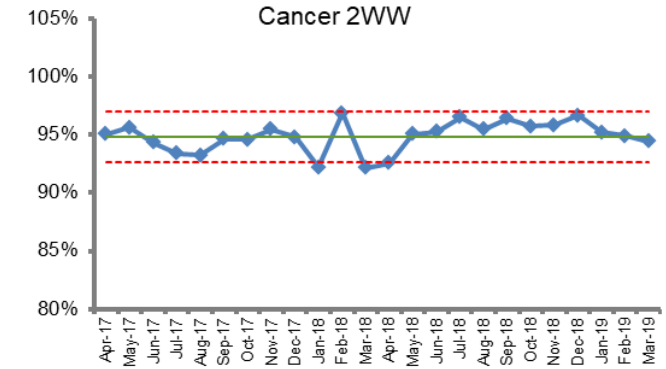
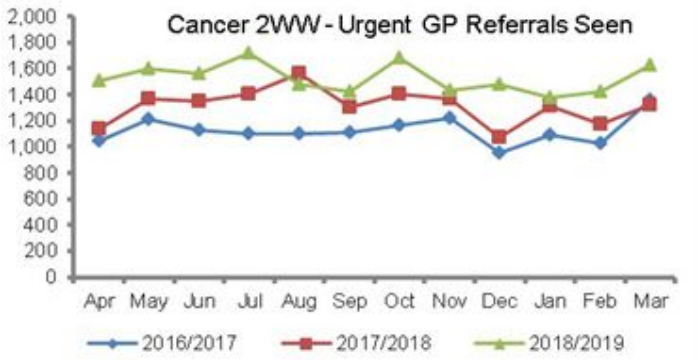
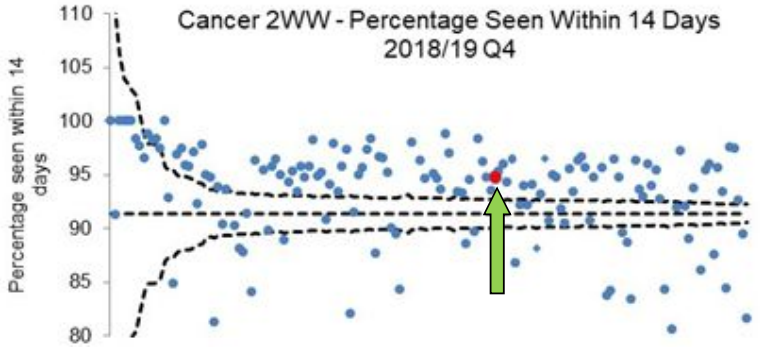
Diagnostic Tests Waiting List at Apr-19	Under 6 Weeks	6+ Weeks	Total Waiting	Percentage Under 6 Weeks
Audiology	716	0	716	100.0%
Colonoscopy	153	36	189	81.0%
CT	1,383	81	1,464	94.5%
Cystoscopy	2	0	2	100.0%
DEXA Scan	169	0	169	100.0%
Echocardiography	922	110	1,032	89.3%
Flexi Sigmoidoscopy	59	15	74	79.7%

	Under 6 Weeks	6+ Weeks	Total Waiting	Percentage Under 6 Weeks
Gastroscopy	171	18	189	90.5%
MRI	2,135	41	2,176	98.1%
Neurophysiology	179	0	179	100.0%
Sleep Studies	163	1	164	99.4%
Ultrasound	2,376	116	2,492	95.3%
Grand Total	**8,428**	**418**	**8,846**	**95.3%**

Cancer Waiting Times – 2WW	
Standards:	Urgent GP-referred suspected cancer patients should be seen within 2 weeks of referral. The national standard is that each Trust should achieve at least 93%
Performance:	For March, 94.4% of patients were seen within 2 weeks (1540 out of 1631 patients). Quarter 1 overall achieved 94.3%. Quarter 2 overall achieved 96.1%. Quarter 3 overall achieved 96.0%. Quarter 4 overall achieved 94.8%.
Commentary/ Actions:	The standard has been achieved in all four quarters in 2018/19 The current robust performance management actions will continue through the weekly performance meetings. The Trust is on track to deliver in quarter 1 of 2019/20.
Ownership:	Chief Operating Officer



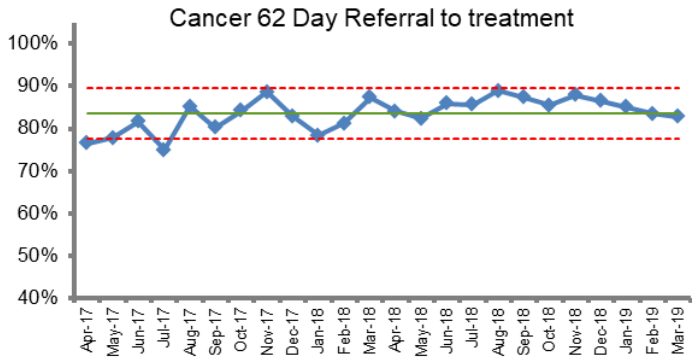


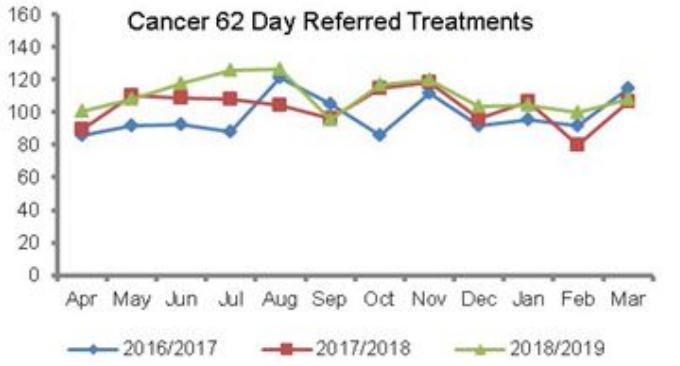


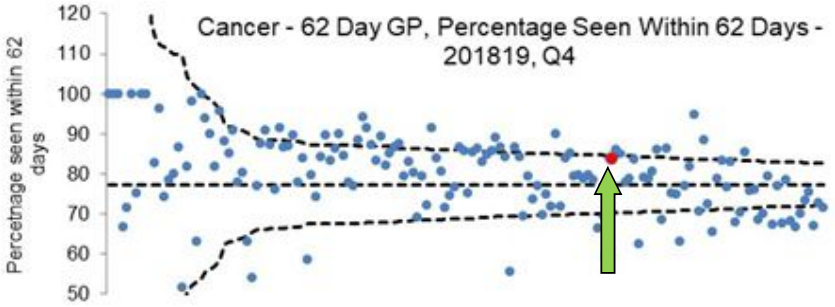
	Cancer 2WW - Mar-19		
	Under 2 Weeks	**Total Pathways**	**Performance**
Other suspected cancer	3	3	100.0%
Suspected children's cancer	24	26	92.3%
Suspected gynaecological cancers	137	147	93.2%
Suspected haematological malignancies e	7	7	100.0%
Suspected head and neck cancers	421	430	97.9%
Suspected lower gastrointestinal cancers	148	167	88.6%
Suspected lung cancer	23	23	100.0%
Suspected skin cancers	671	717	93.6%
Suspected upper gastrointestinal cancers	106	111	95.5%
Grand Total	**1,540**	**1,631**	**94.4%**

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, as submitted to NHS Improvement, has also been set at 85%.
Performance:	For March, 82.9% of patients were seen within 62 days (89.5 out of 108 patients). Quarter 1 finished at 84.2%, Quarter 2 finished at 87.3%. Quarter 3 finished at 86.6%. Quarter 4 finished at 83.8%
Commentary/ Actions:	Compliance delivered for 8 consecutive months (June-Jan). February and March missed the 62 day standard due to increased late referrals. 88% breaches were unavoidable by the Trust. The Trust expects to return to compliance in Quarter 1 The national standard was achieved in quarters 2 and 3 of 2018/19 and for every month from June 2018-January 2019. New national rules come into place from April 2019 treatments which are expected to improve the Trust performance position by reducing the impact on performance of late referrals and some medical deferrals. The Trust expects to return to compliance in April and quarter 1.
Ownership:	Chief Operating Officer



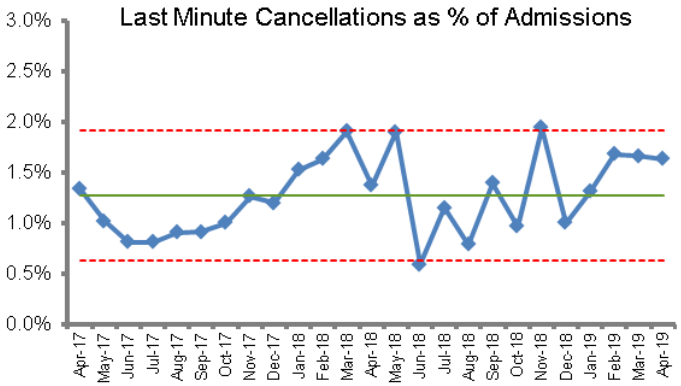


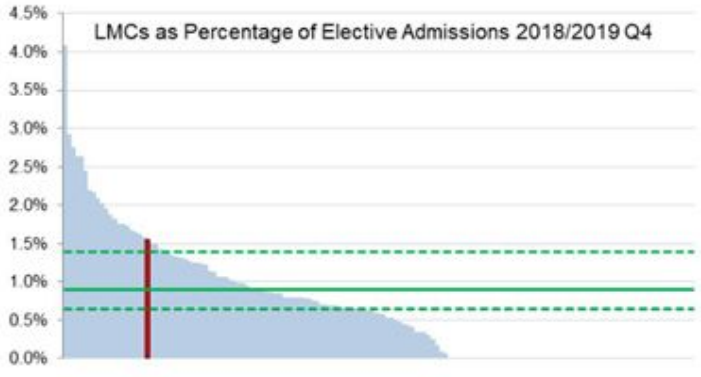


Cancer 62 Day - Mar-19

	Within Target	Total Pathways	Performance
Breast	2.5	3.0	83.3%
Gynaecological	2.5	4.5	55.6%
Haematological	4.0	4.0	100.0%
Head and Neck	10.0	11.0	90.9%
Lower Gastrointestinal	5.0	9.0	55.6%
Lung	10.0	14.0	71.4%
Other	0.5	1.0	50.0%
Sarcoma	3.0	3.0	100.0%
Skin	41.5	42.5	97.6%
Testicular	0.5	0.5	100.0%
Upper Gastrointestinal	7.5	10.0	75.0%
Urological	2.5	5.5	45.5%
Grand Total	**89.5**	**108.0**	**82.9%**

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 March there were 108 last minute cancellations, which was 1.6% of elective admissions. Of the 115 cancelled in March, 98 (85.2%) had been re-admitted within 28 days. This means 17 patients breached the 28 day readmission standard.
Commentary/ Actions:	The most common reason for cancellation was "No beds available" (38 cancellations). There were 28 in Cardiac Services, 21 in ENT & Thoracics, 20 in Gastrointestinal Surgery, 13 in Ophthalmology and 12 in Dental Services. Of the 17 28 day breaches: 5 were Dental, 7 was General Surgery, 2 were Ophthalmology, 1 was Trauma & Orthopaedics, 1 was Paediatrics and 1 was Gynaecology. A review of the breach reasons is being undertaken by the Surgery division.
Ownership:	Chief Operating Officer





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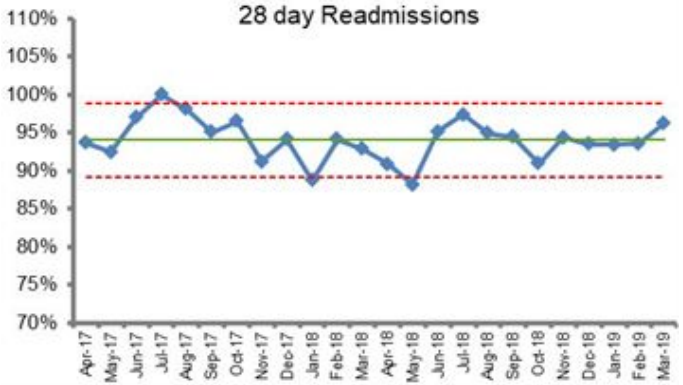
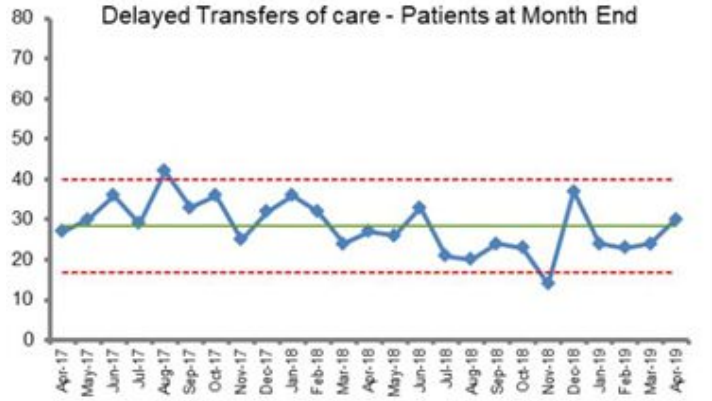
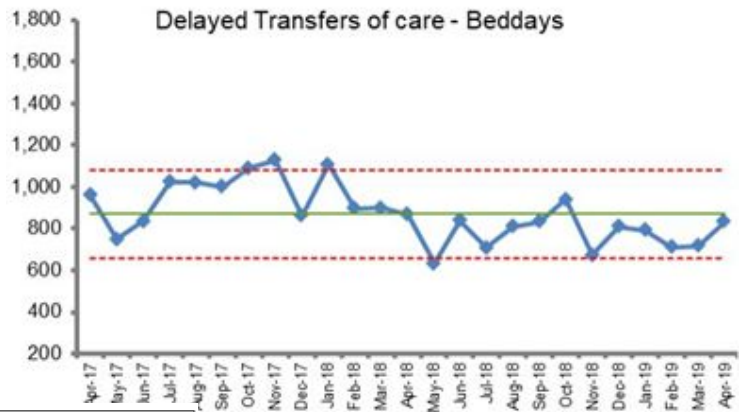


Cancellation Reason	Total
No Beds Available	38
AM list over-ran	15
Other Emergency Patient Prioritised	9
Booking Error	7
Other Non Emergency Patient Prioritised	6
No HDU Beds	6
Surgeon Taken Ill	5
Anaesthetist Ill	4
Other clinically complicated Patient in theatre	4
Surgeon Unavailable	4
List did not start on time	3
Anaesthetist Unavailable	3
PAS-only Error	1
List Overbooked	1
Notes Not Available	1
Equipment Unavailable	1
Grand Total	**108**

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 April there were 30 Delayed Transfer of Care patients as at month-end (including 8 at South Bristol), and 832 beddays consumed by DToC patients.
Commentary/ Actions:	Following the implementation of the Single Referral Form (SRF) and the Integrated Care Bureau (ICB), the Trust are identifying patients who are medically fit for discharge in real time. This, combined with the daily ICB navigation meetings, means that patients are being added to the Green To Go (G2G) list as soon as the SRF is reviewed. As a result the number of G2G patients has increased but confidence in the true accuracy of the list has increased and it remains the case that the majority of the patients on the list are within operational standards for discharge and currently approximately 39% of the list have been on the G2G for under 7 days since becoming fit for discharge. The increase is mainly for Bristol patients whilst the number of delays from North Somerset and South Gloucestershire remain unchanged. Demand for HomeFirst continues to exceed capacity resulting in approx. 8-10 patients waiting for the service at any time (both within and outside standard). The Easter bank holiday period led to increases in certain codes due to delays in the commencement of community services. The Clinical Utilisation Review (CUR) system continues to support the early identification of patients as the wards are now able to indicate both clinical and non-clinical reasons for delay on a daily basis.
Ownership:	Chief Operating Officer

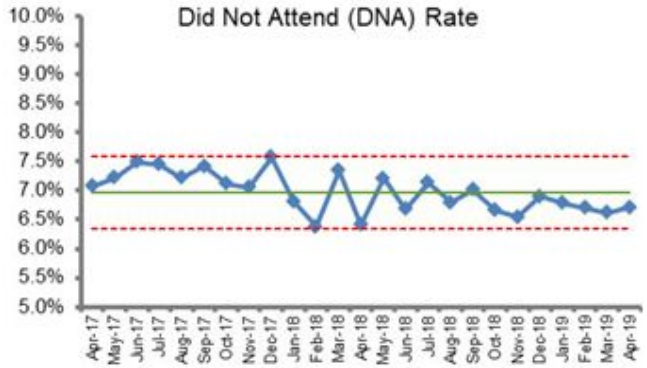


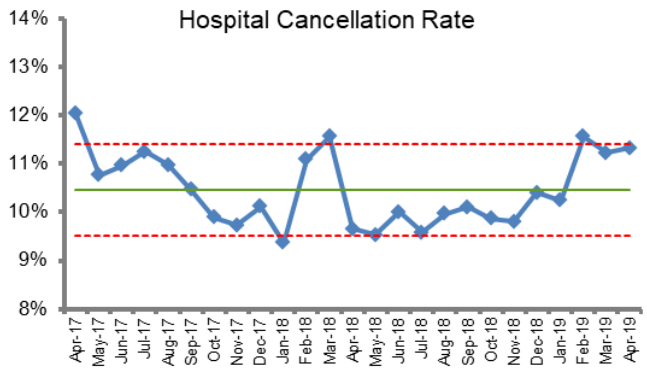


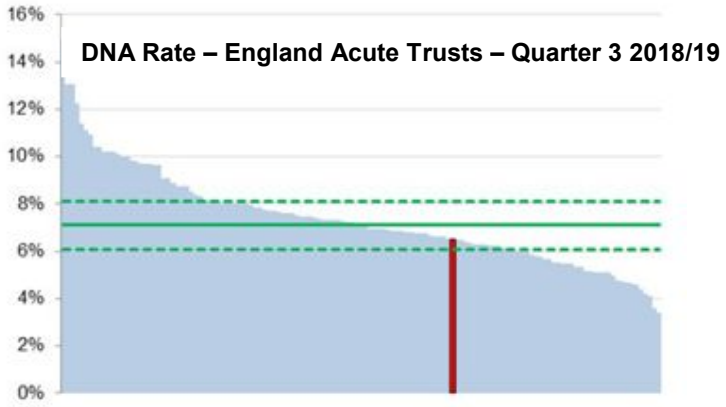
			Apr-19			
Code	Reason	Accountable	Patients (Acute)	Beddays (Acute)	Patients (Non-Acute)	Beddays (Non-Acute)
A	Completion of assessment	Both	6	127	2	72
		NHS	2	28	1	24
		Social Care	2	73	1	38
B	Public Funding	Social Care	0	0	0	6
C	Further non acute NHS care	NHS	0	12	0	0
Di	Care Home Placement	NHS	0	7	1	8
		Social Care	3	42	2	39
Dii	Care Home Placement	NHS	4	115	0	7
		Social Care	1	31	0	7
E	Care package in own home	NHS	1	71	1	10
		Social Care	3	90	0	6
F	Community equipment / adaptions	NHS	0	0	0	6
		Social Care	0	9	0	0
G	Patient or family choice	NHS	0	4	0	0
TOTAL			22	609	8	223

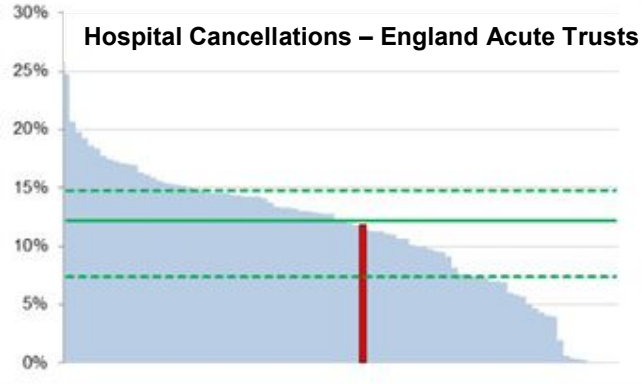
2.3 PERFORMANCE – Responsive Domain

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. DNA Target at Trust level is to be below 6.7%, with an amber tolerance of between 6.7% and 7.2%. For Hospital Cancellations, the target is to be on or below 9.7% with an amber tolerance from 10.7% to 9.7%..
Performance:	In April there were 10,057 hospital-cancelled appointments, which was 11.3% of all appointments made. There were 4256 appointments that were DNA'ed, which was 6.7% of all planned attendances.
Commentary/ Actions:	The text reminder service is now in place for 80% of clinics. Changes to the standard template to include the cost of a DNA and patient initials for paediatric patients have been sent to the Trust text reminder provider to make live in the system. Once this is live, a review of impact on DNA's will be taken to Outpatient Steering Group (OSG) for review. Hospital cancellations have increased due to the introduction of the national Electronic Referral Service (eRS) system, requiring appointments to be booked through eRS. Both metrics are monitored monthly at OSG.
Ownership:	Chief Operating Officer









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

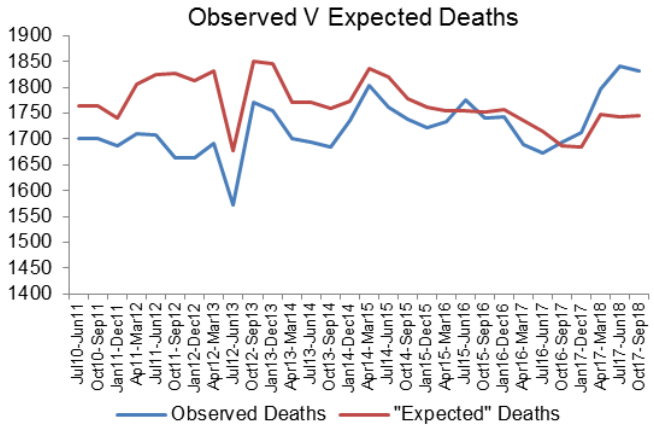
2.3 PERFORMANCE – Responsive Domain

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 be reported. The current aim is to have no-one more than 12 months overdue
Performance:	As at end of April, number overdue by 12+ months is 214 and overdue by 9+ months is 798.
Commentary/ Actions:	Significant progress has been made by the divisions, through regular weekly review at the Wednesday performance meeting. Focus has now moved to the 9+ month's overdue patients. To re-focus attention on this area, divisions have now signed-up to recovery trajectories for key specialties, and an operational scorecard has been created for review at the weekly divisional performance meetings. This will allow a managed and targeted approach to reducing overdue follow-ups across all divisions and specialties. Work is being led across BNSSG by the outpatient STP board to target specific specialities to review the number of follow-ups and make plans to reduce or change how they are delivered. The specialities with the largest number of overdue follow-ups, Trauma & Orthopaedics and Ophthalmology are to be included in this work.
Ownership:	Chief Operating Officer

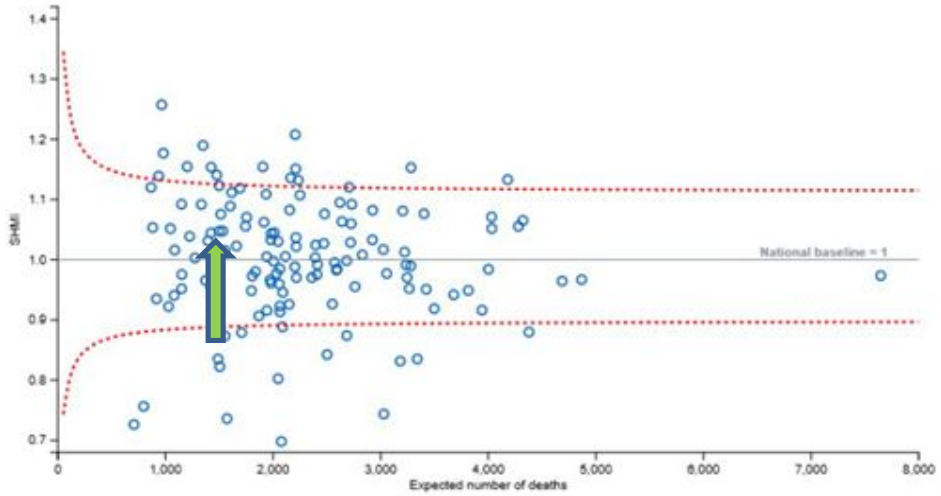
		Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Outpatients Overdue by 12+ Months	Diagnostics and Therapies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Medicine	1,113	1,045	1,111	1,252	1,336	1,276	1,345	1,245	1,105	461	133	23	5	7	3	3	2	3	4	3	3	3
	Specialised Services	563	432	442	295	353	387	400	367	383	188	206	214	208	95	58	67	7	5	8	12	0	0
	Surgery	1,200	1,058	1,015	934	947	922	887	717	573	444	221	92	17	3	0	0	0	0	11	23	49	61
	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	323	350	351	360	282	150
	TRUST TOTAL 12+ months	**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**	**332**	**358**	**374**	**398**	**334**	**214**
Outpatients Overdue by 9+ Months	Diagnostics and Therapies																	3	2	0	0	0	0
	Medicine																	20	4	4	3	4	4
	Specialised Services																	125	95	142	247	253	181
	Surgery																	125	124	108	146	216	264
	Women's and Children's																	565	620	640	629	530	349
	TRUST TOTAL 9+ months																	**838**	**845**	**894**	**1025**	**1003**	**798**

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 October 2017 to September 2018. The SHMI was 105.0 (1833 deaths and 1745 “expected”). Data is updated quarterly by NHS Digital.
Commentary/ Actions:	The latest published Summary Hospital Mortality Indicator was for 12 months to September 2018 and was 105 and in NHS Digital’s “as expected” category. The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required. Please also see narrative for HSMR below.
Ownership:	Medical Director

Time Period	Observed Deaths	"Expected" Deaths	SHMI	Banding
Jul15-Jun16	1,775	1,754	101.2	As Expected
Oct15-Sep16	1,741	1,752	99.4	As Expected
Jan16-Dec16	1,743	1,758	99.1	As Expected
Apr16-Mar17	1,690	1,737	97.3	As Expected
Jul16-Jun17	1,674	1,715	97.6	As Expected
Oct16-Sep17	1,693	1,686	100.4	As Expected
Jan17-Dec17	1,712	1,684	101.7	As Expected
Apr17-Mar18	1,796	1,748	102.7	As Expected
Jul17-Jun18	1,841	1,744	105.6	As Expected
Oct17-Sep18	1,833	1,745	105.0	As Expected

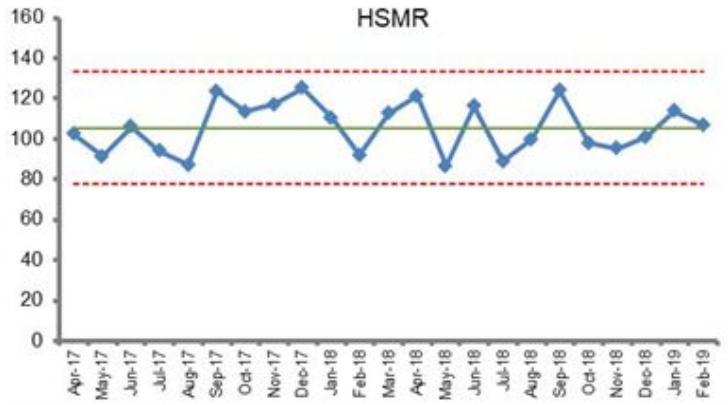


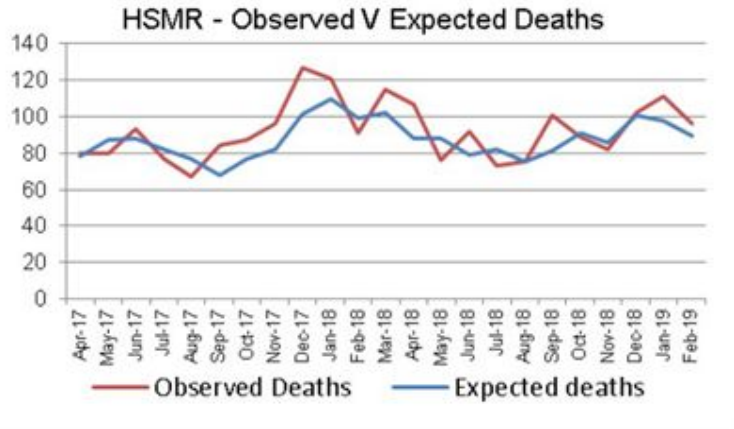
October 2017 to September2018



2.4 PERFORMANCE – Effective Domain

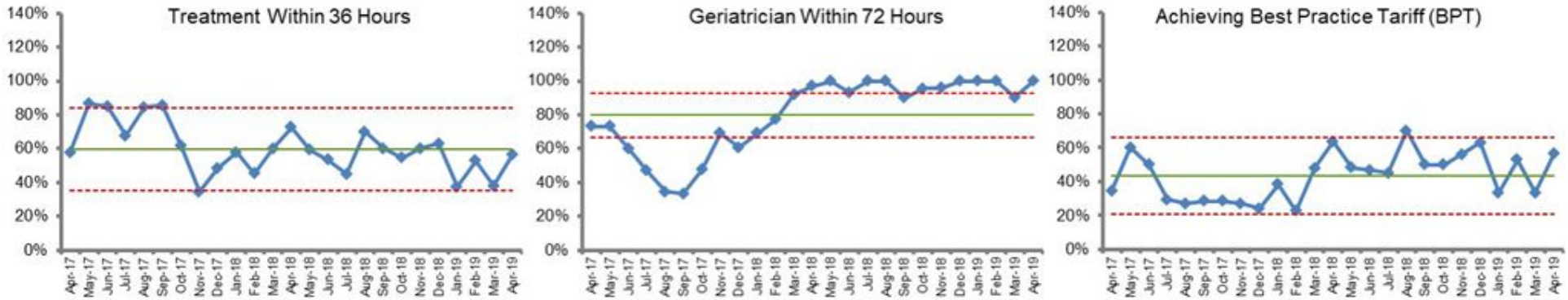
Mortality – Hospital Standardised Mortality Ratio (HSMR)	
Standards:	This is the national measure published by Dr Foster .It is the number of actual deaths divided by "expected" deaths, multiplied by 100. The Hospital Standardised Mortality Ratio (HSMR) is in-hospital deaths for conditions that account for 80% of hospital deaths
Performance:	Latest HSMR data is for February 2019. The HSMR was 107 (96 deaths and 90 "expected")
Commentary/ Actions:	As previously reported, actions are being taken in response to the detailed report into the Trust's HSMR and mortality for acute myocardial infarction. These actions include improving palliative care coding and improvements in repatriating patients to their local hospital following acute coronary intervention. It will take several months before the impact of actions is seen in HSMR.
Ownership:	Medical Director



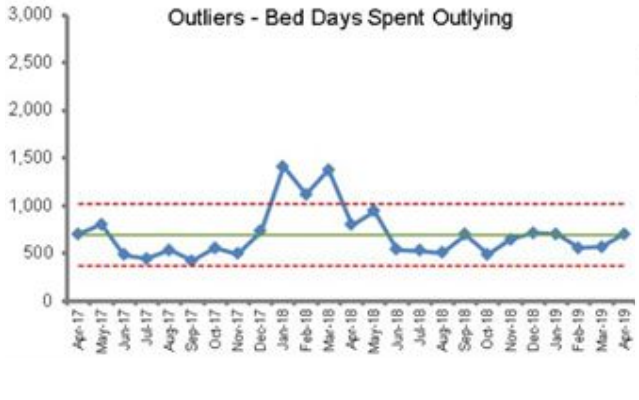


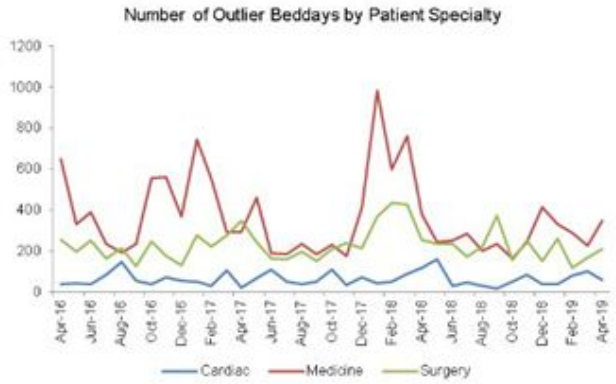
2.4 PERFORMANCE – Effective Domain

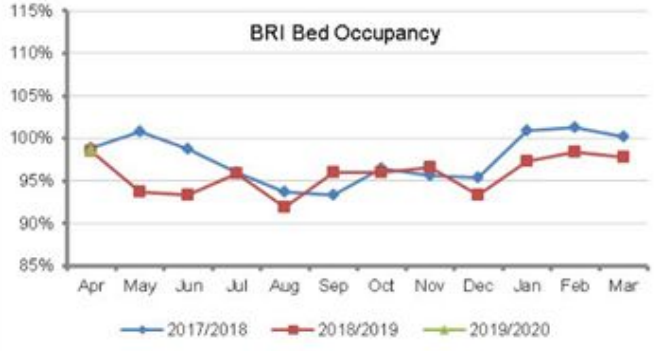
Fracture Neck of Femur	
Standards:	Best Practice Tariff (BPT), is a basket of indicators covering eight elements of what is considered to be best practice in the care of patients that have fractured their hip. 90% of patients should achieve Best Practice Tariff. Two key measures are being treated within 36 hours and seeing an orthogeriatrician within 72 hours. Both these measures should achieve 90%.
Performance:	In April, there were 21 patients discharged following an admission for fractured neck of femur, of which 16 were eligible for Best Practice Tariff (BPT). For the 36 hour target, 56% (9 patients) were seen with target. For the 72 hour target, all 16 were seen within target. 9 patients (56%) achieved all elements of the Best Practice Tariff.
Commentary/ Actions:	Seven BPT eligible patients were not operated on within the 36 hour timeframe due to other urgent trauma cases being prioritised and lack of theatre capacity. Actions : • Reviewing ability to provide full day trauma operating to allow for prioritisation of fractured neck of femur on trauma lists • Reviewing ability to accommodate trauma overruns as required • Continue to create additional capacity for trauma as possible by taking down other lists or using vacant theatre sessions • Silver Trauma Business case approved and recruitment to posts to start as soon as possible. This will help to have the staffing levels to meet some aspects of the BPT. Refresh of orthopaedic consultant job plans to provide more resilience to the team and cover for the orthopaedic on-call trauma service. To include the potential of expansion of orthopaedic consultant numbers.
Ownership:	Medical Director



Outliers	
Standards:	This is a measure of how many bed-days patients spend on a ward that is different from their broad treatment speciality: medicine, surgery, cardiac and oncology. Our target is a 15% reduction which equates to a 9029 bed-days for the year with seasonally adjusted quarterly targets.
Performance:	In April there were 704 outlying beddays (1 bedday = 1 patient in a bed at 12 midnight).
Commentary/ Actions:	The April target of no more than 814 beddays was achieved. Of all the outlying beddays 346 were Medicine patients, 114 were Specialised Services patients and 212 were Surgery patients. Within Medicine, the short stay ward model has concluded now and the space has reverted back to additional capacity as per the Trust Escalation Procedure. Within Specialised Services, a Standing Operating procedure has been developed for pre-emptive boarding into the Heart Institute. In addition, consultants are trialling a new ward round model and this has been undertaken and is planned for a further 3 months. The Surgery division continues to progress the urgent care model, emergency care pathways and ambulatory care. They plan to look at a process to validate outliers, for example, patients admitted under endoscopy listed as surgical patients when in fact are medical.
Ownership:	Chief Operating Officer

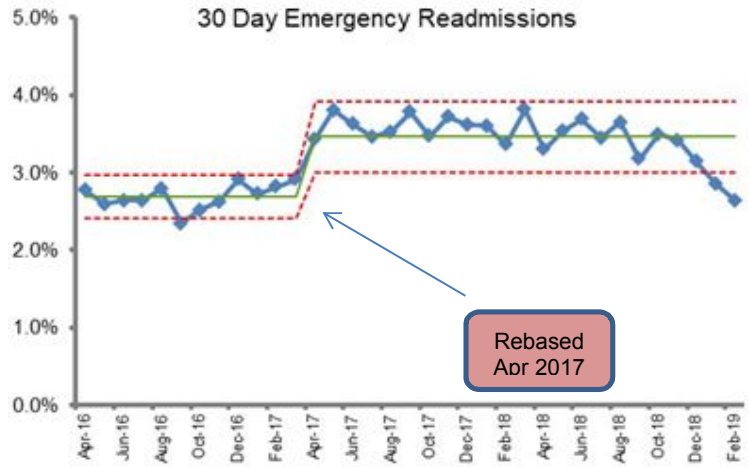






2.4 PERFORMANCE – Effective Domain

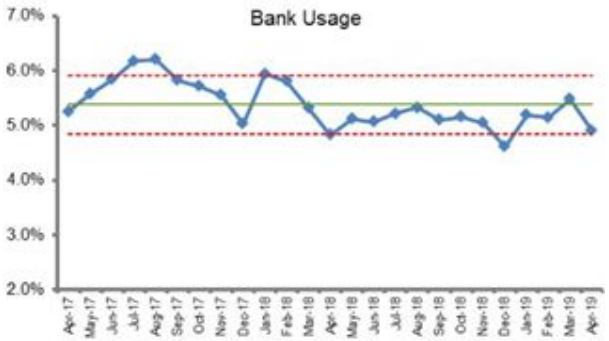
30 Day Emergency Readmissions	
Standards:	This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. This uses Payment By Results (PbR) rules, which excludes certain 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 March, there were 13,356 discharges, of which 426 (3.15%) had an emergency re-admission within 30 days.
Commentary/ Actions:	8.9% of Medicine division discharges were re-admitted within 30 days as an emergency, 2.7% from Surgery and 1.0% from Specialised Services. Data is monitored on a regular basis through divisional performance reviews and is included on the speciality performance reports. The Colorectal team have recently undertaken an audit looking at Surgical Site Infections (SSIs) and plan to develop a business case which should see a reduction in length of stay and readmission rates. Plans within the emergency care pathway should prevent readmissions, for example, nurse led follow-up telephone calls 24 hours post discharge.
Ownership:	Chief Operating Officer



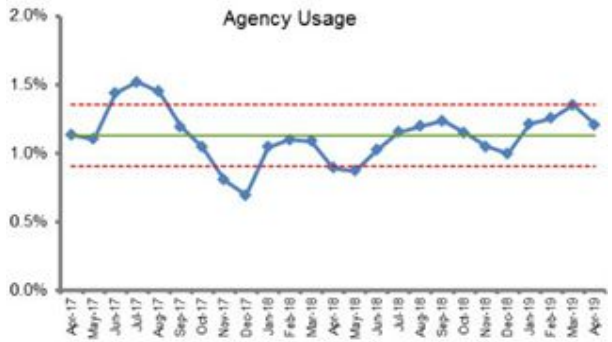
Discharges in March 2019

	Emergency Readmissions	Total Discharges	% Readmissions
Diagnostics and Therapies	0	27	0.00%
Medicine	243	2,723	8.92%
Specialised Services	28	2,855	0.98%
Surgery	94	3,549	2.65%
Women's and Children's	59	4,298	1.37%
TRUST TOTAL	**426**	**13,536**	**3.15%**

Bank and Agency Usage	
Standards:	Usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets for 2018/19. The red threshold is 10% over the monthly target.
Performance:	In April 2019, total staffing was at 8855 FTE. Of this, 4.9% was Bank (434 FTE) and 1.2% was Agency (107 FTE)
Commentary/ Actions:	**Agency usage** reduced by 14.9 FTE. The largest reduction was seen in the division of Women's and Children's, decreasing to 18.4 FTE from 29.3 FTE the previous month. The largest increase was seen in the division of Trust Services with 4.3 FTE compared to 0.0 FTE in the previous month. The largest staff group increase was within Admin & Clerical increasing to 4.3 FTE from 0.0 FTE in the previous month. **Bank usage** reduced by 59.1 FTE. The largest increase was seen in the division of Trust Services, increasing to 24.8 FTE from 20.6 FTE the previous month. The largest reduction was seen in Medicine, decreasing to 122.4 FTE from 141.8 FTE the previous month. There were no staff group increases; the largest staff group reduction was within Nursing & Midwifery reducing to 284.9 FTE from 321.1 in the previous month. • Ongoing project with BNSSG partnership and the neutral vendor to drive down high cost, non-framework nurse agency supply. Project Plan signed-off which is underpinned by risk assessments and mitigating activities to drive the change. • Cancellation rates for agency nurses have increased. The neutral vendor is scrutinising the reasons and working closely with agencies to resolve. • Bank 'Get set for summer' recruitment campaign went live in April to support recruitment to the Trust Staff Bank • Ongoing recruitment of Bank-Only and substantive/Bank staff. 5 RN and 11NA Bank only candidates started in April with 6 more RN's due in May.
Ownership:	Director of People



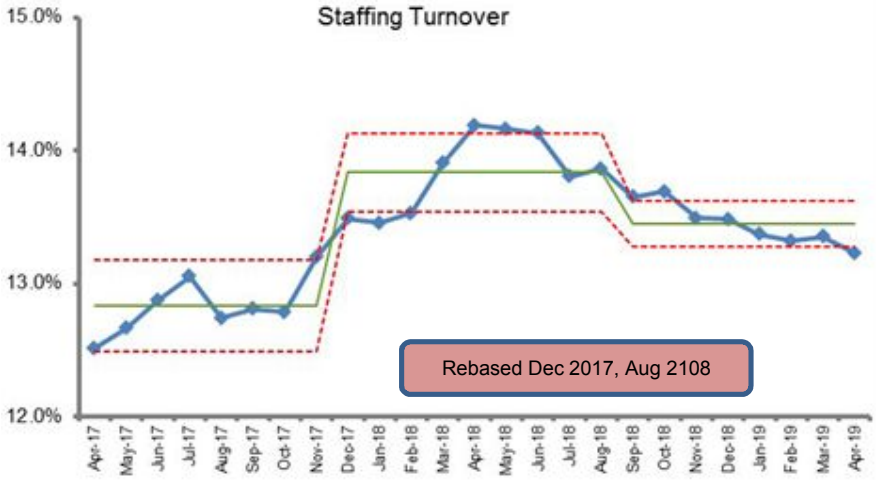
Bank	Apr FTE	Apr Actual %	KPI
UH Bristol NHS Foundation Trust	433.6	4.9%	4.6%
Diagnostics & Therapies	9.4	0.9%	1.5%
Medicine	122.4	9.3%	9.0%
Specialised Services	65.7	6.3%	5.8%
Surgery	97.1	5.3%	5.4%
Women's & Children's	69.0	3.3%	1.7%
Trust Services	24.8	3.0%	3.2%
Facilities & Estates	45.3	6.0%	6.6%



Agency	Apr FTE	Apr Actual %	KPI
UH Bristol NHS Foundation Trust	106.8	1.2%	0.8%
Diagnostics & Therapies	10.8	1.1%	1.0%
Medicine	39.3	3.0%	1.7%
Specialised Services	11.3	1.1%	1.0%
Surgery	22.1	1.2%	0.7%
Women's & Children's	18.4	0.9%	0.5%
Trust Services	4.3	0.5%	0.7%
Facilities & Estates	0.6	0.1%	0.5%

2.5 PERFORMANCE – Efficient Domain

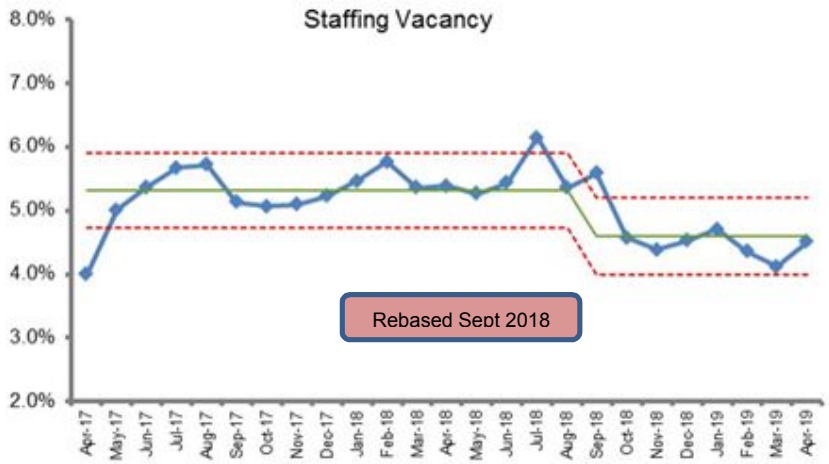
Staffing Levels (Turnover)	
Standards:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 12.3% by the end of 2018/19. The red threshold is 10% above monthly trajectory.
Performance:	In April 2019, there had been 941 leavers over the previous 12 months with 7110 FTE staff in post on average over that period; giving a Turnover of 941 / 7110 = 13.2%
Commentary/ Actions:	Turnover reduced to 13.2% from 13.4% last month, with increases in three divisions – Diagnostics & Therapies, Medicine, and Specialised Services. The largest divisional reduction was seen within Facilities & Estates reducing to 13.0% from 14.6% the previous month. The largest divisional increase was seen within Specialised Services increasing to 16.5% from 15.6% the previous month. The biggest reduction in staff group was seen within Estates and Ancillary (1.5 percentage points). The largest increase in staff group was seen within Allied Health Professionals (1.1 percentage points). • Staff Survey results have been communicated to teams and recovery plans will be developed upon receipt of the heat maps in May. • The number of responses to exit questionnaires from staff leaving the organisation has seen a significant drop in the last quarter. The exit process is being reviewed to improve engagement and response rate. • Work-streams under the NHSI Clinical Retention Programme have commenced. Colleagues from other staff groups are also part of the programme to maximise the impact of the work across the organisation.
Ownership:	Director of People



Turnover	Apr-19	KPI
UH Bristol NHS Foundation Trust	**13.2%**	**13.3%**
Diagnostics & Therapies	10.7%	10.4%
Medicine	13.0%	14.8%
Specialised Services	15.6%	15.3%
Surgery	16.5%	13.7%
Women's & Children's	13.2%	11.8%
Trust Services	13.7%	14.1%
Facilities & Estates	11.6%	14.6%

2.5 PERFORMANCE – Efficient Domain

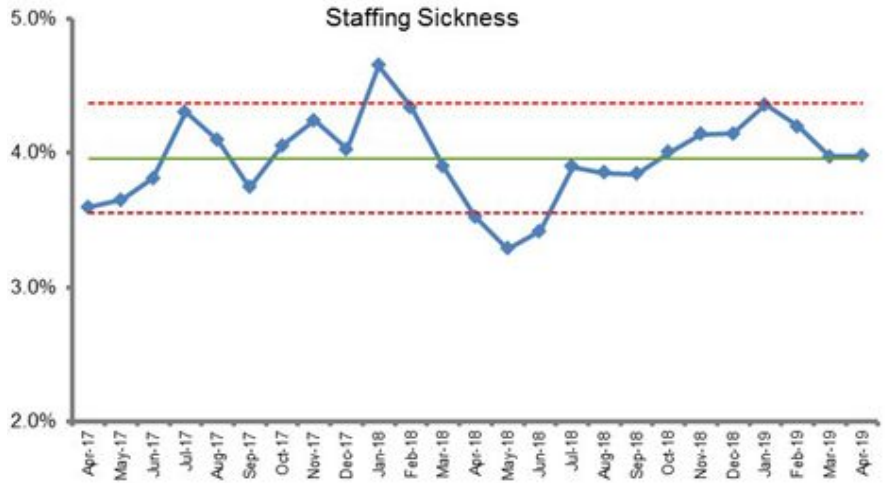
Staffing Levels (Vacancy)	
Standards:	Vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a Trust-wide target of 5%.
Performance:	In April 2019, funded establishment was 8707 FTE, with 393 FTE as vacancies (4.5%).
Commentary/ Actions:	Overall vacancies increased to 4.5% compared to 4.1% in the previous month. There were four staff group increases, the largest being within Nursing Staff increasing to 179.1 FTE from 164.3 FTE the previous month. The largest staff group vacancy reduction was seen within Admin and Clerical staff reducing to 82.86 FTE from 82.89 FTE the previous month. Women's and Children's had the largest Divisional reduction to minus 8.1 FTE from 13.1 FTE the previous month meaning they are now over established. • Nurse Open Day planned for May, and then bimonthly, aimed at capitalising on the newly qualified market. • Pharmacy recruitment Open Day set for May. This will be the first of its kind. A new recruitment video for Pharmacy is being finalised. • Ongoing head hunter approach to support hard to fill nursing posts. • New recruitment website for all staff groups scheduled for go live in June 2019. • Newly created clinical recruitment manager role due to go out to advert in May. This role will target hard to recruit posts across the medical and dental, nursing and allied health professional workforces.
Ownership:	Director of People



Vacancy	Apr-19	KPI
UH Bristol	4.5%	5.0%
Diagnostics & Therapies	6.1%	5.0%
Medicine	4.6%	5.0%
Specialised Services	6.8%	5.0%
Surgery	5.5%	5.0%
Women's & Children's	-0.4%	5.0%
Trust Services	4.6%	5.0%
Facilities & Estates	9.2%	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 April, total available FTE days were 250,809 of which 10,063 (4.0%) were lost to staff sickness
Commentary/ Actions:	Sickness absence reduced to 3.98% from 4.05%, with reductions in three divisions. The largest divisional reduction was seen in Trust Services reducing to 3.2% from 4.0% the previous month. Medicine saw the largest divisional increase to 4.0% from 3.6% the previous month. The largest staff group increase was seen in Additional Clinical Services, rising to 6.0% from 5.6% the previous month. The largest staff group reduction was seen within Allied Health Professionals reducing to 2.1% from 2.6% the previous month. • Training has commenced to support staff with stress related issues alongside training for managers to increase awareness and build confidence to recognise the symptoms in their teams. Almost 400 managers have booked onto the course to date. • Ongoing support with managing sickness absence for line managers continues through the HR Employee Services team. • Supporting Attendance training for managers is being reviewed to ensure best practice, including refresher training for experienced managers.
Ownership:	Director of People



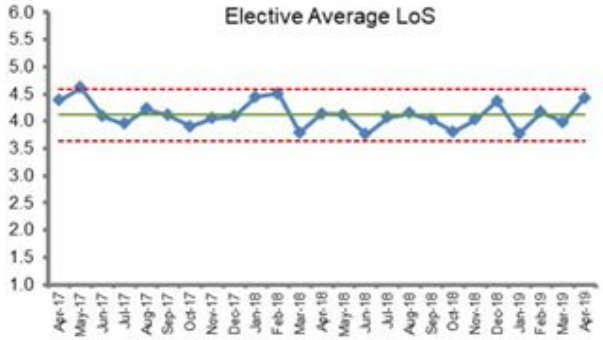
Sickness	Apr-19	KPI
UH Bristol	4.0%	3.6%
Diagnostics & Therapies	3.0%	3.0%
Medicine	3.6%	3.7%
Specialised Services	3.7%	3.3%
Surgery	4.4%	3.6%
Women's & Children's	4.1%	3.6%
Trust Services	4.0%	2.5%
Facilities & Estates	5.9%	5.8%

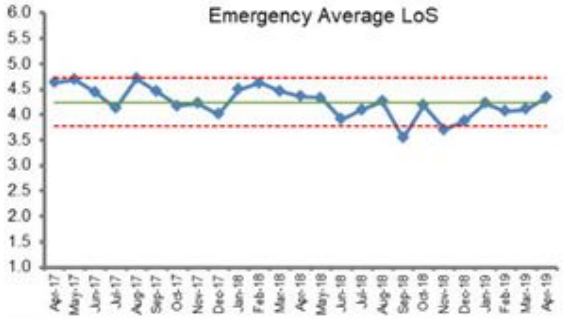
2.5 PERFORMANCE – Efficient Domain

Staff Appraisal	
Standards:	Staff Appraisal in measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 85% Trust-wide.
Performance:	In April 2019, 6,190 members of staff were compliant out of 8,225 (75.3%)
Commentary/ Actions:	Appraisal compliance increased to 75.3% from 72.3%, with increases within all seven divisions. The largest divisional increase was seen within Women's and Children's increasing to 72.4% from 67.8% the previous month. • Regular communications, training, support videos and face to face guidance continue as part of the ongoing focus to increase user confidence in the e-appraisal system and ensure quality appraisals are being undertaken. • Hotspot reporting remains a focus to support areas with low compliance. • Additional appraisal training has been put in place for Managers.
Ownership:	Director of People

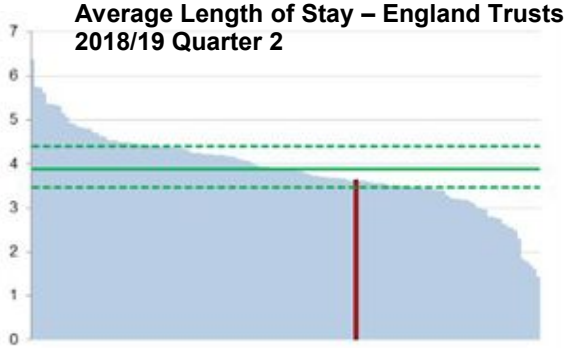
Appraisal (Non-Consultant)	Apr-19	KPI
UH Bristol NHS Foundation Trust	75.3%	**85.0%**
Diagnostics & Therapies	88.7%	85.0%
Medicine	67.1%	85.0%
Specialised Services	84.9%	85.0%
Surgery	89.6%	85.0%
Women's & Children's	72.4%	85.0%
Trust Services	71.2%	85.0%
Facilities & Estates	79.6%	85.0%

Average Length of Stay	
Standards:	Average Length of Stay is the number of beddays (1 beddays = 1 bed occupied at 12 midnight) for all inpatients discharged in the month, divided by number of discharges.
Performance:	In April there were 6,350 discharges that consumed 25,714 beddays, giving an overall average length of stay of4.05 days.
Commentary/ Actions:	In Surgery, These initiatives are continuously being monitored to see the impact on length of stay: • The Silver Trauma business case has been approved. • Divisional length of stay group has been set up and first meeting to take place on 24th May. • Continue with weekly meeting led by Deputy Head of Nursing & matrons reviewing patients with a length of stay of 14+ days both medically and not medically fit. • A Fast track ileostomy closure pathway has been developed which sees patients undergoing a 48 hour hospital stay and implemented the emergency laparotomy pathway. Medicine are running a three day "Home for the Holiday" event in May, see "Emergency Department 4 Hour Wait" section for details. In Specialised Services: • Project work is ongoing to utilise the new Day of Surgery area and implement an improved pre-op process for patients including electronic pre-op. • New joint patient flow group has been established to review patient flow within the Heart Institute and Oncology Centre • Divisional representation for the Clinical Utilisation Review (CUR) Project has been agreed • Work ongoing to review inpatient ECHO processes and ensure that these are streamlined The Children's Hospital routinely reviews, on a weekly basis, all patients with a length of stay of greater than 14 days. Currently there is a higher number and acuity of patients in the hospital with a number of long term complex patients in Paediatric Intensive Care as well as under the specialist teams. This has meant that the number of patients with a longer length of stay has increased more recently, impacting on wider hospital flow. The hospital has experienced some delays to discharge and they have been proactively working with the wider system and agencies in Social Care and Education. Whilst the last report identified some funding to support an improved inpatient model for patients with eating disorders, unfortunately this has not yet been confirmed. However they have been successful in piloting Criteria Led Discharge for mental health conditions to support timely discharge and continue to work on pathways to review and reduce length of stay.
Ownership:	Chief Operating Officer





Average Length of Stay – England Trusts 2018/19 Quarter 2



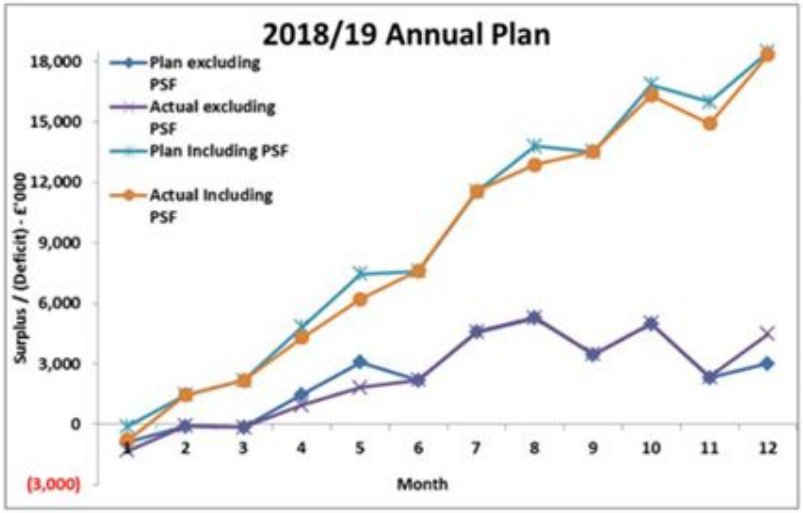
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

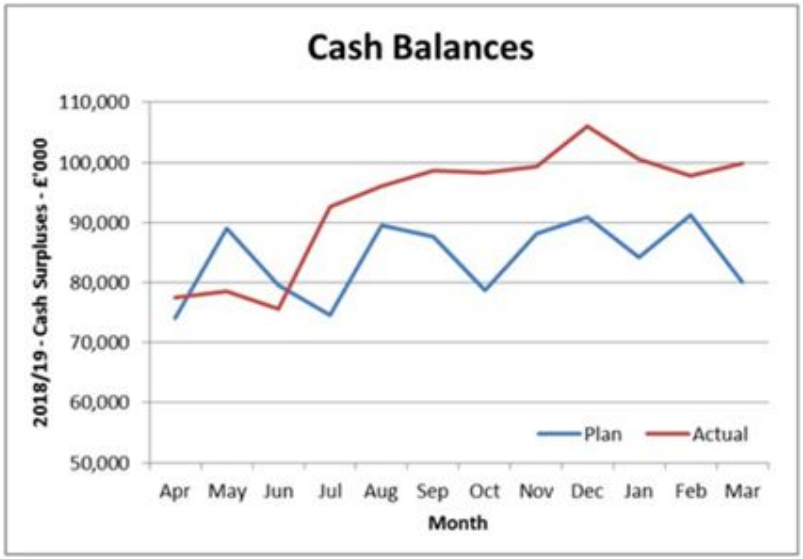
Length of Stay of Inpatients at month-end

Apr-19	7+ Days	14+ Days	21+ Days	28+ Days
Bristol Children's Hospital	54	42	34	23
Bristol Haematology & Oncology Centre	23	13	9	3
Bristol Royal Infirmary	220	119	68	42
South Bristol Hospital	56	48	38	31
St Michael's Hospital	28	16	14	10
TRUST TOTAL	**390**	**247**	**170**	**116**
Bristol Royal Infirmary Divisional Breakdown:				
Medicine	123	74	41	24
Specialised Services	53	21	13	7
Surgery, Head & Neck	44	24	14	11

2.6 FINANCIAL PERFORMANCE

This is the end of Month 12 2018/19 data.

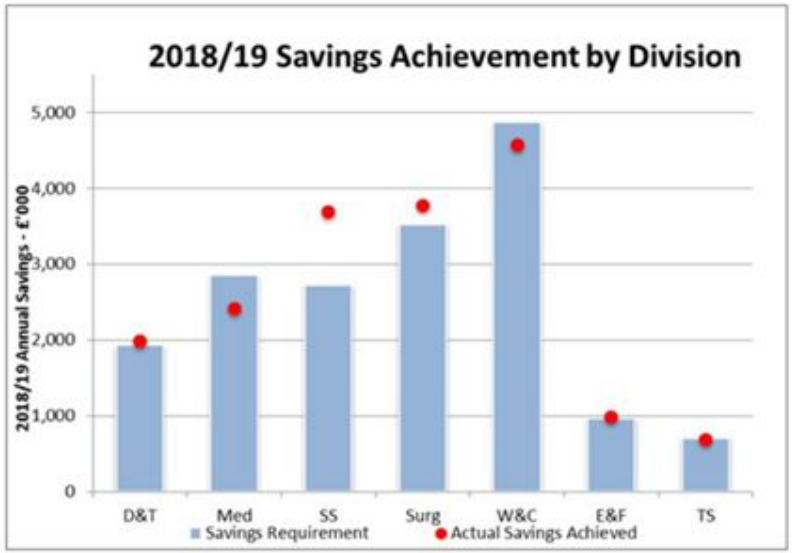




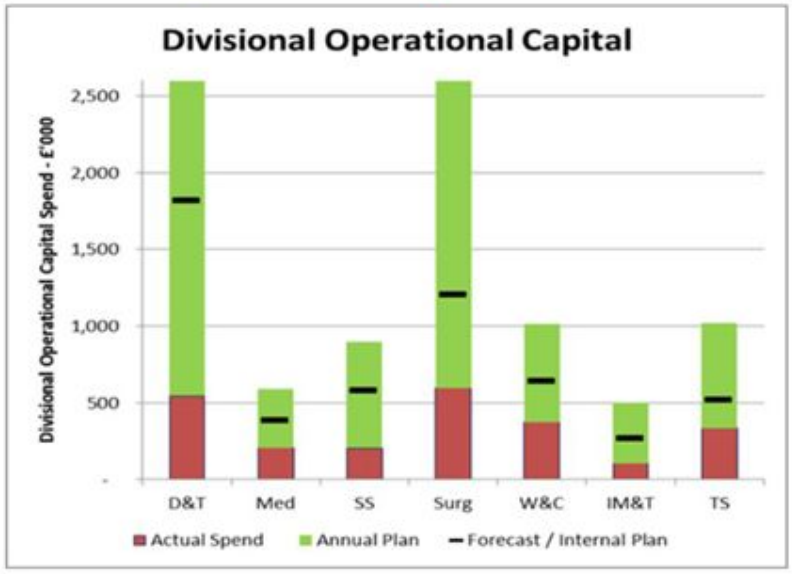
Divisional Actual Spend - £'000						
Divisional Agency	In Month				Plan for Year	Actual Outturn
	QTR 1	QTR 2	QTR 3	QTR 4		
Nursing & Midwifery	1,406	1,851	1,730	2,324	**3,257**	**7,311**
Medical						**0**
Consultants	56	185	185	218	**184**	**644**
Other Medical	106	112	10	84	**276**	**312**
Other	189	443	396	322	**1,701**	**1,350**
Total	**1,757**	**2,591**	**2,321**	**2,948**	**5,418**	**9,617**

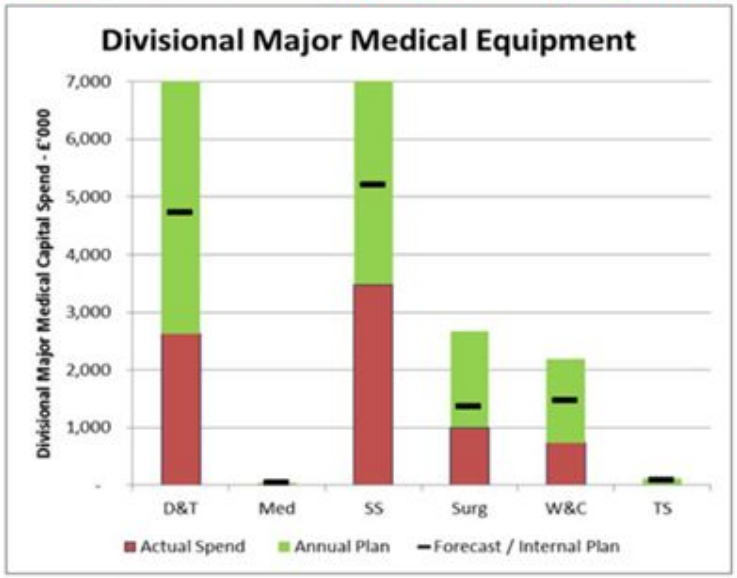
YTD Variance to Budget Surplus/(Deficit) - £'000				
Division	QTR 1	QTR 2	QTR 3	QTR 4
Diagnostics & Therapies	156	97	192	481
Medicine	(449)	(1,510)	(1,835)	(2,207)
Specialised Services	335	210	96	349
Surgery	(651)	(1,634)	(2,279)	(3,954)
Women's & Children's	(78)	(966)	(1,383)	(1,773)
Estates & facilities	(18)	20	20	(47)
Trust Services	(18)	(32)	(7)	(31)
Other Corporate Services	152	187	193	251
Total	**(571)**	**(3,628)**	**(5,003)**	**(6,931)**

Variance to Budget Surplus/(Deficit) - £'000					
	In Month				YTD
Subjective Heading	QTR 1	QTR 2	QTR 3	QTR 4	Actual Outturn
Nursing & Midwifery Pay	(1,015)	(1,091)	(1,403)	(2,543)	(6,052)
Medical & Dental Pay	(1,033)	(1,184)	(1,258)	(1,388)	(4,863)
Other Pay	328	537	50	293	1,208
Non Pay	(1,087)	(1,096)	(1,587)	(2,095)	(5,865)
Income from Operations	(27)	172	151	(211)	85
Income from Activities	2,263	(395)	2,671	4,017	8,556
Total	**(571)**	**(3,057)**	**(1,376)**	**(1,927)**	**(6,931)**



2018/19 Capital Programme		Year End Actuals			Variance against Forecast	
Operational Plan	Subjective Heading	Revised Plan	Actual Spend	Slippage	Forecast Outturn	Variance
Sources of Funding						
£'000		£'000	£'000	£'000	£'000	£'000
1,600	PDC	4,105	4,105	0	4,094	11
3,189	Borrowings	-	-	0	-	-
3,000	Donations - Cash	3,198	1,178	(2,020)	1,251	(73)
	Donations - Direct	101	101	0	28	73
	Cash:			0		
24,338	Depreciation	23,430	23,323	(107)	23,430	(107)
	Insurance Claim	1,999	1,315	(684)	2,266	(951)
14,962	Cash balances	18,341	(4,360)	(22,701)	(8,569)	4,209
47,089	**Total Funding**	51,174	25,662	(25,512)	22,500	3,162
Application/Expenditure						
(13,143)	Strategic Schemes	(10,186)	(2,306)	7,880	(2,845)	539
(17,620)	Medical Equipment	(20,593)	(7,953)	12,640	(14,801)	6,848
(14,093)	Operational Capital	(15,491)	(6,789)	8,702	(11,882)	5,093
(772)	Fire Improvement Programme	(2,058)	(267)	1,791	(287)	20
(7,493)	Information Technology	(8,375)	(6,026)	2,349	(7,893)	1,867
(2,367)	Estates Replacement	(2,870)	(2,321)	549	(3,214)	893
(55,488)	**Gross Expenditure**	(59,573)	(25,662)	33,911	(40,922)	15,260
8,399	In-Year Slippage	8,399	0	(8,399)	18,422	(18,422)
(47,089)	**Net Expenditure**	(51,174)	(25,662)	25,512	(22,500)	(3,162)

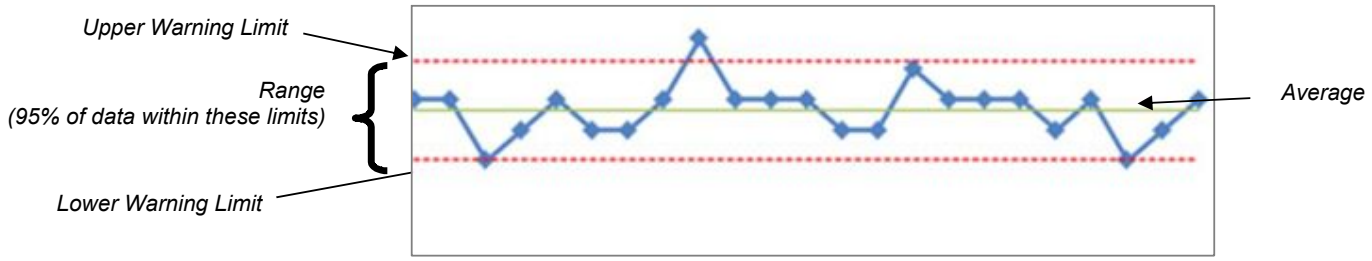




A1 APPENDIX 1 – Explanation of SPC Charts

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.

A2 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.

SAFE, CARING & EFFECTIVE

Topic	ID	Title	Annual 18/19	Annual 19/20 YTD	Monthly Totals May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Quarterly Totals 18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1
Patient Safety																				
Infections	DA01	MRSA Trust Apportioned Cases	6	0	0	2	0	0	1	1	0	0	0	1	0	0	1	1	1	0
	DA02	MSSA Trust Apportioned Cases	34	5	5	4	2	3	1	1	3	3	3	2	4	5	6	7	9	5
	DA03	CDiff Trust Apportioned Cases	32	4	0	6	4	1	7	2	5	2	1	1	1	4	12	9	3	4
C.Diff "Avoidables"	DA03B	CDiff Trust Apportioned Cases - Lapse in Care	7	0	0	1	2	0	2	0	0	1	0	0	0	0	4	1	0	0
	DA03D	CDiff Trust Apportioned Cases - Still Under Review	13	4	0	0	1	1	3	2	2	1	1	1	1	4	5	5	3	4
Infection Checklists	DB01	Hand Hygiene Audit Compliance	97%	95.6%	97.8%	97.4%	97.7%	97.2%	98%	97%	96.5%	96.8%	96.3%	96.6%	96.7%	95.6%	97.6%	96.8%	96.6%	95.6%
	DB02	Antibiotic Compliance	78.9%	76.1%	81.3%	83%	84.6%	77.4%	75.1%	76.7%	75.7%	85%	79.1%	66.3%	68%	76.1%	79.6%	77.6%	72.2%	76.1%
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	-	-	96%	95%	95%	95%	95%	95%	96%	95%	96%	96%	95%	96%	-	-	-	-
	DC02	Cleanliness Monitoring - Very High Risk Areas	-	-	97%	98%	97%	97%	97%	98%	98%	97%	97%	98%	98%	98%	-	-	-	-
	DC03	Cleanliness Monitoring - High Risk Areas	-	-	95%	96%	96%	95%	95%	96%	96%	96%	96%	97%	97%	97%	-	-	-	-
Serious Incidents	S02	Number of Serious Incidents Reported	70	7	10	4	4	8	8	4	10	4	3	7	5	7	20	18	15	7
	S02a	Number of Confirmed Serious Incidents	52	-	10	4	4	8	6	4	8	3	2	-	-	-	18	15	2	-
	S02b	Number of Serious Incidents Still Open	16	7	-	-	-	-	1	0	2	0	1	7	5	7	1	2	13	7
	S03	Serious Incidents Reported Within 48 Hours	98.6%	100%	100%	100%	100%	100%	100%	100%	90%	100%	100%	100%	100%	100%	100%	94.4%	100%	100%
	S03a	Serious Incidents - 72 Hour Report Completed Within Timescale	94.3%	85.7%	100%	100%	75%	100%	100%	100%	80%	75%	100%	100%	100%	85.7%	95%	83.3%	100%	85.7%
	S04	Serious Incident Investigations Completed Within Timescale	96.8%	100%	75%	100%	100%	100%	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	93.8%	100%
	S04a	Overdue Exec Commissioned Non-SI Investigations	10	1	2	1	2	2	0	0	0	0	1	0	0	1	4	0	1	1
Never Events	S01	Total Never Events	5	0	0	0	0	1	0	0	1	2	0	0	1	0	1	3	1	0
Patient Safety Incidents	S06	Number of Patient Safety Incidents Reported	17839	1373	1311	1445	1566	1539	1510	1517	1511	1371	1520	1551	1570	1373	4615	4399	4641	1373
	S06b	Patient Safety Incidents Per 1000 Beddays	58.56	53.22	52.85	59.13	60.39	62.35	59.72	58.92	58.92	54.11	57.27	64.61	58.94	53.22	60.81	57.33	60.13	53.22
	S07	Number of Patient Safety Incidents - Severe Harm	88	7	13	10	5	3	9	9	7	5	7	4	10	7	17	21	21	7
Patient Falls	AB01	Falls Per 1,000 Beddays	4.48	4.46	4.27	3.72	4.4	5.27	4.9	3.73	4.48	5.17	5.61	4.67	3.72	4.46	4.85	4.46	4.66	4.46
	AB06a	Total Number of Patient Falls Resulting in Harm	27	3	4	1	1	5	2	2	1	2	3	1	3	3	8	5	7	3
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.295	0.194	0.121	0.123	0.347	0.203	0.277	0.816	0.39	0.276	0.527	0.083	0.188	0.194	0.277	0.495	0.272	0.194
	DE02	Pressure Ulcers - Grade 2	80	4	3	3	8	4	7	18	8	7	13	2	5	4	19	33	20	4
	DE04A	Pressure Ulcers - Grade 3 or 4	10	1	0	0	1	1	0	3	2	0	1	0	0	1	2	5	1	1
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	98.3%	98.5%	98.4%	98.5%	98.3%	98.7%	98.4%	98.4%	98%	98.3%	98.2%	98%	98.7%	98.5%	98.5%	98.2%	98.3%	98.5%
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	92.6%	93.4%	96.1%	91.1%	95%	93.4%	89.6%	87.8%	92.2%	95.5%	91.4%	88.6%	94.5%	93.4%	92.9%	91.1%	91.9%	93.4%
	N04	Number of Hospital Associated VTEs	39	-	4	3	4	6	3	2	2	6	6	-	-	-	13	10	6	-
	N04A	Number of Potentially Avoidable Hospital Associated VTEs	2	-	0	1	1	0	0	0	0	0	0	-	-	-	1	0	0	-
	N04B	Number of Hospital Associated VTEs - Report Not Received To Date	16	-	0	0	2	2	0	1	1	4	5	-	-	-	4	6	5	-
Nutrition	WB03	Nutrition: 72 Hour Food Chart Review	92.2%	-	95.3%	87.3%	94.7%	92.3%	94%	95.6%	87.9%	95.5%	92.3%	85.2%	90.3%	-	93.7%	93.4%	89.4%	-
Nutrition Audit	WB10	Fully and Accurately Completed Screening within 24 Hours	91.1%	-	-	92%	-	-	90.4%	-	-	92.1%	-	-	89.9%	-	90.4%	92.1%	89.9%	-
Safety	Y01	WHO Surgical Checklist Compliance	99.8%	99.9%	99.7%	99.7%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.9%	99.9%	99.8%	99.8%	99.8%	99.9%

Topic	ID	Title	Annual 18/19	Annual 19/20 YTD	Monthly Totals May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Quarterly Totals 18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1
Medicines	WA01	Medication Incidents Resulting in Harm	0.29%	-	0.91%	0.37%	0%	0%	0%	0.29%	0.36%	0.8%	0.77%	0%	0%	-	0%	0.46%	0.28%	-
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	0.37%	0.31%	0.36%	0.24%	0.54%	0.22%	0.53%	0.41%	0.2%	0.62%	0%	0.25%	0.42%	0.31%	0.4%	0.39%	0.24%	0.31%
Safety Thermometer	AK03	Safety Thermometer - Harm Free Care	97.4%	-	96.7%	98.1%	98.2%	97.2%	97.2%	96.6%	97.9%	98%	97%	97.4%	96.9%	-	97.5%	97.5%	97.1%	-
	AK04	Safety Thermometer - No New Harms	98.3%	-	98.2%	99.2%	99.2%	98%	98.7%	98%	98.4%	98.4%	98.1%	97.8%	97.8%	-	98.6%	98.3%	97.9%	-
Deteriorating Patient	AR03	National Early Warning Scores (NEWS) Acted Upon	88%	-	80%	95%	88%	84%	90%	93%	96%	87%	83%	91%	85%	-	87%	92%	86%	-
Out of Hours	TD05	Out of Hours Discharges (8pm-7am)	8.7%	8.3%	8.8%	8.9%	10.3%	9.5%	9.4%	9.2%	8.7%	8.7%	7.9%	6.4%	7%	8.3%	9.7%	8.9%	7.1%	8.3%
Timely Discharges	TD03	Percentage of Patients With Timely Discharge (7am-12Noon)	23.9%	22.5%	25.5%	24.6%	24.1%	24.5%	24.3%	23.7%	25.1%	23.1%	23%	23.1%	22.8%	22.5%	24.3%	24%	23%	22.5%
	TD03D	Number of Patients With Timely Discharge (7am-12Noon)	9815	749	873	800	810	824	804	832	926	816	821	718	839	749	2438	2574	2378	749
Staffing Levels	RP01	Staffing Fill Rate - Combined	99.3%	100.6%	98.7%	100.1%	99.1%	97%	98.5%	99.6%	101.1%	99.1%	100.1%	99.9%	99.1%	100.6%	98.2%	99.9%	99.7%	100.6%
Clinical Effectiveness																				
Mortality	X04	Summary Hospital Mortality Indicator (SHMI) - National Data	105.3	-	-	105.6	-	-	105	-	-	-	-	-	-	-	105	-	-	-
	X02	Hospital Standardised Mortality Ratio (HSMR)	104.7	-	86.5	116.3	89.1	99.8	123.9	97.9	95.2	101	113.7	107	-	-	104.4	98.2	110.5	-
Readmissions	C01	Emergency Readmissions Percentage	3.3%	-	3.55%	3.78%	3.45%	3.65%	3.17%	3.49%	3.42%	3.15%	2.85%	2.64%	3.15%	-	3.43%	3.36%	2.89%	-
Sepsis (Inpatients)	AG02a	Percentage of Patients Meeting Criteria Screened for Sepsis (Inpatients)	99.3%	-	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-	100%	100%	100%	-
	AG03a	Sepsis Patients Percentage Commencing Antibiotics Within 1 Hour (Inpatien	71.4%	-	-	33.3%	100%	-	-	100%	-	-	0%	100%	-	-	100%	100%	50%	-
	AG04a	Sepsis Patients Percentage with a 72 Hour Review (Inpatients)	100%	-	-	-	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)	94.8%	-	90%	90%	98%	100%	96%	94%	96%	98%	98%	94%	96%	-	98%	96%	96%	-
	AG03b	Sepsis Patients Percentage Commencing Antibiotics Within 1 Hour (ED)	86.8%	-	89.7%	68.2%	80%	94.3%	82.8%	82.8%	91.3%	87.1%	93.1%	89.7%	92.6%	-	86.9%	86.7%	91.8%	-
	AG04b	Sepsis Patients Percentage with a 72 Hour Review (ED)	98.2%	-	95.7%	86.7%	100%	100%	96.6%	100%	100%	100%	100%	100%	100%	-	98.8%	100%	100%	-
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	56.3%	56.3%	59.3%	53.3%	45%	70%	60%	54.5%	60%	63.2%	37.5%	52.9%	38.1%	56.3%	58.3%	59.1%	41.9%	56.3%
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	97%	100%	100%	93.3%	100%	100%	90%	95.5%	96%	100%	100%	100%	90.5%	100%	96.7%	97%	96.8%	100%
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	51.3%	56.3%	48.1%	46.7%	45%	70%	50%	50%	56%	63.2%	33.3%	52.9%	33.3%	56.3%	55%	56.1%	38.7%	56.3%
	U05	Fracture Neck of Femur - Time To Treatment 90th Percentile (Hours)	-	-	72.7	50.6	61.3	79.3	63.6	-	-	-	-	-	-	-	-	-	-	-
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	51.1%	-	31.6%	66.7%	34.3%	48.3%	51.9%	53.8%	51.3%	45.7%	51.1%	48.3%	69.2%	-	44%	50.4%	56.6%	-
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	84.2%	-	76.3%	89.7%	82.9%	89.7%	92.6%	66.7%	92.3%	85.7%	80%	100%	82.1%	-	87.9%	81.4%	85.8%	-
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	58.6%	69.2%	54.5%	63.2%	30.8%	66.7%	46.7%	55.6%	73.3%	50%	50%	84.6%	90%	69.2%	47.5%	63.3%	75.5%	69.2%
Dementia	AC01	Dementia - FAIR Question 1 - Case Finding Applied	83%	84.2%	84.8%	77.6%	74.7%	80.2%	79.8%	79%	89%	86.8%	88.2%	86.4%	81.5%	84.2%	78%	84.7%	85.4%	84.2%
	AC02	Dementia - FAIR Question 2 - Appropriately Assessed	94.3%	94.1%	91.9%	89.5%	94.9%	97.7%	91.2%	93.6%	92.6%	89.1%	98%	95.9%	100%	94.1%	94.9%	91.8%	97.9%	94.1%
	AC03	Dementia - FAIR Question 3 - Referred for Follow Up	85.7%	83.3%	0%	100%	100%	100%	100%	100%	100%	100%	100%	50%	71.4%	83.3%	100%	100%	75%	83.3%
	AC04	Percentage of Dementia Carers Feeling Supported	100%	-	-	100%	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outliers	J05	Ward Outliers - Beddays Spent Outlying.	7708	704	945	543	531	507	697	492	649	716	702	559	567	704	1735	1857	1828	704

Topic	ID	Title	Annual 18/19	Annual 19/20 YTD	Monthly May-18	Monthly Jun-18	Monthly Jul-18	Monthly Aug-18	Monthly Sep-18	Monthly Oct-18	Monthly Nov-18	Monthly Dec-18	Monthly Jan-19	Monthly Feb-19	Monthly Mar-19	Monthly Apr-19	Quarterly 18/19 Q2	Quarterly 18/19 Q3	Quarterly 18/19 Q4	Quarterly 19/20 Q1
Patient Experience																				
Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	91	92	90	92	92	92	91	93	90	91	91	92	91	92	91	92
	P01g	Patient Survey - Kindness and Understanding	-	-	97	96	95	96	97	96	95	96	96	96	95	97	96	96	96	97
	P01h	Patient Survey - Outpatient Tracker Score	-	-	91	89	90	91	89	90	89	90	91	89	90	92	90	90	90	92
Friends and Family Test Coverage	P03a	Friends and Family Test Inpatient Coverage	35.1%	36.3%	37.6%	33.7%	35.6%	35.4%	29.1%	36.5%	27.8%	38.7%	32.2%	40.5%	34.6%	36.3%	33.5%	34.1%	35.5%	36.3%
	P03b	Friends and Family Test ED Coverage	16%	13.8%	17.2%	18.4%	17.3%	17.4%	17%	16.9%	14.6%	13.6%	16%	15.2%	11.6%	13.8%	17.2%	15.1%	14.2%	13.8%
	P03c	Friends and Family Test MAT Coverage	18.3%	28.5%	13.2%	11.2%	14%	9.8%	23.1%	31.4%	19.2%	14.1%	20.2%	23%	20.6%	28.5%	15.6%	21.6%	21.2%	28.5%
Friends and Family Test Score	P04a	Friends and Family Test Score - Inpatients	98.2%	98.4%	97.3%	97.3%	98.8%	98.6%	98.1%	98.4%	98.6%	98.5%	98.7%	98.4%	98.4%	98.4%	98.5%	98.5%	98.5%	98.4%
	P04b	Friends and Family Test Score - ED	82.1%	76.7%	81.1%	84.6%	81.4%	84.1%	83.4%	85.2%	84%	82.6%	81.1%	80.4%	75.4%	76.7%	82.9%	84.1%	79.2%	76.7%
	P04c	Friends and Family Test Score - Maternity	97.3%	96.7%	95.5%	99.3%	96.8%	99.3%	95.9%	97.2%	97.3%	99%	98.5%	98.7%	97.5%	96.7%	96.9%	97.6%	98.3%	96.7%
Patient Complaints	T01	Number of Patient Complaints	1845	184	157	140	148	143	152	169	193	101	167	155	171	184	443	463	493	184
	T01a	Patient Complaints as a Proportion of Activity	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	T03a	Complaints Responded To Within Trust Timeframe	86.1%	93.2%	91%	84%	85.2%	86.8%	86.3%	85.1%	86.9%	90.9%	87.5%	78.3%	90.6%	93.2%	86.1%	87.1%	85.2%	93.2%
	T03b	Complaints Responded To Within Divisional Timeframe	85.5%	93.2%	82.1%	78.7%	85.2%	86.8%	82.2%	90.5%	84.8%	88.6%	87.5%	85%	92.5%	93.2%	84.4%	87.6%	88.2%	93.2%
	T04c	Percentage of Responses where Complainant is Dissatisfied	8.68%	-	14.92%	6.67%	9.26%	7.55%	9.59%	6.76%	10.1%	4.54%	8.93%	5%	-	-	8.89%	7.83%	6.9%	-
Cancelled Operations	F01q	Percentage of Last Minute Cancelled Operations (Quality Objective)	1.31%	1.63%	1.9%	0.59%	1.15%	0.79%	1.39%	0.97%	1.94%	1%	1.31%	1.68%	1.66%	1.63%	1.1%	1.31%	1.54%	1.63%
	F01a	Number of Last Minute Cancelled Operations	1059	108	125	39	79	54	89	71	138	61	94	109	115	108	222	270	318	108

RESPONSIVE

			Annual		Monthly Totals												Quarterly Totals			
Topic	ID	Title	18/19	19/20 YTD	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1
Referral to Treatment (RTT) Performance	A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	89%	89%	89.1%	88.6%	88.9%	88.7%	88.5%	89.6%	90.1%	89.3%	89.4%	89.1%	89.2%	89%	88.7%	89.7%	89.2%	89%
	A03a	Referral To Treatment Number of Ongoing Pathways Over 18 Weeks	-	-	3244	3377	3208	3290	3354	3000	2810	2975	2915	3100	3081	3161	-	-	-	-
Referral to Treatment (RTT) Wait Times	A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	144	14	12	9	11	7	10	9	14	7	16	21	13	14	28	30	50	14
	A07	Referral To Treatment Ongoing Pathways 40+ Weeks	-	-	141	129	126	119	113	113	111	139	147	161	119	115	-	-	-	-
Cancer (2 Week Wait)	E01a	Cancer - Urgent Referrals Seen In Under 2 Weeks	95.3%	-	95.1%	95.3%	96.5%	95.5%	96.4%	95.7%	95.8%	96.6%	95.2%	94.9%	94.4%	-	96.1%	96%	94.8%	-
	E01c	Cancer - Urgent Referrals Stretch Target	56.5%	-	53.1%	56.7%	60.6%	66.4%	68.8%	57%	62.8%	54.2%	63.7%	46.5%	49%	-	65.2%	58%	52.7%	-
Cancer (31 Day)	E02a	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	97.2%	-	95%	94.7%	97.4%	99.2%	99.1%	98.8%	98.5%	98.6%	97%	96.5%	98.3%	-	98.5%	98.6%	97.2%	-
	E02b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98.4%	-	96.6%	97.6%	96.1%	100%	99.1%	99.4%	97.2%	99%	99.2%	99.1%	100%	-	98.4%	98.6%	99.5%	-
	E02c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	96.1%	-	85%	95.6%	98.2%	96.2%	98.1%	100%	98.3%	96.2%	95%	96.3%	97.6%	-	97.5%	98.2%	96.2%	-
	E02d	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	95.8%	-	85.4%	91.6%	97.1%	97.4%	95.6%	97.6%	98.1%	98.2%	95.7%	98%	94.1%	-	96.8%	97.9%	96%	-
Cancer (62 Day)	E03a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85.6%	-	82.4%	86%	85.7%	88.9%	87.4%	85.5%	87.9%	86.5%	85.1%	83.5%	82.9%	-	87.3%	86.6%	83.8%	-
	E03b	Cancer 62 Day Referral To Treatment (Screenings)	66.7%	-	37.5%	41.7%	100%	60%	100%	100%	100%	90%	35.7%	75%	66.7%	-	83.3%	96%	47.6%	-
	E03c	Cancer 62 Day Referral To Treatment (Upgrades)	83.7%	-	77.9%	84.4%	77.7%	84.7%	86.8%	85.6%	91.3%	88.5%	86.8%	74.7%	91.8%	-	82.6%	88.4%	84.6%	-
	E03f	Cancer Urgent GP Referrals - Numbers Treated after Day 103	54	-	5	5.5	2	5.5	4	7.5	3.5	4	4	3	7	-	11.5	15	14	-
Cancelled Operations	F01	Last Minute Cancelled Operations - Percentage of Admissions	1.31%	1.63%	1.9%	0.59%	1.15%	0.79%	1.39%	0.97%	1.94%	1%	1.31%	1.68%	1.66%	1.63%	1.1%	1.31%	1.54%	1.63%
	F01a	Number of Last Minute Cancelled Operations	1059	108	125	39	79	54	89	71	138	61	94	109	115	108	222	270	318	108
	F02	Cancelled Operations Re-admitted Within 28 Days	93.4%	85.2%	88.2%	95.2%	97.4%	94.9%	94.4%	91%	94.4%	93.5%	93.4%	93.6%	96.3%	85.2%	95.3%	93%	94.7%	85.2%
Admissions Cancelled Day Before	F07	Percentage of Admissions Cancelled Day Before	1.67%	1.65%	2.36%	1.67%	0.41%	1.53%	2.05%	1.82%	1.91%	1.37%	1.75%	2.17%	0.85%	1.65%	1.31%	1.72%	1.58%	1.65%
	F07a	Number of Admissions Cancelled Day Before	1348	109	155	110	28	105	131	134	136	83	126	141	59	109	264	353	326	109
Primary PCI	H02	Primary PCI - 150 Minutes Call to Balloon Time	73.2%	-	80%	81.8%	70.6%	79.3%	72%	69%	71.1%	62.5%	71.4%	76.7%	65.2%	-	73.9%	67.5%	70.3%	-
	H03a	Primary PCI - 90 Minutes Door to Balloon Time	91.9%	-	92.5%	100%	91.2%	93.1%	96%	92.9%	89.5%	90%	88.6%	93.3%	87%	-	93.2%	90.8%	89.2%	-
Diagnostic Waits	A05	Diagnostics 6 Week Wait (15 Key Tests)	96.72%	95.28%	97.64%	97.83%	97.88%	97.13%	98.13%	98.36%	96.94%	93.81%	93.28%	96.93%	95.5%	95.28%	97.72%	96.43%	95.26%	95.28%
Outpatients	R03	Outpatient Hospital Cancellation Rate	10.1%	11.3%	9.5%	10%	9.6%	10%	10.1%	9.9%	9.8%	10.4%	10.2%	11.6%	11.2%	11.3%	9.9%	10%	11%	11.3%
	R05	Outpatient DNA Rate	6.8%	6.7%	7.2%	6.7%	7.1%	6.8%	7%	6.7%	6.5%	6.9%	6.8%	6.7%	6.6%	6.7%	7%	6.7%	6.7%	6.7%
Outpatient Ratio	R01	Follow-Up To New Ratio	2.12	2.09	1.99	2.05	2.1	2.11	2.13	2.14	2.17	2.14	2.2	2.25	2.13	2.09	2.11	2.15	2.19	2.09
ERS	BC01	ERS - Available Slot Issues Percentage	16.5%	-	21.5%	23.8%	22.9%	22.1%	15.5%	10.9%	13.8%	13.5%	12.5%	16.8%	17.3%	-	19.9%	12.6%	15.5%	-

APPENDIX 3 – Trust Scorecards

Topic	ID	Title	Annual 18/19	Annual 19/20 YTD	Monthly Totals May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Quarterly Totals 18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1
Delayed Discharges	Q01A	Acute Delayed Transfers of Care - Patients	216	22	18	25	17	11	16	18	10	26	20	13	20	22	44	54	53	22
	Q02A	Non-Acute Delayed Transfers of Care - Patients	80	8	8	8	4	9	8	5	4	11	4	10	4	8	21	20	18	8
	Q01B	Acute Delayed Transfers of Care - Beddays	6744	609	471	632	503	586	513	691	482	568	653	550	519	609	1602	1741	1722	609
	Q02B	Non-Acute Delayed Transfers of Care - Beddays	2590	223	161	207	204	225	321	250	191	243	138	161	198	223	750	684	497	223
Green To Go List	AQ06A	Green To Go List - Number of Patients (Acute)	-	-	56	60	54	42	55	39	47	51	48	65	62	53	-	-	-	-
	AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	14	21	17	19	24	21	14	26	7	30	19	26	-	-	-	-
	AQ07A	Green To Go List - Beddays (Acute)	-	-	1574	1836	1571	1621	1562	1608	1620	1693	1814	1894	1962	1882	-	-	-	-
	AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	451	459	618	570	753	681	580	616	463	631	819	759	-	-	-	-
Length of Stay	J03	Average Length of Stay (Spell)	3.79	4.05	3.93	3.66	3.8	3.92	3.52	3.87	3.62	3.76	3.83	3.74	3.78	4.05	3.75	3.75	3.79	4.05
	J04D	Percentage Length of Stay 14+ Days	6.3%	7.2%	6.4%	6.3%	6.5%	6.5%	5.8%	6.9%	6%	6%	6.6%	6.4%	6.4%	7.2%	6.2%	6.3%	6.5%	7.2%
14 Day LOS Patients	C07	Number of 14+ Day Length of Stay Patients at Month End	-	-	207	243	234	211	233	224	212	200	221	234	222	-	-	-	-	-
AMU	J35	Percentage of Cardiac AMU Wardstays	3.6%	3.6%	6%	2%	1.3%	0.5%	0%	3.4%	4.1%	3.7%	4%	6.3%	5.6%	3.6%	0.6%	3.8%	5.2%	3.6%
	J35A	Percentage of Cardiac AMU Wardstays Under 24 Hours	36.1%	39.3%	38.5%	50%	25%	25%	-	23.3%	45.9%	52.9%	55.6%	24.5%	24%	39.3%	25%	41.6%	32.6%	39.3%

Emergency Department Indicators

ED - Time In Department	B01	ED Total Time in Department - Under 4 Hours	86.34%	78.25%	91.14%	92.84%	90.26%	90.07%	85%	89.16%	84.24%	83.05%	84.5%	81.05%	81.23%	78.25%	88.44%	85.53%	82.27%	78.25%
		This is measured against the national standard of 95%																		
ED - Time in Department (Differentials)	BB14	ED Total Time in Department - Under 4 Hours (STP)	86.34%	78.25%	91.14%	92.84%	90.26%	90.07%	85%	89.16%	84.24%	83.05%	84.5%	81.05%	81.23%	78.25%	88.44%	85.53%	82.27%	78.25%
	BB07	BRI ED - Percentage Within 4 Hours	78.39%	63.57%	85.56%	89.08%	84.8%	83.37%	75.44%	81.79%	78.89%	73.49%	74.67%	69.23%	70.33%	63.57%	81.27%	78.07%	71.46%	63.57%
	BB03	BCH ED - Percentage Within 4 Hours	93.05%	91.96%	96.25%	96.26%	96.39%	97.9%	94.16%	95.05%	85.39%	91.02%	92.92%	90.46%	89.39%	91.96%	96.02%	90.38%	90.9%	91.96%
	BB04	BEH ED - Percentage Within 4 Hours	97.38%	96.1%	98.11%	97.66%	96.19%	98.75%	97.46%	98.67%	97.34%	97.12%	97.7%	98.02%	97.07%	96.1%	97.49%	97.76%	97.58%	96.1%
		This is measured against the trajectories created to deliver the Sustainability and Transformation Fund targets																		
Trolley Waits	B06	ED 12 Hour Trolley Waits	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0
Time to Initial Assessment	B02	ED Time to Initial Assessment - Under 15 Minutes	95.6%	96.8%	94.6%	98%	94.8%	95.3%	96.2%	95.4%	93.4%	92.1%	97.7%	97.9%	96.5%	96.8%	95.4%	93.6%	97.3%	96.8%
	B02b	ED Time to Initial Assessment - Data Completness	97.2%	97.6%	96.4%	99.1%	97.2%	96.1%	97.3%	97.2%	97.6%	95.2%	96.5%	97.4%	99%	97.6%	96.9%	96.6%	97.6%	97.6%
Time to Start of Treatment	B03	ED Time to Start of Treatment - Under 60 Minutes	49.3%	46.1%	53.8%	51.3%	50.8%	55.6%	48%	53.1%	44.8%	46.9%	48.9%	45.2%	43.9%	46.1%	51.4%	48.3%	46%	46.1%
	B03b	ED Time to Start of Treatment - Data Completeness	96.9%	96.6%	96.7%	97.3%	96.8%	97.1%	96.6%	97.1%	97%	97%	97.5%	96.7%	96.4%	96.6%	96.8%	97.1%	96.9%	96.6%
Others	B04	ED Unplanned Re-attendance Rate	3.3%	3.5%	3%	2.8%	2.9%	2.7%	3.2%	3.9%	4.4%	3.8%	3.2%	3.3%	3.6%	3.5%	2.9%	4%	3.3%	3.5%
	B05	ED Left Without Being Seen Rate	1.7%	1.6%	1.6%	1.7%	1.9%	1.6%	2.2%	2.1%	1.8%	1.6%	1.3%	1.6%	2.1%	1.6%	1.9%	1.8%	1.7%	1.6%
Ambulance Handovers	BA09	Ambulance Handovers - Over 30 Minutes	698	96	48	54	45	58	71	74	65	59	42	57	50	96	174	198	149	96
Acute Medical Unit (AMU)	J35	Percentage of Cardiac AMU Wardstays	3.6%	3.6%	6%	2%	1.3%	0.5%	0%	3.4%	4.1%	3.7%	4%	6.3%	5.6%	3.6%	0.6%	3.8%	5.2%	3.6%
	J35a	Percentage of Cardiac AMU Wardstays Under 24 Hours	36.1%	39.3%	38.5%	50%	25%	25%	-	23.3%	45.9%	52.9%	55.6%	24.5%	24%	39.3%	25%	41.6%	32.6%	39.3%

FINANCIAL MEASURES (2018/19)

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	5,276	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	5,300	3,475	5,003	2,341	4,482	(141)	2,202	3,475	4,482
	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	12,885	13,537	16,329	14,931	18,337	2,181	7,620	13,537	18,337
Year to Date Variance Divisional Position Favourable / (Adverse)	Diagnostics & Therapies	12	71	156	161	160	97	149	171	192	340	359	481	156	97	192	481
	Medicine	(72)	(145)	(449)	(844)	(1,285)	(1,510)	(1,562)	(1,753)	(1,835)	(1,922)	(2,016)	(2,207)	(449)	(1,510)	(1,835)	(2,207)
	Specialised Services	(175)	65	335	275	204	210	116	58	96	242	236	349	335	210	96	349
	Surgery	(75)	(191)	(651)	(995)	(1,436)	(1,634)	(1,888)	(2,124)	(2,279)	(2,580)	(3,459)	(3,954)	(651)	(1,634)	(2,279)	(3,954)
	Women's & Children's	(145)	(332)	(78)	(121)	(617)	(966)	(1,056)	(996)	(1,383)	(1,781)	(1,898)	(1,773)	(78)	(966)	(1,383)	(1,773)
	Estates & facilities	3	(6)	(18)	16	28	20	(10)	9	20	(9)	(60)	(47)	(18)	20	20	(47)
	Trust Services	(8)	(10)	(18)	(18)	(36)	(32)	(28)	(18)	(7)	(20)	(56)	(31)	(18)	(32)	(7)	(31)
	Other Corporate Services	18	127	152	246	162	187	131	154	193	168	140	251	152	187	193	251
	Total	**(442)**	**(421)**	**(571)**	**(1,280)**	**(2,820)**	**(3,628)**	**(4,148)**	**(4,499)**	**(5,003)**	**(5,562)**	**(6,754)**	**(6,931)**	**(571)**	**(3,628)**	**(5,003)**	**(6,931)**
Year To Date Savings Actuals	Diagnostics & Therapies	153	278	426	578	770	927	1,109	1,266	1,437	1,599	1,788	1,987	426	927	1,437	1,987
	Medicine	148	335	479	614	813	944	1,151	1,367	1,579	1,842	2,177	2,420	479	944	1,579	2,420
	Specialised Services	182	398	623	989	1,270	1,519	1,923	2,265	2,567	2,897	3,191	3,685	623	1,519	2,567	3,685
	Surgery	226	438	719	1,014	1,295	1,632	1,995	2,371	2,645	3,048	3,408	3,773	719	1,632	2,645	3,773
	Women's & Children's	224	467	725	1,082	1,429	1,817	2,192	2,738	3,244	3,675	4,115	4,571	725	1,817	3,244	4,571
	Estates & facilities	92	180	270	362	466	537	608	693	772	844	918	987	270	537	772	987
	Trust Services	63	124	182	242	299	357	412	469	523	579	632	686	182	357	523	686
	Other Corporate Services	656	1,312	1,969	2,625	3,281	3,937	4,593	5,249	5,906	6,562	7,218	7,874	1,969	3,937	5,906	7,874
	Total	**1,743**	**3,532**	**5,393**	**7,507**	**9,622**	**11,670**	**13,983**	**16,418**	**18,672**	**21,045**	**23,447**	**25,983**	**5,393**	**11,670**	**18,672**	**25,983**
In Month Variance Subjective Analysis Favourable / (Adverse)	Nursing & Midwifery Pay	(256)	(329)	(430)	(338)	(288)	(465)	(639)	(543)	(354)	(717)	(801)	(1,025)	(1,015)	(1,091)	(1,536)	(2,543)
	Medical & Dental Pay	(358)	(322)	(353)	(340)	(395)	(449)	(376)	(520)	(362)	(392)	(534)	(462)	(1,033)	(1,184)	(1,258)	(1,388)
	Other Pay	128	74	126	260	80	197	121	62	0	(7)	194	106	328	537	183	293
	Non Pay	2	(728)	(361)	(475)	(464)	(157)	(173)	(807)	(607)	(627)	(745)	(723)	(1,087)	(1,096)	(1,587)	(2,095)
	Income from Operations	(69)	0	42	75	17	80	(139)	188	102	(164)	(80)	33	(27)	172	151	(211)
	Income from Activities	111	1,327	825	109	(490)	(14)	688	1,270	713	1,349	774	1,894	2,263	(395)	2,671	4,017
	Total	**(442)**	**22**	**(151)**	**(709)**	**(1,540)**	**(808)**	**(518)**	**(350)**	**(508)**	**(558)**	**(1,192)**	**(177)**	**(571)**	**(3,057)**	**(1,376)**	**(1,927)**
In Month Agency Expenditure Actuals	Nursing & Midwifery	448	443	515	549	618	684	623	587	520	748	766	810	1,406	1,851	1,730	2324
	Medical													0	0	0	
	Consultants	17	25	14	71	61	53	48	75	62	66	86	66	56	185	185	218
	Other Medical	17	35	54	71	24	17	1	0	9	24	13	47	106	112	10	84
	Other	31	85	73	126	188	129	175	109	112	91	95	136	189	443	396	322
	Total	**513**	**588**	**656**	**817**	**891**	**883**	**847**	**771**	**703**	**929**	**960**	**1,059**	**1,757**	**2,591**	**2,321**	**2,948**
Cash	Actual Cash	**77,562**	**78,472**	**75,537**	**92,633**	**96,144**	**98,620**	**98,367**	**99,265**	**105,963**	**100,590**	**97,773**	**99,855**	**75,537**	**98,620**	**105,963**	**99,855**
Capital Spend	Actual Capital Expenditure	**660**	**2,314**	**3,759**	**6,362**	**7,061**	**9,774**	**10,760**	**12,364**	**13,735**	**16,244**	**19,632**	**25,662**	**3,759**	**9,774**	**13,735**	**25,662**

Meeting of the Board of Directors on 24 May 2019 in the Conference Room, Trust Headquarters

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

For Information

The Committee considered the Quality and Performance Report for April 2019 and noted the challenging position around the Emergency Department 4 hour target. The national picture was described which had seen a similar deterioration. It was noted that the Trust remained ahead of the national position.

The Committee further noted that the volume of patients attending the Emergency Department had significantly increased. This was believed to be linked to the availability of appointments within primary care.

The Committee reviewed the regular reports relating to Serious Incidents, Root Cause Analysis and Safe Staffing and sought assurances on the processes and outcomes.

For Board Awareness, Action or Response

The Board should be aware of the following:

- The electronic prescribing and management system had been temporarily suspended as further work was required to ensure that the connection with the Patient Administration System worked correctly. The system would be relaunched towards the end of the summer.
- The Trust's mortality rates were considered and although overall they were in the expected range, an alert had been received for patients admitted on a Saturday. The mortality surveillance group was reviewing the alert and underlying data to better understand the issues.
- The Committee considered the annual Quality Report and recommended its approval by the Board of Directors. The Committee welcomed its accessibility and readability, and congratulated the team for the work to pull this together.

Key Decisions and Actions

There were no key decisions or actions to report.

Additional Chair Comments

Date of next meeting:	**25 June 2019**

Meeting of the People Committee on 21 May 2019 in the Board Room

Reporting Committee	**People Committee**
Chaired By	**John Moore, Non-Executive Director**
Executive Lead	**Matt Joint, Director of People**

For Information

The Committee received the newly drafted workforce and education reporting framework – this was welcomed, and it was noted that successful implementation of the workforce strategy should help drive positive performance against the identified indicators. The Committee felt the framework would be an effective tool for monitoring workforce and education reporting performance, provided that the RAG (red/amber/green) ratings were robustly assessed. The Committee praised the new framework and noted that a refined, updated version would come to the next meeting.

The Committee noted that the rollout of medical e-rostering was progressing slowly, with only a small proportion of staff on the e-roster, chiefly in nursing. This was a major change for staff, representing a fundamental alteration in the way rostering worked, and there was a level of challenge in getting the right engagement in some departments (especially those without designated rota co-ordinators). It was agreed that there were transformational change management and cultural issues to work on. The Committee asked to see the rollout project plan at its next meeting to help members' understand the timescales and challenges.

The Committee received a presentation on the Trust's Organisational Development work, which highlighted a few key areas, including the increased use of the 'happy app' to record real time feedback (leading to a tripling in usage between January and March 2019), rebranding of the leadership and management development offer, and a suite of interventions on wellbeing (which the Committee particularly welcomed: there were now 142 Wellbeing Advocates within the Trust, and the new 'Living Well' guides had been well received by staff). It was noted that the Trust was also part of the NHS Improvement Sickness Absence programme.

The Committee received a presentation on the Trust's Library Strategy 2018-2021. The Library Service was performing exceptionally, as one of the top seven such services in the country, and the strategy set out its ambitious aims, including increased digital focus, ensuring UH Bristol staff, students and the public had the best access possible to health knowledge, and proactively engaging with the Divisions to highlight what the Library Service had to offer. One year into the strategy, the Service was delivering the most literature searches in the region, despite a very low cost per head spend compared to other local services. The Committee warmly received the presentation, which demonstrated the excellent work and commitment of the Library Service to delivering an outstanding service.

The Committee also received an update on the Community Outreach Simulation Project, which engaged with young people in the region to help build their understanding of and enthusiasm for careers in the NHS, particularly by allowing them to perform simulated tasks which related to healthcare, including ventilation

and CPR (as well as tasks related to non-clinical careers). This work had been targeted at schools in high areas of social deprivation, or those with a higher pupil premium, and had reached more than 2500 young people in Bristol and the surrounding areas. The Committee praised this valuable and inspiring work, which was essential to helping attract the workforce of the future, and noted it would be helpful to explore in future whether there was evidence of this work leading directly to young people going into healthcare careers.

For Board Awareness, Action or Response

- The Committee noted that the Trust's Diversity and Inclusion Strategy had been formally launched on 8 May 2019.
- A dedicated spotlight session on the Trust's Bullying and Harassment prevention work would occur at the July 2019 People Committee meeting.
- The Committee reviewed the Trust's Freedom to Speak Up Strategy, noting particularly its aim to help build a culture of openness and transparency which encouraged staff to speak up, and agreed to recommend it for approval to the Board.

Key Decisions and Actions

- The Committee to receive the e-rostering rollout project plan, to help their understanding of the timescales and in particular the challenges to progressing the rollout quickly.

Additional Chair Comments

There were no additional comments.

Date of next meeting:	**25 June 2019**

Meeting of the Board in Public on Friday 24 May 2019 in the Conference Room, Trust Headquarters

Report Title	**Freedom to Speak Up Annual Report**
Report Author	**Eric Sanders, Freedom to Speak Up Guardian**
Executive Lead	**Eric Sanders, Freedom to Speak Up Guardian**

1. Report Summary

This report is the annual report from the Trust's Freedom to Speak Up Guardian and includes the draft Freedom to Speak Up Strategy for the Board's consideration.

2. Key points to note

(Including decisions taken)

- An annual report has been prepared to describe progress against the actions agreed by the Board in June 2018 and the work of the Guardian over the past 12 months.
- There has been a significant increase in the number of concerns raised during the previous financial year compare to the last. In 2017/18 there were 13 concerns raised, and in 2018/19 there were 32 concerns raised.
- Good progress has been made against the objectives however further work is required to ensure that all staff are aware of Freedom to Speak Up and have confidence in this programme.
- The latest annual staff survey results show good improvements in the metrics which are considered a good barometer for the culture of speaking up within an organisation.
- A Freedom to Speak Up Strategy has been developed to describe the vision for speaking up and the objectives to support delivery of this vision. The Strategy is presented for approval.

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 time the Guardian has to deliver the strategy and support the increasing number of concerns being reported.
- Capacity of managers and in particular HR to support the investigation of concerns where these are deemed necessary, and to ensure there is no conflict in the investigation.
- A lack of non-pay resource to support publicity of the programme

4. Advice and Recommendations

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

- This report is for **APPROVAL**
- The Board is asked to **NOTE** the annual report and **APPROVE** the Freedom to Speak Up Strategy.

5. History of the paper Please include details of where paper has previously been received.	
Executive Team	**9 May 2019**

1. Purpose

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

2. Background

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

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

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

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

3. Key Achievements During 2018/19

3.1. The Board agreed a set of objectives in June 2018 which are included in Appendix 1. The following text describes progress against these objectives, and seeks to provide assurance that good progress has been made:

- A FTSU strategy has been developed following consultation with a wide range of groups and individuals. This is presented to the Board for approval in Appendix 2.
- The FTSU intranet presence has been reviewed and refreshed to make access clearer and accessible to all staff.
- The Guardian and FTSU Engagement Lead have attended a range of staff meetings to promote the FTSU programme. These have included Divisional Management Teams, nurse leadership groups, theatres, sterile services department, acute clinicians, and outpatients. The Guardian is now a formal member of the Trust's Equality and Diversity Committee to start to develop direct links with the Trust's equality groups and seek to encourage greater awareness of the programme with all groups of staff.
- Further awareness raising has been undertaken through the changing of all desktop and laptop PCs background to a FTSU message, regular updates in Newsbeat, and messaging in the voluntary services newsletter and other divisional/speciality newsletters. The Guardian also participated in the Dental Hospital Summit for Positive Change and spoke to over 200 members of staff about the programme.
- The FTSU Advocate network has grown and now has 30 members (up from 17 in June 2018). The Advocates support the FTSU Guardian, and are there to promote the FTSU agenda and be available to advise staff at a local level. The Advocates have received training led by the regional South West FTSU Guardian Network Chair.

- Quarterly meetings of the Advocates are held with these meetings providing a forum for sharing lessons, learnt key messages and to provide additional training which would be beneficial to the Advocates. This has included updates on the Happy App relaunch and the Trust's safety programme.
- The data collected about concerns has been reviewed and the Datix system refined to support this.
- There is now six monthly reporting to the Board and People Committee on the work of the Guardian. Overall the Board or Committee receives a quarterly update.
- The Guardian is now a Happy App super user with access to all areas of the system. This is helpful in terms of understanding the feedback from staff to help target resources for further awareness raising. There is also now a direct link from the Happy App to the FTSU pages on the intranet should concern wish to be raised with the Guardian.

4. Challenges Identified During 2018/19

4.1. The key challenge is capacity to support the programme and individuals who raise concerns. An Engagement Lead was appointed in the final quarter of 2018/19, on a pilot basis, to provide the Guardian with additional support to coordinate promotion activities. This pilot was very successful and funding has been approved to repeat this in 2019/20.

5. Summary of Cases Raised During 2018/19

5.1. During 2018/19 there were 32 cases raised to the FTSU Guardian. This compares to 13 in the previous financial year. These are categorised and reported to the National Guardian's Office as follows:

Quarter	Total number of cases raised	Number of cases raised anonymously	Cases related to Patient Safety	Cases related to behaviours
Q1	4	1	1	2
Q2	2	0	1	0
Q3	12	0	2	8
Q4	14	0	1	7

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

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

5.4. A thematic analysis of the cases shows the following:

- Cases were raised from across the Trust and from all divisions with the exception of Diagnostics and Therapies.

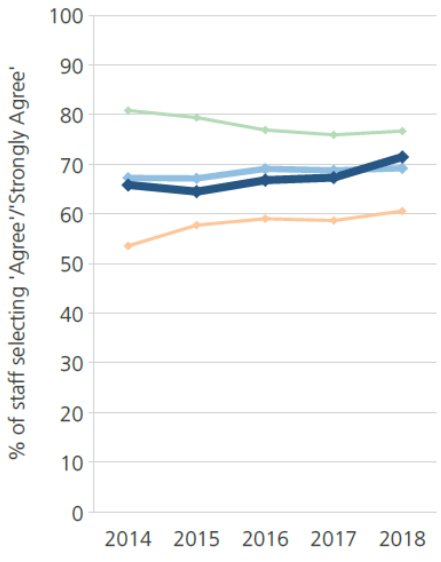
- As in the previous year, the most cases (7) were raised in Surgery and Estates, with the next highest reporting division being Medicine (6).
- The majority of cases raised (17) related to the behaviours of managers and colleagues.
- Concerns have been raised by members of staff from all areas of the workforce including Nurses, Healthcare Assistants, Doctors, Allied Healthcare Professionals, Porters, Cleaners and Administrators.

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

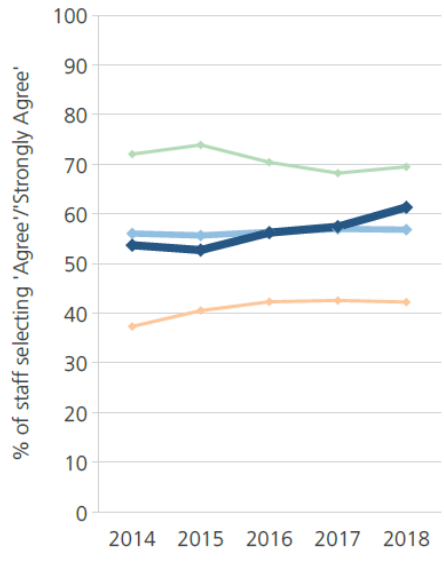
6. National Staff Survey Results 2018

6.1. The national staff survey includes indicators which directly link to the FTSU programme. The 2018 results show a positive increase in staff feeling secure about raising concerns about unsafe clinical practice and having confidence in the organisation to address the concern. In the latter there was a 4.2% improvement which took the Trust's score above the average, and in the latter there was a 3.9% increase.

6.2. Whilst these scores have improved, it does demonstrate that there is still significant work to do to provide further confidence to staff about raising concerns and how the organisation will respond. Work to support further improvement is outlined in the Freedom to Speak Up Strategy.



	2014	2015	2016	2017	2018
Best	80.8%	79.4%	76.9%	75.9%	76.7%
Your org	65.8%	64.5%	66.8%	67.3%	71.5%
Average	67.2%	67.1%	69.1%	68.8%	69.2%
Worst	53.5%	57.7%	59.0%	58.7%	60.6%



	2014	2015	2016	2017	2018
Best	72.0%	73.9%	70.4%	68.2%	69.5%
Your org	53.7%	52.7%	56.2%	57.4%	61.3%
Average	56.0%	55.7%	56.4%	57.0%	56.8%
Worst	37.3%	40.5%	42.3%	42.6%	42.2%

7. National Guardian Office – Summary of Learning from Case Reviews

7.1. The National Guardian's Office (NGO) has now completed five case reviews. Case reviews identify areas where the handling of NHS workers' concerns do not meet the standards of accepted good practice in supporting speaking up and make recommendations to NHS organisations to take appropriate action where they have failed to follow good practice.

7.2. The Guardian has reviewed all of the five case reviews and the recommendations and good practice they contain. In summary the learning from these reviews are as follows:

7.2.1. Freedom to Speak Up policies should be easily accessible to all staff, and should be cross referenced with other relevant policies such as incident reporting, conflicts of interest and grievances.

7.2.2. Information on how to speak up should be easily accessible to all staff irrespective of their role or location, and should be supported by a clear communications plan.

7.2.3. The Guardian should have sufficient ring-fenced time, and available resources, to undertake the role.

7.2.4. Investigations should be undertaken independently and without conflicts, and be aligned with the values of the organisation.

7.2.5. Everyone who raises a concern should be thanked and provided with feedback on the outcome of any investigation.

7.2.6. Staff from all backgrounds should be encouraged to speak up.

7.2.7. The quality of investigations should be reviewed to identify any gaps or areas for improvement.

7.3. The learning from the five case reviews has been used to inform the development of the FTSU Strategy and to consider the risks to delivery. This is described in more detail below.

8. Freedom to Speak Up Strategy

8.1. A Freedom to Speak Up Strategy has been developed to describe the Trust's vision and objectives relating to the Speaking Up agenda. The Guardian has led the work to develop the strategy with the Director of People and has sought the views of a wide range of staff groups, including the Equality & Diversity Committee, the equality groups including BAME and LAWDII, FTSU Advocates, Well-being Advocates, union representatives and via an online survey open to all staff.

8.2. The draft strategy has been considered and supported by the Executives and will be considered by the People Committee at its meeting on 21 May 2019. A verbal update will be provided at the Board meeting on any comments from the Committee.

8.3. In developing the strategy, a number of risks have been identified, which include:

8.3.1. The time the Guardian has to deliver the strategy and support the increasing number of concerns being reported.

8.3.2. Capacity of managers and in particular HR to support the investigation of concerns where these are deemed necessary, and to ensure there is no conflict in the investigation.

8.3.3. A lack of non-pay resource to support publicity of the programme. A further approach will be made to Above & Beyond to support funding for further marketing materials and to support a wider selection of Trust events.

9. Recommendations

9.1. The Board is asked to:

- Note the FTSU annual report 2018/19
- Approve the Freedom to Speak Up Strategy

Eric Sanders
Freedom to Speak Up Guardian
May 2019

Appendix 1 – Freedom to Speak Up Objectives 2018/19

The objectives agreed in June 2018 were as follows:

Objective 1 - Development of a **FTSU strategy**, aligned to the Trust, Workforce and Quality Strategies

Objective 2 - **Greater awareness** of FTSU across all staff groups and delivery locations

Objective 3 - Enhanced **data collection** when cases are raised and follow up with those raising concerns about the adequacy of the process and support provided

Objective 4 - **Learning from FTSU** to be shared and incorporated into the new leadership and management development programmes

Objective 5 - **Improved lessons learnt** process to include dissemination via management and the FTSU Advocates

Objective 6 - **Enhancements to the FTSU Advocates network** through improved training and development, opportunities for sharing and of shaping ideas and approaches, and an increase in the number of advocates including ensuring coverage in all areas such as South Bristol Community Hospital

Objective 7 - **Ensuring alignment of FTSU with other channels** for raising concerns such as the Happy App, bullying and harassment champions, equality and diversity champions, patient safety culture survey and friends and family test survey.

Objective 8 - Six monthly **reporting to the Board** on FTSU case and learning

Freedom to Speak Up Vision and Strategy

Purpose

Sir Robert Francis's 'Freedom to Speak Up Review' published in February 2015 highlighted the need 'to ensure that NHS staff in England feel safe to raise concerns, confident that they will be listened to and the concerns will be acted upon'. The Review recommended a number of principles and actions, including the creation of a Freedom to Speak Up Guardian to support staff to raise concerns.

This Strategy sets out the Trust's vision and strategy for Freedom to Speak Up, the proposed outcomes and measures. It should be read in conjunction with the Trust's Freedom to Speak Up policy and the Dignity at Work policy, which provide guidance to all staff on the behaviours expected to ensure everyone is treated respectfully at work, and the Staff Support and Being Open policy which underpins the proactive patient safety culture within the Trust. This Strategy feeds into the developing People and Diversity & Inclusion Strategies, and the Trust values and leadership behaviours, which provide the blueprint for how we interact with each other and our patients.

Background and Context

The basis of this Freedom to Speak Up Vision and Strategy was created through engagement with staff from across the organisation, including Freedom to Speak Up staff advocates and members of the Equality & Diversity Group during 2018/19, and via a survey open to all staff. Engagement focused on the following three questions:

- What does speaking up mean to you?
- What does speaking up look like in UH Bristol now?
- Where should we be in five years' time?

It was clear from discussions with staff that their understanding of what speaking up means and how effectively the Trust deals with concerns is mixed, and that there was a need to build trust and confidence to help develop a culture of safety and learning. The annual Staff Survey provides one indication on whether staff know how to raise concerns (around unsafe clinical practice), feel able to do so and feel that concerns are taken seriously. In 2018, 71.5% of staff who responded to the survey said they would feel secure raising concerns and 61% would be confident that the concerns would be addressed. While these figures are an improvement on the 2017 results they are still too low. They are not a perfect indicator of the culture of Speaking Up in the Trust as the questions specifically refer to clinical concerns only. We know that the majority of concerns raised through Freedom to Speak Up at UH Bristol are around attitudes and behaviours – and the 2018 Staff Survey results reveal a slight increase in staff experiencing harassment, bullying or abuse from their managers and/or colleagues. This highlights the need for our Freedom to Speak Up Strategy to feed into the broader People Strategy, specifically around how we bring about *leadership and cultural change* within UH Bristol.

Our Vision for Speaking Up

To create a culture of openness and transparency so that anyone who works within the Trust feels confident to raise concerns.

Strategy

To deliver the vision, and so help bring about a change in culture, we need to see improvement across the following areas:

1) Awareness – so that everyone knows how to raise concerns and to whom concerns can be raised

2) Confidence in speaking up – concerns are heard, promptly and thoroughly investigated, feedback is provided and outcomes are shared wherever possible
3) Training and support – for all leaders and managers in understanding their own behaviours and dealing with concerns.

These areas of focus must involve all staff in the Trust, including agency staff, students/trainees, contracted workers and volunteers.

Activities in the three areas will be led by the Guardian, with support from the lead Executive (the Director of People), and the lead Non-executive Director (Senior Independent Director), with additional support and commitment from the Board of Directors as well as the network of Freedom to Speak Up staff advocates. The Trust is also engaged with the National Guardian's Office and Freedom to Speak Up Guardians in the South West region to learn and share best practice.

Work around the third objective relating to supporting leaders and managers to understand their own behaviours ties into the People Strategy, specifically to the targets and measures around leadership and cultural transformation. The actions for this third objective will be aligned with the People Strategy, and will be developed as this strategy develops.

Each of these strands of work must ensure that the huge contribution our staff make to patient care is reflected in our own commitment to looking after them – with the ultimate aim of ensuring staff are able to raise any concerns with their line manager or a senior colleague without the need to seek out the Guardian and staff advocate network.

Key Objectives and Actions

To deliver the Strategy the following key objectives and actions have been identified:

Objective 1 – Improve awareness of the Speaking Up programme

Action 1 – All new starters are made aware of Speaking Up at corporate induction or at local training (e.g. volunteer induction).

Action 2 – All staff will be issued with a simple guide to Speaking Up as part of the recruitment process, with the expectation that all members of staff act to challenge inappropriate behaviour and compassionately address concerns.

Action 3 – A rolling communications programme ensures all workers are made aware of the Speaking Up programme through marketing materials in all areas of the hospital (posters and leaflets), regular email updates and face to face communications. In line with the Dignity at Work Policy, staff are aware of the range of additional support available to them if they have a concern or issue, and each of these support services actively promotes the work of the others.

Action 4 – There is clearly accessible information about Speaking Up and how to raise concerns on the Trust Connect pages.

Action 5 – Speaking Up staff advocates will be available in all areas of the Trust and from a range of backgrounds and roles.

Objective 2 – Improve confidence in Speaking Up

Action 6 – Individuals will all have the opportunity, and adequate time, to discuss their concerns with the Guardian, or an Advocate if they prefer.

Action 7 – The number of cases raised and resolved, and key themes of concerns will be reported to staff on a regular basis through the Advocate network and existing communication channels such as Newsbeat.

Action 8 – Wherever possible, case studies will be developed and communicated to share outcomes from investigations.

Action 9 – Annual review of Freedom to Speak Up policy and strategy to ensure they are fit for purpose.

Action 10 – Concerns are dealt with promptly, independently and confidentiality.

Action 11 – All those who raise concerns receive feedback on the outcome of the investigation and have the opportunity to provide feedback themselves on the process.

Objective 3 – Support all leaders and managers to understand their own behaviours and deal with concerns positively

Action 12 – Training on leadership behaviours for all leaders and managers, including training on the importance of listening to and positively responding to concerns, will be undertaken by all existing and new leaders and managers.

Outcomes and measures

The measures to monitor progress against the actions are as follows:

Awareness	Confidence	Supporting leaders and managers
• Consistently high compliance for corporate induction training and local induction • Number and type of updates to staff and other workers in the Trust about speaking up • Response to annual 'snapshot' survey relating to awareness of Speaking Up (targeted also to volunteers, agency workers, students and trainees) • Number and location of Freedom to Speak Up staff advocates across the Trust	• Number of cases raised through the Raising Concerns phone line, email address and Datix • Number of case studies completed and shared • Response to question in annual 'snapshot' survey relating to confidence in Speaking Up • Timelines for cases from date raised to date closed • Feedback from those who have raised concerns (i.e. whether they would speak up again)	• Take up of management (behaviours) training by division, hospital site and pay band • Prevalence of 'hot spot' areas identified through Happy App data and annual Staff Survey

Monitoring

An update on the Freedom to Speak Up programme will be presented to the Board and People Committee every quarter by the Freedom to Speak Up Guardian. Updates will include:

- An overview of the cases reported and themes identified
- An overview of progress against this Strategy's outcomes and measures
- A snapshot of data from the Happy App and Staff Survey reflecting 'hot spots' or potential future 'hot spots' for targeted support
- Benchmarking data to show how the Trust compares with other acute trusts nationally.

Meeting of the Board in Public on 24 May 2019 in the Conference Room, Trust Headquarters

Report Title	**Healthier Together STP Update – Terms of Reference**
Report Author	**Gemma Self, Head of Transformation, Healthier Together**
Executive Lead	**Robert Woolley, Chief Executive**

1. Report Summary

The terms of reference for a new System-wide Partnership Board for the Healthier Together STP are being provided for the Board as the governing body of one of the partner organisations of the STP. The Board is being asked to confirm it is happy to sign off on the attached terms of reference.

2. Key points to note

As the system works towards becoming an Integrated Care System, there is a drive to create a Partnership Board comprising of partner organisation Chief Executives and Chairs. This Board will be responsible for setting strategic direction of the system. It will provide oversight for all Partnership business, and a forum for decisions to be made together by partners which are related to the progress of the Partnership.

The Chairs of all organisations have been involved in the development of these Terms of Reference, and have seen the final draft.

The Partnership Board will be held quarterly in place of a monthly STP Executive Group.

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

The risks associated with this report include:

- Strategic Risk 2643 - STP unable to deliver a system strategy.

4. Advice and Recommendations

- This report is for **APPROVAL.**
- The Board is asked to **APPROVE** the terms of reference for the Healthier Together System-wide Partnership Board.

5. History of the paper – *N/A*
Please include details of where paper has previously been received.

Healthier Together

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

Healthier Together – For all Partner Organisations

Item number & title	**System Partnership Board Terms of Reference**			
Scope: System-wide or Programme?	Whole system	x	Programme area (Please specify)	
Author & role	Gemma Self, Head of Transformation, Healthier Together			
Sponsor / Director	Julia Ross, Joint Lead – Healthier Together Robert Woolley, Joint Lead – Healthier Together			
Presenter	Chair / HWB Chair [*delete as appropriate*] of [*relevant organisation*]			
Action required:	Decision			
Discussion/ decisions at previous committees	System Chairs Reference Group System Executive Group			

Purpose:

The Board/Governing Body/Cabinet [*delete as appropriate*] is asked to sign off the Terms of Reference for a new System-wide Partnership Board.

Summary of relevant background:

As the system works towards becoming an Integrated Care System, there is a drive to create a Partnership Board comprising of partner organisation Chief Executives and Chairs. This Board will be responsible for setting strategic direction of the system. It will provide oversight for all Partnership business and a forum to make decisions together as Partners which are related to the progress of the Partnership.

The Chairs of all organisations have been involved in the development of these Terms of Reference and have seen the final draft.

The Partnership Board will be held quarterly in place of a monthly STP Executive Group.

Discussion / decisions required and recommendations:

The Board/Governing Body/Cabinet [*delete as appropriate*] is asked to provide formal confirmation that they support the establishment of the Partnership Board under the Terms of Reference set out

Healthier Together

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

HEALTHIER TOGETHER

PARTNERSHIP BOARD

Terms of Reference

FINAL DRAFT

Version	Date	Author/Reviewer	Comment
0.1	05/04/2019	Gemma Self	Initial draft based upon West Yorkshire and Humber Partnership Board
0.2	09/04/2019	Gemma Self	Updates further to conversation with RW, JR and RK
0.3	09/04/2019	Gemma Self	Incorporating feedback from RW and JR
0.4	10/04/2019	Gemma Self	Incorporating feedback from RK & Chairs

1 Background and Purpose

Context

1.1 Healthier Together (Bristol, North Somerset and South Gloucestershire STP) was formed in 2016 as one of 44 Sustainability and Transformation Partnerships (STPs), in response to the *NHS Five Year Forward View*. It brings together 13 health and care organisations

- Avon and Wiltshire Mental Health Partnership NHS Trust
- Bristol City Council
- Bristol Community Health
- Bristol, North Somerset, South Gloucestershire Clinical Commissioning Group (CCG)
- North Bristol NHS Trust
- North Somerset Community Partnership
- North Somerset Council
- One Care
- Sirona care & health
- South Gloucestershire Council
- South Western Ambulance Service NHS Foundation Trust
- University Hospitals Bristol NHS Foundation Trust
- Weston Area Health NHS Trust

1.2 The partnership is not a new organisation, but a new way of working to meet the diverse needs of our citizens and communities. NHS services have come together with local authorities, charities and community groups to agree how we can improve people's health and improve the quality of their health and care services.

1.3 The Partnership Board is a key element of the leadership and governance arrangements for Healthier Together (the BNSSG STP).

2 Role and Responsibilities

Purpose

2.1 The Partnership Board will provide the formal leadership for the Partnership. It will be responsible for setting strategic direction. It will provide oversight for all Partnership business and a forum to make decisions together as Partners which are related to the progress of the Partnership.

2.2 The Partnership Board will work by building agreement with leaders across Partner organisations to drive action around a shared vision and direction of travel.

2.3 This Board will be the point of collective decision making on behalf of the system and will include decisions required as the result of any shifts in authority for the system, performance monitoring or resource allocated to the system.

2.4 The Partnership Board has no formal delegated authority. Whilst the current landscape of statutory functions is as it is constituent Partner Organisation Boards

remain accountable for all aspects of their business in line with statutory frameworks. Sovereign boards may delegate a service, budget or items for decision making to the Partnership Board in line with their statutory frameworks. Any delegation would need to be agreed by all Boards.

2.5 These Terms of Reference describe the scope, function and ways of working for the Partnership Board. They should be read in conjunction with the Memorandum of Understanding for Healthier Together [due to be presented at Partnership Board on June 2019], which describes the wider governance and accountability arrangements.

2.6 The responsibilities of the Partnership Board are to:

i. Agree the vision, outcomes and objectives for the Partnership

ii. Provide leadership and oversight in our progress to becoming a mature Integrated Care System.

iii. Consider recommendations from the Executive Group and make decisions on:

- The objectives of priority work programmes and workstreams
- The apportionment of transformation monies from national bodies
- Priorities for investment of system-level capital funds across the Partnership
- Operation of the single NHS financial control total (for NHS bodies)
- Challenges highlighted through a system performance framework including defining actions when organisations become distressed

iv. Act as a leadership cohort, demonstrating what can be achieved with strong system leadership and increased freedoms and flexibilities

v. Provide a mechanism for joint action and joint decision-making where issues are best tackled on a wider scale

vi. Develop a shared understanding of the financial resources of NHS partners, maximise the system-wide efficiencies necessary to manage within this share of the total NHS budget and pursue opportunities for creation of a single system budget over time.

vii. Support the development of our six Localities, which bring together primary care, community-based providers and local authorities, as well as voluntary and community groups, and interface with secondary care providers and commissioners to establish community-based systems of care at local level

viii. Ensure that, through partnership working in each place and across BNSSG, there is a greater focus on population health management, integration between providers of services around individual people's needs, and a focus on care provided in primary and community settings

ix. Oversee a mutual accountability framework which provides a single, consistent approach for assurance and accountability between partners

x. Reach agreement in relation to recommendations made by other governance groups within the Partnership on the need to take action for managing collective performance, resources and the totality of population health

xi. Adopt an approach to making joint decisions and resolving any disagreements, which follows the principle of subsidiarity and is in line with the shared values and behaviours of the Partnership

3 How we work together in Bristol, North Somerset and South Gloucestershire

Our vision

3.1 We have worked together to develop a shared vision for health and care services across Bristol, North Somerset and South Gloucestershire. Our vision is to meet our citizens' needs by working together within our joint resources, as one health and care system. This will be achieved by:

i. Reducing inequality by working together across our local health and care and our wider civic responsibilities to tackle social determinants of health and also by lobbying for this approach at a national level.
ii. Sharing information and risk across our system.
iii. Co-designing and co-delivering our services and support with the community, citizens and staff.
iv. Offering the most effective possible intervention at the earliest opportunity to help people become and stay well and be supported to live independently.
v. Supporting people to take care of their own health and well-being and refrain from over-medicalising.
vi. Providing more services and support closer to where people live, harnessing the power of local communities in supporting local citizens.
vii. Providing timely, responsive inpatient and specialist care when this is required – considering this as "out of community" care
viii. Designing new models of care that can be enabled and delivered digitally.
ix. Supporting our staff to try new things, take risks and work differently for the benefit of service users and citizens
x. Ensuring parity of esteem across our system, including valuing mental health equally with physical health

Principles for our partnership

3.2 The Partnership Board operates within an agreed set of guiding principles that shape everything we do through our Partnership:

i. This work can only be done by each of us taking responsibility for making it so, talking together and taking action. We will be active in our commitment to one health and care system and promote it with staff and communities.

ii. We will engage in honest, respectful, and open dialogue, seeking to understand all perspectives and recognising individual organisations agendas and priorities.

iii. We will commit time together and take responsibility for ensuring it is spent meaningfully to drive forward change.

iv. We accept that diverse perspectives may create dissonance. We will seek to understand and work through any disharmony, and move to conclusions and action in service of our citizens.

v. Learning together and deep inquiry are the only ways for the system to become smarter.

vi. We will be insatiably curious about what is holding the current status quo in place and what is shaping current behaviours to create the current reality.

vii. We will share information transparently and early and develop a shared approach to risk management, taking collective responsibility for driving necessary change while mitigating the risks of that change for individual organisations.

viii. We will commit ourselves and our staff to learn system leadership skills and support leadership at all levels to ensure our vision for one health and care system is achieved.

ix. We believe citizens are integral to the design, co-production and delivery of services and will result in better outcomes. We will work with our citizens to co-produce services and support that works for them.

x. We will find smarter ways for all our staff to do the right thing, at the right time, in the right place.

xi. We will take collective, considered risks to cease specific activity that releases funds for prevention and earlier intervention.

Our shared values and behaviour

3.3 Members of the Partnership Board commit to behave consistently as leaders and colleagues in ways that model and promote our shared values:

- We are leaders of our organisation, our place and of Bristol, North Somerset and South Gloucestershire
- We support each other and work collaboratively
- We act with honestly and integrity, and trust each other to do the same
- We challenge constructively when we need to
- We assume good intentions.
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery

Decision Making

3.4 The key principle for making decisions will be based upon what is best for the population residing across BNSSG.

3.5 The Partnership Board will generally operate on the basis of forming a consensus on issues considered, taking account of the views expressed by members.

3.6 The Chair will seek to ensure that any lack of consensus is resolved amongst members.

4 Accountability and reporting

4.1 The Partnership Board is accountable for the delivery of any business related to the development of the system.

4.2 The Partnership Board has a key role within the wider governance and accountability arrangements for the BNSSG partnership (see Annex 2 for a description of these arrangements).

4.3 Constituent Boards remain accountable for all aspects of their business in line with statutory frameworks; the Partnership Board has no formal delegated authority. Sovereign boards may delegate a service, budget or items for decision making to the Partnership Board in line with their statutory frameworks. Any delegation would need to be agreed by all Boards.

4.4 All members have a responsibility to ensure regular two-way communication between their Sovereign Board and the Partnership Board. The minutes, and a summary of key messages will be submitted to all Partner organisations after each meeting.

5 Membership

Chair and Vice Chair arrangements

5.1 The Independent Chair of the STP will chair the meeting

5.2 A Vice Chair will be agreed from among the chairs of constituent bodies

Membership

5.3

Role	Numbers
Independent Chair of the STP	1
Chairs and Chief Executives from each partner organisation including Chairs of Health and Wellbeing Boards	26

Chair of Clinical Cabinet	1
GPs representing each area (Bristol, North Somerset, South Gloucestershire)	3
Chief Executives or Chairs of Healthwatch Organisations	3
One representative from NHS England / Improvement	1
Director of Public Health	1

A list of members is set out at **Annex 1**.

Deputies

5.4 It is anticipated that Members would be expected to attend all meetings, if they are unable they may send a deputy by arrangement with the Chair.

Additional attendees

5.5 Additional attendees will routinely include:

- The Healthier Together Programme Director
- The Healthier Together Finance Lead

5.6 At the discretion of the Chair, additional representatives may be requested to attend meetings to participate in discussions or report on particular issues.

6 Quoracy

6.1 The Partnership Board will be quorate when 75% or more of Partner organisations are present.

6.2 If a consensus decision cannot be reached, then it may be referred to the dispute resolution procedure (which will be documented in the Memorandum of Understanding) by any of the affected Partners for resolution.

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7 Conduct and Operation

7.1 The Partnership Board will meet in public, at least four times each year. An annual schedule of meetings will be published by the secretariat.

7.2 Extraordinary meetings may be called for a specific purpose at the discretion of the Chair. A minimum of seven working days' notice will be given when calling an extraordinary meeting.

7.3 The Partnership Board may convene in private committee at the Chair and Members' discretion.

7.4 The agenda and supporting papers will be sent to Members and attendees and be made available to the public via the Healthier Together website no less than five working days before the meeting. Urgent papers will be permitted in exceptional circumstances at the discretion of the Chair.

7.5 Draft minutes will be issued within 10 working days of each meeting and ratified at the following meeting.

Managing Conflicts of Interest

7.6 Each member must abide by all policies of the organisation it represents in relation to conflicts of interest and excuse themselves as necessary from discussion or decisions at the Partnership Board.

7.7 Where any Partnership Board Member has an actual or potential personal conflict of interest in relation to any matter under consideration at any meeting, the Chair has the final discretions on inclusion. The Chair shall decide, based upon the nature of the potential or actual conflict of interest, whether or not that Member may participate in meetings (or parts of meetings) in which the relevant matter is discussed.

7.8 Where the Chair decides to exclude a Member, the relevant organisation represented by that Member may send a deputy to take the place of the conflicted Member in relation to that matter.

Secretariat

7.9 The secretariat function for the Partnership Board will be provided by the Healthier Together Office. A member of the team will be responsible for arranging meetings, recording notes and actions from each meeting, preparing agendas, and agreeing these with the Chair.

8 Review

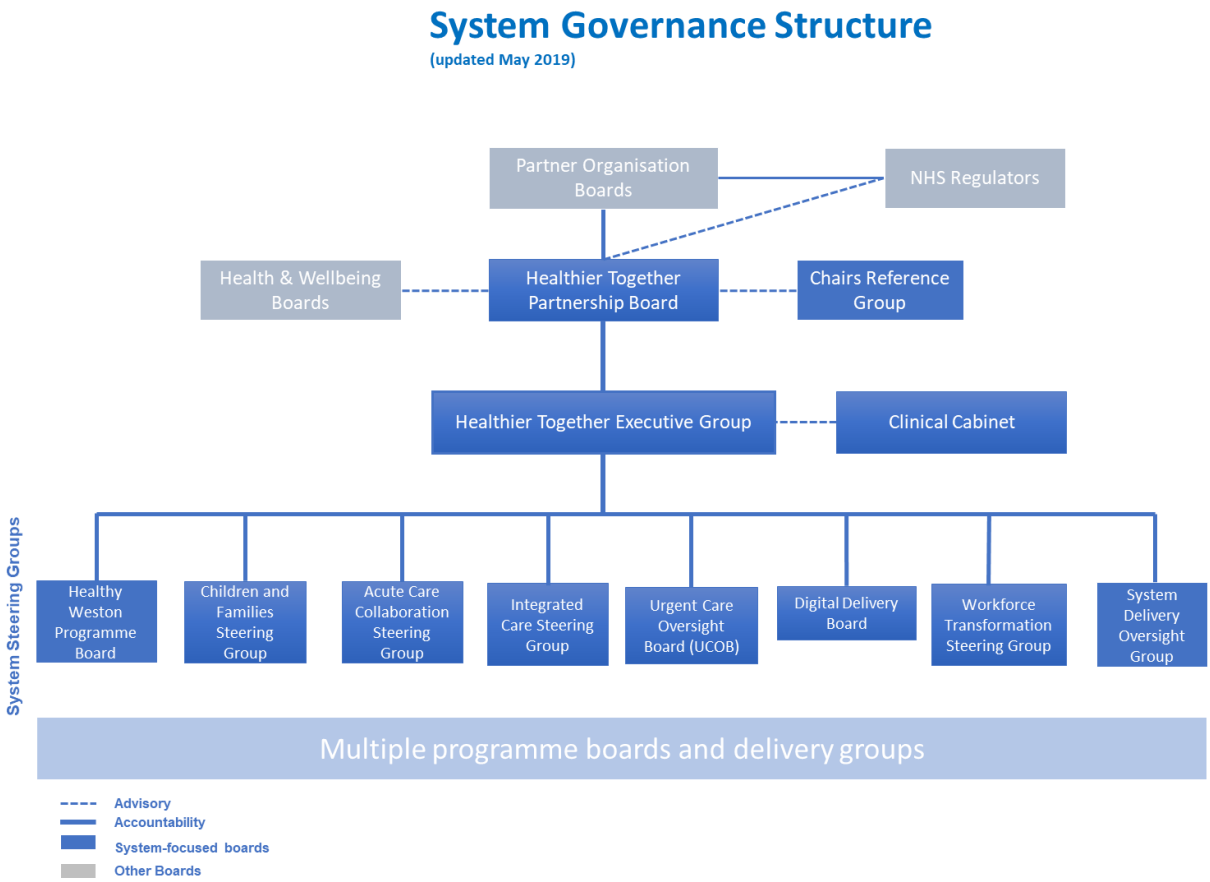
8.1 These terms of reference and the membership of the Partnership Board will be reviewed at least annually. Further reviews will be undertaken in response to any material developments or changes in the wider governance arrangements of the partnership.

9 Annex One: Members

Name	Job Title	Organisation
	DN: To be completed once signed off	

11

10 Annex Two: Governance Structure



Meeting of the Board in Public on Friday 24 May 2019 in the Conference Room, Trust Headquarters

Report Title	**Diversity and Inclusion Strategy**
Report Author	**Samantha Chapman, Head of Organisational Development**
Executive Lead	**Matt Joint, Director of People**

1. Report Summary

The Trust Board are asked to receive the Workforce Diversity and Inclusion Strategy (2020-2025). The strategy is a culmination of extensive stakeholder work conducted over the last three months in partnership with the National Workforce Race Equality team and brings together a coherent work programme for the next 5 years.

2. Key points to note
(Including decisions taken)

The strategy has been endorsed by the National Workforce Race Equality team who will continue to work in partnership with the Trust and support further developments of the work programme for the duration of the life of the strategy.

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

The risks associated with this report include:

- **285:** Risk of non-compliance with the Public Sector Equality Duties and equalities legislation resulting in reputational damage and potential legal action

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

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

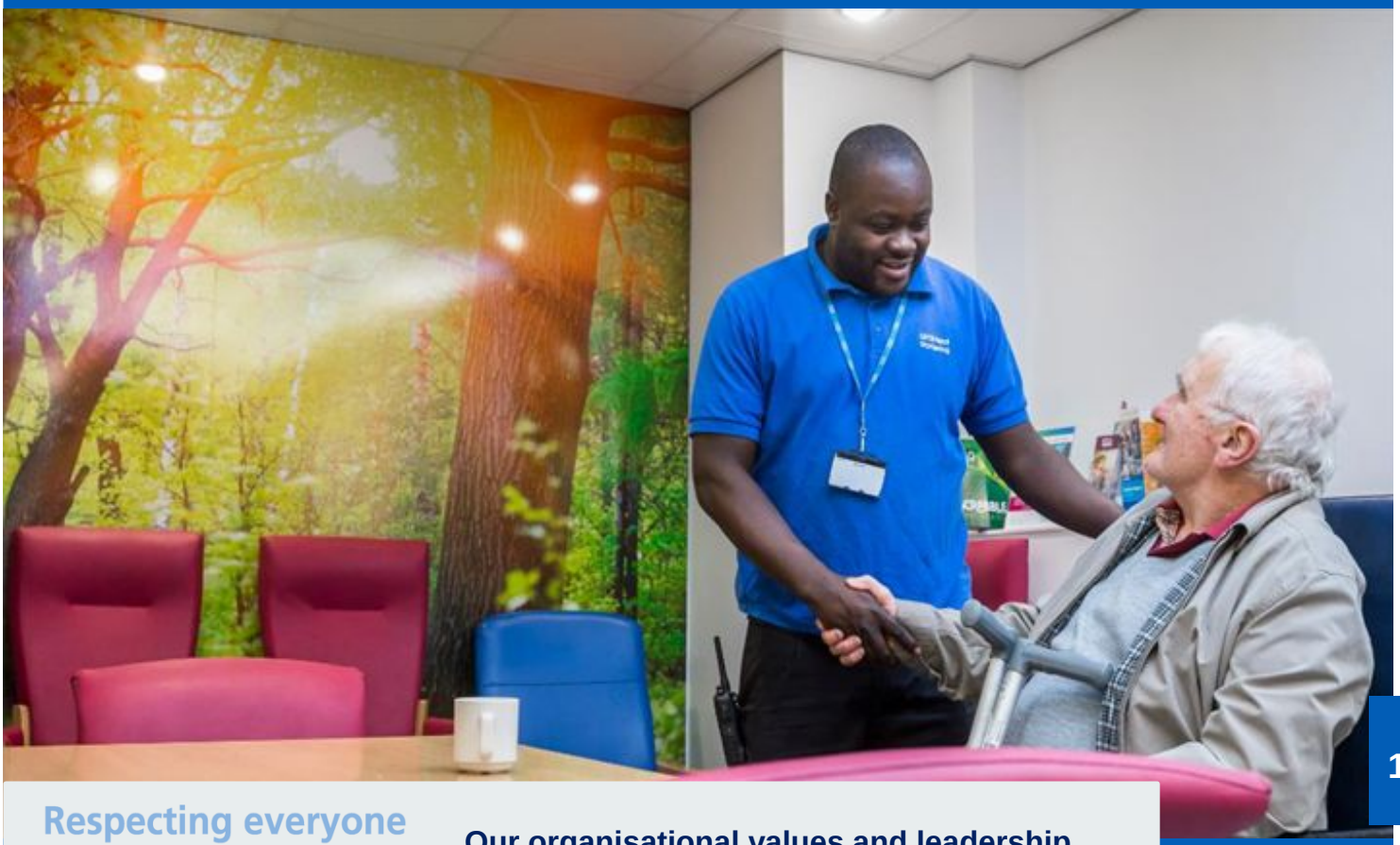
5. History of the paper
Please include details of where paper has previously been received.

[Name of Committee/Group/Board]	*[Insert Date paper was received]*
People Management Group	12th April 2019
Senior Leadership Team	17th April 2019
People Committee	26th April

NHS
University Hospitals Bristol
NHS Foundation Trust

Our Workforce Diversity and Inclusion Strategy 2020 – 2025

Committed to inclusion in everything we do



Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

Our organisational values and leadership behaviours underpin our commitment to inclusion; we value all views in shaping our staff and patient experience

Foreword from Robert Woolley, chief executive

There is a great deal to be proud of at University Hospitals Bristol NHS Foundation Trust, not least the exceptional care and compassion shown by everyone who works here, as recognised by patients, relatives and regulators alike.

We employ about 10,000 people in the Trust, of whom almost eight in ten are women, 1,394 are from a black or minority ethnic background, nearly 300 have a declared disability and 275 identify as lesbian, gay, bisexual, transgender or questioning (LGBTQ)*.

I believe these are differences to be celebrated and that the Trust is enriched by all these diverse experiences.

But we need to acknowledge that these numbers do not reflect the make-up of the community we serve. It's also true that many staff do not think the Trust is the fair and just organisation it really ought to be.

The levels of bullying and harassment reported through the staff survey are a matter for grave concern. Our race equalities data indicate many disadvantages faced by those staff who come from a BME background.

'Respecting everyone' is one of the core values which we adopted at the suggestion of staff back in 2010. Nine years later, we still have a lot to do.

That is why I commend our new Diversity and Inclusion Strategy to you, as a sign of the Trust Board's complete commitment to the principle of inclusion.

I particularly commend this strategy to those of you who have leadership responsibilities, because it is you I am asking to think about the goals outlined here and to consider how you will play your part in achieving them.

Together, let's create a working environment that is fair and just for every individual at UH Bristol. Achieving that would be something to be very proud of.

With best wishes,

Robert Woolley, chief executive

* Data as at 31st March 2019

Committed to inclusion in everything we do

We will focus on four themes that we consider will have the greatest impact:

- **Accountability and assurance**
- **Leadership and cultural transformation**
- **Monitoring progress and benchmarking**
- **Positive action and practical support**

Contents

Committed to inclusion in everything we do

Where we are now

The Trust has been focusing on diversity and inclusion as an integral part of the Workforce and Organisational Development (OD) strategy for a number of years. As a public sector body the Trust has a responsibility to deliver against its public sector duties which are measured through progress against the Equality Delivery system (EDS2) supported by the Workforce Race Equality Standard (WRES).

In order to further develop the existing programme of work into an inclusive strategy we ran a multi-professional workshop with over 70 stakeholders in partnership with the national WRES team in February 2019.

In addition to the stakeholder group, the Trust would specifically like to acknowledge the following contributors to the strategy:

- **The National Workforce Race Equality Scheme (WRES) team**
- **The Diversity & Inclusion Task & Finish Group**
- **Members of the Trust Diversity and Inclusion Group**

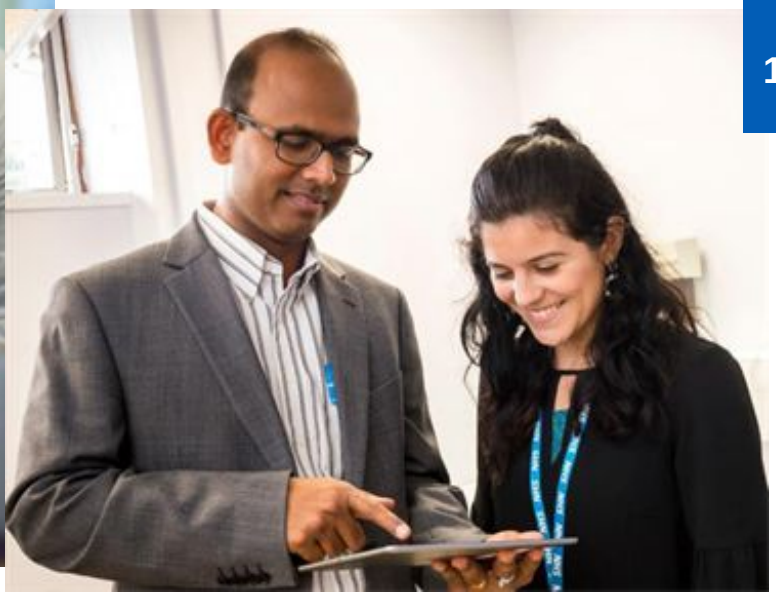
The workshop looked at a variety of data about our workforce and focused on two key questions:

1. What does the data say about our current approach to diversity and inclusion in each Division?

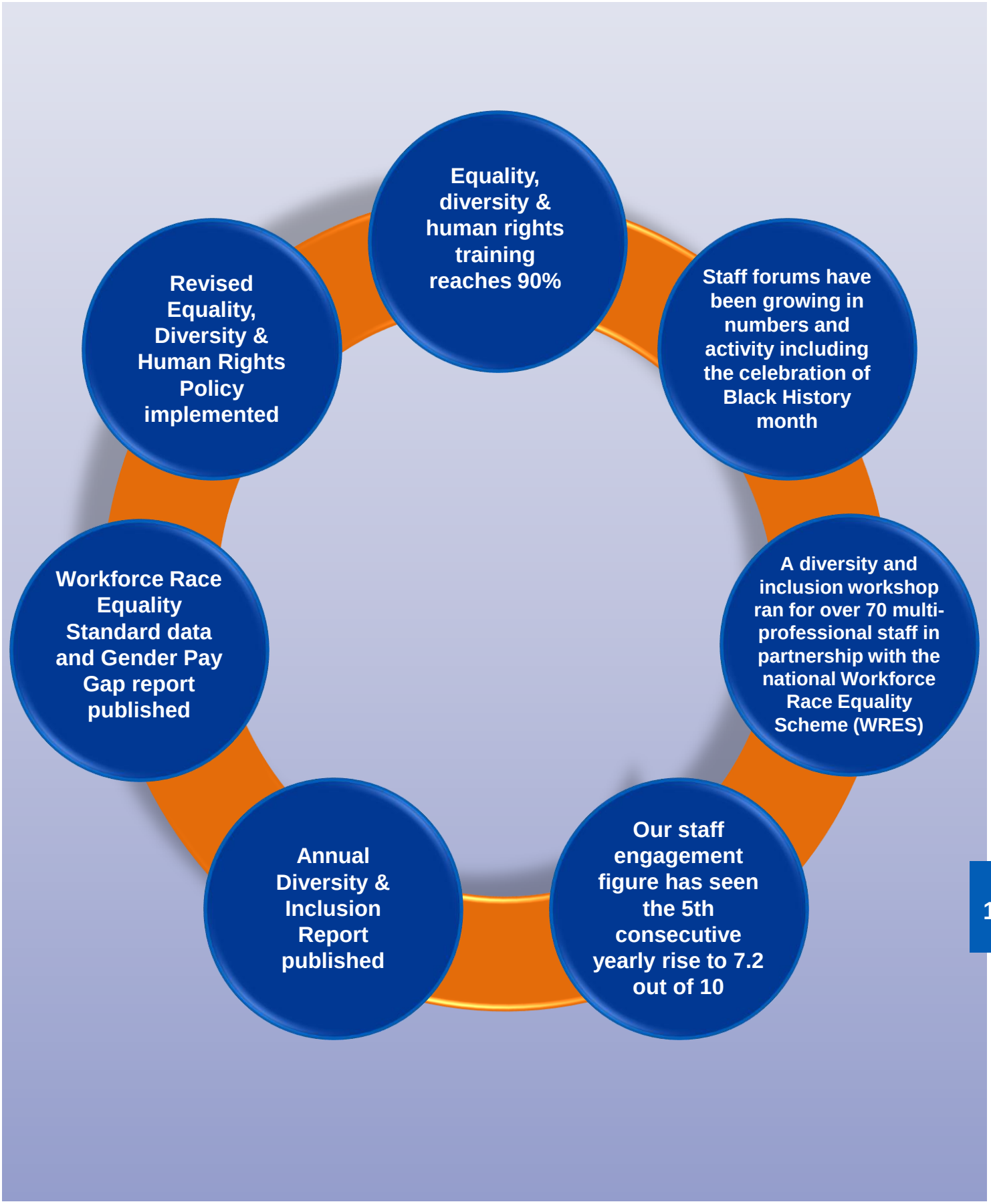
2. What actions should we take based on this information?

Using the data from this workshop and a benchmarked strategic model for diversity and inclusion the Trust developed its four strategic themes:

These themes have been used to develop the objectives in terms of where we want to be in five years, and a detailed action plan which presents the actions we are going to take in the next year to ensure we deliver against our vision of being ***committed to inclusion in everything we do.***



Our journey over the last year (2018)



Our vision

The Trust will deliver our vision of being ***'committed to inclusion in everything we do'.*** We are committed to ensuring that we implement a programme of change initiatives that realises the following benefits:

- A culture of inclusion and engagement at University Hospitals Bristol
- Valuing and empowering staff to ensure better outcomes for individuals and the organisation
- Ensuring talent is maximised in the organisation
- Our Leadership teams represent the community we serve
- An inclusive approach to development; education and promotion
- Greater innovation; as research shows that diverse teams are more likely increase organisational effectiveness

Our ambition

Leadership and cultural transformation

- As leaders we role model the values and leadership behaviours creating an environment that encourages feedback and where staff feel safe to challenge
- We are committed to inclusion in everything we do including recruitment, induction, training, appraisal and talent management
- We celebrate and value the contribution all of our staff make at all levels of the organisation

Accountability and assurance

- We encourage shared learning by openly sharing our diversity data in a meaningful way
- Our strategy is communicated at all levels reflecting our commitment to change

Positive action and practical support

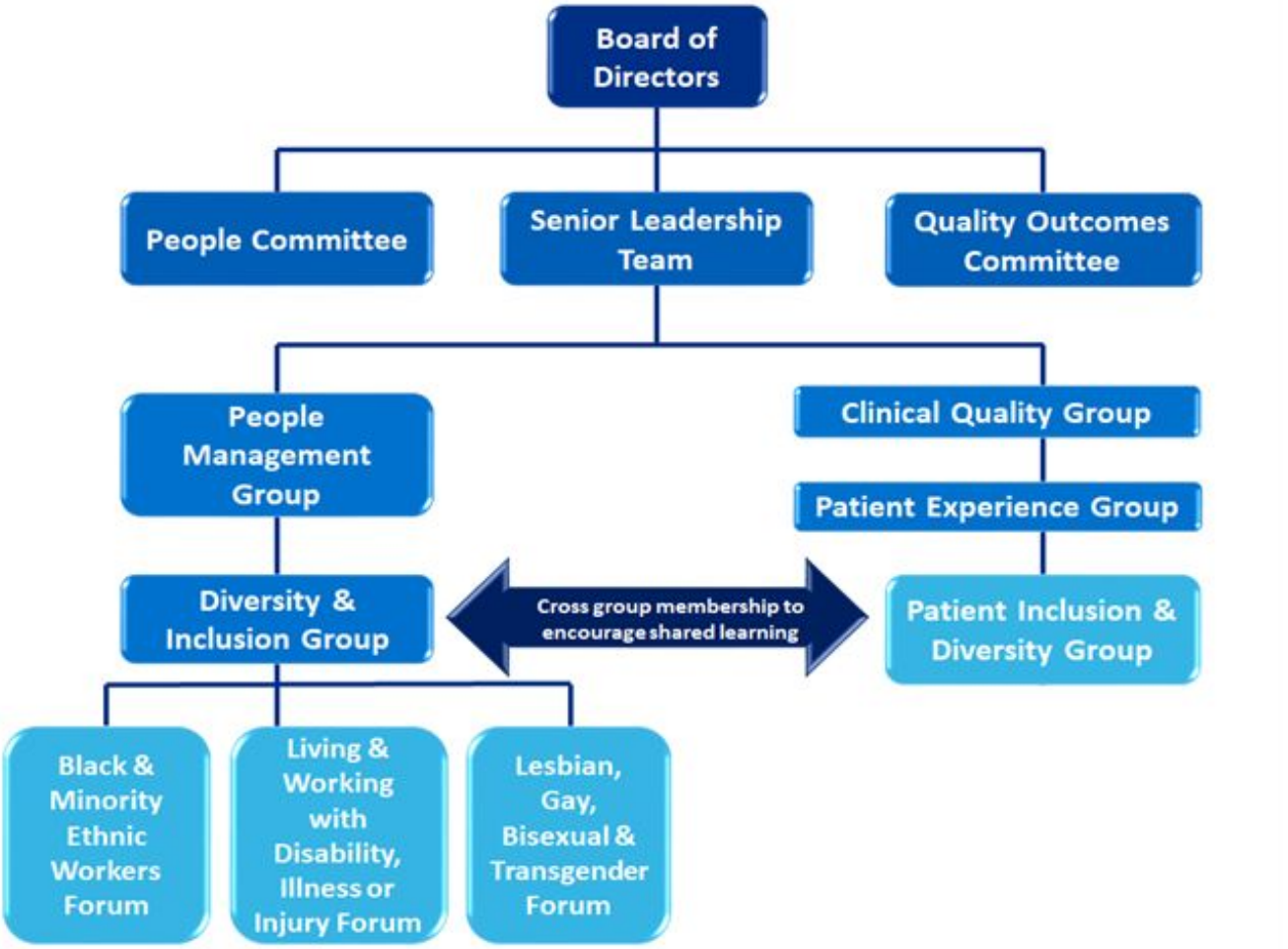
- Our Education Strategy focuses on inclusion and is a key enabler to delivering the vision supported by our Trust values
- Inclusion is integral in our people policies encouraging positive conversation and introducing informal processes where possible
- Staff networks grow to become an increased staff voice who represent our workforce and the community we serve

Monitoring progress and benchmarking

- We will be recognised as an inclusive employer committed to ensuring our workforce reflects the community it serves
- We will seek opportunities to learn from others, developing our partnerships at a regional and national level

The delivery of these ambitions over the life of this strategy will enable the Trust to significantly improve its performance against the Equality Delivery system (EDS2)

Making this happen: our governance



The governance will assure the Board that:

- **There is clear accountability and progress being made against the strategic objectives for both workforce and patient diversity and inclusion strategy plans**
- **The Trust is meeting its public sector equality duty**
- **Achieve upper quartile performance for diversity and inclusion measures as reflected in our Trust 2025 strategy**

Get involved

This strategy is **for** and **about** our staff and we are encouraging ideas and engagement at all levels. Please email Diversity&Inclusion@UHBristol.nhs.uk where you can find out more about our staff forums and share any ideas you may have about how we improve your working life and the experience of our patients and communities. We will also be updating **you** regularly at Trust and local level; so please look out for ongoing communications.

Our impact: measuring the difference

Our strategy is a commitment to a five year journey to improve diversity and inclusion for the working lives of all of our staff and the experience of our patients.

We will measure the impact of:

- Improved EDS2 performance for staff and patients within the four goals:
  - Better health outcomes for all
  - Improved patient access and experience
  - A representative and supportive workforce
  - Inclusive leadership
- Staff survey specific measures including engagement
- Training attendance data reflects the diverse workforce
- National recruitment targets
- Bespoke questionnaires and focus groups

Reported progress against objectives and impact measures will be communicated to the Board on a bi-annual basis.

An annual update against this strategy will also be provided using this as an opportunity to ensure priorities are refreshed and continue to reflect the views of our people.

Strategy plan 2020-25: year 1 plan

Robust review of the plan will be through the People Committee with a full review of year one being conducted at the end of April 2020. A year 2 plan will then be implemented, focusing on the foundation of the achievements in year 1 and informed by the Diversity and Inclusion Group and the organisational staff forums.

Strategic Priorities		Objective	Action Required	Timeline	Impact Measure	By Whom
Leadership and Cultural Transformation	**1**	**As leaders we role model the Values and Leadership behaviours creating an environment that encourages feedback and where staff feel safe to challenge**	Leadership & Management programmes to increase focus on inclusivity as a core theme	July 2019	Increased compliance figures for newly appointed and newly promoted managers Staff Survey year on year increase in: • My immediate manager values my work • My immediate manager gives me clear feedback on my work Year on year improvement with WRES indicators 6-8 (staff survey linked) Year on year improvement with WDES indicators (to be introduced in 2019) Aiming to close the equality gap for protected groups and improving the experience for all staff at the same time	Divisional Leadership Teams and Organisational Development
			Develop a cultural awareness programme for staff in partnership with University of the West of England and University of Bristol	December 2019	Staff Survey year on year increase in: • My immediate manager values my work • My immediate manager gives me clear feedback on my work Year on year improvement with WRES indicators 6-8 (staff survey linked) Year on year improvement with WDES indicators (to be introduced in 2019) Aiming to close the equality gap for protected groups and improving the experience for all staff at the same time. Improved year on year EDS2 patient facing indicators: • Improved patient access and experience • Better health outcomes for all	Organisational Development and Education, supported by Divisional Leadership Teams
	2	**We are committed to inclusion in everything we do including Recruitment, Induction, Training, Appraisal and Talent Management**	Agree our approach to inclusive Talent Management ensuring this complements the career pathway work in the education strategy.	July 2019	Staff Survey year on year increase in: • Percentage of staff believing that the Trust provides equal opportunity for career progression and promotion Clear reporting of data across all bands and professions	Organisational Development and Education, supported by Divisional Leadership Teams
			We will ensure our appraisal framework includes a Diversity and Inclusion objective so every leader is able to demonstrate their commitment to diversity, inclusion and fairness.	October 2019	Year on year increase with appraisal quality as measured through the staff survey Aiming to close the equality gap for protected groups and improving the experience for all staff at the same time	Divisional Leadership Teams and Organisational Development
	3	**We celebrate and value the contribution all of our staff make at all levels of the organisation**	Review existing recognition schemes to ensure there is an inclusive approach from the nominations process to the panel	June 2019	Measured by a year on year increase in awards representing our diverse workforce	Divisional Leadership Teams and Organisational Development
			We continue to share staff stories at Board and work to develop a series of staff story videos to promote the experiences of our diverse workforce	October 2019	Year on year improvement with staff engagement as measured by the staff survey Year on year improvement with WRES indicators 6-8 (staff survey linked) Year on year improvement with WDES indicators (to be introduced in 2019) Aiming to close the equality gap for protected groups and improving the experience for all staff at the same time	Organisational Development/ Communications Team
			Increase the reverse mentoring scheme and extend this to over 20 leaders	December 2019	Year on year improvement with staff engagement as measured by the staff survey Year on year improvement with WRES indicators 6-8 (staff survey linked) Year on year improvement with WDES indicators (to be introduced in 2019) Aiming to close the equality gap for protected groups and improving the experience for all staff at the same time	Organisational Development supported by Divisional Leadership Teams
			Introduce a 'Lift to Climb' scheme for senior diverse staff to mentor	March 2020	Year on year improvement with staff engagement as measured by the staff survey Year on year improvement with WRES indicators 6-8 (staff survey linked) Year on year improvement with WDES indicators (to be introduced in 2019) This will support the Talent management approach (objective 2)	Organisational Development supported by Divisional Leadership Teams

Strategic Priorities		Objective	Action Required	Timeline	Impact Measure	By Whom
Accountability and Assurance	**4**	**We encourage shared learning by openly sharing our diversity data in a meaningful way**	Build on existing Diversity and Inclusion data to develop a data set that increases awareness of activity and progress from both the workforce data and patient activity.	September 2019	Year on year improvement with data measures (to be defined). This will include: • WRES • WDES • Gender Pay Gap Improved year on year EDS2 patient facing indicators: • Improved patient access and experience • Better health outcomes for all	Organisational Development / Communications Team and supported by Divisional Leadership Teams
			We will review our governance for Diversity and Inclusion to ensure appropriate cross division and professional representation is in place	September 2019	Effective delivery of the strategic plan by ensuring robust governance is in place. Year on year improvement with data measures (to be defined). This will include: • WRES • WDES • Gender Pay Gap Improved year on year EDS2 patient facing indicators: • Improved patient access and experience Better health outcomes for all	Director of People
	5	**Our Strategy is communicated at all levels reflecting our commitment to change**	Develop a robust communications plan for 2019/20 for Diversity and Inclusion ensuring this is embedded in all of our practices and interactions with staff, public and patients	June 2019	Increased focus on inclusivity through our Communication channels including Voices, Newsbeat and leaflets All communications focusing on delivering the vision 'committed to inclusion in everything we do'	Organisational Development/ Communications Team

Strategic Priorities		Objective	Action Required	Timeline	Impact Measure	By Whom
Positive Action and Practical Support	**6**	**Our Education Strategy focuses on inclusion and is a key enabler to delivering the vision supported by our Trust values**	Provide inclusive education that nurtures staff motivation and aspirational career development and values the individual and the teams that work together	As detailed in the education strategy	Increased year on year attendance on National Leadership Academy programmes including 'stepping up' Working with the National WRES team on the future development of leadership programmes Diversity and Inclusion attendance figures to be reported as part of the data set (objective 4) and this increases year on year	Education and Divisional Leadership Teams
	7	**Inclusion is integral in our people policies encouraging positive conversation and introducing informal processes where possible**	We will conduct a full review of our people policies and align these to the communication framework to ensure a consistent message and approach to inclusion. Ensure we continue to offer to Investigating Officers training to all managers using our HR related policies	March 2020	Reviewing exit data for diverse groups to gain insight into reasons for leaving/how they perceive they were treated while at the Trust with an anticipated year on year improvement Year on year reduction in the disproportionate number of BAME staff involved in: • Disciplinary and Grievance • Bullying and Harassment Aiming to close the equality gap for protected groups and improving the experience for all staff at the same time	Human Resources
	8	**Staff forums grow to become an increased staff voice who represent our workforce and the community we serve**	Ensure staff Forums have a programme of work that can be celebrated at the annual staff network event and engages further recruitment to the group	May 2019	Increased staff forum members Celebration of achievement from our diverse workforce	Forum Chairs and members supported by Divisional Leadership Teams

Strategic Priorities		Objective	Action Required	Timeline	Impact Measure	By Whom
Monitoring Progress and Benchmarking	**9**	**We will be recognised as an inclusive employer committed to ensuring our workforce reflects the community it serves**	Ensure all recruitment processes are reviewed to ensure an inclusive approach from application to appointment. This will include reviewing: • Job description and person specifications • Advertising • Shortlisting processes • Recruitment processes for Board appointments • Panel composition • Interview questions • Feedback panels • Recruiting managers training • School liaison/career events	December 2019	Working towards the delivery of the National targets for recruitment in 2020 Working within the guidance of the Model Employer 2028 which includes targets for increased leadership representation within protected group. Commitment to balanced shortlisting.	Recruitment
	10	**We will seek opportunities to learn from others, developing our partnerships at a regional and national level**	We will work in partnership with the Bristol Manifesto and other partners across the city to share learning and best practice	Bi-monthly meetings	Working with partners across the City to Implement the city wide plan focusing on four ambitions for Bristol. A city where: • Everyone benefits from the city's success and no-one is left behind • People have access to decent jobs • Services and opportunities are accessible • Life chances and health are not determined by wealth and background	Organisational Development supported by Divisional Leadership Teams
			Actively work with external education providers to establish shared governance and enhanced partnership working	As detailed in the education strategy	Implementation of new models of working with local universities and colleges supported by the work of Bristol, North Somerset & South Gloucestershire (BNSSG) as detailed in the Education Strategy Staff Survey year on year increase in: Percentage of staff believing that the Trust provides equal opportunity for career progression and promotion	Education supported by Divisional Leadership Teams

"Respecting everyone is a key Trust value and is essential in the behaviours of all staff. The principles of fairness, equality and celebrating differences are essential to a high performing organisation, particularly in a city like Bristol, which has a hugely diverse population.

With limited resources available due to the current financial climate, it is important to recognise that embracing diversity will add value to the organisation beyond the requirement for legal compliance.

Robert and I are totally committed to realising the aspirations in this strategy, with necessary plans and governance processes in place to ensure process is measured and achieved for the benefit of our staff and patients".

- Jeff Farrar, Trust Chairman

Committed to inclusion in everything we do

University Hospitals Bristol
NHS Foundation Trust

Our Workforce Diversity and Inclusion Strategy 2020 – 2025

Committed to inclusion in everything we do

Meeting of the Board in Public on Friday 24 May 2019 in the Conference Room, Trust Headquarters

Report Title	**Research and Innovation Strategy**
Report Author	**David Wynick**
Executive Lead	**William Oldfield, Medical Director**

1. Report Summary

The Research and Innovation Strategy is provided for approval by the Board. The strategy has been refreshed and updated for 2020-25, in line with the Trust's Strategy for the same period.

2. Key points to note
(Including decisions taken)

The review process to develop this version of the strategy included input from members of Trust Research Group (subgroup of SLT), Divisional Research Leads and other key stakeholders within our partners and hosted functions in the region.

The strategy has been updated to reflect the changing landscape within which health services research sits. Its four main themes / workstreams continue into this version and are fit for purpose, representing the major areas for research focus and endeavour at UH Bristol and collaboration with our partners.

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.

Senior Leadership Team	17 April 2019 (approved)

University Hospitals Bristol NHS
NHS Foundation Trust

EMBRACING CHANGE, PROUD TO CARE
OUR 2025 STRATEGY

RESEARCH & INNOVATION STRATEGY
2020-2025

13

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

1. MISSION AND VISION

Our Mission and Vision – Link to Core/Enabling Strategy

Research & Innovation

Our Mission To undertake world-class translational and applied health services research and innovation in collaboration with our regional partners, that generates significant health gain and improvements in the delivery of our clinical services and increases the participation of patients and staff in research

Our Vision : To improve patient health through our excellence in world-class translational and applied health services research and our culture of innovation

The delivery of our Mission and Vision is underpinned by our values, which provide the principles of how we behave as individual members of staff and as an organisation.

Our Values are

- Respecting everyone
- Embracing change
- Recognising success
- Working together

2. BACKGROUND and CHANGING ENVIRONMENT

Background and our achievements over the last 5 years

2.1 National context

2.1.1 The way applied health services and translational research is funded in NHS trusts and universities in the UK has radically changed over the last twelve years. The previous Government's research strategy, Best Research for Best Health (BRfBH), was launched in January 2006 with the goal of securing and encouraging the pursuit of clinical (defined as near-patient and near-service) research. The strategy explicitly identified health services research and clinical trials as priorities, since they offer the prospect of a more immediate impact on clinical care, and culminated in the establishment of The National Institute for Health Research (NIHR). In essence, BRfBH changed Department of Health funded research from being a supportive funding stream (which covered mainly the NHS costs of hosting externally funded non- commercial activity and provided for some 'own account' research), to a directed and commissioned research programme with an explicit emphasis on research excellence. These commissioned and response-mode research funding streams are coordinated and managed by the NIHR Central Commissioning Facility (CCF) and the NIHR Evaluation, Trials and Studies Coordinating Centre (NETSCC). The NIHR has also managed a series of infrastructure initiatives that include awarding a number of trust and university partnerships with additional funding for Biomedical Research Centres and Units and Collaborations for Leadership in Applied Health Research and Care (CLAHRCs). The NIHR Trainees Coordinating Centre manages a series of progressive fellowships, aiming to develop research careers and increase research capacity in the NHS.

2.1.2 As part of the changes to the way research funds are distributed by the NIHR, the previous Culyer block grant has ceased and trusts are now funded on the basis of the quality and volume of the research they actually undertake. To facilitate the transparent distribution of funds to underpin clinical research in NHS trusts, and to stop research funds being used to subsidise direct clinical service provision in a trust, the NIHR has established 15 Clinical Research Networks (CRNs) that provide comprehensive coverage of the whole of England, and there are similar systems in the devolved nations.

2.1.3 In parallel, the government's *Innovation, Health and Wealth* report of 2011 issued three challenges to the NHS:

- Improve the implementation of proven good practice and innovation
- Become better at generating research, enrolling patients and putting research into practice
- Work more effectively with industry to benefit patients and the economy

2.1.4 To meet these challenges 15 Academic Health Science Networks (AHSNs) across England were established in 2013, and relicensed in 2018, with the aim of bringing together local NHS, university and industry partners to accelerate the spread of innovative, evidence-based care to improve health and care quality.

2.1.5 Most recently, Sir John Bell published the Life Sciences Industrial Strategy in August 2017 followed by the Government's response in December 2017 entitled "Industrial Strategy: Life Sciences Sector Deal", which aims to: (a) continue to expand the support for the science base, maintaining strength and international competitiveness; (b) produce an environment that encourages companies to start and grow, building on strengths across the UK, including expansion of manufacturing in the sector; (c) facilitate and stimulate NHS and industry collaboration, facilitating better care for patients through better adoption of innovative treatments and technologies; (d) make the best use of data and digital tools to support research and better patient care and (e) ensure that the sector has access to a pool of talented people to support its aims through a strong skills strategy. Innovate UK will deliver the challenge on behalf of UK Research and Innovation, with input from the Office for Life Sciences

2.1.6 All of the above changes in funding have encouraged and facilitated academics and NHS researchers to work closely together in larger multi-disciplinary teams. This integration and the focus on translational and applied health services research has attracted additional infrastructural and programme grant funding and has also highlighted the need to promote the clinical research skill base in professions other than medicine. A number of recent initiatives reflect efforts by funding bodies to ensure opportunities are provided to prepare both medical and non-medical professionals to undertake and lead research, often in previously under researched and neglected areas of significant NHS activity.

2.2 Local Context

2.2.1 The response by the Bristol healthcare research community over the last ten years to the above changes in the national applied health services and biomedical research agenda has been transformational. University Hospitals Bristol (UH Bristol) worked with its partner universities, NHS trusts and City Council in the region to form a novel collaboration called the Bristol Research and Innovation Group for Health (BRIG-H); this has since developed into Bristol Health Partners (BHP) which was formally launched in May 2012. The aims of BHP are to generate significant health gain and improvements in service delivery in and around Bristol by integrating, promoting and developing local strengths in health services, research, innovation and education. The way BHP is delivering these aims is to form Health Integration Teams (HITs). HITs include commissioners, public health and NHS specialists working with world-class

applied health scientists and members of the public to develop NHS-relevant research programs and drive service developments to improve health, well-being and healthcare delivery. Patient and public involvement (PPI) are essential to all aspects of HIT structure and function and that the methodologies used must include evaluation. Each HIT is sponsored by one of the partner organisations to ensure commitment to removing barriers and bottlenecks to change. There are currently 20 approved HITs with more in development.

2.2.2 The strengths of BHP and its HITs directly led onto the award of the NIHR Collaboration for Leadership in Applied Health Research and Care for the West of England (CLAHRC West) in 2014 that is focused on research targeted at chronic diseases and public health interventions. CLAHRC West has substantially increased the scale and pace of research into practice and implementation of the novel applied health research findings that the HITs generate. This in turn has strengthened our strategic relationships with a broader group of organisations covering a wider geographical area, providing an implementation and an applied research structure to further our collective aims.

2.2.3 The research and implementation themes of BHP and CLAHRC West dovetail with the stated aims and objectives of the West of England AHSN (WEAHSN) and the Bristol, North Somerset and South Gloucester (BNSSG) Sustainability and Transformation Partnership (STP), called Healthier Together, articulating the need for robust research to inform and accelerate the adoption and diffusion of evidence of best care. All of these organisations/partnerships are committed to active dialogue and reciprocal communication, seeing research and implementation as symbiotic. Research (through, for example, BHP and CLAHRC West HITs) is needed to establish robust evidence. Evidence will be used by the HITs, WEAHSN and STP, accompanied by evaluation to ensure that service/public health developments and changes bring the desired benefits to public health and patient outcomes - or to inform understandings about barriers and how interventions or methods of implementation can be improved. BHP, CLAHRC West, WEAHSN and the BNSSG STP are working very closely together to facilitate these developments, and encourage the development of more and broader HITs, host 'Implementation showcases', award implementation internships and fellowships, and initiate other similar events and developments. They have produced a joint strategy for PPI, through People in Health West of England (PHWE), and are jointly supporting capacity building to increase research, evaluation and implementation literacy and skills in the NHS and academic workforce. There will be other joint functions, such as a common approach to showcasing work and engagement with stakeholders; a partnership approach to Health Education South West, workforce and continuing professional development and a joint approach to working with NHS England and strategic clinical and operational networks.

2.2.4 The above research and implementation workstreams are facilitated and further

strengthened by the NIHR West of England CRN, hosted by UH Bristol. The CRN allocates funds to hospitals and GP surgeries to pay for research nurses, scans, X-rays and other costs associated with delivering clinical research in the NHS. The network also provides a focus for collaborative working involving GPs, mental health practitioners and secondary care clinicians in research and service improvement for people with dementia, neurodegenerative diseases or mental health problems. In addition, the Network helps to increase the opportunities for patients to take part in clinical research, ensures that studies are carried out efficiently, and supports the Government's Strategy for UK Life Sciences by improving the environment for commercial contract clinical research in the NHS. Recent developments enable the CRN to also support research in non-NHS settings (public health and social care research). This allows research to occur across patient care pathways but could also provide opportunities for hospitals to focus on wellness (for example by reducing lifestyle risk factors for patients and staff) as well as illness.

2.2.5 Taken together, these and other collaborative and cross-organisational activities have contributed to a very significant increase in the number of successful NIHR infrastructure grants that include the award of the NIHR CLAHRC West in 2014, the NIHR Bristol Biomedical Research Centre in 2017, the renewed registration of the two UKCRC-registered Clinical Trials Units – the Bristol Randomised Trials Collaboration (BRTC) and the Clinical Trials and Evaluation Unit (CTEU) – and their recent combination to form a single Bristol Trials Centre (BTC), and the Royal College of Surgeons-funded Bristol Surgical Trials Centre. These awards and the successful bid to host the West of England CRN have further cemented the role played by UH Bristol as the regional specialist hospital that is recognised for the excellence of its clinical services, the international standing of its research portfolio, the skills and dedication of its staff, and the quality of its teaching and learning.

2.3 Organisation of Research & Innovation

2.3.1 Research & Innovation comprises a core team, with research and delivery staff located within clinical divisions. Alongside these, the Trust hosts the following National Institute for Health Research (NIHR) infrastructures.

2.3.2 **NIHR CRN West of England** (hosted by UH Bristol) is one of 15 Local CRNs (LCRNs) that, starting on 1 April 2014, have been awarded five-year contracts from the Department of Health, to act as the NIHR Clinical Research Network's (CRN) local branches. This hosting arrangement has now been extended to 2022. CRNs operate across England through a national Coordinating Centre and local branches, and provide funding to hospitals and surgeries to pay for research nurses, scans, x-rays and other costs associated with delivering clinical research in the NHS. The Network helps to increase the opportunities for patients to take part in clinical research, ensures that studies are carried out efficiently, and supports the Government's Strategy for UK Life Sciences by improving the

environment for commercial contract clinical research in the NHS. Most recently, the CRN has widened its remit to specifically promote opportunities for research collaborations by working across primary and secondary care and public health and social care. The LCRNs take responsibility for performing the remit of the NIHR CRN at local level and, collectively, distribute £280 million of NIHR/year, to support the delivery of clinical research studies in their area.

2.3.3 **NIHR Biomedical Research Centre** (hosted by UH Bristol) is a partnership between UH Bristol and the University of Bristol. The BRC conducts innovative translational medical science research to drive through improvements in health and healthcare and encourage closer working with industry. The NIHR Bristol BRC brings together existing research excellence in Cardiovascular Research, Nutrition, Mental Health, Perinatal and Reproductive Health and Surgical Innovation. The Research Themes are underpinned by Cross cutting Themes in Translational Population Science and Biostatistics, Evidence Synthesis and Informatics.

2.3.4 **NIHR CLAHRC West** (hosted by UH Bristol) builds directly on the strong track record of collaborative working between the Universities, NHS organisations, providers of NHS services, local authorities, local commissioners, the life science industry, other NIHR- funded infrastructure, AHSNs and patients and the public. These groups have collectively formed BHP and its HITs, and CLAHRC West has substantially increased the scale and pace of research into practice and implementation of the novel applied health research findings that the HITs generate.

2.4 Our Current Position

2.4.1 Consistent with the very substantial increase in the breadth and depth of research undertaken at UH Bristol and across BHP, an extensive portfolio of research projects and trials have already resulted in findings and outcomes that been implemented into routine clinical care that is provided across the City. Examples (see appendix 1 for case histories) span neonatal care through paediatrics and into care for the elderly and encompass the vast majority of the clinical disciplines.

2.4.2 Whilst the above successes emphasise the advantages of a strategic approach in the way research and innovation at UH Bristol is undertaken, supported and monitored, we cannot afford to become complacent nor should we stop striving for even greater success and on a larger scale. The calls for NIHR CLAHRC (now renamed Applied Research Centres, ARC) and Biomedical Research Centres, in 2018 and 2021 respectively, require the Trust to further build capacity to allow it to submit optimised bids for these large infrastructure awards and to also bid for an NIHR Clinical Research Facility (CRF) in 2021.

2.5 The Case for Change

2.5.1 Of note, the 2018 announcement by the NIHR that they will be reducing Research Capability Funding (RCF, a quality-driven funding stream to trusts allocated annually in proportion to the total amount of NIHR income received by that organisation) by 60% over the next 5-years will inevitably reduce the Trust's ability to pump-prime and support new researchers and nascent research programmes, mitigated in part by other funding streams.

2.5.2 An update to the UH Bristol research and innovation strategy is therefore timely and emphasises the importance of continuing to focus on and foster those areas of translational and applied health services research and innovation where we are, or have the potential to be, world-leading (Aim 1). In parallel, we must train, mentor and support research-active staff to deliver high quality translational and applied health services research of direct patient benefit (Aim 2). These activities will continue to develop a culture across UH Bristol in which research and innovation are embedded in routine clinical services leading to improvements in patient care (Aim 3). Lastly, we will work with our regional partners (principally BHP, CLAHRC West, the West of England AHSN, West of England CRN and BNSSG STP) to strategically and operationally align our research and clinical strengths and support the delivery aims of BHP Health Integration Teams (Aim 4). SWOT and PESTLE analyses to support this strategy are attached as appendices.

3 Process for the development of the strategy

Outline of process to develop strategy and engagement undertaken

Engagement Development

This strategy has been informed through a review of the current strategy, which has been in place since 2014. The strategy has been tested through use over the last 10 years, and revision of this updated strategy was carried out in consultation with:

Internal

- Research Leads
- Clinical Chairs
- Divisional Directors
- Trust Research Group

External

- NIHR Biomedical Research Centre
- NIHR Local Clinical Research Network
- NIHR Collaboration for Leadership in Applied Health Research and Care
- Bristol Health Partners
- Academic Health Science Network
- CCGs
- North Bristol NHS Trust
- Avon and Wiltshire Mental Health Partnership NHS Trust
- University of Bristol
- University of the West of England

4 Strategic Priorities and Objectives for the R&I Strategy

The Key Strategic Priorities and Objectives

TRUST PRIORITIES FOR RESEARCH
• We will focus on and foster those areas of translational and applied health services research and innovation where we are, or have the potential to be, world-leading.
• We will train, mentor and support research-active staff to deliver high quality translational and applied health services research of direct patient benefit.
• We will develop a culture in which research and innovation are embedded in routine clinical services leading to improvements in patient care
• We will work with our regional partners to strategically and operationally align our research and clinical strengths and support the delivery aims of BHP Health Integration Teams.
OUR ENABLERS FOR RESEARCH
• Provision of time, resources, equipment and facilities to deliver high quality research.
• Skilled support to develop grant applications, and to navigate regulatory and approval processes for delivery of research
• Effective partnerships to ensure efficient and seamless working
• Consolidation, alignment and prioritisation of research infrastructure and investment across partners
• Divisional understanding of the role of research and innovation in high quality care.
• Patient and public involvement for all clinical studies.
• Identification and support of emerging talent, and provision of academic mentorship.

5 Key Strategic Initiatives

Research Strategic Initiatives

Focus on and foster those areas of translational and applied health services research and innovation where we are, or have the potential to be, world-leading	Train, mentor and support research-active staff to deliver high quality translational and applied health services research of direct patient benefit.
1. Continue to work with our regional academic partners to build critical mass in world-class translational and applied health services research. 2. Provide protected time for research 3. Provide skilled support for grant applications; navigation of regulatory and approval processes and delivery of studies, including where these span different organisations and sectors.	1. Provide state-of-the-art clinical research facilities and infrastructure, and enable access to them. 2. Increase participation in NIHR portfolio clinical studies 3. Identify emerging talent and provide academic mentorship. 4. Promote and develop patient/public involvement for all clinical studies
Develop and maintain culture in which research and innovation are embedded in routine clinical services leading to improvements in patient care.	**Work with our regional partners to strategically and operationally align our research and clinical strengths and support the delivery aims of BHP Health Integration Teams.**
1. Provide Divisions with appropriate financial resources to deliver research and support the implementation of best research evidence for optimal clinical care. 2. Continue to increase Divisional understanding of the role of research and innovation in high quality clinical care.	1. Continue to generate critical mass by aligning our research infrastructure and investment priorities across the partnerships 2. Maximise external funding for research and innovation 3. Establish agreements with our regional partners to ensure efficient and seamless working, maximising research productivity and income, and removing bottlenecks and delays at project start-up and during delivery of research projects.

OUR ENABLERS

Provision of time, resources, equipment and facilities to deliver high quality research that is relevant to the NHS

Facilities

- Work towards bidding for a NIHR Clinical Research Facility in 2021
- Work with regional partners to develop shared research facilities and infrastructure and scope out the establishment of an early stage trials unit to facilitate translational phase I and IIa proof-of-concept clinical studies and complement the work of the Bristol BRC.

Funding opportunities and awards

- Strategic approach across all partners to identifying and bidding for funding opportunities
- R&I (including finance) core infrastructure to support funding bids and management of awards
- Conduct joint horizon scanning for funding opportunities and disseminate resulting information across our regional partners.
- Ensure large strategic grant applications involving our regional partners are assessed and modelled for impact on Trust RCF and HEI QR funding.
- Implement internal funding calls available to all Trust staff, for small grants and dedicated research time using Research Capability Funding and other available funds (e.g. local charities) in order to generate the evidence for new research proposals.

Commercial opportunities

- Ensure commercial partnerships are proactively identified, encouraged and flagged to appropriate research active staff. Market UH Bristol staff and facilities to commercial partners.
- Ensure commercial studies that are undertaken fit the research priorities and strengths within UH Bristol and contribute funds to increase capacity for further research.
- Increase the revenue from commercialisation and innovation by better and more effective collaborative working with our regional partners.
- Ensure transparent revenue allocation of income from commercial studies and intellectual property exploitation.

Research infrastructure

- Identify ways of maximally protecting existing research infrastructure from reducing budgets by identifying new funding streams and reviewing staffing structures
- Support divisional staff to make the case for research and associated infrastructure
- Identify suitable studies and oversee the NIHR portfolio to ensure resources are appropriately deployed to support research so we can increase participation in NIHR portfolio clinical studies
- Ensure divisions are aware of the research funding within their hospitals and that it is managed effectively to deliver research through divisional research structures and with matrix management from the core R&I team
- Undertake a transparent annual review of all research and researchers at UH Bristol to comprehensively identify areas of current research activity and infrastructure and ensure funds are optimally placed to maximise delivery of research
- Develop trust-wide structures for the optimal delivery of clinical studies. This will include: divisional research units and a trained and appropriately managed research workforce.
- Make explicit and transparent the allocation of research funding to each Division, based

on activity and strategic priorities.
- Ensure R&I works with Divisions to ensure appropriate spend of research monies.

Time
- Where possible, fund research time within job plans (through RCF whilst it allows), and ensure we support divisions to recognise research in job plans (through CRN delivery funds)
- Ensure that recruitment of patients into appropriate NIHR portfolio studies forms part of the core job descriptions for all research active staff.
- Provide research training appropriate to the level of research activity.

Support
- Work with regional partners to ensure sufficient methodological input to developing, submitting, running and disseminating clinical research.

Finance
- Develop best practice in costing all elements of research, including treatment costs and excess-treatment costs.
- Work with Divisions and Commissioners to identify excess treatment costs associated with research and how these can be met.

Implementation
- Ensure robust research generated by HITs and regional and national partners informs and accelerates the implementation, adoption and diffusion of evidence of best care.
- Actively work with our regional partners to foster the embedding, implementation and evaluation of research and research evidence into clinical care across the region.
- Ensure alignment with the Trust Innovation and Improvement Framework and QI approaches.

Skilled support to develop grant applications, and to navigate regulatory and approval processes for delivery of research

- Provide skilled support to assist researchers to:
    - Identify all resources required to deliver research. For example: all direct research costs, support costs, excess treatment costs, appropriate access to support departments, staff, and sites.
    - Help secure all necessary research approvals and ensure compliance with relevant regulations and statutory instruments.
- Provide appropriate facilitation and performance management of individuals who receive pump priming and small grant funds.
- Ensure a culture of sharing information and intelligence (e.g. master-classes, workshops, one-to-one mentoring and grant reviews) between applicants and previously successful researchers
- Provide access to complex methodological support for writing grant applications and research protocols e.g. Research Design Service and methodologists in the CLAHRC/ARC and the various trials units.
- Ensure robust governance of research: audit compliance with all patient safety aspects of research; monitor trial conduct and ensure compliance with all regulatory/statutory requirements.

Effective partnerships to ensure efficient and seamless working

- Support the work of the STP through HITs and other work streams as appropriate
- Maximise research productivity and income and remove bottlenecks and delays at project

start-up. / Ensure where appropriate that research governance is seamlessly delivered across the partnership in an integrated and efficient manner.

- Core R&I function working closely with partners to reduce delays and standardise working where possible.
- Work with regional partners to ensure sufficient methodological input to developing, submitting, running and disseminating clinical research.
- Provide all staff with knowledge and information about the advantages of collaborative working with our regional partners to maximise our research and clinical service strengths.
- Work with all the organisations that collaborate under BHP to ensure transparency in financial costings.
- Put in place over-arching contract and sub-contract framework agreements.
- Provide agreed mechanisms for efficient intellectual property management and exploitation.

Consolidation, alignment and prioritisation of research infrastructure and investment across partners

- Support the BRC and the CLAHRC/ARC to deliver its objectives
- Encourage the work of BHP HITs and alignment with the STP and AHSN workstreams.
- Close partnership working under memorandum of understanding with UoB, UWE and NBT to support senior leadership of all organisations working together and joint posts/funding where appropriate
- Align our research themes with the priority areas of our regional academic partners
- Ensure each priority research area at UH Bristol has a coherent strategy to deliver world-class translational and applied health services research.
- Ensure all pump-priming research funds allocated by the Trust are in priority research areas, with a focus on: (a) applied health services research projects that directly lead onto NIHR grant applications, and (b) translational research projects that are directly related to the work undertaken by the Bristol NIHR Biomedical Centre (BRC)
- Align research with clinical services prioritisation and ensure these activities complement and inform each other and are appropriately evaluated.
- Work with regional partners to develop shared research facilities and infrastructure.
- Ensure robust research generated by HITs and regional and national partners informs and accelerates the implementation, adoption and diffusion of evidence of best care.
- Actively work with our regional partners to foster the embedding, implementation and evaluation of research and research evidence into clinical care across the region.
- Attract the very best clinicians and researchers across all health professional groups, maximising the dissemination of knowledge among staff and students, leading to better clinical delivery and health outcomes.

Divisional understanding of the role of research and innovation in high quality care

- Support close integration of research into daily business of the trust: research teams working alongside clinical teams; rotational posts where appropriate.
- Identify and widely publicise the impacts of translational and applied health services research at UH Bristol on patient care.
- Support Divisions to allocate dedicated research time to individuals who are consistently performing research at a high level and/or provide pump-priming support to those staff who have the potential to achieve that level of activity.
- Where appropriate, ensure research facilities and units are embedded in clinical divisions/departments thus ensuring maximal integration of research with clinical services.

- Divisions to provide protected research time and/or funding for research nurses, clinical trial coordinators and administrators where appropriate, to maximise patient recruitment
- Promote membership of divisional research leads on Divisional boards and Trust Research Group and their function as conduits to ensure regular two-way information flow.
- Ensure regular and accurate reporting of all Divisional research activity.
- Develop and regularly update Divisional KPIs to allow for appropriate performance management of research
- Identify appropriate Divisional reporting structures for research.
- Ensure Divisional research units provide a physical base for research staff and a clinical space to conduct studies.
- Promote sharing of best practice between divisional research units
- Facilitate early engagement with all clinical and non-clinical staff to promote research embedment into clinical practice
- Advocate rotational appointments of research and clinical team members, where appropriate
- Increase patient recruitment to appropriate NIHR portfolio studies.
- Identify and protect intellectual property arising from research within the Divisions, where appropriate, managing it with external partners as required.
- Ensure any commercial income appropriately accrues to the researcher, Division and the Trust.

Patient and public involvement for all clinical studies.

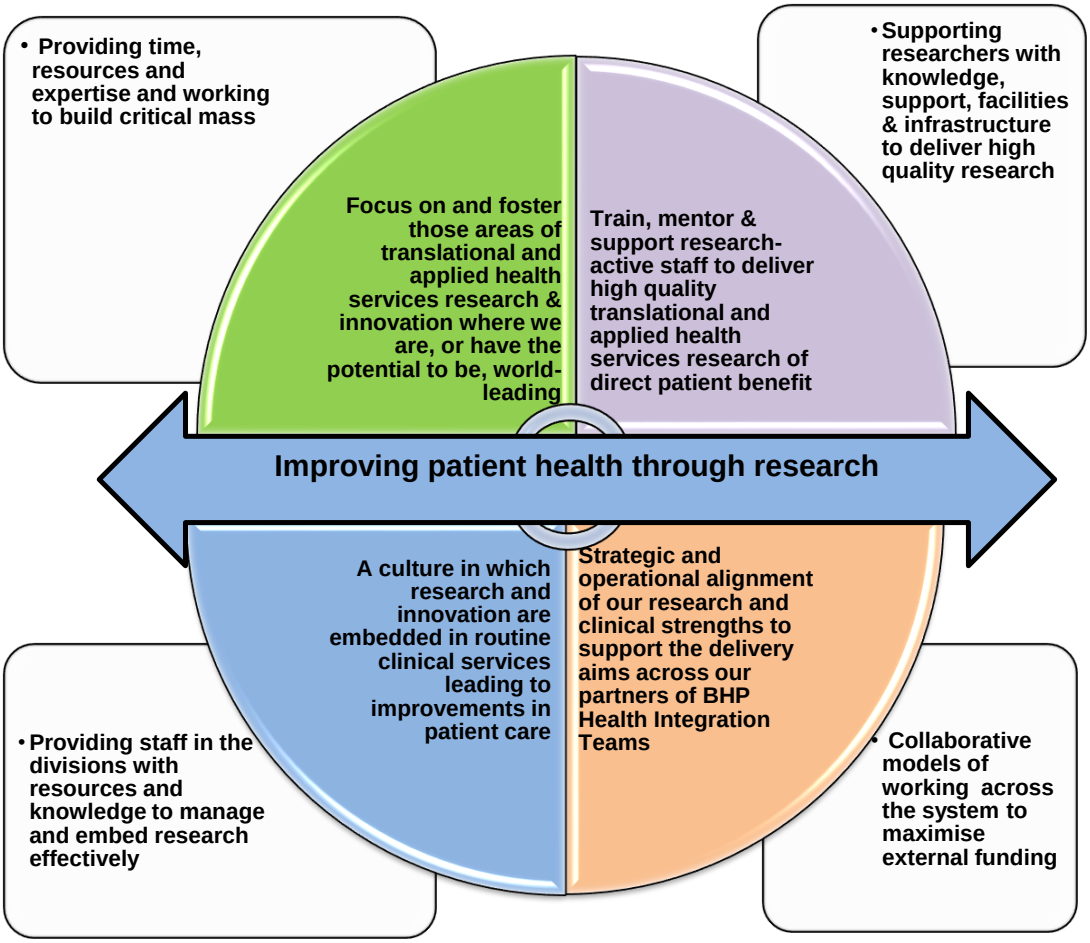
- Tap into expertise across Bristol and the region to deliver the PPI agenda across our NIHR infrastructure (BRC, CLAHRC) as well as working with the trust's PPI team.
- Ensure that the trust-approved PPI strategy dovetails and integrates with the PPI strategies and activities of our regional partners.
- Work with our regional partners to maximise available resources to support research PPI through existing Trust and regional partner information systems.
- Coordinate access to existing support across the region for researchers and monitor use and usefulness of these.
- Work with existing PPI leads (Trust and regional partners) to develop sustainable support infrastructure for PPI – cost reimbursement, training, access.
- Ensure researchers engage PPI at earliest stages of research study development through education and monitoring.

Identification and support of emerging talent, and provision of academic mentorship.

- Where possible, fund research time within job plans (through RCF whilst it allows)
- Work with NHS and university colleagues to identify and encourage new staff to develop and deliver research through the Grants Manager and NIHR Research Design Service.
- Ensure that nursing/AHP researchers are identified and supported alongside medical staff, as appropriate.
- Increase the numbers of new Trust appointments with dedicated research time.
- Work with HEIs to support talented individuals to apply for personal research awards/fellowships and mentor potentially research-active staff via local and/or national support systems
- Provide funds and work with regional partners to encourage and support research training.
- Ensure funds for pump-priming funds to facilitate engagement, generate preliminary data and to allocate dedicated research time.
- Increase the visibility of underrepresented professions such as AHPs and nursing by

strengthening their research capacity and capability.

- Make use of best practice and national examples of success


• Providing time, resources and expertise and working to build critical mass
• Supporting researchers with knowledge, support, facilities & infrastructure to deliver high quality research
Focus on and foster those areas of translational and applied health services research & innovation where we are, or have the potential to be, world-leading
Train, mentor & support research-active staff to deliver high quality translational and applied health services research of direct patient benefit
Improving patient health through research
A culture in which research and innovation are embedded in routine clinical services leading to improvements in patient care
Strategic and operational alignment of our research and clinical strengths to support the delivery aims across our partners of BHP Health Integration Teams
• Providing staff in the divisions with resources and knowledge to manage and embed research effectively
• Collaborative models of working across the system to maximise external funding

6 Delivery Model

How the strategy will be delivered
How we will achieve and deliver against our priorities, objectives and initiatives? Outline the
Once this strategy has been approved by Trust Board then an implementation plan which will include actions against individuals/teams and time-lines for delivery, will be developed by R&I and approved by Trust Research Group.

7 Governance, Assurance and Accountability

How we will assure ourselves of the effectiveness and success of this strategy

The governance process to monitor delivery and provide assurance and oversight including management of any risks to the delivery of the new strategic priorities.

This strategy and its associated workplan will be monitored through Trust Research Group, a subgroup of the Senior Leadership Team.

Appendix 1: Impact of Research on Clinical practice - Case Histories

Why do we do research in the NHS?

Research helps the NHS and UH Bristol to meet their primary objective, to improve patient care. The research we undertake helps to answer important questions about which methods of diagnosis and treatments have the most beneficial outcomes for patients, in terms of curing, controlling or preventing disease. Patient involvement in clinical research is vital, and public involvement is much needed and greatly appreciated. New and better treatments for many diseases would not have been possible without research, and the participation of patients and their families. Research is the only way we can continue to improve prevention and treatment of diseases and patient care.

Examples of how research has made a difference are on our website:

http://www.uhbristol.nhs.uk/research-innovation/our-research/impact-of-research/

Appendix 2 – R&I Strategy PESTLE analysis

Political/Policy Drivers	Economic
• Best Research for Best Health (2006, previous Government Health Research Strategy) • NHS Operating Framework – commitment to double the number of patients recruited into trials within five years • Patient choice, competition and plurality • Care closer to home, less reliance on hospital based care • Expectation that outcomes improve and become amongst the best in Europe • NHS long term plan and its priority areas	• Global economic downturn and period of significant UK austerity • Uncertainty of funding models for delivery of trials • Change from activity based model to proportion of fixed funding model for research activity • Change from block allocation of research support funding to competitive grant funding and activity/quality driven allocations for NHS support costs • Reduced RCF allocation from DHSC reduces funding and capacity to support and pump-prime research. Reduced funding to NHS and other public sector bodies with whom we work closely (particularly the Higher Education Sector) • NHS Tariff uncertainty and historic volatility impact on treatment costs for research • Uncertainty over impact of Brexit on commercial opportunities and investment in the UK
Social	**Technological**
• Growing patient expectation of both the quality and experience of care and expectations of participation in research • Developing litigation culture • A more health literate public driving both demands and concerns about healthcare and research • Ageing population and consequent demands upon healthcare providers • Significantly changing local demographic notably in context of ethnicity profile •	• Advancements in technology leading to new practice and improved life expectancy • Pharmaceutical progress and reliance upon NHS for adoption and spread • IM&T System development and requirements • Linkage of data from a variety of routine sources (e.g. HES, primary care, etc).
Legal	**Environmental**
• Legal framework for regulation of clinical trials of investigational medicinal products – creates a large burden and slows the productivity of research. Uncertainty in relation to Brexit. • Very significant increase in litigation claims across NHS • Applying for use of anonymised, linked routine datasets • GDPR regulation may slow or negatively impact on the delivery of research	• Areas of inadequate estate and links to disability access / privacy & dignity • Restricted access to parking • Requirement and aspiration to reduce carbon footprint of estate and services • Merger with WAHT provides new opportunities for joint research

Appendix 3: R&I SWOT Analysis

Strengths	Weaknesses
• Active and increasing close collaborative working with our regional partners to continue to build research excellence in the following areas: ▪ Population health ▪ Cardiovascular biology and cardiac surgery ▪ Surgical Innovation ▪ Nutrition and metabolism ▪ Health of children and young people ▪ Ophthalmology ▪ Oncology • Talented and committed research workforce including R&I and productive research units embedded in Divisions • Position as the leading research-intensive teaching hospital Trust in the South West • One of the most successful and productive regional research-intensive teaching hospital Trusts outside the "golden triangle" • Improving focus and achievement on all priority research performance measures • Host to large infrastructure awards and partnerships e.g. CLAHRC/ARC, BRC, BHP and CRN	• Under-exploited research potential in some areas of clinical services e.g. diabetes, respiratory and dermatology • Lack of academic investment in some clinical services, resulting in less resilient model for research staffing • Still some lack of transparency in the detailed costs of our research • Along with most Trusts in England, no clear "pathway to impact" at the end of research grants • Lack of capacity and risk averseness limits opportunities to do things differently (eg IT) • External partners (pharma) confused about services/identity because of close geography with NBT
Opportunities	**Threats**
• Bid for NIHR CRF in 2021 • Further align our research strengths with our regional partners, generating a significant increase in research funding to the Trust and our reputation locally, nationally and internationally • Work as a system across existing organisational boundaries to undertake research that will be embedded locally through the BHP, ARC and the STP • Align research prioritisation with the clinical service rationalisation and ensure these activities complement and inform each other, leading to improved patient care and outcomes • Greater use of routine data (e.g. patient data linkage especially from primary care and local authorities) for research • Aim to increase research grant funding into the Trust based on our growing research infrastructure • Improve the timeframes and more accurate costings for setting up research studies during grant development	• Financial constraints in research funding (reductions in CRN and RCF allocations) leading to reduced activity and income, with associated loss of research active staff, research support staff and consequent impact on clinical performance • Continuation of the current duplication in some clinical services across Bristol leading to a lack of critical mass in research and researchers • Insufficient release of clinical time to allow our research active staff to maximise their research potential and thus the income to the Trust • Increase in number and proportion of complex and high intensity trials with much longer time for follow-up in tertiary care with no associated increase in research support income • Transfer of clinical services in and out of the Trust requires agile allocation of research resources to meet the changing opportunities • Increased demand for methodological input into research, leading to mismatch between supply and demand

Appendix 4: Glossary

1.1 **West of England Academic Health Sciences Network (WEAHSN)** is a network of providers of NHS care across the West of England working with universities, industry, NHS Commissioners and a wide range of partners (http://www.weahsn.org.uk/). The vision of the WEAHSN is to be a vibrant and diverse network of partners committed to equality and excellence. The WEAHSN will accelerate the spread of innovative, evidence-based practice to improve health and care quality. This will deliver economic benefits through increased regional investment, job creation, effective procurement and health improvement. Its strategic goals are to: (a) deliver measurable gains in health and well-being across the West of England, (b) make a meaningful contribution to the West of England and UK economies, and (c) build a learning and delivery Network to accelerate the adoption and spread of innovation and improvement.

1.2 **Bristol Health Partners** (BHP) is an innovative partnership (hosted by UH Bristol) launched in May 2012 (http://www.bristolhealthpartners.org.uk/) comprising UH Bristol, NBT, AWP and the combined BNSSG CCG, working in partnership with the Universities of Bristol and West of England and Bristol City Council, which now includes the remit of Public Health. The BHP partner organisations are currently working to maximise their joint research potential through its shared research strategy, joint enabling infrastructure and common goals and aspirations for translational and applied health services research. The aims of BHP are “to generate significant health gain and improvements in service delivery in Bristol by integrating, promoting and developing Bristol's strengths in health services, research, innovation and education”. The way BHP is delivering these aims is to form Health Integration Teams (HITs). HITs include commissioners, public health and NHS specialists working with world-class applied health scientists. With members of the public, HITs decide which aspects of health and healthcare need to be improved, and then carry out the research to show the changes that could make most difference to people’s health and well-being.

1.3 **NIHR Biomedical Research Centre** (hosted by UH Bristol) is a partnership between UH Bristol and the University of Bristol. The BRC conducts innovative translational medical science research to drive through improvements in health and healthcare and encourage closer working with industry. The NIHR Bristol BRC brings together existing research excellence in Cardiovascular Research, Nutrition, Mental Health, Perinatal and Reproductive Health and Surgical Innovation. The Research Themes are underpinned by Cross cutting Themes in Translational Population Science and Biostatistics, Evidence Synthesis and Informatics.

1.4 **NIHR CLAHRC West** (hosted by UH Bristol) builds directly on the strong track record of collaborative working between the Universities, NHS organisations, providers of NHS services, local authorities, local commissioners, the life science industry, other NIHR- funded infrastructure, AHSNs and patients and the public. These groups have collectively formed BHP and its HITs, and CLAHRC West has substantially increased the scale and pace of research into practice and implementation of the novel applied health research findings that the HITs generate.

1.5 **NIHR CRN West of England** (hosted by UH Bristol) is one of 15 Local CRNs (LCRNs) that, starting on 1 April 2014, have been awarded five-year contracts from the Department of Health, to act as the NIHR Clinical Research Network’s (CRN) local branches. This hosting arrangement has now been extended to 2022. CRNs operate across England through a national Coordinating Centre and local branches, and provide funding to hospitals and

surgeries to pay for research nurses, scans, x-rays and other costs associated with delivering clinical research in the NHS. The Network helps to increase the opportunities for patients to take part in clinical research, ensures that studies are carried out efficiently, and supports the Government's Strategy for UK Life Sciences by improving the environment for commercial contract clinical research in the NHS. Most recently, the CRN has widened its remit to specifically promote opportunities for research collaborations by working across primary and secondary care and public health and social care. The LCRNs take responsibility for performing the remit of the NIHR CRN at local level and, collectively, distribute £280 million of NIHR/year, to support the delivery of clinical research studies in their area.

1.6 **Healthier Together** is the BNSSG STP, comprising 13 local organisations which have come together to form a vision and deliver the strategic change required for health and care services. The vision for health and social care in the region is to: (a) Create 6 community based localities who will deliver an integrated model of care to keep people well at home and connected to their communities; (b) Networked general hospital care – delivering standardised outcomes across all three acute trusts, reducing variation in clinical care and improving value and (c) Maintaining and growing specialist care, associated research and innovation. The STP is developing ten programmes of work which will contribute towards the delivery of these aims: Integrated Community Localities; General Practice Resilience and Transformation; Acute Care Collaboration; Maternity; Prevention; Urgent Care; Mental Health Strategy; Workforce; Digital and Healthy Weston.

1.7 **Innovation** relates to "The adoption of new-to-the-organisation or new-to-the-NHS technology products and/or service delivery processes, comprising step- or incremental-change, and resulting in a significant improvement in patient outcomes, experiences, safety and potentially cost-effectiveness". An implication of this definition is that the benefits of the introduction of the technology/service delivery processes are proven (National Innovation Centre 2008). Innovation also includes alignment with the trust Innovation and Improvement Framework and QI approach.

1.8 **Regional Partners** includes but is not limited to the member organisations of BHP, CLAHRC West, West of England AHSN, West of England CRN and BNSSG STP.

1.9 **RCF** is a quality-driven funding stream allocated annually by the NIHR to all research-active NHS trusts that allows for local discretion and management of people to support and develop patient and people driven research. It is allocated in proportion to the total amount of other NIHR income received by that organisation, and on the number of NIHR Senior Investigators associated with the organisation. (http://www.nihr.ac.uk/infrastructure/Pages/research_capability_funding.aspx).

1.10 **Translational and Applied Health Services Research** leads to benefits in the care provided for patients and encompasses a range of activities that include research going: (a) from bench to bedside, where theories emerging from pre-clinical experimentation are tested on patients – first in small-scale studies and then through formal research evaluations in large numbers of patients, covering acceptability, clinical effectiveness and cost-effectiveness, and (b) from clinical efficacy to health improvements, whereby a better understanding and then evaluation of health services results in an improvement in outcomes.

Trust Research Staff or "Researchers" are used throughout this document to encompass all clinical researchers and includes the following professional groups: Medical, Nursing, Midwifery, AHPs, Clinical Scientists and Pharmacists.

Meeting of the Board in Public on Friday 24 May 2019 in the Conference Room, Trust Headquarters

Report Title	**Education Strategy**
Report Author	**Sarah Green, Associate Director of Education**
Executive Lead	**Matt Joint, Director of People**

1. Report Summary

The Education Strategy has been developed as one of the core strategies alongside Research and Innovation.

The strategy has been developed with internal and external engagement and aims to set the future direction of education across the Trust. It will also influence external governance processes and ways of working such as with our local universities.

Once the strategy has been agreed it will lead to a detailed feasibility assessment where the constraints and opportunities will be more fully identified. This will include a resource assessment and future structures necessary to successfully deliver the ambitions of the Education Strategy.

It is noted that the strategy has met with positive engagement and a general passion from all staff groups with an overall sense that everyone is committed to developing Education equal to that of clinical services and research and innovation.

2. Key points to note
(Including decisions taken)

This report has been approved by People Committee and the Senior Leadership Team.

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

The risks associated with this report include:
[Please list any risks associated with the report]

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

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

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

People Committee	March 2019
Senior Leadership Team	April 2019

University Hospitals Bristol NHS
NHS Foundation Trust

EMBRACING CHANGE, PROUD TO CARE
OUR 2025 STRATEGY

EDUCATION STRATEGY
2020-2025

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

Our Mission and Vision – Link to Core/Enabling Strategy

Education

Our Mission *as a Trust for every member of staff and trainee to have access to high quality, inspirational education that improves the care of our patients*

Our Vision is**: Developing exceptional people for exceptional careers**

The delivery of our Mission and Vision is underpinned by our values, which provide the principles of how we behave as individual members of staff and as an organisation.

Our Values are

- Respecting everyone
- Embracing change
- Recognising success
- Working together

Background

1) Background

This strategy presents a new vision and framework for education across the Trust where learning is embraced as a vibrant and integral part of our workplace. As a large university teaching hospital, education of our staff is one of our core responsibilities and essential for supporting and driving forward ambitions to provide outstanding, safe, clinically effective patient care. Furthermore, access to education has an ever-increasing influence in attracting, and retaining, a highly skilled workforce. There is a correlation between high quality patient care and highly motivated staff that feel valued. The people that work in our Trust are our most valuable asset; creating a learning organisation culture that embeds learning for all our staff and trainees recognises this and directly reflects Trust's values.

The education core strategy complements the Trusts overall strategy and an implementation plan details how the vision and key priorities for education may be fully realised.

2) Organisation of Education

Education is currently structured through a mixed economy of education delivered through a central Trust training team, specialist advisors and discrete, subject specific division-led activity. The Trust, centralised education is focused on the following areas:

Central/Trust Education

- Corporate education inclusive of essential training and induction.
- A learning and development team who provide the administrative support for our learning management system Kallidus that is the learning portal for learning records and accessing essential to role specific education.
- An apprenticeship team who have overseen the operational delivery of internally delivered apprenticeships along with the coordination of contracts and quality assurance of our external provision. This staff group also support work place experience and outreach activities.
- Library services that support several initiatives focused on ensuring the right evidence is used at the right time.
- Clinical skills offering identified clinical skills training such as cannulation and catheterisation.
- Post Graduate Medical Education who provide the infrastructure and support of medical education.
- Under Graduate Academy for medical training that is supported by an Academy Dean and team who work in partnership with the University of Bristol.
- A simulation team who provide multi-disciplinary education and train the trainer opportunities.
- A team of Learning Education Facilitators that support under graduate nursing and midwifery students and mentors ; whilst ensuring compliance with the professional regulation standards.
- The coordination of outsourcing specialist training
- Oversight of partnership education such as post graduate modules with academic institutes and Local Authority.
- A central postgraduate education fund for nurses and midwives that is in addition to current annual funding allocation from HEE.
- Oversight of non-medical funding from HEE aligned to workforce transformation initiatives
- Dental Education inclusive of dental nursing pathways

Division Managed Activities

Alongside the central/Trust education function divisions have bespoke education workforce plans and training budgets that tend to be focused on the relevant area of expertise necessary for the specific clinical area. Each division has developed different infrastructures for supporting workplace learning and, in result; there is significant variation in roles, responsibilities and available funding across the Trust. There are examples of coordinated activity such as the Faculty of Children's Education that, with the support of charitable funding, has been able to successfully grow a resilient infrastructure and education offer. However, a centralised budget and oversight would be able to increasingly align education plans with driving forward the ambitions of the Trust and the Education strategy.

An annual training needs analysis forms part of the Operating Plans and whilst this has identified some education requirements this has been inconsistent in its integrated workforce planning or a strategic focus on future focused skills or capability gaps.

Clinical Placements

As a large teaching hospital, the Trust supports high numbers of trainees that are part of university or college education programmes. For nursing and midwifery under graduate trainees are supported by Learning Education Facilitators who work in close collaboration with UWE, Bristol. Under graduate medical and dental placements are managed though the Academy Deans and PGME Manager. In the main placement capacity is managed through individual relationships with universities and there is no one strategic oversight of placements. Consequently, currently there is an inability to triangulate student placement evaluations as part of a quality assurance process or the opportunity to determine placement capacity according to workforce supply demand. With recent reports of increasing numbers of medical and nursing trainees, understanding and strategically managing placement capacity will become of ever-growing importance.

3) Health Education England (HEE)

Over recent years the removal of bursaries for under graduate nursing, midwifery and AHP programmes has seen a significant change in the applications of students for these programmes. Nursing has experienced a national decline in the number of applications and changing demographics has resulted in a younger profile of learners. The change in bursaries has also led to a loss in function of HEE commissioning programmes that had an underpinning role of brokering the number of trainees needed for the workforce supply. This change in function has created a market led economy of trainee numbers where placement capacity acts as the only commodity for directing trainee number allocation.

HEE continues to support tariff payments for both medical and non-medical placements. In the future tariff payments may move to place-based funding models where placement funding is increasingly aligned to local health and social care priorities and the workforce supply requirements as part of a market led training system.

Whilst there has been allocation of CPD funding from HEE this has never fully met the Trust requirements and largely only addresses the registered workforce. In the future, as HEE becomes more part of NHS Improvement, there is likely to be increasing opportunities for collaborative working focused on workforce solutions.

4) Apprenticeships

The past few years has seen a rapid adoption of the apprenticeship agenda as a method to educate, re skill and upskill the NHS workforce. Apprenticeships provide a valuable

opportunity to further support our workforce planning ambitions and this model may be fully realised through becoming an employer-led provider of apprenticeships and procuring external education providers.

Becoming an employer-led provider of apprenticeships offers opportunities for the Trust to attract its workforce through gaining a reputation as a high-quality education provider with associated career progression pathways. Apprenticeship pathways will gain in importance as they offer routes into professional /registrant levels of education and long term career planning. These career pathways are likely to be especially attractive to our local communities as people settled within the Bristol geography are more likely to seek local employment solutions and then remain in our workforce. However, becoming an internal provider of apprenticeship is not without risk and Ofsted inspection frameworks demand a high level of commitment and engagement so that apprenticeships become part of our learning culture.

The apprenticeship team are currently organised as part of the central Trust training team and overseen by the Head of Education. The model needs to be increasingly engaged and integrated across the Trust so that all staff are involved, and aware, of our apprenticeship strategy.

5) Healthier Together (STP)

Many Trust members already have an active role in leading education activities as part of the Healthier Together strategy. The strategy is increasingly shaping the formation of a collaborative network implementing system-based solutions to education across our health and social care economy. Moving forward, health and social care are looking to further enhance collaborative education that will benefit, and transform, our local health and social care communities. Having an active role in the collaborative network will potentially become of increasing importance for the reputation and ability to politically influence strategic decisions pertaining to education and the workforce. As a university teaching hospital the Trust has the potential to lead future focused system based education models.

6) Academic Partnerships

The Trust has a number of effective partnerships with academic institutes, especially with our local partners of the University of Bristol and the University of the West of England, Bristol. These relationships offer essential workforce pipelines and workforce development training programmes. Indeed, many of the academic workforce programmes such as Advanced Clinical Practice and Nursing Associates are essential in delivering many of the Trusts education and workforce agenda. Currently several meetings take place with our local universities however; there is a need for closer working relationships and shared governance so that education is provided with the same profile as that of research and innovation. Closer working relationships would ensure mutual co creation of our education priorities leading to joined up solutions for our workforce and staff retention.

7) Current Education Governance

Education, to date, has largely been overseen by the Head of Education with support from the Director of People. The portfolio of work for education has been overseen at a recently formed Education Group that has senior representation from across the Trust. The Education Group reports to the Senior Leadership Team with assurance through the People Committee.

Whilst, the current governance has afforded an oversight of education activity tracking of

governance between the relevant education groups with an escalation process for raising risks and sharing good practice remains fragmented. Consequently, the reporting of education is often absent at the Board level or the Senior Leadership Team. Furthermore, governance across the Divisions remains limited so that there is no one collective oversight of education or clarity of purpose. Going forward a clear Education Governance structure is required that will support the implementation and oversight of the key education priorities.

8) Our Current Position

Whilst there is an extensive offering of education across the Trust there is a general view from staff that learning is frequently not prioritised in the same way as clinical services and has become a 'bolt on' part of the organisation.

Over the years the centralised Trust education function has undergone several internal reviews that have resulted in a fragmented structure, so that many aspects of education are line managed, or resourced, in a variety of methods and often not overseen by education or workforce leads. This has led to inconsistencies in terms of available resources, quality and structures. In addition, the central education team is small, with inconsistent levels of education backgrounds.

Consequently, there is vast variation in the availability and quality of education across the divisions and between staff groups. There are many silos of education, which has over complicated the ability to gain one comprehensive understanding or quality assurance of education. In result, education is often placed in a reactionary position rather than proactively leading and responding to the Trust's strategic priorities.

The trust is extremely fortunate to have a dedicated education and research building placed in a central locality. The centre offers training rooms and a site for the PGME provision. However, over the years much of the building has been used for hosting staff that do not have an education or research background .Under graduate medical education is located as part of Dolphin House that has had limited review or refurbishment . Room capacity is now limited and the general estates no longer reflective of a future focused learning environment.

It should be recognised that there are many areas of high-quality education across the trust where staff are actively engaged and part of a learning culture. Indeed, education is an area that easily captures staff passion and enthusiasm. However, this activity is highly localised and there are few opportunities for communicating, sharing and celebrating best practice.

9) The Case for Change

Health and social care systems are experiencing ever increasing complexity and challenges both in terms of the workforce and its clinical services. Education must be prioritised as a part of our investment in people. Indeed, access to high quality education is known to lead to improved staff retention and engagement. These are vital priorities at a time when NHS staff are reporting feeling undervalued and with low morale.

In the future workforce supply and retention will become ever more challenging and a highly visible, innovative, quality provision of education will become a factor in where people choose to work and stay. Education needs to be part of an overall ambition for the Trust to become a learning organisation, where learning is an integral activity given the same standing as that of clinical services and research. In this model learning is relevant to the person, the teams that work together and of direct benefit to patient care and wellbeing. Learning can then be situated as part of the workplace environment that can be facilitated through both formal and informal learning opportunities.

To effectively lead, and respond, to the future health and social care priorities our staff will need to be motivated and highly adaptable to changing workplace environments. This will require us as a Trust to change and embrace learning as part of who we are, and what we do. If we embrace this vision, we have every opportunity to become nationally and internationally known as a place where exceptional careers are created.

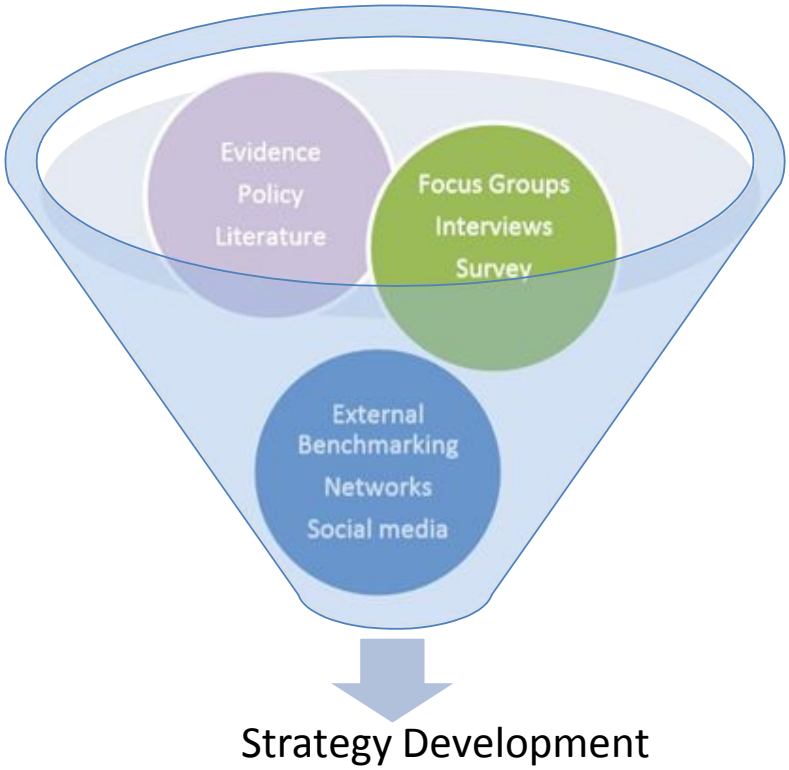
Education Governance Appendix One
SWOT and PESTLE Appendix Two
Education Survey Results Appendix Three

Outline of process to develop strategy and engagement undertaken

- **Engagement Development**

This strategy has been informed by a multi methods approach to engagement that are outlined below:

- External Benchmarking
- One to one interviews across divisions and with key stakeholders
- Trust wide survey
- Liaison and discussion with HEE (Health Education England)
- Policy review
- Literature Search / critical appraisal of related evidence
- Engagement with Healthier Together for a health and social care system perspective
- External education provider networks



Strategic priorities and guiding principles for the Education Strategy

The Key Strategic Priorities and Objectives

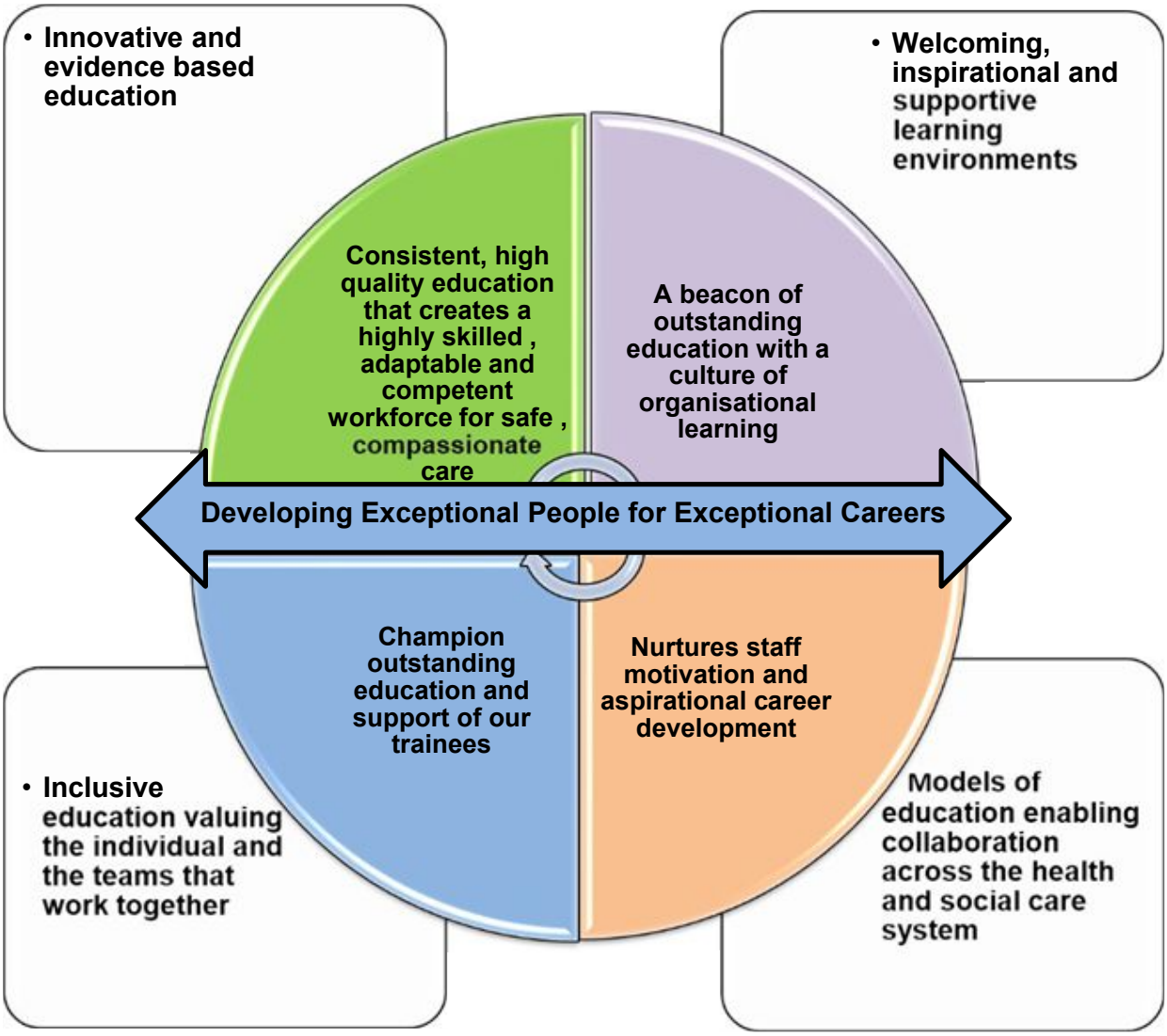
TRUST PRIORITIES FOR EDUCATION
• We will excel in the provision and procurement of high-quality education that creates a highly skilled, adaptable and competent workforce for safe, compassionate care.
• We will become a beacon of outstanding education with a culture of organisational learning.
• We will provide education that nurtures motivation and aspirational career development.
• We will champion outstanding education and support of our trainees.
Our priorities for education will be guided through :
• Innovative and evidence-based education.
• Welcoming, inspirational and supportive learning environments.
• Inclusive education valuing the individual and the teams that work together.
• Models of education enabling collaboration across the health and social care system.

Education Strategic Initiatives

High quality education that creates a highly skilled, adaptable and competent workforce for safe, compassionate patient care.	A beacon of outstanding education with a culture of organisational learning
1. Redesign an integrated, robust governance framework for the monitoring, visibility and quality assurance of education. 2. Establish an equitable model for the oversight, coordination and delivery of outstanding education. 3. Consistently achieve high compliance and staff engagement in relevant essential training. 4. Invest in education for new roles and future focused transformational models of care. 5. Expand the synergy between education, patient safety and the Quality Improvement Academy.	1. Align education to areas of research that supports the rapid adoption of best practice. 2. Increase opportunities for knowledge sharing and reward and recognition schemes. 3. Promote lifelong learning where education stimulates, motivates and constructively challenges. 4. Create a learning community and become known as a national and global leader of NHS education. 5. Establish the workplace as a location of learning. 6. Develop an equitable and transparent funding model for education.
Champion outstanding education and support of our trainees	**Education that nurtures motivation and aspirational career development**
1. Ensure all trainees receive an excellent and supportive clinical placement experience. 2. Enhance opportunities for trainee interprofessional education in the workplace. 3. Provide outstanding teaching for all our trainees. 4. Work with universities and Health Education England to equip trainees with the knowledge and skills for their future resilience and success. 5. Develop shared governance processes with external education providers. 6. Embrace trainees as valued members and ambassadors of our Trust.	1. Offer inclusive opportunities for career development and progression. 2. Proactively support flexible, supply routes into the NHS and workforce retention strategies. 3. Promote health careers through networks with local universities, schools and colleges. 4. Introduce a distinctive and motivating Induction and welcome to the Trust. 5. Secure an apprenticeship model that becomes known as a national centre of excellence.

Guiding principles of:

Innovation and evidence-based	Inspirational and supportive learning environments
• Translation of evidence for an evidence-based workforce. • Innovative, participatory teaching methods as the preferred model of delivery. • Enhanced use of technology. • Embed digital literacy and digital learning. • Contemporary utilisation of patient safety data and trends.	• Flexible, multi-purpose, innovative learning environments. • Staff responsible for education having a recognised teaching qualification or related experience. • Responsive to changing societal and learner expectations. • A Research and Education Centre as a vibrant hub that reflects the needs of all staff and trainees.
Inclusivity that values the individual and the teams who work together	**Models enabling collaboration across the health and social care system**
• Multi-disciplinary methods of delivery based on the philosophy of 'teams that work together train together' • Safe learning environments that promote equality and diversity. • Part of an integrated workforce planning model. • Promote and embed cultural competency.	• Lead and actively participate in system-based solutions across the health and social care economy. • Opportunities for patient and public engagement. • Enhance partnership working with academic institutes with appropriate outsourcing of education.


• Innovative and evidence based education
• Welcoming, inspirational and supportive learning environments
Consistent, high quality education that creates a highly skilled , adaptable and competent workforce for safe , compassionate care
A beacon of outstanding education with a culture of organisational learning
Developing Exceptional People for Exceptional Careers
Champion outstanding education and support of our trainees
Nurtures staff motivation and aspirational career development
• Inclusive education valuing the individual and the teams that work together
Models of education enabling collaboration across the health and social care system

Governance, Assurance and Accountability

How we will assure ourselves of the effectiveness and success of this strategy

The governance process to monitor delivery and provide assurance and oversight including management of any risks to the delivery of the new strategic priorities.

This strategy and its associated work plan will be monitored through the Education Group, People Group with Quality Assurance from the Peoples Committee. It will also provide regular reporting to the Senior Leadership Team.

An overview of this revised structure may be found in Appendix two

.

Consistent, high quality education that creates a highly skilled, adaptable and competent workforce for safe, compassionate care

Develop an integrated, robust governance framework that supports the monitoring, visibility and quality assurance of education.			
Action	Responsibility	Measures	Timeline
Implement a new education governance process for the coordination of all education.	Associate Director of Education DME UG Deans	TORs Governance structure Audit	July 2019
Develop, and implement, an education dashboard reflective of Health Education England's multi-disciplinary QA framework.	Associate Director of Education	Risk Reports Data compliance HEE reports GMC, NMC, Ofsted	July 2019
Staff with core roles and responsibilities for education to be supported with relevant teaching qualification / professional development.	Associate Director of Education Head of Education Line managers	Number of teaching qualifications Staff directory	February 2020
Implement a QA process leading to external accreditation / kite marks of quality for internal education able to be recognised on a national and global basis.	Associate Director of Education	Teaching evaluations	July 2020

Establish an equitable model for the oversight, coordination and delivery of outstanding education			
Action	Responsibility	Measures	Timeline
Review the structure, roles and responsibilities for a future-proofed equitable and integrated structure able to proactively lead and support education.	Associate Director of Education	Teaching/ assessment/ supervision ratios	July 2019
Implement a health care support worker learning academy.	Associate Director of Education HON	Staff survey Recruitment and retention data	Oct 2019
Develop sustainable and innovative models of education for non-clinical staff.	Associate Director of Education HRBPs	Staff survey Career frameworks	Oct 2019
Expand opportunities for interprofessional education across all staff groups	Education Leads Simulation	Staff survey Education Survey	Jan 2020

Consistently achieve high compliance and staff engagement in relevant essential training.			
Action	Responsibility	Measures	Timeline
Review the data reporting schedule and the content of essential training for all staff and trainees.	Associate Director of Education Head of Education Corporate Lead	Compliance data CQC	August 2019
Implement a new governance process for the oversight and agile decision making of essential training.	Associate Director of Education Head of Education	TORs Governance structure	June 2019
Instigate and evaluate the BNSSG essential training pass porting project.	Head of Education Corporate education leads	Evaluations Compliance data Reduced training repetition	August 2019
Review, and innovate, digital learning for essential training.	Education Leads Simulation Digital services	Evaluations Compliance	Oct 2019
Explore on-line learning platforms to enhance the accessibility and streamlining of information for individual learning plans.	Associate Director of Education	Education Survey Training Needs Analysis	Dec 2019
Introduce new methods of essential to role education such as action learning sets and coaching.	Education Leads	Training Needs Analysis Appraisals	January 2020

Invest in the education of new roles , skills and competencies for future focused transformational models of care			
Action	Responsibility	Measures	Timeline
Develop a consistent, central business planning process of the education required for new roles and levels of practice.	Associate Director of Education	SLT minutes Financial Business Plans	June 2019
Introduce a training need analysis process focused on the skills and competencies necessary for achieving transformational workforce priorities.	Associate Director of Education HRBPs	OPPs Corporate Objectives TNAs	Dec 2019
Secure, implement and evaluate education necessary to promote new roles such as ACPs, Nursing Associates and Physician Associates.	Associate Director of Education Head of Workforce Planning	Business Plans Procurement process	April 2019
Identify, and build, a sustainable model of relevant post graduate education.	Associate Director of Education HONs DME	CPD funding CPD database	Jan 2020

Expand the synergy between education, patient safety and the Quality Improvement Academy.			
Action	Responsibility	Measures	Timeline
Forge enhanced networks with quality improvement initiatives.	Associate Director of Education	Simulation activities TNA	Jun 2019
Increase the utilisation of contemporary patient safety data and trends.	Associate Director of Education Sim Chair DME	CQC GMC NETs	Sep 2019

A Beacon of outstanding education with a culture of organisational learning

Align education to areas of research that support the rapid adoption of best practice			
Action	Responsibility	Measures	Timeline
Identify contemporary opportunities for the translation of relevant research into education.	Associate Director of Education Head of Research DME UG Deans	Internal Audit	Feb 2020
Increase the number of successful education grant applications i.e. health services education innovation.	Associate Director of Education	Number grant applications External Income Publications	Aug 2020
Increase the number of people with relevant Master's and Doctoral qualifications.	Line Mangers	Staff training database	Dec 2020
Enhance the accessibility of library, knowledge management services for all people and trainees.	Head of Library	LQAF Critical appraisal skills	Dec 2019

Increase opportunities for knowledge sharing and reward and recognition schemes.			
Action	Responsibility	Measures	Timeline
Implement new methods of communicating education.	Associate Director of Education Comms Team	Education Survey Staff Survey Happy App	July 2019
Increase the number of national and global awards related to education.	Associate Director of Education Education Leads	Successful Awards Reward and recognition	July 2020
Develop showcasing events and activities for sharing best practice.		Staff Feedback Reward and recognition	Jan 2020

Promote lifelong learning where education stimulates, motivates and constructively challenges.			
Action	Responsibility	Measures	Timeline
Create a modern future focused library/knowledge management service.	Head of Library	LQAF Education Survey Library Survey	March 2020
Increase the visibility of motivational learning activities such as journal clubs, pod casts and evidence-based ward rounds.	Associate Director of Education Education Leads	Staff survey Happy App	Dec 2019
Embrace new technologies for education.	Digital Services Head of Library	LQAF Digital	March 2020

Create a learning community and become known as a national and global leader of NHS education.			
Action	Responsibility	Measures	Timeline
Participate and lead related city wide and regional learning and skills programmes.	Associate Director of Education	Community Engagement LEP	Aug 2020
Support the dissemination of high-quality education i.e. publications and conferences.	Education Leads Line managers	Publications National and global awards	Dec 2020
Raise the overall profile of education equitable to clinical services and research and innovation.	Associate Director of Education	CQC Staff Survey	Dec 2020

Establish the workplace as a location of learning.			
Action	Responsibility	Measures	Timeline
Scope the workplace environments as locations of learning with the necessary resource, commitment and time.	Associate Director of Education Education Leads	CQC Staff Survey Happy App GMC NETs NSS	March 2020
Integrate lifelong learning opportunities into the workplace.	Education Leads	Staff survey Education survey GMC NETs	March 2020
Create vibrant and innovative estates and facilities able to support and showcase education.	Associate Director of Education	GMC NETs Staff and trainee feedback	Dec 2020

Develop an equitable and transparent funding model for education			
Action	Responsibility	Measures	Timeline
Identify funding streams aligned to education.	Associate Director of Education DME UG Deans	Finance Business Plans	July 2019
Coordinate the equitable access, and targeted utilisation, of the available funding for education.	Associate Director of Education	Charitable funding Reports Training Budgets	Dec 2019
Increase external income from commercial opportunities.	Associate Director of Education	Income	July 2020

Champion outstanding education and support of our trainees

Ensure all trainees receive an excellent and supportive clinical placement			
Action	Responsibility	Measures	Timeline
Develop an oversight model for the governance of ensuring an outstanding trainee clinical placement experience.	Associate Director of Education DME UG Deans LEF team	NSS NETs GMC NMC HPC	July 2019
Create a strategic oversight of clinical placement capacity aligned to enhancing workforce supply and high-quality trainee experience.	Associate Director of Education LEF team UG Deans	NSS NETs GMC	Sep 2019
Provide managers, assessors, supervisors, fellows and tutors with preparation for the changing expectations of our future trainees.	Associate Director of Education LEF team UG Deans DME	Staff survey GMC NETs	Jan 2020

Enhance opportunities for trainee interprofessional education in the workplace			
Action	Responsibility	Measures	Timeline
Identify new opportunities for work based interprofessional education across our trainees.	Sim Chair Associate Director of Education DME UG Deans	GMC HEE Education Dashboard NETs NSS	July 2020
Maximise the impact of simulation for trainees.	Sim Chair UG Deans	GMC HEE Education Dashboard NETs NSS	July 2020
Promote peer learning across professional groups.	DME UG Deans Associate Director of Education	GMC HEE Education Dashboard NETs NSS	July 2020

Provide outstanding education for all our trainees			
Action	Responsibility	Measures	Timeline
Review the education of our trainees as part of promoting high-quality, innovative learning.	Associate Director of Education DME UG Deans LEF teams	GMC HEE Education Dashboard NETs NSS	Nov 2019
Ensure all staff teaching our trainees have a current and relevant teaching qualification or experience.	Associate Director of Education DME UG Deans LEF teams	GMC HEE Education Dashboard NETs NSS	April 2020
Enable staff to utilise afforded time for teaching and supporting trainees.	Associate Director of Education DME UG Deans LEF teams	GMC HEE Education Dashboard NETs NSS	April 2020

Work with local universities and Health Education England to equip trainees with the necessary knowledge and skills for their future resilience and success			
Action	Responsibility	Measures	Timeline
Promote available wellbeing resources and support for our trainees.	DME UG Deans Associate Director of Education LEF team	GMC HEE Education Dashboard NETs NSS	Sep 2019
Enhance opportunities for trainee acquisition of future- focused knowledge and skills.	DME UG Deans Associate Director of Education LEF team	GMC HEE Education Dashboard NETs NSS	April 2020

Develop shared governance processes with external education providers			
Action	Responsibility	Measures	Timeline
Implement new, agile co created models of working with our local universities University of Bristol and UWE, Bristol.	Associate Director of Education	HEE Reporting NSS NETs	July 2019
Enhance the governance process for externally contracted education.	Associate Director of Education	Ofsted	July 2019

Embrace trainees as valued members and ambassadors of our Trust			
Action	Responsibility	Measures	Timeline
Enhance opportunities for trainees to feel welcomed and socialised into the Trust and as their preferred employer	DME LEF team UG Deans	NSS GMC NETs	Sep 2019
Introduce celebratory, and time for learning, trainee events	Associate Director of Education DME UG Deans	NSS NETs GMC NMC HPC	Nov 2019

Provide education that nurtures motivation and aspirational career development

Create inclusive opportunities for career development and progression			
Action	Responsibility	Measures	Timeline
Develop enhanced career frameworks, and development, for people in band 1 to 4 roles.	Associate Director of Education Head of Education	Staff survey Recruitment and retention data	March 2020
Align career opportunities with the Inclusivity and Diversity Strategy.	Associate Director of Education Head of OD	WRES data Staff Survey	Aug 2019
Identify and secure a sustainable education provision of literacy and numeracy.	Associate Director of Education Head of Education	Staff survey TNAs	March 2020
Offer careers advice as part of the Research and Education Centre	Head of Library Resourcing Careers Team	Staff survey LQAF	March 2020
Build transparent career pathways for learning beyond registration opportunities	Associate Director of Education Education Leads	Staff survey Education Dashboard	July 2020

Proactively support flexible, supply routes into the NHS and workforce retention strategies.			
Action	Responsibility	Measures	Timeline
Enhance the uptake and impact of return to practice initiatives.	Associate Director of Education DME HONs	Education Dashboard Recruitment and retention data	Aug 2020
Work with local universities for innovative, joint solutions for enhancing flexible, trainee supply routes.	Associate Director of Education Resourcing	Recruitment and retention data	Sep 2019
Lead the BNSSG strategic nursing workforce, band 5, project.	Associate Director of Education Chief Nurse	Recruitment Data	Dec 2019
Maximise the impact of apprenticeships as flexible routes into health care careers	Associate Director of Education	Ofsted	Dec 2019

Promote health careers through networks with local universities, schools and colleges.			
Action	Responsibility	Measures	Timeline
Identify key schools and colleges for long-term mutually conducive partnerships.	Associate Director of Education Head of Education Careers Leads	Work experience data Outreach data	Oct 2019
Expand the materials and information depicting the full range of health care careers.	Associate Director of Education Head of Education Careers Leads	Work experience data Outreach data	Dec 2019
Support BNSSG school and colleges collaborative initiatives.	Associate Director of Education Head of Education Careers Leads	Work experience data Outreach data	Feb 2020
Develop a strategic plan for work experience.	Associate Director of Education Head of Education Careers Leads	Work experience data Outreach data	Oct 2019

Introduce a distinctive and motivating Induction and welcome to the Trust.			
Action	Responsibility	Measures	Timeline
Invest in an Induction process that is relevant, succinct and motivating.	Corporate Lead	Induction Evaluations	Aug 2019
Implement an Induction quality assurance process.	Associate Director of Education Head of Education	Education Dashboard	July 2019
Establish an annual review process , with executive involvement and endorsement of the corporate induction content	Associate Director of Education Head of Education	Induction Feedback Staff feedback Happy App	Aug 2019

Secure an apprenticeship model that becomes known as a national centre of excellence.			
Action	Responsibility	Measures	Timeline
Create a learning infrastructure enabling the high attainment of the Ofsted Common Inspection Framework.	Associate Director of Education Head of Education	Ofsted Internal Audit	Sep 2019
Implement an engagement and communication apprenticeship strategy.	Associate Director of Education Head of Education	Ofsted Internal Audit	April 2019
Introduce a preparation programme for managers supporting apprentices.	Head of Education Apprenticeship team	Ofsted Internal Audit	May 2019
Secure business planning as part of the apprenticeship approval process.	Associate Director of Education Head of Education	Ofsted Internal Audit Education Dashboard	April 2019
Develop an apprenticeship model able to host and lead provision across BNSSG /region.	Associate Director of Education Head of Education	Ofsted Internal Audit Education Dashboard	Dec 2020

Appendix One – PESTLE (Education

Political

Integrated , patient centred care
Working in health and social care systems
New roles and models of delivering care
Muti displinary , team working
Enhanced Competition

Economy

Cost pressures
Removal of student bursaries
Apprenticeships
Brexit /global impact
Available CPD funds
Dynamic workforce supply & retention

Social

Changing career and work expectations
Demographic changes
Social mobility
Increasing diversity
Growing complex, care needs

Technology

Digital transformation
On line learning
Access to technology
Artificial intelligance, gaming technology

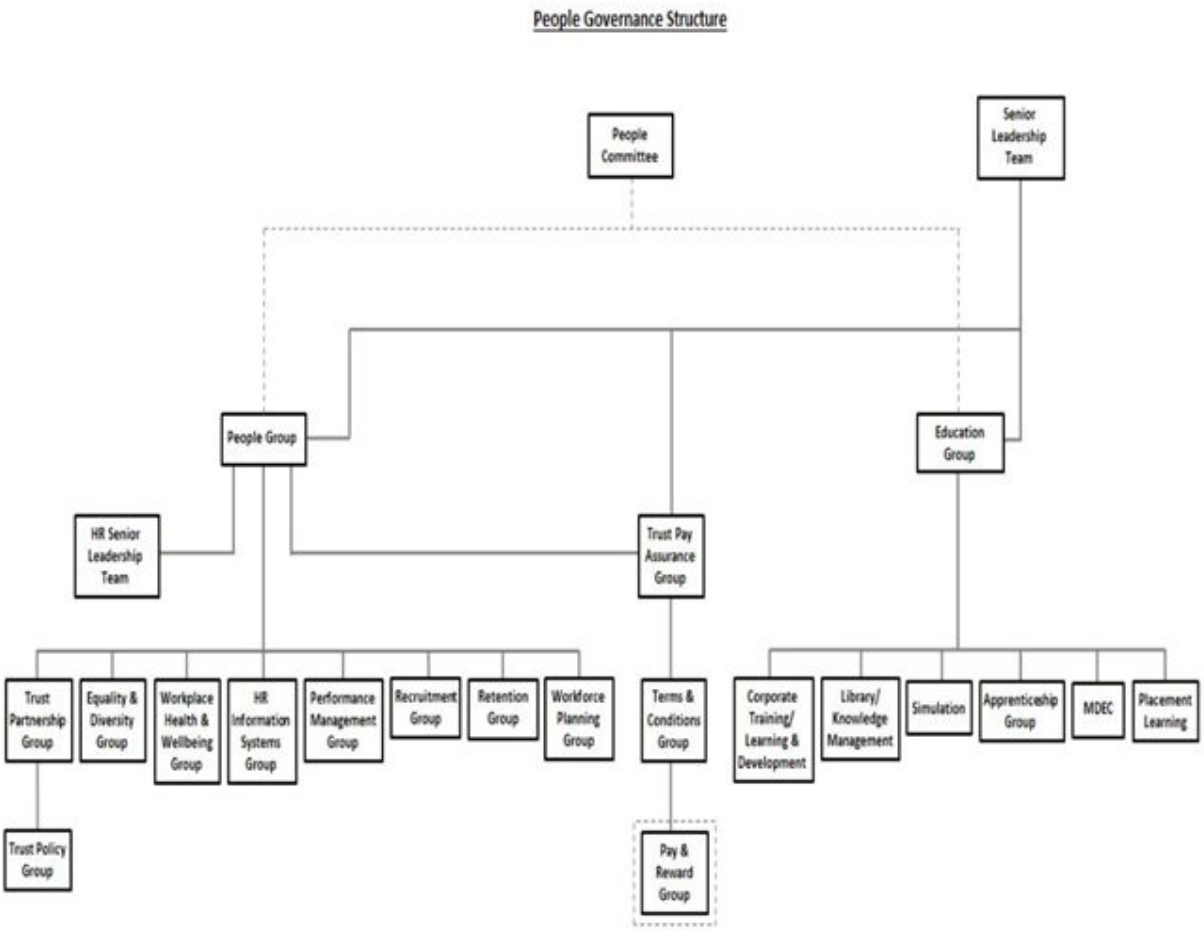
Legal

Regulator expectations and compliance ie Ofsted
Copyright of education
Increased procurement
Market led education

Environment

Sustainability
Flexible learning
Learning networks
Demand for flexible, innovative learning spaces

Appendix Two: Education Governance



Meeting of the Board in Public on Friday 24 May 2019 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**

1. Report Summary

The purpose of this report is to:

- inform the Board of the financial position of the Trust for April
- provide assurance on the delivery of the Core Control total

2. Key points to note
(Including decisions taken)

- The plan for April required a Core (i.e. excluding Provider Sustainability Funding (PSF) and MRET) deficit of £0.427m, and a total surplus (including PSF and MRET) of £0.106m.
- The Trust's position at the end of month one is reported as on plan recognising the need for Divisions to implement changes to budgets and operationalise contractual changes before assessing the position against plan.
- The month one (April) position should be regarded as indicative only but concerns are already apparent. The May report will show a more reliable position.
- The reported month one is due to:
  - Divisional and Corporate overspends of £0.578m, offset by
  - Corporate income over performance of £0.160m
  - Use of Corporate Reserves of £0.383m,
  - Financing underspends of £0.035m
- The Divisional and Corporate Services deficit of £0.574m after one month is of concern.
- PSF core funding and MRET funding has been assumed for month 1.

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.

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

Finance Committee	21 May 2019

Report of the Finance Director

Section 1 – Executive Summary

	2019/20 Annual Plan	Income / (Expenditure)		Variance
		Plan to date	Actual to date	Favourable /(Adverse)
	£m	£m	£m	£m
Corporate Income	655.064	53.081	53.241	0.160
Divisions & Corporate Services	(598.680)	(50.096)	(50.670)	(0.574)
Financing	(36.693)	(3.029)	(2.998)	0.031
Reserves	(17.098)	(0.383)	-	0.383
Surplus/(deficit) excl PSF	**2.593**	**(0.427)**	**(0.427)**	**-**
PSF Core Funding	9.576	0.479	0.479	-
MRET Funding	0.646	0.054	0.054	-
Surplus/(deficit) incl PSF	**12.815**	**0.106**	**0.106**	**-**

- The annual plan is to deliver a core control total surplus of £2.593m, receive Provider Sustainability Funding (PSF) and MRET funding of £10.222m, with a total surplus of £12.815m

- The annual plan is that submitted to NHS Improvement on 4th April, updated to reflect further contractual changes with Commissioners. It must be understood that as the contracts have not yet been signed, there remains significant risk to this plan.

- There remains a significant gap of £21.5m in the system plan with national directive to align provider and commissioner plans. Each organisation in the system is required to resubmit finance, workforce and activity and performance plans by 23rd May 2019.

- The plan for April required a Core (i.e. excluding Provider Sustainability Funding (PSF) and MRET) deficit of £0.427m, and a total surplus (including PSF and MRET) of £0.106m.

- The Trust's position at the end of month one is reported as on plan recognising the need for Divisions to implement changes to budgets and operationalise contractual changes before assessing the position against plan.

- The month one (April) position should be regarded as indicative only but concerns are already apparent. The May report will show a more reliable position.

- The reported month one is due to:

    - Divisional and Corporate overspends of £0.578m, offset by
    - Corporate income over performance of £0.160m
    - Use of Corporate Reserves of £0.383m,
    - Financing underspends of £0.035m

- The Divisional and Corporate Services deficit of £0.574m after one month is of concern. Whilst detailed subjective reporting is not provided at month one whilst funding continues to be allocated to individual budgets, section two provides Divisional analysis.

- PSF core funding and MRET funding has been assumed for month 1.

Section 2 – Division and Corporate Services Performance

Performance by Division and Corporate Service Area:

The table below shows the variance for this month, and the variance against operating plan trajectory. It should be noted that as this is month 1 there are still a number of budget allocations to be actioned which may result in the subjective split of variances not being reliable for this month, this will be addressed by month 2.

favourable/(adverse)	Variance to Budget At 30 April £m		Variance to Operating Plan At 30 April £m
Diagnostic &	(0.004)		(0.055)
Medicine	(0.167)		(0.112)
Specialised Services	(0.054)		(0.063)
Surgery	(0.175)		(0.134)
Women's & Children's	(0.215)		(0.284)
Estates & Facilities	(0.005)		(0.006)
Trust Services	0.004		0.001
Other Corporate Services	0.042		0.042
Total	**(0.574)**		**(0.611)**

- The Divisional and Corporate services were £0.574m adverse to budget for the first month of the year and £0.611 adverse to Operating Plan.
- Funding has been allocated to the 2019/20 Divisional budgets in respect of inflation, agreed developments and activity changes within the latest contract proposal with the Commissioners. Further funding is to be allocated in due course. There is significant work to allocate the additional funding to individual budgets at a subjective level, therefore detailed subjective analysis and reporting is unreliable until this work is completed.

Diagnostic and Therapies
An adverse variance of £0.004m, £0.055m adverse to the Operating Plan trajectory.

Medicine
An adverse variance of £0.167m pay was £0.256m adverse, of which £0.269m relates to nursing and £0.148m to medical pay, other pay is favourable by £0.161m. Income from activities underperformed this month by £0.012m,

The Division is £0.112m adverse to its Operating Plan trajectory. The key variances being due to nursing and an increasing level of adverse variance in medical pay.

Specialised Services
An adverse variance of £0.054m. Income from activities is £0.108m adverse to plan. Pay is £0.122m adverse to plan with medical staff adverse by £0.079m and nursing by £0.022m. Non-pay is favourable by £0.179m

The Division is £0.063m adverse to its Operating Plan trajectory

Surgery
An adverse variance of £0.175m. Pay is adverse by £0.296m with nursing being £0.122m adverse and medical staff being £0.112m adverse. Non-pay is favourable by £0.272m and income from activities is £0.132m adverse.

The Division is £0.134 adverse to its operating plan trajectory

Women's and Children's
An adverse variance of £0.215m. Pay is £0.227m adverse with nursing being £0.157m adverse. Non–pay is £0.435m favourable. Income from activities is adverse by £0.402m with significant adverse variances on paediatric neurosurgery £0.236m and maternity £0.157m.

The Division is £0.284m adverse to its Operating Plan trajectory the key reason being broadly similar to the year to date variances above.

Section 3 – Clinical and Contract Income

Contract income by work type:

	Year to Date Plan £m	Year to Date Actual £m	Year to Date Variance Fav/(Adv) £m
Activity Based:			
Accident & Emergency	1.935	1.920	(0.015)
Bone Marrow Transplants	0.672	0.862	0.190
Critical Care Beddays	3.810	3.467	(0.342)
Day Cases	3.351	3.551	0.200
Elective Inpatients	4.982	4.944	(0.038)
Emergency Inpatients	9.196	8.684	(0.512)
Excess Beddays	0.520	0.631	0.111
Non-Elective Inpatients	2.681	2.574	(0.106)
Other	5.583	5.339	(0.244)
Outpatients	7.050	7.028	(0.021)
Total Activity Based	39.780	39.002	(0.778)
Contract Penalties	(0.114)	(0.114)	-
Contract Rewards	0.469	0.469	-
Pass through payments	7.194	7.060	(0.134)
Prior Year Income	-	-	-
Other	2.805	3.120	0.315
PSF Funding	0.479	0.479	-
2018/19 Total	50.614	50.017	(0.597)

The level of un-coded spells reduced in April to 15% (18% in March).

- Activity based income contracts reflect the latest proposal with Commissioners. Contracts have not been signed and there remains a high level of risk to the values being used, particularly for growth within urgent care and outpatients.
- Activity based income was £0.778m adverse to plan in April.
- Urgent care income was significantly below plan. Emergency inpatients was £0.512m below plan of which £0.207m was in cardiology and £0.178m in paediatric neurosurgery.
- Critical care beddays was £0.342m below plan, of which £0.163m was within adult services £0.113m paediatric and £0.066m cardiac.
- Other activity based income under performance includes £0.150m relating to Car-T which as a high cost low volume contract has a level of volatility.
- Bone Marrow Transplants were £0.190m above plan in April, with an over performance of £0.158m in specialised services and £0.032m in paediatrics.
- Rewards and Penalties have assumed to be as plan for April.
- Income relating to pass through payments was £0.134m below plan in April. Of this £0.052m relates to excluded drugs, £0.113m excluded devices and £0.091m blood, offset by a favourable variance of £0.043m for isotopes
- Other non activity based income over performance of £0.315m includes £0.270m in relation to pharmacy gain share.

Section 4 – Savings Programme

Analysis by work streams:

	2019/20 Annual Plan £m	Year to date		
		Plan £m	Actual £m	Variance fav/(adv) £m
Allied Healthcare Professionals	0.025	0.002	0.002	-
Blood	0.133	0.015	0.016	0.001
Diagnostic Testing	0.181	-	-	-
Estates & Facilities	0.420	0.045	0.047	0.002
Healthcare Scientists Productivity	0.139	0.012	0.002	(0.010)
HR Pay and Productivity	0.058	0.006	0.006	-
Income, Fines and External	0.579	0.051	0.037	(0.014)
Medical Pay	0.286	0.025	0.022	(0.003)
Medicines	1.070	0.128	0.167	0.039
Non Pay	4.283	0.434	0.455	0.021
Nursing Pay	0.369	0.021	0.021	-
Other / Corporate	1.361	0.113	0.113	-
Productivity	5.536	0.511	0.421	(0.090)
Trust Services	0.490	0.039	0.039	-
Unidentified	1.946	0.162	-	(0.162)
Total	16.876	1.564	1.348	(0.216)

Analysis by Division:

	2019/20 Annual Plan £m	Year to date		
		Plan £m	Actual £m	Variance fav/(adv) £m
Diagnostics & Therapies	1.625	0.143	0.145	0.002
Medicine	2.832	0.217	0.128	(0.089)
Specialised Services	1.992	0.165	0.175	0.010
Surgery	4.577	0.451	0.303	(0.148)
Women's & Children's	3.366	0.379	0.367	(0.012)
Facilities &Estates	0.512	0.047	0.060	0.013
Finance	0.158	0.013	0.013	-
Human Resources	0.101	0.009	0.008	(0.001)
IM&T	0.164	0.012	0.012	-
Trust HQ	0.188	0.015	0.015	-
Misc. Support Services	0.216	0.018	0.018	-
Corporate	1.145	0.095	0.104	0.009
Total	16.876	1.564	1.348	(0.216)

- The Trust has delivered savings of £1.348m for the year to date, 86% of plan.

- The savings requirement for 2019/20 is £16.876m. The Trust has achieved savings of £1.348m to date, a shortfall of £0.216m. The bulk of the under achievement is unidentified savings of £0.162m and productivity of £0.090m.
- Surgery is £0.148m behind plan, in line with its forecast, which included £0.999m of unidentified savings.
- Medicine is £0.089m behind plan, they have £1.204m unidentified savings.

Section 5 – Capital Programme

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

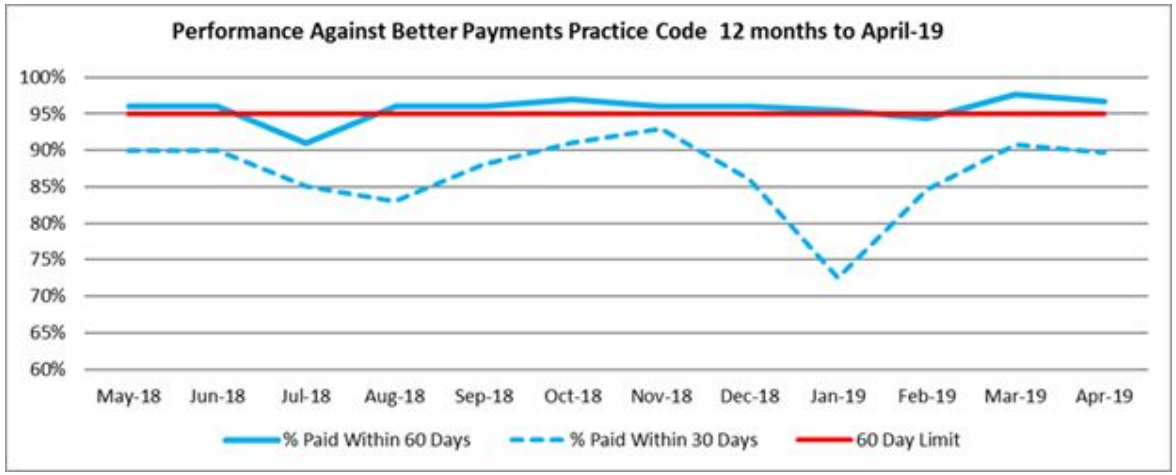
Subjective Heading	NHSI Annual Plan £m	NHSI Plan to 30th April £m	Actual Spend to 30th April £m
Sources of Funding			
PDC	9.050	-	-
Donations - cash	3.800	-	-
Cash:			
Depreciation	23.939	1.966	1.966
Cash balances	21.065	(0.301)	(1.050)
Total Funding	**57.854**	**1.665**	**0.916**
Application/Expenditure			
Strategic Schemes	(20.891)	(0.208)	(0.055)
Medical Equipment	(7.465)	(0.687)	(0.340)
Operational Capital	(6.636)	(0.647)	(0.229)
Fire Improvement Programme	(2.054)	(0.033)	(0.006)
Information Technology	(11.600)	(0.077)	(0.176)
Estates Replacement	(3.450)	(0.013)	(0.110)
Gross Expenditure	**(52.096)**	**(1.665)**	**(0.916)**
In-year Slippage	(5.758)	-	-
Net Expenditure	**(57.854)**	**(1.665)**	**(0.916)**

- The NHS Improvement (NHSI) Operational Plan for 2019/20 submitted in April includes a capital programme of £57.854m.
- NHSI has requested a review of the 2019/20 capital plans as part of the Annual Plan resubmission on the 23rd May. The resubmission will reflect the 2018/19 actual slippage of £33.911m with the forecast expenditure on the Transport Hub moved into 2020/21.
- Capital expenditure to 30th April was £0.916m against the April NHSI profiled plan of £1.665m.
- The key variances are within Strategic Schemes, Medical Equipment and Operational Capital.
- Additional resources have been agreed for Bristol and Weston Purchasing Consortium (BWPC) and Estates to support full delivery of the current year programme.
- To facilitate the production of an internal plan the Trust Capital Group has requested expenditure profiles from Divisions, Estates and IM&T by the end of May. The internal plan will enable effective monitoring, control and reporting of the capital programme at subjective and scheme level.

Section 6 – Statement of Financial Position and Cashflow

	Plan as at 30 Apr £m	Actual as at 30 Apr £m	Variance £m
Inventories	12.000	11.222	(0.778)
Receivables	12.037	16.694	4.657
Accrued Income	39.135	38.105	(1.030)
Debt Provision	(5.462)	(7.187)	(1.725)
Cash	98.832	110.893	12.061
Other assets	4.155	3.123	(1.032)
Total Current Assets	160.697	172.850	12.153
Payables	(37.736)	(42.333)	(4.597)
Accruals	(30.595)	(33.630)	(3.035)
Borrowings	(6.215)	(6.191)	0.024
Deferred Income	(5.719)	(3.191)	2.528
Other Liabilities	(2.580)	(2.075)	0.505
Total Current Liabilities	(82.845)	(87.420)	(4.575)
Net Current Assets/(Liabilities)	77.852	85.430	7.578

Payment Performance:



- The plans for the Statements of Financial Position and Cashflow will be updated as part of the Annual Plan resubmission to reflect the 2018/19 closing balances. The comparative plan profile for month 1 is from the Annual Plan submitted in April and does not reflect closing balances

- The net current assets at 30 April 2019 were £85.430m, £7.578m higher than the Annual Plan; current assets are higher by £12.153m and driven by the cash balance and current liabilities lower by £4.575m.

- Inventories were £11.222m, £0.778m lower than plan reflective of the physical inventory count undertaken in March.

- The Trust's cash and cash equivalents balance was £110.893m, £12.061m above plan.

- The total value of debtors was £29.490m (£17.874m SLA and £11.616m non-SLA). This represents a decrease in the month of £8.438m (£6.080m SLA and £3.358m non-SLA). Debts over 60 days old decreased by £2.117m (£3.514m SLA decrease and £1.126m non-SLA increase) to £9.464m (£4.834m SLA and £4.629m non-SLA).

- In April, 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.

Appendix 1

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

Finance Report April 2019- Summary Income & Expenditure Statement

Approved Budget / Plan 2019/20	Heading	Position as at 30th April Plan	Actual	Variance Fav / (Adv)
£'000		£'000	£'000	£'000
	Income			
621,609	From Activities	50,269	49,800	(469)
93,660	Other Operating Income (excluding PSF & MRET)	8,289	8,152	(137)
715,269	**Sub totals income**	**58,558**	**57,952**	**(606)**
	Expenditure			
(406,207)	Staffing	(35,448)	(36,209)	(761)
(252,678)	Supplies and Services	(20,125)	(19,172)	953
(658,885)	**Sub totals expenditure**	**(55,573)**	**(55,381)**	**192**
(17,098)	Reserves	(383)	-	383
-	NHS Improvement Plan Profile		-	-
39,286	Earnings before Interest,Tax,Depreciation and Amortisation	**2,602**	**2,571**	**(31)**
5.49	**EBITDA Margin - %**		**4.44**	
	Financing			
(23,939)	Depreciation & Amortisation - Owned	(1,966)	(1,992)	(26)
244	Interest Receivable	20	69	49
(242)	Interest Payable on Leases	(20)	(20)	-
(2,457)	Interest Payable on Loans	(205)	(197)	8
(10,299)	PDC Dividend	(858)	(858)	0
(36,693)	**Sub totals financing**	**(3,029)**	**(2,998)**	**31**
2,593	NET SURPLUS / (DEFICIT) before Technical Items excluding PSF & MRET	**(427)**	**(427)**	**0**
9,576	Provider Sustainability Funding (PSF) - Core	479	479	-
646	Marginal Rate Emergency Tariff (MRET)	54	54	-
12,815	SURPLUS / (DEFICIT) before Technical Items including PSF & MRET	**106**	**106**	**0**
	Technical Items			
3,800	Donations & Grants (PPE/Intangible Assets)	(24)	(24)	-
(1,359)	Impairments	-	-	-
	Reversal of Impairments	-	-	-
(1,590)	Depreciation & Amortisation - Donated	(131)	(135)	(4)
13,666	SURPLUS / (DEFICIT) after Technical Items including PSF & MRET	**(49)**	**(53)**	**(4)**

Approved Budget / Plan 2019/20	Division	Total Budget to Date	Total Net Expenditure / Income to Date	Variance [Favourable / (Adverse)]				Total Variance to date	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
	Corporate Income (excluding PSF & MRET)										
619,069	Contract Income	50,081	50,081	-	-	-	-	-			
	Pay Award Funding			-	-	-	-	-			
-	Penalties	-	-	-	-	-	-	-			
-	Contract Rewards	-	-	-	-	-	-	-			
-	Overhead share of income variance	-	160	-	(6)	-	166	160			
35,995	NHSE Income	3,000	3,000	-	-	-	-	-			
655,064	**Sub Total Corporate Income**	**53,081**	**53,241**	-	**(6)**	-	**166**	**160**			
	Clinical Divisions										
(58,244)	Diagnostic & Therapies	(5,036)	(5,040)	76	(53)	(14)	(13)	(4)	51	(55)	9
(84,994)	Medicine	(7,330)	(7,497)	(256)	101	0	(12)	(167)	(55)	(112)	(108)
(118,235)	Specialised Services	(9,418)	(9,472)	(122)	179	(3)	(108)	(54)	9	(63)	9
(117,575)	Surgery	(10,103)	(10,278)	(296)	272	(19)	(132)	(175)	(41)	(134)	(78)
(136,100)	Women's & Children's	(11,760)	(11,975)	(227)	435	(21)	(402)	(215)	69	(284)	87
(515,148)	**Sub Total - Clinical Divisions**	**(43,647)**	**(44,262)**	**(825)**	**934**	**(57)**	**(667)**	**(615)**	**33**	**(648)**	**(81)**
	Corporate Services										
(39,565)	Estates and Facilities	(3,345)	(3,350)	10	(4)	1	(12)	(5)	1	(6)	17
(29,836)	Trust Services	(2,579)	(2,575)	63	(65)	6	-	4	3	1	(2)
(14,131)	Other	(525)	(483)	(9)	92	(88)	47	42	-	42	8
(83,532)	**Sub Totals - Corporate Services**	**(6,449)**	**(6,408)**	**64**	**23**	**(81)**	**35**	**41**	**4**	**37**	**23**
(598,680)	**Sub Total (Clinical Divisions & Corporate Services)**	**(50,096)**	**(50,670)**	**(761)**	**957**	**(138)**	**(632)**	**(574)**	**37**	**(611)**	**(58)**
(17,098)	Reserves	(383)	-	-	383	-	-	383			
-	NHS Improvement Plan Profile	-	-	-	-	-	-	-			
(17,098)	**Sub Total Reserves**	**(383)**	-	-	383	-	-	383			
39,286	**Earnings before Interest,Tax,Depreciation and Amortisation**	**2,602**	**2,571**	**(761)**	**1,334**	**(138)**	**(466)**	**(31)**			
	Financing										
(23,939)	Depreciation & Amortisation - Owned	(1,966)	(1,992)	-	(26)	-	-	(26)			
244	Interest Receivable	20	69	-	49	-	-	49			
(242)	Interest Payable on Leases	(20)	(20)	-	-	-	-	-			
(2,457)	Interest Payable on Loans	(205)	(197)	-	8	-	-	8			
(10,299)	PDC Dividend	(858)	(858)	-	0	-	-	-			
(36,693)	**Sub Total Financing**	**(3,029)**	**(2,998)**	-	**31**	-	-	**31**			
2,593	**NET SURPLUS / (DEFICIT) before Technical Items excluding PSF & MRET**	**(427)**	**(427)**	**(761)**	**1,365**	**(138)**	**(466)**	**0**			
9,576	Provider Sustainability Funding (PSF) - Core	479	479	-		-	-	-			
646	Marginal Rate Emergency Tariff (MRET)	54	54	-		-	-	-			
10,222	**Sub Total PSF & MRET**	**533**	**533**	-		-	-	-			
12,815	**SURPLUS / (DEFICIT) before Technical Items including PSF & MRET**	**106**	**106**	**(761)**	**1,365**	**(138)**	**(466)**	**0**			
-	**Technical Items**	-	-								
3,800	Donations & Grants (PPE/Intangible Assets)	(24)	(24)	-	-	-	-	-			
(1,359)	Impairments	-	-	-	-	-	-	-			
-	Reversal of Impairments	-	-	-	-	-	-	-			
(1,590)	Depreciation & Amortisation - Donated	(131)	(135)	-	(4)	-	-	(4)			
851	**Sub Total Technical Items**	**(155)**	**(159)**	-	**(4)**	-	-	**(4)**			
13,666	**SURPLUS / (DEFICIT) after Technical Items including PSF & MRET**	**(49)**	**(53)**	**(761)**	**1,361**	**(138)**	**(466)**	**(4)**			

Meeting of the Finance Committee on 21 May 2019 in the Board Room, Trust Headquarters

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

For Information

The Committee received an update on the audited Trust Accounts for 2018/19: it was confirmed that the external auditors required no change to the position previously reported to the Finance Committee, which was very positive and reflected the hard work of the Finance Team, especially as this was the second year in a row in which there had been no required changes. The Accounts would be received by the Audit Committee on Thursday 23 May, to recommend their approval to the Board. The Committee were advised that the external auditors had reviewed the Trust's re-evaluation of its assets, and had accepted the Trust's assessment with no changes (it was flagged that if location factors noted by the district valuer did not change in the next 6 months the Trust would need to take an assessment as to whether to increase their value).

The Committee received an update on service efficiency and profitability, based on a year on year comparison of departments. It was noted that the Medicine Division had moved from a £3million deficit to a small surplus, and the Specialised Services and Women's and Children's Divisions had seen improvements also. Surgery in the Bristol Royal Infirmary (BRI) remained a concern: factors to service profitability included the high cost of the Trauma and Orthopaedic department and the ICU, much of which was due to structural and system/regional factors. The Committee suggested that the Executive team should ensure it had a clear understanding of the causes and what could be done to mitigate them (including whether a more strategic, system-led approach was needed).

The Committee were advised that changes in national cost collection guidance had come into force, meaning this was the first year in which acute Trusts were required to submit a 'PLICS' return. An update on this would come to the next Committee meeting.

For Board Awareness, Action or Response

The Director of Finance and Information updated the Committee on the Trust's financial position, as set out in the Finance Report. The Trust was down against plan for the month (April 2019), largely driven by lower levels of activity than expected in paediatric ED services, as well as continued use of winter capacity into the spring. However, as this was the first month of the financial year it did not necessarily represent a trend, and the position would need to be reviewed in future months as more financial information became available. The Committee agreed that it was too early to form definite conclusions on performance, but this should be kept under close review.

The Committee received an update on the status of significant financial risks for quarter 4 of 2019/20. It was noted that a key strategic risk lay in the Trust not being able to deliver the financial strategy, and whilst there was confidence that the internal controls were effective in helping mitigate this, there were factors outside the Trust's control which could impact on financial performance. These included the possibility of Trust resources being used to mitigate deficits in the wider system, and potential restrictions on NHS organisations' use of their cash surpluses, e.g. in capital spending. All Trusts in the region had been asked to resubmit their 2019/20 operational plans, including capital programmes, to deliver increased savings – the Trust had moved the Transport Hub proposal back by a year, meaning a £1million reduction in the resubmitted programme.

The Director of Finance and Information briefed the Committee that the Trust was still to sign its contract for the year with the Clinical Commissioning Group (CCG). This was due to system-wide issues meaning there was a contract alignment gap between regional providers' positions and the CCG's position, meaning the CCG was not presently seeking to reach bilateral agreements with individual providers until the regional issues were resolved. The Trust was in conversations with the CCG at present to establish how these issues could be addressed.

Key Decisions and Actions

In discussing strategic financial risks to the Trust, it was noted that the Board had recently reviewed its risk appetite and tolerance in relation to strategic risk. The financial risk scores would therefore be reviewed to ensure that the target and actual scores remained realistic and achievable, and in line with the Trust's stated articulation/tolerance.

Additional Chair Comments

There were no additional comments.

Date of next meeting:	**25 June 2019**

University Hospitals Bristol NHS Foundation Trust

Meeting of the Audit Committee on 23 May 2019 in the Board Room, Chapter House, UH Bristol

Reporting Committee	**Audit Committee**
Chaired By	**David Armstrong, Non-Executive Director**
Executive Lead	**Robert Woolley, Chief Executive**

For Information

This was the one meeting of the Audit Committee annually which was dedicated to the review the Trust's Annual Report and Accounts, so that the Committee could receive assurance, including from the opinions of the internal and external auditors, that it could recommend the approval the final Annual Report and Accounts 2018/19 to the Board.

The Chair welcomed two Care Quality Commission observers attending the meeting (as part of the well-led inspection), and advised them of the usual scope of the agenda, the current priorities and focus of the Committee, and the particular function and focus of today's meeting in reviewing the Annual Accounts and Reports and recommending to the Board whether to approve them for submission.

The Head of Internal Audit advised the Committee that the internal auditor's overall opinion was that significant assurance could be given that there was a generally sound system of internal control within the Trust.

The Committee received a report on the Trust's Accounting Policies and Significant Estimates: it was noted that the Committee had previously reviewed these, and there had been no changes in the accounting estimates used in the preparation of the 2018/19 accounts, and the Committee was now being presented with the value of those estimates and judgements: this information has been subject to audit and no significant issues had been disclosed. The Committee were advised that as part of this work the external auditors had reviewed the Trust's re-evaluation of its assets, and had accepted the Trust's assessment with no changes (it was noted that if location factors noted by the district valuer did not change in the next 6 months the Trust would need to take an assessment as to whether to increase the value). The Committee considered the values of the significant estimates in the 2018/19 accounts, and agreed to approve the changes to the Trust Accounting Policies in light of these.

The Committee received the Finance Director's report on the Annual Accounts, which confirmed that following audit there had been no change to the month 12 financial outcome reported to the Finance Committee in April 2019. The accounts showed a reported surplus of £30.1million (including a core surplus of £4.5 million, Provider Sustainability Funding of £25.4million and a net technical surplus of £0.21million). The Committee agreed to recommend the Annual Accounts 2018/19 to the Board for approval. The Committee also received a report on the Trust Accounts Consolidate (TAC) Summarisation Schedules, confirming the Trust's drafted submission complied with the requirements of the Regulator, and were consistent with the Trust's audit annual accounts. It was confirmed that the Trust would continue to work with partner organisations to 'close the gap' where a mismatch

between balances owed between the two organisations still needed to be resolved, but the Trust was confident that the figures set out in the TACS Schedules were robust and accurate. The Committee agreed to approve the TACS Schedules for signing, following the Board's approval of the annual audited accounts 2019/18.

The Committee received that Annual Report, noting that the Report outlined that the Trust had a sound system of internal controls, and that one internal control issue had been highlighted: namely the OFSTED monitoring report into the Trust's apprenticeship provision which had led to the suspension of this provision. The Committee (and the Board) were aware that a lot of work was ongoing to address this issue, and the People Committee had oversight of the implementation of a significant improvement plan to address this issue over the next ten months. The Committee felt that the report clearly set out the Trust's position over the last year, including highlighting its key successes and achievements. The Committee agreed to recommend the Annual Report 2018/19 to the Board for approval.

The representative of the external auditor confirmed that their audit had found no issues with the Annual Report and Accounts 2018/19, and in their opinion the Trust's financial statements for the year 2018/19 gave a true and fair view of the state of the Trust's affairs and of the Trust's income and expenditure and cash flows, and had been prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2018/19. The Committee noted that there were no strong recommendations for this year, and that two recommendations raised during the previous year's audit had been picked up through this year's Quality Report. The Chair requested that the Audit Committee build seeking assurance on progress against recommendations from the external auditors into its business planning.

The Committee received the Quality Report 2018/19, noting this has already been reviewed by the Quality and Outcomes Committee, who had confirmed they were happy to recommend it for approval. The representative of the external auditor confirmed that the Quality Report had been reviewed as part of their audit, and they were able to issue a limited assurance report in relation to the content of the report. The Committee agreed to recommend the Quality Report to the Board for approval.

For Board Awareness, Action or Response

The Committee RECOMMENDED the approval of the Annual Report and Accounts 2018/19 (including the Quality Report) to the Board for approval.

The Committee RECOMMENDED the approval of Quality Report 2018/19 to the Board for approval.

Key Decisions and Actions

- The Annual Report and Account 'lessons learned' exercise, which would take

place once the Annual Report and Accounts were finalised, to reflect on whether more information to highlight the Trust's work to improve communications with and between Governors and Non-Executive Directors should be included in the Annual Report (e.g. the use of a Governors' Log at Board meetings).

- The Committee to receive an update on activity to action external auditor recommendations from the audit process at a future meeting.

Additional Chair Comments	
There were no additional comments.	
Date of next meeting:	**26 July 2019**

Meeting of the Board in Public on 24 May 2019 in the Conference Room, Trust Headquarters

Report Title	**Audit Committee Terms of Reference**
Report Author	**Eric Sanders, Trust Secretary**
Executive Lead	**Eric Sanders, Trust Secretary**

1. Report Summary

To present a revised set of Terms of Reference for the Audit Committee for review and approval.

2. Key points to note
(Including decisions taken)

- The Terms of Reference (Appendix 1) have been through a significant review by the Chair of the Committee and the Trust Secretary to ensure they meet best practice and guidance as issues by relevant stakeholders.
- A new stakeholder analysis section has been included which seeks to identify the inputs into, and requirements of, the Committee.
- This analysis has then informed the detail of the Terms of Reference to ensure that the requirements on the Committee are being delivered.
- The Annual Cycle of Business has then been updated to reflect the revised Terms of Reference, with clarity about when reports will be presented during the year. This has not been included in the paper for the Board but is available on request.
- Comments from Internal Audit and from the Committee's review have been included in the revised Terms of Reference.
- The Audit Committee reviewed the revised Terms of Reference at its meeting held on 23 April 2019 and recommended their approval by the Board.

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

None identified.

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

- This report is for **APPROVAL**
- The Board is asked to **APPROVE** the Terms of Reference.

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

Audit Committee	23 April 2019

Terms of Reference – Audit Committee

Document Data	
Corporate Entity	Audit Committee
Document Type	Terms of Reference
Document Status	Draft
Executive Lead	Trust Secretary
Document Owner	Trust Secretary
Approval Authority	Board of Directors
Review Cycle	12 months
Next Review Date	TBC

Document Change Control				
Date of Version	**Version Number**	**Lead for Revisions**	**Type of Revision (Major/Minor)**	**Description of Revisions**
16/02/2011	1	Trust Secretary	Draft	Draft for consideration by the members of the Audit and Assurance Committee
08/03/2011	2	Trust Secretary	Draft	Draft for consideration by the Audit and Assurance Committee
04/05/2011	3	Trust Secretary	Draft	Draft for consideration by the Audit Committee on 09 May 2011
09/05/2011	4	Trust Secretary	Draft	Revisions by Audit Committee
26/05/2011	5	Trust Secretary	Draft	For Approval by Trust Board of Directors
26/05/2011	6	Trust Secretary	Approved version	Approved by the Trust Board of Directors
01/09/2015	7	Trust Secretary	Major	Revised terms of reference for consideration by the Audit Committee 9th September 2015
05/10/2016	8	Trust Secretary	Minor	Revised terms of reference for consideration by the Audit Committee 18 October 2016.
10/10/2017	9	Deputy Trust Secretary	Moderate	Revisions to a) Clarify existing practice, b) Ensure terms of reference reflect ICSA guidance/best practice. c) Reflect input from the Internal and External Auditors, d) Reflect input from the Chair [and the members] of the Committee e) Include minor grammatical corrections.
28/11/2018	10	Trust Secretary and AC Chair	Moderate	Inclusion of Context Section & Stakeholder Analysis. Re-organisation of Section on Duties Clarification re key deliverables

Contents

1. Constitution of the Committee

1.1. The Audit Committee (AC) is a statutory Committee established by the Board of Directors to monitor, review and report to the Board on the suitability and efficacy of the Trust's provisions for Governance, Assurance and Risk Management.

2. Context

Stakeholder Community

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

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

2.2 The Stakeholders of the Audit Committee are identified below:

Internal (accountable to)

- Board of Directors
- Council of Governors
- Accounting Officer (CEO of the Trust)
- Director of Finance and Information

Internal (peer)

- People Committee
- Quality and Outcomes Committee
- Finance Committee

Internal (reporting to AC)

- Internal Audit (sub-contracted)
- Local Counter Fraud Specialist (sub-contracted)
- Local Security Management Specialist
- Clinical Audit
- Freedom to Speak Up Guardian

External

- External Audit
- National Audit Office
- HM Treasury
- Freedom to Speak Up National Guardian
- NHS Counter Fraud Authority

Stakeholder Analysis

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

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

2.5 **Requirements from AC** - Explains what the Audit Committee is required to do based on the requirements of the stakeholder.

2.6 **Inputs into AC** - Explains what needs to be provided into the Audit Committee to allow it to fulfil the requirements of the stakeholder.

Internal Stakeholder Community					
Stakeholder	**Requirements from AC**		**Inputs to AC**		**Section Reference**
	General	Formal Deliverables	General	Formal Deliverables	
Board of Directors	Feedback on emerging risks	AC Chair Report (after each meeting) AC Annual Report Feedback on the risk management process and specifically the risks held within the BAF and Trust Risk registers Feedback on the overall Annual Report, including the Quality Report	Identification of emerging risks Recommendations for Internal Audit Approve Terms of Reference	Quality Report	7.3 7.10 7.11 8.8 8.11
Council of Governors	Updates at Governors Constitution Focus Group	Recommendation to appoint, re-appoint or remove the external auditor Performance evaluation of the External Auditors Audit Committee draft Terms of Reference for consultation	None	Authorisation to appoint agreed external auditor	7.5 7.12
Accounting Officer	None	Submission for Annual Governance Statement	None	Draft Annual Report (for AC review) Identification and status of Trust Hosted Services (annually)	7.3
Director of Finance and Information	None	None	Identification of emerging risks (Finance, IT) Recommendations for Internal Audit	Accounting Policies Draft Annual Accounts Inputs to Annual	7.7

Internal Stakeholder Community					
				Report including FD Report, Accounting Policies, TACs Summarisation Schedules, Single Estimates) Losses and Special payments report (each mtg) Single Tender Report (each mtg)	
People Committee	None	Results of relevant Internal Audits	Chair's Report (each mtg)	None	7.3.7
Quality and Outcomes Committee	None	Results of relevant Internal Audits	Chair's Report (each mtg)	None	7.3.7
Finance Committee	None	Results of relevant Internal Audits	Chair's Report (each mtg)	None	7.3.7
Internal Audit (sub-contracted)	Requirements for Internal Audit (including Freedom to Speak Up issues) Feedback on Reporting	None	Informal status reviews (beyond AC)	Internal Audit Plan (annual) Internal Audit Reports (each mtg) Progress Report (each mtg) Head of Internal Audit Opinion (for reference in the Annual Governance Statement – part of the Annual Report)	7.4
Local Counter Fraud Specialist (sub-contracted)	None	None	None	Annual Plan Progress report (each mtg)	7.8
Local Security Management Specialist	None	None	None	Counter Fraud Strategy Annual Plan Progress report (each mtg)	7.8
Clinical Audit	None	None	None	Annual Clinical Audit Report	7.6
Freedom to Speak Up Guardian	None	None	None	Annual Report	7.9

External Stakeholder Community					
Stakeholder	**Requirements from AC**		**Inputs to AC**		**Section Reference**
	General	Deliverables	General	Deliverables	
External Audit	Guidance on possible scope of annual audit Informal communication on external audit			Audit Report (ISA 260 Report) Trust Accounts Consolidation Schedules	7.5

External Stakeholder Community					
	activities (Without Executives present)			Management Letter of Representation, Quality Report Management representation letter Assurance Report on the Trusts Quality Report Report to the Council of Governors on Trusts Quality Report (annually)	
NHSI	None	Escalation in those instances where the services of the External Auditor are terminated in disputed circumstances. Escalation where exceptional, serious and improper activities have been revealed by the Committee, if insufficient action has been taken by the Board of Directors after being informed of the situation.	None	NHS Code of Governance	7.13 7.14
National Audit Office	None	None	None	Code of Audit Practice	7.1
HM Treasury	None	None	None	Audit and risk assurance committee handbook	7.1
Freedom to Speak Up National Guardian	None	None	None	Guidance for boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts	7.9
NHS Counter Fraud Authority	None	None	None	Counter Fraud Standards for NHS Providers	7.8

3. Responsibilities

3.1 As stated above, the purpose of the Audit Committee is to ensure the suitability and efficacy of the Trust's provisions for Governance, Assurance and Risk Management. The activities of the AC are therefore focused on the Policies and Processes of the Trust:

- Definition
- Implementation
- Outcomes

and especially on the approach to Enterprise Risk Management, that is the identification and management of Operational and Strategic Risks which might impact on the Trust's

principle objectives.

3.2 The **primary responsibilities** of the Audit Committee are therefore to:

1. Review and seek assurance of the Trust's approach to Risk Management and internal control
2. Monitor and review the effectiveness of the internal audit function,
3. Review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process
4. Seek assurance about Clinical Audit activity

3.3 In addition, the AC has specific responsibilities which it undertakes on behalf of the Board with respect to:

5. Integrity of Financial Reporting
6. Activities to Identify and Counteract Fraud
7. Ensuring the effectiveness of the Freedom to Speak Out Policy

3.4 Finally, the AC must:

8. Communicate and report effectively to all its Stakeholders

3.5 Each of these responsibilities is covered in more detail in section 7. The performance of the Audit Committee is most clearly evidenced by the degree of Stakeholder Satisfaction.

4. Authority

4.1 The Committee is authorised by the Board to investigate any activity within its terms of reference and to seek any information it requires from any officer of the Trust and to call any employee to be questioned at a meeting of the Committee as and when required.

4.2 This will include, but is not limited to:

- Evaluating the integrity of the financial statements of the Trust, any formal announcements relating to the trust's financial performance, and reviewing significant financial reporting judgements contained in them
- Independently and objectively monitor, review and report to the Board on the adequacy of the policies and processes for governance, assurance, and risk management
- Facilitate the effective implementation of an internal and external audit plan, and so the development, maintenance and implementation of Trust Policies and Processes
- Obtain whatever professional advice it requires (as advised by the Trust Secretary);

4.3 Since the Audit Committee is a Non-executive Committee of the Board of Directors it has no executive powers, other than those specifically delegated in these Terms of Reference.

5. Membership and attendance

5.1 Members of the Committee shall be appointed by the Board of Directors and shall number at least three.

5.2 All members of the Committee shall be independent Non-executive Directors.

5.3 The Committee should identify and agree with the Board of Directors the skills required for Committee effectiveness. These skills will include governance, assurance and risk.

5.4 At least one member of the Committee should have recent and relevant financial experience sufficient to allow them to competently analyse the financial statements and understand good financial management disciplines.

5.5 The Chairs of the People, Finance and the Quality and Outcomes Committees will usually be members unless this does not meet the skills and experience requirements of the Committee.

5.6 Where the Chairs of the other Board Committees are not members (see above), then they will be invited to attend the meetings.

5.7 The Chair of the Board of Directors shall not be a member of the Committee and should limit his attendance to one meeting per annum to support the evaluation of the effectiveness of the Committee.

5.8 Only members of the Committee have the right to attend Committee meetings. However non-committee members may be invited to attend and assist the committee from time to time.

5.9 Members may nominate a deputy to attend where they are unavailable. The deputy must be agreed with the Chair of the Committee and must be an Independent Non-Executive Director of the Trust.

5.10 In the absence of the Committee Chair and/or an appointed deputy, the remaining members present shall elect one of themselves to chair the meeting.

5.11 External Audit and Internal Audit representatives shall be invited to attend all meetings of the AC. At least once a year the Committee should meet privately with the External and Internal Auditors.

5.12 The Director of Finance shall normally attend meetings.

5.13 The Chief Executive and other Executive Directors should be invited to attend as appropriate. The Chief Executive (or his/her nominated deputy) shall be required to attend the review of the Annual Governance Statement.

5.14 The Committee Secretary shall be the Trust Secretary or his nominated deputy. The Trust Secretary or his nominated deputy shall attend all meetings of the Committee.

6. Quorum

6.1 The quorum necessary for the transaction of business shall be three members, all of whom must be independent Non-executive Directors. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

7. Duties

7.1 The Committee shall undertake the duties detailed in the HM Treasury's Audit and Risk Assurance Committee Handbook, with reference to the NHSI Code of Governance and with regard to the National Audit Office Code of Audit Practice, see references in section 9. In addition the HFMA's NHS Audit Committee Handbook maybe taken into consideration to determine the governance of the Committee.

7.2 The following sections provide more detail of the specific duties, associated with the responsibilities of the Committee as outlined in section 3.

Review and seek assurance of the Trust's approach to Risk Management and internal control

7.3 The Committee shall

7.3.1 Review the establishment and maintenance of an effective system of integrated governance, assurance and risk management across the whole of the Trust's activities (both clinical and non-clinical) that supports the achievement of both the organisation's Strategic and Operational Objectives; this includes a review of the Board Assurance Framework, Strategic and Operating Plans and the associated Trust Risk Registers.

7.3.2 Review the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements;

7.3.3 Work with Internal and External Audit leadership teams to establish the level of compliance with External Legal and Regulatory Requirements and Trust Policies and Processes and to identify any associated risks.

7.3.4 Review any Governance, Assurance and Risk related disclosure statements, in particular the Annual Report, including the Quality Report and annual statements made by the Internal and External Auditors to ensure that any risks or gaps in controls are identified and appropriate actions are taken;

7.3.5 Review the findings of other significant assurance functions, both internal and external to the Trust and consider the implications to the governance of the Trust. These will include, but not be limited to, any reviews undertaken by the Department of Health Arms-Length Bodies, Regulators, other Trust Committees as well as professional bodies with responsibility for the performance of staff or functions.

7.3.6 Review the scope and status of services hosted by our Trust on an annual basis to identify whether there are any emerging risks which might impact on the Trust's reputation

7.3.7 Review the work of other Committees within the organisation, whose work can help identify current and emerging risks and provide relevant assurance to the Audit Committee's own scope of work

7.3.8 Review the work of the Estates Leadership Team with respect to ensuring Regulatory and Legal Compliance, especially with respect to Emergency preparedness, Business Continuity and Safety (called up in ABC)

7.3.9 Receive regular reports from the Chair of the Risk Management Group (included in ABC)

7.3.10 Seek assurance in relation to the Trust's compliance with information governance requirements including compliance with the Data Security and Protection Toolkit.

Monitor and review the effectiveness of the internal audit function

7.4 The Committee shall:

7.4.1 Ensure that there is an effective Internal Audit function that provides appropriate independent assurance to the Committee, Chief Executive and Board of Directors;

7.4.2 Consider and approve the Internal Audit strategy and annual plan and ensure it has adequate resources and access to information, including the Board Assurance Framework, and ensure coordination between Internal Auditors to optimise use of audit resource;

7.4.3 Ensure the function has adequate standing and is free from management or other restrictions;

7.4.4 Review promptly all reports on the Trust from the Internal Auditors including the Executive Management's responsiveness to the findings and recommendations of reports

7.4.5 Ensure the People, Quality and Outcomes and Finance Committees have full visibility of Audit reports that might impact on their work

7.4.6 Meet the Head of Internal Audit at least once a year, without management being present, to discuss their remit and any issues arising from the internal audits carried out. The Head of Internal Audit shall be given the right of direct access to the Chair of the Committee, Chief Executive, Board of Directors and to the Committee;

7.4.7 Conduct a review of the effectiveness of Internal Audit services once every year

Review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process

7.5 The Committee shall:

7.5.1 Consider and make recommendations to the Council of Governors, in relation to the appointment, re-appointment and removal of the Trust's External Auditor;

7.5.2 Work with the Council of Governors to manage the selection process for new auditors and, if an auditor resigns, the Committee shall investigate the issues leading to this, and make any associated recommendations to the Council of Governors;

7.5.3 Receive assurance of External Auditor compliance with the Audit Code for NHS Foundation Trusts;

7.5.4 Approve the External Auditor's remuneration and terms of engagement including fees for audit or non-audit services and the appropriateness of fees, to enable an adequate audit to be conducted;

7.5.5 Agree and review the policy regarding the supply of non-audit services by the External Auditor and monitor that service, taking into account relevant ethical guidance;

7.5.6 Review and monitor the External Auditors' independence and objectivity and the effectiveness of the audit process annually. In particular, the Committee will review the work and findings of the External Auditors and consider the implications and management's responses to their work;

7.5.7 Meet the external auditor at least once a year, without management being present; to discuss their remit and any issues arising from the audit;

7.5.8 Discuss and agree with the External Auditors, before the audit commences, the nature and scope of the audit, as set out in the annual plan;

7.5.9 Discuss with the External Auditors their evaluation of audit risks and assessment of the Trust, and

7.5.10 Review all External Audit reports, including the report to those charged with governance (before its submission to the Board of Directors) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses;

Seek assurance about Clinical Audit activity

7.6 The Committee shall:

7.6.1 The Committee shall work with the Chair of the Quality and Outcomes Committee to review issues around clinical risk management and ensure that the Clinical Audit function is positioned to effectively identify and facilitate the mitigation of clinical risks

7.6.2 The Committee will receive the Clinical Audit Annual Plan and Annual Report and receive regular updates on progress made by clinical audit throughout the year.

Integrity of Financial Reporting

7.7 The Committee shall:

7.7.1 Ensure the integrity of the annual report, summary financial statements, and all other significant financial statements submitted by the Trust to external stakeholders. In reaching a view on the accounts, the Committee should consider:

- key accounting policies and disclosures
- assurances about the financial systems which provide the figures for the accounts
- the quality of the control arrangements over the preparation of the accounts
- key judgements made in preparing the accounts
- any disputes arising between those preparing the accounts and the auditors

7.7.2 Review these Financial Statements to identify significant issues and judgements and ensure actions are implemented as appropriate

7.7.3 Review the consistency of, and changes to, accounting policies both on a year on year basis and across the Trust and its subsidiary undertakings;

7.7.4 Review whether the Trust has followed appropriate accounting standards and made appropriate estimates and judgements, taking into account the views of the External Auditor; and

7.7.5 Review at each meeting, reports detailing:

- Losses and special payments
- Single Tender Actions (i.e. procurement without competition)

Activities to Identify and Counteract Fraud

7.8 The Committee shall:

7.8.1 Ensure that there is an effective Counter Fraud function that that meet the required NHS Counter Fraud Authority standards

7.8.2 Consider and approve the Counter Fraud strategy and annual plan and ensure it has adequate resources and access to information to undertake its activities

7.8.3 Undertake regular reviews of the work undertaken to counter fraud and to establish effective security arrangements of the Trust's assets

7.8.3 Undertake an Annual Review of the Board's Register of Interests (called up in ABC)

7.8.4 Undertake an Annual Review of the Trust Wide Register of Interests, Gifts and Hospitality

7.8.5 Conduct a review of the effectiveness of Counter Fraud services once every five years

Ensuring the effectiveness of the Freedom to Speak Out Policy

7.9 The Committee shall monitor and receive assurance on compliance with the Trust's Speaking Out Policy and ensure that the policy allows for proportionate and independent investigation of such matters and appropriate follow-up action.

Reporting to Board and other Stakeholders
Reporting to the Board

7.10 The Committee Chair shall prepare and submit a written report after each Audit Committee for review and discussion at the proceeding Board of Directors meeting to:

- Provide assurance that an appropriate system of governance is in place
- Identify any emerging Risks associated with the Trust's System of Governance and its approach to Assurance and Enterprise Risk Management
- Inform the Board of any key decisions that have been taken or actions that have been placed

7.11 In addition, the Committee, having considered its effectiveness, will produce an Annual Report which will be developed in accordance with the Trust's requirements and will include:

- Details of how the committee is discharging its responsibilities.
- Reference to any non-audit services provided by the external auditors, and if so, how auditor objectivity and independence is safeguarded;
- Details of the full auditor appointment / contract termination processes (including the position of the Council of Governors with regard to the decisions taken) and the Committee's reasons for any decisions taken
- The signature of the Chair of the Audit Committee.

Reporting to Other Stakeholders

7.12 The Committee shall make necessary recommendations to the Council of Governors on areas relating to the appointment, re-appointment and removal of External Auditors, the level of remuneration and terms of engagement

7.13 The Chair of the Committee shall write to the Independent Regulator of NHS Foundation Trusts (NHS Improvement) in those instances where the services of the External Auditor are terminated in disputed circumstances.

7.14 Where exceptional, serious and improper activities have been revealed by the Committee, the Chair of the Committee shall write to NHS Improvement, if insufficient action has been taken by the Board of Directors after being informed of the situation.

8. Administration

8.1 The Committee shall meet a minimum of four times a year and at such other times as the Chair of the Committee, in consultation with the Committee Secretary, shall require allowing the Committee to discharge all its responsibilities.

8.2 Meetings of the Committee shall be called by the Secretary of the Committee at the request of the Committee Chair. The Board of Directors, Chief Executive, External Auditors or Head of Internal Audit may request an additional meeting if they consider it necessary.

8.3 Trust Secretariat shall provide secretariat services to the Committee and shall provide appropriate support to the Chair and Committee members as required.

8.4 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Committee, no less than five working days before the date of the meeting.

8.5 Supporting papers, detailing their purpose for inclusion and the actions / decisions that are expected of the Committee shall be made available no later than three working days before the date of the meeting.

8.6 The secretary shall minute the proceedings of all Committee meetings and maintain an "actions arising log". Draft minutes and the actions arising shall be issued promptly to the Chair of the Committee, for review, before formal issue

8.7 The secretary shall ascertain, at the beginning of each meeting, the existence of any conflicts of interest and minute them accordingly.

8.8 The Committee shall, at least once a year, review its own performance to ensure it is operating at maximum effectiveness. The Committee shall use the Audit Committee Self-Assessment Checklist for this purpose.

8.9 All papers (notices, agendas, supporting papers and minutes) will be sent in electronic form, except where the recipient has specifically requested to receive documents in paper format.

8.10 The Trust Secretary and Committee Chair shall develop and maintain an Annual Business Cycle detailing the standing agenda items required at each meeting throughout the year in order to discharge the duties detailed herein.

8.11 The Committee shall review its own terms of reference annually.

9. External References

HM Treasury - Audit and risk assurance committee handbook
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/512760/PU1934_Audit_committee_handbook.pdf

NHS Code of Governance
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/327068/CodeofGovernanceJuly2014.pdf

National Audit Office - Code of Audit Practice

https://www.nao.org.uk/code-audit-practice/

NHS Counter Fraud Authority – Standards for NHS Providers

https://cfa.nhs.uk/resources/downloads/standards/NHS_Fraud_Standards_for_Providers_2018.pdf?v=1.0

HFMA – NHS Audit Committee Handbook (available on request from the Trust Secretary)

Meeting of the Board in Public on Friday 24 May 2019 in the Conference Room, Trust Headquarters

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

1. Report Summary
This Transforming Care update describes the highlights for the period January-March 2019 (quarter 4) against the three priority areas agreed for the Transformation Board and the Transformation Team: Digital Transformation, Productivity Improvement and the Quality Improvement programme. It also outlines the agreed Transforming Care priorities for 2019/20 for information.
2. Key points to note *(Including decisions taken)*
• Continued delivery of the Transforming Care programme in 2018/19, delivering significant benefits across the Trust (appendix 1). • The agreed Transforming Care priorities for 2019/20 (appendices 2 and 3).
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 <u>previously</u> been received.**
N/A

This Transforming Care update describes the highlights over quarter 4 2018/19 (January-March 2019) against the three priority areas agreed for the Transformation Board and the Transformation Team: digital transformation, working smarter and quality improvement.

A summary of the highlights of progress during quarter 4 is given below, and the priorities for the following quarter are outlined. A more detailed description of latest progress against key projects is attached at Appendix 1.

The Trust has agreed to an updated set of Trust-wide transformation priorities for 2019/20. These were derived from divisional operating plans, Our 2025 Strategy, divisional draft strategies, digital programmes and continuing projects and programmes for 2018/19.

The resulting list of Trust-wide transformation priorities (appendix 2) covers three themes, namely working smarter (productivity and efficiency), digital hospital and quality improvement. Significant new programmes of work include:

- implementation of real time bed management
- escalation of the deteriorating patient
- clinical pathway development
- outpatient transformation
- launch of the QI Gold Programme

The transformation priorities demonstrate the range of larger scale transformational activity being undertaken across the Trust, much of which involves working with our STP partners. This is in addition to the local transformation projects that continue within divisions in line with their operating plans.

The Trust agreed a subset of the transformation priorities which will be the focus for Transformation Board, and a further subset that will be the priority areas of work for the Transformation Team resource. The Transformation Team has been asked to support in 2019/20 further Working Smarter workshops and urgent care workshops, and this may generate further projects and programmes of work.

Appendix 3 aligns the transformation priorities to the Transforming Care strategic pillars. This will be the basis of the communication of the transformation priorities to staff across the Trust in the coming month.

Transforming Care – Progress Summary Q4 2018-19

Successes	Priorities
• Real time outpatient clinic model in BHI has led to a reduction in missing outcomes and improvement in 7 day typing turnaround. • Successful pilot to email patient appointment letters. • New customer care principles launched Trust wide. • Adult discharge log launched in Medway Trust wide, as part of the programme to embed Clinical Utilisation Review (CUR) information into core processes. • Here to Help principles launched across the Trust, to support staff in developing a culture to deliver excellent customer care. • During 2018/19 346 people completed QI Bronze training (653 people in total attended over two years), and 49 participants either completed or commenced the QI Silver programme, covering 40 projects. • Establish Digital Hospital Programme Committee and appointing MIOs (CC to add)	• Continued embedding of the use of a daily CUR report to support the management of flow and escalation of delays with patient pathways, with a focus on medical staff. • Scoping of the real time bed management digital options. • Finalise the QI Gold programme curriculum and prepare to launch in July. • Establishment of a major outpatient transformation programme focusing on non-face to face clinics, reducing follow-up attendances, and full evaluation of advice and guidance services. This will include development of a robust communications and engagement plan with GPs and patients. • Scoping of clinical pathway development programme to agree which pathways to focus on • Roll out emailing of patient appointment letters across the Trust.
Opportunities	**Risks and Threats**
• Options for working in partnership with Above and Beyond to fund staff to develop and trial small innovations. • Exploring synergies arising from working with STP partners to develop clinical pathways and transform outpatient services. • Early discussion with CCG Director of Transformation to develop a BNSSG aligned approach to improvement and innovation.	• Capacity of transformation team to support all the transforming care priorities where support requested – the Associate Director of Improvement and Innovation will work with divisional directors to develop the annual work programme to phase projects. • Capacity of clinical support for digital transformation implementation.

Pillars: Working Smarter | Digital | Quality Improvement

Appendix 1: Transforming Care Report

Status: 3rd May 2019

Aims Status Key: On Track | Behind | Delays | Scoping | Completed

Project & Aim	Progress Last Month	Aims for Next 3 Months	When	Benefits delivered or expected	Current Challenges	Key Comments for Awareness/Discussion
Electronic Observations To improve the recognition, response and management of deteriorating patients with the use of an e-Observation system	• Embedding work to improve compliance will be overseen by allocated heads of nursing. Helen Bishop will lead on cannula function • Work began on moving GICU and Pre-op to implement eObs • Aims for next 3 months reset in response to current challenges column	• Cannula working group established to agree standard working practices using Vitals system • Development of live eobs dashboard to support clinical areas embed use of the system • Sepsis 6 checklist roll-out date to be confirmed, following Vitals system upgrade • NEWS 2 score on wardview • Rollout to surgical day of admission unit and GICU	May TBC TBC TBC June	• Deteriorating Patients data – April data not available at time of report, incomplete collection due to trial of Perfect Ward data collection tool	• eObs data dashboard requires upgrade of server to enable feed of live data. No plan agreed yet to implement this • NEWS 2 score displaying on wardview not possible at present due to delays in receiving complete APIs (2 way links between systems) from System C. No planned resolution date at present	**Recommendation** e obs project is replaced on this report with the new 19/20 priority ' Escalation of deteriorating patients' project. The remaining technical elements will be overseen by the IT management group **For Decision** Reporting route for embedding/cannula work
EPMA and Discharge Summary Implement an Electronic Safe Effective Patient Centred Prescribing and Medication Administration System	• Medway day case summary built using the discharge summary workflow • Medway upgrade test cycle completed – a number of EPMA test failures prioritised for fix • Aims for next 3 months reset in response to challenges with system performance (see final column)	• Full review of deployment plan • Division of surgery next area for Medway discharge summary roll out • Sustainable business continuity plan implemented • EPMA full roll out agreed for Medicine after next Medway update	May Apr July tbc	• EPMA ensure timely administration of medication • Streamline discharge medication processes • Reporting and Dashboard mechanisms will support action prioritization and efficiency • Discharge summary within Medway provides a safer quality alternative to ICE, ICE will be removed from use within UHB in 2019	• Further improvement to the business continuity/resilience arrangements needed • Dependency on enhancements to Medway to restart use of EPMA • Discharge Summary roll out to surgery delayed pending further needs analysis, and Medical Information Officer sign off	**For awareness** Two recent episodes of deterioration in IT system performance, resulting in a reversion to paper prescribing have prompted a full review of the EPMA deployment plan before restarting (W100/w200 remain live) **Downtime and restore plan still not fully adopted into Trust business continuity plans** – reliance on project team still exists which does not have capacity to undertake restore for whole site
Careflow (Improving Handover) To have effective communication systems across teams to deliver timely, safe and effective care Trust Wide	• Rollout continuing across services (**1607** users and **222** groups set up) • Paperless handover for Paediatric Respiratory and Spinal Surgery implemented • Careflow implemented for handover in Paediatric Nephrology	• Careflow training videos produced • BRHC Medical teams handover rollout complete • New clinically-led Trust group formed to support a unified, standardised approach to Careflow rollout • Roll out plans for all Divisions using Careflow for Medical Handover agreed	May Jun Jun Jul	• Reduction of communication incidents on DATIX (**714 incidents** reported during 18/19) (**22 cases** of dropped handover sheets during 18/19) • Secure real-time communication & remote clinical decision making based on patient information • Reduction in bleeps releasing time for other tasks	• Embedding Careflow in some services as use of the system is currently optional • IT infrastructure (e.g. Wi-Fi coverage and mobile reception) can impact efficiency of the Careflow system • Users with BYOD struggling with phone battery management	**For awareness** The Digital Hospital Programme Committee 30th April agreed a Trust wide clinically led implementation group is required to ensure a standardised approach for using Careflow is established.
Clinical Utilisation Review To increase the percentage of inpatients receiving the right level of care in the right care setting, for the right duration	• 18/19 CQUIN targets achieved • All divisions have held initial 'Working Smarter' meetings • Adult ward CUR review meetings completed • Resolving post implementation issues with Adult Discharge log	• Embed BRHC process for using CUR to support flow management • Implement roles and responsibilities for CUR initiative – assessments and reports • Embed new IDS processes and transfer from 'green to go' list following launch of Adult Discharge Log • Complete pilot of using CUR at Board rounds, plan roll out Trust wide	Jun July Jun July	• Beds occupied by patients requiring acute care **April 19: 73.1% qualified reviews with no delays** • Robust management of non-qualified patients awaiting discharge external reasons- **April 2019: 50.2% of delays recorded** • Robust management of non-qualified patients with internal delays in their care pathway- **April 2019: 49.8% of delays recorded**	• Continued work required to improve the accuracy of delays being recorded, to ensure the benefits of the daily operational reports can be optimised	**For Awareness** Agreed by Transformation Board that CUR will be removed from the Transforming Care report in 19/20 as feeds into Cost Savings Delivery Board
Ward View To improve patient experience, safety & quality and ensure effective teamwork to improve patient flow	• A602, A604 and A605 screens reviewed and updated • Estates quote received for E519 & E307 • Specification obtained for CDS screen – development work underway • Adult Discharge Log column across relevant wards apart from Maternity	• Install boards in E519 and E307 • Specification meeting MLU • Auto-populate eDis column as/when Medway Discharge summaries rolled-out • NEWS score feed auto-populate onto Ward View • Ongoing Standardisation of columns in adult wards	May May Jun Jun Jun	• Positive feedback from wards that have pharmacy tracker column • Increased visibility of potential discharges due to real-time data available • Increased auto-population of columns reducing duplication of data capture • Alignment of columns on adult screens will make them more user friendly for rotating staff, e.g. AHPs, CNS, junior doctors	• Delays in receiving complete APIs (2 way links between systems) from System C holding up development, e.g. NEWS • No high frequency data feeds from Medway Maternity; restricts auto-population of baby details • Unable to progress the display of NEWs score and updating EDD via wardview – requires System C development of APIs	**For Decision** Decision required regarding business as usual owner for decisions regarding content and standardisation of the wardview boards **Recommendation** Project is removed form Transforming Care report and closure report brought to Transformation Board in Quarter 2 2019/20
Personal Health Record Patients to have direct electronic access to their health records. Enabling patients to engage with their care and treatment	• No progress as active project on hold whilst future plans being agreed • Aims for next 3 months updated to reflect rescoping of timeline	• Meet with System C to agree future roadmap for project, and confirm if aims below are still required • Extended pilot across a wider range of patients for PHR, requires clinical support • Patient workshops and user interface /User experience sessions to be planned • ACRS (patient requests to cancel/rebook appointment) to be defined / re-scoped	Ma TBC TBC TBC	• Patients to have better visibility and transparency of their patient information • Patients will have access to general information about UHB and lifestyle advice	• Improved registration process needs to be developed – NHS digital progressing • Agreeing new ways of working with the supplier to support agile working • Clinicians have concerns about increases to their workload, therefore CNS groups likely to be first to use patient feedback	**For Awareness** Continuing on Transforming Care programme as a pilot project in 2019/20, with Transformation Board oversight requested
Real-time Outpatients To deliver a high quality service through a friendly, accessible, consistent and timely service	• Ongoing Real Time Outpatients (RTOP) prep in Respiratory and Sleep, BRHC, and Rheumatology. • Clinical Genetics focusing on improved admin processes in prep for RTOP • Initial conversations with ENT, Dermatology, and Gynaecology held • Promotion film featuring BHI staff made	• Implementation of CRIS booking module to allow appointments to be made without vetting first • RTOP in BHI will require ongoing support to embed • Rheumatology and 1 BRHC speciality to launch • Communications and film promoting the benefits of RTOP developed and released	Jul Jun Jun Jun	• Better cross-cover and improved business continuity due to standardisation of admin roles • Enable greater throughput of patients within clinic • Reduce lost income due to missing outcomes; BHI have a **61% reduction in missing outcomes**. • Improved clinic letter turnaround, and less chance of fines: **BHI improved 7 day turnaround by 12%**.	• Resistance to change of practice by consultants and medical secretaries • Med sec vacancies, sickness, and typing backlogs compound to increase resistance to change • Various IT issues (incl. slow PC speed) • Some admin structures may act as barrier to real-time working	**For Awareness** Progress is very slow with only one area live (BHI). Every area has issues to work through before we can launch; IT, typing backlog, staff behaviour/buy-in, staff sickness/vacancies. This is being escalated to OSG and Mark Smith.

Project & Aim	Progress Last Month	Aims for Next 3 Months	When	Benefits	Current Challenges	Key Comments for Awareness/Discussion
Improving Discharge & Patient Flow To establish a Discharge Service which reduces occupied bed days whilst improving patient outcomes and experience	• Implemented revised processes for patient identification and transfer to SBCH	• Hold Stroke Patient Flow event with relevant stakeholders in SBCH to identify areas for improvement	June	• Early in the day transfers to SBCH supporting improved patient experience and flow • Improved bed utilisation at SBCH	• Identification of enough of the agreed suitable patients for SBCH given current medical and specialist cover at SBCH	**Recommendation** Project is removed form Transforming Care report and closure report brought to Transformation Board in Quarter 1 2019/20
		• Stroke process website and Information video available on Connect for stakeholders	May	• Length of Stay in Medicine reduced • Stroke patients reaching optimal ward location in timely manner to achieve best outcome		
BRHC Improving Flow To improve patient flow at BRHC so that patients receive quality healthcare at the right time in the right place with no delays	• Planned completion of work in April by Transformation Lead was not possible due to competing priorities	• Discharge-focused pages launched on Connect	Apr	• Support the 4-hour performance in BRHC • Support the achievement or admitted RTT performance (Aim: 92%) • Supporting the ability to accept regional referrals in the required clinical timescale	• Capacity of both divisional and transformation team to complete actions ready for launch • Capacity of staff on the wards to trial additional new systems	**For Awareness** Plan to transfer of outstanding work to divisional team, and agree launch for work completed to date **Recommendation** Project is removed form Transforming Care report and closure report brought to Transformation Board in Quarter 2 2019/20
		• Communication regarding TTA process distributed	Apr			
		• Paediatric discharge clinical note launched, including, new discharge log	Apr			

Optimising Diagnostics
To ensure that patient diagnostic pathways are necessary, timely and lean by April 2019
	• Successful Radiographer Led reporting pilot
	• Linked in with Urine Dipstick reduction CQUIN
		• Strategic oversight group inaugural meeting	May	• Support diagnostics productivity improvement, as required by the organisation to include:
				  • Minimize unnecessary testing
				  • Better utilisation of staff and equipment
				• Improving pathways and timeliness, as identified by the organisation, such as CT processes
					• Momentum seems to be waning in PICU and BHI
					• Staff capacity to deliver PDSA cycles in ward areas, access data and complete clinical audits
					• Different clinical judgements are becoming evident around what tests are 'unnecessary'
						For Awareness
						Progress has been very slow during April due to absences and clinical capacity

		• Update placenta swab, clotting and urine guidance and promote	Jul			
		• Draft and communicate urine test guidelines and urine dipstick CQUIN comms	Jun			
		• Decision about whether Radiographer led reporting is continued/expanded	Jun			
		• Implement first PDSA in PICU and BHI	Apr			
BEH Improvement Programme To improve patient flow through the Cataracts Service and Emergency Department	• Handbook created to optimise assessment/documentation in Medisoft • Bid submitted to Above & Beyond for pre-op one-stop equipment and refurbishment • Terms of Reference for the leadership of reformed cataract service shared for comment/challenge • Wayfinding updates introduced: improving clarity for patient check-in process	• Communications to GPs re: comorbidity guidelines	May	• Reduce avoidable last minute cancellations • Increase number of cataract procedures • Reduced average length of pathway • Reduced time in pre-op clinic • Reduced number of attendances per pathway • Improved scheduling with standardisation of pre-op • Improve 4 hour performance in ED **(from 94.4% in Apr 2018 to 96% in Apr 2019)**	• Protracted process to achieve funding for pre –op refurbishment and equipment • Agreeing future clinical leadership for the cataract service • Ongoing recruitment difficulties in a variety of departments affecting ability to trial changes	**For Awareness** BEH ED Improvement project will close in May, therefore only BEH Cataract project will remain on Transforming Care report
		• Trial Medisoft handbook in cataract clinics	Jun			
		• Daytime cataract lists trialled under topical	May			
		• ED project closure and summary document completed	May			
Clinical Correspondence Deliver improved turnaround times for correspondence from secondary to primary care	• Medway Clinic letter pilot ongoing; first evaluation of initial pilot on 1st May • Monitoring data from standard letter format ongoing	• Begin implementation of divisional improvement plans for 7 day clinic letter turnaround	May	• BigHand aims to reduce turnaround times of clinic letters and revise software • Introduces a standardised format to improve communication, provide consistent and timely information and quality across BNSSG • Move to Medway will allow SNOMED requirements and structured messaging to be met	• Need ownership from divisions to see clinic letter turnaround improvement • Risk of financial penalty if not meeting required clinic letter turnaround times • Acute trusts have different IT systems with differing levels of flexibility	
		• Assess initial monitoring from standard clinic letter implementation and identify areas for further engagement	May			

Innovation & Quality Improvement (QI)
To build an innovation culture at UH Bristol - increasing staff capability and opportunity to practice innovation and QI
	• 'Business as usual' admin operation plan for QI Academy Bronze in place
	• QI Forum date (12.7.19) and schedule agreed
		• 'Business as usual' admin operation plan for QI Hub and QI Forum agreed and in place	Jul	• Increased number of staff who have knowledge and confidence to conduct QI projects in their area:
				  • **673 staff** attended Bronze training
				  • **71 staff** completed or undertaking Silver training
				• Development of an Innovation culture in the Trust
				• **92** QI project ideas submitted to the QI Hub
					• Fast expansion could result in increased variation of delivery – structured training and presenter guidance will mitigate
					• Not enough capacity of faculty to meet with growing demand of QI sessions and QI Hub submissions
						For Awareness
						Innovation and Improvement steering Group to discuss capacity of the QI faculty and will feedback any concerns to Transformation Board

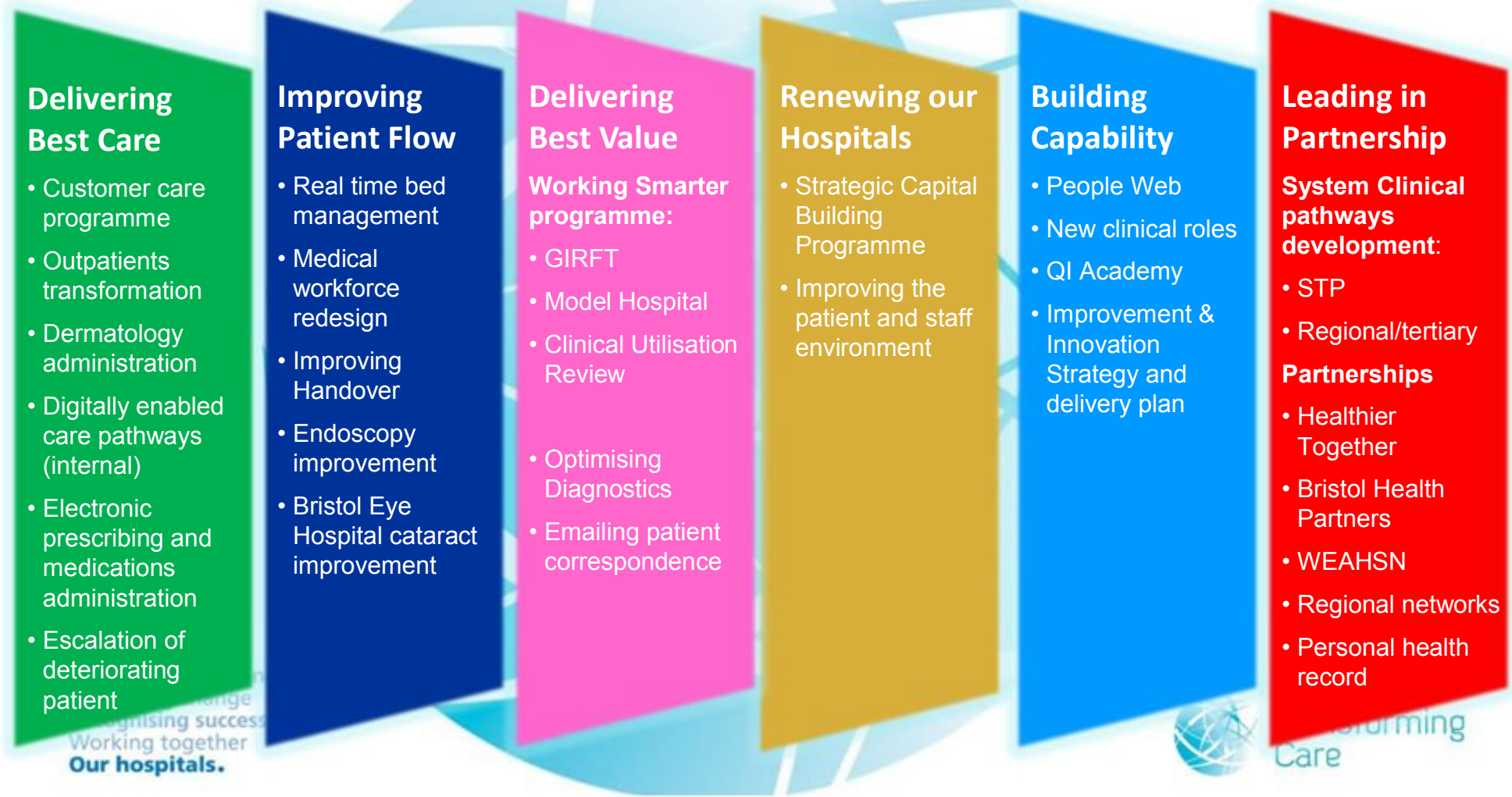
		• Development plan for the QI Gold programme agreed	May			
		• Update to QI Bronze programme (v1.7) implemented	May			
Customer Service To develop a consistent customer service mind-set in all our interactions with patients and their families	• Initial high level design of customer service online toolkit created • Scope to incorporate customer service touchpoint measures on InfoWeb explored • Meeting with software provider held to develop automated report for top thirteen worst performing teams • Monitoring process for telephone pick-up rate agreed	• Charitable funds approved for advanced training	Jun	• Telephone complaints reduced by **47%** in thirteen worst performing departments Q1-Q4 2018/19 • Trust-wide telephone complaints reduced by **32%** in Q1-Q4 compared to 2017/18 • Patients and staff can reach the departments they need efficiently by phone • Responsive handling of appointments, ensuring cancellations are rapidly re-filled • Areas recognised for good practice through improved pick-up rate and complaints reduction	• Sustaining improvements is difficult due to absence/vacancies in admin teams • Shortage of resources in clinical services (e.g. nursing staff for chemotherapy) increases administrative pressure • Telecoms improvement work competes for priority with other processes • Pursuit of a financially sustainable delivery model • Divisional leadership is needed to sustain improvements	**For Awareness** Agreed year 3 of programme will be final year, to move to business as usual (timescale to be agreed)
		• A means of performance reporting and monitoring for customer service is developed	May			
		• Finalise design of customer service toolkit	Jun			
		• Hold a final workshop with staff	Sep			
Patient Comms Every patient receives clear, timely and coherent written appointment information	• Email pilot update – Pilot review meeting held and decision made to make tweaks and then look to roll out Trust wide in a few months • Work continues on last 2 remaining areas – BEH and BRHC inpatient letters	• Email process tweaks made and tested in pilot locations. Plan for Trust wide roll out created.	Jul	• Clearer, timely communications for patients • Less complaints about communications • Emails are more accessible than paper letters • Patients have requested emails	• Almost all letters are signed off apart from; BRCH inpatient, cardiac, and BEH Inpatient.	**Recommendation** Project is removed form Transforming Care report and closure report brought to Transformation Board in Quarter 1 2019/20
		• BEH and BRHC inpatient letters signed off	May			

Appendix 2: Transformation Priorities 2019/20

Theme	Status	Project/ Programme	Transformation Board area of focus	Transformation Team support requested
Working Smarter	New	Clinical pathways development (system)	✓	✓
	New	New clinical roles	x	✓
	New	Medical workforce redesign (front door)	x	✓
	New	Endoscopy improvement	✓	x
	18/19	Outpatients Transformation	✓	✓
	18/19	Clinical Utilisation Review (embedding)	x	✓
	18/19	BEH cataract project	✓	✓
	18/19	Dermatology admin	✓	✓
	18/19	Optimising diagnostics	x	✓
Digital Hospital	18/19	Improving handover with Careflow	✓	✓
	18/19	Real time bed management	✓	✓
	18/19 & New	Digitally enabled care pathways (internal)	x	x
	18/19	EPMA implementation	✓	x
	18/19	Emailing patient correspondence	x	✓
	New	Personal Health Record (pilot)	✓	TBC
	New	Escalation of deteriorating patient	✓	✓
	New	People Web (self service)	✓	✓
QI	18/19	Customer service programme year 3 (final)	✓	✓
	18/19	QI Gold programme – develop capability	✓	✓
	New	I&I strategy and delivery plan	✓	✓

University Hospitals Bristol
NHS Foundation Trust

Our Transformation Priorities - 2019-20



Meeting of the Board in Public on Friday 24 May 2019 in the Conference Room, Trust Headquarters

Report Title	**Register of Seals Q4 Report**
Report Author	**Sophie Melton Bradley, Head of Corporate Governance**
Executive Lead	**Eric Sanders, Trust Secretary**

1. Report Summary

The Board receives a quarterly report showing applications of the Trust Seal as required by the Foundation Trust Constitution.

There have been no new applications of the Trust Seal in quarter 4/since the previous report to Board in January 2019.

2. Key points to note
(Including decisions taken)

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 **INFORMATION**
- The Board is asked to **NOTE** that there were no applications of the Trust Seal in Q4.

5. History of the paper – *N/a*
Please include details of where paper has previously been received.

Meeting of the Board in Public on 24 May 2019 in the Conference Room, Trust Headquarters

Report Title	**Provider Licence Self-Certifications**
Report Author	**Eric Sanders, Trust Secretary**
Executive Lead	**Eric Sanders, Trust Secretary**

1. Report Summary

To present the proposed self-certifications against the Provider Licence conditions for approval by the Board.

2. Key points to note
(Including decisions taken)

NHS foundation trusts are required to self-certify, on an annual basis, whether or not they have:

(1) complied with the conditions of the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution);

(2) the required resources available if providing commissioner requested services (CRS);

(3) complied with governance requirements; and

(4) have provided Governors with the necessary training

This paper has been written by the Trust Secretary to provide the Board with assurance that the Trust fully meets the NHS provider licence conditions.

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

The appendix identifies potential risks to compliance with the governance statement conditions and describes the identified mitigating actions.

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

- This report is for **APPROVAL**
- The Board is asked to **APPROVE** the Trust's provider licence self certifications.

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

Executive Directors	9 May 2019

Provider Licence - Self-Certifications

1. Purpose

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

2. Background

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

(1) complied with the conditions of the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution);

(2) the required resources available if providing commissioner requested services (CRS); and

(3) complied with governance requirements.

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

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

3. Self-Certification Requirements

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

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

3.2. It is up to providers how they undertake the self- certification; however a number of templates have been provided which the Trust has used as the basis of the document in Appendix 1.

3.3. Trusts are required to state either “confirmed” or “not-confirmed” against each element of the licence condition, and if the Trust chooses “not-confirmed” must provide an explanation why.

3.4. Boards must sign off on self-certification no later than

- G6/CoS7(3): 31 May 2019
- G6(4)FT4: 30 June 2019

3.5. To fulfil the requirement to publish the self-certification, the templates, proposed by

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

4. Proposed Outcome

4.1. The Trust Secretary has reviewed the statements and evidence sets and is proposing that the Board of Directors responds with "confirmed" for all elements. The evidence to support the response is outlined in Appendix 1.

4.2. For FT4, the Board is also required to consider any risks and mitigating actions for each element of the provider licence condition. These are described in Appendix 1.

4.3. The responses will be translated into the NHS Improvement template once agreed.

5. Recommendations

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

Eric Sanders
Trust Secretary

Appendix 1 – Provider Licence Self-Certification

		Proposed Response	Evidence	Risks	Mitigating Actions
FT4 - Corporate Governance Statement					
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	**Confirmed**	• Annual Governance Statement • Well-led Framework - External Review • Head of Internal Audit Opinion • Board Assurance Framework • Board annual effectiveness evaluation • Compliance with the Code of Governance • External audit of the annual report and accounts	• The size and complexity of the organisation means there is a risk that good governance is not fully embedded in all divisions	• The Trust utilises its management and committee structures to ensure that good governance is embedded. This is complemented by the risk, performance and planning frameworks. • Guidance and advice is provided by the Trust Secretary
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	**Confirmed**	• As above plus: • Alignment of performance reports to the Single Oversight Framework in the Quality and Performance Report	• Guidance is not identified or implemented in a timely manner	• The Trust ensures that regular communications from NHSI, CQC and other key bodies are reviewed and acted upon. • Internal and external audit consider application of good governance during their audit programmes.
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	**Confirmed**	• Governance structure • Board and Committee annual effectiveness reviews • Scheme of Reservation and Delegation and Standing Financial Instructions • Committee Terms of Reference • Reports from the Chairs of the Committees to the Board and Council of Governors, and its focus groups	• Committee Terms of Reference are not fit for purpose/aligned with up to dates guidance on effective governance.	• Annual reviews of Committee Terms of Reference, with reference to relevant up to date guidance.
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to	**Confirmed**	• Quality and Performance Report and Finance Report to Board each month • Annual Operating Plan and Budget (Trust and Divisional) • Standing Financial Instructions • Head of Internal Audit Opinion • Annual Governance	• The Trust's internal control systems are not sufficiently robust to ensure compliance	• The systems and processes are regularly tested through the internal and external audit programmes, and the robust approach to risk management

		Proposed Response	Evidence	Risks	Mitigating Actions
	standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.		Statement • Clinical Audit Programme and Reports • Financial Strategy • Committee Structure and Terms of Reference • External Audit of the Trust Annual Report and Accounts • Risk Management Strategy • Corporate and Divisional Risk Register • Board Assurance Framework • Annual Operating Plan		
5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	**Confirmed**	• Well-led Framework – External Review • Board Skills and Knowledge Review • Board Development Programme • Board member annual appraisals • Non-Executive Director and Executive Challenge of proposals • Monthly Quality and Performance Report • Active engagement with Commissioners, local Health Scrutiny, Health & Well-being Boards and Healthwatch • Quality Governance Framework (safety, experience, outcomes and access)	• As above	• As above
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	**Confirmed**	• Board Skills and Knowledge Review • Remuneration, Nominations and Appointments Committee Terms of Reference and work	• There is a risk of unforeseen changes at Board level which may impact on the requirements	• There are deputies in post and succession plans for all Executive Directors • The Board has appointed to all but two Non-Executive Directors roles and has one Designate. Recruitment is currently underway

		Proposed Response	Evidence	Risks	Mitigating Actions
			programme • Management and Organisational Development Programmes • Divisional Performance Reviews • Senior Leadership Team oversight • Monthly and Six Monthly Nurse Staffing Reviews • Revalidation and appraisal processes (Medical and non-Medical) • Other workforce metrics included in the Quality and Performance Report		to fill the two vacant positions with the expectation that appointments will be made by 1 June 2019.
General condition 6 - Systems for compliance with license conditions (FTs and NHS trusts)					
1	Following a review for the purpose of paragraph 2(b) of licence condition G6[1], the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.	**Confirmed**	• Internal Audit and clinical audit work programmes • Annual Operating Plan reviews • Governance structure • Risk Management Strategy • Corporate Risk Register • Board Assurance Framework • Monthly Quality and Performance Report and Finance Report	N/A	N/A
Continuity of services condition 7 – Availability of Resources					
1	After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.	**Confirmed**	• Annual Operating Plan and Budget • Financial Strategy • Annual accounts and going concern statement	N/A	N/A
Training of Governors					
	The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.	**Confirmed**	• Seminar Programme (4 per year) • Induction programme • Access to external training via NHS Providers • Specific and targeted training and updates – quality,	N/A	N/A

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

		Proposed Response	Evidence	Risks	Mitigating Actions
			strategy, auditor appointment • Governor skills audit • Internal Audit of the support to Governors.		

Meeting of the Board in Public on Friday 24 May 2019 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**

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.

2. Key points to note
(Including decisions taken)

- Since the last Board meeting two new queries have been added to the log, both are awaiting a response from the Executive Lead.
- The supplementary questions added to item 217 (discharging patients at night) have been answered and are awaiting a response from governors.

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**.**

ID **Governor Name**

223 **Mo Phillips** ***Theme:*** Employment Conditions for Bank staff ***Source:*** From Constituency/ Members

Query **03/05/2019**

A Foundation Trust member has raised a question in the light of a recent visit to hospital. The member was told that a nursing assistant didn't receive holiday pay or sick pay even though they had worked full time on the bank for some years. Given the central role played by bank staff in caring for our patients, we would welcome clarification of the terms of employment of bank staff and their entitlement to any benefits.

Division: Trust-wide ***Executive Lead:*** *Director of People* ***Response requested:*** 17/05/2019

Response

Status: *Assigned to Executive Lead*

222 **Jane Sansom** ***Theme:*** Rota Gaps ***Source:*** Governor Direct

Query **03/05/2019**

The consultant physicians are very concerned about rota gaps amongst junior and middle grade staff as a result of current staffing levels, which may worsen in August. How is the Trust Executive supporting the Division of Medicine to resolve these issues to minimise the impact on patient safety and flow as well as staff morale and wellbeing?

Division: Medicine ***Executive Lead:*** *Director of People* ***Response requested:*** 17/05/2019

Response

Status: *Assigned to Executive Lead*

ID	Governor Name		
217	Kathy Baxter	***Theme:*** Discharge	***Source:*** From Constituency/ Members

Query **24/01/2019**

To what extent is the Trust discharging patients during the night, and what consideration and support is given to patients who have particular needs in the decision to discharge at this time?

Supplementary question added 8/4/19 from Sophie Jenkins, John Sibley and Kathy Baxter on behalf of all governors:
The Governors thank you for the response regarding discharges late into the evening / night. This quoted December 2018 figures for these discharges – of 1,516 discharges, 73 were between the hours of 20:00-07:00. This equates to 5% of all discharges in December 2018, which is not insignificant.

There is clearly a difference between discharging a 50yr old fit and healthy person at 02:00 and a frail elderly dementia patient at 02:00. We are interested in whether this is left to the clinical judgement of staff or whether there is a risk assessment process in place?

Do we record for example:
- The reason for discharge
- The time of discharge
- The age of the patient
- The criteria for these discharges
- How many of these patients were dementia patients or in other high-risk categories?

We are also seeking assurance that staff do not feel under pressure to discharge patients late into the night during periods of high demand. Do the numbers increase during high demand times and does the risk assessment change depending on bed capacity? Where is the risk assessment, or where are staff documenting this, particularly in relation to the discharge of high risk patients?

The data that we have seen so far is not sufficient for us to be reassured that patient care and dignity is not compromised. We are therefore requesting more robust data to give us greater clarity on this important issue and be reassured that night time discharges are appropriate, safe and do not detract from our patients' dignity or experience of outstanding care.

Division: Trust-wide ***Executive Lead:*** *Chief Nurse* ***Response requested:*** 08/04/2019

Response **17/05/2019**

Response to supplementary question (Apr 2019): The Trust collects data on the time of discharge, location of discharge, the age of the patient discharged and the speciality under which the patient was being care for.

ID **Governor Name**

A further analysis of out of hours discharge data for Jan-March 2019 shows there 757 out of hour discharges (out of the hours between 7am – 8pm) that 90% of patients discharged out of hours were under 70 years old and 96% were under 80 years old.

An informal risk assessment would be carried out by the discharging ward and/or the site management team for a patient whose discharge is delayed beyond 8 pm and a decision made in discussion with the patient and their next of kin (where possible) about whether to cancel the discharge. From discussion with staff the main reason for a delay beyond 8pm would appear to be due to delayed 'hospital' transport. I am confident that the staff are focussed on patient safety and that they would not discharge someone who they felt would be at risk from being discharged out of hours. Clearly for patients with capacity they may choose to go home despite staff's concerns about their wellbeing.

There have been no reported safeguarding incidents from health and social care partners to the Trust of unsafe discharges related to the timeliness of the discharge in the last 12 months.

Response to original question (Feb 2019): The Trust aims to discharge all patients where possible between the hours of 7am and 8pm. The number of patients discharged from the hospital outside of these hours is recorded and reported monthly.

The Trust records all discharges outside of the hours of 8pm and 7am via our patient information system. This is recorded by hospital and division each month.

The data does not capture whether discharge outside of these hours is due to patient choice e.g. someone picking them up after work hours or due to other reasons such as delayed hospital transport or whether the information is actually put in into the recording systems in real time.

In the event of delays to patients discharge beyond the control of the patient, meaning that the patient would be discharged out of the hours above, consideration and a risk assessment will be undertaken on the appropriateness of the discharge by the ward/site team. If appropriate, in discussion with the patient and taking into consideration other factors where relevant the discharge could be delayed to the next day

The largest number of discharges occur from the Bristol Royal Infirmary. In December 2018, 1,516 patients were discharged, 73 were discharged between the hours of 8pm and 7am.

Status: *Awaiting Governor Response*

Meeting of the Board in Public on Friday 24 May 2019 in the Conference Room, Trust Headquarters

Report Title	**West of England Academic Health Science Network Board Report**
Report Author	**Robert Woolley, Chief Executive**
Executive Lead	**Robert Woolley, Chief Executive**

1. Report Summary
This is the quarterly report of the March 2019 Board meeting for the member organisations of the West of England Academic Health Science Network.
2. Key points to note *(Including decisions taken)*
The report outlines: • The highlights of work in Quarter 3 of 2018/19 • Challenge Calls • Support to STP and ICS • Innovations Guide • Changes to the West of England Academic Health Science Network Board membership
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 t**he report**.**
5. History of the paper **Please include details of where paper has previously been received.**
N/A

Report from West of England AHSN Board
March 2019

1. Purpose

This is the quarterly report of the March 2019 Board meeting for the member organisations of the West of England AHSN. Board papers are posted on our website for information.

2. Highlights of our work in Quarter 3 of 2018/19

National Programmes

All of the national programmes we are adopting this year are on track for delivery. Of note:

- **ESCAPE Pain** is a programme supporting patients with joint pain to self-manage their conditions through a structured programme of education and exercise group sessions. Recruitment and training remains ongoing and a further sixteen physiotherapists and exercise instructors from across Wiltshire and Gloucestershire have been trained to deliver ESCAPE-Pain.

  Gloucestershire STP: A further three sites are working towards launching in April 2019. This consists of three Gloucestershire Care Services physio departments in Cirencester, Forest of Dean, and Tewkesbury alongside their relevant local leisure centres.

  BNSSG STP: BNSSG have included the model in the specification for the recommissioning of their population-wide adult community services, which is a good outcome in the ambition of sustaining the model for the long term, although the adoption is likely to be outside AHSN implementation which ends March 2020. Discussions are underway regarding setting up a patient funded model in and around Bristol, with a site due to launch in Weston within the next couple of months.

  BSW STP: Three more sites are due to launch across Wiltshire (delivered by the physiotherapists). Initial conversations are being held with RUH Bath around adopting the model.

- **Serenity Integrated Mentoring**, an innovative mental health workforce model that trains police officers and embeds them in CMHT in order to support people with complex mental health needs and identified as high intensity users – Wiltshire Police and AWP have established a SIM team in Swindon. Having undergone their training, the Gloucestershire team, made up of Gloucestershire constabulary and 2Gether, are finalising paperwork and legislation in preparation for an imminent launch.

- **PReCePT,** this programme is now adopted by all 14 other AHSNs across England. All maternity units in the West of England are currently performing above the national average but not all consistently hitting the national 85% target. These maternity units have been engaged in PReCePT since 2014 but are not included in the 2018-2020 national rollout programme. The West of England AHSN PReCePT Programme team have re-engaged with Great Western Hospital, the Royal United Hospital Bath, and Gloucestershire Hospitals as their NNAP data indicates an <85% average uptake of MgSO4. All units are confident that their clinical pathways for MgSO4 administration are well embedded but suspect a disconnect in the information exchange between teams administering the MgSO4 and the neonatal team who enter the successful administration in BadgerNet (data source of NNAP). This is easily rectified.

- **PINCER** is a pharmacist-led information technology intervention for reducing clinically important errors. BaNES CCG have included PINCER in their GP Medicines Optimisation work plan for Q4 2018/19 and training is planned for practice based pharmacists.

  BNSSG CCG have agreed in principle to adopt and Gloucestershire CCG are considering adopting the approach. A national process for identifying PINCER 'equivalent' systems is being developed.

- **NEWS 2** The next step for this project is to support further use of NEWS2 in out-of-hospital settings. We will be supporting our CCG partners with the delivery of NEWS2 and ReSPECT in care homes through our new SAFER (Safety and Autonomy for Every Resident) Care Homes collaborative. We are also supporting use of NEWS2 in learning disability settings and facilitating space for expert collaboration in this field. We also continue to support GPs to maximise the benefits of NEWS2 by seeking opportunities to engage with their communities.

- **Innovation Technology Payment (ITP) tariff products** We have assisted NHSE with the selection process for the products to be awarded under the ITP tariff for 2019/20. These should have been announced in early 2019. The scheme may support their deployment for 18 months, which is an extension on the original 12 months support expected, meaning they would remain on the tariff for six months longer up to October 2020. Once the products are announced the West of England AHSN will work via the Link Directors to offer support to increase their uptake in relevant member organisations.

3. Challenge Calls

All the results of the Evidence into Practice, Futures Challenges, and Create Open Health Calls both deliver immediate useful solutions for our local member organisations and stakeholders and, once implemented and evaluated successfully, feed into the longer term pipeline of programmes the West of England AHSN can offer for adoption and spread across the wider AHSN Network.

- **Evidence into Practice and Futures Challenges Calls**
  The Evidence into Practice Challenge was launched in March and closes on 26 April 2019. This call is looking for innovations or improvements supported by specific research or evidence that will improve the quality of patient care. Bids must have a strong evidence base, be ready for wider adoption and spread, align with one or more elements of the NHS LTP, and have senior Executive sponsorship from the originating organisation. We will offer funding and support to successful bids to scale up across the West of England AHSN footprint (we adopted PReCePT and DWAC through a similar call in 2014).

- **3.2 The Futures Challenges – Keeping Healthy at Home and Young People and Mental Health resilience**
  The Future Challenges calls were launched in March and close 23 April 2019. This call is looking for innovative solutions (technology solutions or digital) and products from companies that are already on the market and will ultimately be capable of supplying their product or service on a commercial basis.

- **3.3 Create Open Health Initiative**
  The West of England AHSN is partnering with Creative England and the Wellcome Trust to develop the Create Open Health initiative which closes on 31 March 2019. The initiative is looking for ideas rooted in a digital technology offer to positively impact on

communities and young people's mental health. The successful shortlisted candidates will be invited to a development bootcamp on 26 and 27 April 2019.

4. Support to STP and ICS

We have mapped the West of England AHSN current work programme alongside the sections in the Long Term Plan and offered this to STP and ICS leads as a resource that could be helpful when developing the response to the Long Term Plan.

5. Innovations Guide

We have developed a guide to the range of healthcare accelerator and innovation programmes and products that are already available for uptake and spread, please see attached.

6. Changes to the West of England AHSN Board membership

We were pleased to welcome the following new Board members to the March meeting:

Paul Roberts, CEO 2gether and Gloucestershire Care services representing the mental health sector

John Mcleod, Applied Research Collaborative (ARC) Director Designate

Tracey Cox, Accountable Officer, B&NES, Swindon and Wiltshire CCG

Natasha Swinscoe

Chief Executive Officer

April 2019

Digital and software

myCOPD (NIA ITT)
A web-based application for the self-management of chronic obstructive pulmonary disease (COPD).

DrDoctor (NIA ITP)
Online and SMS-based service enabling patients to manage hospital bookings.

CATCH (NIA)
CATCH is a free NHS health app for parents and carers of children aged 0-5.

Waitless (NIA)
Free, patient-facing app which shows patients the fastest place to access urgent care for minor emergencies.

Oviva (NIA)
A fully remote programme of type 2 diabetes structured education and behaviour change.

Dip.io (NIA)
A smartphone based urinalysis device, enabling home urine testing with no quality compromise.

Brush DJ (NIA)
Free, evidence-based app that motivates an effective oral hygiene routine.

Sleepio (NIA)
Digital sleep improvement programme, clinically proven to help overcome even long-term poor sleep.

Epilepsy Self Monitor – EpSMon (NIA)
Free epilepsy risk management and prevention tool, enabling patients to self-monitor via a digital app.

My Diabetes My Way (NIA)
Low-cost, scalable, comprehensive online self-management platform for people with diabetes.

Health Unlocked (NIA)
Improve population self-management with an easy-to-implement digital social prescription tool.

ORCHA (NIA)
ORCHA works with CCGs and providers to develop health app portals for their patients.

Lantum (NIA)
A cloud-base tool built to help NHS providers build virtual clinical staff banks and fill empty shifts in rotas.

OWise (NIA)
OWise is the first mobile app and website to offer people with breast cancer personalised medical information.

Nerve Centre (NIA)
Clinical platform delivering hospital patient safety and flow improvements, through real-time data and communications.

Patient Knows Best (NIA)
Technology platform allowing patients to own a copy of their health and care information.

Neuro Response (NIA)
New service for people living with long term neurological conditions to help improve management of the condition.

ArtemusICS (NIA)
Population health intelligence solution utilising multi-dimensional risk analytics.

Coordinate My Care (NIA)
Digital platform enabling multidisciplinary care planning for all patients who need urgent care.

Outcomes Based Healthcare (OBH) (NIA)
A population health analytics platform which measures 'true' health outcomes in near real time.

Part of TheAHSNNetwork

West of England Academic Health Science Network

Healthcare innovations for adoption and spread

For more information on any of the innovations featured, please get in touch with the team at the West of England AHSN at transformation@weahsn.net.

@WEAHSN West of England Academic Health Science Network www.weahs.net

Diagnostic

Endocuff Vision® (ITP)
A medical device which attaches to the distal end of an endoscope, improving colorectal examination for patients undergoing bowel cancer tests.

Heartflow® (ITP)
Advanced image analysis software that creates a 3D model of the coronary arteries and analyses the impact that blockages have on blood flow to rapidly diagnose patients with suspected Coronary Heart Disease (CAD).

Faecal Calprotectin (A)
A pathway to help GPs make the difficult distinction between irritable bowel syndrome (IBS) and inflammatory bowel disease (IBD) to reduce unnecessary secondary care referrals.

Scarred Liver Project (NIA)
The Scarred Liver Project team have developed a new and simple pathway to diagnose chronic liver disease at a critical early stage often when there are no apparent symptoms. This early detection means lives can be saved.

SAPIENTIA™ genome analytics software (NIA)
SAPIENTIA™ is a genome analytics software enabling healthcare professionals to interrogate the human genome for pathogenic mutations likely to be the cause of a patient's inherited disease.

National programmes

Atrial Fibrillation (AF) (A)
Sharing learning and spreading best practice from across the 15 AHSNs to reduce AF-related strokes through combined approaches to detect, protect, perfect.

Emergency Laparotomy Collaborative (A)
Improving standards of care for patients undergoing emergency laparotomy surgery.

ESCAPE-pain (A NIA)
A group rehabilitation programme for people with osteoarthritis, providing self-management support in the community.

PINCER - preventing prescribing errors (A)
Supporting pharmacists and GPs to identify patients at risk from their medications and taking the right action.

PReCePT (A)
Working with maternity units to use magnesium sulphate to prevent cerebral palsy in premature labour.

Serenity Integrated Mentoring (SIM) (A NIA)
Bringing together police and healthcare professionals to better support people with complex mental health needs.

Transfers of Care Around Medicine (TCAM) (A)
Help for patients who need extra support taking prescribed medicines when they leave hospital.

Deteriorating Patient / Maternal and Neonatal (P)
Our two Deteriorating Patient Collaboratives (NEWS2 and ReSPECT) and our Maternal and Neonatal Health Safety Collaborative form a key part of our Patient Safety work in the West of England.
For more information, please visit **www.weahsn.net/patient-safety**.

Pathway / service improvement

i-THRIVE (NIA)
A model of care which provides a person-centred approach to delivering mental health services for children, young people and their families to achieve better outcomes.

FREED (NIA)
The FREED model of care provides a rapid early response intervention for young people aged 16 to 25 years with short (three years or less) first episode eating disorder duration.

ERAS+ (NIA)
Pathway reducing post-operative pulmonary complication (PPC) risk by preparing patients for and recovery from major surgery.

Clinical / surgical devices

Non-Injectable Arterial Connector Implementation (NIC) (NIA ITT)
An arterial connecting system to reduce bacterial contamination and accidental administration of medication.

EpiScissors-60 (NIA ITT)
Patented fixed angle scissors that take away human error in estimating episiotomy angles during childbirth.

Urolift (ITT)
An alternative surgical procedure that can be performed as a day case for benign prostatic hyperplasia (BPH), a common and chronic condition where the enlarged prostate can make it difficult for a man to pass urine.

PneuX (NIA ITT)
A pneumonia prevention system, which is designed to stop ventilator-associated pneumonia.

SecurAcath (ITP)
A device to secure catheters that is associated with a low incidence of catheter-associated complications, improved stability and reduced infection risk for patients with a peripherally inserted central catheter.

Ethicon Plus Antibacterial Sutures (ITP)
A new type of surgical suture that reduces the rate of Surgical Site Infection (SSI), such as MRSA, through use of antimicrobial suture packs.

Wiresafe (NIA)
An innovation used during central venous catheter insertion procedures to prevent guidewires from being forgotten in patients, which may cause them harm.

Severe Sore Throat Test-and-Treat (NIA)
A walk-in service at community pharmacies where patients receive screening and point of care testing, with the aim of reducing low acuity GP appointments and inappropriate antibiotic prescribing.

RespiraSense (NIA)
Patient safety tool that improves quality of care by enhancing ability of medical teams to identify the deteriorating patient up to 12 hours earlier than the standard care.

AliveCor® Kardia Mobile ECG (NIA)
Mobile heart monitor allowing users to detect irregular heart rhythms and signs of atrial fibrillation to enable more informed diagnosis and management plans.

NIA An NHS England initiative delivered in partnership with the AHSNs, the NHS Innovation Accelerator has a unique dual focus on personal development for individuals ('Fellows') and bespoke support to spread an innovation.

ITT Featuring five innovations, NHS England launched the Innovation and Technology Tariff (ITT) in April 2017, removing financial barriers to the uptake of proven health-care products. These are available until April 2019.

ITP As with the ITT before it, NHS England's Innovation and Technology Payment (launched in April 2018) removes financial barriers to uptake of innovative products. A further four products are available until April 2019.

A Funded by NHS England, the AHSNs are delivering a number of national programmes during 2018-20, developed regionally and selected for adoption and spread.

P The national Patient Safety Collaborative (PSC) programme is funded and nationally coordinated by NHS Improvement, with the 15 regional PSCs organised and delivered locally by the AHSNs.