



University Hospitals Bristol
NHS Foundation Trust

Public Trust Board Meeting Papers

Date: 28 February 2018

Time: 11:00 – 13:00

Venue: Conference Room, Trust Headquarters

PUBLIC TRUST BOARD

Meeting to be held on Wednesday 28 February 2018, 11.00 – 13.00
Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU
AGENDA

NO.	AGENDA ITEM	PURPOSE	SPONSOR	PAGE NO.
Preliminary Business				
1.	Apologies for absence	Information	<i>Chair</i>	Verbal
2.	Declarations of interest	Information	<i>Chair</i>	Verbal
3.	Patient Story	Information	<i>Chief Executive</i>	3
4.	Minutes of the last meeting - 31 January 2018	Approval	<i>Chair</i>	7
5.	Matters arising and action log	Approval	<i>Chair</i>	25
6.	Chief Executive's Report	Information	<i>Chief Executive</i>	27
Care and Quality				
7.	Quality and Performance Report	Assurance	<i>Deputy Chief Executive and Chief Operating Officer; Chief Nurse; Director of People</i>	31
8.	Quality and Outcomes Committee - Chair's Report	Assurance	<i>Quality & Outcomes Committee Chair</i>	Click Here
Financial Performance				
9.	Finance Report	Assurance	<i>Director of Finance & Information</i>	87
10.	Finance Committee Chair's Report	Assurance	<i>Finance Committee Chair</i>	Click Here
Items for Information				
11.	Governors' Log of Communications	Information	<i>Chair</i>	107
Concluding Business				
12.	Any Other Urgent Business	Information	<i>Chair</i>	Verbal
13.	Date and time of next meeting 29 March 2018, 11:00 – 13:00, Conference Room, THQ		<i>Chair</i>	Verbal



Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

**Cover report to the Trust Board Meeting to be held on 28 February 2018 at
11.00 – 13.00 in the Conference Room, THQ**

		Agenda Item	3
Meeting Title	Quality and Outcomes Committee	Meeting Date	Wednesday, 28 February 2018
Report Title	Patient Story		
Author	Tony Watkin, Patient and Public Involvement Lead		
Executive Lead	Carolyn Mills, Chief Nurse		
Freedom of Information Status		Open	

Strategic Priorities

(please choose any which are impacted on / relevant to this paper)

Strategic Priority 1: We will consistently deliver high quality individual care, delivered with compassion.	<input checked="" type="checkbox"/>	Strategic Priority 5: We will provide leadership to the networks we are part of, for the benefit of the region and people we serve.	<input type="checkbox"/>
Strategic Priority 2: We will ensure a safe, friendly and modern environment for our patients and our staff.	<input type="checkbox"/>	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.	<input type="checkbox"/>
Strategic Priority 3: We will strive to employ the best staff and help all our staff fulfil their individual potential .	<input type="checkbox"/>	Strategic Priority 7: We will ensure we are soundly governed and are compliant with the requirements of NHS Improvement.	<input type="checkbox"/>
Strategic Priority 4: We will deliver pioneering and efficient practice, putting ourselves at the leading edge of research, innovation and transformation	<input type="checkbox"/>		<input type="checkbox"/>

Action/Decision Required

(please select any which are relevant to this paper)

For Decision	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>	For Approval	<input type="checkbox"/>	For Information	<input type="checkbox"/>
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Executive Summary

Purpose

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

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

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

Key issues to note

In this story we hear from a parent of a young patient who has a unique unbalanced chromosome translocation and is under the care of several consultant's at the Children's Hospital. The story will focus on the care of her son and the family's experiences of relationship building with consultants. The family are active participants in health care

improvement and the story will demonstrate how a family can engage positively in a learning space across providers, contributing effectively to service improvement. By way of illustration, the parent is one of a number of individuals who work voluntarily with Sirona providing opportunities for students to visit families in their homes. They work as a parent representative with Bristol Parent Carers and the Carers Support Centre. At UHB Bristol, she takes an active role in the Disabled Children's Working Group at the Children's Hospital and is an participant in our "patients and doctors as partners in learning initiative." This latter initiative has recently been shortlisted as a finalist in the Health Education England Star Awards.

Recommendations

Members are asked to:

- **Note** the Patient Storey

Intended Audience

(please select any which are relevant to this paper)

Board/Committee Members	<input checked="" type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input type="checkbox"/>	Staff	<input type="checkbox"/>	Public	<input checked="" type="checkbox"/>
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Board Assurance Framework Risk

(please choose any which are impacted on / relevant to this paper)

Failure to maintain the quality of patient services.	<input type="checkbox"/>	Failure to develop and maintain the Trust estate.	<input type="checkbox"/>
Failure to recruit, train and sustain an engaged and effective workforce.	<input checked="" type="checkbox"/>	Failure to comply with targets, statutory duties and functions.	<input type="checkbox"/>
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.	<input type="checkbox"/>	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.	<input type="checkbox"/>
Failure to maintain financial sustainability.	<input type="checkbox"/>		

Corporate Impact Assessment

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

Quality	<input type="checkbox"/>	Equality	<input checked="" type="checkbox"/>	Legal	<input type="checkbox"/>	Workforce	<input type="checkbox"/>
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Impact Upon Corporate Risk

N/A

Resource Implications (please tick any which are impacted on / relevant to this paper)			
Finance	<input type="checkbox"/>	Information Management & Technology	<input type="checkbox"/>
Human Resources	<input type="checkbox"/>	Buildings	<input type="checkbox"/>

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

Minutes of the Public Trust Board Meeting

Held on Wednesday 31 January 2018, 11:00-13:00, Conference Room, Trust Headquarters

Present

Board Members

Member Name	Job Title/Position
Jeff Farrar	Chair
Emma Woollett	Non-Executive Director and Vice Chair
Julian Dennis	Non-Executive Director
John Moore	Non-Executive Director
Guy Orpen	Non-Executive Director
Martin Sykes	Non-Executive Director
Jill Youds	Non-Executive Director
David Armstrong	Non-Executive Director
Madhu Bhabuta	Non-Executive (Designate)
Robert Woolley	Chief Executive
Mark Callaway	Acting Medical Director
Paula Clarke	Director of Strategy and Transformation
Matt Joint	Director of People
Kate Parraman	Deputy Director of Finance
Carolyn Mills	Chief Nurse
Mark Smith	Chief Operating Officer and Deputy Chief Executive

In Attendance

Name	Job Title/Position
Sophie Melton Bradley	Deputy Trust Secretary
Tony Tanner	Patient Governor
Andy Coles-Driver	Staff Governor
Joanna Lloyd-Jones	Director of Projects for the Sustainability Transformation Partnership
Carole Dacombe	Public Governor
Mo Phillips	Public Governor
Ray Phipps	Patient Governor
Flo Jordan	Staff Governor
Lisa Gardner	Member of the Public
Clive Hamilton	Member of the Public
Jeanette Jones	Member of Staff
Garry Williams	Patient / Carer Governor
John Rose	Public Governor
Kathy Baxter	Patient Governor
Lucy Harrison	Staff Member
Carole Tookey	Staff Member
Tony Watkins	Patient and Public Involvement Lead
Mary Whittington	Member of the Public

Malcolm Watson	Member of the Public
Lisa Gardner	Member of the Public
Marty McAuley	Appointed Governor
Fiona Reid	Head of Communications

Minutes:

Sophie Melton Bradley	Deputy Trust Secretary
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The Chair opened the Meeting at 11.00

Minute Ref	Item Number	Action
Preliminary Business		
01/01/18	1. Welcome and Introductions/Apologies for Absence	
	<p>The Chairman welcomed everyone to the meeting.</p> <p>Apologies for absence were noted from Director of Finance and Information Paul Mapson. Deputy Director of Finance Kate Parraman attended to speak to the finance items in the Director of Finance and Information's place.</p>	
02/01/18	2. Declarations of Interest	
	<p>There were no declarations of interest. Non-Executive Director Guy Orpen noted his standing interest as Deputy Vice-Chancellor of the University of Bristol in relation to Item 16, the Research and Innovation Report, as the University and UH Bristol had a common interest in the Research and Innovation agenda.</p>	
03/01/18	3. Patient Story	
	<p>The meeting began with a patient story, introduced by the Chief Nurse, Carolyn Mills.</p> <ul style="list-style-type: none"> • Lucy Harrison, Clinical Co-ordinator for the UH Bristol Homelessness Engagement Team, advised that there were pockets of staff across the Trust dealing with homelessness issues affecting patients, as well as staff out in the community, and there was increasing concern about the impact of homelessness on some patients. • The CCG had therefore funded a pilot homeless support team at UH Bristol, which included an experienced outreach worker from St Mungo's Hostel, a Bristol City Council social work practitioner, and a GP, all of whom contributed some of their time to the support team. Their combined efforts and expertise were used to support patients experiencing homelessness issues, when they came into hospital. • The Board received a video presentation on the work of the team, including personal testimony from patients impacted by homelessness who praised the support they had received and discussed the difference it had made to their lives. • Lucy Harrison noted that hospital staff did not necessarily always have the relevant knowledge and training to deal with homelessness 	

Minute Ref	Item Number	Action
	<p>issues affecting patients, so the team had had a role in increasing staff's knowledge but also confidence in helping homeless clients. Staff had described the team as a great resource in helping them to help patients.</p> <ul style="list-style-type: none"> • One of the team's key roles was to assist with homeless discharge planning. Homeless patients often had anxieties about where they would go once discharged, which impacted on their health and recovery, so the team's support helped to alleviate these worries, and take a lot of pressure off patients and the staff supporting them. <p>Members of the Board noted the following:</p> <ul style="list-style-type: none"> • The average life expectancy of homeless people nationally was 47, which was clearly a serious health issue and therefore important for the health sector to address. Homelessness was recognised as a growing issue across the country, and reflected a point made at the Quality Event Seminar for members the previous day that those coming to the Trust with health issues often had deeper lifestyle issues which were causing or exacerbating health problems. • Board members asked what would happen when the pilot concluded in July 2018. The team were working closely with the CCG to plan for the future but were still waiting for future funding decisions. The Chief Executive noted that this was an important area that the Trust should look to support, e.g. by encouraging commissioners to make provision for a continued service. • It was noted that this was a small team and pressure on resources was dependent on the number and range of current client cases being dealt with, some of which could be quite complex. In terms of relationships with unitary authorities and their adult social care services, it was noted that one of the team was a part time social worker from Bristol City Council, so they were clearly engaged. Part of the team's work was also around building relationships with local partners like Bristol City Council but also links in Gloucester. It was noted that what could be done out of area was dependent on resources available in the locality. • Board members, led by the Chair, thanked the team for their hard work on this important issue. It was noted that it was not only morally the right thing for the Trust to be engaged in, but also had the potential to make business sense if it could help minimise the need for long term treatment for homeless clients. • Patient Governor Garry Williams asked how registration with GPs was managed for patients impacted by homelessness. Lucy Harrison clarified that the team would signpost people to GP services local to them wherever possible, including GPs that would not require an address to register patients. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the patient story. 	

Minute Ref	Item Number	Action
04/01/18	4. Minutes of the last meeting	
	<p>The minutes of the meeting held on the 29 November 2017 were agreed as a true and accurate record.</p> <p>Members RESOLVED to: Receive the minutes of the meeting held on the 29 November 2017 as a true and accurate record.</p>	
05/01/18	5. Matters arising and Action Log	
	<p>Members received and reviewed the action log.</p> <p><u>Minute ref: 191/11/17: Sustainability Strategy – Update and Action Plan</u> <i>Director of Strategy and Transformation to clarify what support was being sought from the Board for the achievement of the Trust’s remaining CO2 emissions target.</i> The Director of Strategy and Transformation provided the following update: “Board support is needed in providing scrutiny of the CO² emissions reduction strategy and specifically to identify through their networks, any additional opportunities to achieve the targets through cross-organisational collaborations for sustainable development. The leadership role of all Board members as champions for energy efficiency will also be needed to support achievement of the 28% reduction in CO2 emissions by 2020 (from 2013 baseline).”</p> <p><u>Minute ref: 186/11/17: Quality and Performance Report</u> <i>Trust Secretary to include discussion of communications interface with primary healthcare colleagues as an item on the Board Seminar business cycle:</i> This action was now closed.</p> <p><u>Minute ref: 153/09/17: Quality and Patient Experience Report</u> <i>Chief Nurse to investigate whether the report could be amended to include an executive summary in future.</i> This action was now closed – this amendment would appear in the next report to the Board for Q3.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Note the action log, including completed actions. 	
06/01/18	6. Chief Executive’s Report	
	<p>The Chief Executive Robert Woolley, discussed highlights from the Chief Executive’s report and updated the Board on several further matters which were not covered in the report, including the following:</p> <ul style="list-style-type: none"> • It had been a challenging winter for the Trust especially given the impact of flu on hospital admissions. Staff had been working extremely hard, and Q3 performance had held up, with trajectories against targets being achieved, despite pressures. More than 70% of frontline staff had also received flu vaccinations. • UH Bristol had been preparing its planning for the 2018/19 financial year. National planning guidance was currently overdue: this might be 	

Minute Ref	Item Number	Action
	<p>due to difficulty in deciding how to allocate the additional £1.6billion of NHS funding announced in the Autumn 2017 budget. (It was noted that this funding would still not be sufficient to address the sector's funding needs).</p> <ul style="list-style-type: none"> • There was continued work on productivity, focusing on reducing length of stay and reducing throughput, led by Deputy Chief Executive and Chief Operating Officer Mark Smith. • UH Bristol was one of 16 global digital exemplars as part of the digital transformation agenda, with pilots running in a number of wards. A major Trust-wide workshop had been held on 26 January 2018 to showcase some of the innovations being set up. • The merger of the local CCGs had now been approved: this merged body would also take on delegated commissioning responsibility for primary medical services (which were previously held nationally). This change would help support primary care localities. • Associate Director of Finance Jeremy Spearing would be seconded as Interim Director of Finance to Weston Area Health Trust, and Divisional Director of Medicine Andy Burgess had been appointed as Project Director in support of acute care collaboration, with a key focus at Weston. These appointments were in the context of the broader Healthy Weston agenda being led by the CCG. Additionally, a productivity assessment was now being undertaken by management consultancy firm Carnall Farrar at Weston. • UH Bristol was the lead organisation in the West of England for the Genomics Medicine Centre, and would be meeting with the centre in March to look at plans for 2018/19, and to discuss plans for how funding would flow into this. More than 1500 patients and family members had now been enrolled in the 100,000 Genomes Project in the West of England. • The Trust remained focused on supporting its staff and recognising the great work they did, such as that illustrated by the Patient Story. The Annual Nursing and Midwifery awards would take place in May 2018 to support Nurses' Day and the International Day of the Midwife. • It was noted that the following day (1 February 2018) would be 'Time to Talk' day at the Trust, to help get people to talk about mental health issues more openly. <p>Members of the Board noted the following:</p> <ul style="list-style-type: none"> • Non-Executive Director David Armstrong noted that based on his previous experience of engagement between technological/IT strategy and financial planning, it would be important to ensure that the Trust's role as a digital exemplar was aligned with the Trust's strategy and not be 'subordinate' to financial planning. It was observed that whilst executive responsibility for this area lay with finance, it was entirely aligned with the strategy, and the Director of Strategy and Transformation would be taking on leadership of digital transformation working in close collaboration with the Director of Finance and 	

Minute Ref	Item Number	Action
	<p>Information on this. Board members noted that it would also be important for the Director of People to be closely involved, as effectively implementing digital changes would require cultural/behavioural changes and 'buy in' within the organisation. Members noted that it would be helpful to have visibility on progress of the Digital Transformation Programme at a future Board meeting.</p> <p>Action: Update on the Digital Transformation Programme to come to a future Board meeting.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Chief Executive's Update Report. 	
07/01/18	<p>7. Board Assurance Framework – Q3</p>	
	<p>The Chief Executive Robert Woolley presented the Board Assurance Framework for Q3.</p> <p>It was noted that:</p> <ul style="list-style-type: none"> • The Audit Committee had received the report of the 2017 internal audit of the Board Assurance Framework. The New Trust Secretary Eric Sanders, due to join the Trust in March 2018, would be addressing the outcomes of this internal audit once in post. • For Strategic Priority 1 (We will consistently deliver high quality individual care, delivered with compassion), gaps around emergency planning had been resolved. • For Strategic Priority 2 (We will ensure a safe, friendly and modern environment for our patients and our staff) – the risk rating had been reduced from 20 down to 12, as following review it was determined the wrong criterion had previously been used to assess it. The specific meaning of Strategic Priority 2 had been debated at the January 2018 Audit Committee meeting. In its current form, this strategic priority was about the Trust's ability to maintain a safe environment for patients, so should therefore be assessed using an environmental criterion. • For 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) – UH Bristol now had increased confidence in its ability to meet financial goals based on improved financial performance in recent months, and therefore in the year-end position (the risk rating had been reduced from 25 to 20). Board members were clear that there was still a high risk of not meeting the year-end financial plan. • For Strategic Priority 7 (We will ensure we are soundly governed and are compliant with the requirements of NHS Improvement) – There were still 'gaps' in the Trust's present ability to demonstrate compliance with GDPR which were being addressed (e.g. through the appointment of an interim Data Protection Officer, now in post). <p>Members RESOLVED to:</p>	

Minute Ref	Item Number	Action
	<ul style="list-style-type: none"> • Receive the Board Assurance Framework – Q3 for assurance. 	
Care and Quality		
08/01/18	8. Quality and Performance Report	
	<p>Chief Operating Officer and Deputy Chief Executive Mark Smith presented the Quality and Performance Report.</p> <p>The following points were highlighted:-</p> <ul style="list-style-type: none"> • It was hoped that the impact of recent flu cases on hospital admissions had now plateaued – there were presently 27 bed-based cases and 5 patients in ITU. The Trust had also been able to speed up the diagnosis of flu and minimise the impact of admittances. • Overnight patients from Weston continued to be brought into A&E. It was noted that there had been a higher acuity in these cases which had made them harder to repatriate, creating extra challenges in managing Weston cases. • There had been some work to improve flow and delayed transfers of care, e.g. Integrated Better Care funding had been allocated to social care to help move patients into social care where needed. It was noted that UH Bristol was currently behind trajectory on the patient flow measures and there was a risk that if targets weren't met that next year's funding would be lost, which was why support was being brought in to address the issue. • The Trust had achieved an 89% rate against the 4 hour A&E target: UH Bristol was due to recruit three new consultants to help support this. • The Trust was currently at escalation capacity, and was working to minimise the risk of queueing patients being kept in corridors. • A Multi-agency Discharge Event (MADE) had taken place in the previous week: this had helped identify options where IV treatment could take place at home, helping to free up hospital beds. • Overall performance in Q3 had been strong, with national standards being achieved in two months. The Trust had a more structured approach to productivity, and the Chair of the Board would be kicking off workshops with senior leaders in the week of 7 February 2018. <p>Members of the Trust Board discussed the following:-</p> <ul style="list-style-type: none"> • Members agreed it was great that steps towards improving trajectory against targets, and productivity, were being taken. Focusing on discharge, and ensuring staff out in the community had access to the right information, would also be important. • The Chief Nurse Carolyn Mills noted that there had been a real push on this, however under times of pressure it was essential not to lose focus on the importance of quality. There had been hard work from staff to ensure the delivery of high quality, safe care for patients. • Members noted that despite very encouraging figures the statistics 	

Minute Ref	Item Number	Action
	<p>around treatment of fractured neck of femur injuries remained disappointing, especially given that this had been an issue for the trust for a number of years and the action plan in place did not seem to be having an impact (and was perhaps too short term). The Acting Medical Director Mark Callaway noted that a key issue was around recruitment of orthogeriatricians, and that this was a national issue not just a Trust problem. He was meeting with divisions weekly to try and understand the issues, and was continuing work to recruit the specialists needed to support this. Ultimately UH Bristol needed to progress to a fully integrated service to resolve this issue.</p> <ul style="list-style-type: none"> Members of the Board were pleased with the Trust’s engagement with the genomics project, and with the progress it seemed to be making. It was noted there would be an annual report available shortly on the expectations and delivery of the project, which should be made available to the Board. <p style="text-align: right;">Action: Acting Medical Director to share the annual report on the genomics project with the Board.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> Receive the Quality and Performance Report for assurance. 	
09/01/18	<p>9. Quarterly Patient Complaints and Experience Reports</p>	
	<p><u>Quarterly Patient Complaints Report – Q2</u> <u>Quarterly Patient Experience Report – Q2</u></p> <p>The Chief Nurse Carolyn Mills presented the Quarterly Patient Complaints and Experience Reports for Q2.</p> <p>It was noted that:</p> <ul style="list-style-type: none"> These reports came to the January 2018 Quality and Outcomes Committee. It was noted there was now more detailed data available on complaints performance, and efforts were focusing on reducing the number of dissatisfied complaints (though this was not yet coming through in the performance data). Early indications suggested that complaints within the Eye Hospital were rising, and work was ongoing to help understand why this would be. Of four complaints referred to the ombudsman for the period, 3 were not upheld and 1 was partially upheld. <p>Members of the Trust Board discussed the following:-</p> <ul style="list-style-type: none"> Board members noted that there was a difference in the response rates between formal and informal complaints: was this because the Trust was able to respond more quickly to formal complaints (80% rather than 65%) within an agreed timescale. It was suggested that this may be because formal complaints were dealt with by the 	

Minute Ref	Item Number	Action
	<p>complaints team whilst informal complaints sat with divisions: this issue had been picked up with divisional colleagues.</p> <ul style="list-style-type: none"> Members were pleased that the Trust was planning to allow electronic feedback but it was vital that there was organisational capacity to receive and respond to it. This was something the executive team were sighted on. Members also noted that whilst electronic feedback points were positive it was important to remember they did not remove the responsibility of staff to deal with queries or concerns from patients in front of them. It was noted that complaints around admissions were still rising despite work on this issue. This was a real challenge for UH Bristol as there were different reasons for such complaints in different areas, but the Trust was aiming to understand what was causing this. It was noted that the action plan on this would be coming back to the Quality and Outcomes Committee for consideration in due course. <p>Members RESOLVED to: Receive the Quarterly Patient Complaints and Experience Reports – Q2 for Assurance.</p>	
10/01/18	<p>10. Learning from Deaths Report</p>	
	<p>The Acting Medical Director Mark Callaway presented the Learning from Deaths Report.</p> <p>It was noted that:</p> <ul style="list-style-type: none"> The report, which had also gone to the January 2018 Quality and Outcomes Committee, presented data for Q1 and Q2, as well as some early Q3 data for reference. There had been a huge amount of work by the mortality team to support this report. It demonstrated information brought out of the structured case notes review, assessing all aspects of care from admission to death, with an independent clinician marking the notes. This review work was now fully integrated with the work on serious incident forms. <p>Members of the Trust Board discussed the following:-</p> <ul style="list-style-type: none"> Members of the Board welcomed this paper, and were pleased to see the actions in place to address where the Trust wanted to be on this. Members asked where the Trust hoped to be in the next phase of development. The Acting Medical Director advised that a key challenge was completing all reviews within the 30 day timeframe, and also turning the findings of reviews into effective learning. This would require great efforts and also effective integration with partners. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> Receive the Learning from Deaths Report for Assurance. 	
11/01/18	<p>11. Quality and Outcomes Committee - Chair's Report</p>	

Minute Ref	Item Number	Action
	<p>Members received written reports of the meetings of the Quality and Outcomes Committee on 22 December 2017 and 29 January 2018.</p> <p>Members also received a verbal account of the meetings from Non-Executive Director and Chair of the Quality and Outcomes Committee (QoC) Julian Dennis:</p> <p>It was noted that:</p> <ul style="list-style-type: none"> • The Committee had found the December 2017 Monthly Nursing Staff level report particularly useful in demonstrating that the Trust had got a grip on the issue of nursing costs controls, as had already been noted at Board. • The Committee had received an update on essential training from Director of People, which demonstrated that the implementations to improve completion rates were starting to take effect. There would be a further update to the Committee in due course. • The Committee had been reminded that an annual review was undertaken of the content of the Quality and Performance Report, which was currently under way. It was hoped this would lead to the use of more sophisticated analysis methods in the report, to help improve its usefulness and clarity. • The Committee were extremely aware of continued issues around fracture neck of femur injuries, as noted by the Board, and continued to maintain careful oversight of this and received regular updates from the Acting Medical Director. • The Committee had received updates on work being undertaken to address a number of identified 'on hold' patients whose status needed clarification. The Committee was satisfied that appropriate action was being taken to address this. • NHSI had now published a new 'never' events framework, which the Trust would need to implement. • National A&E results had shown that UH Bristol's A&E was in the top ten for quality of care, which was positive news, although the data was now somewhat out of date. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Reports of the Quality and Outcomes Committee for assurance. 	
<p>Organisational and System Strategy and Transformation</p>		
12/01/18	<p>12. Weston Partnership Strategic Outline Case</p>	
	<p>The Chief Executive Robert Woolley and the Director of Transformation and Strategy Paula Clarke introduced the Strategic Outline Case, which was tabled at the meeting, and noted that Weston Area Health Trust's (WAHT) Board would be meeting to discuss it this afternoon, as would UH Bristol's Council of Governors. Following the meeting both Trusts would be issuing a public statement.</p>	

Minute Ref	Item Number	Action
	<ul style="list-style-type: none"> • The Board was being asked to approve the Strategic Outline Case today. This had received input from WAHT executive colleagues and other stakeholders. <p>The key purpose of the Strategic Outline Case was to demonstrate to the Board and other stakeholders that pursuing a potential merger between UH Bristol and WAHT Trust offered the potential for improved sustainability of acute services at Weston, benefits for patients and staff and also presented opportunities for UH Bristol to improve its service offer. The Strategic Outline Case was strategically aligned with both Trusts' organisational strategies.</p> <ul style="list-style-type: none"> • This proposal to pursue a merger was set in the context of longstanding relationships between the two Trusts and therefore did not represent a fundamental change in approach. There was already active engagement and joint clinical and managerial posts between the two organisations, and UH Bristol already provided some services at and to Weston. • It was important to remember that WAHT was one of smallest acute trusts in country, and had experienced a number of failed attempts at a long term viability plan. This had created uncertainty and had particularly affected recruitment and retention meaning that , despite their commitment and hard work, staff's ability to provide the best possible service was impacted. • UH Bristol, as a leading local and regional organisation , recognised its responsibility to help find a long term plan to support appropriate acute services at Weston However it was essential that this decision was strategically aligned with the Trust's own long term strategy, and ensured it could fulfil its statutory duties in providing services in Bristol • Approval of the SOC was only the first step in a longer process that would need a series of Board, regulatory and Governor approvals if the Trust were to move at a later stage to a full business case, and a formal process of this kind was likely to take at least a year. This was very much a first milestone. • The development of a commissioning context as set out in Healthy Weston had been a positive step forward, clearly stating the intention to maintain a sustainable hospital at Weston General Hospital that remains at the heart of the community and provides the services it is best placed to do in order to meet the needs of local people. • . It also stated that there would need to be service and model changes, and more integrated working, for the system to be viable at Weston long term. • Financially, the appraisal demonstrates that while integration offers the potential to reduce the financial challenges at weston Trust, the full deficit cannot be resolved based on the current service model. This is primarily due to the infrastructure costs of providing a full range of DGH services on a relatively small scale of activity – a situation seen 	

Minute Ref	Item Number	Action
	<p>at many other small trusts across the country.</p> <ul style="list-style-type: none"> • Based on this “as is” assessment, financial support would be needed to ensure that the combined organisation has the ability to be financially viable and deliver the assessed benefits. • The current productivity and viability work beginning on the ground at Weston would be key to considering next steps and informing the options to improve both the clinical and financial sustainability and reduce the extent of such financial support. UH Bristol continued to work closely with Weston on this. <p>Members of the Trust Board discussed the following:-</p> <ul style="list-style-type: none"> • The Chair of the Board noted that both Trusts were approaching this in as considered a way as possible. UH Bristol needed a number of key reassurances from the regulator before it could make any decisions, and continued to pursue these. • Board members agreed that the issue of the future of health care at Weston had to be addressed with stakeholder partners and commissioners, but above all with the support of NHS Improvement to deliver better safer care for both the Weston and Bristol communities. The Board would need to assure itself that any solution ultimately proposed would deliver a sustainable and better model of care in the region, and reiterated that it would not be able to commit to any future model without clearly understanding how it would operate in practice, and what benefits it would deliver to both organisations and the patients they serve. • Board members noted that this presented an exciting opportunity to address what had been a major issue for many years, including around recruitment and retention issues in the Weston health sector. There was an opportunity to deepen Bristol’s service offering, and also to recognise that if issues in Weston were not resolved, there were likely to be increased negative impacts on Bristol’s health services. • Members also noted that they would appreciate understanding more about the capacity of UH Bristol in terms of resource and resilience to support this Strategic Outline Case and the Weston agenda. The Director of Strategy and Transformation noted that this was something being kept under review with some additional capacity secured to support the current productivity and viability work. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • . Approve the Strategic Outline Case for organisational merger, through acquisition of WAHT by UH Bristol. • Note that the next stage in the process will be to complete a comprehensive appraisal of the future model of acute care within the context of the ‘Healthy Weston’ programme and vision. Depending on the outcome of this appraisal process, a Full Business Case (FBC) will be developed. The FBC will be the 	

Minute Ref	Item Number	Action
	<p>document upon which the final decision by the UH Bristol Trust Board and Council of Governors to proceed with any future transaction will be made. Any final decision would also require the approval and support of NHS regulators and the Competition and Markets Authority.</p> <ul style="list-style-type: none"> • Note that identification of sufficient resources to support the development of a Full Business Case and subsequently, any financial support to make the transition to a merged organisation effective, will remain under discussion with Regulators. 	
13/01/18	13. Transforming Care Programme board Report – Q3	
	<p>The Director of Strategy and Transformation presented the Transforming Care Programme board Report – Q3. It was noted that:</p> <ul style="list-style-type: none"> • The Report reflected a focus on supporting and improving operational areas of pressure, developing digital capability, supporting the productivity agenda, and building capacity and capability across all staff through quality improvement training and skills development. <p>Members of the Trust Board discussed the following:-</p> <ul style="list-style-type: none"> • Board members requested that assessment reports on patient letters and the customer service mind-set come to the Quality and Outcomes Committee, to help the Committee understand the key issues related to these items. • Members questioned why transforming care was being reported on as a separate piece of work to the overall strategy and operational plan, and whether they could be consolidated. It was suggested that Item 14 on Renewing the Trust 5 Year Strategy could be used to articulate how this was operationalised and governed going forward. <p>Action: Reports on patient letters and the customer service mind-set to be provided to the Quality and Outcomes Committee.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the Transforming Care Programme board Report – Q3. 	
14/01/18	14. Renewing the Trust 5 Year Strategy	
	<p>The Director of Transformation and Strategy presented the paper on Renewing the Trust 5 Year Strategy</p> <p>It was noted that:</p> <ul style="list-style-type: none"> • The paper set out the Trust’s approach to renewing its strategy up to 2025: this followed detailed prior discussions with Board members and Governors. It was important UH Bristol did not just respond to the rapidly changing environment but also sought to influence it, and to learn and adapt accordingly. There would be challenging conversations to be had about what the Trust’s future needed to look 	

Minute Ref	Item Number	Action
	<p>like: this renewal was a good opportunity to start having those conversations both internally and externally. It was essential for the Trust to have ownership and engagement on its long term strategy.</p> <ul style="list-style-type: none"> It was noted that the timeline had been designed to frontload engagement as much as possible, to ensure there was early buy-in across the organisation. <p>Members of the Trust Board discussed the following:-</p> <ul style="list-style-type: none"> Members noted that it was clear that the strategy work and the work on Weston needed to operate in parallel and be closely aligned. It would be important to have input from a range of stakeholders, and to understand their intentions and ambitions. Members supported the fact that the Trust was starting this work at an early stage, though the May 2018 deadline might still prove challenging given other system pressures. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> Note and support the content of the programme and the proposed approach to delivering a renewed and integrated organisational strategy. 	
15/01/18	<p>15. North Bristol / UH Bristol Partnership Management Board Update</p>	
	<p>Non-Executive Director Emma Woollett presented the update on the North Bristol/UH Bristol Trusts' Partnership Management Board January meeting.</p> <p>It was noted that:</p> <ul style="list-style-type: none"> The Trust needed to continue to challenge how it ensured the efficacy of this partnership for mutual benefit. good progress was being made through the joint work between the two Trusts on neonatal care, which was continuing. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> Receive the update on the North Bristol/UH Bristol Partnership Management Board for Information. 	
<p>Research and Innovation</p>		
16/01/18	<p>16. Research and Innovation Report</p>	
	<p>The Acting Medical Director Mark Callaway presented the Research and Innovation Report.</p> <p>It was noted that:</p> <ul style="list-style-type: none"> The Research and Innovation Report demonstrated that the Trust remained on target to receive national funding. There were continued risks in managing the balance between delivery and risk. 	

Minute Ref	Item Number	Action
	<p>Members of the Trust Board discussed the following:-</p> <ul style="list-style-type: none"> • Non-Executive Director Guy Orpen noted that it would be essential to maintain focus on the Academic Health Science Centre designation process: whilst there was no funding attached to it had an essential role in helping the Trust raise its profile on key health research issues, and was a great example of partnership working between NHS trusts and universities. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Research and Innovation Report for Assurance. 	
Financial Performance		
17/01/18	17. Finance Report	
	<p>Deputy Director of Finance Kate Parraman presented the Finance Report to the Board. It was noted that:</p> <p>It was noted that:</p> <ul style="list-style-type: none"> • The report had been discussed by the Finance Committee on 26 January 2018. December 2017 results for the Trust were encouraging, showing delivery against plan. UH Bristol had achieved its Q3 performance and therefore STF funding for the period. There had also been a significant improvement in the divisional run rate, with an overspend of £77,000 compared to £240,000 in the previous month. Income had also been good for the month. • It was felt that the measures the Trust had taken, particularly to control spending on nursing costs, were starting to come through. However, it was anticipated that the pressures seen in January 2018 would show some negative impact in the next month's figures. • The winter planning funding received by the trust (£1.4million for service deliver and £0.5million against specific projects) would be allocated against Q4 when the Trust expected additional costs to come through, so this should helpfully mitigate any negative impact for the quarter. • Overall progress continued to be challenging but the improved results coming through showed that actions taken to mitigate key issues were working well. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Finance Report for Assurance. • Formally Approve the Trust's Q3 2017 self-certificate, as included in the January 2018 submission to NHS Improvement. 	
18/01/18	18. Ratification of Standing Financial Instructions	
	<p>Deputy Director of Finance Kate Parraman presented the report on the Ratification of Standing Financial Instructions to the Board. It was noted that:</p> <p>The Trust reviewed its standing financial instructions (SFIs) on an annual</p>	

Minute Ref	Item Number	Action
	<p>basis. It was confirmed that no major changes had been made to the SFIs for 2018/19, and the Board was asked to formally approve the ratification of the SFIs.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the ratification of the Standing Financial Instructions. 	
19/01/18	<p>19. Finance Committee Chair's Report</p>	
	<p>Members received a written report of the meetings of the Finance Committee of 21 December 2017 and 26 January 2018.</p> <p>Members also received a verbal account of the meetings from Martin Sykes, Non-executive Director and Chair of the Finance Committee.</p> <p>It was noted that:</p> <ul style="list-style-type: none"> • The Committee had received a good presentation from the Deputy Chief Executive and Chief Operating Officer Mark Smith on work undertaken to improve the Trust's overall productivity. It was clear that effective work and interventions were being undertaken and the Committee had welcomed this presentation. Linked to this, the Committee had also received a presentation specifically on work to improve productivity in the medical staffing work stream. • The Committee had noted there were still a couple of key financial risks which were outside UH Bristol's power to control, particularly the issue of a lack of clarification as to the transfer of funding between English and Welsh NHS Commissioners, which presented some risks to the year-end financial position. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the report of the Finance Committee for assurance. 	
20/01/18	<p>20. Monitor</p>	
	<p>Deputy Director of Finance Kate Parraman presented the report on Monitor to the Board.</p> <p>It was noted that:</p> <ul style="list-style-type: none"> • All internal audit reports for the quarter were deemed satisfactory. • There had been a briefing report provided by the internal auditors on the latest NHS position on cyber security, which was an important security issue. <p>Members of the Trust Board discussed the following:-</p> <ul style="list-style-type: none"> • It was clarified that the 'internal' auditors were internal to the NHS, but did <u>not</u> sit within the Trust as staff members. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Monitor Report for assurance. 	
<p>Governance</p>		
21/01/18	<p>21. Register of Seals</p>	

Minute Ref	Item Number	Action	
	<p>The Deputy Trust Secretary presented the register of seals for the period, and noted there had only been one formally sealed contract in Q3.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the register of seals for the period. 		
Items for Information			
22/01/18	22. Governors' Log of Communications		
	<p>The Board requested an update on the Trust's response to a governor question regarding interactions and involvement with Carillion. This would be picked up at the next Board meeting in March 2018.</p> <p>Action: Board to receive an update on a governor question regarding the Trust's interactions and involvement with Carillion, in the light of recent news stories.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the Governors' Log of Communications. 		
Concluding Business			
23/01/18	23. Any Other Urgent Business		
	There was no other urgent business.		
24/01/18	24. Date and time of Next Meeting		
	<ul style="list-style-type: none"> • 28 February 2018, 11.00 – 13.00, Conference Room, Trust Headquarters 		

Chair's Signature: Date:

**Public Trust Board of Directors meeting
28 February 2018
Action tracker**

Outstanding actions from the meeting held on 31 January 2018					
No.	Minute reference	Detail of action required	Responsible officer	Completion date	Additional comments
1.	06/01/2018	<p><u>Chief Executive's Report</u></p> <p>Update on the Digital Transformation Programme to come to a future Board meeting.</p>	Director of Finance and Information	May 2018	<p>Work in Progress</p> <p>The Board would receive and Update on the Digital Transformation Programme at future meeting.</p>
2.	08/01/18	<p><u>Quality and Performance Report</u></p> <p>Acting Medical Director to share the annual report on the genomics project with the Board.</p>	Acting Medical Director	February 2018	<p>Work in Progress</p> <p>The Acting Medical Director would share the annual report with the Board when available.</p>
3.	13/01/18	<p><u>Transforming Care Programme Board Report – Q3</u></p> <p>Reports on patient letters and the customer service mind-set to be provided to the Quality and Outcomes Committee.</p>	Director of Strategy and Transformation	March 2018	<p>Work in Progress</p> <p>The Director of Strategy and Transformation would provide the reports to the Quality and Outcomes Committee.</p>
4.	22/01/18	<p><u>Governors' Log of Communications</u></p> <p>Board to receive an update on a governor question regarding the Trust's interactions and involvement with Carillion, in the light of recent news stories.</p>	Deputy Chief Executive / Chief Operating Officer	February 2018	<p>Work in progress</p> <p>An update would be provided within the Governors' Log of Communications at the February 2018 Board meeting.</p>

Closed actions from the meeting held on 31 January 2018

No.	Minute reference	Detail of action required	Responsible officer	Completion date	Additional comments
1.	191/11/17	<p><u>Sustainability Strategy – Update and Action Plan</u> Director of Strategy and Transformation to clarify what support was being sought from the Board for the achievement of the Trust’s remaining CO2 emissions target.</p>	Director of Strategy and Transformation	January 2018	<p>Complete Director of Strategy and Transformation to provide an update to the Board in January 2018:</p> <ul style="list-style-type: none"> Board support is needed in providing scrutiny of the CO2 emissions reduction strategy and specifically to identify through their networks, any additional opportunities to achieve the targets through cross-organisational collaborations for sustainable development. The leadership role of all Board members as champions for energy efficiency will also be needed to support achievement of the 28% reduction in CO2 emissions by 2020 (from 2013 baseline).
2.	186/11/17	<p><u>Quality and Performance Report</u> Trust Secretary to include discussion of communications interface with primary healthcare colleagues as an item on the Board Seminar business cycle</p>	Trust Secretary	December 2017	<p>Complete This item had been included on the Board Seminar business cycle for future discussion.</p>
3.	153/09/17	<p><u>Quality and Patient Experience Report</u> Chief Nurse to investigate whether the report could be amended to include an executive summary in future.</p>	Chief Nurse	December 2017	<p>Complete This amendment would appear in the next report to the Board for quarter 3.</p>

**Cover report to the Public Trust Board. Meeting to be held on 28 February 2018
at 11.00 – 13.00, Conference Room, Trust HQ, Marlborough St, Bristol, BS1
3NU**

Meeting Title	Public Trust Board	Agenda Item	6
		Meeting Date	Wednesday, 28 February 2018
Report Title	Chief Executive Report		
Author	Robert Woolley, Chief Executive		
Executive Lead	Robert Woolley, Chief Executive		
Freedom of Information Status		Open	

Strategic Priorities

(please choose any which are impacted on / relevant to this paper)

Strategic Priority 1: We will consistently deliver high quality individual care, delivered with compassion services.	<input type="checkbox"/>	Strategic Priority 5: We will provide leadership to the networks we are part of, for the benefit of the region and people we serve.	<input type="checkbox"/>
Strategic Priority 2: We will ensure a safe, friendly and modern environment for our patients and our staff.	<input type="checkbox"/>	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.	<input type="checkbox"/>
Strategic Priority 3: We will strive to employ the best staff and help all our staff fulfil their individual potential .	<input type="checkbox"/>	Strategic Priority 7: We will ensure we are soundly governed and are compliant with the requirements of NHS Improvement.	<input type="checkbox"/>
Strategic Priority 4: We will deliver pioneering and efficient practice, putting ourselves at the leading edge of research, innovation and transformation	<input type="checkbox"/>		<input type="checkbox"/>

Action/Decision Required

(please select any which are relevant to this paper)

For Decision	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>	For Approval	<input type="checkbox"/>	For Information	<input checked="" type="checkbox"/>
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Executive Summary

Purpose

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

Key issues to note

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

Recommendations

The Trust Board is recommended to note the key issues addressed by the Senior Leadership Team in the month and to seek further information and assurance as appropriate about those items not covered elsewhere on the Board agenda.

Members are asked to:

- **Note** the report.

Intended Audience (please select any which are relevant to this paper)									
Board/Committee Members	<input checked="" type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input type="checkbox"/>	Staff	<input type="checkbox"/>	Public	<input checked="" type="checkbox"/>

Board Assurance Framework Risk (please choose any which are impacted on / relevant to this paper)			
Failure to maintain the quality of patient services.	<input type="checkbox"/>	Failure to develop and maintain the Trust estate.	<input type="checkbox"/>
Failure to recruit, train and sustain an engaged and effective workforce.	<input type="checkbox"/>	Failure to comply with targets, statutory duties and functions.	<input type="checkbox"/>
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.	<input type="checkbox"/>	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.	<input type="checkbox"/>
Failure to maintain financial sustainability.	<input type="checkbox"/>		

Corporate Impact Assessment (please tick any which are impacted on / relevant to this paper)							
Quality	<input type="checkbox"/>	Equality	<input type="checkbox"/>	Legal	<input type="checkbox"/>	Workforce	<input type="checkbox"/>

Impact Upon Corporate Risk
N/A

Resource Implications (please tick any which are impacted on / relevant to this paper)			
Finance	<input type="checkbox"/>	Information Management & Technology	<input type="checkbox"/>
Human Resources	<input type="checkbox"/>	Buildings	<input type="checkbox"/>

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

SENIOR LEADERSHIP TEAM

REPORT TO TRUST BOARD – FEBRUARY 2018

1. INTRODUCTION

This report summarises the key business issues addressed by the Senior Leadership Team in February 2018.

2. QUALITY, PERFORMANCE AND COMPLIANCE

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

The group **received** updates on the financial position for 2017/2018, including the position in respect of Operating Plans for 2018/2019.

3. STRATEGY AND BUSINESS PLANNING

The group **received** an update following the Productivity Workshop that had taken place in February 2018 and next steps.

The group **received** an update on the West of England Genomics Medicine Centre project and the action plan to ensure local trajectories were met.

4. RISK, FINANCE AND GOVERNANCE

The group **noted** the evaluation of Recognising Success 2017 and **agreed** objectives for Recognising Success 2018.

The group **received** a report detailing the outcome of proposals to update and harmonise café outlet provision across the Trust and **agreed** the need for further review and consideration.

The group **received** the quarterly report from the Guardian of Safe Working around the 2016 Junior Doctor contract for onward submission to the Quality and Outcomes Committee.

The group **received** three satisfactory Internal Audit Reports in relation to Data Quality – Safety Thermometer, Non-Trust Services Bank Agency Booking and Human Resource Key Performance Indicators and Timeliness.

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

The group **noted** a briefing on the new Ionising Radiation Regulations and reporting of plain film radiology scans.

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

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

5. RECOMMENDATIONS

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

Robert Woolley
Chief Executive
February 2018

**Cover report to the Trust Board Meeting to be held on 28 February 2018 at
11.00 – 13.00 in the Conference Room, THQ**

		Agenda Item	7
Meeting Title	Quality and Outcomes Committee	Meeting Date	Wednesday, 28 February 2018
Report Title	Quality and Performance Report		
Author	James Rabbitts, Head of Performance Reporting Anne Reader, Head of Quality (Patient Safety) Matt Joint, Director of People		
Executive Lead	James Rabbitts, Head of Performance Reporting Anne Reader, Head of Quality (Patient Safety) Matt Joint, Director of People		
Freedom of Information Status		Closed	

Strategic Priorities

(please choose any which are impacted on / relevant to this paper)

Strategic Priority 1: We will consistently deliver high quality individual care, delivered with compassion.	<input checked="" type="checkbox"/>	Strategic Priority 5: We will provide leadership to the networks we are part of, for the benefit of the region and people we serve.	<input type="checkbox"/>
Strategic Priority 2: We will ensure a safe, friendly and modern environment for our patients and our staff.	<input type="checkbox"/>	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.	<input type="checkbox"/>
Strategic Priority 3: We will strive to employ the best staff and help all our staff fulfil their individual potential .	<input type="checkbox"/>	Strategic Priority 7: We will ensure we are soundly governed and are compliant with the requirements of NHS Improvement.	<input type="checkbox"/>
Strategic Priority 4: We will deliver pioneering and efficient practice, putting ourselves at the leading edge of research, innovation and transformation	<input type="checkbox"/>		<input type="checkbox"/>

Action/Decision Required

(please select any which are relevant to this paper)

For Decision	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>	For Approval	<input type="checkbox"/>	For Information	<input checked="" type="checkbox"/>
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Executive Summary

Purpose

To review the Trust's performance on Quality, Workforce and Access standards.

Key issues to note

Please refer to the Executive Summary in the report.

Recommendations

Members are asked to:

- **Note** report for Assurance

Intended Audience (please select any which are relevant to this paper)									
Board/Committee Members	<input checked="" type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input type="checkbox"/>	Staff	<input type="checkbox"/>	Public	<input checked="" type="checkbox"/>

Board Assurance Framework Risk (please choose any which are impacted on / relevant to this paper)			
Failure to maintain the quality of patient services.	<input checked="" type="checkbox"/>	Failure to develop and maintain the Trust estate.	<input type="checkbox"/>
Failure to recruit, train and sustain an engaged and effective workforce.	<input type="checkbox"/>	Failure to comply with targets, statutory duties and functions.	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	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.	<input type="checkbox"/>
Failure to maintain financial sustainability.	<input type="checkbox"/>		

Corporate Impact Assessment (please tick any which are impacted on / relevant to this paper)							
Quality	<input checked="" type="checkbox"/>	Equality	<input type="checkbox"/>	Legal	<input type="checkbox"/>	Workforce	<input type="checkbox"/>

Impact Upon Corporate Risk
N/A

Resource Implications (please tick any which are impacted on / relevant to this paper)			
Finance	<input type="checkbox"/>	Information Management & Technology	<input type="checkbox"/>
Human Resources	<input type="checkbox"/>	Buildings	<input type="checkbox"/>

Date papers were previously submitted to other committees				
Audit Committee	Finance Committee	Quality and Outcomes Committee	Remuneration & Nomination Committee	Other (specify)
		26 February 2018		

Quality & Performance Report

February 2018

Executive Summary

Single Oversight Framework

- The 62 Day Cancer standard for GP referrals achieved 82.9% for December (national target 85%). However, Quarter 3 performance was 85.4%, so the Trust has achieved this standard for the quarter. This is the first time a quarter has been achieved since 2012. Commissioners have agreed the Trust's remedial action plan and recovery trajectory which aims to sustain 85% from March 2018
- The measure for percentage of A&E patients seen in less than 4 hours was 82.7% for January. This did not achieve the Sustainability and Transformation Fund (STF) target of 90% or the national 95% standard for UHBristol performance alone. This excludes any Walk In Centre data.
- The percentage of Referral To Treatment (RTT) patients waiting under 18 weeks was 88.1% as at end of January. This did not achieve the national 92% standard or the recovery trajectory. Total numbers waiting and numbers waiting over 18 weeks remain above last year's levels. For end of April 2018 the Trust plans to deliver compliance of the 92% standard.
- The percentage of Diagnostic patients waiting under 6 weeks at end of December was 97.8%. This did not achieve the national 99% standard. The current recovery trajectory (of having fewer than 235 patients waiting 6+ weeks) was achieved. The recovery trajectory now delivers 99% performance by April 2018.

Headline Indicators

Performance against Clostridium difficile Cases, Omitted Doses Medication Errors and Patient Experience remain consistently above target. The Deteriorating Patient measure (Early Warning Scores) dipped below the 95% level in January. Volumes are small and this measure has not fallen below the RED threshold of 90% all year. The Safety Thermometer measure of New Harms was 99.9% (1 out of 756). This is the best performance figure since the survey began in 2013. Heart Reperfusion measure (90 minute "Door To Balloon Time) has been achieved consistently since September.

In January 2018, there were two reported Never Events. Both are subject to serious incident investigations.

Last Minute Cancelled (LMC) Operations remains above the required threshold of 0.8% of admissions, with 102 such cancellations in January. Also the 28 day readmission standard of 95% was not in January (89% - 8 patients not re-admitted within 28 days).

In relation to Flow metrics, the number of beddays spent outlying (1411) is significantly above previous months. Due to the lack of dedicated winter beds to open the pressure is distributed across non-medical wards and extreme escalation areas. Over 400 outlier beddays were used on the two escalation wards: A512 and A414 Queen's Day Unit.

In the Workforce measures, percentage Agency Usage was above the 1% target in January at 1.05%. Agency usage increased by 31.5 FTE, with the largest divisional increase seen in Specialised Services. However the other key workforce measures are Red in January. Sickness absence increased from 4.0% to 4.7%, with increases in all Divisions and Staff Groups. Sickness due to Cough/Cold/Flu has increased by 77.2% compared with last month and has overtaken Stress/Anxiety as the biggest reason for sickness. Overall vacancies increased to 5.5%, and remain higher than the Trust target of 5%. Nursing vacancies increased by 32.9 FTE in month to 230.0 (7.1%), with increases seen in all clinical divisions.

Performance Overview

External views of the Trust

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

Care Quality Commission

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

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

NHS Choices

Website

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

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

Stars – maximum 5

OK = Within expected range

✓ = Among the best (top 20%)

! = Among the worst

Please refer to appendix 1 for our site abbreviations.

NHS Improvement Single Oversight Framework

Access Key Performance Indicator		Quarter 2 2017/18			Quarter 3 2017/18			Quarter 4 2017/18		
		Jul 17	Aug 17	Sep 17	Oct 17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
A&E 4-hours	Actual	90.5%	91.3%	90.8%	90.1%	90.3%	85.3%	82.7%		
	Trust "Footprint"				92.8%					
	STF trajectory	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		
62-day GP cancer	Actual (Monthly)	74.7%	85.2%	80.2%	84.1%	88.6%	82.9%			
	Actual (Quarterly)	80.1%			85.4%					
	STF trajectory	83.6%	83.6%	83.6%	82.5%	82.5%	82.5%			
Referral to Treatment Time (RTT)	Actual	90.2%	89.9%	89.4%	90.0%	88.9%	88.3%	88.1%		
	STF trajectory*	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%		
6-week wait diagnostic	Actual	98.5%	97.6%	97.7%	98.2%	98.3%	97.6%	97.8%		
	STF trajectory*	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%		

*minimum requirement for securing Sustainability & Transformation Funds (STF) is achievement of the national standard

GREEN rating = national standard achieved

AMBER rating = national standard not achieved, but STF trajectory and/or recovery trajectory (where agreed) achieved

RED rating = national standard not achieved, the STF trajectory not achieved, and the recovery trajectory (where agreed) not achieved

Note on A&E Trust "Footprint":

In agreement with NHS England and NHS Improvement, each Acute Trust was apportioned activity from Walk In Centres and Minor Injury Units in their region. For UHBristol this was the Bristol, North Somerset and South Gloucestershire (BNSSG) region. The result of this apportionment was carried out and published by NHS England as "Acute Trust Footprint" data. This data is being used to assess whether a Trust achieved the STF target for Quarter 3. UHBristol's performance after apportionment was 92.8%. So, for the purposes of assessing achievement at national level, the Trust has achieved the STF target of 90% for Quarter

Summary Scorecard

The following table shows the Trust's current performance against the chosen headline indicators within the Trust Summary Scorecard. The number of indicators changing RAG (RED, AMBER, GREEN) ratings from the previously reported period is also shown in the box to the right. Following on from this is a summary of key successes and challenges, and reports on the latest position for each of these headline indicators.



Key changes in indicators in the period:

GREEN to AMBER:
Deteriorating Patient
Agency

RED to AMBER:
Dissatisfied Complaints

AMBER to GREEN:
Outpatient Appointments Cancelled

AMBER to RED:
Sickness

GREEN to RED:
Length of Stay

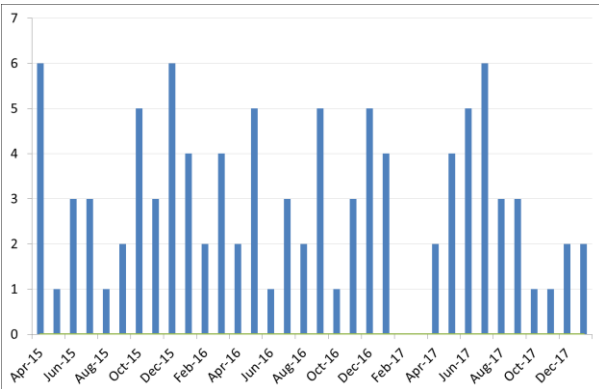
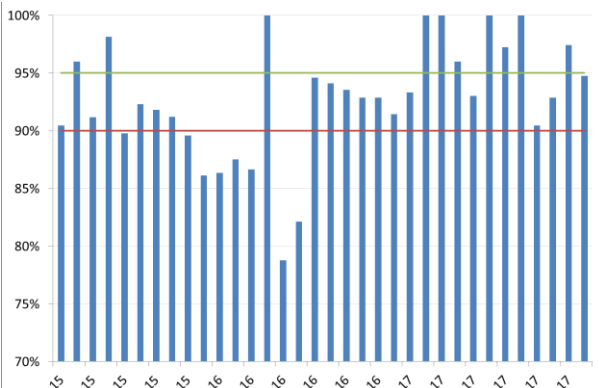
Overview

The following summarises the key successes in January 2018, along with the priorities, opportunities, risks and threats to achievement of the quality, access and workforce standards.

	Successes	Priorities
ACCESS Emergency	<ul style="list-style-type: none"> When the Trust's A&E 4 hour performance is uplifted by the apportionment of local Walk In Centres (as published by NHS England), the Trust achieved 92.8% for Quarter 3 and so achieved the Sustainability & Transformation Funds (STF) target of 90%. Performance without this apportionment was 88.64%. 	<ul style="list-style-type: none"> Sustain A&E 4 hour performance particularly at the Bristol Royal Infirmary, given operational winter pressures.
ACCESS Cancer Waits	<ul style="list-style-type: none"> Recovery trajectory for 62 day GP performance has been met and exceeded in every month since it was established in July 2017, including the national target having been met in two of the five months 4 of the 7 major cancer standards consistently being achieved at a monthly and quarterly level 62 day GP referred standard achieved in quarter 3, for the first time a quarter has been achieved since 2012. 	<ul style="list-style-type: none"> Minimise surgical cancellations of cancer patients and take actions to recover quickly when cancellations occur. Maintain performance against the 62-day GP cancer waiting times standard to the national 85% standard by quarter 1 18/19 and achieve the recovery trajectory during 2017/18. Recover from winter pressure cancellations during February with an aim to regaining good performance in March.
ACCESS Referral To Treatment	<ul style="list-style-type: none"> New functionality in Medway 4.8 allows better management of on-hold status flags by removing the previous on hold status flag when the next activity has been undertaken. This does not mitigate the risk of on hold patients being added to Medway. The weekly performance meetings continue with a focus on RTT performance, diagnostic 6-week standard, on-hold status flags in Medway and overdue partial bookings. 88.1% was the submitted RTT position for January, early sight for February is holding at 88% currently against a back drop of winter pressures and elective cancellations. 	<ul style="list-style-type: none"> Continue to hold steady state on RTT performance with a plan to restore achievement of the 92% Referral to Treatment national standard were possible at end of April 2018 Additional pathway sampling is currently underway to test the original Referral To Treatment business rules that were applied at switch-on 17th November 2017. This is necessary to check correct application of the new business rules. Focus continues on clearing of long waiter's breaches and clearing in the RTT backlog, particularly in Pediatric Services and Dentistry services. Develop a strategy for revisiting and cleaning the legacy on-hold status flags within Medway – commenced in January 2018. Cohorts have now been identified for review, sampling of key issue areas has commenced with validation already in place. Timelines will be agreed once all of the cohorts have been sampled and risks have been identified.
QUALITY	<ul style="list-style-type: none"> In January 2018 the reported figure for Safety Thermometer "No new harms" was 99.9% (1 out of 756). This is the highest reported figure since the survey began in 2013. 	

WORKFORCE	<ul style="list-style-type: none"> • Trust-wide recognition framework is in place supporting an equitable approach to recognition in the organisation • New process introduced for the management of long term sickness identified on references to mitigate the risks of recruitment discrimination claims • Medical locum recruitment migrated to Resourcing in January 2018 • Resourcing open days have been held to improve managers' awareness of the Trust Staff Bank • Disability Confident Employer accreditation received • The Trust signed the Time to Change Employer Pledge on Time to Talk Day, 1 Feb 2018 	<ul style="list-style-type: none"> • The Senior Leadership Team in February will note the Education Board's approval in January of a new format for monthly ET compliance report to the Board. It is intended for the compliance focus to shift to 11 Core Skills in line with the UK Core Skills Framework • To commence direct communications (email and/or postal) with those leaving the Trust in order to improve the response to exit questionnaire. • Nurse recruitment videos under design and development as part of the marketing plan for this staff group • Workplace Wellbeing Strategy and Delivery Plan to be finalised and approved • Deliver the Time to Change Action Plan • Ongoing development of the Mental Wellbeing Toolkit for individuals and managers
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	Opportunities	Risks & Threats
ACCESS Cancer Waits	<ul style="list-style-type: none"> • Avoiding cancellation is the single most important high impact action for the Trust to improve and sustain performance against the cancer standards. • A 'virtual PTL' (waiting list meeting) is being set up with referring providers to discuss shared cases and potential new referrals. The first meeting was held on 13th February and the meeting is being trialled for 6 weeks in the first instance. 	<ul style="list-style-type: none"> • Late referrals from other providers continue to impact on achievement of the 62-day GP cancer waiting times standard. • Surgical cancellations are a high risk to achievement of several cancer standards as well as to patient experience and quality. High levels were incurred in January due to operational pressures and knock on capacity impact is being seen in particular for patients with cancer whose operations exceeded half a day. • PET scanning service (provided by a private provider, at commissioners' choice) leading to delays and patient dissatisfaction, the provider has agreed to make changes to the referral process which should address these
ACCESS Referral To Treatment	<ul style="list-style-type: none"> • System C (our Patient Administration System supplier) has made us aware of additional Medway functionality, including something that could be used to reduce the risk of patients not being added to the waiting list following a decision to list at outpatients (which otherwise can result in patients' procedures being delayed and patients waiting over 52 weeks). • IM&T and System C are exploring the removal of on-hold status flags in Medway with a period of testing their removal in Medway Sandpit. If on-hold status flags are removed, alternative solution will need to be made available to Medway users recording the next steps. Timescales are yet to be confirmed. • 52-week position at the end of January has resulted in 1 remaining patient that was waiting for a Prosthesis to arrive from the USA. 	<ul style="list-style-type: none"> • Focused review of the on-hold patients will continue and will be expanded as the risks identified during the process are likely to increase. • Although the new functionality in Medway 4.8 allows better management in the on-hold status flags this does not remove the on-hold backlog. This will be monitored and addressed on a weekly basis at the RTT Performance meeting to prevent a further backlog being created. Update from 17th January meeting: Divisions provided with details of patients with an on-hold status with the remit of ensuring that no patient has an on-hold status for longer than 2 months.
QUALITY		<ul style="list-style-type: none"> • In January 2018, there were two reported Never Events. One was a wrong tooth extraction and one was midazolam overdose in theatres (for which a downgrade has since been requested). Both are subject to serious incident investigations.
WORKFORCE	<ul style="list-style-type: none"> • Receipt of the staff survey results mid-February will allow a review of improving staff experience plans • Project initiated to look at the introduction of Behavioural NA's to reduce high cost agency spend on Psych NA's 	<ul style="list-style-type: none"> • Continued system issues with E-Appraisal resulting in delays in completion and complexity in reporting • Increased high costs, non-framework agency usage as a result of operational pressures across the hospital

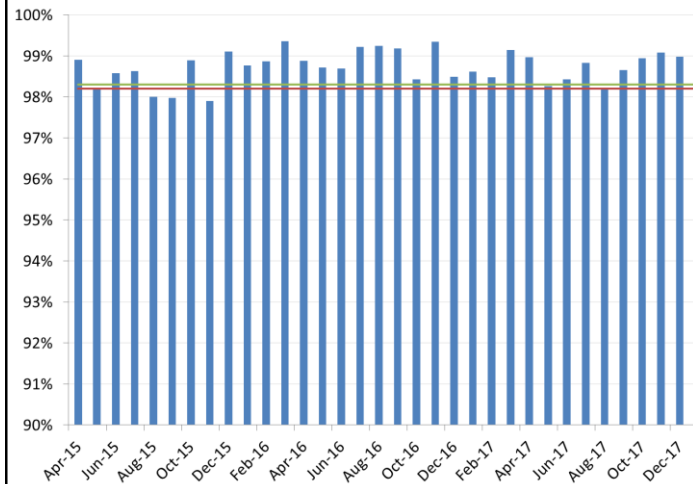
Description	Current Performance	Trend	Comments																																				
<p>Infection control</p> <p>The number of hospital-apportioned cases of Clostridium difficile infections. The Trust limit for 2016/17 is 45 avoidable cases of clostridium difficile (the same as 2015/16).</p>	<p>Performance in Trust acquired Clostridium difficile (C. diff) is good with low numbers of cases in relation to the limits set.</p> <p>There were two cases of C. diff attributed to the Trust in January 2018. However, these cases are awaiting review by the CCG therefore this may have been unavoidable so may not be included within the limit.</p> <p>To date, this year, we have seven hospital apportioned avoidable cases of clostridium difficile however there are further cases awaiting a decision by the CCG.</p>	<p>Total number of C. diff cases</p>  <table border="1"> <caption>Total number of C. diff cases</caption> <thead> <tr> <th>Month</th> <th>Cases</th> </tr> </thead> <tbody> <tr><td>Apr-15</td><td>6</td></tr> <tr><td>Jun-15</td><td>1</td></tr> <tr><td>Aug-15</td><td>3</td></tr> <tr><td>Oct-15</td><td>2</td></tr> <tr><td>Dec-15</td><td>6</td></tr> <tr><td>Feb-16</td><td>4</td></tr> <tr><td>Apr-16</td><td>4</td></tr> <tr><td>Jun-16</td><td>5</td></tr> <tr><td>Aug-16</td><td>3</td></tr> <tr><td>Oct-16</td><td>5</td></tr> <tr><td>Dec-16</td><td>5</td></tr> <tr><td>Feb-17</td><td>4</td></tr> <tr><td>Apr-17</td><td>2</td></tr> <tr><td>Jun-17</td><td>4</td></tr> <tr><td>Aug-17</td><td>6</td></tr> <tr><td>Oct-17</td><td>3</td></tr> <tr><td>Dec-17</td><td>2</td></tr> </tbody> </table>	Month	Cases	Apr-15	6	Jun-15	1	Aug-15	3	Oct-15	2	Dec-15	6	Feb-16	4	Apr-16	4	Jun-16	5	Aug-16	3	Oct-16	5	Dec-16	5	Feb-17	4	Apr-17	2	Jun-17	4	Aug-17	6	Oct-17	3	Dec-17	2	<p>Monthly meetings between the infection control team and Clinical Commissioning Group (CCG) aim to review all cases of clostridium difficile and apportion these appropriately. There is a time delay for these meetings and therefore Trust attributed cases may not be agreed for some time after the infection was identified.</p> <p>There are higher rates of clostridium difficile within three ward areas. A business case is currently under review to trial screening on admission within these three wards to identify the appropriate source of the infection.</p>
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Apr-15	6																																						
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<p>Deteriorating patient</p> <p>National early warning scores (NEWS) acted upon in accordance with the escalation protocol (excluding paediatrics). This is an area of focus for our Sign up to Safety Patient Safety Improvement Programme. Our three year goal is sustained improvement above 95%.</p>	<p>Performance in January 2018 was 94.7% (95% rounded) against a three-year improvement goal of 95%. The two breaches occurred within the Divisions of Medicine and Surgery.</p> <p>One breach was due to a patient who had a raised NEWS the previous night, but there was no evidence of SBAR communication or a documented response by the medical team.</p> <p>The second breach was due to a patient who also had a raised NEWS the previous night who did not consistently having their observations taken in response and there was no documented SBAR communication.</p> <p>Neither patient came to harm.</p>	<p>Percentage of early warning scores acted upon</p>  <table border="1"> <caption>Percentage of early warning scores acted upon</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Apr-15</td><td>90</td></tr> <tr><td>Jun-15</td><td>96</td></tr> <tr><td>Aug-15</td><td>91</td></tr> <tr><td>Oct-15</td><td>98</td></tr> <tr><td>Dec-15</td><td>92</td></tr> <tr><td>Feb-16</td><td>91</td></tr> <tr><td>Apr-16</td><td>86</td></tr> <tr><td>Jun-16</td><td>86</td></tr> <tr><td>Aug-16</td><td>79</td></tr> <tr><td>Oct-16</td><td>94</td></tr> <tr><td>Dec-16</td><td>94</td></tr> <tr><td>Feb-17</td><td>93</td></tr> <tr><td>Apr-17</td><td>93</td></tr> <tr><td>Jun-17</td><td>100</td></tr> <tr><td>Aug-17</td><td>96</td></tr> <tr><td>Oct-17</td><td>93</td></tr> <tr><td>Dec-17</td><td>97</td></tr> </tbody> </table>	Month	Percentage	Apr-15	90	Jun-15	96	Aug-15	91	Oct-15	98	Dec-15	92	Feb-16	91	Apr-16	86	Jun-16	86	Aug-16	79	Oct-16	94	Dec-16	94	Feb-17	93	Apr-17	93	Jun-17	100	Aug-17	96	Oct-17	93	Dec-17	97	<p>This is measured by a monthly point prevalence audit. Work continues in the deteriorating patient work stream of our patient Safety Improvement Programme and is reported in detail to the Programme Board.</p>
Month	Percentage																																						
Apr-15	90																																						
Jun-15	96																																						
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Description	Current Performance	Trend	Comments
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Safety Thermometer – No new harm. The NHS Safety Thermometer comprises a monthly audit of all eligible inpatients for 4 types of harm: pressure ulcers, falls, venous-thromboembolism and catheter associated urinary tract infections. New harms are those which are evident after admission to hospital.

In January 2018, the percentage of patients with no new harms was 99.9 % (1 patient had a new harm), against an upper quartile target of 98.3% (GREEN threshold) of the NHS Improvement patient safety peer group of Trust.

The percentage of patients surveyed showing No New Harm each month

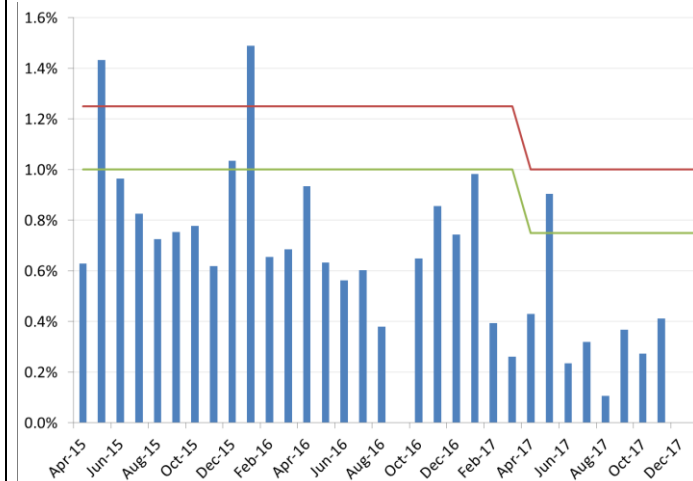


The January 2018 Safety Thermometer point prevalence audit showed no new catheter associated urinary tract infections, no falls with harm, one new pressure ulcer and no new venous thrombo-emboli.

Non-purposeful omitted doses of listed critical medicines
Monthly audits by pharmacy incorporate a review of administration of critical medicines: insulin, anti-coagulants, Parkinson’s medicines, injected anti-infectives, anti-convulsants, short acting bronchodilators and ‘stat’ doses.

In January 2018, 0.42% (3 out of the 721 patients) reviewed had one or more omitted critical medications in the past three days. The target for omitted doses is no more than 0.75%. The 0.42 % for January 2018 is a slight deterioration from the December 2017 figure of 0 % (0 out of 613).

Percentage of omitted doses of listed critical medicines



The target for omitted doses in 2017/2018 has been revised and is now set at 0.75% (previous target was 1%).

Description	Current Performance	Trend	Comments
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Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%

Overall compliance is 89% (excluding Child Protection Level 3). Compliance with each of the reporting categories is provided below.

January 2018	UH Bristol
Total	89%
Three Yearly (14 topics)	88%
Annual (Fire)	88%
Annual (IG)	84%
Induction & Orientation	98%
Doctors induction	66%
Resuscitation	85%
Safeguarding	89%

Overall the compliance for the Trust remains 89%, same as previous month.

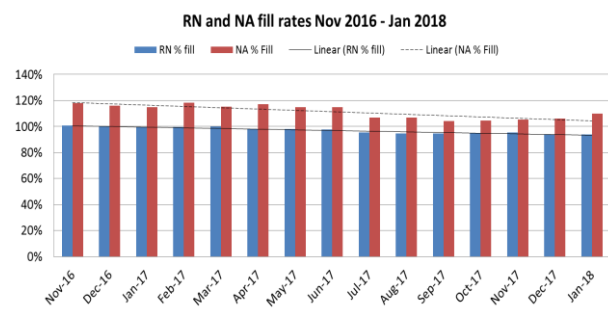
See Appendix 1 to see action.

Nurse staffing levels unfilled shifts reports the level of registered nurses and nursing assistant staffing levels against the planned.

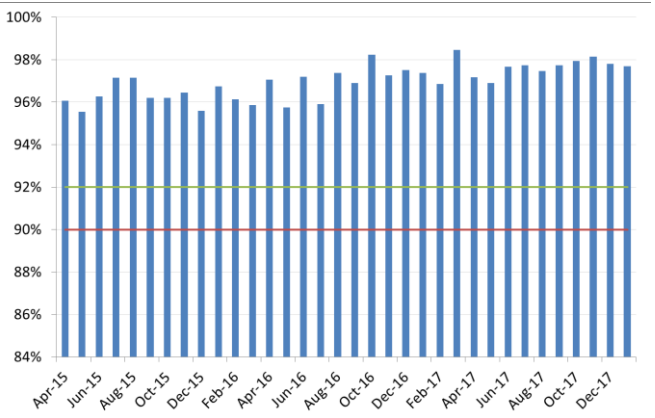
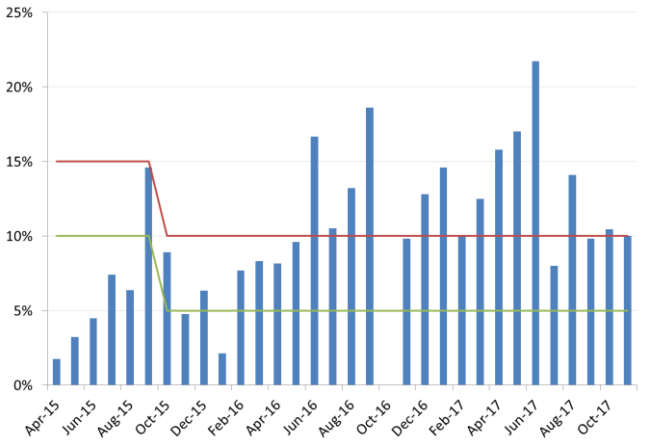
The report shows that in January 2018 the Trust had rostered 240,674 expected nursing hours, with the number of actual hours worked of 236,946. This gave a fill rate of 98%.

Division	Actual Hours	Expected Hours	Difference
Medicine	67,265	63,177	+4088
Specialised Services	40,354	40,901	-547
Surgery	46,493	45,441	+1052
Women's & Children's	82,835	91,155	-8321
Trust	236,946	240,674	-3728

The percentage overall staffing fill rate by month



Overall for the month of January 2018, the Trust had 93% cover for Registered Nurses (RN) on days and 95% RN cover for nights. The unregistered level of 105% for days and 117% for nights reflects the activity seen in January 2018. This was due primarily to Nurse Assistant specialist assignments to safely care for confused or mentally unwell patients in adults particularly at night. Close monitoring continues

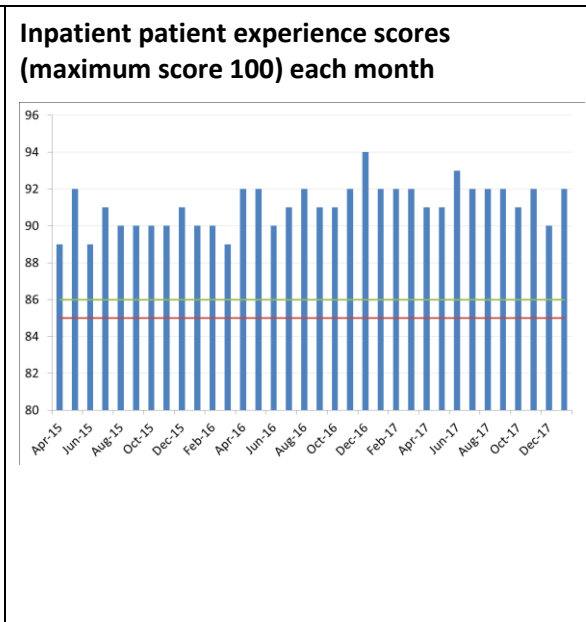
Description	Current Performance	Trend	Comments
<p>Friends & Family Test inpatient score is a measure of how many patients said they were 'very likely' to recommend a friend or family to come to the Trust if they needed similar treatment. The scores are calculated as per the national definition, and summarised at Division and individual ward level.</p>	<p>Performance for January 2018 was 97.7%. This metric combines Friends & Family Test scores from inpatient and day-case areas of the Trust, for both adult and paediatric services.</p> <p>Division and hospital-level data is provided to the Trust Board on a quarterly basis in the quarterly Patient Experience and Involvement report</p>	<p>Inpatient Friends & Family score</p> 	<p>The scores for the Trust are in line with national norms. A very high proportion of the Trust's patients would recommend the care that they receive to their friends and family. These results are shared with ward staff and are displayed publically on the wards. Division and hospital-level data is provided to the Trust Board and is explored within the Quarterly Patient Experience report.</p>
<p>Dissatisfied Complainants. Our goal is for less than 5% of complainants to report that they are dissatisfied with our response to their formal complaint. Note there is an Amber threshold between 5% and 10%</p>	<p>Dissatisfied cases are now measured as a proportion of complaints sent out in any given month and are reported two months in arrears. This means that the latest data in the board dashboard is for the month of November 2017.</p> <p>As of 15th February 2017, 7 of the 70 responses sent out in November had resulted in dissatisfied replies (10% against a target of 5%).</p>	<p>Percentage of compliant complaints dissatisfied with the complaint response each month</p> 	<p>In relation to formal complaints responded to in 2016/17 as a whole, 65 complainants expressed dissatisfaction with one or more aspects of our response to their concerns; this represented a small increase on 59 cases relating to responses sent in 2015/16 (measured in May each year and published in our annual Quality Report). Informal Benchmarking with other NHS Trusts suggests that the rates of dissatisfied complainants are typically in the range of 8% to 12%.</p> <p>Actions continue as previously reported to the Board (Actions 5A to 5D).</p>

Description	Current Performance	Trend	Comments
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Inpatient experience tracker comprises five questions from the monthly postal survey: ward cleanliness, being treated with respect and dignity, involvement in care decisions, communication with doctors and with nurses. These were identified as “key drivers” of patient satisfaction via analysis and focus groups.

For the month of January 2018, the score was 92 out of a possible score of 100. Divisional level scores are provided on a quarterly basis to ensure sample sizes are sufficiently reliable.

	Q3 2017/18	Q4 2017/18
Trust	91	92
Medicine	88	90
Surgery	93	92
Specialised Services	91	92
Women's & Children's (Bristol Royal Hospital for Children)	91	92
Women's & Children's Division (Postnatal wards)	91	92



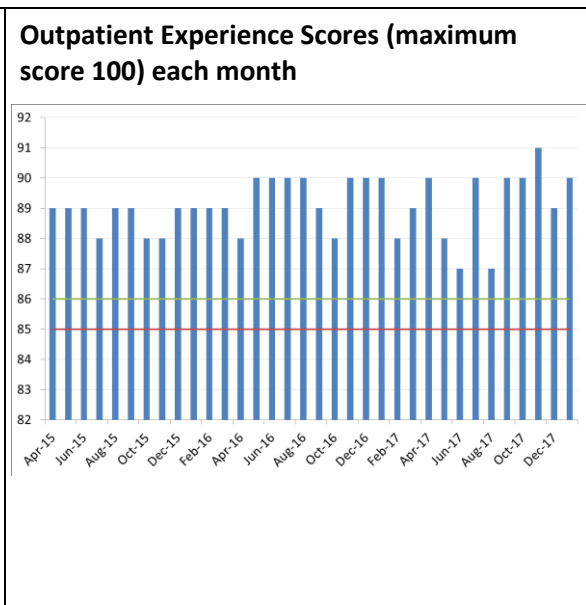
UH Bristol performs in line with national norms in terms of patient-reported experience. This metric would turn red if patient experience at the Trust began to deteriorate to a statistically significant degree – alerting the Trust Board and senior management that remedial action was required. In the year to date the score remains green. A detailed analysis of this metric (down to ward-level) is provided to the Trust Board in the Quarterly Patient Experience Report.

Outpatient experience tracker comprises four scores from the Trust’s monthly survey of outpatients (or parents of 0-11 year olds):

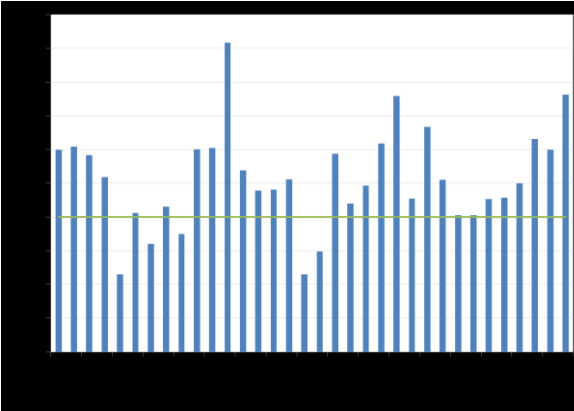
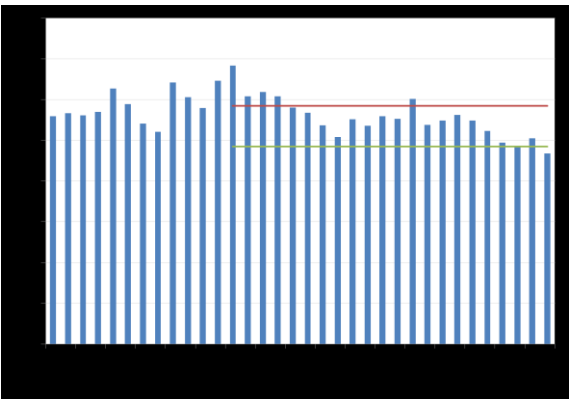
- 1) Cleanliness
- 2) Being seen within 15 minutes of appointment time
- 3) Being treated with respect and dignity
- 4) Receiving understandable answers to questions.

The score for the Trust as whole was 90 in January 2018 (out of score of 100). Divisional scores for quarter 4 are provided as numbers of responses each month are not sufficient for a monthly divisional breakdown to be meaningful.

	Q3 2017/18	Q4 2017/18
Trust	90	90
Medicine	91	93
Specialised Services	88	85
Surgery	89	93
Women's & Children's (Children’ Hospital)	87	91
Diagnostics & Therapies	95	91



The Trust’s performance is in line with national norms in terms of patient-reported experience. This metric turns red if outpatient experience begins to deteriorate to a statistically significant degree – alerting the Trust Board and senior management that remedial action is required. In the year to date the Trust score remains green. Divisional scores are examined in detail in the Trust’s Quarterly Patient Experience Report. The score for Bristol Royal Hospital for Children was red-rated in July, but recovered to 86 in August (green-rated and BRHC’s best score since April).

Description	Current Performance	Trend	Comments												
<p>Last Minute Cancellation is a measure of the percentage of operations cancelled at last minute for non-clinical reasons. The national standard is for less than 0.8% of operations to be cancelled at last minute for reasons unrelated to clinical management of the patient.</p>	<p>January the Trust cancelled 102 (1.5%) of operations at last-minute for non-clinical reasons. The top reasons for the cancellations are shown below:</p> <table border="1" data-bbox="465 427 1005 635"> <thead> <tr> <th>Cancellation reason</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>No Beds Available</td> <td>34</td> </tr> <tr> <td>Other Emergency Patient Prioritised</td> <td>17</td> </tr> <tr> <td>No HDU Beds</td> <td>15</td> </tr> <tr> <td>AM List over-ran</td> <td>7</td> </tr> <tr> <td>Surgeon Unavailable</td> <td>5</td> </tr> </tbody> </table> <p>Of the 71 patients cancelled in December, 8 were not readmitted within 28 days. Meaning 89% were re-admitted within 28 days. This means the Trust just missed the former national standard of 95%.</p>	Cancellation reason	Number	No Beds Available	34	Other Emergency Patient Prioritised	17	No HDU Beds	15	AM List over-ran	7	Surgeon Unavailable	5	<p>Percentage of operations cancelled at last-minute</p> 	<p>Deterioration in performance in month. Concern continues to be around the availability of HDU capacity to support complex surgery and ongoing operational pressures during January. See Actions 6A-6B for further details.</p>
Cancellation reason	Number														
No Beds Available	34														
Other Emergency Patient Prioritised	17														
No HDU Beds	15														
AM List over-ran	7														
Surgeon Unavailable	5														
<p>Outpatient appointments cancelled is a measure of the percentage of outpatient appointments that were cancelled by the hospital. This includes appointments cancelled to be brought forward, to enable us to see the patient more quickly.</p>	<p>In January 9.4% of outpatient appointments were cancelled by the hospital, which is below the Green threshold of 9.7%. This is a similar level of performance to last month. The level of cancellation remains lower than the same period last year (December 2016 was 11%)</p> <p>Please note: the RED and GREEN thresholds have been revised for 2017/18, with the Green threshold representing a 2% improvement on 2015/16, and the RED threshold being the same average performance in 2015/16 of 11.7%.</p>	<p>Percentage of outpatient appointments cancelled by the hospital</p> 	<p>Cancellation rates are monitored monthly at Outpatient Steering Group. This includes detailed discussion around what further actions could be taken to reduce cancellations (Actions 7A-7G).</p>												

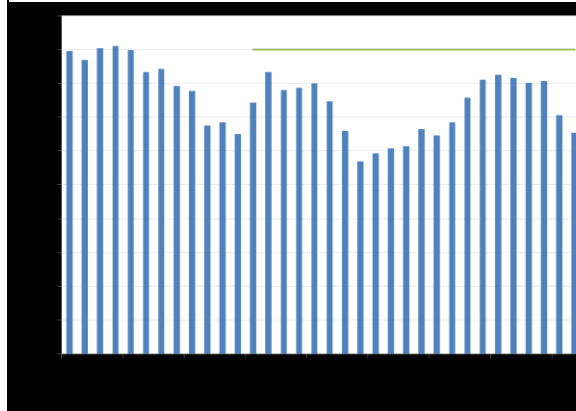
Description	Current Performance	Trend	Comments
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A&E Maximum 4-hour wait is measured as the percentage of patients that are discharged, admitted or transferred within four hours of arrival in one of the Trust's three Emergency Departments (EDs). The national standard is 95%.

The Trust achieved 82.7% in January which is below both the national standard (95%) and the recovery trajectory (90%). Performance and activity levels for the last three months are shown below.

	Nov 2017	Dec 2017	Jan 2018
Attendances	11660	11083	11106
Patients managed < 4 hours	10532 90.3%	9457 85.3%	9183 82.7%

Performance of patients waiting under 4 hours in the Emergency Departments



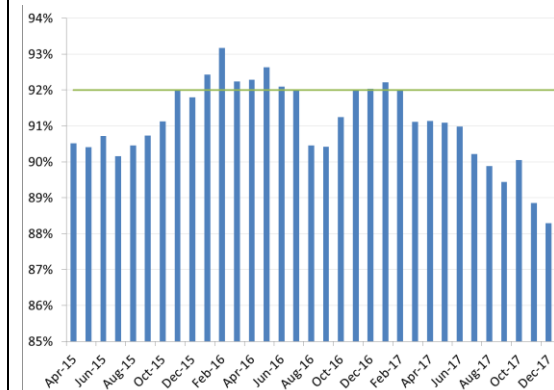
A significant improvement has been seen and sustained in the performance against the A&E 4hr target leading to achievement of the STF trajectory in Quarter 2. The Children's Hospital has sustained its consistently good performance and there has been marked improvement in the BRI with a renewed focus on patient flow out of ED, and through the ambulatory care assessment units. Some risk remains around sustaining this performance based on a recent pattern of increase in minors.

Referral to Treatment (RTT) is a measure of the length of wait from referral through to treatment. The target is for at least 92% of patients, who have not yet received treatment, and whose pathway is considered to be incomplete (or ongoing), to be waiting less than 18 weeks at month-end.

The 92% national standard was not met at the end of January, with performance reported at 88.1%. The 52 week trajectory resulted in 1 remaining waiter at the end of January.

	Nov	Dec	Jan
Numbers waiting > 40 weeks RTT	136	158	160
Numbers waiting > 52 weeks RTT	13	9	1

Percentage of patients waiting under 18 weeks RTT by month



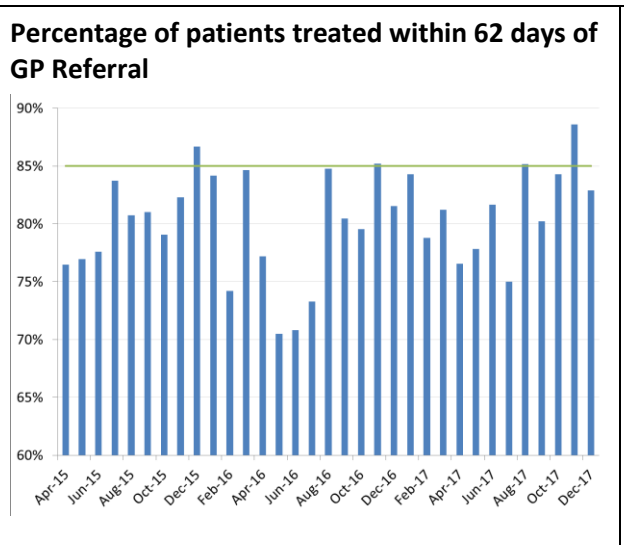
Performance against the RTT standard is currently at 88.1% this indicates we are 1029 patients away from the national compliance of 92%. Early sight for February is holding at 87% against a back drop of winter pressures and elective cancellations. For end of April 2018 we plan to deliver compliance of the 92% standard, which will be updated as we progress across the winter pressure period.

Description	Current Performance	Trend	Comments
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Cancer Waiting Times are measured through eight national standards. These cover a 2-week wait to see a specialist, a 31 day wait from diagnosis to treatment, and a 62-day wait from referral to treatment. The 62 day GP referred standard is the one referred to here

Quarter 3 achieved the 85% standard for 62 day GP referred performance, the first time since 2012. The recovery trajectory was met for December also.

Following surgical cancellations and high levels of patient choice, January's performance has deteriorated and the recovery trajectory is not expected to be met. The Trust is planning to recover in March by booking any affected patients into February.

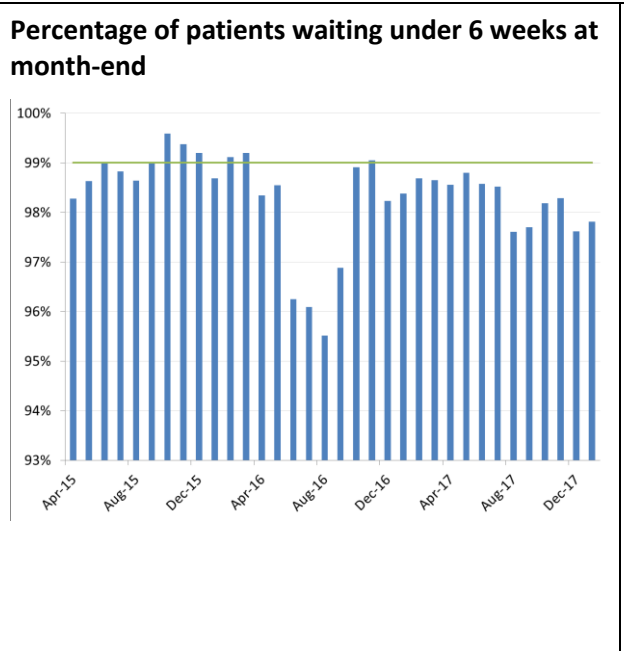


The recovery trajectory has been met and exceeded throughout the quarter, and the national standard for the quarter achieved. Avoiding cancellation is the single most important high impact action for the Trust to improve and sustain performance against the cancer standards. It should be noted that the majority of 'breaches' are due to unavoidable factors such as late referral and medical deferral. The Trust has set up a 'virtual PTL' (waiting list meeting) with referring providers with the aim of reducing the number and impact of late referrals. See Actions 10A-10J in Improvement Plans section for more details

Diagnostic waits – diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is for 99% of patients referred for one of the 15 high volume tests to be carried-out within 6 weeks, as measured by waiting times at month-end.

Performance was 97.81% at end of January, which is below the 99% national standard. The recovery trajectory of fewer than 235 patients waiting 6+ weeks was achieved. The number of over 6-week waiters at month-end is:

Diagnostic test	Dec	Jan
MRI	34	37
Sleep	71	41
Endoscopies	8	11
CT	22	30
Echo	0	1
Ultrasound	63	41
Other	5	18
TOTAL	203	179
Percentage	97.6%	97.8%



January needed to have fewer than 82 breaches to achieve 99%; whereas there were 179 as at end of January.

The main areas that are not delivering are Paediatric MRI, Adult Cardiac CT, Sleep Studies and Non-obstetric ultrasound.

The Trust is committed to a return to 99% performance by April 2018.

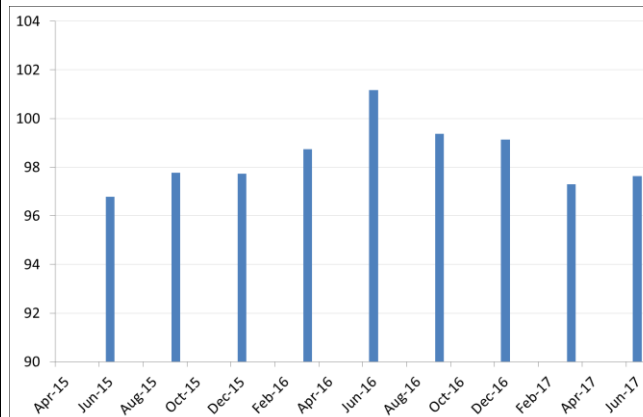
See Actions 11A-11D in Improvement Plans section

Description	Current Performance	Trend	Comments
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Summary Hospital Mortality Indicator is the ratio of the actual number of patients who died in hospital or within 30 days of discharge and the number that were 'expected' to die, calculated from the patient case-mix, age, gender, type of admission and other risk factors. This is nationally published quarterly, six months in arrears.

Summary Hospital Mortality Indicator (SHMI) for June 2017 was 97.6
 This statistical approach estimates that there were 41 fewer actual deaths than expected deaths in the 12-month period up to June 2017.

Summary Hospital Mortality Indicator (SHMI) for in hospital deaths each month

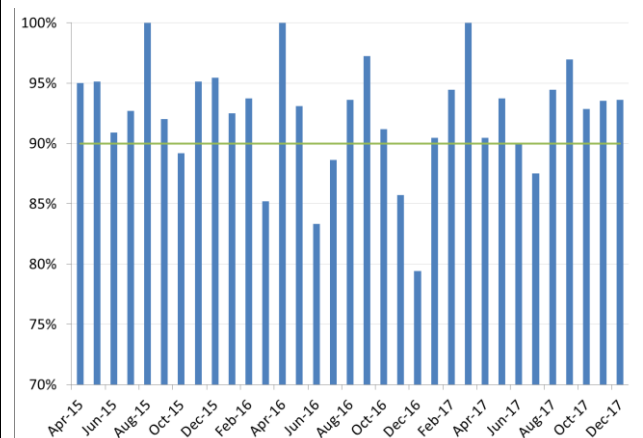


Our overall performance continues to indicate that fewer patients died in our hospitals than would have been expected given their specific risk factors.
 The Quality Intelligence Group continues to conduct assurance reviews of any specialties that have an adverse SHMI score in a given quarter.
 We will continue to track Hospital Standardised Mortality Indicator monthly to give earlier warning of a potential concern.

Door to balloon times measures the percentage of patients receiving cardiac reperfusion (inflation of a balloon in a blood vessel feeding the heart to clear a blockage) within 90 minutes of arriving at the Bristol Heart Institute.

In December, 44 out of 47 patients (93.6%) were treated within 90 minutes of arrival in the hospital. Performance for 2016/17 as a whole ended above the 90% standard at 91.7%. Performance for 2017/18 is currently at 92.5%

Percentage of patients with a Door to Balloon Time < 90 minutes by month



There was a slight dip in performance in July but year to date remains above the 90% target and performance recovered to above 90% from August.

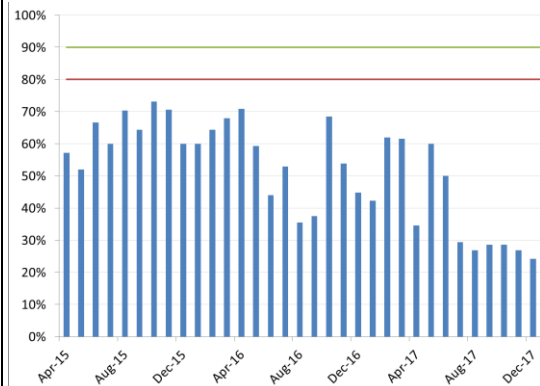
Description	Current Performance	Trend	Comments
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Fracture neck of femur Best Practice Tariff (BPT), is a basket of indicators covering eight elements of what is considered to be best practice in the care of patients that have fractured their hip. For details of the eight elements, please see Appendix 1.

In January 2018 performance was 38.5% (10/ 26 patients) for overall Best Practice Tariff (BPT), against the national standard of 90%. The time to theatre within 36 hours performance was 57.7% (15/26 patients).

Reason for not going to theatre within 36 hours	Number of patients
Patients did not get best practice tariff due to lack of theatre capacity	10
Patient required medical optimisation before proceeding to surgery.	1

Percentage of patients with fracture neck of femur who met best practice tariff



Eight patients also did not receive any ortho-geriatrician review due to annual leave, and clinician having to provide cover for Older Person Assessment Unit.

Actions are being taken to establish a future service model across Trauma & Orthopaedics, and ensure that consistent, sustainable cover is provided (Actions 12A to 12D).

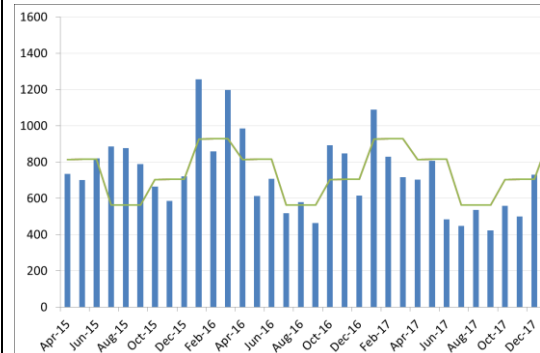
Outlier bed-days is a measure of how many bed-days patients spend on a ward that is different from their broad treatment speciality: medicine, surgery, cardiac and oncology. Our target is a 15% reduction which equates to a 9029 bed-days for the year with seasonally adjusted quarterly targets.

In January 2018 there were 1411 outlier bed-days against a target of 927 outlier bed-days.

	January 2018
Outlier bed-days	1411
Medicine	985
Surgery	367
Specialised Services	51
Women's & Children's	7
Diagnostics and Therapies	1
Total	1411

Note: over 400 outlier beddays were used on the two escalation wards: A512 and A414 Queen's Day Unit.

Number of days patients spent outlying from their specialty wards



The quarter four target has been set at 927 bed days per month, but this was exceeded due to the operational pressure on the hospital from New Year. Due to the lack of dedicated winter beds to open the pressure is distributed across non-medical wards and extreme escalation areas. Over 400 outlier beddays were used on the two escalation wards: A512 and A414 Queen's Day Unit.

Ongoing actions are shown in the action plan section of this report. (Action 13A).

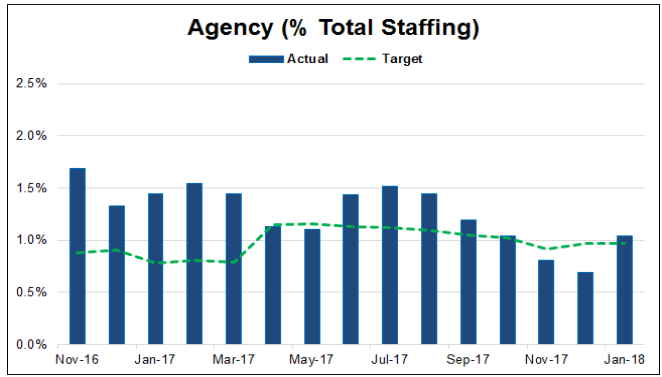
Description	Current Performance	Trend	Comments
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Agency usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets for 2015/16. The red threshold is 10% over the monthly target.

Agency usage increased by 31.5 FTE, with the largest divisional increase seen in Specialised Services, which increased by 184.2% (3.7 FTE). An increase has been seen in Nursing & Midwifery usage this month, where it increased by 66.4% (25.7 FTE).

January 2018	FTE	Actual %	KPI
UH Bristol	91.1	1.05%	1.0%
Diagnostics & Therapies	5.8	0.58%	0.6%
Medicine	25.8	2.0%	1.4%
Specialised Services	5.8	0.6%	1.5%
Surgery	9.9	0.5%	1.0%
Women's & Children's	28.7	1.4%	0.5%
Trust Services	10.0	1.2%	1.4%
Facilities & Estates	5.2	0.7%	0.9%

Agency usage as a percentage of total staffing by month.



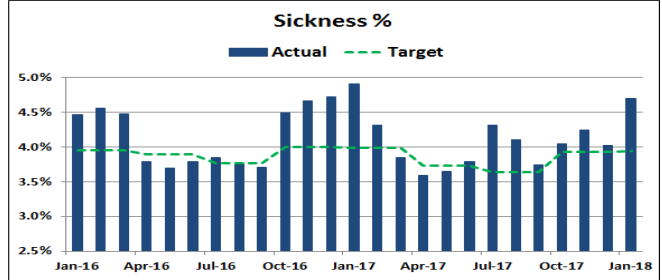
A summary of compliance with agency caps is attached in Appendix 2. See action 14 for a summary of key actions to target agency use.

Sickness Absence is measured as percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2015/16. The red threshold is 0.5% over the monthly target. *

Sickness absence increased from 4.0% to 4.7%, with increases in all Divisions and Staff Groups. Sickness due to Cough/Cold/Flu has increased by 77.2% compared with last month and has overtaken Stress/Anxiety as the biggest reason for sickness.

January 2018	Actual	KPI
UH Bristol	4.7%	3.9%
Diagnostics & Therapies	3.7%	2.9%
Medicine	5.0%	4.6%
Specialised Services	3.7%	3.7%
Surgery	4.7%	3.6%
Women's & Children's	4.8%	4.0%
Trust Services	3.5%	3.1%
Facilities & Estates	8.1%	5.9%

Sickness absence as a percentage of full time equivalents by month



Please note: Sickness data is refreshed retrospectively to capture late data entry, and to ensure the data is consistent with the Trust's final submission for national publication.

See Appendix 2, action 15 for the sickness action plan.

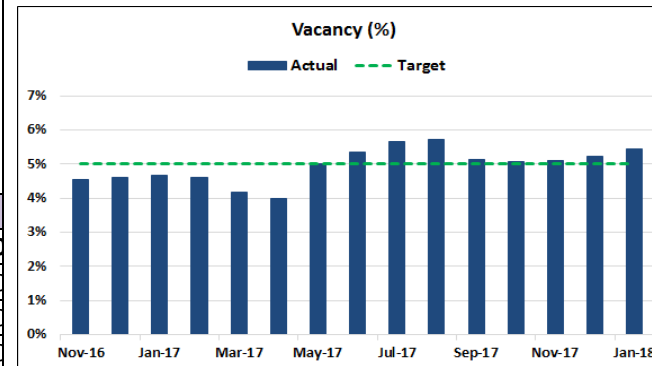
Description	Current Performance	Trend	Comments
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Vacancies - vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a Trust-wide target of 5%.

Overall vacancies increased to 5.5%, and remain higher than the Trust target of 5%. Nursing vacancies increased by 32.9 FTE in month to 230.0 (7.1%), with increases seen in all clinical divisions, the largest being in Women's & Children's (increase of 21.5 FTE, 46.9%).

January 2018	Actual	KPI
UH Bristol	5.5%	5.0%
Diagnostics & Therapies	5.8%	5.0%
Medicine	6.4%	5.0%
Specialised Services	4.8%	5.0%
Surgery	5.4%	5.0%
Women's & Children's	2.7%	5.0%
Trust Services	5.3%	5.0%
Facilities & Estates	11.6%	5.0%

Vacancies rate by month



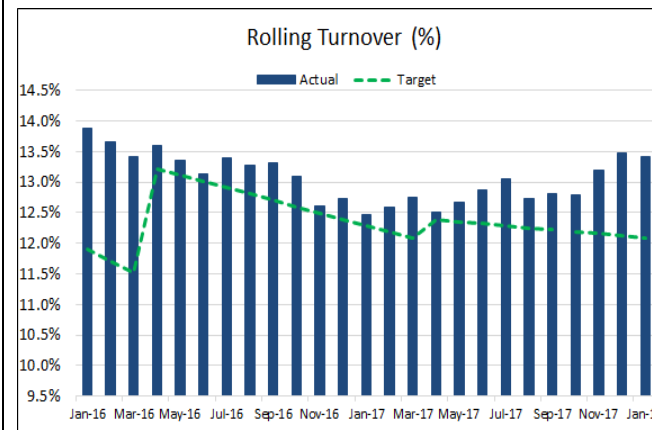
See Appendix 2, Action 16 for further details of the plans that continue to be implemented to reduce the vacancy rate.

Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 12.1% by the end of 2016/17. The red threshold is 10% above monthly trajectory.

Turnover reduced to 13.4%, compared with 13.5% last month. There have been reductions in Diagnostics & Therapies, Medicine and Specialised Services, with the largest reduction seen in Specialised Services. The largest reduction in staff group was seen in Allied Health Professionals, but a significant increase was seen in Unregistered Nursing, where it rose by 0.9 percentage points.

January 2018	Actual	KPI
UH Bristol	13.4%	12.1%
Diagnostics & Therapies	11.3%	12.2%
Medicine	14.1%	14.5%
Specialised Services	15.0%	11.7%
Surgery	12.9%	12.0%
Women's & Children's	11.7%	10.3%
Trust Services	15.4%	11.9%
Facilities & Estates	16.7%	13.7%

Staff turnover rate by month



See Appendix 2, Action 17 for further details of the plans that continue to be implemented to reduce turn-over.

Description	Current Performance	Trend	Comments
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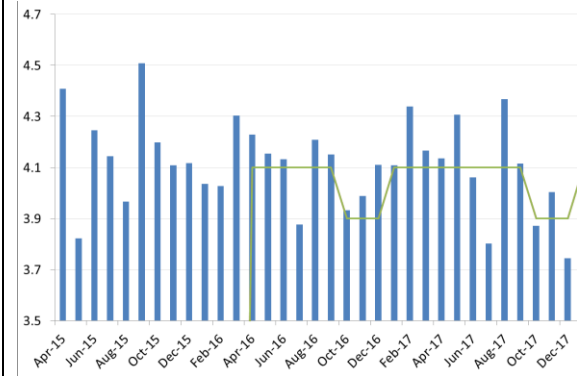
Length of Stay (LOS) measures the number of days inpatients on average spent in hospital. This measure excludes day-cases. LOS is measured at the point at which patients are discharged from hospital.

In January the average length of stay for inpatients was 4.15 days, which is just below the RED threshold of 4.10 days.

Number of patients in hospital at month-end with a “long” Length of Stay is below:

	Nov-17	Dec-17	Jan-18
7+ Days	363	378	377
14+ Days	212	243	242
21+ Days	139	170	182

Average length of stay (days)



The total number of Green to Go (delayed discharge) patients in hospital is 68 as at end of January (double the jointly agreed planning assumption of 30 patients).

Improvement Plans

Number	Action	Timescale	Assurance	Improvement trajectory
SAFE – Deteriorating Patient, National Early Warning Scores (NEWS) Acted Upon				
1A	Further targeted teaching for areas where NEWS incidents have occurred.	On-going	Monthly progress reviewed in the deteriorating patient work stream and quarterly by the Patient Safety Improvement Programme Board, Clinical Quality Group and Quality and Outcomes Committee	Sustained improvement to 95% by 2018.
1B	Implementation of E-observations providing additional opportunities for doctor education to assist with resetting triggers safely.	April 2018	As above	Sustained improvement to 95% by 2018.
1C	Spreading point of care simulation training in adult general ward areas to address human factors elements of escalating deteriorating patients and use of structured communication. New training programme in place for 2018.	On-going	As above	Sustained improvement to 95% by 2018.
1D	Implementation of e observations system to enable automatic calculation of NEWS. This will be followed by a further system implementation for notification of elevated NEWS to responder.	April 2018 To be confirmed	As above	Sustained improvement to 95% by 2018.
SAFE – Non-purposeful omitted doses of critical medication				
2A	The implementation of electronic prescribing will allow continuous data monitoring from exact dose administration prescription and administration times. Reasons for omission have to be recorded.	Full rollout anticipated by autumn 2018	Improvement under development	All omitted medication to be recorded and reported on, with reasons for omission and if fully omitted with no reason entered
2B	Pilot stage to be used to develop reporting suite. Data to be reviewed for ease of reporting, ability to amalgamate data and for conciseness. 'Critical' medication to be looked at as well as all medication.	Pilot Stage October 2017 to February 2018	Improvement under development	All omitted medication to be recorded and reported on, with reasons for omission and if fully omitted with no reason entered

Number	Action	Timescale	Assurance	Improvement trajectory
SAFE – Essential Training				
3A	<p>Overall compliance for the Trust is at 89%, with an aim of 90% compliance in all subjects.</p> <p>The February SLT will note the Education Board’s January approval of a new format for monthly ET compliance report to the Board. Compliance focus will shift to 11 Core Skills of the UK Core Skills Framework.</p>	February 2018	<p>Divisional Performance Review meetings.</p> <p>Oversight of training compliance by the Education Board and SLT.</p>	<p>January 2018 saw compliance increases of 1% or more for 27 individual programmes. These increases ensured that ET compliance remained at 89% overall, despite Equality, Diversity, and Human Rights dropping from 99% to 82%. The drop for ED&HR was expected, because the 3-yearly update requirement for this topic, for all staff, was factored into this month’s compliance report for the first time. Previously ED&HR was reported as a ‘one off’ piece of training at induction. In only a few months many staff have updated their compliance, achieving a very strong base for ED&HR at 82%.</p>
SAFE – Nursing Staffing Levels				
4A	Continue to validate temporary staffing assignments against agreed criteria.	Ongoing	Monitored through agency controls action plan	Action plan available on request.
CARING – Dissatisfied Complainants				
5A	Current complaints training is being reviewed to incorporate learning from exchange visit with Sheffield Teaching Trust.	March 2018	Improvement under development	Achieve and maintain a green RAG rating for this indicator.
5B	Upon receipt of written response letters from the Divisions, there is a thorough checking process, whereby all letters are firstly checked by the case-worker handling the complaint, then by the Patient Support & Complaints Manager. All responses are then sent to the Executives for final approval and sign-off.	Ongoing	Senior Managers responsible for drafting and signing off response letters before they leave the Division are named on a Response Letter Checklist that is sent to the Executives with the letter. Any concerns over	Achieve and maintain a green RAG rating for this indicator

Number	Action	Timescale	Assurance	Improvement trajectory
			the quality of these letters can then be discussed individually with the manager concerned and further training provided if necessary.	
5C	Dissatisfied responses are now routinely checked by the Head of Quality (Patient Experience & Clinical Effectiveness) to identify learning where appropriate. All cases where a complaint is dissatisfied for a second time are escalated to and reviewed by the Chief Nurse.	Ongoing		Achieve and maintain a green RAG rating for this indicator
5D	The Trust has established a new complaints review panel as a pilot in 2017.	Panels have taken place in Medicine and Diagnostics and Therapies and Surgery.	Evidence that the panel is in place and learning identified and shared with Divisions	Achieve and maintain a green RAG rating for this indicator
CARING – Cancelled Operations				
6A	Continued focus on recruitment and retention of staff to enable all adult BRI Critical Care beds to be kept open, at all times. Training package developed to support staff retention. Staff recruited and in post. Bid for winter funds submitted to support the permanent use of the 21 st bed	Ongoing December	Monthly Divisional Review Meetings; Funding agreed to staff 21 st bed	Sustained reduction in critical care related cancellations in 2017/18. As above.
6B	Specialty specific actions to reduce the likelihood of cancellations.	Ongoing	Monthly review of plan with Deputy Chief Operating Officer	As above.
CARING – Hospital Cancelled Outpatient Appointments				
7A	Explore option of increasing required notice of annual leave from six to eight weeks to reduce the number of cancelled clinics	Agreed in principle but process of how to communicate this out and enact it being worked through	Senior Leadership Team	Review of progress requested
7B	Full service-level review of the electronic Referral Service (eRS) Directory of Services, to limit the number of required re-bookings.	Complete - full improvement plan in place around eRS to comply with the CQUIN and NHS England (NHSE) Paper Less initiative; Milestones across each quarter	Outpatient Steering Group	Ongoing delivery of plan continues in line with CQUIN milestones (CQUIN is “Commissioning for Quality and Innovation”)

Number	Action	Timescale	Assurance	Improvement trajectory
7C	Implement changes to the way capacity is managed to support eRS appointment bookings and limit cancellations.	Working through as part of the eRS plan.	Outpatient Steering Group	Linked in to eRS plan. Outpatients Operating Model developed which clearly identifies levels of responsibility and action between divisions, corporate team and IM&T
7D	eRS Improvement Plan to be developed, following review by NHS Digital, to help improve eRS access for patients and reduce unnecessary re-arrangement of outpatients	Complete.	Outpatient Steering Group	In place as per 7B above
7E	Deep dive reviews of follow-ups in 5 specialities planned: Gastroenterology, Haematology, ENT, Gynaecology and Paediatric T&O. This is aimed at reducing the number of follow-up appointments made in each service. This should free up capacity to see patients in a timely manner, reducing the need to move patients to accommodate urgent patients.	Project plan to be reviewed and monitored through Outpatient Steering Group	Outpatient Steering Group	Ongoing work with divisions to identify specialities to support the reduction in follow-up work at Clinical Commissioning Group (CCG) level.
7F	Re-build clinics in Medway to ensure they correctly reflect appointment slots available and are clearly named. This should prevent cancellations due to incorrect booking.	It was agreed at OSG in August to bid for a band 5 to be part of the central outpatient team to support the divisions to do re-build work.	Outpatient Steering Group	Recruitment underway
7G	On the 14 th August clinic cancellation codes were updated in Medway to remove 'hospital cancellation' as a reason and add 'short notice leave' as a reason. 3 months following the change a report will be produced to look at how often clinics are cancelled as a result of leave booked with less than 6 weeks' notice.	Report to be tabled at December Outpatient Steering Group	Outpatient Steering Group	

Number	Action	Timescale	Assurance	Improvement trajectory
RESPONSIVE – A&E 4 Hour Wait				
8A	Urgent Care Steering Group (UCSG) Improvement plan for the BRI has been refreshed to focus on the high impact schemes initially. Pilot underway in Acute Medical Unit (AMU/A300) to increase ambulatory capacity. Model agreed with team for adult ED streaming which is going to UCSG in August. Specialty pathway work ongoing with other divisions	Ongoing	Oversight through Urgent Care Steering Group monthly, plus with partners through UHB Hospital Flow group and Access Performance Group	Aiming to sustain 90% target for quarter 3
8B	Increased support from NHS Improvement's Emergency Care Improvement Programme (ECIP) has commenced; focussing on support Integrated Discharge work and implementing trusted assessor	Ongoing	Progress tracked through Urgent Care Steering Group	
RESPONSIVE – Referral to Treatment (RTT) Times				
9A	Weekly monitoring of reduction in RTT over 18 week backlogs against trajectory. Continued weekly review of longest waiting patients through new weekly Performance meeting. Additional request from the Clinical Commissioning Groups (CCGs) has resulted in reporting all of our 46 to 52 week waiters on a weekly and monthly basis	Ongoing	Oversight at the RTT weekly performance meeting. Routine weekly escalation and discussion at monthly Divisional Review meetings. The request from the Clinical Commissioning Groups (CCGs) will need to be taken to the relevant groups for sign off against the 18 weeks best practice guides that have been issued.	For April 2018 we plan to deliver compliance of the 92% standard, which will be updated as we progress across the winter pressure period.
9B	Contract performance notice received against our level of 52 week breaches	End of December	A Recovery Action Plan (RAP) will be issued to the CCGs to give the detail of the 9 remaining 52 week waiters who exercised their right to patient choice.	Achieve zero 52 week waiters by End of December 2017 excluding those patients who have decided to take a dates beyond that time line (patient choice)

Number	Action	Timescale	Assurance	Improvement trajectory
9C	Implementation of RTT Sustainability Plan for the first half of 2017/18, which focuses on areas of recent growth and those specialties whose backlogs are still above sustainable levels	Complete	Fortnightly meetings between Divisions and Associate Director of Performance, and Access Improvement Manager	RTT weekly performance meeting have been implemented.
9D	Refresh of the Trust's Capacity and Demand modelling for key specialties (including Clinical Genetics, Paediatric Cardiology and Sleep Studies).	Complete	Modelling to be reviewed by Associate Director of Performance	
9E	Chronological booking report to be developed to challenge inefficient booking practices for outpatients and elective procedures.	Complete	Sign-off of report by Chief Operating Officer completed	
9F	Implementation of chronological booking report.	Ongoing	Divisional PTL meetings making use of this report This could be monitored at the Weekly RTT OPS Group meeting chaired by Access Improvement Manager once sign off has been agreed by the Chief Operating Officer of the content. (see item 9D)	Incorporate into the weekly performance meetings as of 20 th December 2017
9G	Dental administrative management improvement plan to be developed.	Complete	Signed-off of plan by Associate Director of Performance	
RESPONSIVE – Cancer Wait Times				
10A	Ensure there is sufficient thoracic surgery outpatient capacity to meet demand in a timely way	End March 2018 (in line with business planning)	Oversight of implementation by Cancer Performance Improvement Group, with review at Cancer Steering Group.	Achievement of 85% standard by the end of 2017/18
10B	Ensure thoracic surgery operating capacity is adequate for the longer term, in face of rising demand	Complete	As above	As above
10C	Ensure adequate elective bed capacity to reduce cancellations and capacity issues for cancer resections (to keep cancellations at the level seen in Q2 2016/7)	End March 2018	As above	As above

Number	Action	Timescale	Assurance	Improvement trajectory
10D	Undertake necessary work for Trust to become lead provider for adult dermatology in Taunton	End March 2018	As above	As above
10E	Resolve the short term capacity issues for chemotherapy treatment delivery	End October 17 (resolved)	As above (resolved and for ongoing monitoring)	As above (achieved as planned)
10F	Put in place more formal processes and guidance for managing the impact of planning meeting cancellations, for instance due to bank holiday	Complete, evaluation for March	As above	As above
10G	Reduce delays in the colorectal pathway due to capacity and pathway management issues	End February 2018	As above	As above
10H	Reduce delays for radiological diagnostics, in particular CT colonography, head and neck ultrasound, and PET	End November 2017 (completed)	As above	As above
10I	Work with partners to reduce late referrals	Ongoing	As above	As above
10J	Resolve capacity shortfall in gynaecology following staff sickness	End October 2017 (resolved)	As above (resolved)	As above (achieved as planned)
RESPONSIVE – Diagnostic Waits				
11A	Corporate PTL (Patient Tracking List) weekly meeting established with Divisions. Divisions will review weekly, with central Performance team, the Referral to Treatment (RTT) and Diagnostic waiting lists. It will review by sub-speciality and cover performance monitoring, target setting and forecasting for 6 weeks in advance	Commenced December 2017	Monthly Briefing Paper to Chief Operating Officer	Delivery of 99% performance by April 2018
11B	Revised guidance on appropriate referrals to Sleep Studies has been agreed with commissioners. This should to reduce demand	From January 2018	Analysis of referrals and activity to be reviewed at Weekly PTL Meetings to ensure a reduction in referrals is being delivered.	Delivery of sustainable performance by April 2018
11C	Provision of additional, one-off capacity for Paediatric MRI sessions being agreed between Women's & Children's and Diagnostics & Therapies division. Then agreement on capacity needed to meet ongoing demand	From February 2018	Weekly review at PTL Meeting (see 11A)	Delivery of sustainable performance by April 2018

Number	Action	Timescale	Assurance	Improvement trajectory
11D	Additional waiting list sessions being run in Ultrasound and Cardiac MRI	Ongoing	Weekly review at PTL Meeting (see 11A).	Delivery of sustainable performance by April 2018
EFFECTIVE – Fracture Neck of Femur				
12A	<p>Consultant orthogeriatric capacity – there are currently vacancies within the Care of the Elderly service that is impacting on the capacity of the orthogeriatric service.</p> <p>The Division of Medicine has two Care of the Elderly consultant vacancies. One of is being covered by two clinical fellows. It is not anticipated that this will provide any additional capacity for the orthogeriatric service. A new consultant has now started. This will release the two orthogeriatric consultants from Care of the Elderly sessions, however, the service will still only be staffed by 2 rather than 3 orthogeriatric consultants and will, therefore, continue to struggle at times with cross-cover.</p>	A middle grade orthogeriatrician commenced in January 2018 to provide improvements in cover.	<p>Improvements in dashboard measures.</p> <p>Update reports to the Quality and Outcomes Committee</p>	Improvements in time to review by an orthogeriatrician.
12B	<p>Establishment of an elderly trauma and hip fracture ward – to cohort frail elderly trauma patients on A604, to facilitate direct admission from ED to ring-fenced fractured neck of femurs beds.</p> <p>There also needs to be sufficient capacity to maintain ring fenced hip fracture admission beds and medical ward capacity to accommodate step down patients.</p> <p>The Deputy Chief Operating Officer will lead the planning process to establish the elderly trauma and hip fracture ward.</p> <p>The proposed ward staffing enhancements at the weekend has been included in the Division of Surgery 2018/19 OPP as a cost pressure.</p>	This is contingent upon amending care pathways and admission protocols.	<p>Improvements in dashboard measures.</p> <p>Update reports to the Quality and Outcomes Committee</p>	Improvements to the quality and coordination of patient care.

Number	Action	Timescale	Assurance	Improvement trajectory
12C	<p>Physiotherapy the day after surgery – to ensure that there is physiotherapy support available to the orthopaedic wards on Sundays</p> <p>There are potential benefits associated with reduction in patient length of stay with earlier mobilisation.</p> <p>The D&T Division will conclude the consultation with their physiotherapy teams on the 21st February. If the proposed change to the staffing rotas is supported, there will be a three month notice period. Therefore, extended cover effective from May 2018.</p>	<p>An on-call model for #NOF patients is the most cost effective, however, this will mean that other types of elderly fracture patients will not receive a physiotherapy review on a Sunday.</p> <p>Investment proposal pending approval by executive team.</p>	<p>Improvements in dashboard measures.</p> <p>Update reports to the Quality and Outcomes Committee</p>	<p>Improvements against the new quality standard measure of therapy review the day after surgery.</p>
12D	<p>Time to surgery – to improve trauma throughput and to expedite the surgery of fractured neck of femur patients within 36 hours.</p>	<p>The Division of Surgery is trialling ways to increase theatre productivity including scheduling an additional theatre porter to reduce downtime on the trauma lists.</p>	<p>Automatic sending commenced on the 8th December and the plan is to review at the end of January.</p> <p>An audit has been commenced to understand the number of patients on trauma board awaiting surgery in the hospital and at home.</p>	<p>Improvements against time to theatre standard</p>
EFFECTIVE – Outliers				
13A	<p>Ward processes to increase early utilisation of discharge lounge to facilitate patients from Acute Medical Unit getting into the correct speciality at point of first transfer.</p>	<p>Ongoing</p>	<p>Oversight in Ward Processes Project Group and development of Clinical Utilisation Review (CUR)</p>	<p>Linked to increased and timely use of discharge lounge</p>
EFFICIENT – Agency Usage				
14A	<p>Effective rostering:</p> <p>“Healthroster” – implemented and KPIs in place. The new Safe Staffing module is now being rolled out across the Trust which will make it easier to move staff across the organisation in a timely manner to minimise agency usage.</p>	<p>Ongoing</p>	<p>KPI Performance monitored through Nursing Controls Group.</p>	<p>A KPI has been agreed for 2017/18 of 1% through the Divisional Operating Planning. Divisional Performance against plan is monitored at monthly and quarterly Divisional Performance review meetings</p>

Number	Action	Timescale	Assurance	Improvement trajectory
14B	<p>Controls and efficiency:</p> <ul style="list-style-type: none"> Revised agency rules now in place for Nursing from with a particular focus on driving out high cost non-framework agency spend. Neutral Vendor contract for nurse agency supply is now live across the BNSSG area, helping support an improved achievement with the national agency price caps. Fill has been maintained despite challenges across the healthcare system. Operating plan agency trajectories monitored by divisional reviews. 	<p>Ongoing</p> <p>Ongoing</p> <p>Monthly/ quarterly reviews</p>	<p>Nursing agency: oversight by Savings Board and Nursing Agency Controls Group.</p> <p>Medical agency: oversight through the Medical Efficiencies Group.</p>	
14C	<p>Enhancing bank provision:</p> <ul style="list-style-type: none"> Bank recruitment and marketing plans for all staff groups in place for 2017/18. Employee On-Line access (for Bank-only RNs, Nursing Assistants, Domestic) is now live so staff can view available shifts and give their availability to work. Direct booking through the employee on-line functionality is being further explored. 	<p>Ongoing</p> <p>April 2018</p>	<p>Performance against target for Bank recruitment is monitored by the Recruitment Sub Group.</p>	
EFFICIENT – Staff Sickness				
15A	<p>Supporting Attendance Policy</p> <p>A new version of the policy has been agreed, pending ratification in February. If approved, the policy will go live in March. Communications and training sessions are scheduled. A six-month review has been agreed to examine the effects of new policy provisions.</p>	<p>March 2018</p>	<p>Oversight by Workforce and Organisational Development (OD) Board</p>	<p>Divisional Performance against plan is monitored at monthly and quarterly Divisional Performance review meetings. Where divisions are above target an extensive deep dive into the data with a recovery plan.</p>
15B	<p>Supporting Attendance Surgeries</p> <p>The Occupational Health referral portal is now active which will facilitate a faster referral process and turn-around of advisory reports to assist in the management of sickness absence cases.</p>	<p>Ongoing</p>		

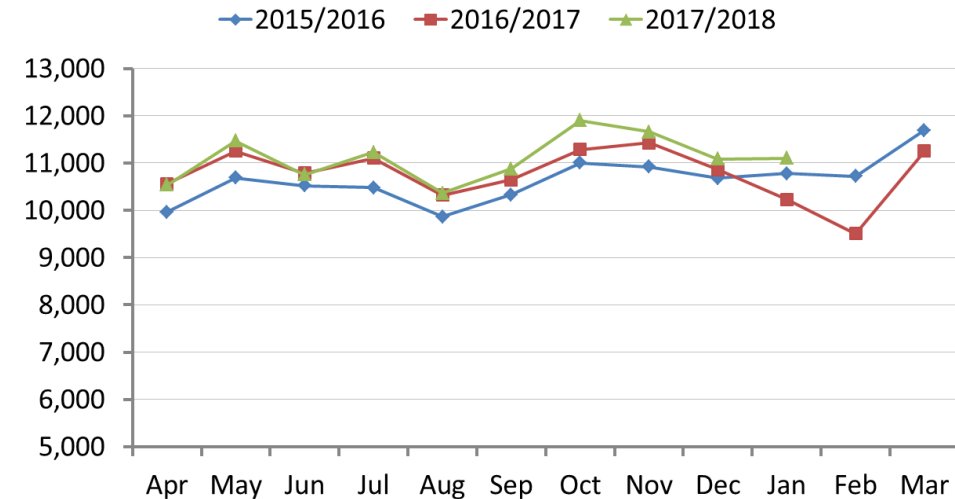
Number	Action	Timescale	Assurance	Improvement trajectory
15C	Occupational Health The Occupational Health referral portal is now active which will facilitate a faster referral process and turn-around of advisory reports to assist in the management of sickness absence cases.	Ongoing		
15D	Musculo-skeletal <ul style="list-style-type: none"> 1800 extra moving and handling training places offered for clinical staff. Approximately 1500 role profiles have been redefined and will only need to complete moving and handling eLearning (to be facilitated by Teaching and Learning). Discussions being held with Estates & Facilities with the aim of the Division running their own manual handling training. 	March 2018 Ongoing		
15E	Psychological wellbeing The Trust signed the Time to Change Employer Pledge and commenced delivery of an approved mental health action plan.	Ongoing	Oversight by Workforce and Organisational Development (OD) Board via the Workplace Wellbeing Sub Group Workplace Wellbeing Steering Group (quarterly) /CQUIN Assurance Group	
15F	General wellbeing <ul style="list-style-type: none"> Making Every Contact Count training is being offered to stakeholders in order for train-the-trainer accreditation to be granted. The flu vaccination programme continues to operate till end of February. The national CQUIN target concerning vaccination rate of frontline workers achieved. 	February 2018 February 2018		
EFFICIENT – Vacancy				
16A	Recruitment Performance Divisional Performance and Operational Review Meetings monitor vacancies and performance against KPI of 45 days to recruit.	Reviewed quarterly	Workforce and OD Group/ Recruitment Sub Group.	The target for vacancies continues to be 5% in 2017/18.

Number	Action	Timescale	Assurance	Improvement trajectory
16B	<p>Marketing and advertising Recruitment and marketing plans for Nursing, Radiology and Domestic Assistants are in place for 2017/18.</p> <p>New series of nurse recruitment videos currently under design and development to showcase hard to recruit to areas.</p> <p>Marketing plans are being developed for 2018/19 campaigns, focusing on hard to fill areas.</p> <p>Following a mixed review a final “Head-hunter” agency approach is being tested across 3 hard to recruit to areas in the children’s hospital.</p> <p>Active attendance at careers events continues, with a particular focus in the last month on local career fairs.</p>	<p>Ongoing</p> <p>May 2018</p> <p>April 2018-19</p> <p>From February 2018</p> <p>Ongoing</p>	Divisional Performance & Operational Review Meetings and the Recruitment Sub Group.	Divisional Performance against plan is monitored at monthly and quarterly Divisional Performance review meetings.
EFFICIENT - Turnover				
17A	The exit interview process is under review in order to improve uptake and understanding of reasons for staff turnover, with benchmarking of other Trusts to share learning and practice.	January 2018	Workforce and OD Group	Divisional performance is monitored monthly at Performance and Operational Reviews
17B	Robust Improving Staff Experience plans are in place and local initiatives are undertaken in hot spot areas as identified in the staff survey. Supporting corporate programs of work include; E-Appraisal, Leadership behaviours, Dignity at work policy and a staff recognition framework which will go live in 2018.	Ongoing		

Operational context

This section of the report provides a high level view of the level of demand for the Trust's services during the reporting period, relative to that of previous months and years.

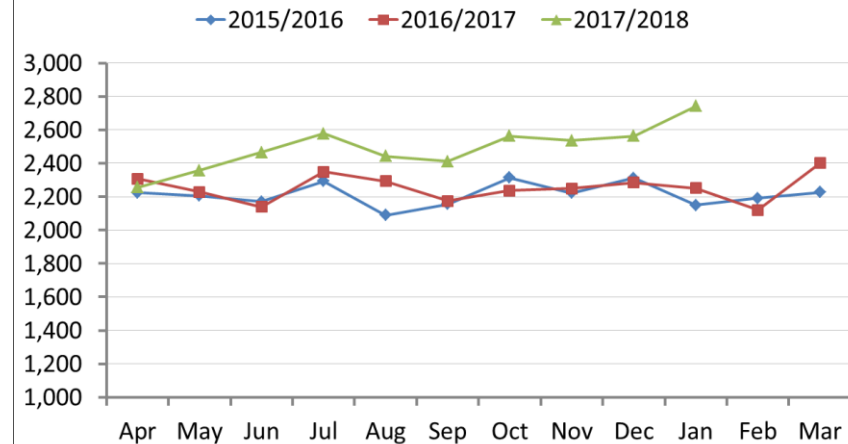
Emergency Department (ED) attendances



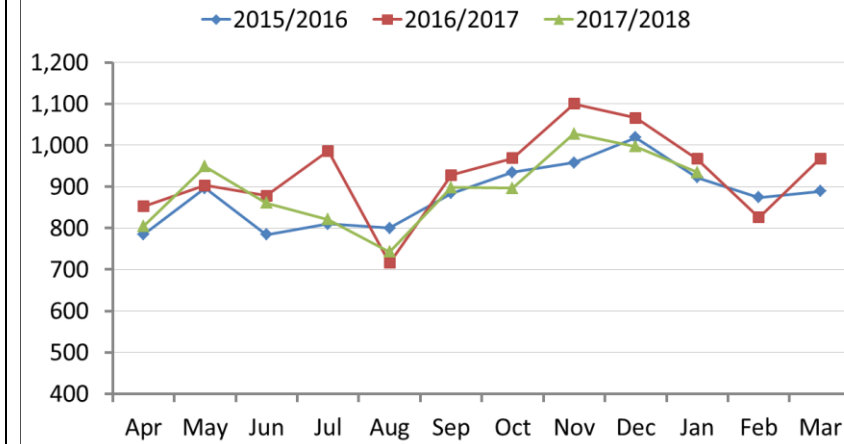
Summary points:

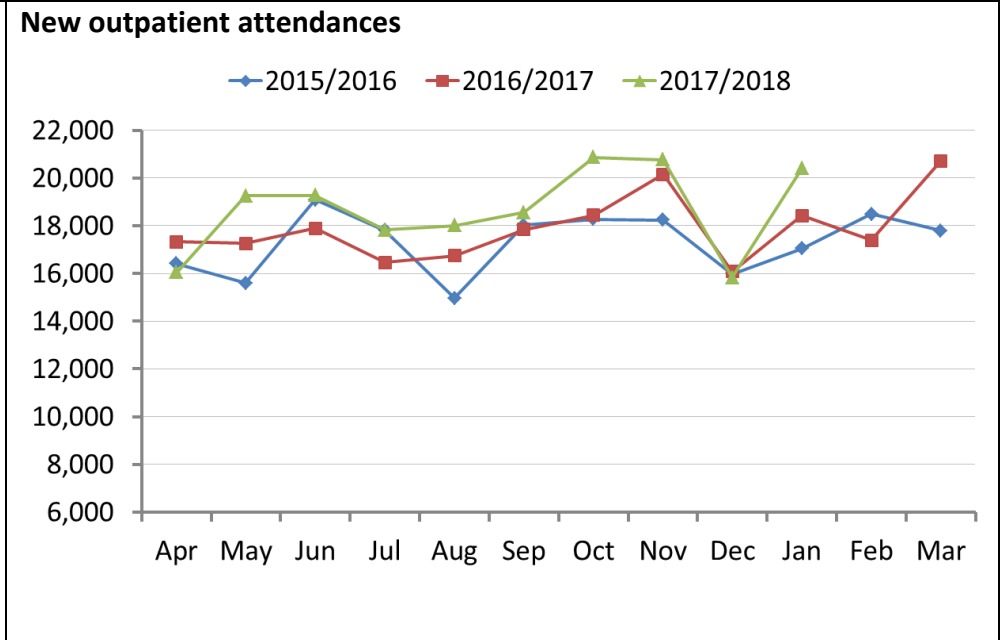
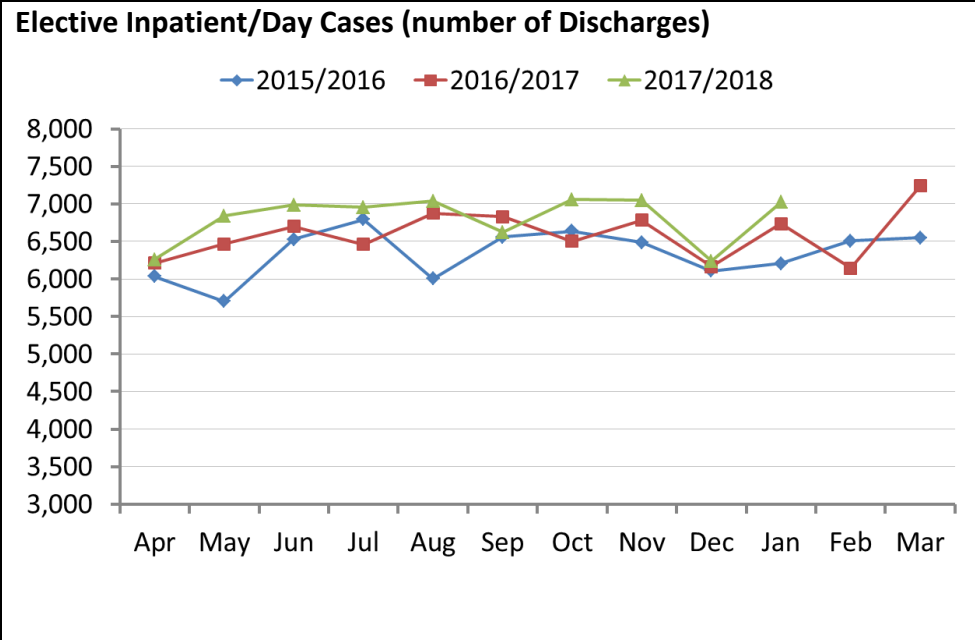
- Emergency Department attendances are following seasonal trends although remain slightly above previous year's levels.
- Total number of emergency admissions into the Bristol Royal Infirmary has remained consistently above levels in previous years. January 2018 was the highest level in the past three years. This is being driven by a rise in short stay (0 or 1 day) Medical admissions in Ambulatory Care and Acute Medicine Unit (AMU).
- Emergency admissions to the Children's Hospital remain consistent with seasonal trends, although slightly lower than last year.
- Elective admissions (Trust level) and New Outpatient attendances returned to pre-December levels in January. New Outpatient activity remains above 2016/17 levels.

Emergency Inpatient Activity (BRI Discharges)



Emergency Inpatient Activity (BCH Discharges)

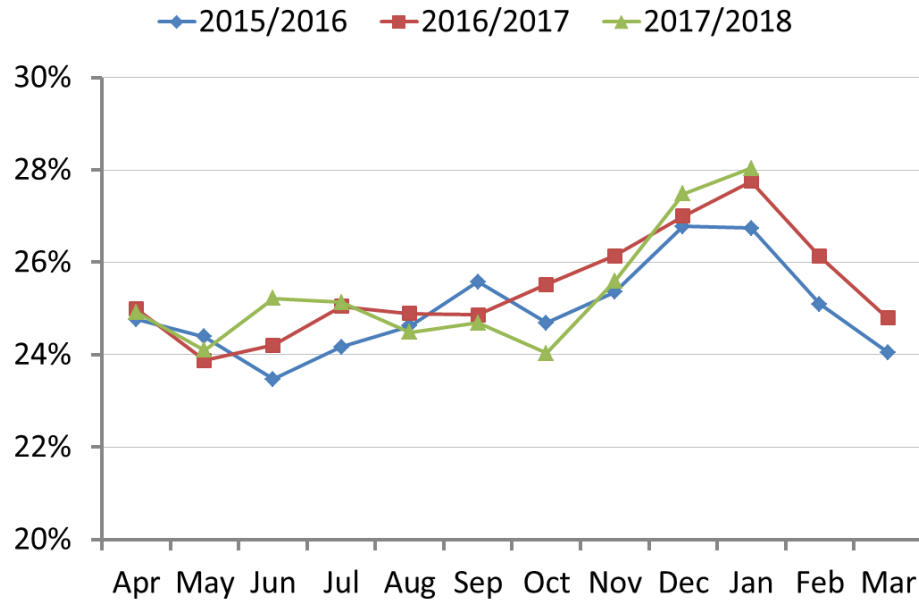




Assurance and Leading Indicators

This section of the report looks at set of assurance and 'leading' indicators, which help to identify future risks and threats to achievement of standards.

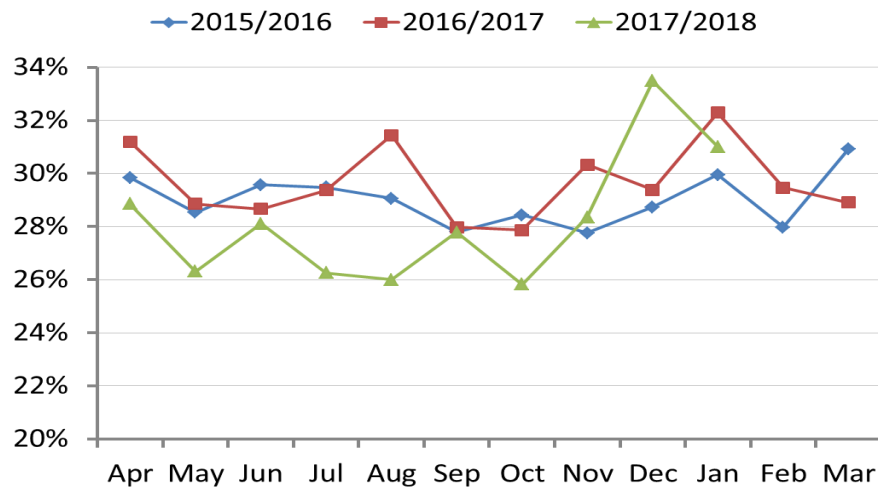
Percentage ED attendances resulting in admission



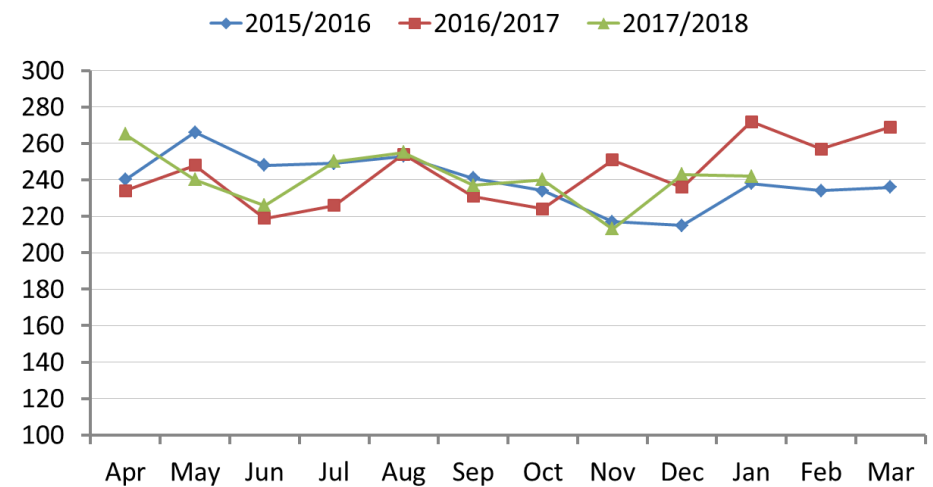
Summary points:

- The percentage of patients arriving in our Emergency Departments and converting to an admission has over winter and is at a three-year high in January. Although this seasonal increase has occurred in previous years.
- Number of patients in hospital for 14+ days and the number of Delayed Transfer of Care (DToC) patients remains consistent with previous months and seasonal trends.
- Bristol Royal Infirmary (including the Heart Institute) bed occupancy increased to almost 100% in January, a similar spike as in 2017/18.
- Elective waiting list remains above 2016/17 levels.
- Number of Referral To Treatment (RTT) patients waiting over 18 weeks remains around 3,000
- The number of patients referred by their GP with a suspected cancer (2-week waits) has remained above 2016/17 levels all year, although there was a drop of around 300 from December to January.

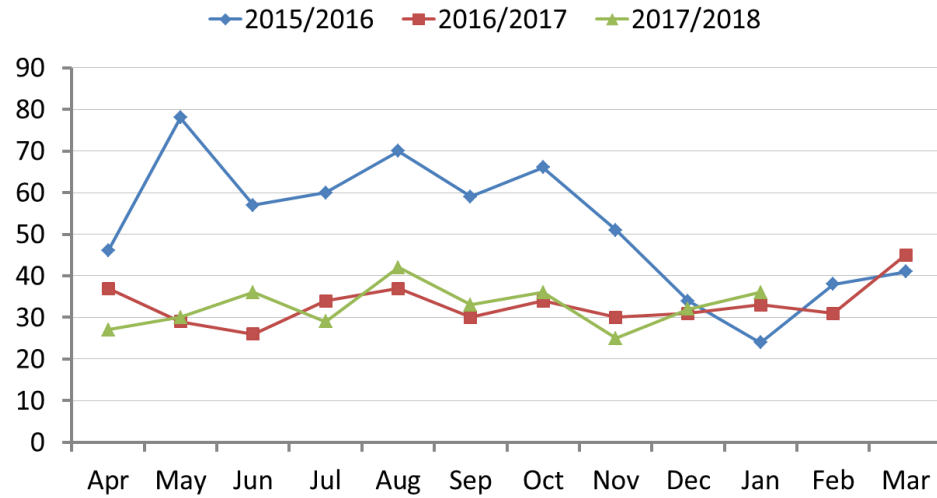
Percentage of Emergency BRI spells patients aged 75 years and over



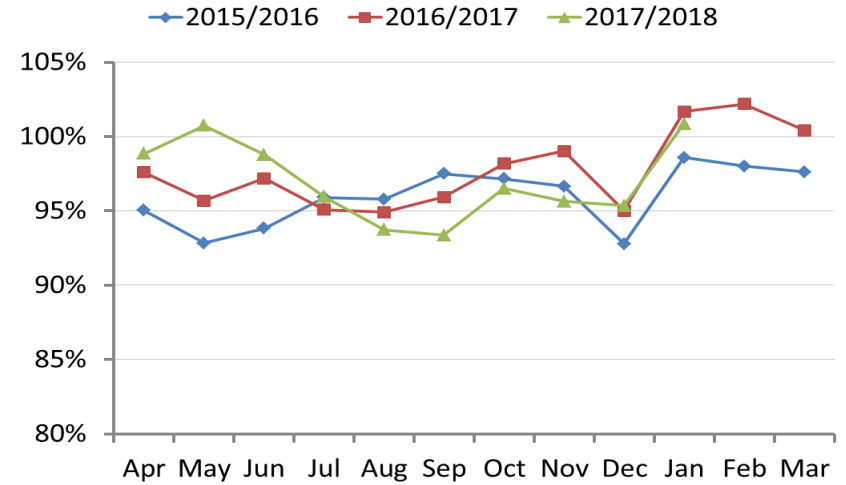
Over 14 day stays , at month-end



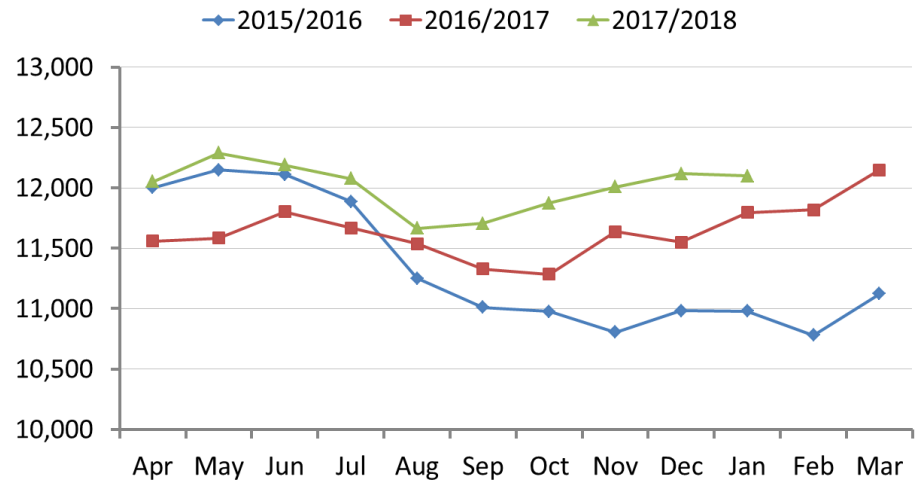
Delayed Transfers of Care (Number of patients at month-end)



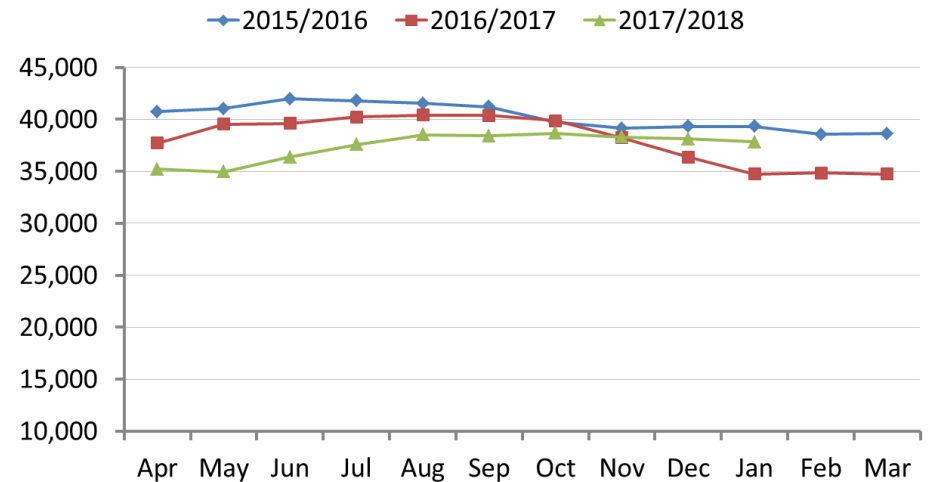
BRI Bed Occupancy (Overnight)



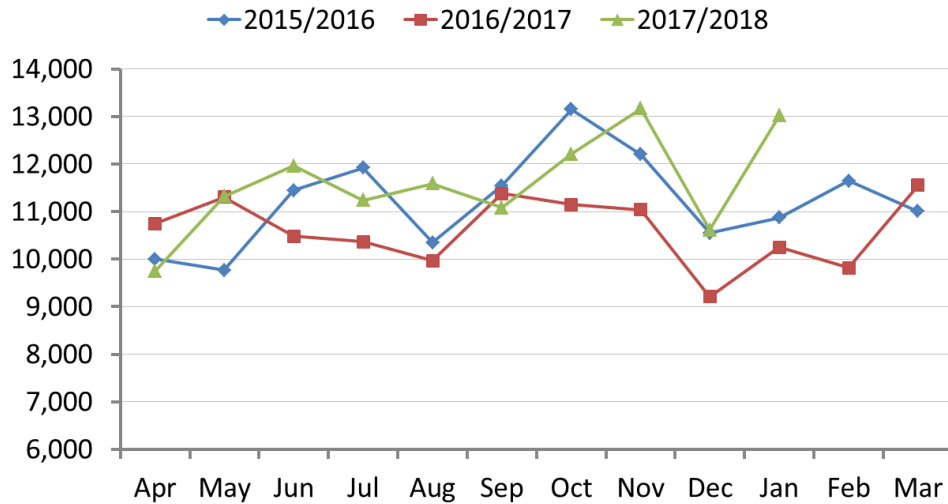
Elective waiting list size



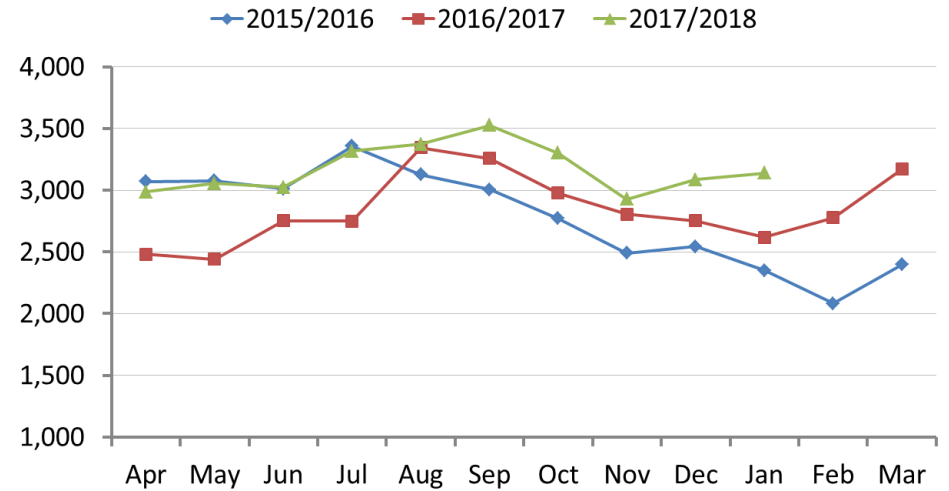
Outpatient waiting list size



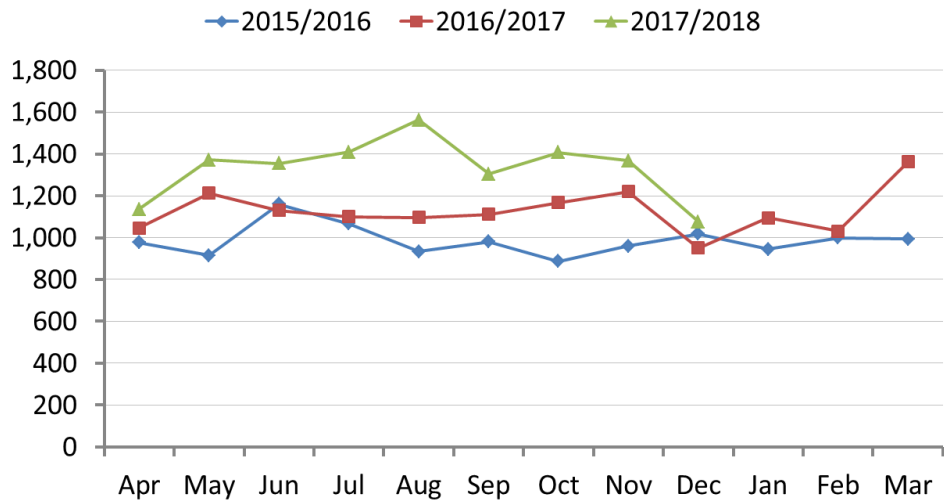
Number of RTT pathways stopped (i.e. treatments)



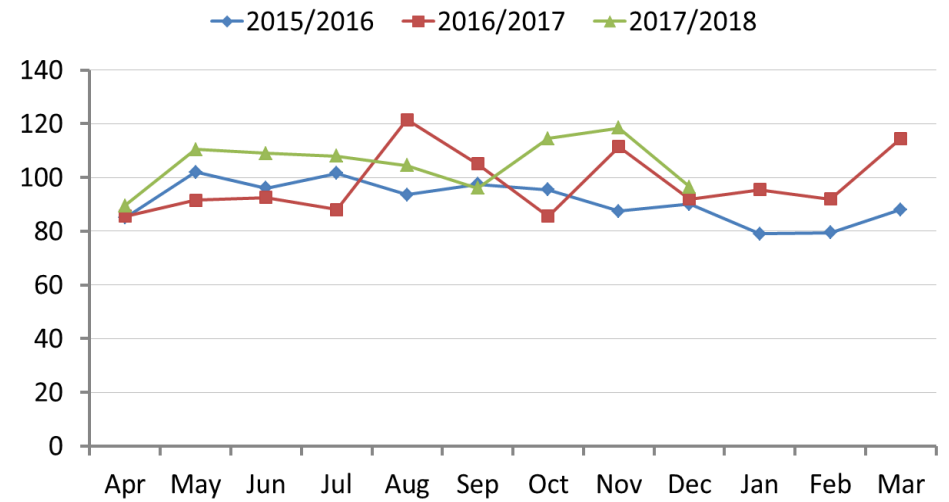
Number of RTT pathways over 18 weeks



Cancer 2-week wait – urgent GP – referrals seen



Cancer 62-day GP referred treatments



Trust Scorecards

SAFE, CARING & EFFECTIVE

Topic	ID	Title	Annual		Monthly Totals											Quarterly Totals				
			16/17	17/18 YTD	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
Patient Safety																				
Infections	DA01a	MRSA Bloodstream Cases - Cumulative Totals	-	-	1	1	-	0	1	1	2	3	3	3	4	5	-	-	-	-
	DA01	MRSA Bloodstream Cases - Monthly Totals	1	5	0	0	0	0	1	0	1	1	0	0	1	1	1	2	1	1
	DA03	C.Diff Cases - Monthly Totals	31	29	0	0	2	4	5	6	3	3	1	1	2	2	11	12	4	2
	DA02	MSSA Cases - Monthly Totals	37	19	3	2	0	1	3	0	3	0	5	4	1	2	4	3	10	2
C.Diff "Avoidables"	DA03c	C.Diff Avoidable Cases - Cumulative Totals	-	-	10	10	0	2	2	3	-	-	-	-	-	-	-	-	-	-
Infection Checklists	DB01	Hand Hygiene Audit Compliance	96.6%	97.6%	95.4%	97%	98.4%	98.1%	98.4%	97.2%	97.7%	96.2%	96.4%	97.6%	97.3%	98.4%	98.3%	97%	97.1%	98.4%
	DB02	Antibiotic Compliance	88.3%	86.1%	92%	88.1%	87.7%	89.6%	87.4%	87.8%	81.3%	84.4%	85.1%	89.1%	85.4%	85.2%	88.3%	84.3%	86.4%	85.2%
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	-	-	94%	95%	96%	96%	96%	96%	97%	97%	96%	96%	95%	98%	-	-	-	-
	DC02	Cleanliness Monitoring - Very High Risk Areas	-	-	97%	97%	98%	98%	98%	98%	98%	98%	98%	98%	98%	96%	-	-	-	-
	DC03	Cleanliness Monitoring - High Risk Areas	-	-	96%	95%	96%	96%	97%	97%	97%	97%	96%	97%	96%	93%	-	-	-	-
Serious Incidents	S02	Number of Serious Incidents Reported	52	48	2	5	2	7	6	5	3	9	2	4	4	6	15	17	10	6
	S02a	Number of Confirmed Serious Incidents	49	32	2	5	2	6	6	5	3	9	1	-	-	-	14	17	1	-
	S02b	Number of Serious Incidents Still Open	-	15	-	-	-	-	-	-	-	-	1	4	4	6	-	-	9	6
	S03	Serious Incidents Reported Within 48 Hours	94.2%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	S03a	Serious Incidents - 72 Hour Report Completed Within Timescale	90.4%	93.8%	100%	100%	100%	100%	83.3%	100%	100%	100%	100%	50%	100%	100%	93.3%	100%	80%	100%
	S04	Serious Incident Investigations Completed Within Timescale	98%	95.3%	100%	100%	100%	75%	100%	100%	100%	100%	100%	100%	100%	80%	91.7%	100%	100%	80%
S04a	Overdue Exec Commissioned Non-SI Investigations	-	17	-	-	1	2	2	1	1	2	1	1	3	3	5	4	5	3	
Never Events	S01	Total Never Events	2	8	0	0	0	1	2	1	0	0	2	0	0	2	3	1	2	2
Patient Safety Incidents	S06	Number of Patient Safety Incidents Reported	14866	11450	1211	1332	1203	1315	1330	1288	1249	1229	1311	1332	1193	-	3848	3766	3836	-
	S06b	Patient Safety Incidents Per 1000 Beddays	47.82	49.78	48.67	48.47	47.02	49.94	53.99	49.49	48.38	49.91	50.19	52.96	46.38	-	50.27	49.25	49.82	-
	S07	Number of Patient Safety Incidents - Severe Harm	95	68	7	5	7	11	8	6	7	7	4	9	9	-	26	20	22	-
Patient Falls	AB01	Falls Per 1,000 Beddays	4.23	4.53	4.9	3.89	4.85	3.91	4.91	4.53	4.76	5.04	4.48	3.78	4.51	4.61	4.55	4.77	4.26	4.61
	AB06a	Total Number of Patient Falls Resulting in Harm	36	23	3	5	2	3	4	0	0	3	2	2	5	2	9	3	9	2
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.148	0.16	0.201	0.182	0.078	0.076	0.203	0.154	0.155	0.203	0.038	0.159	0.156	0.372	0.118	0.17	0.117	0.372
	DE02	Pressure Ulcers - Grade 2	40	36	3	3	1	1	5	2	4	4	1	4	4	10	7	10	9	10
	DE04A	Pressure Ulcers - Grade 3 or 4	6	5	2	2	1	1	0	2	0	1	0	0	0	0	2	3	0	0
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	99.1%	98.4%	98.9%	99.1%	98.9%	98.9%	98.7%	98.8%	97.4%	98.3%	98.4%	98.2%	98%	98.1%	98.8%	98.2%	98.2%	98.1%
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	96.4%	94.9%	98%	96.6%	94.5%	97.6%	97%	97.4%	94.9%	92.3%	97.1%	94%	92.3%	91.4%	96.3%	94.7%	94.5%	91.4%
	N04	Number of Hospital Associated VTEs	63	35	3	2	5	3	5	4	2	3	6	2	5	-	13	9	13	-
	N04A	Number of Potentially Avoidable Hospital Associated VTEs	7	2	0	0	0	0	1	0	0	0	1	0	0	-	1	0	1	-
	N04B	Number of Hospital Associated VTEs - Report Not Received To Date	13	6	1	0	0	0	0	0	0	0	1	1	4	-	0	0	6	-
Nutrition	WB03	Nutrition: 72 Hour Food Chart Review	89.6%	92.1%	89.1%	90.2%	89.9%	87.7%	91.5%	96.2%	94.6%	92.6%	91%	95.2%	88.8%	95%	89.7%	94.5%	91.3%	95%
Nutrition Audit	WB10	Fully and Accurately Completed Screening within 24 Hours	86.9%	91.1%	-	87.9%	-	-	92.2%	-	-	92%	-	-	88.9%	-	92.2%	92%	88.9%	-
Safety	Y01	WHO Surgical Checklist Compliance	99.1%	99.8%	98%	97.8%	99.5%	99.7%	99.8%	99.8%	99.8%	99.9%	99.8%	-	-	-	99.7%	99.8%	99.8%	-

SAFE, CARING & EFFECTIVE (continued)

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			16/17	17/18 YTD	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
Medicines	WA01	Medication Incidents Resulting in Harm	0.37%	0.68%	0.53%	0%	0.98%	0.44%	0%	1.35%	0.51%	0%	1.97%	0.47%	0.5%	-	0.46%	0.64%	0.97%	-
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	0.59%	0.36%	0.39%	0.26%	0.43%	0.9%	0.24%	0.32%	0.11%	0.37%	0.27%	0.41%	0%	0.42%	0.53%	0.25%	0.24%	0.42%
Safety Thermometer	AK03	Safety Thermometer - Harm Free Care	97.9%	97.9%	97.3%	98.3%	97.9%	97.3%	97.9%	97.7%	96.9%	97.7%	97.5%	98.8%	98.3%	98.8%	97.7%	97.4%	98.2%	98.8%
	AK04	Safety Thermometer - No New Harms	98.9%	98.8%	98.5%	99.1%	99%	98.3%	98.4%	98.8%	98.2%	98.7%	98.9%	99.1%	99%	99.9%	98.6%	98.6%	99%	99.9%
Deteriorating Patient	AR03	National Early Warning Scores (NEWS) Acted Upon	92%	96%	93%	100%	100%	96%	93%	100%	97%	100%	90%	93%	97%	95%	96%	99%	94%	95%
Out of Hours	TD05	Out of Hours Discharges (8pm-7am)	7%	8.7%	8%	5.8%	7.6%	7%	6.7%	8.4%	10.9%	9.7%	9.1%	9.4%	9.1%	8.7%	7.1%	9.7%	9.2%	8.7%
Timely Discharges	TD03	Percentage of Patients With Timely Discharge (7am-12Noon)	22.3%	22.6%	21.6%	21.3%	22.3%	22.6%	23.3%	22.9%	21.9%	24%	24.2%	24%	20.8%	20.5%	22.7%	22.9%	23%	20.5%
	TD03D	Number of Patients With Timely Discharge (7am-12Noon)	11063	9379	799	914	867	950	944	962	909	983	1024	1010	863	867	2761	2854	2897	867
Staffing Levels	RP01	Staffing Fill Rate - Combined	103.7%	99.4%	104.5%	104.1%	107.1%	102.6%	102.4%	98.6%	98%	97.1%	97.5%	98.1%	97.2%	98.5%	103.7%	97.9%	97.6%	98.5%
Clinical Effectiveness																				
Mortality	X04	Summary Hospital Mortality Indicator (SHMI) - National Data	99.2	97.6	-	97.3	-	-	97.6	-	-	-	-	-	-	-	97.6	-	-	-
	X02	Hospital Standardised Mortality Ratio (HSMR)	91.4	91	90.9	92.1	88.9	79.7	94.2	82.2	76.4	105.7	97.7	106.4	-	-	87.5	87.4	102	-
Readmissions	C01	Emergency Readmissions Percentage	2.66%	2.83%	2.89%	2.45%	2.98%	3.77%	3.57%	3.33%	2.32%	2.46%	2.23%	2.37%	2.46%	-	3.45%	2.71%	2.35%	-
Sepsis (Inpatients)	AG02a	Percentage of Patients Meeting Criteria Screened for Sepsis (Inpatients)	21.6%	34.5%	28.6%	41.7%	38.5%	37.5%	38.1%	21.1%	50%	16.7%	20%	33.3%	46.7%	-	38.1%	29.7%	35.5%	-
	AG03a	Sepsis Patients Percentage Commencing Antibiotics Within 1 Hour (Inpatient)	65.7%	77.8%	50%	42.9%	100%	50%	62.5%	66.7%	100%	100%	50%	-	100%	-	71.4%	88.9%	75%	-
	AG04a	Sepsis Patients Percentage with a 72 Hour Review (Inpatients)	100%	92%	100%	100%	100%	100%	100%	100%	100%	100%	100%	66.7%	-	75%	100%	100%	71.4%	-
Sepsis (Emergency Department)	AG02b	Percentage of Patients Meeting Criteria Screened for Sepsis (ED)	74.4%	80.8%	80%	100%	85.7%	76.9%	78.3%	93.8%	95%	92.9%	91.7%	76%	68%	-	80%	94%	75.8%	-
	AG03b	Sepsis Patients Percentage Commencing Antibiotics Within 1 Hour (ED)	56.3%	86.3%	70%	25%	85.7%	63.6%	77.8%	84.6%	88.2%	100%	94.1%	86.2%	91.7%	-	76.7%	90%	90%	-
	AG04b	Sepsis Patients Percentage with a 72 Hour Review (ED)	94.3%	93.9%	100%	100%	100%	100%	100%	100%	100%	100%	100%	88.9%	84%	90.9%	100%	100%	87.7%	-
Maternity	G01	Percentage of Low Weight Babies	2.7%	2.5%	3.9%	3.3%	2.3%	3.5%	0.5%	1.5%	3.3%	3.4%	0.9%	2%	4.6%	3.2%	2.2%	2.7%	2.5%	3.2%
	G01A	Number of Low Weight Babies	137	100	14	14	9	15	2	6	13	13	4	7	18	13	26	32	29	13
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	70.5%	66.2%	81%	80.8%	57.7%	86.7%	85%	67.6%	84.6%	85.7%	61.9%	34.6%	48.5%	57.7%	76.3%	77.8%	47.5%	57.7%
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	74%	57.4%	71.4%	73.1%	73.1%	73.3%	60%	47.1%	34.6%	33.3%	47.6%	69.2%	60.6%	69.2%	69.7%	39.5%	60%	69.2%
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	51.9%	34.6%	61.9%	61.5%	34.6%	60%	50%	29.4%	26.9%	28.6%	28.6%	26.9%	24.2%	38.5%	48.7%	28.4%	26.3%	38.5%
	U05	Fracture Neck of Femur - Time To Treatment 90th Percentile (Hours)	-	-	43.3	37.3	67.4	38	37.1	45.9	43.8	37.1	53.3	75.9	58.6	64.8	-	-	-	-

SAFE, CARING & EFFECTIVE (continued)

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			16/17	17/18 YTD	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	58.6%	64.4%	50%	64.3%	80.8%	51.4%	66.7%	72.9%	61.9%	70%	60.7%	55.6%	60.9%	-	64.9%	68.5%	59.1%	-
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	90.2%	86%	84.1%	88.6%	90.9%	80.6%	81.8%	83.3%	81%	92.5%	96.4%	83.3%	87%	-	84.3%	85.4%	88.2%	-
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	66.8%	59.9%	72.2%	61.5%	56.3%	50%	77.3%	27.3%	66.7%	75%	66.7%	70%	42.9%	50%	62.5%	55.9%	62.9%	50%
Dementia	AC01	Dementia - FAIR Question 1 - Case Finding Applied	90.4%	89.9%	80.1%	84%	87.2%	88.3%	89.4%	91.1%	89.9%	93.5%	87.7%	93.7%	87.9%	90.7%	88.3%	91.5%	89.6%	90.7%
	AC02	Dementia - FAIR Question 2 - Appropriately Assessed	97.2%	97.5%	88.9%	100%	97.3%	97.6%	100%	100%	97.7%	97.9%	94%	97.4%	100%	93.8%	98.3%	98.6%	96.9%	93.8%
	AC03	Dementia - FAIR Question 3 - Referred for Follow Up	94.7%	92.6%	100%	100%	100%	66.7%	100%	100%	100%	100%	75%	100%	100%	100%	88.9%	100%	87.5%	100%
	AC04	Percentage of Dementia Carers Feeling Supported	75%	100%	-	-	-	-	100%	-	-	-	-	-	-	100%	100%	-	-	100%
Outliers	J05	Ward Outliers - Beddays Spent Outlying.	8854	6601	830	717	702	807	485	448	537	424	558	499	730	1411	1994	1409	1787	1411

Patient Experience

Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	92	92	91	91	93	92	92	92	91	92	90	92	91	92	91	92
	P01g	Patient Survey - Kindness and Understanding	-	-	95	96	96	95	97	96	94	96	95	95	95	96	96	95	95	96
	P01h	Patient Survey - Outpatient Tracker Score	-	-	88	89	90	88	87	90	87	90	90	91	89	90	88	89	90	90
Friends and Family Test Coverage	P03a	Friends and Family Test Inpatient Coverage	35.5%	35.3%	34.8%	36.8%	34.6%	38.3%	37.4%	35.8%	35.1%	35.3%	39.5%	33.2%	28.4%	34.9%	36.8%	35.4%	33.9%	34.9%
	P03b	Friends and Family Test ED Coverage	16.4%	17.5%	17.7%	18.4%	15.9%	16.1%	20.9%	17.2%	18.5%	18.3%	17.9%	17.9%	14.6%	17.8%	17.6%	18%	16.9%	17.8%
	P03c	Friends and Family Test MAT Coverage	22.5%	19.3%	29.7%	25.3%	23.6%	17.1%	21.8%	20%	17.3%	18.3%	21%	12.4%	23.1%	17.5%	20.7%	18.6%	19%	17.5%
Friends and Family Test Score	P04a	Friends and Family Test Score - Inpatients	97.2%	97.6%	96.9%	98.5%	97.2%	96.9%	97.7%	97.7%	97.5%	97.7%	97.9%	98.1%	97.8%	97.7%	97.3%	97.6%	98%	97.7%
	P04b	Friends and Family Test Score - ED	78.2%	81.1%	79.6%	80.2%	83.2%	77%	84.4%	77.4%	81.9%	83.5%	83.3%	80.3%	77%	81.8%	81.7%	81%	80.5%	81.8%
	P04c	Friends and Family Test Score - Maternity	96.8%	96.9%	96.2%	97.4%	96.9%	95.8%	96.9%	94.9%	96.5%	99.2%	98%	97.5%	98.1%	94.6%	96.6%	96.8%	98%	94.6%
Patient Complaints	T01	Number of Patient Complaints	1875	1535	144	168	247	158	150	146	146	138	154	155	98	143	555	430	407	143
	T01a	Patient Complaints as a Proportion of Activity	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	T03a	Complaints Responded To Within Trust Timeframe	86.1%	83.1%	87.5%	83.3%	76.3%	83%	80.4%	82%	87.3%	78.7%	85.1%	87.1%	83.8%	81.6%	80.2%	83%	85.4%	81.6%
	T03b	Complaints Responded To Within Divisional Timeframe	86.6%	84.3%	85%	72.9%	76.3%	83%	78.3%	90%	81.7%	86.9%	83.6%	90%	82.4%	87.8%	79.4%	85.7%	85.4%	87.8%
	T04c	Percentage of Responses where Complainant is Dissatisfied	11.41%	10.23%	10%	12.5%	15.79%	17.02%	21.74%	8%	14.09%	9.84%	10.45%	10%	-	-	18.32%	10.99%	6.83%	0%
Cancelled Operations	F01q	Percentage of Last Minute Cancelled Operations (Quality Objective)	0.98%	1.08%	1.52%	0.91%	1.34%	1.02%	0.81%	0.81%	0.91%	0.91%	1%	1.26%	1.2%	1.53%	1.05%	0.88%	1.15%	1.53%
	F01a	Number of Last Minute Cancelled Operations	734	700	89	63	80	67	54	54	61	58	68	85	71	102	201	173	224	102

RESPONSIVE

Topic	ID	Title	Annual Target		Annual		Monthly Totals												Quarterly Totals			
			Green	Red	16/17	17/18 YTD	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
Referral to Treatment (RTT) Performance	A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	92%	92%	91.7%	89.9%	92%	91.1%	91.1%	91.1%	91%	90.2%	89.9%	89.4%	90%	88.9%	88.3%	88.1%	91.1%	89.8%	89.1%	88.1%
	A03a	Referral To Treatment Number of Ongoing Pathways Over 18 Weeks	-	-	-	-	2777	3171	2985	3056	3023	3317	3372	3524	3300	2927	3085	3138	-	-	-	-
Referral to Treatment (RTT) Wait Times	A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	0	1	11	176	3	2	5	11	46	30	32	19	10	13	9	1	62	81	32	1
	A07	Referral To Treatment Ongoing Pathways 40+ Weeks	-	-	696	1740	106	133	153	165	193	198	240	182	155	136	158	160	511	620	449	160
New Outpatient Wait List	L02L	New Outpatient List (RTT Specialties) - Numbers Waiting 12+ Weeks	-	-	-	-	7068	6307	6723	7105	7586	7453	9537	11273	12709	7273	7672	7805	-	-	-	-
	L02M	New Outpatient List (RTT Specialties) - Percentage Waiting 12+ Weeks	-	-	-	-	28.9%	27.5%	27.6%	28.7%	28.3%	25.6%	30.4%	34.7%	38.3%	29.8%	32.5%	33.3%	-	-	-	-
Cancer (2 Week Wait)	E01a	Cancer - Urgent Referrals Seen In Under 2 Weeks	93%	93%	94.8%	94.5%	95.5%	96.3%	95.1%	95.6%	94.3%	93.4%	93.2%	94.6%	94.6%	95.5%	94.8%	-	95%	93.7%	95%	-
	E01c	Cancer - Urgent Referrals Stretch Target	80%	80%	68.4%	59.3%	76%	79.7%	52.5%	55.4%	62.1%	63.6%	62.4%	59.9%	64.2%	57.6%	54.4%	-	56.8%	62%	59%	-
Cancer (31 Day)	E02a	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	96%	96%	96.7%	96.2%	96.8%	97.4%	91.3%	96.6%	95.1%	97%	97.9%	96.9%	95.4%	98.1%	96.7%	-	94.5%	97.3%	96.7%	-
	E02b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98%	98%	98.7%	98.6%	100%	98.4%	99.2%	97.5%	98.7%	98.6%	98.6%	98.5%	99.3%	98.7%	98.9%	-	98.4%	98.6%	99%	-
	E02c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	94%	94%	94.4%	93.1%	92.3%	96.5%	83.3%	92.2%	93.2%	91.7%	96.3%	94.7%	95.7%	96.8%	93%	-	89.5%	94.3%	95.2%	-
	E02d	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	94%	94%	96.6%	96.5%	97.6%	96.7%	98.1%	96.6%	95.9%	93.9%	97.3%	98%	96.4%	96.1%	97.6%	-	96.7%	96.3%	96.6%	-
Cancer (62 Day)	E03a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85%	85%	79.3%	81.5%	78.8%	81.2%	76.5%	77.8%	81.7%	75%	85.2%	80.2%	84.3%	88.6%	82.9%	-	78.8%	80.1%	85.4%	-
	E03b	Cancer 62 Day Referral To Treatment (Screenings)	90%	90%	69.4%	79.2%	100%	83.3%	71.4%	44.4%	100%	87.5%	100%	100%	66.7%	76.5%	71.4%	-	65%	96.3%	73.3%	-
	E03c	Cancer 62 Day Referral To Treatment (Upgrades)	85%	85%	87.9%	84.4%	77.8%	88.4%	93%	77.7%	87%	78.6%	84.8%	90.7%	74.7%	88.5%	85.7%	-	85.5%	84.6%	83%	-
	E03f	Cancer Urgent GP Referrals - Numbers Treated after Day 103	-	-	62	40	4.5	7.5	4	5	5	8	5	3	3.5	2	4.5	-	14	16	10	-
Cancelled Operations	F01	Last Minute Cancelled Operations - Percentage of Admissions	0.8%	0.8%	0.98%	1.08%	1.52%	0.91%	1.34%	1.02%	0.81%	0.81%	0.91%	0.91%	1%	1.26%	1.2%	1.53%	1.05%	0.88%	1.15%	1.53%
	F01a	Number of Last Minute Cancelled Operations	-	-	734	700	89	63	80	67	54	54	61	58	68	85	71	102	201	173	224	102
	F02c	Number of LMCs Not Re-admitted Within 28 Days	33	33	72	37	6	15	4	6	2	0	1	3	2	6	5	8	12	4	13	8
Admissions Cancelled Day Before	F07	Percentage of Admissions Cancelled Day Before	-	-	1.36%	1.5%	1.16%	1.13%	1.05%	1.86%	1.82%	1.2%	0.88%	1.73%	1.28%	1.9%	1.38%	1.81%	1.59%	1.26%	1.53%	1.81%
	F07a	Number of Admissions Cancelled Day Before	-	-	1021	973	68	78	63	122	121	80	59	110	87	128	82	121	306	249	297	121
Primary PCI	H02	Primary PCI - 150 Minutes Call to Balloon Time	90%	70%	72.4%	76.7%	86.1%	83.3%	83.3%	78.1%	77.5%	75%	80.6%	84.8%	73.8%	77.4%	63.8%	-	79.8%	80.2%	70.8%	-
	H03a	Primary PCI - 90 Minutes Door to Balloon Time	90%	90%	91.7%	92.5%	94.4%	100%	90.5%	93.8%	90%	87.5%	94.4%	97%	92.9%	93.5%	93.6%	-	91.2%	93.1%	93.3%	-
Diagnostic Waits	A05	Diagnostics 6 Week Wait (15 Key Tests)	99%	99%	97.79%	98.17%	98.69%	98.65%	98.56%	98.8%	98.58%	98.52%	97.61%	97.7%	98.19%	98.28%	97.62%	97.81%	98.65%	97.94%	98.03%	97.81%
Outpatients	R03	Outpatient Hospital Cancellation Rate	9.7%	11.7%	11.5%	10.5%	11.2%	11.1%	12%	10.8%	11%	11.2%	11%	10.5%	9.9%	9.7%	10.1%	9.4%	11.2%	10.9%	9.9%	9.4%
	R05	Outpatient DNA Rate	5%	10%	7.3%	7.2%	6.9%	6.9%	7.1%	7.2%	7.5%	7.4%	7.2%	7.4%	7.1%	7.1%	7.6%	6.8%	7.3%	7.4%	7.2%	6.8%
Outpatient Ratio	R01	Follow-Up To New Ratio	2.03	2.03	2.24	2.2	2.3	2.27	2.2	2.25	2.23	2.25	2.26	2.16	2.1	2.15	2.2	2.22	2.23	2.22	2.15	2.22
ERS	BC01	ERS - Available Slot Issues Percentage	-	-	31%	20.5%	25.2%	26.4%	24.4%	24%	21.7%	18.8%	16.8%	15.8%	20.2%	22.3%	20.8%	-	23.4%	17.1%	21.1%	-

RESPONSIVE (continued)

Topic	ID	Title	Annual Target		Annual		Monthly Totals														Quarterly Totals			
			Green	Red	16/17	17/18 YTD	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4		
Delayed Discharges	Q01A	Acute Delayed Transfers of Care - Patients	-	-	-	-	29	29	19	24	30	18	31	22	26	17	23	27	-	-	-	-		
	Q02A	Non-Acute Delayed Transfers of Care - Patients	-	-	-	-	2	16	8	6	6	11	11	11	10	8	9	9	-	-	-	-		
	Q01B	Acute Delayed Transfers of Care - Beddays	-	-	10232	7055	750	809	655	604	577	745	647	757	774	854	606	836	1836	2149	2234	836		
	Q02B	Non-Acute Delayed Transfers of Care - Beddays	-	-	2167	2720	183	252	306	145	259	278	374	243	315	273	255	272	710	895	843	272		
Green To Go List	AQ06A	Green To Go List - Number of Patients (Acute)	-	-	-	-	52	47	43	42	43	46	51	36	46	44	47	53	-	-	-	-		
	AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	-	-	9	22	14	13	11	15	17	22	22	11	13	15	-	-	-	-		
	AQ07A	Green To Go List - Beddays (Acute)	-	-	-	-	1575	1716	1400	1371	1403	1430	1580	1502	1461	1555	1532	1757	-	-	-	-		
	AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	-	-	334	450	503	383	419	401	572	515	671	451	479	593	-	-	-	-		
Length of Stay	J03	Average Length of Stay (Spell)	-	-	4.11	4.05	4.34	4.17	4.14	4.31	4.06	3.8	4.37	4.12	3.87	4	3.74	4.15	4.17	4.09	3.87	4.15		
	J04D	Percentage Length of Stay 14+ Days	-	-	6.9%	6.8%	7.6%	7.1%	7%	7.8%	6.7%	6.2%	7%	6.8%	6.8%	6.9%	6%	6.6%	7.2%	6.7%	6.5%	6.6%		
14 Day LOS Patients	C07	Number of 14+ Day Length of Stay Patients at Month End	-	-	-	-	257	269	265	240	226	250	255	237	240	213	243	242	-	-	-	-		
AMU	J35	Percentage of Cardiac AMU Wardstays	-	-	4.1%	4.3%	2.2%	4.1%	1.4%	3.9%	5.2%	4.2%	4.3%	4.2%	5%	6.4%	5.6%	2.5%	3.5%	4.2%	5.7%	2.5%		
	J35A	Percentage of Cardiac AMU Wardstays Under 24 Hours	-	-	39.2%	49.5%	57.1%	44.1%	63.6%	61.3%	37.2%	39.5%	50%	32.4%	63.6%	60%	38.8%	61.9%	49.4%	40.9%	54.1%	61.9%		

Emergency Department Indicators

ED - Time In Department	B01	ED Total Time in Department - Under 4 Hours	95%	95%	85.01%	87.56%	80.73%	83.25%	82.31%	84.21%	87.89%	90.53%	91.26%	90.84%	90.06%	90.33%	85.33%	82.69%	84.81%	90.87%	88.64%	82.69%
<i>This is measured against the national standard of 95%</i>																						
ED - Time in Department (Differentials)	BB14	ED Total Time in Department - Under 4 Hours (STP)	-	-	85.01%	87.56%	80.73%	83.25%	82.31%	84.21%	87.89%	90.53%	91.26%	90.84%	90.06%	90.33%	85.33%	82.69%	84.81%	90.87%	88.64%	82.69%
	BB07	BRI ED - Percentage Within 4 Hours	-	-	77.42%	80.22%	68.15%	73.89%	69.16%	73.76%	79.01%	85.11%	86.82%	86.53%	84.11%	88.22%	77.24%	71.39%	73.99%	86.14%	83.2%	71.39%
	BB03	BCH ED - Percentage Within 4 Hours	-	-	89.89%	94.91%	92.11%	88.92%	96.83%	94.05%	97.14%	96.62%	96.35%	94.99%	96.34%	91.54%	92.56%	93.91%	95.93%	95.97%	93.42%	93.91%
	BB04	BEH ED - Percentage Within 4 Hours	99.5%	99.5%	98.97%	96.77%	99%	99.18%	96.52%	96.57%	97.9%	96.58%	97.04%	96.58%	97.43%	94.21%	98.34%	96.63%	97%	96.74%	96.59%	96.63%
<i>This is measured against the trajectories created to deliver the Sustainability and Transformation Fund targets</i>																						
Trolley Waits	B06	ED 12 Hour Trolley Waits	0	1	40	8	5	0	0	0	0	0	0	0	0	0	5	3	0	0	5	3
Time to Initial Assessment	B02c	ED Time to Initial Assessment - Under 15 Minutes (Excludes BCH)	95%	95%	97.6%	98.2%	98.5%	98.8%	98.9%	96.3%	98.3%	98.5%	99.3%	97.8%	98.8%	98.6%	98.2%	97.6%	97.8%	98.5%	98.5%	97.6%
	B02b	ED Time to Initial Assessment - Data Completeness	95%	95%	92.8%	94.1%	94.1%	93.9%	92.1%	91.6%	92.8%	91.8%	92.6%	90.7%	94.2%	94.8%	99.4%	99.4%	92.1%	91.7%	96.2%	99.4%
Time to Start of Treatment	B03	ED Time to Start of Treatment - Under 60 Minutes	50%	50%	52.6%	52.6%	54.3%	51%	50.8%	52.3%	52.8%	54%	55.4%	54.1%	53.2%	48.4%	51%	54.4%	52%	54.5%	50.8%	54.4%
	B03b	ED Time to Start of Treatment - Data Completeness	95%	95%	98.5%	97.5%	98.1%	98.1%	97.8%	97.2%	97.1%	97.4%	97.3%	97.5%	97.1%	97.8%	98%	98%	97.4%	97.4%	97.6%	98%
Others	B04	ED Unplanned Re-attendance Rate	5%	5%	2.6%	2.8%	3.1%	2.5%	2.6%	2.6%	2.7%	2.7%	1.9%	2.3%	2.9%	3.3%	3.3%	3.1%	2.6%	2.3%	3.2%	3.1%
	B05	ED Left Without Being Seen Rate	5%	5%	2.2%	2%	1.8%	2%	2.8%	2.6%	2.5%	2%	2.1%	3.7%	1.1%	1.1%	1%	1%	2.6%	2.6%	1.1%	1%
Ambulance Handovers	BA09	Ambulance Handovers - Over 30 Minutes	-	-	1216	696	83	11	111	82	84	46	54	44	63	63	87	62	277	144	213	62
Acute Medical Unit (AMU)	J35	Percentage of Cardiac AMU Wardstays	-	-	4.1%	4.3%	2.2%	4.1%	1.4%	3.9%	5.2%	4.2%	4.3%	4.2%	5%	6.4%	5.6%	2.5%	3.5%	4.2%	5.7%	2.5%
	J35a	Percentage of Cardiac AMU Wardstays Under 24 Hours	-	-	39.2%	49.5%	57.1%	44.1%	63.6%	61.3%	37.2%	39.5%	50%	32.4%	63.6%	60%	38.8%	61.9%	49.4%	40.9%	54.1%	61.9%

EFFICIENT

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			16/17	17/18 YTD	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
Sickness	AF02	Sickness Rate	3.9%	4.0%	4.3%	3.8%	3.6%	3.7%	3.8%	4.4%	4.1%	3.7%	4.1%	4.3%	4%	4.7%	3.8%	3.7%	4%	
<p><i>For 2017/18, the Trust average for the year is 3.8%. Divisional targets are: 2.7% (DAT), 5.7% (FAE), 4.5% (MDC), 3.6% (SPS), 3.6% (SHN), 3.7% (WAC), 3.1% (THQ). Different targets were in place in previous years.</i></p> <p><i>There is an amber threshold of 0.5 percentage points above the target. These annual targets vary by quarter.</i></p>																				
Staffing Numbers	AF08	Funded Establishment FTE	8446.1	8679.5	8436	8446.1	8367.1	8479.3	8491.6	8499.7	8547.6	8557.9	8599.7	8665.5	8648.5	8679.5	8491.6	8557.9	8648.5	
	AF09A	Actual Staff FTE (Including Bank & Agency)	8566.5	8710.4	8496.4	8566.5	8510.5	8546.3	8584.7	8602.5	8641.4	8642	8665.1	8679	8602.9	8710.4	8584.7	8642	8602.9	
	AF13	Percentage Over Funded Establishment	1.4%	0.4%	0.7%	1.4%	1.7%	0.8%	1.1%	1.2%	1.1%	1%	0.8%	0.2%	-0.5%	0.4%	1.1%	1%	-0.5%	
<p><i>Green is below 0.5%. Amber is 0.5% to below 1% and Red is 1% or above</i></p>																				
Bank Usage	AF04	Workforce Bank Usage	427.9	517.3	398.9	427.9	446.7	476.6	501.8	531	536.4	503.4	495.3	481.4	432.4	517.3	501.8	503.4	432.4	
	AF11A	Percentage Bank Usage	5%	5.9%	4.7%	5%	5.25%	5.58%	5.85%	6.17%	6.21%	5.83%	5.72%	5.55%	5.03%	5.94%	5.8%	5.8%	5%	
<p><i>Bank Percentage is Bank usage as a percentage of total staff (bank+agency+substantive). Trust annual average for 17/18 is 3.9% with separate divisional averages.</i></p>																				
Agency Usage	AF05	Workforce Agency Usage	123.7	91.1	131	123.7	96.7	94.1	123.4	130.6	125.3	102.9	90.4	70	59.6	91.1	123.4	102.9	59.6	
	AF11B	Percentage Agency Usage	1.4%	1%	1.54%	1.44%	1.14%	1.1%	1.44%	1.52%	1.45%	1.19%	1.04%	0.81%	0.69%	1.05%	1.4%	1.2%	0.7%	
<p><i>Agency Percentage is Agency usage as a percentage of total staff (bank+agency+substantive). Trust annual average for 17/18 is 1.0% with separate divisional averages.</i></p>																				
Vacancy	AF06	Vacancy FTE (Funded minus Actual)	349.8	468	384	349.8	331.4	420.4	451	477.3	483.8	434.4	431.3	436.1	446.8	468	451	434.4	446.8	
	AF07	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	4.2%	5.5%	4.6%	4.2%	4%	5%	5.4%	5.7%	5.7%	5.1%	5.1%	5.1%	5.2%	5.5%	5.4%	5.1%	5.2%	
<p><i>Vacancy is Funded Establishment minus Staff as a percentage of Funded Establishment. Before Apr-15, this was all Funded Establishment; from Apr-15 it was substantive staff only. Green is < 5% with Red >= 5%</i></p>																				
Turnover	AF10A	Workforce - Number of Leavers (Permanent Staff)	146	322	148	157	177	174	148	189	365	226	133	194	182	322	148	226	182	
	AF10	Workforce Turnover Rate	12.8%	13.4%	12.6%	12.8%	12.5%	12.7%	12.9%	13.1%	12.7%	12.8%	12.8%	13.2%	13.5%	13.4%	12.9%	12.8%	13.5%	
<p><i>Turnover is a rolling 12 months. It's number of permanent leavers over the 12 month period, divided by average staff in post over the same period. Average staff in post is staff in post at start PLUS staff in post at end, divided by 2.</i></p>																				
Essential Training 2016/17	AF21a	Core Essential Training (Three Yearly)	85%	88%	89%	85%	85%	89%	89%	88%	86%	87%	87%	87%	87%	88%	89%	87%	87%	
	AF21b	Essential Training Compliance - Annual Training (Fire & IG)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	AF21f	Essential Training Compliance - Fire Safety	83%	88%	82%	83%	82%	84%	84%	86%	87%	87%	87%	87%	87%	88%	84%	87%	87%	
	AF21g	Essential Training Compliance - Information Governance	76%	84%	77%	76%	75%	75%	75%	80%	82%	82%	82%	82%	82%	84%	75%	82%	82%	
	AF21c	Essential Training Compliance - Induction	97%	98%	97%	97%	98%	98%	98%	98%	98%	98%	98%	97%	97%	98%	98%	98%	98%	
	AF21d	Essential Training Compliance - Resuscitation Training	75%	85%	85%	75%	75%	71%	71%	77%	80%	81%	83%	84%	84%	85%	71%	81%	84%	
AF21e	Essential Training Compliance - Safeguarding Training	91%	89%	90%	91%	90%	90%	90%	89%	87%	87%	87%	87%	87%	89%	90%	87%	87%		
<p><i>Green is above 90%, Red is below 85%, Amber is 85% to 90%</i></p>																				

Appendix 1

Glossary of useful abbreviations, terms and standards

Abbreviation, term or standard	Definition
AHP	Allied Health Professional
BCH	Bristol Children's Hospital – or full title, the Royal Bristol Hospital for Children
BDH	Bristol Dental Hospital
BEH	Bristol Eye Hospital
BHI	Bristol Heart Institute
BOA	British Orthopaedic Association
BRI	Bristol Royal Infirmary
CT	Computed Tomography
CQC	Care Quality Commission
DNA	Did Not Attend – a national term used in the NHS for a patient failing to attend for their appointment or admission
DVLA	Driver and Vehicle Licensing Agency
FFT	<p>Friends & Family Test</p> <p>This is a national survey of whether patients said they were 'very likely' to recommend a friend or family to come to the Trust if they needed similar treatment. There is a similar survey for members of staff.</p>
Fracture neck of femur Best Practice Tariff (BPT)	<p>There are eight elements of the Fracture Neck of Femur Best Practice Tariff, which are as follows:</p> <ol style="list-style-type: none"> 1. Surgery within 36 hours from admission to hospital 2. Multi-disciplinary Team rehabilitation led by an Ortho-geriatrician 3. Ortho-geriatric review within 72 hours of admission 4. Falls Assessment 5. Joint care of patients under Trauma & Orthopaedic and Ortho-geriatric Consultants 6. Bone Health Assessment 7. Completion of a Joint Assessment 8. Abbreviated Mental Test done on admission and pre-discharge
GI	Gastrointestinal – often used as an abbreviation in the form of Upper GI or Lower GI as a specialty or tumour site relating to that part of the gastrointestinal tract
ICU / ITU	Intensive Care Unit / Intensive Therapy Unit
LMC	Last-Minute Cancellation of an operation for non-clinical reasons
MRI	Magnetic Resonance Imaging
NA	Nursing Assistant

NBT	North Bristol Trust
NICU	Neonatal Intensive Care Unit
NOF	Abbreviation used for Neck of Femur
NRLS	National Learning & Reporting System
PET	Positron Emission Tomography
PICU	Paediatric Intensive Care Unit
RAG	Red, Amber Green – the different ratings applied to categorise performance for a Key Performance Indicator
RCA	Root Cause Analysis
RN	Registered Nurse
RTT	Referral to Treatment Time – which measures the number of weeks from referral through to start of treatment. This is a national measure of waiting times.
STM	St Michael's Hospital

Appendix 2

BREAKDOWN OF ESSENTIAL TRAINING COMPLIANCE FOR JANUARY 2018:

All Essential Training

	UH Bristol	Diagnostic & Therapies	Facilities & Estates	Medicine	Specialised Services	Surgery	Trust Services	Women's & Children's
Three Yearly	88%	89%	88%	90%	89%	89%	89%	87%
Annual Fire	88%	88%	89%	88%	89%	89%	91%	86%
Annual IG	84%	86%	87%	85%	87%	84%	89%	78%
Induction & Orientation	98%	98%	99%	97%	97%	97%	98%	97%
Medical & Dental Induction	66%	45%	N/A	69%	65%	73%	50%	58%
Resuscitation	85%	80%	N/A	87%	87%	87%	80%	83%
Safeguarding	89%	89%	89%	92%	85%	87%	91%	88%

Timeline of Trust Essential Training Compliance:

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Compliance	88%	89%	87%	87%	89%	89%	89%	88%	89%	89%	88%	89%	89%

Safeguarding Adults and Children

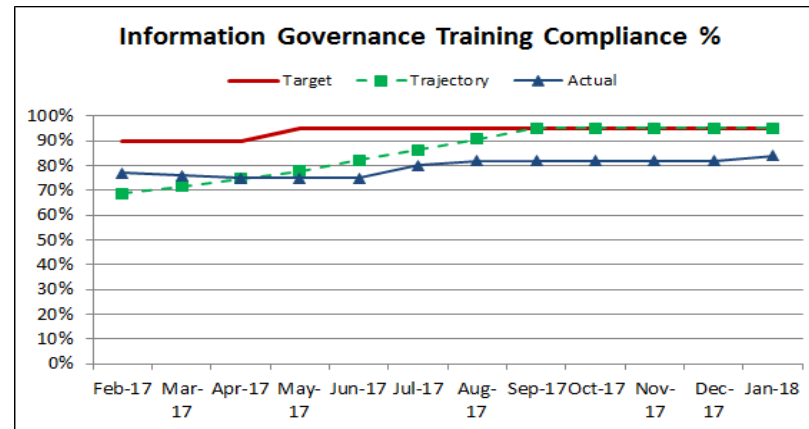
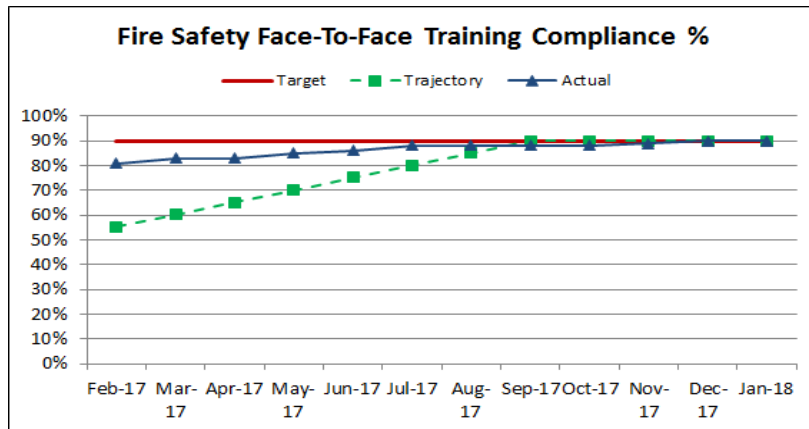
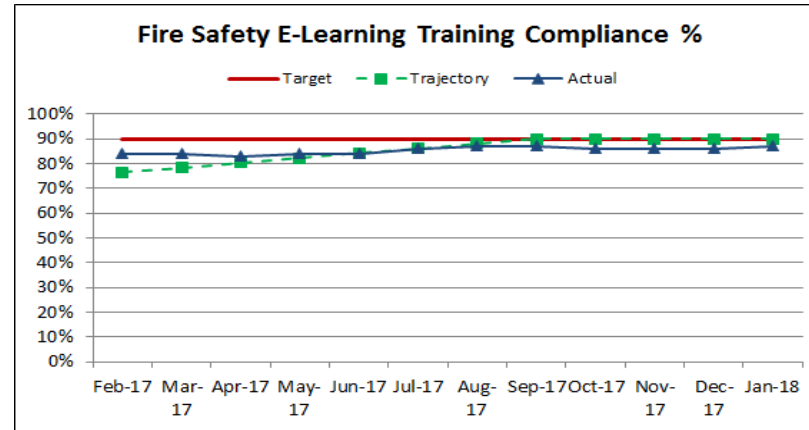
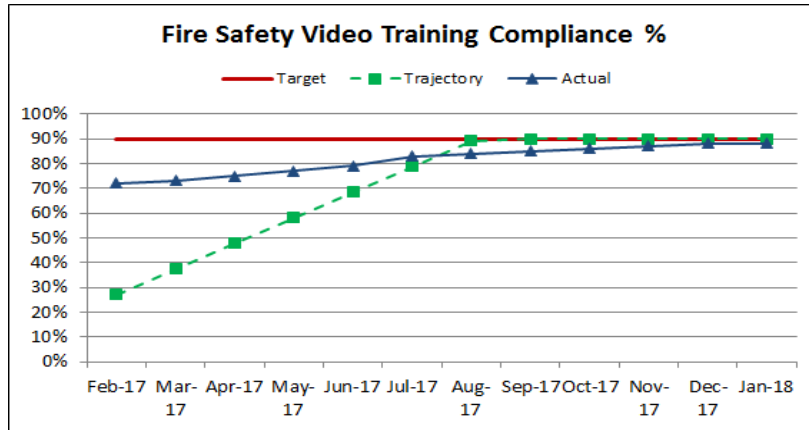
	UH Bristol	Diagnostics & Therapies	Facilities & Estates	Medicine	Specialised Services	Surgery	Trust Services	Women's & Children's
Safeguarding Adults L1	89%	87%	88%	92%	87%	86%	92%	92%
Safeguarding Adults L2	88%	90%	86%	92%	86%	89%	86%	87%
Safeguarding Adults L3	86%	80%	N/A	86%	92%	92%	79%	100%
Safeguarding Children L1	93%	93%	90%	97%	95%	90%	94%	N/A
Safeguarding Children L2	86%	85%	95%	91%	82%	85%	73%	92%

Child Protection Level 3

	UH Bristol	Diagnostic & Therapies	Medicine	Specialised Services	Surgery	Trust Services	Women's & Children's
Core	77%	79%	67%	82%	80%	100%	78%
Specialist	84%	N/A	N/A	N/A	N/A	100%	83%

Appendix 2 (continued)

PERFORMANCE AGAINST TARGET FOR FIRE AND INFORMATION GOVERNANCE



Note: there are two types of fire training represented in these graphs, two yearly and annual, with different target audiences. In addition, there are a number of staff who require an additional training video under the previous fire training requirements. The agreed Trust target for all essential training continues to be 90%, except Information Governance, which has a national target of 95%.

Appendix 2 (continued)

AGENCY SHIFTS BY STAFF GROUP (11/12/17 – 07/01/18)

This report provides the Trust with an opportunity to do a retrospective submission to NHS Improvement of all our agency activity for the preceding four calendar week period, confirming over-rides with agency rates, worker wage rates and frameworks.

Staff Group	Within framework and price cap	Exceeds price cap	Exceeds wage cap	Non framework and above both price and wage cap	Exceeds price and wage cap	Total
Nursing and Midwifery	319	148		104		571
Health Care Assistant & Other Support		32		6		38
Medical & Dental		15				15
Scientific, Therapeutic/ Technical Allied Health Professional (AHP) & Healthcare Science						0
Administrative & Clerical and Estates	574					574

Appendix 3

Access standards – further breakdown of figures

A) **62-day GP standard** – performance against the 85% standard, the Sustainability and Transformation Partnership Trajectory, and the recovery trajectory

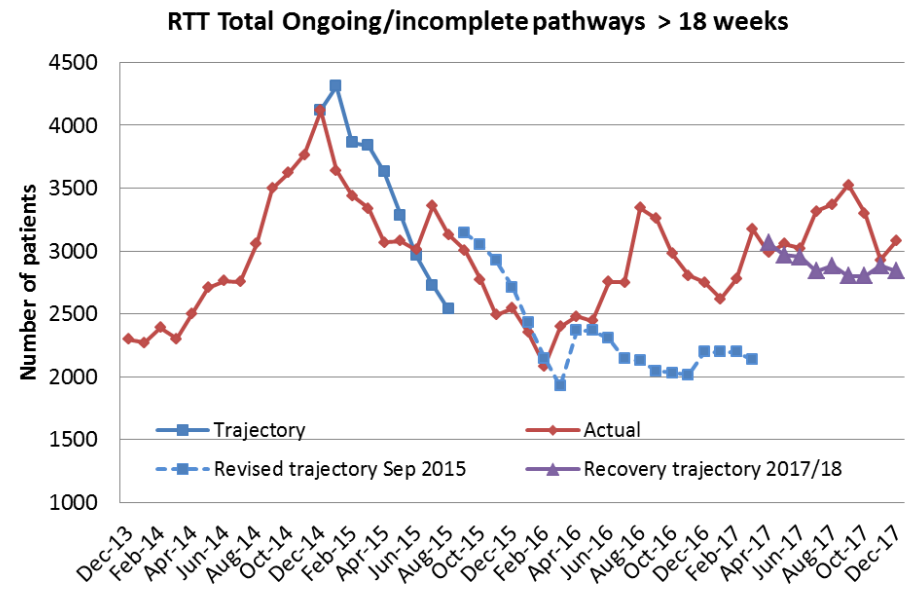
	Y1 M01 30/04/2017 Month 1	Y1 M02 31/05/2017 Month 2	Y1 M03 30/06/2017 Month 3	Y1 M04 31/07/2017 Month 4	Y1 M05 31/08/2017 Month 5	Y1 M06 30/09/2017 Month 6	Y1 M07 31/10/2017 Month 7	Y1 M08 30/11/2017 Month 8	Y1 M09 31/12/2017 Month 9
62-day GP - target 85% (recovery trajectory)									
62 day GP actual	76.7%	78.0%	81.7%	75.0%	85.2%	80.2%	84.1%	88.5%	83.0%
62 day GP forecast	-	-	-	-	-	-	-	-	-
62 day GP recovery trajectory (month)	-	-	-	-	81.0%	80.0%	80.5%	79.0%	80.6%
62 day GP recovery trajectory (quarter)	78.8%			79.0%			80.0%		
62 day GP actual (quarter)	78.8%			80.1%			85.4%		

Appendix 3 (continued)

Access standards – further breakdown of figures

B) RTT Incomplete/Ongoing pathways standard – numbers and percentage waiting over 18 weeks by national RTT specialty in January 2018

RTT Specialty	Ongoing Over 18 Weeks	Ongoing Pathways	Ongoing Performance
Cardiology	316	1,912	83.5%
Cardiothoracic Surgery	53	297	82.2%
Dermatology	76	1,475	94.8%
E.N.T.	61	2,069	97.1%
Gastroenterology	11	574	98.1%
General Medicine	1	7	85.7%
Geriatric Medicine	16	76	78.9%
Gynaecology	122	1,115	89.1%
Neurology	117	449	73.9%
Ophthalmology	415	3,817	89.1%
Oral Surgery	191	1,915	90.0%
Other	1,632	10,895	85.0%
Rheumatology	14	463	97.0%
Thoracic Medicine	26	625	95.8%
Trauma & Orthopaedics	87	676	87.1%
Grand Total	3,138	26,365	88.1%



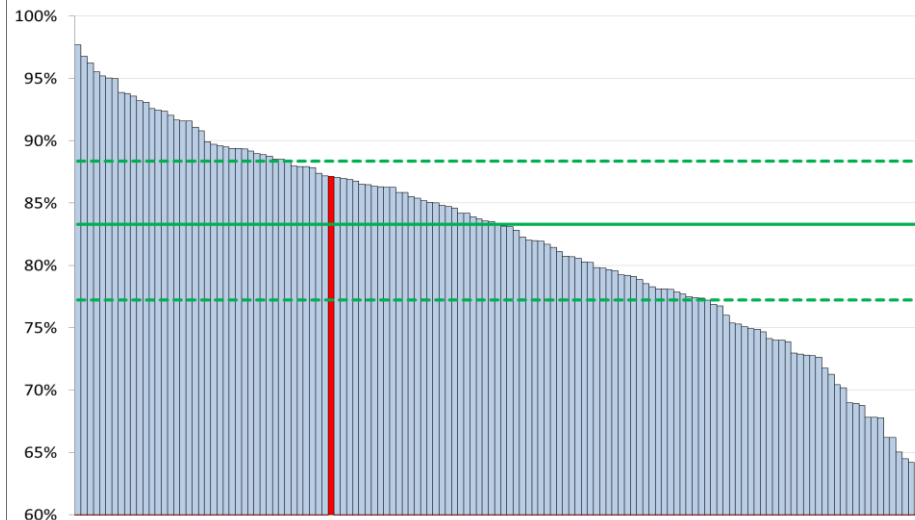
	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan-18
Non-admitted pathways > 18 weeks	1744	1750	2006	2107	2221	1962	1711	1783	1865
Admitted pathways > 18 weeks	1312	1273	1311	1265	1303	1338	1216	1302	1273
Total pathways > 18 weeks	3056	3023	3317	3372	3524	3300	2927	3085	3138
Actual % incomplete < 18 weeks	91.1%	91.0%	90.2%	89.9%	89.4%	90.0%	89.5%	88.3%	88.1%
Recovery forecast	91.4%	91.8%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%

Note: 2017/18 Recovery Trajectory is currently under review.

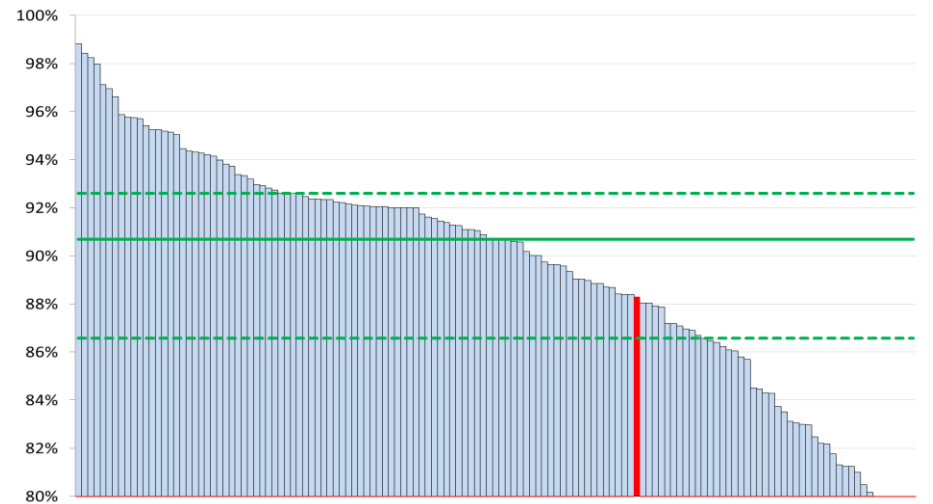
Appendix 4

Benchmarking Reports

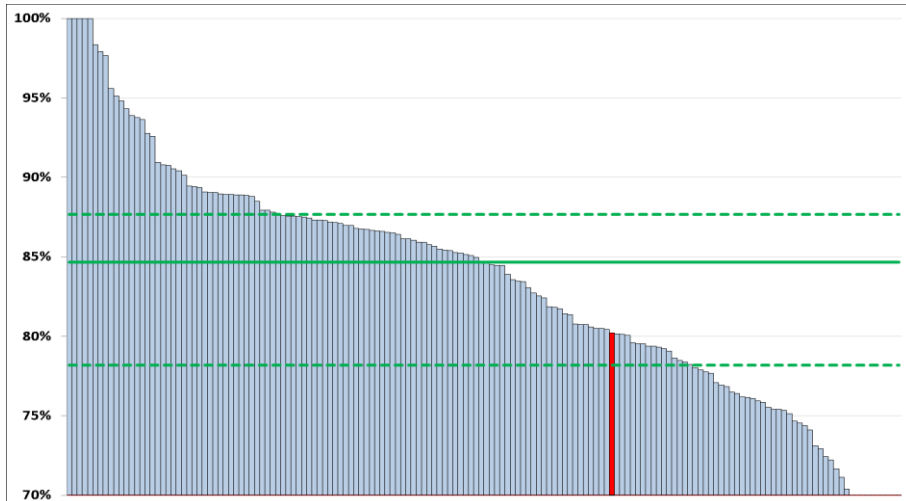
A&E 4-hours – Type 1 Departments (Quarter 3 – Oct to Dec 2017)



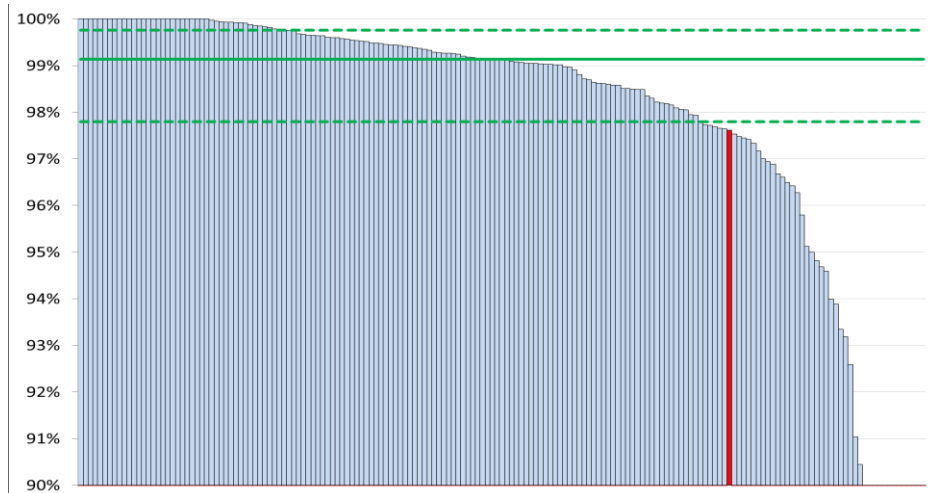
Referral to Treatment Time (December 2017)



62-day GP cancer (Quarter 2 2017/18)

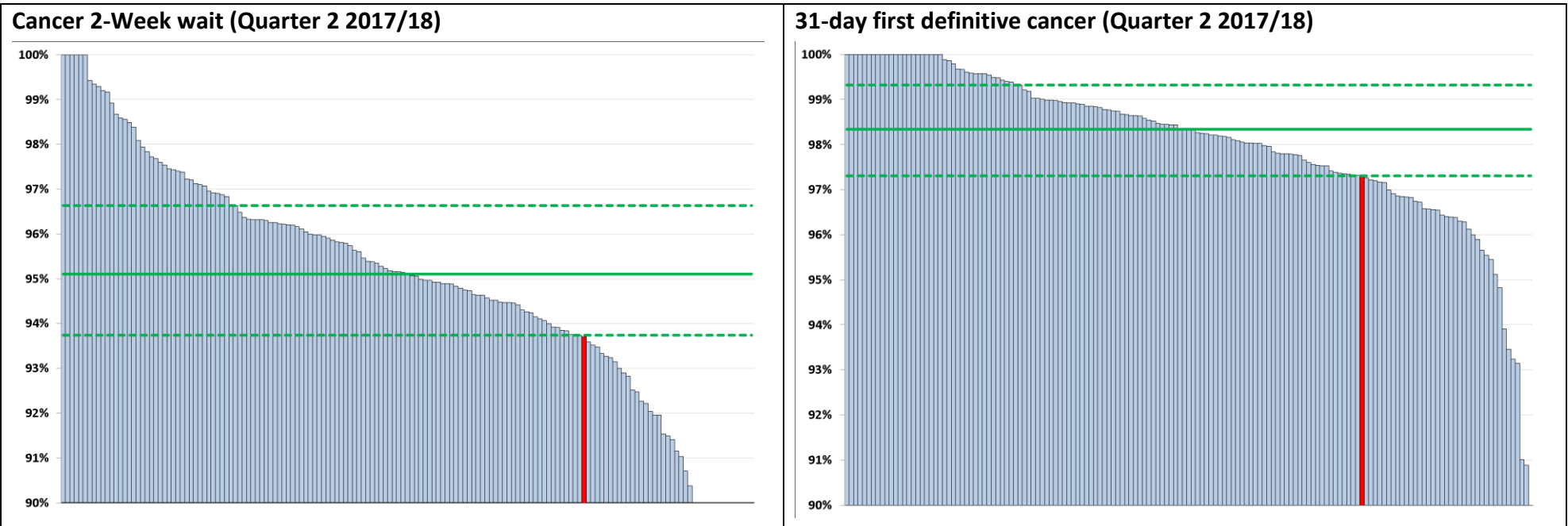


6-week diagnostic (End of December 2017)



Appendix 4 (continued)

Benchmarking Reports



In the above graphs the Trust is shown by the Red bar, with other trusts being shown as pale blue bars. For the A&E 4-hour benchmarking graph, only those trust reporting type 1 (major) level activity are shown. National Quarter 3 Cancer data was not available in time for this report.

**Cover report to the Trust Board meeting to be held on
Wednesday 28 February 2018 at 11:00 – 13:00 in the Conference Room, Trust
HQ, Marlborough St, Bristol, BS1 3NU**

	Agenda Item	8
Report Title	Chair's Report Quality and Outcomes Committee	
Author	Julian Dennis, Non- Executive Director	
Executive Lead(s)	Carolyn Mills, Chief Nurse	Robert Woolley, Chief Executive
Freedom of Information Status	Open	

Reporting Committee	Quality and Outcomes Committee
Chaired by	Julian Dennis, Non-Executive Director
Date of last meeting	26 February 2018

Key risks and issues/matters of concern and any mitigating actions

Quality and Performance Report

Key points included:

- Winter pressures are continuing, but performance is being maintained. 4 hour A&E waiting time performance was at 82.69%. GP referral rates were maintained at January's rates. It was noted that the upcoming cold snap would present increased challenges to meeting A&E targets.
- Cancer referral rates had delivered Q3 targets, this was the first time this had been achieved since 2012. It was requested that this success be shared with staff.
- It was anticipated that the Trust would achieve STF trajectory of 83.6% by the end of March 2018.
- There were continuing issues with repatriating patients back to Weston promptly, which the Trust was seeking to address.
- The committee members discussed KPI related to sepsis/fractured neck of femur and VTE.
- Essential training rates were improving and are predicted to reach 90% this month: there was also focus on improving Information Governance training compliance.
- Vacancies rates remained a concern and the Committee will receive a paper on how this was being addressed at a future meeting. There seemed to be some impact from Brexit (e.g. increasing numbers of EU staff leaving the UK).

Quarterly Workforce and Organisational Development Report – Q3

Key points included:

- There was a continued focus on sickness absence, including identifying trends. Work continued to tackle stress and anxiety issues: it was noted that this is particular challenge in unregistered nursing and midwifery, although reasons for this were unclear.

- Issues with the Kallidus system used for online appraisals have been noted. The Director of People is in contact with the supplier to seek reassurance that these will be fully addressed.

Serious Incident Report

Key points included:

- Six serious incidents were reported in January 2018, all of which were reported within the 48 hour timescale. All six 72 hour reports were completed within time. 2 never events were reported last month.
- Five serious incident investigations were due for completion in January 2018; four out of five were completed within the CCG 60-day time timescale. The investigation which breached the agreed extension from commissioners was a complex investigation involving multiple clinical teams.
- Duty of candour was completed for all incidents concerned. 12 open investigations at the end of January 2017; 11 meet the time scale with 1 breach as above.

Safe Working Hours Guardian Update – Q3

The Safe Working Hours Guardian provided the Committee with an update on Q3.

Key points included:

- The Trust received a number of exception reports (these are submitted whenever a junior doctor worked longer than their scheduled hours, or felt they were not getting adequate training time). The number received was regarded as a positive sign that junior doctors were engaging with the new system.
- Locum bookings were an area of concern, as there was no system to monitor whether staff employed as locums were working over their safe hours, but a capital bid was progressing to fund a e-rostering system to support this. It was noted there had been investment in the medical HR team to help strengthen support from them.
- There were continued concerns over the morale of junior doctors (this was a national issue).
- The Committee said it would be helpful to have further information to help them understand the success criteria for Safe Working Hours, and trends/changes over time, including progress with implementing e-rostering.

‘On hold’ Pathways Update

- The IST (Intensive Support Team) visit took place on the 12 February 2018 and an initial report had been submitted, for review and verification. At this juncture no major issues had been identified and a further update call with the IST would take place on the 19th of February.
- A progress report had been submitted to NHSI (Tom Edgehill & Helen Crick) on progress to date, the cohorts, initial findings and the plans for the next stages, a supplementary request had been received for further information.
- Administration team training needs had been identified around concerns raised as to the transactional activity being undertaken, this would be undertaken as part of the identification process through on hold validation,
- Further validation support had been identified, which would commence on 5 March 2018, update on progress against the cohorts identified to be presented at the

March 2018 QOC meeting.

Reports received for assurance included:

- **Monthly Nurse Safe Staffing Levels**
- **Organ Donation Performance Data**
- **Clinical Quality Group Meeting Report**
- **Quarterly Impact Assessment Report – Q3**

Matters requiring Committee level consideration and/or approval

None.

Matters referred to other Committees

None.

Date of next meeting

26 March 2018

**Cover report to the Public Trust Board. Meeting to be held on 28 February 2018
at 11.00 – 13.00, Conference Room, Trust HQ, Marlborough St, Bristol, BS1
3NU**

Meeting Title	Public Trust Board	Agenda Item	9
		Meeting Date	Wednesday, 28 February 2018
Report Title	Finance Report		
Author	Paul Mapson, Director of Finance and Information		
Executive Lead	Paul Mapson, Director of Finance and Information		
Freedom of Information Status		Open	

Strategic Priorities

(please choose any which are impacted on / relevant to this paper)

Strategic Priority 1: We will consistently deliver high quality individual care, delivered with compassion.	<input type="checkbox"/>	Strategic Priority 5: We will provide leadership to the networks we are part of, for the benefit of the region and people we serve.	<input type="checkbox"/>
Strategic Priority 2: We will ensure a safe, friendly and modern environment for our patients and our staff.	<input type="checkbox"/>	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.	<input checked="" type="checkbox"/>
Strategic Priority 3: We will strive to employ the best staff and help all our staff fulfil their individual potential .	<input type="checkbox"/>	Strategic Priority 7: We will ensure we are soundly governed and are compliant with the requirements of NHS Improvement.	<input type="checkbox"/>
Strategic Priority 4: We will deliver pioneering and efficient practice, putting ourselves at the leading edge of research, innovation and transformation	<input type="checkbox"/>		<input type="checkbox"/>

Action/Decision Required

(please select any which are relevant to this paper)

For Decision	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>	For Approval	<input type="checkbox"/>	For Information	<input type="checkbox"/>
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Executive Summary

Purpose

To inform the Board of the financial position of the Trust for January.

Key issues to note

The Operational Plan for January is a surplus of £11.746m excluding technical items. The Trust achieved a surplus of £11.083m, £0.663m adverse to plan. Division and Corporate Services overspend was £0.033m in January (compared with £0.077m in December and £0.240m in November). The improved Divisional run rate has only been maintained through the application of winter pressures funding received.

Excluding STF funding the Trust is reporting a surplus of £1.641m against a planned surplus of £1.539m, £0.102m favourable to plan. STF core funding has been achieved at each quarter end to date. Core funding is included for January reflecting the forecast achievement of the Control Total excluding STF at quarter four. The Trust is forecasting failure of the Emergency Department 4 hour performance target of 95% in March and therefore performance funding has not been included for January.

The Trust is forecasting an out-turn surplus of £11.259m. This delivers the planned £0.356m deficit excluding STF, achieves the STF core funding of £9.319m and reflects the forecast loss of STF performance funding of £1.698m

Recommendations

Members are asked to:

- **Note the contents of the Finance report**

Intended Audience

(please select any which are relevant to this paper)

Board/Committee Members	<input checked="" type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input type="checkbox"/>	Staff	<input type="checkbox"/>	Public	<input checked="" type="checkbox"/>
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Board Assurance Framework Risk

(please choose any which are impacted on / relevant to this paper)

Failure to maintain the quality of patient services.	<input type="checkbox"/>	Failure to develop and maintain the Trust estate.	<input type="checkbox"/>
Failure to recruit, train and sustain an engaged and effective workforce.	<input type="checkbox"/>	Failure to comply with targets, statutory duties and functions.	<input type="checkbox"/>
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.	<input type="checkbox"/>	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.	<input checked="" type="checkbox"/>
Failure to maintain financial sustainability.	<input type="checkbox"/>		

Corporate Impact Assessment

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

Quality	<input type="checkbox"/>	Equality	<input type="checkbox"/>	Legal	<input type="checkbox"/>	Workforce	<input type="checkbox"/>
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Impact Upon Corporate Risk

Risk 1843 – Failure to deliver the Trust’s Operating Plan control total surplus of £12.957m based on the Divisions current rate of overspend.

Risk 951 – Risk of the loss of S&T funding due to the failure to achieve the “core” control total from quarter 2.

Resource Implications (please tick any which are impacted on / relevant to this paper)			
Finance	<input type="checkbox"/>	Information Management & Technology	<input type="checkbox"/>
Human Resources	<input type="checkbox"/>	Buildings	<input type="checkbox"/>

Date papers were previously submitted to other committees				
Audit Committee	Finance Committee	Quality and Outcomes Committee	Remuneration & Nomination Committee	Other (specify)
	26 February 2018			

Section 1 – Executive Summary

	2017/18 Annual Plan £m	Income / (Expenditure)		Variance Favourable /(Adverse) £m
		Plan to date £m	Actual to date £m	
Corporate Income	592.183	494.867	495.507	0.640
Divisions & Corporate Services	(550.624)	(458.478)	(465.862)	(7.384)
Financing	(34.886)	(29.099)	(28.004)	1.095
Reserves	(7.029)	(5.751)	-	5.751
Surplus/(deficit) excl STF funding	(0.356)	1.539	1.641	0.102
STF Core Funding	9.319	7.145	7.145	-
STF Performance Funding	3.994	3.062	2.297	(0.765)
Surplus/(deficit) incl STF funding	12.957	11.746	11.083	(0.663)

- The Operational Plan for January is a surplus of £11.746m excluding technical items.
- The Trust achieved a surplus of £11.083m, £0.663m adverse to plan.
- The improved Divisional run rate experienced in recent months has been maintained but only through the application of winter pressures funding received.
- Excluding STF funding the Trust is reporting a surplus of £1.641m against a planned surplus of £1.539m, £0.102m favourable to plan.
- STF core funding has been achieved at each quarter end to date. Core funding is included for January reflecting the forecast achievement of the Control Total excluding STF at quarter four.
- STF performance funding was not achieved at quarter one (84.8% against target of 90%), but was achieved at quarters two and three (90.9% and 92.8% respectively). The Trust is forecasting failure of the Emergency Department 4 hour performance target of 95% in March. The STF performance funding loss of £0.765m to date reflects quarter one and January.

Year to Date Position

The Clinical Divisions and Corporate Services run rate improved for the third month in a row, the overspend in month was £0.033m, increasing the cumulative adverse variance to £7.384m. In December the Trust received winter pressure funding of £1.370m for tranche 1 (to support the cost of emergency and urgent elective activity across winter already in operational plans) and £0.580m for tranche two (to support three additional specific schemes). The funding was held to be apportioned over the last quarter when the associated costs would be incurred. Therefore the January position includes £0.457m of tranche one funding and £0.162m of tranche two.

Forecast Out-turn

Given the continued improvement in the monthly run-rate, the Trust forecasts an out-turn surplus of £11.259m. This delivers the planned £0.356m deficit excluding STF, achieves the STF core funding of £9.319m and reflects the forecast loss of STF performance funding of £1.698m.

NHS Improvement's expectation was that the tranche one winter pressures funding would improve the forecast position on a pound for pound basis, i.e. the Trust's forecast out-turn would be £12.629m. The Trust has retained its forecast out-turn, however, on the basis that the winter funding offsets the additional cost pressures which would have required a revision to the forecast out-turn had additional funding not been received. This was reported in December although at that time the details of the additional cost pressures were not quantifiable given that they would be incurred from January. An assessment of the additional cost pressures not built into the original operating plan is shown below.

Additional Cost Pressures to January 2018	£'000
Escalation costs and increased capacity	200
AHP & Diagnostic enhanced provision to support activity	45
Loss of elective activity due to emergency pressures	276
Enhanced deep cleaning & portering in support	23
Increased medical cover for queue & outliers	20
Tranche 2 schemes - expenditure	165
	729

	£'000
Tranche 1 Winter Funding issued to Divisions for January	456
Tranche 2 Winter Funding issued to Divisions for January (Note-no winter funding has been held back in reserves)	162
	618

The position re Wales HRG4+ funding (£1.5m) remains unresolved. We are engaged in discussions between the Welsh Government, NHS England and NHI Improvement. We will review this again at Month 11.

2018/19 Operating Plan

The 2018/19 planning guidance was issued on 2nd February 2018 and provided an additional £0.650m for Provider Sustainability Funding (PSF). The Trust was subsequently advised by NHS Improvement of a revised control total for 2018/19 which took account of the net impact of CNST, additional funding from the risk reserve which is now available for deployment and the share of the additional PSF. The revised control total is to deliver a net income and expenditure surplus of £24.962m including sustainability funding of £18.721m, in effect a net surplus of £6.241m excluding sustainability funding.

The Trust is required to submit its draft 2018/19 Operational Plan to NHS Improvement on 8th March 2018 with a Board certification either accepting or rejecting the control total. The final Operational Plan must be submitted on 30th April 2018 following the signing of commissioning contracts by 23rd March 2018.

The delivery of the control total represents a significant challenge which will be outlined in detail at the Trust Board seminar on 22nd February 2018.

Section 2 – Division and Corporate Services Performance

Performance by Division and Corporate Service Area:

	Variance to Budget favourable/(adverse)			Operating Plan trajectory favourable/(adverse)		Winter Funding tranche 1 £m
	To 31 Dec £m	Jan £m	To 31 Jan £m	To 31 Jan £m	Var £m	
Diagnostic & Therapies	0.554	0.009	0.563	0.139	0.424	0.046
Medicine	(2.361)	0.018	(2.343)	(0.122)	(2.221)	0.103
Specialised Services	(0.298)	0.339	0.041	0.074	(0.033)	0.058
Surgery	(2.783)	(0.363)	(3.146)	(0.158)	(2.988)	0.071
Women's & Children's	(2.290)	(0.023)	(2.313)	(0.018)	(2.295)	0.156
Estates & Facilities	0.012	0.035	0.047	(0.007)	0.054	0.023
Trust Services	(0.049)	-	(0.049)	(0.001)	(0.048)	-
Other corporate services	(0.136)	(0.048)	(0.184)	-	(0.184)	-
Total	(7.351)	(0.033)	(7.384)	(0.093)	(7.291)	0.457

- Division and Corporate Services overspend was £0.033m in January (compared with £0.077m in December and £0.240m in November).
- Diagnostic and Therapies – a favourable variance of £0.009m in the month reflects its share of activity income (£0.156m) and pay underspends offset by an adverse non-pay movement primarily due to radiology outsourcing.
- Medicine – a favourable variance of £0.018m in the month reflects income from activities being £0.530m higher than plan primarily from emergency inpatients, off set by adverse pay and non-pay totalling £0.473m. Increased costs of escalation for both nursing and medical staff are being alleviated by £0.103m winter funding.
- Specialised Services – favourable variance of £0.339m in the month reflects income from activities £0.270m higher than plan and savings of £0.148m delivered above plan. Cardiology activity continued above contract and Haematology activity improved. Cardiac surgery was at 82% of contract in January.
- Surgery – adverse variance of £0.363m in the month consisting of £0.127m adverse pay variance and £0.176m underperformance on contract income. The medical pay overspend increased by £0.129m in the month primarily from additional sessions to cover sickness and vacancies. Oral/dental activity underperformance was £0.122m in month.
- Women's & Children's – an adverse variance of £0.023m in the month reflects a pay overspend of £0.264m offset by a non-pay under spend of £0.206m. Pay reflects the increased medical and nursing costs covering additional capacity and increased staff sickness levels offset by the additional winter funding within non pay. Whilst income from activities was broadly breakeven, there was significant underperformance in neuro, cardiac and PICU with overperformance within medicine particularly within HDU
- Other corporate – £0.251m overspend on apprentice levy to date offset by favourable variances including £0.026m on Research.

Performance by subjective heading:

	Q1 £m	Q2 £m	Q3 £m	January £m	2017/18 to date £m	2016/17 Outturn £m
Nursing & midwifery pay	(1.092)	(1.243)	(0.580)	(0.281)	(3.197)	(4.606)
Medical & dental staff pay	(0.868)	(1.086)	(1.212)	(0.276)	(3.442)	(1.380)
Other pay	0.183	0.221	0.493	0.073	0.970	2.140
Non-pay	(0.491)	(0.987)	(2.324)	(0.499)	(4.301)	(6.340)
Income from operations	(0.045)	(0.174)	0.001	(0.052)	(0.270)	0.751
Income from activities	0.490	0.015	1.545	0.795	2.845	(0.983)
Total including CIP	(1.823)	(3.255)	(2.078)	(0.241)	(7.397)	(10.418)
CIP	(0.552)	(0.158)	0.514	0.208	0.012	(4.231)
Total excluding CIP	(2.375)	(3.413)	(1.563)	(0.033)	(7.384)	(14.649)

(savings are shown on one line, not allocated across subjective headings)

- Nursing pay expenditure overspend increased in January reflecting the additional costs of covering sickness and escalation capacity. In particular Medicine was £0.134m adverse in the month and Women's and Children's £0.154m.
- Medical and dental pay costs have reduced this month (£0.276m overspend compared with £0.376m in December and £0.452m in November). The position within Women's and Children's improved to an in month adverse variance of £0.078m. Surgery overspend continued being £0.129m adverse in month.
- Non pay includes the allocation of £0.457m winter pressure tranche 1 funding, without this the adverse variance in month would have been £0.956m. A significant element of this reflects the variable costs associated with delivery of additional clinical activity, including Weston repatriation charges, outsourcing and pass through costs.
- Income from activities improved by £0.795m in month. Of this, £0.530m was within Medicine and £0.270m within Specialised Services. Diagnostic and Therapies overperformed by £0.156m

Section 3 – Subjective Analysis Detail

a) Nursing (including ODP) and Midwifery Pay

Favourable/ (Adverse)	Quarter 1 £m	Quarter 2 £m	Quarter 3 £m	January £m	2017/18 to date £m	2016/17 Outturn £m
Substantive	2.200	2.622	2.527	0.854	8.203	8.822
Bank	(1.782)	(2.037)	(1.896)	(0.716)	(6.431)	(6.408)
Agency	(1.562)	(1.870)	(1.216)	(0.421)	(5.069)	(7.397)
Total excluding CIP	(1.144)	(1.285)	(0.585)	(0.283)	(3.297)	(4.983)
CIP	(0.052)	(0.044)	(0.005)	(0.002)	(0.101)	(0.300)
Total including CIP	(1.092)	(1.242)	(0.580)	(0.281)	(3.195)	(4.683)

b) Medical and Dental Pay

Favourable/ (Adverse)	Quarter 1 £m	Quarter 2 £m	Quarter 3 £m	January £m	2017/18 to date £m	2016/17 Outturn £m
Consultant						
- substantive	0.285	0.139	0.096	0.065	0.585	0.277
- additional hours	(0.465)	(0.665)	(0.466)	(0.182)	(1.778)	
- locum	(0.054)	(0.052)	(0.218)	(0.114)	(0.438)	(0.143)
- agency	(0.112)	(0.045)	0.009	0.005	(0.143)	(0.741)
Other Medical						
- substantive	(0.016)	0.261	0.147	0.138	0.530	
- additional hours	(0.362)	(0.415)	(0.348)	(0.123)	(1.248)	(0.369)
- Jr Dr exceptions	0.000	(0.001)	(0.006)	0.000	(0.007)	
- locum	(0.160)	(0.307)	(0.343)	(0.075)	(0.885)	(0.469)
- agency	0.009	0.001	(0.051)	0.023	(0.018)	0.003
Total inc CIP	(0.875)	(1.084)	(1.180)	(0.263)	(3.402)	(1.442)
CIP	(0.007)	(0.003)	0.032	0.013	0.041	(0.062)
Total excl CIP	(0.868)	(1.087)	(1.212)	(0.276)	(3.443)	(1.380)

- Nursing pay variance worsened in month by £0.281m.
- Overall, lost time percentages worsened slightly within the four clinical divisions moving from 122% last month to 123%. However, Medicine division improved from 126% in December to 120% in January.
- Trust level spend was over budget by £0.281m. Medicine and Women's and Children's divisions have significant continuing overspends, but Specialised continues to underspend against budget and Surgery has reduced to a small monthly overspend.
- Enhanced observation costs increased significantly from £0.083m in December to £0.186m in January.
- Both sickness and vacancies have increased in January compared with December.
- The adverse variance in January of £0.276m reflects continuing overspends in all Clinical Divisions although it is an improvement of £0.099m compared to December. Surgery and Women's and Children's remain the most significant overspend, although both have slightly improved run rates.
- Additional hours payments and locum expenditure increased in January, however the position on substantive budgets improved with an improvement to the overall run rate. It should be noted that of the £0.099m favourable variance, nearly half (£0.045m) relates to medical staff within research, therefore the overspending on clinical budgets remains a significant concern.
- Funding issued to date for the Junior Doctor Contract is £1.447m with the expected cost being c£1.7m for 2017/18.

c) Non pay

Favourable/ (Adverse)	Quarter 1 2018	Quarter 2 2018	Quarter 3 2018	January 2018	Year to Date 2018	2016/17 Outturn
	£m	£m	£m	£m	£m	£m
Blood	0.066	(0.106)	(0.095)	(0.086)	(0.221)	(0.552)
Clinical supplies & services	(0.400)	0.003	(0.317)	(0.185)	(0.899)	(1.730)
Drugs	(0.074)	(0.128)	(0.253)	(0.115)	(0.570)	(0.362)
Establishment	0.032	(0.018)	(0.128)	(0.079)	(0.193)	(0.091)
General supplies & services	0.024	(0.002)	(0.005)	(0.024)	(0.007)	(0.124)
Outsourcing	(0.438)	(0.317)	(0.243)	(0.039)	(1.037)	(1.241)
Premises	(0.021)	0.077	(0.002)	(0.050)	0.003	0.111
Services from other bodies	(0.172)	(0.221)	(0.319)	(0.115)	(0.827)	(2.788)
Research	0.002	(0.004)	0.112	(0.100)	0.010	0.030
Other non-pay expenditure	0.160	(0.285)	(0.846)	(0.007)	(0.978)	(2.745)
Tranche 1 Winter Funding	-	-	-	0.457	0.457	-
Total inc CIP	(0.821)	(1.002)	(2.096)	(0.343)	(4.262)	(9.492)
CIP	(0.329)	(0.017)	0.230	0.156	0.040	(3.152)
Total excl CIP	(0.492)	(0.985)	(2.326)	(0.499)	(4.302)	(6.340)

- Variable costs associated with the delivery of additional activity accounted for the majority of over spending against budget in the month.
- The level of outsourcing continues to be minimal following reductions since November, leaving cumulative adverse variances of £0.373m relating to South West Eye Surgeons (no outsourcing from month 8 onwards), £0.469m to Glanso and £0.184m to Dermatology. The remaining balance relates to the virtual ward provided by Orla, which has now closed.
- Variances on Services from Other Bodies year to date include external tests £0.177m, recharges for Cellular Pathology £0.063m and Dermatology Services £0.052m, Pulse Services £0.107m (ceased from November 2017), supplies consortia costs £0.073m and Sexual Health services £0.095m.
- Effectively outsourcing and services from other bodies are clinical activity related hence the combined adverse variance of £1.864m accounts for the bulk of the non-pay overspend and essentially offsets the income from activities position.
- The majority of the overachievement of savings relate to clinical supplies reducing the reported adverse variance. Whilst the majority of overspend relates to increased clinical activity, there were control issues within Heygroves theatres which are being reviewed.
- Other non-pay includes the apprenticeship levy which is an adverse variance of £0.259m to date.

Section 4 – Clinical and Contract Income

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

	January Variance Fav/(Adv)	Year to Date Plan	Year to Date Actual	Year to Date Variance Fav/(Adv)
	£m	£m	£m	£m
Activity Based:				
Accident & Emergency	0.103	14.616	15.260	0.644
Bone Marrow Transplants	0.035	6.922	7.201	0.279
Critical Care Beddays	0.403	36.797	37.702	0.905
Day Cases	0.057	32.601	32.850	0.249
Elective Inpatients	(1.089)	46.957	45.870	(1.088)
Emergency Inpatients	1.305	73.069	78.685	5.616
Excess Beddays	0.075	4.533	4.568	0.036
Non-Elective Inpatients	(0.070)	26.836	25.462	(1.374)
Other	0.070	78.502	77.144	(1.358)
Outpatients	0.328	64.562	65.171	0.608
Total Activity Based	1.218	385.397	389.913	4.516
Contract Penalties	(0.210)	(0.812)	(1.637)	(0.825)
Contract Rewards	0.326	7.902	8.575	0.673
Pass through payments	2.006	71.393	74.077	2.684
S&T Funding	(0.466)	10.207	9.441	(0.765)
2017/18 Total	2.873	474.087	480.369	6.283
Prior year income	-	-	1.302	1.302
Overall Total	2.873	474.087	481.671	7.584

The position continues to include a higher than usual level of un-coded activity. The estimated value of this un-coded activity is £8.36m (compared with £8.97m last month). There is a risk that this value will change once the activity is coded and reported next month. However, there was a £0.08m increase between the estimated and actual income for December relating to un-coded activity which gives some assurance.

- Activity based income was £1.218m favourable in January, primarily due to emergency/non-elective inpatients (£1.235m), outpatients (£0.328m) and critical care beddays (£0.403m). This was offset by an underperformance on elective inpatients and day cases of £1.032m.
- The emergency/non-elective inpatient over performance of £1.032m for January was within Medicine (£0.709m), Surgery (£0.191m), Specialised Services (£0.195m) and Women's and Children's (£0.137m)
- Outpatient over performance was primarily within Specialised Services (0.231m), of which £0.113m was within cardiology and £0.110m in Haematology and Oncology.
- Critical care beddays over performance was predominantly in Paediatric HDU (£0.417m). The Division continues to give assurance this reflects accurate coding rather than a change in practice.
- As expected the effect of the winter pressures and the national requirement to cancel non-urgent electives was seen this month. Elective inpatient and day case under performance for January was £0.506m in Women's and Children's, £0.365m in Surgery and £0.107m in Specialised Services.
- The cumulative over performance on activity income of £4.516m reflects the level of emergency and non-elective work.
- The latest assessment for achievement of CQUINs is 88.6% or £10.2m of the total £11.5m available.
- Given the Trust has accepted the control total, national core penalties and local penalties do not apply. Other national penalties do apply and the Trust has received penalties of £1.637m to date, £0.825m worse than plan. This is primarily due to the emergency marginal tariff adjustment, with a smaller impact from avoidable emergency readmissions and cancelled operations.
- Pass through payments were £2.006m above plan in January, increasing the year to date position to £2.684m ahead of plan. This was primarily due to excluded drugs which were £2.11m above plan for the month and are £4.51m ahead of plan cumulatively, offset by blood products which are £1.15m below plan to date.

Section 5 – Savings Programme

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

	2017/18	Year to date			Forecast
	Annual				Outturn
	Plan	Plan	Actual	Variance	Variance
	£m	£m	£m	fav/(adv)	fav/(adv)
				£m	£m
Pay	1.823	1.513	1.380	(0.133)	(0.112)
Drugs	0.400	0.339	0.621	0.282	0.328
Clinical Supplies	2.229	1.866	2.431	0.565	1.018
Non Clinical Supplies	3.549	2.978	2.241	(0.738)	(0.752)
Other Non-Pay	0.216	0.179	0.153	(0.026)	(0.028)
Income	2.211	1.863	1.954	0.091	0.268
Capital Charges	1.000	0.833	0.833	-	-
Unidentified	0.092	0.077	-	(0.077)	(0.092)
Total	11.520	9.649	9.613	(0.036)	0.630

Analysis by Division:

	2017/18	Year to date			Forecast
	Annual				Outturn
	Plan	Plan	Actual	Variance	Variance
	£m	£m	£m	fav/(adv)	fav/(adv)
				£m	£m
Diagnostics & Therapies	1.386	1.154	1.063	(0.091)	(0.099)
Medicine	2.071	1.705	1.259	(0.446)	(0.495)
Specialised Services	1.192	0.998	1.674	0.676	1.129
Surgery	2.393	2.058	1.612	(0.445)	(0.317)
Women's and Children's	2.036	1.702	1.892	0.191	0.276
Facilities and Estates	0.817	0.675	0.702	0.027	0.066
Trust Services	0.545	0.457	0.435	(0.023)	(0.016)
Corporate	1.080	0.900	0.973	0.073	0.088
Total	11.520	9.649	9.613	(0.036)	0.630

- The savings requirement for 2017/18 is £11.520m.
- To date the Trust has achieved savings of £9.613m against a plan of £9.649m.
- Delivery of savings is £0.036m behind plan with the slippage in non-clinical supplies savings remaining a significant concern.
- The forecast outturn has improved by £0.010m in January. Of this £0.138m related to Specialised Services predominantly within clinical supplies.
- Surgery savings are £0.445m behind plan to date predominantly due to slippage on outsourcing endoscopy, procurement savings and the repatriation of ophthalmology activity. This is forecast to improve to a year end adverse variance of £0.317m.
- Medicine is £0.446m behind plan to date largely due to outpatient productivity, commercial income, non-pay and unidentified CIPs. The forecast year end position is £0.495m adverse.
- Specialised Services is £0.676m ahead of plan to date and their forecast outturn is £1.129m favourable.

Section 6 – Use of Resources Rating

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

	Weighting	Year to date	
		Plan	Actual
Liquidity			
Metric Result – days		10.5	18.4
Metric Rating	20%	1	1
Capital Servicing Capacity			
Metric Result – times		2.5	2.5
Metric Rating	20%	1	1
Income & expenditure margin			
Metric Result		2.1%	2.0%
Metric Rating	20%	1	1
Variance in I&E margin			
Metric Result		0.0%	-0.1%
Metric Rating	20%	1	2
Variance from agency ceiling			
Metric Result		44.8%	31.3%
Metric Rating	20%	1	1
Overall URR		1.0	1.2
Overall URR (rounded)		1	1
Overall URR (subject to override)		1	1

- The Trust's Use of Resources Rating for the period to 31st January 2018 is 1 against a plan of 1.
- The variance in income and expenditure margin scores a metric rating of 2 compared with a plan of 1 due to the net surplus to date including S&T funding of £11.083m being £0.663m adverse to plan.
- The Trust is forecasting a Use of Resources Risk Rating of 1 in line with plan as at the 31st March 2018.
- The retention of a Use of Resources Risk Rating of 1 (the highest possible) is an excellent result.

Section 7 – Capital Programme

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

2017/18 Annual Plan £m	Subjective Heading	Year to date			Year end		
		Internal Plan £m	Actual £m	Variance £m	Internal Plan £m	Forecast £m	Variance £m
3.800	Sources of Funding						
	PDC	2.391	4.185	1.794	5.785	5.785	-
	Donations	0.742	0.493	(0.249)	0.974	0.572	(0.402)
	<u>Cash:</u>						
22.764	Depreciation	18.439	18.441	0.002	22.346	22.236	(0.110)
21.321	Cash balances	5.066	(2.337)	(7.403)	21.733	(1.837)	(23.570)
47.885	Total Funding	26.638	20.782	(5.856)	50.838	26.756	(24.082)
	Application/Expenditure						
(16.035)	Strategic Schemes	(1.367)	(1.953)	(0.586)	(19.908)	(2.104)	17.804
(10.278)	Medical Equipment	(7.166)	(6.282)	0.884	(13.332)	(8.108)	5.224
(11.370)	Operational Capital	(7.908)	(4.108)	3.800	(10.835)	(5.456)	5.379
(7.328)	Information Technology	(7.902)	(6.878)	1.024	(9.706)	(8.936)	0.770
(2.874)	Estates Replacement	(2.295)	(1.561)	0.734	(2.591)	(2.152)	0.439
(47.885)	Gross Expenditure	(26.638)	(20.782)	5.856	(56.372)	(26.756)	29.616
	In-year Slippage				5.534		(5.534)
(47.885)	Net Expenditure	(26.638)	(20.782)	5.856	(50.838)	(26.756)	24.082

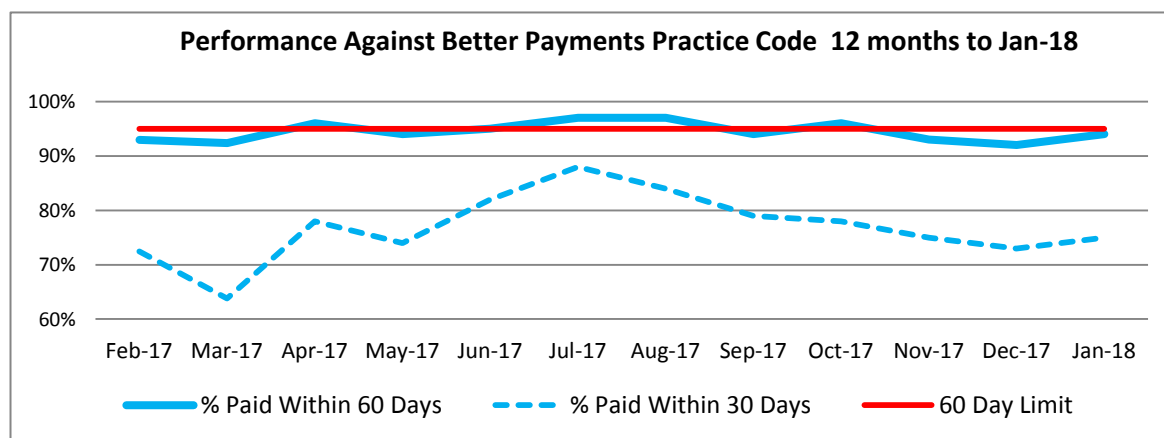
- Capital expenditure was £20.782m to the end of January against an internal plan of £26.638m, £5.856m behind plan.
- Medical Equipment, Operational Capital and Information Technology are behind plan by £0.884m, £3.800m and £1.024m respectively.
- Medical Equipment expenditure was £2.811m in month as a number of significant schemes near completion.
- The operational capital slippage reflects a large number of schemes. £1.3m relates to radiology schemes where work is continuing to resolve operational issues. £0.7m relates to Divisional capital with procurement delays due to resource available from Bristol and Weston Procurement service.
- The cash received from donations, PDC and depreciation exceeds the expenditure to date resulting in a cash gain of £7.403m. In particular £1.794m PDC in respect of the linear accelerator was received earlier than expected.
- A full reconciliation and review of donated schemes has resulted in a £0.250m reduction to the annual plan mainly against operational capital.
- The forecast outturn has reduced by £0.390m to £26.756m primarily due to the review of donated schemes.

Section 8 – Statement of Financial Position and Cashflow

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

	2017/18 Annual plan to date £m	Actual as at 31 Jan £m	Variance £m
Inventories	11.300	13.487	2.187
Receivables	18.250	37.373	19.123
Accrued Income	9.000	14.075	5.075
Debt Provision	(3.000)	(6.537)	(3.537)
Cash	61.143	65.338	4.195
Other assets	3.500	4.545	1.045
Total Current Assets	100.193	128.281	28.088
Payables	(30.059)	(35.496)	(5.437)
Accruals	(23.000)	(28.494)	(5.494)
Borrowings	(6.160)	(6.160)	-
Deferred Income	(3.113)	(4.231)	(1.118)
Other Liabilities	(9.126)	(9.010)	0.116
Total Current Liabilities	(71.458)	(83.391)	(11.933)
Net Current Assets/(Liabilities)	28.735	44.890	16.155

Payment Performance:



- Net current assets as at 31 January 2018 were £44.890m, £16.155m higher than the Operational Plan. Current assets are £28.088m higher than plan and current liabilities are £11.933m higher than plan.
- Inventories reflect additional stock within cardiology to maximise discount purchasing.
- Receivables are £19.123m higher than plan, primarily due to the Q3 activity invoicing, outstanding income from NHS England for the reconciliation of quarter two activity (£5.5m), Welsh Health Bodies and NBT.
- Accrued income reflects the income due for the Global Digital Exemplar programme.
- The Trust's cash and cash equivalents balance at the end of January was £65.338m, which is £4.195m higher than the Operating Plan. Forecast cash at the year-end is £74.928m, an increase of £4.679m from last month reflecting the increased activity.
- The total value of debtors was £35.227m, (£25.449m SLA and £9.778m non-SLA). This represents an increase in the month of £13.249m (SLA increase of £14.156m and non-SLA decrease of £0.907m). Debts over 60 days old have increased by £0.275m (predominantly SLA income) to £14.279m. A payment of £5.429m for quarter two activity is expected from NHS England in February.
- NBT debts over 60 days total £3.930m (£2.433m SLA and £1.497m non SLA). Finance Directors and Deputies met and agreed a way forward for maternity pathways and broad principles for non SLA charging which should resolve a significant level of debt.
- In January, 94% of invoices were paid within the 60 day target set by the Prompt Payments Code and 75% were paid within the 30 day target set by the Better Payment Practice Code.

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST
Finance Report January 2018– Summary Income & Expenditure Statement

Appendix 1

Approved Budget / Plan 2017/18	Heading	Position as at 31st January			Actual to 31st December
		Plan	Actual	Variance	
		£'000	£'000	Fav / (Adv) £'000	
£'000		£'000	£'000	£'000	£'000
	Income				
557,420	From Activities	467,801	472,949	5,148	421,857
94,900	Other Operating Income (Excluding Sustainability and Transformation funding)	78,141	77,787	(354)	69,024
652,320	Sub totals income	545,942	550,736	4,794	490,881
	Expenditure				
(378,481)	Staffing	(314,753)	(320,563)	(5,810)	(288,009)
(232,687)	Supplies and Services	(194,800)	(200,528)	(5,728)	(177,212)
(611,168)	Sub totals expenditure	(509,553)	(521,091)	(11,538)	(465,221)
(6,622)	Reserves	(6,075)	-	6,075	-
-	NHS Improvement Plan Profile	324	-	(324)	-
34,530	Earnings before Interest,Tax,Depreciation and Amortisation	30,638	29,645	(993)	25,660
5.29	EBITDA Margin – %		5.38		5.23
	Financing				
(22,792)	Depreciation & Amortisation – Owned	(18,993)	(18,442)	551	(16,541)
108	Interest Receivable	90	137	47	112
(268)	Interest Payable on Leases	(223)	(223)	-	(201)
(2,687)	Interest Payable on Loans	(2,267)	(2,267)	-	(2,046)
(9,247)	PDC Dividend	(7,706)	(7,209)	497	(6,467)
(34,886)	Sub totals financing	(29,099)	(28,004)	1,095	(25,143)
(356)	NET SURPLUS / (DEFICIT) before Technical Items excluding Sustainability and Transformation funding	1,539	1,641	102	517
3,994	Sustainability & Transformation funding – Performance	3,062	2,297	(765)	2,297
9,319	Sustainability & Transformation funding – Core	7,145	7,145	-	6,057
12,957	SURPLUS / (DEFICIT) before Technical Items including Sustainability & Transformation funding	11,746	11,083	(663)	8,871
	Technical Items				
-	Donations & Grants (PPE/Intangible Assets)	-	945	945	755
(1,314)	Impairments	(1,314)	(1,431)	(117)	(1,431)
-	Reversal of Impairments	-	-	-	-
(1,561)	Depreciation & Amortisation – Donated	(1,301)	(1,307)	(6)	(1,174)
10,082	SURPLUS / (DEFICIT) after Technical Items including Sustainability & Transformation funding	9,131	9,290	159	7,021

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST
Finance Report January 2018– Divisional Income & Expenditure Statement

Approved Budget / Plan 2017/18	Division	Total Budget to Date	Total Net Expenditure / Income to Date	Variance [Favourable / (Adverse)]					Total Variance to date	Total Variance 31st December	Operating Plan Trajectory Year to Date	Variance from Operating Plan Year to Date
				Pay	Non Pay	Operating Income	Income from Activities	CIP				
£'000		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
	Corporate Income (excluding Sustainability & Transformation funding)											
36,782	Contract Income	30,722	30,722	-	-	-	-	-	-	-	-	
265	Penalties	265	-	-	-	-	(573)	-	(573)	(384)		
-	Contract Rewards	-	-	-	-	-	673	-	673	347		
-	Overheads	-	140	-	(1,467)	-	2,007	-	540	632		
555,330	NHSE Income	463,880	464,645	-	-	-	-	-	-	-		
592,377	Sub Total Corporate Income	494,867	495,507	-	(1,467)	-	2,107	-	640	595		
	Clinical Divisions											
(52,130)	Diagnostic & Therapies	(43,325)	(42,762)	740	(922)	(15)	852	(92)	563	554	139	
(80,972)	Medicine	(67,210)	(69,553)	(2,270)	(1,134)	(154)	1,682	(467)	(2,343)	(2,361)	(122)	
(111,942)	Specialised Services	(93,174)	(93,133)	(309)	(540)	(17)	226	681	41	(298)	74	
(110,163)	Surgery	(91,779)	(94,925)	(2,134)	(1,331)	24	676	(381)	(3,146)	(2,783)	(158)	
(126,779)	Women's & Children's	(105,343)	(107,656)	(2,244)	492	(53)	(704)	196	(2,313)	(2,290)	(18)	
(481,986)	Sub Total – Clinical Divisions	(400,831)	(408,029)	(6,217)	(3,435)	(215)	2,732	(63)	(7,198)	(7,178)	(85)	
	Corporate Services											
(37,227)	Estates and Facilities	(30,832)	(30,785)	87	(132)	20	51	21	47	12	(7)	
(27,552)	Trust Services	(23,354)	(23,403)	425	(368)	(86)	-	(20)	(49)	(49)	(1)	
(4,460)	Other	(3,461)	(3,645)	35	(364)	10	62	73	(184)	(136)	-	
(69,239)	Sub Totals – Corporate Services	(57,647)	(57,833)	547	(864)	(56)	113	74	(186)	(173)	(8)	
(551,225)	Sub Total (Clinical Divisions & Corporate Services)	(458,478)	(465,862)	(5,670)	(4,299)	(271)	2,845	11	(7,384)	(7,351)	(93)	
	Reserves											
(6,622)	Reserves	(6,075)	-	-	6,075	-	-	-	6,075	6,075		
-	NHS Improvement Plan Profile	324	-	-	(324)	-	-	-	(324)	(350)		
(6,622)	Sub Total Reserves	(5,751)	-	-	5,751	-	-	-	5,751	5,725		
34,530	Earnings before Interest, Tax, Depreciation and Amortisation	30,638	29,645	(5,670)	(15)	(271)	4,952	11	(993)	(1,031)		
	Financing											
(22,792)	Depreciation & Amortisation – Owned	(18,993)	(18,442)	-	551	-	-	-	551	553		
108	Interest Receivable	90	137	-	47	-	-	-	47	31		
(268)	Interest Payable on Leases	(223)	(223)	-	-	-	-	-	-	-		
(2,687)	Interest Payable on Loans	(2,267)	(2,267)	-	-	-	-	-	-	-		
(9,247)	PDC Dividend	(7,706)	(7,209)	-	497	-	-	-	497	468		
(34,886)	Sub Total Financing	(29,099)	(28,004)	-	1,095	-	-	-	1,095	1,052		
(356)	NET SURPLUS / (DEFICIT) before Technical Items excluding Sustainability and Transformation funding	1,539	1,641	(5,670)	1,080	(271)	4,952	11	102	21		
	Sustainability & Transformation funding											
3,994	Sustainability & Transformation funding – Performance	3,062	2,297	-	-	(765)	-	-	(765)	(299)		
9,319	Sustainability & Transformation funding – Core	7,145	7,145	-	-	-	-	-	-	-		
13,313	Sub Total Sustainability & Transformation funding	10,207	9,442	-	-	(765)	-	-	(765)	(299)		
12,957	SURPLUS / (DEFICIT) before Technical Items including Sustainability & Transformation funding	11,746	11,083	(5,670)	1,080	(1,036)	4,952	11	(663)	(278)		
	Technical Items											
-	Donations & Grants (PPE/Intangible Assets)	-	945	-	-	945	-	-	945	755		
(1,314)	Impairments	(1,314)	(1,431)	-	(117)	-	-	-	(117)	(117)		
-	Reversal of Impairments	-	-	-	-	-	-	-	-	-		
(1,561)	Depreciation & Amortisation – Donated	(1,301)	(1,307)	-	(6)	-	-	-	(6)	(3)		
(2,875)	Sub Total Technical Items	(2,615)	(1,793)	-	(123)	945	-	-	822	635		
10,082	SURPLUS / (DEFICIT) after Technical Items including Sustainability & Transformation funding	9,131	9,290	(5,670)	957	(91)	4,952	11	159	357		

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST
Finance Report January 2018 - Risk Matrix

Datix Risk Register Ref.	Description of Risk	Inherent Risk (if no action taken)		Action to be taken to mitigate risk	Lead	Current Risk		Target Risk	
		Risk Score & Level	Financial Value			Risk Score & Level	Financial Value	Risk Score & Level	Financial Value
1843	Risk of failing to deliver the Trust's 2017/18 Operational Plan Control Total excluding Sustainability & Transformation Funding (STF) of £0.356m deficit due to a significant deterioration in the Divisions underlying run rate.	20 - Very High	£10.0m	With the support of Executive Directors and corporate staff, Clinical Divisions are required to deliver the actions detailed in "Review of 2017/18 Financial Position" paper to mitigate expenditure. The Divisional run rate has slowed significantly in November (£0.24m), December (£0.08m) and January (£0.03m).	PM	6 - Moderate	£1.7m	4 - Moderate	£0.0m
959	Risk that Trust does not deliver the Operational Plan due to Divisions not achieving their current year savings target.	16 - Very High	£3.0m	The Trust has made progress in closing the unidentified savings gap of £0.6m in May's forecast outturn to £0.09m in October's forecast outturn. Delivery to date is 99.6% of the plan. Forecast outturn is 105.5% of target. Divisions, Corporate and transformation team are actively working to ensure delivery of savings schemes.	MS	6 - Moderate	£1.0m	4 - Moderate	£0.0m
416	Risk that the Trust's Financial Strategy may not be deliverable in changing national economic climate.	9 - High	-	Maintenance of long term financial model and in year monitoring on financial performance through monthly divisional operating reviews and Finance Committee and Trust Board. Approval of the Strategic Finance paper.	PM	20 - Very High	£15.0m	4 - Moderate	-
951	Risk of the loss of core and performance STF due to the failure to achieve the Trust's Operational Plan Control Total in quarter 4 resulting in the loss of £4.7m.	20 - Very High	£4.7m	Clinical Divisions are required to deliver the actions detailed in "Review of 2017/18 Financial Position" paper to mitigate expenditure. The Divisional run rate has slowed significantly in November (£0.24m), December (£0.08m) and January (£0.03m).	PM	15 - Very High	£1.7m	3 - Low	£0.0m
50	Risk of Commissioner Income challenges	6 - Moderate	£3.0m	The Trust has strong controls of the SLA management arrangements.	PM	9 - High	£2.0m	3 - Low	£0.0m
408	Risk to UH Bristol of fraudulent activity.	3 - Low	-	Local Counter Fraud Service in place. Pro active counter fraud work. Reports to Audit Committee.	PM	3 - Low	-	3 - Low	-

Cover report to the Public Trust Board meeting to be held on Wednesday 28 February at 11:00 am – 13:00 pm in the Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

	Agenda Item	10
Meeting Title	Finance Committee	
Report Title	Chair's Report of the Finance Committee	
Author	Sophie Melton Bradley, Deputy Trust Secretary	
Executive Lead(s)	Paul Mapson, Director of Finance and Information	
Freedom of Information Status	Open	

Reporting Committee	Finance Committee	
Chaired by	Martin Sykes, Non-Executive Director	
Lead Executive Director (s)	Paul Mapson, Director of Finance and Information	
Date of last meeting	26 February 2018	

Summary of key matters considered by the Committee and any related decisions made.

This report provides a summary of the key issues considered at the Finance Committee on 21 December 2017.

Finance Directors Report

The Director of Finance gave an update on the Trust's latest financial position.

Key points included:

- The Operational Plan for January showed a surplus of £11.75m excluding technical items. The last four months have now shown a break even run rate, which was positive, and overall financial performance provided confidence going into the next financial year.
- Medical pay was still higher than hoped, as were nursing costs (largely due to issues such as escalation). There were still some control issues around non-pay costs, although progress against the savings programme was encouraging.
- Overall there had been £700,000 of additional winter costs, with £618,000 of additional winter funding coming into the Trust. It was arguable that there would have been a deterioration of the Trust's financial position without it.
- The issues of the Wales HRG4+ position had still not been resolved, and the Trust was having to plan for the possibility that this funding would not be received, which would make it very challenging to hit year end targets.

Contract Income and Activity Reports

Key points included:

- Contract income was £2.9m higher than planned in January (and £7.6m higher to date this year).

- The year to date net over-performance of £4.25m across emergency and non-elective activity included an estimated £1.2m related to activity resulting from the overnight closure of the Emergency Department at Weston.
- As had been previously highlighted to the committee, the supply of drugs for home care was subcontracted in many cases to outside agencies, which invoiced the Trust. This expenditure then went onto Trust accounts and the commissioners were recharged. There were sometimes delays in (a) homecare suppliers invoicing the Trust and (b) the Pharmacy department sending out invoices. These delays were being reduced, but could lead to volatility in income during the year.

Detailed Divisional Finance Reports

Key points included:

- There was a £17.4m deficit across the divisions. The deficit position had improved for nursing across divisions, but medical staff costs were still at an adverse variance of £3.4m. Diagnostics and Therapies had a £563,000 surplus, and Medicine was broadly in line with plan. Specialised Services were overspent, though achieving well against their saving programme. Surgery was adverse by £363,000, and had been impacted by the lost of electives over the winter. Women's and Children's services had a small adverse variance and better than average income.
- The Committee emphasized that they found the 'SPORT' reports provided by the divisions very helpful in understanding their position, and asked that their value be underlined to the Divisions, and also that divisions ensured they were making the best use of these as an effective tool.

Savings Programme

Key points included:

- The Trust was on track to deliver £12.5m against the savings plan, which included a large overachievement in Specialised Services (Medicine and Surgery were the two divisions behind plan on savings, and the shortfall would be carried into next year's operating plan)., The plan for savings in next year's operating plan was £22.7million, of which £17.5million had been identified in potential savings so far.

Quarterly Workforce Report

Key points included:

- There had been some increased use in bank staff (but a decrease in agency use). The DePoel vendor model was showing some financial benefits, and figures would be presented to the Committee in due course. The Trust was also looking to set up a formal locum bank.
- There were continued vacancy issues, especially a lack of junior doctors (this was a national issue), and some very hard-to-fill senior roles. It was noted that vacancy issues were part of a broader conversation needed about the workforce mix within the Trust.

Q2 Service Line Reporting

Key points included:

- There had been an overall deterioration of £2.6m in the profitability of the Trust in 2017/18, excluding sustainability funding and technical items.

- It was noted there had been significant change in some tariffs, particularly specialist tariffs such as for follow up appointments, which had had a notable impact.
- There was a recognised issue of productivity/profitability in Surgery in particular which the Trust needed to address. Activity plan for next year.
- The Committee requested that the next quarterly report identified priorities for the following quarter.

Capital Report

Key points included:

- Capital expenditure to date was £20.782m compared to an internal plan of £26.638m. The forecast outturn has been assessed at £26.756m compared with the revised annual plan of £50.838m. The slippage of £24.082m mainly related to the Phase 5 programme and the reassessment of the capital programme at Q3.
- Public Dividend Capital (PDC) was £1.74m ahead of the expected position.
- IT capital was £1m behind the expected position, which related to the timing of the IT strategy. The Committee supported the idea of a Board Seminar to discuss how the Digital Strategy should work/be delivered.

Statement of Financial Position

Key points included:

- The Trust's net current assets at the end of January were £44.890m, £16.155m higher than plan.
- A key issue in aged receivables was the total outstanding debt with North Bristol Trust of £4.801m (£2.622m SLA and £2.179m non-SLA) with debts over 60 days of £3.930m (£2.433m SLA and £1.497m non SLA). The Trust continued to liaise with North Bristol, and both Trusts hope to resolve a significant part of the overdue debt by the end of the financial year.

Accounting Policies

Key points included:

- The Accounting Policies are required to be approved by the Audit Committee for inclusion in the Annual Accounts. The policies are revised where required by International Accounting Standards or Interpretation, including any revisions to the Department of Health Group Accounting Manual (DH GAM) 2017/18. For 2017/18 there are no changes to accounting standards or the DH GAM affecting the Trust's accounting policies, though some changes have been proposed on style and language.
- The Committee noted the proposed minor changes and recommended their approval to the Audit Committee recognising that there might be further changes required before the approval of the 2017/18 year end accounts if further Department of Health Group Accounting Manual guidance was issued.

Operating Plan 2018/19 - Control Total acceptance / rejection

Key points included:

- The Trust was required to make a binary declaration to the regulator as to whether to accept control total by 8 March 2018.
- The Trust's proposal – to reject the proposed 2018/19 control total from the regulator

(of £24.962m) – had been discussed and agreed at the Board Seminar of 22 February 2018. The view was that this was not achievable due to the £6.5m stretch beyond the 2017/18 control total. This matter would also go to Private Board on 28 February.

- The Committee supported the proposal to reject the control total.

The following were received for assurance:

- **Minutes of Capital Programme Steering Group**
- **Month 10 NHS Improvement Submission**

Key risks and issues/matters of concern and any mitigating actions

None identified.

Matters requiring Committee level consideration and/or approval

None identified.

Matters referred to other Committees

None identified.

Date of next meeting

26 March 2018

**Cover report to the Public Trust Board. Meeting to be held on 28 February 2018
at 11.00 – 13.00, Conference Room, Trust HQ, Marlborough St, Bristol, BS1
3NU**

Meeting Title	Public Trust Board	Agenda Item	11
		Meeting Date	Wednesday, 28 February 2018
Report Title	Governor's Log of Communications		
Author	Kate Hanlon, Membership Engagement Manager		
Executive Lead	Jeff Farrar, Chair		
Freedom of Information Status	Open		

Strategic Priorities

(please choose any which are impacted on / relevant to this paper)

Strategic Priority 1: We will consistently deliver high quality individual care, delivered with compassion.	<input type="checkbox"/>	Strategic Priority 5: We will provide leadership to the networks we are part of, for the benefit of the region and people we serve.	<input type="checkbox"/>
Strategic Priority 2: We will ensure a safe, friendly and modern environment for our patients and our staff.	<input type="checkbox"/>	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.	<input type="checkbox"/>
Strategic Priority 3: We will strive to employ the best staff and help all our staff fulfil their individual potential .	<input type="checkbox"/>	Strategic Priority 7: We will ensure we are soundly governed and are compliant with the requirements of NHS Improvement.	<input checked="" type="checkbox"/>
Strategic Priority 4: We will deliver pioneering and efficient practice, putting ourselves at the leading edge of research, innovation and transformation	<input type="checkbox"/>		<input type="checkbox"/>

Action/Decision Required

(please select any which are relevant to this paper)

For Decision	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>	For Approval	<input type="checkbox"/>	For Information	<input checked="" type="checkbox"/>
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Executive Summary

Purpose: The purpose of this report is to provide the Council of Governors with an update on all questions on the Governors' Log of Communications and subsequent responses added or modified since the previous Board.

The Governors' Log of Communications was established as a means of channelling communications between the governors and the officers of the Trust. The log is distributed to all Board members, including Non-executive Directors when new items are received and when new responses have been provided.

Recommendations

Members are asked to:

- **Note** the Report.

Intended Audience (please select any which are relevant to this paper)									
Board/Committee Members	<input type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input type="checkbox"/>	Staff	<input type="checkbox"/>	Public	<input checked="" type="checkbox"/>

Board Assurance Framework Risk (please choose any which are impacted on / relevant to this paper)			
Failure to maintain the quality of patient services.	<input type="checkbox"/>	Failure to develop and maintain the Trust estate.	<input type="checkbox"/>
Failure to recruit, train and sustain an engaged and effective workforce.	<input type="checkbox"/>	Failure to comply with targets, statutory duties and functions.	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	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.	<input type="checkbox"/>
Failure to maintain financial sustainability.	<input type="checkbox"/>		

Corporate Impact Assessment (please tick any which are impacted on / relevant to this paper)							
Quality	<input type="checkbox"/>	Equality	<input type="checkbox"/>	Legal	<input type="checkbox"/>	Workforce	<input type="checkbox"/>

Impact Upon Corporate Risk
N/A

Resource Implications (please tick any which are impacted on / relevant to this paper)			
Finance	<input type="checkbox"/>	Information Management & Technology	<input type="checkbox"/>
Human Resources	<input type="checkbox"/>	Buildings	<input type="checkbox"/>

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

ID **Governor Name**

197 Neil Morris

Theme: Cancelled operations**Source:** Governor Direct**Query** **29/01/2018**

I understand that as a result of adult services being in the highest levels of escalation the Trust informed staff members that “in line with our winter plan, we are cancelling elective, non-urgent operations”. I can see the process for cancelling, but not what the recovery process is for these additional cases which will be added onto the upcoming workload. What assurance can you provide that there is a recovery plan in place to ensure that the ripple effect from cancelled operations does not spread too far into the new year.

Division: Trust-wide**Executive Lead:** Chief Operating Officer**Response requested:** 09/02/2018**Response** **09/02/2018**

The elective cancellations for surgery fall into three defined categories, elective pacing, last minute cancellation on the day (LMC), and electives cancelled in advance of the date of surgery.

The Surgery and Specialised Divisions are keeping daily records of all patients from the above three groups and we have requested that the cancellation list is prioritised to ensure the most urgent cases are identified and rebooked in the shortest possible timeframe.

We have a plan in place to rebook and deliver the cancelled operations, where the plan to recover the position with additional capacity was initially targeted for April 18, but this plans needs to be flexible and meet the changing and conflicting demands of winter pressures. We have extended the period of elective pacing into the middle of February, where we will review the current arrangements and decide as to whether a further period of pacing is required, to reduce bed occupancy and reduce the LOS.

We are able to share the modelling plan for elective pacing and the requirements for recovery, should additional assurance be required and once we have an defined period of stability, we will be in a position to provide further clarity on the time required to recover the surgical elective position.

Status: *Awaiting Governor Response*

ID **Governor Name**

196 Graham Papworth

Theme: Contractors

Source: Governor Direct

Query 23/01/2018

Does Carillion going into liquidation have any impact on UH Bristol? And, in light of this situation, does UH Bristol have contingency plans in place in case any key contractors the trust is dependent on get into difficulties?

Division: Trust Services

Executive Lead: Chief Operating Officer

Response requested: 06/02/2018

Response 20/02/2018

There is no significant impact as we have no substantial building contracts with Carillion, nor any other substantial (over £500,0000) contracts with other contractors. We undertake a careful selection of procurement routes and contractors to deliver higher value schemes and will continue to do so.

Status: Awaiting Governor Response

195 Neil Morris

Theme: Healthcare Safety Investigations Branch

Source: Governor Direct

Query 03/01/2018

The newly operational Healthcare Safety Investigations Branch will start looking into cases of unexplained serious harm and death; as an organisation are we aware of this new branch and do we have procedures in place to co-operate as appropriate?

Division: Trust-wide

Executive Lead: Chief Nurse

Response requested: 24/01/2018

Response 08/01/2018

We are aware of the Healthcare Safety Investigations Branch (HSIB) and have been receiving updates for past 18 months on its development via various e-news bulletins and have spoken to their representatives at national events with regards to their future plans. Our Serious Incident Policy references the HSIB as a potential source of independent investigation for serious incidents.

Status: Awaiting Governor Response

ID **Governor Name**

194 Neil Morris

Theme: Incident reporting and learning

Source: Governor Direct

Query **03/01/2018**

New NHS Improvement figures show that nationally almost one in five births have an incident recorded for them, how does this compare with UH Bristol? Are there learning processes in place to ensure that any incidents we do record are being used as education/culture improvement opportunities?"

Division: Women's & Children's Services

Executive Lead: Chief Nurse

Response requested: 24/01/2018

Response **08/02/2018**

Our figures indicate that there is an incident recorded in UH Bristol maternity services for every 10 births. This figure may not be directly comparable with other providers because there are variations across providers between definitions of a birth (e.g. whether stillbirths are included) and variation in recognition of and reporting incidents by providers. National benchmarking data shows UH Bristol to be in the top quartile for incident reporting, but this does not distinguish maternity related incidents from others.

Patient safety incidents are reviewed and discussed at many levels in the organisation, from local teams, divisional managers and Trust wide. Outcomes and learning are shared via posters, newsletters, meetings. Strong links exist between the practice development midwives and the governance team so that multi-disciplinary mandatory training provides an opportunity to share and learn from current and past incidents.

Status: *Awaiting Governor Response*