PUBLIC TRUST BOARD

Meeting to be held on 22nd December 2016, 9-10am, Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

AGENDA

NO.	AGENDA ITEM	PURPOSE	SPONSOR	PAGE NO.
Preliminary Business				
1	Apologies for absence Owen Ainsley	Information	*Chairman*	Verbal
2	Declarations of Interest	Information	*Chairman*	Verbal
Organisational and System Strategy and Transformation				
3	Operational Plan 2017/18	Approval	*Director of Strategy and Transformation / Director of Finance & IM&T*	
Concluding Business				
4	Any Other Urgent Business	Information	*Chairman*	Verbal
5	Date and time of next meeting **Tuesday 31st January 2017 Conference Room, Trust HQ, Marlborough St Bristol BS1 3NU**		*Chairman*	Verbal

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Trust Board meeting to be held on Thursday, 22 December 2016 at 9.00 am -10.00 am in the Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

		Agenda Item	3
Meeting Title	Trust Board	**Meeting Date**	Thursday, 22 December 2016
Report Title	Operational Plan 2017/18 to 2018/19		
Author			
Executive Lead	Paula Clarke, Director of Strategy and Transformation and Paul Mapson, Director of Finance and IM&T		
Freedom of Information Status		Closed	

Strategic Priorities (please chose any which are impacted on / relevant to this paper)			
Strategic Priority 1: We will consistently deliver high quality individual care, delivered with compassion services.	☒	Strategic Priority 5: We will provide leadership to the networks we are part of, for the benefit of the region and people we serve.	☒
Strategic Priority 2: We will ensure a safe, friendly and modern environment for our patients and our staff.	☒	Strategic Priority 6:We will ensure we are financially sustainable to safeguard the quality of our services for the future and that our strategic direction supports this goal.	☒
Strategic Priority 3: We will strive to employ the best staff and help all our staff fulfil their individual potential .	☒	Strategic Priority 7: We will ensure we are soundly governed and are compliant with the requirements of NHS Improvement.	☒
Strategic Priority 4: We will deliver pioneering and efficient practice, putting ourselves at the leading edge of research, innovation and transformation	☒		☐

Action/Decision Required (please select any which are relevant to this paper)							
For Decision	☐	For Assurance	☐	For Approval	☒	For Information	☐

Executive Summary
Purpose The draft two year Operational Plan was submitted to NHS Improvement on 24 November as supporting narrative setting out the Trust's approach and position on activity, quality, workforce and financial planning. Trust Board is now asked to approve the Final Narrative Plan and Self-Certification (appendix 1) ahead of final submission on the 23rd December 2016. The plan continues to reflect the agreement of the Board to the financial plan as discussed on 11/11/16 Board seminar.

Background

The final Operational Plan contains the Trust's assessment of its 2017/2018 – 2018/2019 position and covers the following;

- Strategic backdrop, including the link to the five year BNSSG Sustainability and Transformation Plan (STP).
- Organisational strategy and focus for the planning period.
- Summary of 2016/17 Financial and non-financial performance.
- Quality Planning
- Approach to capacity planning, activity and performance.
- 2017/18-2018/19 Workforce plan.
- 2017/18-2018/19 Financial plan.
- Approach to membership and elections.

Process and Governance

The Operational Plan final submission is constructed through the Trust's Operating Plan process which has followed the following timetable.

Date	Deadline
8th November	Second draft of Divisional Operating Plans to inform NHSI Plan
11th November	Board Seminar update on Operational Plan position.
24th November (noon)	First draft Trust Operational Plan to NHS Improvement
6th December	Business Planning Update to Governors Strategy Group
7th December	Strategic SLT review of Divisional Plans and Trust Operational Plan Position
8th December	Third draft of Divisional Operating Plans
16th December	Fourth draft of Divisional Operating Plans
22nd December	Trust Operational Plan to Trust Finance Committee
22nd December	Trust Board sign off of Trust Operational Plan
23rd December	Final Trust Operational Plan submitted to NHS Improvement

Key issues to note

Our final plan reflects the following key approaches and position:

- Alignment with the aspirations and relevant specific actions of the developing Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Plan (BNSSG STP);
- Reflecting our leadership role within the STP based on our track record of delivery of sustainable, affordable, quality care and our intent to bring this experience into the system including our support for and engagement in the adoption of an open book approach through joint contract meetings with our commissioners.
- Clarity and ownership of stretching quality priorities delivered through enabling quality improvement frameworks;

- Workforce plans aligned to finance, activity and quality and addressing robust accountability for managing agency and locum expenditure;
- Commitment to deliver improvements in core access and NHS Constitution standards aligned to proposed performance trajectories.
- Detailed financial plans for 2017/18 with 2018/19 plan included as a best estimate. The Trust's position for 2017/18 reflects rejecting of the 2017/18 Control Total advised by NHS Improvement of £22.8m net surplus. This results in the forfeit of Sustainability & Transformation (S&T) funding of £13.3m and the Trust being subject to national core penalties currently assessed at £2.5m and contributes to a 2017/18 deficit plan of £10.2m. Given the Trust's track record of delivering a surplus plan for the last fourteen years, the Trust still wishes to discuss with NHS Improvement how a surplus plan can be created and delivered for 2017/18 and beyond.
- The self-certification attached at Appendix 1.

Recommendations

Members are asked to:

- **Approve** the 2017 – 19 Operational Plan for submission to NHS Improvement by Noon on 23 December 2016.

Intended Audience
(please select any which are relevant to this paper)

Board/Committee Members	☒	Regulators	☒	Governors	☒	Staff	☐	Public	☐

Board Assurance Framework Risk
(please choose any which are impacted on / relevant to this paper)

Failure to maintain the quality of patient services.	☒	Failure to develop and maintain the Trust estate.	☐
Failure to act on feedback from patients, staff and our public.	☒	Failure to recruit, train and sustain an engaged and effective workforce.	☒
Failure to enable and support transformation and innovation, to embed research and teaching into the care we provide, and develop new treatments for the benefit of patients and the NHS.	☐	Failure to take an active role in working with our partners to lead and shape our joint strategy and delivery plans, based on the principles of sustainability, transformation and partnership working.	☒
Failure to maintain financial sustainability.	☒	Failure to comply with targets, statutory duties and functions.	☒

Corporate Impact Assessment
(please tick any which are impacted on / relevant to this paper)

Quality	☐	Equality	☐	Legal	☐	Workforce	☐

Impact Upon Corporate Risk

N/A

Resource Implications (please tick any which are impacted on / relevant to this paper)			
Finance	☐	Information Management & Technology	☐
Human Resources	☐	Buildings	☐

Date papers were previously submitted to other committees				
Audit Committee	**Finance Committee**	**Quality and Outcomes Committee**	**Remuneration & Nomination Committee**	**Other (specify)**
	22nd December 2016			

Operational Plan 2017/2018 to 2018/2019 – supporting narrative

1. Context for Operational Plan

This two year Operational Plan is submitted to NHS Improvement (NHSI) on 23 December as supporting narrative setting out the Trust's approach and position on activity, quality, workforce and financial planning. This position is based on a robust and integrated approach to operational planning within the Trust and alignment with the aspirations and relevant specific actions of the developing Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Plan (BNSSG STP). The Trust fully appreciates the financial challenges in the NHS overall and our track record evidences our commitment and ability to deliver affordable, quality care sustainably. Our leadership role within the STP footprint seeks to extend this experience into the system and we have supported the adoption of an open book approach through joint contract meetings with our commissioners.

Our plan reflects the following current position;

- Rejection of the 2017/18 Control Total advised by NHS Improvement of £22.8m net surplus, resulting in the forfeit of Sustainability & Transformation (S&T) funding of £13.3m and the Trust being subject to national core penalties currently assessed at £2.5m. This contributes to a 2017/18 deficit plan of £10.2m. Given the Trust's track record of delivering a surplus plan for the last fourteen years, the Trust still wishes to discuss with NHS Improvement how a surplus plan can be created and delivered for 2017/18 and beyond.
- Service Level Agreement (SLA) proposals have been negotiated with Commissioners and financial agreement has been reached. SLAs will be signed by Christmas. This includes Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Groups (CCGs) and associates and NHS England (Specialised and Non-Specialised).
- Clarity and ownership of stretching quality priorities delivered through enabling quality improvement frameworks
- Workforce plans aligned to finance, activity and quality and addressing robust accountability for managing agency and locum expenditure
- Commitment to deliver improvements in core access and NHS Constitution standards aligned to proposed performance trajectories.

2. Strategic Backdrop

Our 2017/19 Operational Plan has been written in the context of the longer term direction set out in our existing five year strategic plan and also within the context of the developing BNSSG STP. Our current Trust Strategy ("Rising to the Challenge 2020") states that as an organisation, our key challenge is to maintain and develop the quality of our services, whilst managing within the finite available resources with our focus being on "affordable excellence". We are also clear that we operate as part of a wider health and care community and our strategic intent sets out our position with regard to how we optimise our collective resources to deliver sustainable quality care into the future.

Our Vision is *for Bristol and our hospitals, to be among the best and safest places in the country to receive care* and our **strategic intent is to provide excellent local, regional and tertiary services, and maximise the benefit to our patients that comes from providing this range of services**.

We are committed to addressing the aspects of care that matter most to our patients and during 2016/17, we have continued to ensure our strategy remains dynamic to the changing needs of our patients and significant changes within both the national and local planning environment. We have undertaken a review to prioritise and stratify our clinical strategy and established a clear governance framework within which to drive strategic decision-making, support implementation plans and ensure a proactive approach to influencing and assessing strategic reviews. A key aim in developing our own internal strategic programme is to align with the new processes, pathways and structures developing as part of the local STP and the changing national context. These new approaches provide us with a significant opportunity to progress our strategic priorities at pace and to work together with our partners to resolve some of the system-wide challenges we face.

The Trust has a clear governance route through which to identify, assess and manage significant risks that may threaten the achievement of our strategic objectives. We reviewed these processes in 2016/17 and agreed a new Board Assurance Framework (BAF) with the Trust Board considering the BAF on a quarterly basis.

3. Link to the local Sustainability and Transformation Plan

We remain clear that system leadership and collaborative working are essential for system sustainability and our two year Operational Plan is set firmly within the context of our local BNSSG STP. The BNSSG STP has developed five key principles that will enable the footprint to develop and implement a sustainable health and care system for our local population:

• Standardise and operate at scale.	• Develop a new relationship between organisations and staff.
• Develop system wide pathways.	• Build on existing digital work as a driver and enabler of cultural change.
• Develop a new relationship with our population to simplify access to the health and care system.	

Our two year Operational Plan has been developed in the context of these principles and there is clear alignment with our operational priorities. A transformational programme of change is being established through the STP, structured via three key system-wide work streams designed to deliver these principles. These are:

- Integrated primary and community care;
- Prevention early intervention and self-care; and
- Acute Care Collaboration (ACC)

Through our Operational Plan, we are clear that we play a key role in both leading and contributing to STP programmes of work. Delivery of our quality, performance and financial operating plan intent is predicated on both organisational and system actions. The BNSSG STP clearly identifies its ambitious but equally pragmatic vision, wherein the impact of a new model of care and specific transformational service delivery changes are agreed by all partners, but which remain to be developed to the stage that we can confidently reflect the impact in our contracts and our operational delivery projections. As the STP plans mature, we will incorporate material changes in our 2017-19 contracts via variations and in the dynamic approach we adopt to our two year Operating Plan projections.

Specific areas of STP based action that we will support and lead include delivery against the principles within the ACC workstream:

- A collaborative provider model, supported by a single commissioning approach;

- Improving utilisation of acute hospital bed base; and
- Using our acute hospital resources to support the wider health and care system.

Improved productivity and effectiveness is a key focus of the developing projects within the STP and within our organisation, with specific emphasis placed on the need to maximise the use of acute facilities and resources, reducing costs, duplication and variation where possible and potentially reconfiguring or redistributing services between the three acute providers if this provides greater opportunity for services to develop and thrive. The Trust has already worked with other providers to deliver major change to the benefit of patients on a wide range of services and we are committed to develop the next phase of ACC based on shared leadership models accepting that this could lead to more standardisation across three or more sites on a differentiated or graduated basis as circumstances require. We will pursue these opportunities within the context of the STP.

During 2017-19, we will continue to lead and enable translation of the ACC principles into delivery through a smaller number of high impact projects to both realise 'quick wins' in closing the gaps and establish and build confidence in new ways of working and collaborating as a system. The phase one priority projects identified are;

• Stroke pathways	• Trauma and Orthopaedic and Musculoskeletal services
• Pathology consolidation	• Medicines optimisation
• Corporate overheads reduction	• Weston sustainability

In parallel, we will scope and implement projects in Cardiology; Neonatal Intensive Care; Interventional Radiology and Optimising outpatients and we will also ensure that the existing energy focussed on improving services in the following areas is harnessed through a single BNSSG approach to maximise the benefits afforded by a whole system view:

• Mental Health – Personality Disorders	• Urgent and Emergency Care – Including Urgent Care Network
• Acute mental health beds and out of area placements	• Cancer – Development of Cancer Alliances
• Developing Specialised Services and Networks	

This STP aligned work is reflected in the Trust's refreshed clinical strategy which will continue to be dynamically reviewed to both influence and respond to system opportunities and commissioner reviews that enable us to progress our strategic intent to provide excellent local, regional and tertiary services and maximise the benefit to our patients that comes from providing this range of services.

4. Organisational Strategy 2017-19 Focus

Our 2016/17 Monitor Operational Plan outlined our organisational commitment to the development of the BNSSG STP and how, as year one of the five year plan, our 2016/17 priority was to contribute to developing and implementing plans to address the identified system gaps in Care and Quality, Health and Wellbeing and Finance and Efficiency. Our 2017-19 plan now forms the basis of years two and three of our organisational contribution to the delivery of system plans, building on the themes of our previous year's plan. Within this context, the focus of our strategic and operational plans over the next two year period will be the following:

Care and Quality and Health and Wellbeing

- **Delivery of our quality objectives as agreed in our new quality strategy**, including delivery against requirements outlined in the nine 'must dos' and NHS mandate to close our identified gaps in care and quality. For our organisation; this will include a specific focus on;
  - Ensuring timely access to services
  - Delivering safe and reliable care
  - Improving patient and staff experience
  - Improving outcomes and reducing mortality
- Full delivery of the recommendations from the **Independent Children's Cardiac Review**.
- **Staff strategic engagement and retention strategy**, with a focus on staff engagement and wellbeing, supported by real-time feedback, using innovative approaches such as the 'Happy App' (2016 HSJ winner) and the ongoing development of leadership capacity and capability.
- **Improving performance against access standards** and delivery of our performance trajectories in the four core standards.

Finance and Efficiency

- **Operational and financial sustainability** with a specific focus on internal specialty level productivity and the efficient delivery of activity aligned to our capacity modelling, along with the implementation of Carter recommendations, including a system view of corporate overheads, estates and pathology.
- **Maximising the impact from STP system working** and service redesign and ACC, with development of shared leadership and associated opportunities to improve system and service level productivity.
- **Estates and capital strategy** for 2017-19 to continue to align the modernisation and development of our estate to our evolving clinical strategy and support delivery of the emerging STP new model of care.
- **Maximising workforce productivity** including controlling agency and locum costs.

Strategy, Transformation, Innovation and technology

- **Refresh our existing Trust Strategy** to reflect the need to respond to local and national changes to our operating environment and with a specific focus on developing our clinical strategy.
- **Exploring options to continue to develop our specialist portfolio** in the context of potential changes to Specialised Commissioning approaches across the south.
- Maximise our opportunity to continue to **develop our research capacity and capability** associated with the significant grant secured from the National Institute for Health Research to fund a Biomedical Research Centre undertaking cutting edge studies that will improve care and treatment in the future.
- Development of an **Innovation Strategy** for the organisation including maximising the opportunities for innovation and transformational change associated with our successful appointment as a **National Digital Exemplar site**, with clear alignment to organisational and STP digital priorities / local digital roadmap.
- Continued development and delivery of our **Transforming Care Programme** focussing on transforming the way in which we deliver care through service and workforce redesign, with a focus over the next two years on real time internal processes to support patient flow alongside engaging in and supporting STP processes to develop effective system care pathways and patient flow.

5. Quality planning

5.1 Approach to quality planning

The Trust is committed to and expects to provide excellent health services that meet the needs of our patients and their families and provides the highest quality standards. The Board and Senior Leadership Team of UH Bristol have a critical role in leading a culture which promotes the delivery of high quality services. This requires both vision and action to ensure all efforts are focussed on creating an environment for change and continuous improvement. The Trust's annual quality delivery plans and quality strategy (2016-2020) set out the actions we will take to ensure that this is achieved.

The publication of the Independent Review of Children's Cardiac Services in Bristol in 2016 affirmed the Trust's record on clinical outcomes, whilst raising important questions about transparency and how we communicate effectively with patients and their families. Parents have played an important role in bringing about significant changes in our practice and in improving our provision of care, which has already addressed some of the recommendations in the report. We will continue to build on this work by implementing all the recommendations pertaining to the Trust and by strengthening our partnership between families and staff, which is the basis of delivering safe and effective care of a high quality. The Trust's quality strategy makes an important contribution to the Trust's ongoing learning.

We do have much to be proud of. The Trust's quality improvement programme led by the Chief Nurse, Medical Director and Chief Operating Officer continues to show us what is possible when we have a relentless focus on quality improvement. In our last strategy, we recognised that access to services is integral to patient experience and that great patient experience happens when staff feel valued, supported and motivated. In our revised strategy, we have now made this wider view of quality integral to our definition. Our quality strategy and quality improvement work is therefore structured around four core quality themes:

• Ensuring timely access to services • Delivering safe and reliable care	• Improving patient and staff experience • Improving outcomes and reducing mortality

Running through each of these are the threads of research, innovation and improvement. Our quality improvement priorities are underpinned by our commitment to address the aspects of care that matter most to our patients in collaboration with our strategic partners. They also take into account national quality and commissioning priorities, our quality performance during 2016/17 and feedback from our public and staff consultations and are supported by our organisational values – respecting everyone, working together, embracing change and recognising success. We are committed to the continued focus on delivering our quality strategy, through our quality improvement plan to drive the changes required to move us from a CQC rating of 'Requires Improvement' to 'Good'.

5.2 Summary of our quality improvement plan and focus for 2017-2019

In summary, our quality improvement plan will mean that we:

- Cancel fewer operations
- Reduce patient waiting times
- Improve the safety of patients by reducing avoidable harm
- Strengthen our patient safety culture
- Create new opportunities for patients, families and staff to give us feedback about their experiences, and in a way which enables concerns to be addressed in real-time
- Develop a customer service mind set across the organisation, including how we handle and respond to complaints
- Take a lead role in the development of a new national system of rapid peer review of unexpected patient deaths, implementing learning about the causes of preventable deaths
- Significantly improve staff satisfaction, making UH Bristol an employer of choice

Our plans will be built on a foundation of:

- The patient-centred principle of "nothing about me without me"
- Partnership working
- Evidence-based treatment and care derived from high-class research – some of it led by us
- Effective teamwork
- Systematic benchmarking of our practice and performance against the best
- Learning when things go wrong
- Intelligent use of clinical audit and quality improvement activities
- Learning from internal and external review

Table 1. Our key quality improvement priorities for 2017/18/19

Ensuring timely access to services	*Improving patient and staff experience*	*Improving outcomes and reducing mortality*	*Delivering safe and reliable care*
• Deliver the four national access standards • Reduce the number of cancelled operations – particularly at the last minute • Reduce the number of cancelled clinics and delays in-clinic when attending an outpatient appointment • Work with partners to ensure that when patients are identified as requiring onward specialist mental healthcare, we minimise the delays and maintain the patient's safety while they await their transfer.	• Create new opportunities for patient and public involvement • Introduce a system to support people to give feedback, where possible in real-time at the point of care. • Achieve Friends and Family Test scores and response rates which are consistently in the national upper quartile • Improve our handling and resolving complaints effectively from the perspective of our service users • To achieve year-on-year improvements in the Friends and Family Test (whether staff would recommend UH Bristol as a place to work) and staff engagement survey scores	• Implement evidence-based clinical guidance, supported by a comprehensive programme of local clinical audit, and by working in partnership with our regional academic partners to facilitate research into practice and evidenced based care/commissioning • Use benchmarking intelligence to understand variation in outcomes • Ensure learning from unexpected hospital deaths • Deliver programmes of targeted activity in response to this learning	• Develop our safety culture to help embed safety and quality improvement in everything thing we do • Improve early recognition and escalation of deteriorating patients to include early recognition and management of sepsis and Acute Kidney Injury (AKI) • Improve medicines safety including at the point transfer of care (medicines optimisation) • Eliminate peri-procedure never events • Delivering national CQUINs once finalised

Despite our quality strategy and work to improve our patient flow, we continue to identify ongoing risks in relation to access and patient flow. The challenges we face in delivery of our performance standards are outlined in the section 6. In recognising the impact that limited access to services and particularly the cancellation of planned surgery or outpatient appointments places on the quality of care we provide for our patients, our actions to address these through our Transforming Care Programme and performance improvement plans will remain a key priority for the next two years.

5.3 Approach to quality improvement

The Trust's objectives, values and quality strategy provide a clear message that high quality services and excellent patient experience are the first priority for the Trust. In the context of the responsibilities of individual NHS bodies to live within the funding available, we are clear that the commitments we make in our quality strategy also need to be financially deliverable and our relentless focus on quality must be accompanied by an equally relentless focus on efficiency. The message underpinning our approach to quality improvement is "affordable excellence".

We plan to achieve this by securing continued ownership and accountability for delivery of our quality priorities through our five clinical Divisions. All Divisions have specific, measurable quality goals as part of their annual Operating Plans, with progress against these plans monitored by Divisional Boards and by the Executive Team through monthly Divisional Performance Reviews.

We specifically aim to ensure that clinical care is delivered in accordance with patients' preferences and in line with the best available clinical evidence including NICE[1] standards, Royal College guidelines and recommendations arising from national confidential enquiries. By understanding our current position in relation to national guidance (for example through clinical audit) and by working with our regional academic partners (including through Bristol Health Partners and The National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care West) to facilitate research into practice and evidenced based care/commissioning, we can work towards minimising any variations in practice.

UH Bristol has developed regional and national influence in the field of clinical audit practice over a period of more than 15 years. Over the next two years, we will continue to develop the way we use participation in local clinical audit to drive improvement in clinical services and ensure;

- All clinical services (at sub-specialty level) will participate regularly in clinical audit (measured by registered clinical audit activity).
- 95% of relevant published NICE guidance[2] will be formally reviewed by the Trust within 90 days of publication.
- We will develop and implement new internal systems for identifying and monitoring compliance with national guidance other than those for which systems already exist (NICE and NCEPOD[3]).

We recognise that we need to support our staff in continuous improvement and we plan to achieve this through "Transforming Care" - our overarching programme of transformational change designed to address specific priorities for improvement across all aspects of our services. Our transformation improvement priorities for 2017/19 will be structured around the six "pillars" of delivering best care, improving patient flow, delivering best value, renewing our hospitals, building capability and leading in partnership.

The Trust is also developing an Innovation and Improvement Strategy and is looking to develop a QI academy/hub or similar to bring together and make more easily accessible existing QI training, development and support opportunities for front line staff, with the aim of increasing capability and capacity within and across front line teams from awareness to practitioner to expert.

Our governors engage with the quality agenda via their Strategy Focus Group and Quality Focus Group. Each quarter, the Board and its sub-committees receive the Board Assurance Framework and the Trust's Risk Register which report high level progress against each of the Trust's corporate objectives (including quality objectives) and any associated risks to their achievement. Additionally, the Board's Audit Committee works with the Trust's Clinical Audit and Effectiveness team to consider evidence that the Trust's comprehensive programme of clinical audit effectively supports improving clinical quality in alignment with the Trust's quality objectives.

5.4 Quality impact assessment process

The Trust has a robust approach to the assessment of the potential impact of cost reduction programmes on the quality of services. This includes a formal Quality Impact Assessment (QIA) for all Cost Improvement Plans (CIP) with a financial impact of greater than £50k and any scheme that eliminates a post involved in front line service delivery.

The Trust's QIA process involves a structured risk assessment, using our standardised risk assessment framework, which includes assessment against the risk domains of safety, quality and workforce. The QIA provides details of mitigating actions and asks for performance or quality measures which will allow the impact of the scheme to be monitored. The QIA sign off process provides review and challenge through Divisional quality governance mechanisms to ensure senior oversight of any risks to quality of the plans. The Medical Director and Chief Nurse are responsible for assuring themselves and the Board that CIPs will not have an adverse impact on quality. Any QIA that has a risk to quality score over a set threshold, which the Trust wants to proceed with, is presented to the Quality and Outcomes Committee (a sub-Committee of the Trust Board). This ensures Board oversight of the QIA process.

The Trust's overall processes for monitoring quality and triangulating information provide a framework within which to monitor the impact of schemes. For any CIP schemes where there are potential risks to quality, we plan to strengthen our processes to ensure transparency of scheme-specific Key Performance Indicators (KPIs) and how these are robustly monitored via divisional and Trust governance structures.

5.5 Triangulation of Quality, Workforce and Finance

Our internal business planning and associated monitoring processes underpin the triangulation of our quality, workforce and finance objectives. Our Operating Plans are developed through the five clinical and Trust Services corporate divisions with monthly and quarterly Divisional Reviews conducted with the Executive team. These reviews include detailed information on workforce KPI's and any workforce risks, which support cross-referencing of quality and workforce performance. The Trust's Clinical Quality Group monitors compliance with CQC Fundamental Standards on an ongoing basis and our Quality and Outcomes Committee monitors performance against a range of performance standards.

[1] The National Institute for Health and Care Excellence

[2] i.e. clinical guidelines, quality standards and technology appraisal guidance

[3] The National Confidential Enquiry into Patient Outcome and Death

The NHS national staffing return compares expected and actual staffing levels on wards for each day and night. This information is also triangulated with the Trust quality performance dashboard to assess whether the overall standard of patient care was of good quality. This forms part of the monthly report to the Quality and Outcomes Committee and each ward receives its own RAG rated quality performance dashboard including workforce KPIs on a monthly basis. This enables the triangulation of workforce and quality data at a ward, divisional and Trust-wide level and is further supported by a six monthly staffing report to the Board, which takes an overview of significant changes in workforce numbers, national guidance or requirements, and progress on agreed actions. There are also annual Divisional staffing reviews of inpatient areas led by the Chief Nurse and including Finance Leads and Divisional Senior Nurses, to ensure that staffing levels and skill mix are appropriate, affordable and provide quality care as measured by our quality KPIs. In addition, there are agreed criteria laid out in our six monthly Board report to prompt an ad hoc review of establishment and skill mix as required.

Through the independent review against Monitor's 'Well-led framework for governance completed in 2015/16, the Trust Board was provided with assurance that systems and process were in place to ensure that the Board and Senior Leadership Team had good oversight of care quality, operations and finances. The actions identified to further improve the governance systems in the Trust as a result of the review have all been completed.

5.6 Seven day working

We regularly assess ourselves against the standards for seven day working using standard six monthly audits against the core clinical standards (2,5,6 and 8). This has helped us target our work on specific areas in developing our plans to provide seven day services. Within the nine 'must dos' for 2017-19 is the requirement to meet the four priority standards for seven day hospital services for all urgent network specialist services by November 2017. This includes vascular, stroke, major trauma, heart attack and children's critical care services. The most recent completed audit in the spring of this year showed the progress achieved but also highlights where compliance gaps remain.

We can confirm compliance against the November 2017 requirement for urgent care network specialist services for paediatric major trauma, heart attack and children's critical care services and we are not the local provider for major trauma or vascular services. We have however, identified that further service developments are required to meet the standards for stroke services and within our interventional radiology service, which contributes to the vascular network standards. These plans are summarised below alongside our plans to achieve the 2020 goal for the broader roll out of seven day services to all relevant specialties. It is also of note that a review of the model for stroke services is currently a priority project within the BNSSG STP and the affordable provision of seven day services within this urgent care specialist service may be provided through a cross system solution. Our plans to address identified gaps in seven day services against the 2017 and 2020 standards include:

- Standard 2: Time to consultant Review: Additional consultant capacity within general surgery, trauma & orthopaedics and gynaecology services to ensure full compliance with the standard.
- Standard 5: Access to Diagnostics: Formalisation of Interventional Radiology arrangements with North Bristol NHS Trust and development of an in-house non-vascular IR service.
- Standard 6: Access to Consultant-directed Interventions: Investment in consultant capacity to allow for the delivery of two additional weekend endoscopy lists, to address the gap in our service for lower gastrointestinal endoscopy
- Standard 8: On-going Review: Proposals under standard 2 will provide capacity to close gaps in capability in the surgical areas specified.

Service development proposals to address the gaps in seven day coverage were discussed with commissioners through the contract negotiations. Commissioners have indicated that the proposed investments will not be affordable within the 2017/18 – 2018/19 planning round and accept the need to derogate while opportunities to improve compliance through service reconfiguration / commissioners re-prioritisation are assessed.

6. Activity, Capacity and Performance

6.1 Activity and Capacity Planning

The Trust approach to capacity and demand planning for 2017-19 builds on our experience in using the capacity planning tools provided by the Interim Management and Support Team (IMAS) and the methodology used in the last two years to agree contract volumes with commissioners. Each specialty used the IMAS models to estimate the level of capacity required to reduce waiting times to achieve an overall 18-week Referral to Treatment Time (RTT) wait. Demand is based on actual referral and decision to admit weekly data over the last year and used as the baseline level of recurrent activity required within the contract. The modelling also provides an estimate of the amount of non-recurrent activity required to reduce 18-week RTT waits during 2017/18, and then deliver the required level of recurrent activity to maintain specialty level performance above 92% in 2018/19. Demographic growth has largely been used as the basis for growing the 2016/17 recurrent activity baseline however, where modelling indicates annual growth in excess of demographic changes, a three-year analysis has been used to estimate recurrent growth.

The Trust Service Level Agreement (SLA) proposals have been built-up from this modelling. The level of planned activity for 2017/18 also takes account of the impact of any planned service transfers, service developments and other known planned changes to activity levels. Whilst the SLA has not yet been finalised, Commissioners have confirmed their commitment to commission sufficient activity, both recurrent and non-recurrent, to meet what is required to deliver an 18-week RTT wait. Within the context of the STP, the Trust is working with commissioners to particularly identify areas of exceptional growth and agree shared approaches to demand management that can potentially be underpinned by risk-share contractual arrangements.

The schedule of planned day-case and inpatient activity for 2017/18 is being used to assess the number of beds required in the Trust. Baseline bed requirements have been estimated from the forecast specialty and work-type level spell volumes and current length of stay, taking account of the increased demand for beds in 2016/17 from increases in paediatric emergency admissions and high levels of delayed discharges. Planned bed-days savings from improvements in the delivery of planned and unplanned care resulting from internal and system-wide actions have then been applied with the resulting modelled bed requirements then uplifted to operational bed occupancy of 92.5%. Bed requirements have also been apportioned across quarters according to historic seasonal variation.

Wherever possible, specialties are planning to provide capacity at the 65th centile variation in demand levels to limit the variation in waiting times and waiting list size. However, where there is a greater clinical risk associated with lengthening waits for accessing services, such as where the majority of diagnostic tests are for urgent/emergency care, the 85th centile has been used as planning assumption. The Trust will continue to

focus on reducing reliance on waiting list initiatives to deliver core capacity, for example through more substantive appointments where appropriate. This will support financial sustainability and responsiveness to heightened periods of demand. The majority of required activity to meet contract levels will be delivered "in-house" with a small amount of outsourcing, mainly through the Trust's GLANSO independent provider model, to maintain flexibility where demand is more volatile.

Critical to the Trust's delivery of RTT in 2017/18 will be making provision for enough flexibility in operational plans, to enable short-term variability in demand to be met and to avoid a rise in the number of over 18 week waiters. Challenges do remain in providing mitigation for in-year unplanned changes to local and in some cases regional service provision, for example the short-notice closure of the Taunton & Somerset NHS Foundation Trust Dermatology service, including routine, urgent and two-week wait referrals. The Trust will continue to use proactive systems for identifying rising demand and mobilise waiting list initiatives and other ad hoc sources of capacity as it has in previous years to manage such situations.

Trust capacity plans include winter planning resilience measures based on continuous learning from our current winter plans and actions. As the STP process matures and system actions are delivered, these plans will be refined and where required, reflected in contract changes. Learning from the Trust implementation in 2016/17 of a community based "virtual ward" supported by an independent provider, *Orla Healthcare,* and from the CCG-led discussions around primary care streaming models in the Bristol Royal Infirmary (BRI) and Bristol Royal Children's Hospital (BRCH), will be used to inform system based winter planning over 2017-19.

6.2 Non-Financial performance Improvement trajectories

The Trust continued to have challenges in consistently meeting all of the core national access standards in 2016/17, including those that now sit within the NHS Improvement Single Oversight Framework. The following provides analysis of performance during 2016/17 to date as context to the approach the Trust is taking to restore performance during 2017/18 and beyond. The Trust will also seek to an early view on how it is performing against the anticipated holistic measures of urgent and emergency care system health and identify actions that need to be taken by the Trust and the wider system, once these measures have been published.

6.2.1 Referral to Treatment Times (RTT)

The Trust recovered performance against the 92% national Incomplete Pathways standard in January 2016, achieving the standard every month until August 2016. Whilst slightly behind plan in terms of the expected volume of clock stops in the period, analysis demonstrated that the increase in over 18 week waiters during quarter two was mainly a result of an increase in outpatient referrals with those specialties for which the backlogs materially increased between April and the end of August, demonstrating an 11% increase in referrals relative to the same period in the previous year. The heightened level of demand could not be met in specialties for which core capacity was already constrained for other reasons, and options to flex capacity beyond baseline levels was therefore very limited.

Overall growth in referrals was up 3% in quarter one but down 2% in quarter two 2016/17, relative to the same period last year, highlighting the need for the Trust to have the ability to flex operational capacity to meet changing levels of demand. Specialties showing persistent increases in demand include Cardiology, Dermatology, Neurology, Pain Relief and a number of Paediatric specialties. The Trust is continuing to work with commissioners on ways of managing and smoothing demand, with active programmes of work across the community underway for Neurology and Dermatology in particular, but also other projects involving more directed use of independent providers and advice & guidance services. The capacity and demand modelling undertaken for 2017/18 has built in appropriate levels of recurrent growth to enable services to invest in adequate levels of capacity to support sustainable achievement of 18-week RTT waits, but to also address residual backlogs through non-recurrent activity. The expectation is, therefore, that the 92% RTT national standard will be achieved at a Trust aggregate level in 2017/18 and at an RTT specialty-level in 2018/19.

6.2.2 Cancer standards

The Trust continued to perform well against the majority of the national cancer standards however achievement of the 62-day GP cancer standard remained elusive due to the high proportion of breaches of the standard outside of Trust control. The predominant cause of breaches continued to be late referral from other providers (34%) with a further 19% of breaches resulting from periods of medical deferral and/or clinical complexity, and 10% due to patient choice. In the first half of 2016/17, the number of unavoidable breaches increased due to delayed histology reporting following the transfer of the service to North Bristol Trust at the beginning of May. These delays have largely been addressed and are not expected to recur in 2017/18. A local CQUIN was agreed in 2016/17 which incentivises timely referral by local providers, along with reallocation of breaches arising from referrals made outside of agreed pathway milestones. Collaborative work on improving shared pathways will continue into 2017/18. Without improvements in the timeliness of late referrals, the Trust does not expect to be able to comply with the 85% national standard in either 2017/18 or 2018/19. However, the expectation is that with improvements in timeliness, the 85% standard would be achieved in aggregate in each quarter going forward.

During the first quarter of 2016/17, the Trust unusually struggled to achieve the 31-day waits for patients needing surgical treatments due to an increase in the number of emergency admissions requiring admission to Adult Intensive Care Unit (ICU) in March and April. To treat the patients whose surgery had been delayed, theatres recovery was temporarily used as an extension to the High Dependency Unit. Whilst the same approach could again be taken in periods of extremis, the Trust is investigating a model for managing adult critical care demand across a broader bed-base, incorporating both Adult ICU and the Cardiac Intensive Care Unit (CICU) to offer greater flexibility and greater operational efficiency. Opportunities for more effective delivery of critical care capacity across BNSSG are also being considered under the STP. The Trust expects to be able to continue to achieve the 2-week wait, the 31-day first definitive and 31-day subsequent treatment standards in aggregate in each quarter of 2017/18 and 2018/19.

6.2.3 Diagnostic waiting times standards

Performance against the 99% 6-week diagnostic waiting times standard has been highly variable to date in 2016/17, primarily due to high levels of demand not being able to be met in a given month and capacity lost for unforeseen circumstances, such as junior doctor industrial action. Activity schedules and operational capacity plans for 2017/18 have assumed historic (high) levels of recurrent growth will continue and services will, wherever possible, ensure that core capacity can deliver the required level of flexibility to routinely meet fluctuations in demand. With further annual growth assumed into 2018/19, the Trust expects to achieve the 99% national standard in each month in the next two years.

6.2.4 A&E 4-hour standard

Achievement of the A&E 4-hour standard continues to be a challenge in 2016/17 with the Trust achieving its recovery trajectory between April and August but struggling thereafter with the start of the seasonal rise in demand. Levels of emergency admissions during the first half of 2016/17 were 5.1% higher (4.8% Bristol Royal Infirmary; 5.7% Bristol Children's Hospital) than the same period in 2015/16, exceeding last year's planning assumptions. Delayed discharges remains at double the level committed to as part of the community-wide improvement plan with bed pressures remaining the primary cause of the Trust's inability to meet a maximum 4-hour wait. The Trust plans to continue to direct organisational priority to reducing bed occupancy, such as through the roll-out of the Orla "virtual ward", improvements to the discharge planning process, targeted reductions in length of stay and supporting partner organisations within the STP to reduce delayed discharges and avoid admissions. The current year-on-year scale of deterioration in A&E 4-hour performance equates to 5.2%. Although the impacts of the STP remain to be tested and confidence in deliverability secured, the Trust expects the scale of these impacts to enable this annual deterioration to be offset and reversed during 2017/18, with further recovery of similar magnitude on top of that during 2018/9.

Table 2 – A&E 4-hour performance in 2015/16 and 2016/17 to date, and trajectories for 2017/18 and 2018/19

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Performance 2015/16	94.8	93.5	95.2	95.5	95	91.7	92.2	89.6	88.9	83.8	84.2	82.5
Performance 2016/17	87.2	91.7	89	89.3	90	87.3	82.9	78.5				
2017/18 Trajectory	89.3	89.3	89.3	90.6	90.6	90.6	88.5	88.5	88.5	83.5	83.5	83.5
2018/19 Trajectory	91.0	92.8	94.5	95.0	95.0	95.0	92.0	92.0	92.0	88.7	88.7	88.7

7. Workforce

7.1 Strategic Context

Our Workforce and Organisational Development Strategy 2014 to 2020 was formulated through extensive stakeholder engagement. This recognised the importance of recruitment to key staff groups in a tight labour market, maintaining and developing the quality of services with fewer available resources and aligning our staffing levels with the capacity demands and financial resource to ensure safe and effective staffing levels. We continue to develop our strategy in response to our changing environment, increasingly focussing on transformational change to release productivity savings, engaging staff in the process, as described in the Carter (February 2016) report and subsequent Model Hospital work and aligning our objectives with the BNSSG STP.

The Trust is a member of the BNSSG Workforce Advisory Board (BNSSG WAB), providing the opportunity to address workforce transformation in support of our STP in partnership with other healthcare providers, commissioners, and local authorities. The BNSSG WAB has identified key priorities for the STP footprint which are supported through the Health Education England South West Investment Plan. These include:

- Developing a common vision and purpose to support recruitment and retention, with staff engagement events, up-skilling staff to deliver continuous improvement and Organisational Development facilitation;
- Improved staff health and wellbeing, building on organisations' work to achieve CQUINS, achieving a minimum standard across the health community;
- Mental health training for staff to improve their ability to provide psychologically informed interventions;
- A recruitment "passport" to reduce recruitment time and costs when staff move between local health organisations;
- A system-wide approach to support increased collaboration on apprenticeships.

The Trust has appointed an Apprenticeship Co-ordinator to facilitate the implementation of a wider Trust apprenticeship offer from May 2017 in line with the Government levy and workforce target. Models of delivery are currently under review, including an option for an STP wide approach. For existing staff, development needs are reviewed as part of the annual appraisal, and in addition, the Trust has focussed enhanced staff development opportunities on difficult to recruit and high turnover areas, such as theatres and intensive care. Collaborative working with the University of the West of England has supported the allocation of continuing professional development modules for nursing and allied health professional staff.

Seven day working has been highlighted in The Five Year Forward View, although the challenge is to do this in an affordable way. Requirements to achieve these standards are included in our workforce plans as part of our operating planning process and the details of specific areas of focus are outlined above in Section5.6.

7.2 Workforce Planning Approach – Operating Plans

The annual workforce planning process at UH Bristol forms an integral part of the annual Operational Plan cycle. Each Division within the Trust is required to provide a detailed workforce plan, developed by appropriate service leads and clinicians, aligned to finance, activity and quality plans. An assessment of workforce *demand* is linked to commissioning plans reflecting service changes, developments, CQUINS, service transfers and cost improvement plans. As outlined above, the IMAS capacity planning tool is used to model the capacity and demand requirements at a service level, which then informs the workforce requirements associated with any changes, ensuring the alignment of workforce with finance.

We have agreed nurse to patient ratios to provide safe staffing levels, which are reflected in the plans. Workforce *supply* plans include an assessment of workforce age profiles, turnover, sickness absence and the impact these will have on vacancy levels and the need for temporary staff. Throughout the course of the year, actual performance against the Operating Plan, including workforce numbers, costs and detailed workforce KPIs are reviewed through Quarterly Divisional Performance reviews held with the Executive team, ensuring the ongoing triangulation of workforce, finance and quality through the year.

The impact of changes which may affect the supply of staff from Europe and beyond and changes to the NHS nursing and allied health professional bursaries are factored into planning and our Workforce and Organisational Development Group has a role in regularly reviewing the impact of such changes and ensuring that appropriate plans are put in place if required.

7.3 Managing agency and locum use

Our underpinning strategy to manage agency and locum use is focussed on managing both *demand* and *supply*. The underpinning approach to manage the *demand* for temporary staffing is to focus on the drivers of demand, which include sickness absence, vacancies and turnover through a range of actions which are reported monthly to Quality and Outcomes Committee. Direct actions to manage *demand* for agency include increased efficiency and effectiveness of rostering by fully implementing a different nursing and midwifery e-rostering system and an electronic acuity and dependency tool both from April 2017, continuing to monitor and challenge rostering and operating plan KPIs through the monthly Nursing Controls Group, robustly escalating requests for agency usage and focus on demand for enhanced observation through recruiting to the designated funded establishment. Actions to manage *supply* include improving the ratio of bank fill to agency by external and internal marketing campaigns, incentive payments and the establishment of a locum bank in 2017. We will also continue to work with agencies to fully implement the caps to avoid unnecessary spend.

With the increasing drive to promote transparency, improve data requirements and embed strong accountability to boards, the Trust is meeting the reporting requirements laid out by NHSI. This includes analyses of the highest earning agency staff, long term agency usage, high costing shift activity, and framework, agency cap and worker rate overrides. This is combined with enhanced controls in relation to escalation to ensure there is appropriate sign off and control at a senior level.

7.4 Workforce Numbers

The anticipated workforce plan, derived from the operating planning process described above, expressed in whole-time equivalents (wte) for 2017/18 and how this compares to the previous year is set out in the tables below.

Table 3 – WTE for 2017/18 compared to 2016/17 (Changes in funded establishment)

DEMAND (Changes in Funded establishment) Staff Group	Funded Establishment 2016/17 FOT wte	Service Developments wte	Service Transfers wte	Savings Programme wte	Activity /Capacity Changes wte	Funded Establishment March 2018 wte	Change wte
Medical and Dental	1,238	1	0	1	8	1,248	9.8
Qualified Nursing and Midwifery staff	2,459	6	3	(4)	15	2,480	20.6
Qualified Scientific and Professional Staff	1,101	4	0	(0)	9	1,114	12.6
Support to clinical staff	2,499	1	5	(4)	16	2,514	14.5
NHS Infrastructure Support (Admin and Estates)	1,080	8	0	(18)	(1)	1,074	-6.7
Total	**8,378**	**20**	**8**	**(25)**	**48**	**8,428**	**51**

Table 4 – WTE for 2017/18 compared to 2016/17 (Changes in staff employed/bank/agency)

SUPPLY Change	March 2017 Forecast			March 2017	Changes March 2017 to March 2018			2017/18	March 2018 Planned			March 2018
Staff Group	Employed wte	Bank wte	Agency wte	Forecast Total Staffing wte	Employed wte	Bank wte	Agency wte	Total Changes wte	Employed wte	Bank wte	Agency wte	Planned Total Staffing wte
Medical and Dental	1,242		10	1,253	0		(5)	(5)	1243		5	1,248
Qualified Nursing and Midwifery staff	2,301	112	52	2,465	19	4	(9)	14	2320	116	43	2,480
Qualified Scientific and Professional Staff	1,031	14	14	1,058	64	(1)	(8)	55	1095	13	5	1,114
Support to clinical staff	2,323	191	24	2,538	43	(57)	(10)	(24)	2366	134	14	2,514
NHS Infrastructure Support (Admin and Estates)	1,018	68	15	1,100	(2)	(18)	(5)	(26)	1015	49	9	1,074
Total	**7,915**	**385**	**114**	**8,414**	**124**	**(72)**	**(37)**	**14**	**8,039**	**313**	**77**	**8,428**

The workforce plan summarised in the tables above aligns with the NHSI templates, reflecting the overall strategy to increase our ratio of substantive staffing relative to agency and bank usage. This will be delivered through increased recruitment, reduced turnover, reduced sickness absence, and filling vacancies, supported by improved rostering efficiency. These numbers are similar to year two of our workforce plan, with little change assumed for 2018/19.

7.5 Workforce transformation and productivity programmes

Our approach is to engage and involve staff in solutions which will require different ways of working, such as clinical teams joining up to deliver pathways of care, new roles, changes in skill mix, and development of new competences, in support of our STP, with a greater likelihood of posts bridging the primary care / acute interface. Examples of plans for workforce transformation include the following:

Medical:

- The STP Trauma and Orthopaedics Transformation Project includes service redesign options. Gaps in Trauma and Orthopaedics junior doctors are being filled by clinical teaching fellows, which are more attractive to applicants as they combine teaching/research with clinical work, and remaining gaps will be filled by physicians' associates.

Nursing

- Development of Advanced Nurse Practitioners in areas such as Emergency care and Care of the Elderly, to provide career progression, respond to gaps in medical capacity, and improve retention;
- Changes to theatre skill mix to improve recruitment and retention with development opportunities;
- Exploring further options for assistant practitioner and nurse associate roles.

Scientific, professional and technical

- Consultant radiographer posts to help to mitigate the risk of shortages of radiologists, and improve radiographer retention;
- Work with education providers to train our first Assistant Practitioner in Nuclear Medicine
- Develop Radiographic Assistants apprenticeships in 2018 and Trail blazer apprenticeships for radiographers for 2019.
- More advanced practice for Pharmacist prescribers and consultant pharmacists and Specialist Pharmacists in the Emergency Department, combined with a general shift in pharmacy skill mix and use of IT to redirect capacity from infrastructure support into more patient focussed activities. We are also linking with commissioners to introduce a Clinical Commissioning Pharmacist.

Administrative and Clerical staff

Administrative, Clerical and Estates staff

- In 2017/18, we are implementing significant changes in our ward catering processes to drive efficiencies and improve productivity.
- Our administrative and clerical staff programme is focussed on common processes, quality approach to recruitment, training and standards for our ward clerks and booking clerks, standardisation of job descriptions, efficiencies in the administrative and clerical Bank, all of which aim to improve the quality and efficiency of our clinical services and support enhanced professionalism across our administrative and clinical teams.

7.6 Workforce KPIs

Our workforce KPIs are set at a divisional and staff group level, taking account of historic performance and comparable benchmarks and helping to drive continuous improvement in making best use of our people.

- **Staff Turnover Rate;** During 2016/17 turnover levels are now in line with benchmarks for similar Trusts, following 18 months of being above benchmark. This improvement derives from turnover gradually increasing nationally, whilst rates at UH Bristol have remained stable. We have set a target for 2017/19 to reduce from 13.3% to 12.0% by March 2017 and 11.7% by March 2018 (excluding fixed term contracts and doctors in training). This is in line with our Quality Strategy which sets a target of 11.1% by 2020.
- **Vacancy Percentage** Recruiting to vacancies, particularly hard to recruit and specialist areas which are covered by high cost agency workers, remains an important element in our agency reduction plan. The UH Bristol vacancy rate for 2015/16 was 5.1%, and the average year to date vacancy rate (October 2016) of 5% compares favourably with other Teaching Trusts. Our internal target is to sustain 5% through 2017/18 and 2018/19.
- **Sickness Absence** We are aiming for a year on year improvement in our sickness absence rates, with a forecast out turn of 4%% in 2016/17, reducing to 3.8% in 2017/18 and 3.7% in 2018/19.

7.7 Junior Doctor Contract

The Trust has established a Junior Doctor Contract Implementation Group (JDCIG) including the newly appointed Guardian of Safe Working Hours. Engagement is taking place with junior doctors via the Local Negotiating Committee and the Junior Doctors Committee and a Junior Doctor Representative is now attending the JDCIG. All Trust junior doctor rotas have been mapped to a local Trust implementation plan in accordance with national guidance. The new contract is due to go live in a phased approach between December 2016 and October 2017. Challenges include monitoring requirements, rostering systems and rota rule changes resulting in the need for significant redesign and additional resource to achieve compliance in a short timescale. The Trust is currently reviewing options to ensure the contract is implemented without adverse service and patient safety impact. The cost of implementation is current not known, which creates a significant risk to the financial plan.

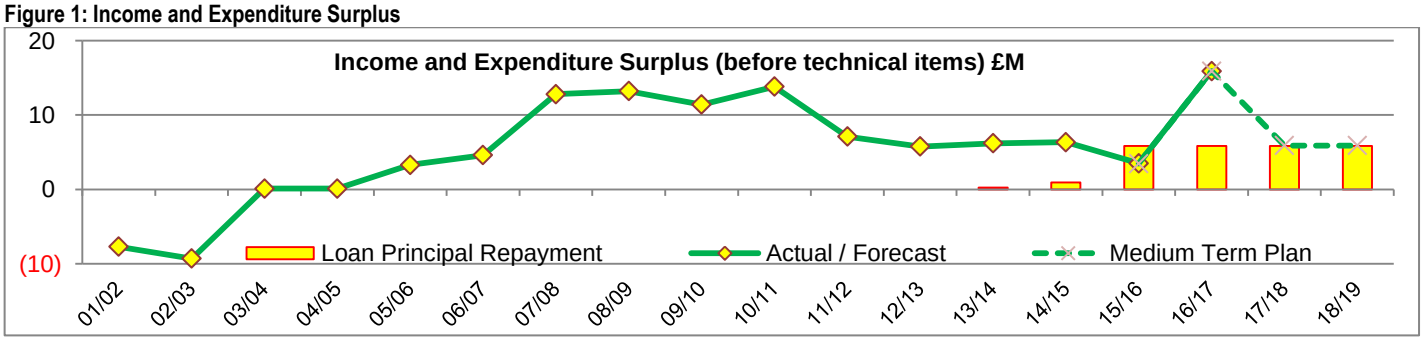
8. Financial planning

8.1 2016/17 Forecast Outturn

8.1.1 Net surplus

The Trust is forecasting a 2016/17 net income & expenditure surplus of £15.9m before technical items in line with the Control Total. This will be the Trust's fourteenth year of break-even or better. A summary of the Trust's financial position, including the historical performance, is provided below in figure 1.

Figure 1: Income and Expenditure Surplus



The Trust remains one of the best performing Acute Trusts in terms of financial performance. To achieve this, however, non-recurrent measures of at least £10.0m will be required to deliver the Control Total.

8.1.2 Savings
The Trust's 2016/17 savings requirement is £17.4m. Savings of £13.6m are forecast to be delivered by the year end. The forecast shortfall of £3.8m is due to unidentified schemes of £3.2m and scheme slippage of £0.6m. The forecast shortfall of recurrent savings delivery in 2016/17 of £3.8m will be carried into the 2017/18 underlying position.

8.1.3 Capital expenditure
The Trust is forecasting capital expenditure of £30.0m for 2016/17 against an NHS Improvement plan of £35.0m due to scheme slippage. The Trust's carry forward commitments into 2017/18 are £16.0m.

8.1.4 Use of Resources Rating
The Trust is forecasting a Use of Resources Rating (UORR) of one, the highest rating. The Trust has strong liquidity with forecast net current assets of £30.0m and achieves 12.0 liquidity days and a liquidity metric of one. The Trust's forecast EBITDA performance of £49.5m (7.9%) delivers capital service cover of 2.8 times and a metric of one.

The Trust's forecast net income and expenditure margin is 2.5% and achieves a metric of one. The I&E margin variance also achieves a metric of one. The forecast agency expenditure metric also scores a rating of two.

The position is summarised below.

Table 5: 2016/17 Forecast Outturn Use of Resources Rating

	Metric	Rating
Liquidity	15.0	1
Capital service cover	2.8 times	1
Net I&E margin	2.5%	1
I&E margin variance	0.0%	1
Agency expenditure variance against ceiling	12.3%	2
Overall UORR rounded		**1**

Rating 1	Rating 2	Rating 3	Rating 4
0 days	-7 days	-14 days	<-14 days
2.5 times	1.75 times	1.25 times	<1.25 times
>1%	>0%	<-1%	>-1%
=>0%	<-1%	<-2%	>-2%
<0%	<25%	<50%	>=50%

8.2 2017/18 Financial Plan

8.2.1 Introduction
The financial plan narrative describes the Trust's current assessment and presents the 2017/18 position and 2018/19 as a best estimate. The assessment of 2017/18 is based on SLA proposals to Commissioners which have been concluded. The plan is based on the following key drivers:

- Rejection of the 2017/18 Control Total advised by NHS Improvement of £22.8m net surplus. This results in the forfeit of Sustainability & Transformation (S&T) funding of £13.3m and the Trust being subject to national core penalties currently assessed at £2.5m.
- The Trust's savings target is set at 2.5% of recurring budgets generating a target of £11.9m for 2017/18;
- A gross inflation uplift of 2.1% to include a 1% pay award, the impact of the new Junior Doctors contract, Apprenticeship Levy at £1.15m net and a 40% increase in the cost of Clinical Negligence Scheme for Trusts (CNST) premiums. The 2.1% uplift is considered inadequate hence an additional cost pressure at £1.5m has been included in the plan primarily due to the new Junior Doctors contract requirements.
- A new HRG4+ National Tariff structure providing a favourable impact of £8.7m. However, this position is offset by the adverse impact of Commissioner actions. For example, NHS England does not accept that 80%-85% of CQUIN net income is baselined in provider's financial positions. The adverse impact of this approach is c.£3.0m against budget but £5.0m against current out-turn. In addition, further losses from Pharmacy gain share are estimated at £0.9m.
- Service Level Agreement (SLA) proposals have been negotiated with Commissioners and financial agreement has been reached. SLAs will be signed by Christmas. This includes Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Groups (CCGs) and associates and NHS England (Specialised and Non-Specialised).
- The Divisional underlying shortfall of £13.0m has been covered by non-recurrent measures in 2016/17. These measures are non-repeatable in 2017/18 hence the underlying shortfall goes to the Trust's bottom line. It had been anticipated that the receipt of S&T funding in 2017/18 onwards would cover this shortfall. The derivation of the £13.0m is from accumulated cost pressures and unachieved prior year savings targets.

The plan's interaction with the proposed NHS Improvement Control Total is fundamental as the Trust's inability to deliver a financial plan surplus of £22.8m leads to the loss of S&T funding and the payment of fines. This therefore creates a deficit plan for 2017/18 but with the receipt of such funding, the plan would be in surplus i.e.

Surplus / (Deficit)	**£M**
Per Final Operational Plan	(10.2)
Add S&T Funding	13.3
Add Abatement of Fines	2.5
Adjusted Plan (Potential)	5.6

The Trust still wishes to discuss with NHS Improvement how a surplus plan can be created and delivered for 2017/18 and beyond. A surplus plan has been delivered for each of the fourteen years up to 2016/17 and the Trust is proud of this track record. The Trust believes that it would be operating in surplus if there were a national level playing field in which S&T funding was issued to all Acute Trusts through tariff.

8.2.2 Financial Plan
The 2017/18 financial plan of a £10.2m deficit is summarised in the table overleaf.

Table 6: Financial Position

Surplus / (Deficit)	Operational Plan £M	
Underlying position brought forward	17.7	
Loss of Sustainability & Transformation Funding	(13.3)	Trust rejecting NHS Improvement's Control Total net surplus of £22.8m.
Impact of national core fines	(2.5)	Trust will be subject to fines as a result of rejecting the Control Total.
Revised Underlying position b/fwd	1.9	
Cost Pressures		
Capital Charges	(0.4)	Strategic schemes completion (net of £0.9m).
Car park	(0.2)	Loss of residences income.
CNST cost increase – net of Tariff	(0.3)	40% increase offset in part by Tariff.
Risk provision for cost pressures	(0.5)	Unavoidable recurrent costs only.
Divisional underlying shortfall	(13.0)	
SLA Contracting Issues		
CQUINS	(3.0)	Net loss of baseline income to deliver 2017/18 CQUINS.
Pharmacy gain share	(0.9)	Withdrawal of gain share by NHS England.
Sexual Health Tender	(0.4)	Tender reduces the SLA price.
Tariff impact	8.7	Estimated Tariff gain
2017/18 Underlying position	**(8.1)**	
Non Recurrent		
Change costs / spend to save	(0.5)	To fund schemes generating recurring savings.
Risk provision for cost pressures	(0.5)	Unavoidable non-recurrent costs only.
Transition costs for strategic schemes	(0.3)	In support of the car park and other capital schemes.
Clinical IT programme	(0.8)	Funds the IT Programme support costs.
Net I&E Surplus / (Deficit) exc. technical items	**(10.2)**	Definition used for Control Total purposes.
Donations	0.0	
Donated asset depreciation	(1.5)	
Net impairments	(1.3)	
Net I&E Surplus / (Deficit) inc. technical items	**(13.0)**	

8.2.3 Income

The agreed 2017/18 SLA is summarised in the table below. The Trust's total income plan is £638.2m, this compares to a forecast outturn in 2016/17 of £635.0m.

Table 7: 2017/18 Income build up

		£M	£M
Rollover Income	Recurrent income from 2016/17		631.3
Tariff	Gross inflation excluding CNST	10.0	
	Efficiency	(9.5)	
			0.5
Impact of Guidance	Tariff impact	8.7	
	Spending commitments funded by Tariff (CNST)	2.1	
			10.8
Activity Changes	Service transfers	3.3	
	External revenue proposals	0.3	
	Recurrent activity (including undelivered QIPP)	1.8	
	Non-recurrent activity	4.3	
	Remove prior year non-recurring activity	(3.9)	
			5.8
Other	High cost drug / devices assessment (including NICE)	3.3	
	CQUINs (including baseline £3.0m loss)	(3.0)	
	Pharmacy gain share loss (estimated)	(0.9)	
	Loss of S&T funding	(13.3)	
	Payment of fines	(2.5)	
	Other	6.2	
			(10.2)
	Total 2017/18 Income		**638.2**

8.2.4 Costs

The 2017/18 level of cost pressures for the Trust is very challenging and should be considered in the context of operational pressures on spending, the full delivery of savings plans and transformation initiatives. Firm control will continue to be required to avoid the Trust's medium term plans being undermined beyond 2017/18. The main assumptions included in the Trust's cost projections are:

- Pay award at 1.0%, no allowance for incremental drift, apprenticeship levy at £1.15m net;
- Controlling agency costs to a maximum of £7.0m for the year;
- Drugs at 2.8%, clinical supplies 1.8%, CNST at 40.0%, and capital charges inflation at 3.0%;
- Savings requirement of £11.9m;
- Loss from Sexual Health service tender of £0.4m;

- Recurrent unavoidable cost pressures of £0.5m;
- Payment of loan interest at £2.6m;
- Depreciation of £22.8m; and
- Capital charges growth of £1.3m.

The 2017/18 position includes non-recurring costs of £2.1m as follows:
- £0.5m Change / invest to save costs;
- £0.3m Transitional costs relating the car park scheme;
- £0.8m Clinical Systems Implementation Programme (CSIP); and
- £0.5m Non recurrent unavoidable cost pressures.

8.2.5 Cost Improvement Plans

The delivery of Cost Improvement Plans (CIPs) is an essential element in the Trust delivering its 2017/18 financial plan, including the conversion of non-recurring schemes to recurring schemes. The Trust sets CIP targets for 2017/18 in the light of national tariff efficiency requirements for Commissioners at 2.0% and a further 0.5% to cover cost pressures. This generates a CIP target for 2017/18 of £11.9m.

The Trust has an established process for generating CIPs operated under the established Transforming Care programme. The key transformational work streams which support CIP are as follows:

- Theatre Productivity transformation programme to focus on improving theatre efficiency;
- The Model of Care Programme which is our patient flow programme and focuses on reductions in length of stay along with improved productivity and reductions in cancellations;
- The Diagnostic Testing project which addresses the processes for delivering efficient diagnostic testing across the Trust for Pathology and Radiology services; and
- Outpatient productivity which focusing on the efficient utilisation of outpatient capacity.

The Trust also runs a programme of Specialty Productivity reviews which focus on clinical productivity across the areas above including consultant job planning reviews and links to capacity and demand. The challenge is to identify quantifiable savings from these transformation work streams.

The Trust has established a further group of work streams dedicated to delivering transactional CIPs, for example:
- Improving purchasing and efficient usage of non-pay including drugs and blood;
- Ensuring best value in the use of the Trust's Estates and Facilities. This includes a review of the delivery of specific services, and further improvements in energy efficiencies;
- Ensuring best use of technology to improve efficiency, linking productivity improvement with the introduction of new tools in clinical records management and patient administration;
- Addressing and reducing expenditure on premium payments including agency spend; and
- Focussing on reducing any requirement to outsource activity to non NHS bodies.

The Trust's risk assessed CIP plan is summarised below. The total of unidentified savings is currently £1.2m.

Workstreams	**£M**
Allied Healthcare Professionals Productivity	0.3
Medical Staff Efficiencies Productivity	0.3
Nursing & Midwifery Productivity	0.4
Diagnostic testing	0.2
Technology / Admin & Senior Managers Productivity	0.2
Reducing and Controlling Non Pay	4.5
Medicines savings (Drugs)	0.7
Trust Services efficiencies	0.5
Outpatient Productivity	0.1
Facilities and Estates productivity	0.6
Theatre productivity	0.2
Other	2.7
Subtotal – savings identified	**10.7**
Unidentified savings	1.2
Total – savings requirement	**11.9**

8.2.6 Carter review

The Trust has an action plan to address the key recommendations of the Carter Report. The Trust has already been actively engaged with regards to Medicines/Pharmacy and Estates & Facilities efficiencies. The report highlighted the current local collaborative medicines procurement process as an example of good practice. Each of the Trust's savings workstream is establishing a clear action plan to take forward the recommendations in the Carter Report particularly those concerned with developing efficiencies in relation to the use of staffing resources.

The Trust welcomes the 'Model Hospital' aspects of the Carter approach as the Trust recognises the considerable benefits this might bring in the future. As yet, this is still relatively underdeveloped but as it improves, the Trust will actively use this as a further means of identifying opportunities for efficiency savings.

With regard to benchmarking the Trust's performance against peer Trusts, which is a key element of the Carter approach, the Trust is actively using Reference Costs to identify areas of potential efficiency improvement. The Trust will continue to use the benchmarking portal released by the Carter

team and the Trust will increase the benchmarking it carries out with a view to identifying examples of best practice from other Trusts. The ongoing challenge is to transfer knowledge gained from benchmarking into practical implementable cost reduction. The 2017/18 CIP Programme will continue to be taken forward by the established Savings Board, with opportunities for collaboration with partnering Trusts being actively explored through the developing Sustainability & Transformation Plan (STP) structures.

8.2.7 Capital expenditure

The Trust has a significant capital expenditure programme investing £481.0m from April 2008 until March 2022 in the development of its estate. In 2017/18, the Trust's planned gross capital expenditure totals £41.4m and incorporates slippage of £16.0m from 2016/17.

The capital programme assumes up to £3.9m slippage into 2018/19. This will be reviewed later in the year when the position is firmed up. The net 2017/18 capital expenditure plan is therefore £37.5m and is summarised below:

Table 8: Source and applications of capital

Source of funds	2017/18 Plan £M	Application of funds	2017/18 Plan £M
Cash balances	13.1	Carry forward schemes	16.1
Depreciation	22.8	Estates replacement	2.5
Disposals	0.0	IM&T	4.1
Donations	0.0	Medical equipment	5.6
Public Dividend Capital	1.6	Operational capital	5.5
		Phase 5	7.6
		Net slippage	(3.9)
Total	**37.5**	**Total**	**37.5**

8.2.8 Use of Resources Rating

The planned net deficit of £10.2m is the driver behind the Trust's overall Use of Resources Rating (UORR) of three. A cap of three is applied in accordance with the Single Oversight Framework (SOF) because the Trust is proposing to reject the net surplus Control Total of £22.8m and is also planning a deficit. A UORR of three describes the Trust as requiring "potential support" from NHS Improvement. The components of the UORR are summarised below:

Table 9: UORR Performance

	Metric	Rating
Liquidity	-3.4	2
Capital service cover	1.4 times	3
Net I&E margin	-1.6%	4
I&E margin variance from plan	0.0%	1
Agency expenditure against ceiling	0.0%	1
Overall UORR rounded		2
Capped UORR		**3**

Rating 1	Rating 2	Rating 3	Rating 4
>0 days	<-7 days	<-14 days	<-14 days
2.5 times	1.75 times	1.25 times	<1.25 times
>1%	>0%	<-1%	>-1%
=>0%	<-1%	<-2%	>-2%
=<0%	<25%	<50%	>=50%

8.2.9 Summary Statement of Comprehensive Income

The 2017/18 Statement of Comprehensive Income (SoCI) and closing cash balance is summarised below:

Table 10: SoCI and closing cash balance

	2017/18 Plan £M
Income	638.2
Operating expenditure	(613.5)
EBITDA (excluding donation income)	24.7
Non-operating expenditure	(34.9)
Net surplus / (deficit) excluding technical items	**(10.2)**
Net impairments	(1.3)
Donation income	0.0
Donated asset depreciation	(1.5)
Net surplus / (deficit) including technical items	**(13.0)**
Year-end cash	**37.0**

8.3 2018/19 Financial Plan

8.3.1 Income

The anticipated income changes from 2017/18 in 2018/19 are summarised below:

Table 11: 2018/19 Income build up

		£M	£M
Rollover Income	Recurrent income from 2017/18		638.0
Tariff	Gross inflation excluding CNST	10.3	
	Efficiency	(10.0)	
			0.3
Impact of Guidance	Spending commitments funded by Tariff (CNST)		2.6
Activity Changes	External revenue proposals	0.0	
	Recurrent activity (including undelivered QIPP)	6.3	
	Remove prior year non-recurring activity	(4.3)	
			2.0
Other	High cost drug / devices assessment (including NICE)	3.1	
	CQUINs reinstatement	3.1	
	Other	0.1	
			6.3
	Total 2018/19 Income		**649.2**

8.3.2 Summary Statement of Comprehensive Income

The 2018/19 Statement of Comprehensive Income (SoCI) and closing cash balance is summarised below:

Table 12: SoCI and closing cash balance

	2018/19 Plan £M
Income	649.2
Operating expenditure	(621.0)
EBITDA (excluding donation income)	28.2
Non-operating expenditure	(36.2)
Net surplus / (deficit) excluding technical items	**(8.0)**
Net impairments	0.0
Donation income	0.0
Donated asset depreciation	(1.5)
Net surplus / (deficit) including technical items	**(9.5)**
Year-end cash	**22.0**

8.3.3 Use of Resources Rating

The planned net deficit of £8.0m is the driver behind the Trust's overall Use of Resources Rating (UORR) of three. A cap of three is applied in accordance with the SOF because the Trust is proposing to reject the net surplus Control Total of £24.6m and is also planning a deficit. A UORR of three describes the Trust as requiring "potential support" from NHS Improvement. The components of the UORR are summarised below:

Table 13: UORR Performance

	Metric	Rating
Liquidity	(11.8)	3
Capital service cover	1.5	3
Net I&E margin	-1.2%	4
I&E margin variance	0.0%	1
Agency expenditure against ceiling	0.0%	1
Overall UORR rounded		2
Capped UORR		**3**

Rating 1	Rating 2	Rating 3	Rating 4
>0 days	<-7 days	<-14 days	<-14 days
2.5 times	1.75 times	1.25 times	<1.25 times
>1%	>0%	<-1%	>-1%
=>0%	<-1%	<-2%	>-2%
=<0%	<25%	<50%	>=50%

8.4 Financial Risks

The main risks to the delivery of the 2017/18 plan include:

- Capital restrictions caused by the loss of S&T funding results in services being provided out of inadequate facilities hence affecting quality;
- CQUIN schemes are not deliverable even at the reduced level assumed;
- Cost pressures exceed that budgeted for – particular concern exists over the cost of the new Junior Doctors contract;
- Delivery of the Trust's new savings programme over the two years of the plan is considered high risk; and
- Planned activity is not delivered hence compromising the Trust's Operational Plan including the potential need to use premium cost delivery methods.

9. Membership and elections

9.1 Governor elections in the previous years and plans for the coming 12 months

In 2016, 15 governor roles were available for re-election, across the public, patient and staff constituencies. In total, 29 people stood for election in May 2016; 10 governors were elected in a ballot and four were re-elected unopposed. The nursing and midwifery seat remained vacant.

Turnout was largely in line with the 2013 and 2014 elections. We re-ran the election in June for two vacancies, staff governor role (nursing and midwifery) and patient governor for carers of patients under 16 years. One staff governor was elected unopposed. The patient governor seat remains vacant as no candidate came forward.

There will be further elections in May 2017 – when there will be 13 public, patient and staff seats up for election. Planning for the elections will begin at the end of this year.

9.2 Governor recruitment, training and development and member engagement activities

The 2016 election programme undertook a refreshed approach to the promotion of the governor role, and a comprehensive campaign to generate interest, which included mailing all Foundation Trust members who had shown interest in becoming a governor; updating the prospective governor information pack; promotion of the role across the Trust through different communication channels, and externally, including coverage in the Bristol Post; and three 'prospective governor information events'.

Governors are provided with a comprehensive programme of training and development that begins upon appointment with an induction. In additional to regular focus groups on Trust strategy, quality and performance, and membership/constitution, we run four governor development seminars each year, which have included training from NHS Providers/Govern Well and updates from leads within the organisation on topics such as patient safety, annual planning, risk management, patient and public involvement. We use the governor development sessions and governor focus groups to ensure that the Council of Governors is sighted on the same issues as the Board. Our governor skills audit enables us to better understand the experience and skills of each governor and allows us to tailor training to areas of specific need.

Engagement between governors and members is actively encouraged. Governors not only support the facilitation of Foundation Trust membership events, but also support other Trust events where members of the public are invited (e.g. Doors Open Day, Healthy Cities Week), and take part in patient and public involvement activities such as face-to-face interviews – as an opportunity to talk to their constituents.

9.3 Membership strategy – plans for next 12 months

The Trust has a Membership Engagement and Governor Development Strategy that was refreshed in 2015. The strategy includes an overview of the intended approach to membership, which focuses on growing member numbers, particularly in under-represented communities, and improving the frequency and quality of opportunities for engagement with members. The membership team holds regular member events throughout the year, each with a focus on a particular health topic and with time for Q&A and feedback and attended by a broad demographic. Foundation Trust members are also contacted at least monthly by e-newsletter or three times a year by mail with updates from in and around the Trust. Improvements are underway to membership marketing materials ahead of a more targeted recruitment campaign focusing on the under-represented communities through the rest of 2016 and into 2017 as part of the 2017 election campaign. The Membership Engagement and Governor Development Strategy is due to be reviewed in December 2016.

10. Conclusion

This Operational Plan reflects significant work across the Trust and has been built up from detailed and integrated Divisional plans. While this provides assurance on achievability, we will continue to develop the plan to enhance our confidence in its delivery and to reflect continuing work within the STP.

University Hospitals Bristol NHS Foundation Trust

Self certification

		00PLANCY
		Self-cert declarations
		Plan
		31/03/2018
		Year Ending
		DROP-DOWN

1. Declaration of review of submitted data

The board is satisfied that adequate governance measures are in place to ensure the accuracy of data entered in this planning template.

We would expect that the template's validation checks are reviewed by senior management to ensure that there are no errors arising prior to submission and that any relevant flags within the template are adequately explained.

i	Confirmed

2a. 2017/18 Control Total and Sustainability & Transformation Fund Allocation

The Board has accepted its control total and has submitted a final operational plan for 2017/18 that meets or exceeds the required financial control total for 2017/18 and the Board agrees to the conditions associated with the Sustainability and Transformation fund

i	Not confirmed - control total rejected; no S&T fund allocation incorporated in the plan

2b. 2018/19 Control Total and Sustainability & Transformation Fund Allocation

The Board has accepted its control total and has submitted a final operational plan for 2018/19 that meets or exceeds the required financial control total for 2018/19 and the Board agrees to the conditions associated with the Sustainability and Transformation fund

i	Not confirmed - control total rejected; no S&T fund allocation incorporated in the plan

3. 2017/18 Capital Delegated Limit

have a capital delegated limit of £15m. As set out in the Capital regime, investment and property business case approval guidance for NHS Trusts and Foundation Trusts, providers with delegated capital limits require business case approval from NHS Improvement.

Foundation Trusts that do not fulfil any of the distressed financing criteria are subject to existing reporting and review thresholds as per the Supporting NHS Providers: guidance on transactions for NHS foundation trusts (March 2015) Appendix 1 and the Capital regime, investment and property business case approval guidance for NHS trusts and foundation trusts.

Please complete below.

		FT
Are you in Financial Special Measures?	*i*	Not in Financial Special Measures
If you are an FT, are you in breach of your licence? Or are you an NHS Trust?	*i*	Not in breach of Foundation Trust license
Have you received distressed financing or are you anticipating receiving this in either of the planning years?	*i*	Not in Receipt of Distressed Financing
Delegated capital limit (£000)		Existing reporting and review thresholds apply
The Board agrees to the delegated limit for capital expenditure and business case approvals in line with the Capital regime, investment and property business case approval guidance for NHS Trusts and Foundation Trusts.	*i*	Confirmed

4. 2016/17 Control Total

The Board has accepted to deliver its control total in 2016/17 — Agree to deliver 2016/17 control total

Signed on behalf of the board of directors; and having regard to the views of the governors (for FTs):

In signing to the right, the board is confirming that:

To the best of its knowledge, using its own processes, the financial projections and other supporting material included in the completed Provider Financial Monitoring System (PFMS) Template represent a true and fair view, are internally consistent with the operational and, where relevant, strategic commentaries, and are based on assumptions which the board believes to be credible. This operating plan submission will be used to measure financial performance in 2017/18 and 2018/19 and will be included in the calculation of the finance and use of resources metrics assessed under the Single Oversight Framework in 2017/18 and 2018/19.

Signature	
Name	Robert Woolley
Capacity	Chief Executive
Date	22/12/2016
Signature	
Name	Paul Mapson
Capacity	Director of Finance
Date	22/12/2016