



University Hospitals Bristol
NHS Foundation Trust

Public Trust Board Meeting Papers

Date: 29 March 2018

Time: 11:00 – 13:00

Venue: Conference Room, Trust Headquarters

PUBLIC TRUST BOARD

Meeting to be held on Wednesday 29 March 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	Chair	Verbal
2.	Declarations of interest	Information	Chair	Verbal
3.	Patient Story	Information	Chief Executive	1
4.	Minutes of the last meeting • 28 February 2018	Approval	Chair	4
5.	Matters arising and action log	Approval	Chair	15
6.	Chief Executive's Report	Information	Chief Executive	17
Care and Quality				
7.	Quality and Performance Report	Assurance	Deputy Chief Executive and Chief Operating Officer; Chief Nurse; Director of People	21
8.	Patient and Experience Reports a) Quarterly Patient Complaints Report – Q3 b) Quarterly Patient Experience Report – Q3	Assurance	Chief Nurse	78 81
9.	Six-Monthly Nurse Staffing Report	Assurance	Chief Nurse	85
10.	Quality and Outcomes Committee - Chair's Report	Assurance	Quality & Outcomes Committee Chair	Click Here
Financial Performance				
11.	Finance Report	Assurance	Director of Finance and Information	98

NO.	AGENDA ITEM	PURPOSE	SPONSOR	PAGE NO.
12.	Finance Committee Chair's Report	Assurance	Chair of Finance Committee	Click Here
13.	Draft Operational Plan 2018/19	Information	Director of Strategy and Transformation	117
14.	Financial Resources Book 2018/19	Assurance	Director of Finance and Information	136
Items for Information				
15.	Governors' Log of Communications	Assurance	Chief Executive	218
Concluding Business				
16.	Any Other Urgent Business		Chair	Verbal
17.	Date and time of next meeting 26 April 2018, Conference Room, THQ		Chair	Verbal

Cover report to the Public Trust Board. Meeting to be held on 29 March 2018 at 11.00 – 13.00, Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

		Agenda Item	3
Meeting Title	Trust Board	Meeting Date	Thursday, 29 March 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 patient who attends the Trust's Dermatology service. The patient has a long relationship with the service and has relatively recently decided on a course of methotrexate treatment for their acute skin condition. He will describe the effect his condition has had on his life, his decision to commence a course of methotrexate treatment, the on-going care and support he receives from his Clinical Nurse Specialists and the impact this new treatment has had.

By way of context, the patient has recently taken part in a patient focus group to explore and improve the patients' experiences of information and support received when starting a course of methotrexate, including: improvements to the existing patient information leaflet, greater visibility of research in the department, and improvements to the physical environment.

Recommendations

Members are asked to:

- **Note** the Patient Story

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 28 February 2018, 11:00-13:00, Conference Room, Trust Headquarters

Present

Board Members

Member Name	Job Title/Position
David Armstrong	Non-Executive Director
Mark Callaway	Acting Medical Director
Paula Clarke	Director of Strategy and Transformation
Jeff Farrar	Chair
Matt Joint	Director of People
Paul Mapson	Director of Finance and Information
Carolyn Mills	Chief Nurse
John Moore	Non-Executive Director
Mark Smith	Chief Operating Officer and Deputy Chief Executive
Martin Sykes	Non-Executive Director
Emma Woollett	Non-Executive Director
Robert Woolley	Chief Executive

In Attendance

Name	Job Title/Position
Sophie Melton Bradley	Deputy Trust Secretary
David Selwyn	Member of the Public
Rhona Thomas	Staff Member
John Rose	Public Governor
Andy Coles-Driver	Staff Governor
Neil Morris	Staff Governor
Flo Jordan	Staff Governor
Ray Phipps	Patient Governor
Clive Hamilton	Member of the Public
Fiona Reid	Head of Communications
Jenny James	Public Governor

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		
25/02/18	1. Welcome and Introductions/Apologies for Absence	
	<p>The Chairman welcomed everyone to the meeting.</p> <p>Apologies for absence were noted from Non-Executive Directors Julian Dennis, Guy Orpen, Steve West, Jill Youds and Non-Executive Director (Designate) Madhu Bhabuta.</p>	
26/02/18	2. Declarations of Interest	
	There were no declarations of interest.	
27/02/18	3. Patient Story	
	<ul style="list-style-type: none"> It was noted that the parent of a patient treated by the Trust had been due to attend the Board meeting, but had been unable to due to illness. The Board agreed that this story should come again to a future meeting of the Board. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> Receive the patient story, with a view to hearing from the patient's parent at a future meeting. 	
28/02/18	4. Minutes of the last meeting	
	<p>The minutes of the meeting held on the 31 January 2018 were agreed as a true and accurate record, subject to the following amendments.</p> <ul style="list-style-type: none"> Lisa Gardner was listed as attending the meeting, but she was not present until the Public meeting, which she joined in attendance (rather than as a member of the Board). Minute ref: 03/01/18 <u>Patient Story</u>, 'The average age of homeless people nationally was 47' to be corrected to 'The average life expectancy of homeless people nationally was 47'. Minute ref: 09/01/18 <u>Quarterly Patient Complaints and Experience Reports</u>, 'These reports came to the January 2018 Quality and Outcomes Committee for the first time' should be corrected to 'These reports came to the January 2018 Quality and Outcomes Committee' <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> Receive the minutes of the meeting held on the 31 January 2018 as a true and accurate record, subject to the above amendments. 	
29/02/18	5. Matters arising and Action Log	
	<p>Members received and reviewed the action log.</p> <p>Minute ref: 06/01/2018, <u>Chief Executive's Report: Update on the Digital</u></p>	

Minute Ref	Item Number	Action
	<p><i>Transformation Programme to come to a future Board meeting.</i> It was noted that there would be a further update on this item at the May 2018 Board meeting.</p> <p>Minute ref: 08/01/18, <u>Quality and Performance Report: Acting Medical Director to share the annual report on the genomics project with the Board.</u> The Acting Medical Director confirmed that this report was in preparation and would be shared with Board when ready.</p> <p>Minute ref: 13/01/18, <u>Transforming Care Programme Board Report – Q3 Reports on patient letters and the customer service mind-set to be provided to the Quality and Outcomes Committee.</u> It was confirmed that regular updates would be included under quality objectives in the report. This action was now complete.</p> <p>Minute ref: 22/01/18, <u>Governors’ Log of Communications 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.</u> It was confirmed that updates had been provided via the Governors’ Log, but there were still a few responses outstanding.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Note the action log, including completed actions. 	
30/02/18	<p>6. Chief Executive’s Report</p>	
	<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"> • At the end of Q3 UH Bristol had delivered the 62-day cancer referral standard target for the first time since 2012, which was a major achievement for the Trust. The Chief Executive and the Deputy Chief Executive and Chief Operating Officer had met the emergency care intensive support lead the previous day, and had received his congratulations for the Trust’s progress, both on this and against the 4hr A&E target (though the Trust was unlikely to recover trajectory on this by the end of March 2018, despite improvements). Staff had been working very hard to make these achievements and the Board would want to acknowledge this. • The Chief Executive wanted to assure the Board that the Trust was well prepared for the current spell of cold weather. Despite winter pressures, and more elective cancellations than hoped, the Trust had retained financial control and maintained flow. The Deputy Chief Executive and Chief Operating Officer had continued to lead very positive work on the productivity agenda, helping to improve activity efficiency. The Trust’s performance successes were especially positive in the context of a national deficit in the sector and a significant increase in A&E attendances this winter. 	

Minute Ref	Item Number	Action
	<ul style="list-style-type: none"> • The Executive Team was currently in deep planning for the next financial year. National planning guidance had only been issued in February 2018, with the first submission of the operational plan required by 8 March 2018, which gave a very narrow window for preparations. The Board had reviewed key issues related to the Trust's approach to 2018/19 operational planning, and things were on track for final approval by the end of April 2018. • The Board had approved the Strategic Outline Case for the merger with Weston Area Health Trust (WAHT) at the January 2018 Board meeting. This received positive feedback from a number of key stakeholders, and had supported UH Bristol in communicating positive messages on its intentions towards engaging with Weston. Executive team members continued to work closely with Weston colleagues, including through the monthly Partnership Management Board of both trusts, which was gathering pace on activities being undertaken, including a joint opportunities assessment at Weston and work on Healthy Weston. After engagement with NHSI and the CMA, the Trusts' view was that a formal review by the CMA of the proposal to merge would not need to be built into the transaction programme but that this will be kept under review. The Executive team would continue to report regularly on the Weston partnership to the Board. • UH Bristol had successfully bid against tender a for Sexual Assault Referral services in Avon and Somerset, for both child and adult victims, which was worth £2.7million over 3 years. This was currently in the contract mobilisation phase. This represented an innovative approach to partnership working, such as cross sectoral working with North Devon, which had just won a parallel tender for Devon and Cornwall services. <p>Members of the Board discussed the following:</p> <ul style="list-style-type: none"> • Members asked whether the new bid would use existing staff or would require additional costs to be incurred. There would be an element of growth in staffing built into the tender to help develop the service, especially as the paediatric service was new and would require more cross organisational working, as UH Bristol did not have the right staff expertise at present in this area. The Chair of the Board noted that this was an extremely worthwhile service, and to have the clinical governance sitting within UH Bristol was really positive. Board members were encouraged to get out and see the service on the ground if possible (e.g. as part of the NED visits cycle). <p style="text-align: center;">Action: Trust Secretariat to incorporate opportunities for visits to the Sexual Assault Referral service into NED visit planning.</p>	

Minute Ref	Item Number	Action
	<p>Members RESOLVED to: Receive the Chief Executive's Report.</p>	
Care and Quality		
31/02/18	7. Quality and Performance Report	
	<p>Chief Operating Officer and Deputy Chief Executive Mark Smith presented the Quality and Performance Report. It was noted that:</p> <ul style="list-style-type: none"> • Pressures from winter flu were now beginning to abate, and were down to 27 cases. However several wards were currently affected by Norovirus. It was noted that if winter admissions increased again next winter the Trust would struggle to maintain performance, because it had been in all escalation areas in order to manage this year's uplift in numbers. Planning was therefore starting now for next winter to ensure UH Bristol was as prepared as possible. • It was noted that UH Bristol had chosen not to stop all elective care operations over the winter, however there was still a sizeable cohort of elective care patients to rebook. • There were continued delays with the repatriation of Weston area patients, because the system across the STP area was regularly in the highest escalation levels, affecting flows. However performance had held up and recovery was starting to be seen. UH Bristol was currently rated as 'Section 3' for the 4 hour A&E target (with 'Section 4' meaning the loss of all service autonomy). The Trust was optimistic that it would move out of 'Section 3' very soon due to improved performance. UH Bristol had now appointed three high-calibre A&E consultants to help support performance, which reflected well on the Trust against a national backdrop of shortages and recruitment challenges. Clinical Utilisation Review was being implemented, which was also helping to identify where delays were affecting flows in achieving A&E productivity targets. • The Deputy Chief Executive and Chief Operating Officer had asked the Intensive Support Team for support in working through the on-hold patients issue previously highlighted at the January 2018 Board meeting. • The achievement of the 62 day referral cancer standard target in Q3, as noted in the Chief Executive's update, demonstrated that thanks to a lot of hard work and a change in attitudes and approach, UH Bristol had the system in place to deliver the target, which was excellent news. It was unlikely that this target would be achieved for Q4 due to winter pressures, but overall productivity was much improved. 	

Minute Ref	Item Number	Action
	<p>Additionally, achievement against the diagnostics target was 'settling down' and a trajectory was in place.</p> <p>The Chief Nurse Carolyn Mills noted the following in relation to quality issues:</p> <ul style="list-style-type: none"> • There had been sustained performance against key indicators overall. UH Bristol had had an increased number of cancelled elective operations for non-clinical reasons, which was likely to impact on patient satisfaction, however there had been discussion at the Quality and Outcomes Committee of the standards the Trust was aiming to achieve. Overall performance on quality and safety was strong. <p>The Director of People Matt Joint noted the following in relation to workforce issues:</p> <ul style="list-style-type: none"> • The Trust was very close to hitting the 90% target for the completion of essential training by all staff, though due to issues with the timing of equality and diversity training renewal deadlines performance had been slightly this below at 89%. • January 2018 was usually a difficult month in terms of staffing issues (e.g. due to sickness pressures), and agency usage had been just over the target threshold – though spending was less than in previous years. Although staff sickness rates had increased flu rates had been fairly good, due to strong uptake of the Trust's inoculation programme. Vacancy rates were also over threshold, and turnover was higher than anticipated, which the HR team were looking to get a better understanding of (there seemed to be a variety of reasons for this). <p>Members of the Board discussed the following:</p> <ul style="list-style-type: none"> • It was clarified that actual versus expected nurse staffing hours, as laid out in the report, was not the same as agency hours used. The expected figure varied from the actual figure for a range of reasons, e.g. more care being required unexpectedly, or less beds being filled than anticipated. It was noted that the Quality and Outcomes Committee received a monthly report on nurse staffing. • Members requested whether the RTT performance table showing the percentage of patients waiting under 18 weeks could be changed to include a second axis showing volume. It was noted that the content of the Quality and Performance Report was currently under review and it was intended to use better graph styles to show more information, and this point would be considered in that context. <p>Action: Review of Quality and Performance Report content to look at</p>	

Minute Ref	Item Number	Action
	<p>whether the RTT performance table showing the percentage of patients waiting under 18 weeks could be changed to include a second axis showing volume.</p> <ul style="list-style-type: none"> • Non-Executive Director Martin Sykes noted that the report commented on issues with the current PET scanning provider, and questioned whether UH Bristol could provide this service in-house in the future. It was noted that UH Bristol had bid to provide this service (which it had previously provided) but had lost out to in the national tendering process to a bid from the charitable sector which represented a cheaper offer than the Trust could provide. • Non-Executive Director David Armstrong commented that Non-Executive Directors had been given the opportunity previously to engage in the design of the Quality and Performance Report among others, and had hugely valued this opportunity to give input, as it helped them in their role of providing effective challenge. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Quality and Performance Report for assurance. 	MS
32/02/18	<p>8. Quality and Outcomes Committee - Chair's Report</p>	
	<p>Members received a report of the meeting of the Quality and Outcomes Committee on 26 February 2018.</p> <p>It was noted that:</p> <ul style="list-style-type: none"> • In January 2017 UH Bristol's performance was 7% lower than this year, and 17.5% lower in January 2016, something which it was important to recognise as it showed the level of improved performance being achieved. • The Committee had been pleased to see the Trust's success against the 62 day referral cancer target and the RTT target, as noted under Item 7. • In relation to the Director of People's work to address stress rates in the Trust, the Chair of the Board noted that one of the governors, Professor Astrid Linthorst, had an academic specialism in stress and resilience, so encouraged the Executive Team to engage with her in work on staff stress rates. <p>Action: Director of People Matt Joint to liaise with governor Professor Astrid Linthorst on the issue of staff stress and resilience.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Report of the Quality and Outcomes Committee for assurance. 	MJ

Minute Ref	Item Number	Action
Financial Performance		
33/02/18	9. Finance Report	
	<p>The Director of Finance and Information Paul Mapson presented the Finance Report to the Board. It was noted that:</p> <ul style="list-style-type: none"> • UH Bristol’s financial position was very positive, especially in the context of national deterioration in the sector’s financial position. In January 2018 the divisional position was broadly break even, thanks to a surplus in Specialised Service, although other divisions including Surgery had made a deficit (impacted on by elective cancellations). The Trust had used the winter pressures funding from NHS Improvement to mitigate the position, and the position would have probably been much worse without this. • After the first 6 months performance of the financial year the position had been challenging, however the past four months had shown a much stronger position. The Executive team felt it had improved control and oversight on operational issues and processes in key areas. The current area of concern remained medical pay costs, though this was not unique to UH Bristol and was a multifactorial issue. There were national issues around the inability to fill posts (leading to extra costs) which needed to be understood in conjunction with other trusts and sector leaders. • The forecast outturn for the year felt achievable, including hitting the core control total. UH Bristol was unlikely to achieve the 4hr A&E target for Q4, and hence gain the STF funding attached, but this had been expected (especially due to winter pressures). Capital spend was in slight slippage but was improving. <p>Members of the Trust Board discussed the following:</p> <ul style="list-style-type: none"> • Members of the Board asked whether the Trust was confident it was comparing ‘like with like’ in benchmarking medical pay issues against others. It was confirmed that the issue was largely related to acute medical pay costs, and junior doctor contracts were also one of a number of factors. • The Chair of the Board reminded members that the Trust was in the top ten in terms of financial performance in the UK, which was an excellent achievement, especially in very difficult times. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Finance Report for Assurance. 	
34/02/18	10. Finance Committee Chair’s Report	
	Members received a written report of the meetings of the Finance	

Minute Ref	Item Number	Action
	<p>Committee of 23 February 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 also covered the Finance Report, and had agreed with the Chair of the Board's view that it was a positive achievement given the sector position. • The Committee had looked at Q2 service line reporting, which reported on profitability by division and service. It was noted that minor issues had the potential to severely affect profitability at a local level, and the Committee was keen to understand the trends and issues involved, so had requested that future reports on this issue include a 'forward look' on key actions for the next quarter. • The Committee had received the Quarterly Workforce report and had agreed that the Strategic Workforce Review must form part of the new strategy and strategic planning. There were issues to do with skill mix and different ways of working which the Executive team were aware of but needed to be surfaced. • The Committee received an update to the Accounting Policies for the Trust, which it had approved as there were no substantive changes. • The savings programme for next year for UH Bristol was already well developed, and had identified a £5m shortfall from the internal target to get to Stage 1 of next year's plan, which the Trust was confident of meeting. The Committee had supported the view of the Director of Finance and Information that the Trust could only be pushed so far by the regulator to make still further savings beyond this. <p>Members of the Trust Board discussed the following:</p> <ul style="list-style-type: none"> • Members of the Board noted that UH Bristol was forecasting significant capital slippage by the end of the year. It was clarified that this was due to some delays in purchasing medical equipment (due to procurement issues related to staff illness and the need to bring in external procurement staff) and in relation to reserves for capital planning. As soon as there was a viable plan for next year's capital programme this would be shared. • It was confirmed that the HRG4+ issue with Wales was currently reflected in receivables for this year, though this might need further reviewing. 	

Minute Ref	Item Number	Action
	<ul style="list-style-type: none"> <li data-bbox="304 344 1350 562">• It was noted that the Trust was currently owed outstanding monies by North Bristol Trust. The Director of Finance and Information confirmed he had been in conversation with North Bristol’s Director of Finance, and arrangements for a good proportion of this had been agreed. The outstanding issues felt manageable, and provisions had been made in financial planning for any potential ‘bad debt’. <li data-bbox="304 607 1350 1077">• It was noted that issues with surgery costs had been identified on the Service Line Report. This was a longstanding issue, and members asked for clarification as to how the Trust was addressing it. It was noted that there were multilevel productivity issues, and issues being addressed to do with clear lines of accountability and ensuring the right level of oversight and ‘grip’. The Deputy Chief Executive and Chief Operating Officer had been meeting fortnightly with the division to address some very granular issues, such as signing off on non-profitable and non-urgent costs. Obviously this level of engagement wasn’t sustainable in the long term but was hopefully helping to improve oversight and good practice. The Executive team felt that Surgery represented the Trust’s biggest opportunity and biggest risk in terms of improving financial performance/productivity. <li data-bbox="304 1122 1350 1704">• Members of the Board queried whether the sub divisional structures were right to support improved productivity. It was noted that a full organogram including job descriptions had been developed to get a good understanding of how the sub divisions were working, however the current level of granular engagement was necessary to answer the question of whether the structures were ‘right’. The Board were pleased to hear that this level of in-depth activity was going on to try and surface the issues. Chief Executive Robert Woolley noted there were wider factors impacting on the division, including the complexity of its service and the resources available. The Executive team recognised that there had been historical issues in getting the interventions right, but the current closely involved approach, intended to support the division whilst surfacing and understanding the issued involved, seemed like the right one. It was noted that the issue of operational planning including divisional planning would be discussed at the following week’s Senior Leadership Team meeting. <li data-bbox="304 1749 1350 1850">• Non-Executive Director David Armstrong requested updates on progress to come to Finance Committee on an ongoing basis. It was confirmed these would be included in future reports. <li data-bbox="304 1895 1350 2022">• Patient Governor Ray Phipps asked what was meant by un-coded activity. Coding was used to help the Finance Team in understanding what had happened to patients and enable the Trust to bill commissioners correctly, for example for outpatient appointment. Un- 	

Minute Ref	Item Number	Action
	<p>coded activity made it difficult for the Trust to track patient activity and bill for it appropriately.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the report of the Finance Committee for assurance. 	
Items for Information		
35/02/18	11. Governors' Log of Communications	
	<ul style="list-style-type: none"> • There were no updates on the Governors' Log of Communications. The Membership Engagement Manager Kate Hanlon would make the log available to members. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Governors' Log of Communications. 	
Concluding Business		
36/02/18	12. Any Other Urgent Business	
	There was no other urgent business.	
37/02/18	13. Date and time of Next Meeting	
	<ul style="list-style-type: none"> • 29 March 2018, 11:00 – 13:00, Conference Room, THQ 	

Chair's Signature: Date:

Public Trust Board of Directors meeting
29 March 2018
Action tracker

Outstanding actions from the meeting held on 28 February 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	March 2018	<p>Work in Progress</p> <p>The Acting Medical Director would share the annual report with the Board when available.</p>
3.	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 and Chief Operating Officer	March 2018	<p>Work in Progress</p> <p>An update was received at the February 2018 Board meeting:</p> <ul style="list-style-type: none"> It was confirmed that updates had been provided via the Governors' Log, but there were still a few responses outstanding. <p>Further update would be provided within the Governors' Log of Communications at the March 2018 Board meeting.</p>

4.	30/02/18	<u>Chief Executive's Report</u> Trust Secretariat to incorporate opportunities for visits to the Sexual Assault Referral service into NED visit planning.	Trust Secretary and Deputy Trust Secretary	May 2018	<u>Work in Progress</u> Board to be notified when arranged.
5.	31/02/18	<u>Quality and Performance Report</u> Review of Quality and Performance Report content to look at whether the RTT performance table showing the percentage of patients waiting under 18 weeks could be changed to include a second axis showing volume.	Deputy Chief Executive and Chief Operating Officer	March 2018	<u>Work in Progress</u> Update to be given at the March 2018 Trust Board meeting.
6.	32/02/18	<u>Quality and Outcome's Committee Chair's report</u> Director of People Matt Joint to liaise with governor Professor Astrid Linthorst on the issue of staff stress and resilience.	Director of People	March 2018	<u>Work in Progress</u> Update to be given at the March 2018 Trust Board meeting.

Closed actions from the meeting held on 28 February 2018

No.	Minute reference	Detail of action required	Responsible officer	Completion date	Additional comments
1.	13/01/18	<u>Transforming Care Programme Board Report – Q3</u> Reports on patient letters and the customer service mind-set to be provided to the Quality and Outcomes Committee.	Director of Strategy and Transformation	March 2018	<u>Work in Progress</u> The Director of Strategy and Transformation would provide the reports to the Quality and Outcomes Committee. At the February 2018 Trust Board meeting it was confirmed that regular updates would be included under quality objectives in the report. This action was now complete.

**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	Thursday, 29 March 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 March 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 – MARCH 2018

1. INTRODUCTION

This report summarises the key business issues addressed by the Senior Leadership Team in March 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 and the position in respect of Operating Plans for 2018/2019.

The group received a summary of the Staff Survey Results 2017, against both the national and acute average, and **agreed** next steps for taking the results forward and key priorities for 2018/2019.

3. STRATEGY AND BUSINESS PLANNING

The group **approved** the prioritisation of Internal Cost Pressures 2018/2019. The assurances provided by the Quality Impact Assessments, that the risks created through the prioritisation process not to proceed with some internal and external investment proposals, were sufficiently mitigated at this point in time, were **supported**.

The group **approved** the prioritised programme for major medical Capital 2018/2019 and **approved, in principle**, the operational capital 2018/2019, subject to a final review within the next two weeks.

The group **received and approved**, in principle, a proposal to establish a new Divisional Oversight Framework for the approval and ongoing monitoring of delivery against the annual Operating Plan, subject to final review and comment by Divisions.

The group **received** an update on the Clinical Utilisation Review.

The group **received** an update on the Healthier Together Task and Finish Groups that had been established for Bristol North Somerset and South Gloucestershire.

The group **agreed** the transformation priorities for 2018/2019 and focus areas for the Transformation Board and **approved** revised Terms of Reference.

4. RISK, FINANCE AND GOVERNANCE

The group **received** the quarterly report on Complaints and Patient Experience and Involvement Reports for ongoing submission to the Quality and Outcomes Committee and Trust Board.

The group **received** and noted the Draft Strategic Audit Plan 2018/2019 to 2020/2021.

The group **received** an update on the General Data Protection Regulation Compliance and Implementation.

The group **approved** a refined decision referral process for Essential Training and a reporting format, focussing on 11 Core Skills, as the monthly essential compliance report to the Trust Board.

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

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

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

5. RECOMMENDATIONS

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

Robert Woolley
Chief Executive
March 2018

**Cover report to the Trust Board Meeting to be held on 29 March 2018 at 11.00
– 13.00 in the Conference Room, THQ**

		Agenda Item	7
Meeting Title	Public Trust Board	Meeting Date	Thursday, 29 March 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	Mark Smith, Chief Operating Officer/Deputy Chief Executive		
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 checked="" 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 March 2018		

Quality & Performance Report

March 2018

Executive Summary

Single Oversight Framework

- The 62 Day Cancer standard for GP referrals achieved 78.0% for January. This is below the national standard of 85% and the Sustainability and Transformation Fund (STF) target of 82.6%. February is expected to perform at a similar level and March performance is expected to improve but is unlikely to meet the 85% standard.
- The measure for percentage of A&E patients seen in less than 4 hours was 83.2% for February. This did not achieve the Sustainability and Transformation Fund (STF) target of 92% or the national 95% standard for UHBristol performance alone. This excludes any Walk-In Centre data. Current March performance, as at 18th March, is 78% with Quarter 4 performance currently standing at 82%.
- The percentage of Referral To Treatment (RTT) patients waiting under 18 weeks was 88.4% as at end of February. 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. Early sight for March is holding at 87% against a back drop of winter pressures and elective cancellations. 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 February was 99.2%. This achieved the national 99% standard for the first time since November 2016. The recovery trajectory aims to deliver sustained 99% performance beyond April 2018. There is still a risk that to delivery of this, due to cancellation of capacity during recent adverse weather conditions.

Headline Indicators

Performance against Clostridium difficile Cases and Patient Experience remain consistently above target. There was deterioration in the Medicines Omitted Doses measure, where 6 out of the 588 patients reviewed (1.02%) had one or more omitted critical medications in the past three days. The target for omitted doses is no more than 0.75%. Feedback has been given to the heads of nursing with request to raise the issue around omitted critical medicines in safety briefings. However the cumulative year-to-date result is still on target at 0.52%.

The Deteriorating Patient measure (Early Warning Scores Acted Upon) remained below the 95% level in February at 91%. None of the 4 patients came to harm. It is worth noting that volumes are small and this measure has not fallen below the RED threshold of 90% all year.

The Safety Thermometer measure of New Harms and Heart Reperfusion measure (90 minute "Door To Balloon Time) remain Green. There were no Never Events in February.

Last Minute Cancelled (LMC) Operations remains above the required threshold of 0.8% of admissions, with 98 such cancellations in February. Also the 28 day readmission standard of 95% was not achieved in February (94% - 6 patients not re-admitted within 28 days).

The number of beddays spent outlying (1120) is significantly above previous months, although is in-line with the high number experienced in January. This is 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 increased slightly in February to 1.1%, which is above the 0.9% target. The largest staff group increase was in Ancillary, which increased by 31.8% (1.6 FTE); all other staff groups saw a reduction in Agency usage.

Staff Sickness reduced to 4.4% in February, with Sickness levels for the top 5 reasons all showing a reduction compared with last month; absence due to Cough/Cold/Flu reduced by 21.0 %, and Stress/Anxiety has reduced by 17.2%. Overall vacancies increased to 5.8%, and remain higher than the Trust target of 5%. Nursing vacancies increased by 6.7 FTE in month to 236.7 (7.3%). Of the clinical divisions, the largest increase in nursing vacancies was seen in Specialised Services, where it rose by 13.1% (5.8 FTE).

Turnover saw a slight increase to 13.5% from 13.4% last month. Small reductions were seen in the four bed-holding divisions, but these were offset by large increases in Facilities & Estates and Trust Services (0.9 and 0.4 percentage points respectively). The largest increase in staff group was seen in Healthcare Scientists (0.8 percentage points).

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%	83.2%	
	Trust "Footprint"				92.8%					
	STF trajectory	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	92.0%	
62-day GP cancer	Actual (Monthly)	74.7%	85.2%	80.2%	84.1%	88.6%	82.9%	78.0%		
	Actual (Quarterly)	80.1%			85.4%			78.0%		
	STF trajectory	83.6%	83.6%	83.6%	82.5%	82.5%	82.5%	82.6%		
Referral to Treatment Time (RTT)	Actual	90.2%	89.9%	89.4%	90.0%	88.9%	88.3%	88.1%	88.4%	
	STF trajectory*	92.0%	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%	99.2%	
	STF trajectory*	99.0%	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 RED:
Medication Errors

GREEN to AMBER:
Outpatient Appointments Cancelled

AMBER to RED:
Dissatisfied Complaints
Agency Usage

AMBER to GREEN:
Diagnostic Waits

RED to AMBER:
Staff Sickness

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%. BRHC continues to meet the STF trajectory for 4hr performance 	<ul style="list-style-type: none"> Sustain A&E 4 hour performance particularly at the Bristol Royal Infirmary, given ongoing operational winter pressures. Early recovery of performance and re-focus on improvements as we start to move into Spring
ACCESS Cancer Waits	<ul style="list-style-type: none"> Recovery trajectory for 62 day GP performance was met and exceeded in every month from August-December and the national standard achieved in 2 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. Good recovery from cancellations during February. Had the severe weather and knock-on impact on emergency demand not occurred, this would have enabled a much better March performance 	<ul style="list-style-type: none"> Minimise surgical cancellations of cancer patients and take actions to recover quickly when cancellations occur. Deliver the best possible performance in March whilst also ensuring patients are not being booked out of target into April Recover from winter pressure cancellations during quarter 4 with the aim of achieving 85% from quarter 1
ACCESS Planned Care	<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. 88.4% was the submitted RTT position for February, early sight for March is holding at 88% currently against a back drop of winter pressures and elective cancellations. The Diagnostic wait target of 99% of patients waiting under 6 weeks was achieved at end of February (99.2%) for the first time since November 2016 	<ul style="list-style-type: none"> Continue to hold steady state on RTT performance with a plan to aggregate Divisions position and restore achievement of the 92% Referral to Treatment national standard going forward. 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. Focused review of the on-hold patients will continue - Progress has begun with removal of on-hold status flags in Medway 4.8 with more than 1,500 removed in Gynaecology services with a further 2,000 identified to be removed for Obstetrics. 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.

	Successes	Priorities
QUALITY	<ul style="list-style-type: none"> No in-patient falls resulting in moderate or a higher level of harm in February 2018. 	
WORKFORCE	<ul style="list-style-type: none"> Trust-wide recognition framework is in place supporting an equitable approach to staff recognition in the organisation Staff Engagement, as measured in the staff survey, has increased for the 4th year and is 3.85 against a target of 4 in 2020, in line with the Trust Quality Strategy The Trust partially achieved this year's staff health and wellbeing CQUIN indicator relating to an improvement to staff survey responses, worth £95k. This is in addition to full achievement of a successful flu campaign worth £190k 	<ul style="list-style-type: none"> Approval and implementation of the Workplace Wellbeing Strategy 2018-21 and Delivery Plan (undergoing consultation) Efficient recruitment of medical locums by the Resourcing Service as part of the longer term strategy to create a Medical Locum Bank within the Temporary Staffing Bureau A review of Improving Staff Experience plans will be undertaken with the receipt of the staff survey results in mid-February

	Opportunities	Risks & Threats
ACCESS Emergency	<ul style="list-style-type: none"> Re-focus of work with Bristol City Council around DTOC reduction – planned a mini MADE event at short notice in response to Bristol position. Learning from winter plans and review of particular days performance will inform future resilience plans Learning from severe weather impacts – particularly the days following will inform future plans 	<ul style="list-style-type: none"> Quarter 4 performance Continued operational pressure on the hospital through Easter into April presents a risk to RTT recovery plans
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) with referring providers is being piloted. This has been running since February and is gradually developing. Engagement from other providers has been patchy and the format is being adapted to address that. 	<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 all three months during the quarter, following a surge in emergency demand after the severe weather in March Dermatology transfer not taking place until 2019, meaning the Trust’s challenging casemix remains an issue
ACCESS Referral To Treatment	<ul style="list-style-type: none"> IM&T and System C are exploring the removal of on-hold status flags in Medway and a meeting has been requested to progress this further. 52-week position at the end of February has resulted in 15 patients, all have treatment dates booked aside from 3 (2 we are waiting for MRI results and 1 the patient refused to proceed with dental extraction on the day due to lack of chaperone) 	<ul style="list-style-type: none"> Focused review of the patients with an on-hold status will continue and will be expanded as the risks identified during the process are likely to increase. Intensive Support Team have been invited into Trust to review and to guide us in the review process. The IST visited the Trust on 12th February and a further teleconference call is planned on 21st March 2018 where discussion of their recommendation and next steps will be undertaken. 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 28th February: Divisions have the remit to review and remove any on-hold flags within Medway 4.8 that are more than 8 weeks old, the deadline to achieve this is 12 weeks (i.e. end of May 2018). This will continue to be monitored weekly at the RTT Performance meeting. Cancellation of diagnostic capacity in February due to adverse weather could jeopardise continued delivery of the 99% Diagnostic Wait Time standard
QUALITY		<ul style="list-style-type: none"> The treatment for Fracture Neck of Femur Patients Achieving Best Practice Tariff for February (22.7%) is the lowest reported figure since April 2015 when present records began. The Non Purposeful Omitted Doses of Listed Critical Medication performance figure for February (1.02%) was highest reported figure since January 2016.

	Opportunities	Risks & Threats
WORKFORCE	<ul style="list-style-type: none"> Review underway to look at the introduction of Behavioural NA's to reduce high cost agency spend on Psych NA's Promoting the work achieved in the Improving Staff Experience plans, a Trust wide staff survey roadshow is planned to show-case 'You said...We did'. To commence following receipt of the heat maps in April. The Trust anticipates full achievement of the remaining staff health and wellbeing indicator concerning healthy food which if successful, is worth £190k 	<ul style="list-style-type: none"> Increased high cost, non-framework agency usage as a result of operational pressures across the hospital Continued system issues with E-Appraisal resulting in delays in completion and complexity in reporting Challenges in securing senior clinical input to support the development and delivery of a 'Making Every Contact Count' (MECC) action plan for patient-facing colleagues

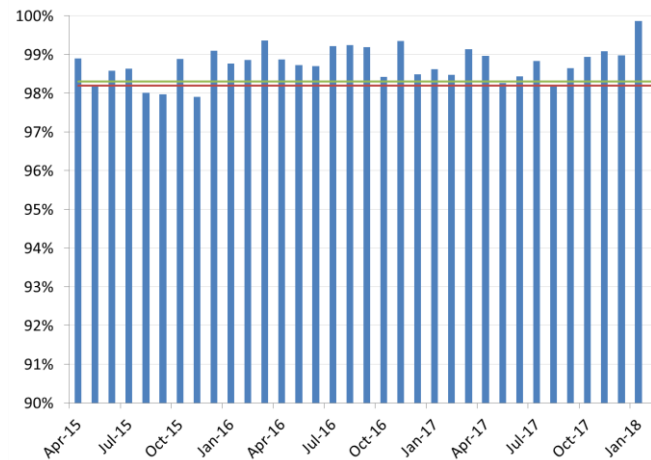
Description	Current Performance	Trend	Comments
<p>Infection control</p> <p>The number of hospital-apportioned cases of Clostridium difficile infections. The Trust limit for 2016/17 is 45 avoidable cases of clostridium difficile (the same as 2015/16).</p>	<p>Performance in Trust acquired Clostridium difficile (C. diff) is good with low numbers of cases in relation to the limits set.</p> <p>There were six cases of C. diff attributed to the Trust in February 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>	<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>
<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 February 2018 was 91% against a three-year improvement goal of 95%. The four breaches occurred within the Division of Surgery.</p> <p>One breach was due to a patient who had a raised NEWS score the previous night, but there was no evidence of SBAR communication or a documented response by the medical team.</p> <p>Three breaches occurred on one ward. All three breaches were due to no evidence of SBAR communication or a documented response by the medical team.</p> <p>No patients came to harm.</p>	<p>Percentage of early warning scores acted upon</p>	<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>

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 February 2018, the percentage of patients with no new harms was 98.4 % (12 patients 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

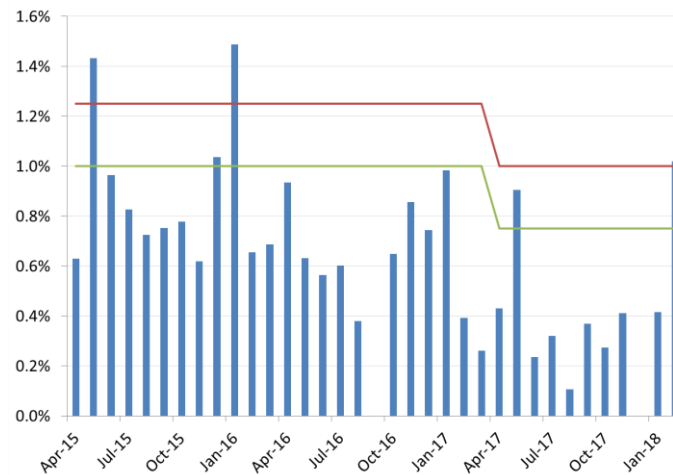


The February 2018 Safety Thermometer point prevalence audit showed no new catheter associated urinary tract infections, one fall with harm, six new pressure ulcers and five new venous thrombo-emboli.

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 February 2018, 1.02% (6 out of the 588 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 1.02 % for February 2018 is a significant deterioration from the January 2018 figure of 0.42% (3 out of 721).

Percentage of omitted doses of listed critical medicines

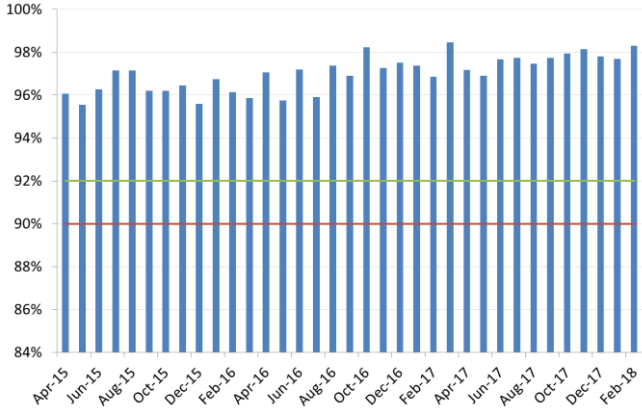
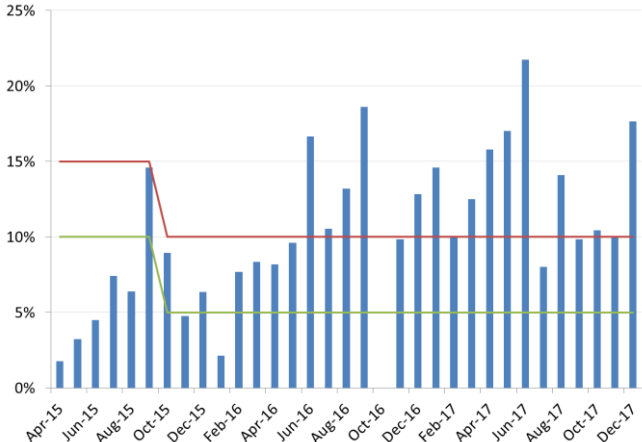


The target for omitted doses in 2017/2018 has been revised and is now set at 0.75% (previous target was 1%). Whilst the cumulative result is still on target (0.52% target 0.75%) Feb 18 has seen the highest % of omitted critical medicines at 1.02% since January 2016. This is due to both the number of patients reviewed being the lowest and number of patient with omitted medicines is slighter higher (6 mean is 5). Feedback has been given to the heads of nursing with request to raise the issue around omitted critical medicines in safety briefings.

Description	Current Performance	Trend	Comments
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<p>Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%</p>	<p>Overall compliance is 90% (excluding Child Protection Level 3). Compliance with each of the reporting categories is provided below.</p>	<p>Overall the compliance for the Trust remains 89%, same as previous month.</p>	<p>See Appendix 1 to see action.</p>																		
	<table border="1"> <thead> <tr> <th>February 2018</th> <th>UH Bristol</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>90%</td> </tr> <tr> <td>Three Yearly (14 topics)</td> <td>90%</td> </tr> <tr> <td>Annual (Fire)</td> <td>88%</td> </tr> <tr> <td>Annual (IG)</td> <td>85%</td> </tr> <tr> <td>Induction & Orientation</td> <td>98%</td> </tr> <tr> <td>Doctors induction</td> <td>90%</td> </tr> <tr> <td>Resuscitation</td> <td>87%</td> </tr> <tr> <td>Safeguarding</td> <td>90%</td> </tr> </tbody> </table>			February 2018	UH Bristol	Total	90%	Three Yearly (14 topics)	90%	Annual (Fire)	88%	Annual (IG)	85%	Induction & Orientation	98%	Doctors induction	90%	Resuscitation	87%	Safeguarding	90%
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<p>Nurse staffing levels unfilled shifts reports the level of registered nurses and nursing assistant staffing levels against the planned.</p>	<p>The report shows that in February 2018 the Trust had rostered 217,334 expected nursing hours, with the number of actual hours worked of 210,286. This gave a fill rate of 97%.</p>	<p>The percentage overall staffing fill rate by month</p> <p>RN and NA fill rates Feb 2017 - Feb 2018</p> <table border="1"> <caption>Approximate data from the staffing fill rate chart</caption> <thead> <tr> <th>Month</th> <th>RN % fill</th> <th>NA % fill</th> </tr> </thead> <tbody> <tr><td>Feb-17</td><td>100%</td><td>115%</td></tr> <tr><td>Mar-17</td><td>100%</td><td>110%</td></tr> <tr><td>Apr-17</td><td>100%</td><td>115%</td></tr> <tr><td>May-17</td><td>100%</td><td>110%</td></tr> <tr><td>Jun-17</td><td>100%</td><td>110%</td></tr> <tr><td>Jul-17</td><td>100%</td><td>105%</td></tr> <tr><td>Aug-17</td><td>100%</td><td>105%</td></tr> <tr><td>Sep-17</td><td>100%</td><td>105%</td></tr> <tr><td>Oct-17</td><td>100%</td><td>105%</td></tr> <tr><td>Nov-17</td><td>100%</td><td>105%</td></tr> <tr><td>Dec-17</td><td>100%</td><td>105%</td></tr> <tr><td>Jan-18</td><td>100%</td><td>110%</td></tr> <tr><td>Feb-18</td><td>100%</td><td>110%</td></tr> </tbody> </table>	Month	RN % fill	NA % fill	Feb-17	100%	115%	Mar-17	100%	110%	Apr-17	100%	115%	May-17	100%	110%	Jun-17	100%	110%	Jul-17	100%	105%	Aug-17	100%	105%	Sep-17	100%	105%	Oct-17	100%	105%	Nov-17	100%	105%	Dec-17	100%	105%	Jan-18	100%	110%	Feb-18	100%	110%	<p>Overall for the month of February 2018, the Trust had 92% cover for Registered Nurses (RN) on days and 94% RN cover for nights. The unregistered level of 102% for days and 115% for nights reflects the activity seen in February 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</p>
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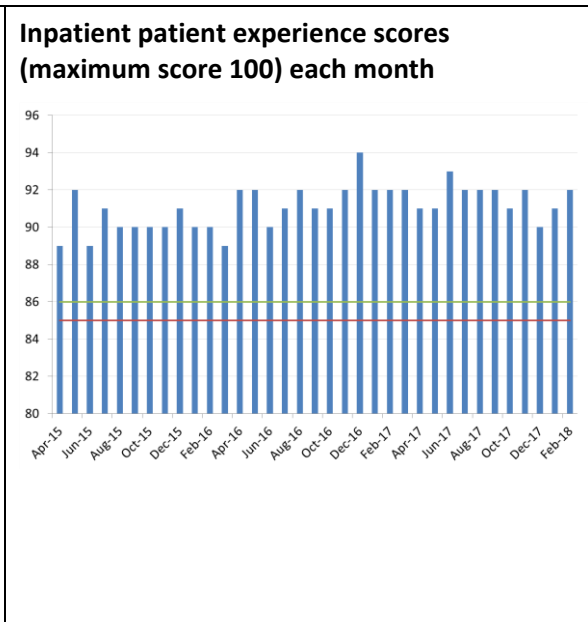
Description	Current Performance	Trend	Comments																																						
<p>Friends & Family Test inpatient score is a measure of how many patients said they were 'very likely' to recommend a friend or family to come to the Trust if they needed similar treatment. The scores are calculated as per the national definition, and summarised at Division and individual ward level.</p>	<p>Performance for February 2018 was 98.3%. 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>  <table border="1"> <caption>Inpatient Friends & Family score (Estimated Data)</caption> <thead> <tr> <th>Month</th> <th>Score (%)</th> </tr> </thead> <tbody> <tr><td>Apr-15</td><td>96.0</td></tr> <tr><td>Jun-15</td><td>96.5</td></tr> <tr><td>Aug-15</td><td>97.0</td></tr> <tr><td>Oct-15</td><td>96.5</td></tr> <tr><td>Dec-15</td><td>96.5</td></tr> <tr><td>Feb-16</td><td>96.5</td></tr> <tr><td>Apr-16</td><td>96.5</td></tr> <tr><td>Jun-16</td><td>96.5</td></tr> <tr><td>Aug-16</td><td>96.5</td></tr> <tr><td>Oct-16</td><td>96.5</td></tr> <tr><td>Dec-16</td><td>96.5</td></tr> <tr><td>Feb-17</td><td>96.5</td></tr> <tr><td>Apr-17</td><td>96.5</td></tr> <tr><td>Jun-17</td><td>96.5</td></tr> <tr><td>Aug-17</td><td>96.5</td></tr> <tr><td>Oct-17</td><td>96.5</td></tr> <tr><td>Dec-17</td><td>96.5</td></tr> <tr><td>Feb-18</td><td>98.3</td></tr> </tbody> </table>	Month	Score (%)	Apr-15	96.0	Jun-15	96.5	Aug-15	97.0	Oct-15	96.5	Dec-15	96.5	Feb-16	96.5	Apr-16	96.5	Jun-16	96.5	Aug-16	96.5	Oct-16	96.5	Dec-16	96.5	Feb-17	96.5	Apr-17	96.5	Jun-17	96.5	Aug-17	96.5	Oct-17	96.5	Dec-17	96.5	Feb-18	98.3	<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>
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<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 December 2017.</p> <p>As of 15th March 2017, 12 of the 68 responses sent out in December had resulted in dissatisfied replies (17.6% against a target of 5%).</p>	<p>Percentage of compliant complaints dissatisfied with the complaint response each month</p>  <table border="1"> <caption>Percentage of compliant complaints dissatisfied with the complaint response each month (Estimated Data)</caption> <thead> <tr> <th>Month</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr><td>Apr-15</td><td>2.0</td></tr> <tr><td>Jun-15</td><td>3.0</td></tr> <tr><td>Aug-15</td><td>7.0</td></tr> <tr><td>Oct-15</td><td>14.0</td></tr> <tr><td>Dec-15</td><td>5.0</td></tr> <tr><td>Feb-16</td><td>2.0</td></tr> <tr><td>Apr-16</td><td>8.0</td></tr> <tr><td>Jun-16</td><td>9.0</td></tr> <tr><td>Aug-16</td><td>16.0</td></tr> <tr><td>Oct-16</td><td>18.0</td></tr> <tr><td>Dec-16</td><td>10.0</td></tr> <tr><td>Feb-17</td><td>14.0</td></tr> <tr><td>Apr-17</td><td>12.0</td></tr> <tr><td>Jun-17</td><td>16.0</td></tr> <tr><td>Aug-17</td><td>22.0</td></tr> <tr><td>Oct-17</td><td>10.0</td></tr> <tr><td>Dec-17</td><td>17.6</td></tr> </tbody> </table>	Month	Percentage (%)	Apr-15	2.0	Jun-15	3.0	Aug-15	7.0	Oct-15	14.0	Dec-15	5.0	Feb-16	2.0	Apr-16	8.0	Jun-16	9.0	Aug-16	16.0	Oct-16	18.0	Dec-16	10.0	Feb-17	14.0	Apr-17	12.0	Jun-17	16.0	Aug-17	22.0	Oct-17	10.0	Dec-17	17.6	<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%. Actions continue as previously reported to the Board (Actions 5A to 5D).</p>		
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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 February 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 (Children's Hospital)	91	92
Women's & Children's Division (Postnatal wards)	91	92



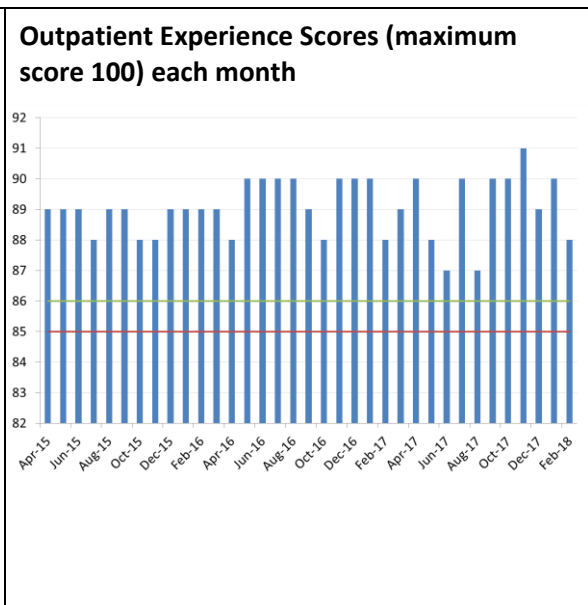
UH Bristol performs in line with national norms in terms of patient-reported experience. This metric would turn red if patient experience at the Trust began to deteriorate to a statistically significant degree – alerting the Trust Board and senior management that remedial action was required. In the 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 88 in February 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	89
Medicine	91	92
Specialised Services	88	84
Surgery	89	91
Women's & Children's (Children's Hospital)	87	92
Diagnostics & Therapies	95	90



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
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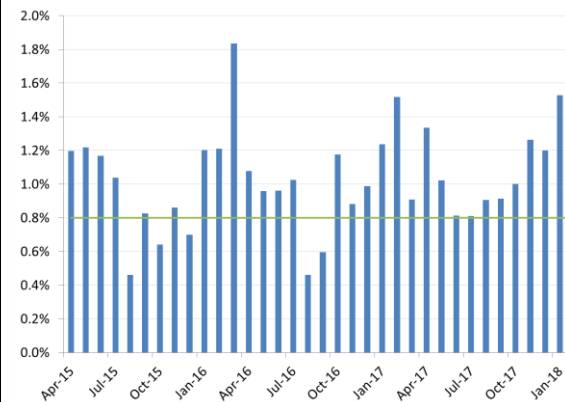
Last Minute Cancellation is a measure of the percentage of operations cancelled at last minute for non-clinical reasons. The national standard is for less than 0.8% of operations to be cancelled at last minute for reasons unrelated to clinical management of the patient.

In February the Trust cancelled 98 (1.6%) of operations at last-minute for non-clinical reasons. The top five reasons for the cancellations are shown below:

Cancellation reason	Number
No ward beds	34
Other patient prioritised	25
Staff unavailable	13
Lack of time or overbooked	10
Equipment failure/lack of equipment	9
No HDU/CICU/ICU beds	6
Other	1

Of the 102 patients cancelled in January, 6 were not readmitted within 28 days. Meaning 94% were re-admitted within 28 days, so the Trust just missed the former national standard of 95%.

Percentage of operations cancelled at last-minute



Deterioration in performance in month. Concern continues to be around the availability of HDU capacity to support complex surgery and ongoing operational pressures during February.

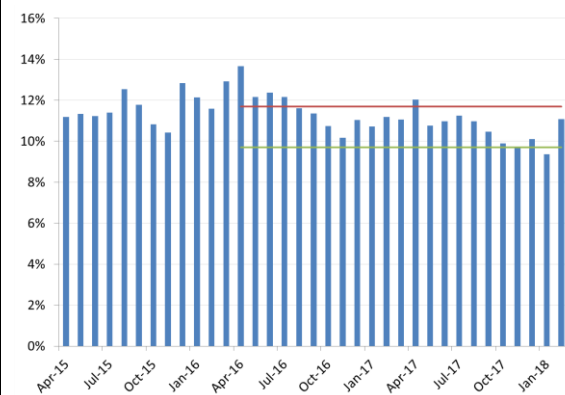
See Actions 6A-6B for further details.

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.

In February 11.1% of outpatient appointments were cancelled by the hospital, which is below the Red threshold of 11.7% but above the Red threshold of 9.7%. This is an increase from last month's cancellation percentage of 9.4%.

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%.

Percentage of outpatient appointments cancelled by the hospital



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).

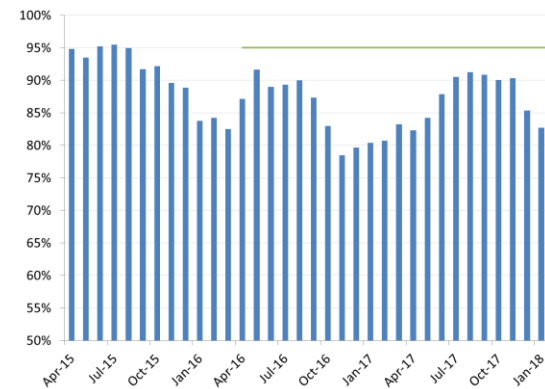
Description	Current Performance	Trend	Comments
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A&E Maximum 4-hour wait is measured as the percentage of patients that are discharged, admitted or transferred within four hours of arrival in one of the Trust's three Emergency Departments (EDs). The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

The Trust achieved 83.3% in February which is below both the national standard (95%) and the recovery trajectory (92%). Performance and activity levels for the last three months are shown below.

	Dec 2017	Jan 2018	Feb 2018
Attendances	11083	11106	10383
Patients managed < 4 hours	9457 85.3%	9183 82.7%	8639 83.2%

Performance of patients waiting under 4 hours in the Emergency Departments



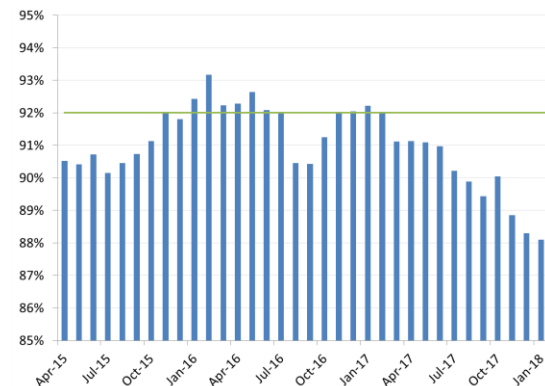
The Children's Hospital has sustained its consistently good performance and continues to meet the STF trajectory each month. There has been marked improvement in the BRI with a renewed focus on patient flow out of ED, and through the ambulatory care assessment units. However this has not been sustained through the winter period and recovery in March to improve quarter end trajectory is at risk.

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 February, with performance reported at 88.4%. The 52 week trajectory resulted in 15 remaining waiters at the end of February.

	Dec	Jan	Feb
Numbers waiting > 40 weeks RTT	158	160	148
Numbers waiting > 52 weeks RTT	9	1	15

Percentage of patients waiting under 18 weeks RTT by month



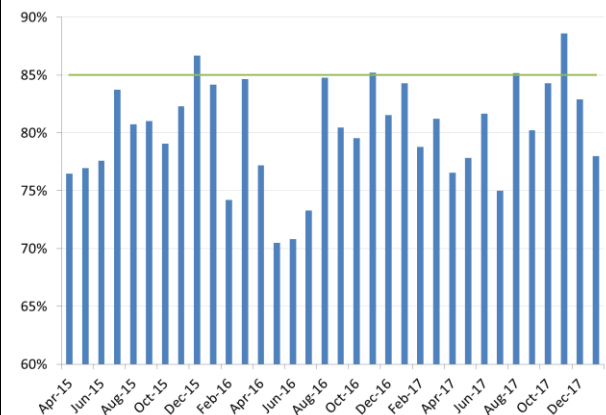
Performance against the RTT standard is currently at 88.4%. This indicates we are 1028 patients away from the national compliance of 92%. Early sight for March is holding at 87% against a back drop of winter pressures and elective cancellations. For end of April 2018 we plan to deliver compliance of 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

January performed at 78%, below the recovery trajectory, sustainability and transformation trajectory, and national standard. This was due to the impact of cancellations, plus high patient choice over Christmas and a high level of medical deferrals. February is expected to perform at a similar level, again largely due to cancellations and also affected by a lower denominator. March performance is expected to improve but is unlikely to meet the 85% standard due to the further impact of cancellations during the month following severe weather and a spike in emergency demand.

Percentage of patients treated within 62 days of GP Referral



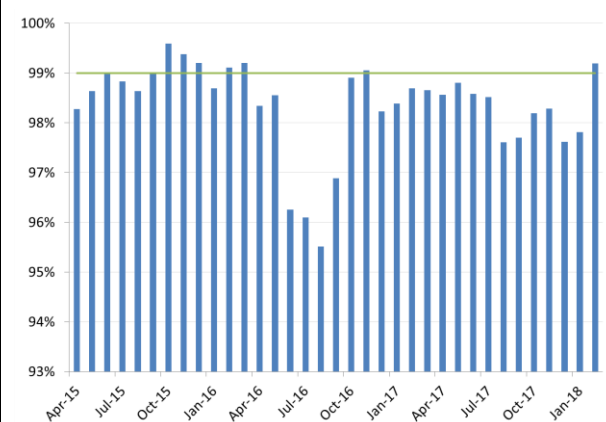
Deterioration in performance was seen in January following high levels of cancellations due to winter pressures, coupled with high patient choice and medical deferrals. Cancellation impact is also affecting February and March. The Trust performed worse than in January 2017, however this demonstrates better practice. January 2017 performed well because cancelled patients were not quickly re-dated, whereas this year they were, so the impact was seen in month. In 2017 the full cancellation impact was seen in the figures for April and May, which should not be the case this year. Avoiding cancellations and recovering rapidly from those that do occur remains the key action for the Trust, as well as continuing to develop a virtual PTL with other providers to reduce 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 99.19% at end of February, which is above the 99% national standard. The number of over 6-week waiters at month-end is:

Diagnostic test	Jan	Feb
MRI	37	45
Sleep	41	16
Endoscopies	11	6
CT	30	7
Echo	1	1
Ultrasound	41	0
Other	18	0
TOTAL	179	75
Percentage	97.8%	99.2%

Percentage of patients waiting under 6 weeks at month-end



This is the first time the standard has been achieved since November 2016.

The Trust is still aiming to maintain 99% performance beyond April 2018. There is still a risk that to delivery of this in Ultrasound, due to cancellation of capacity during recent adverse weather.

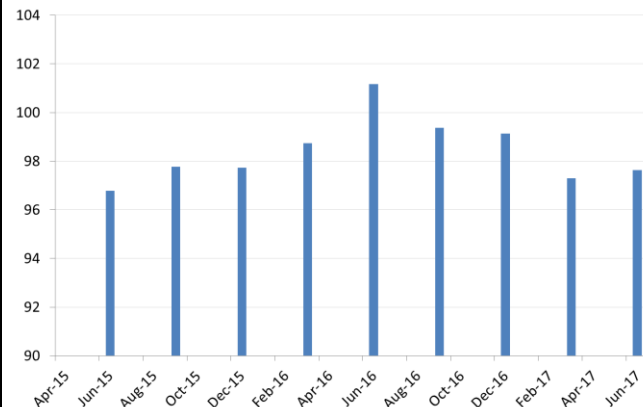
See Actions 11A-11C in Improvement Plans section

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 the 12 months to 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

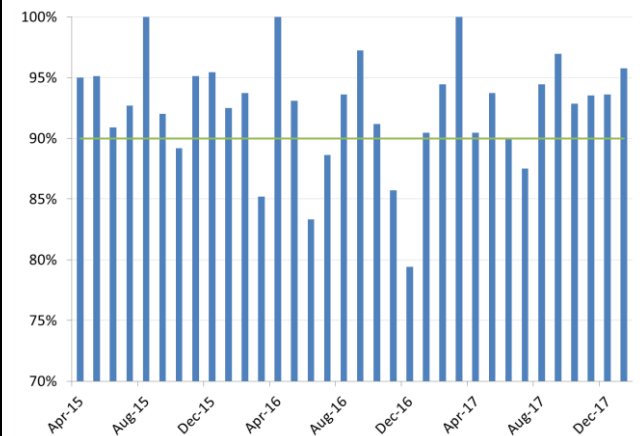


Our overall performance continues to indicate that fewer patients died in our hospitals than would have been expected given their specific risk factors.
 The Quality Intelligence Group continues to conduct assurance reviews of any specialties that have an adverse SHMI score in a given quarter.
 We will 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 January, 45 out of 47 patients (95.7%) 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 92.9%

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.

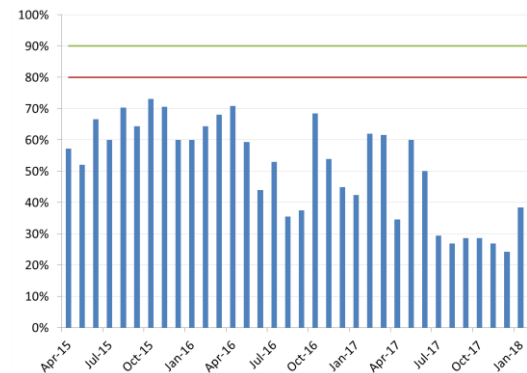
Description	Current Performance	Trend	Comments
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Fracture neck of femur Best Practice Tariff (BPT), is a basket of indicators covering eight elements of what is considered to be best practice in the care of patients that have fractured their hip. For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

In February 2018 performance was 22.7% (5/ 22 patients) for overall Best Practice Tariff (BPT), against the national standard of 90%. The time to theatre within 36 hours performance was 45.5% (10/22 patients).

Reason for not going to theatre within 36 hours	Number of patients
Other urgent trauma patients prioritised.	9
Patient required a specialist surgical intervention.	1
Patient required medical optimisation before proceeding to surgery.	2

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



Five 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).

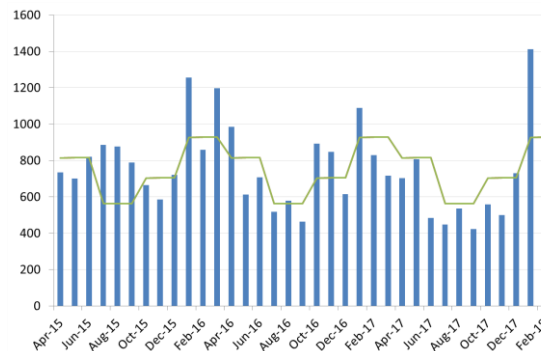
Outlier bed-days is a measure of how many bed-days patients spend on a ward that is different from their broad treatment speciality: medicine, surgery, cardiac and oncology. Our target is a 15% reduction which equates to a 9029 bed-days for the year with seasonally adjusted quarterly targets.

In February 2018 there were 1120 outlier bed-days against a target of 928 outlier bed-days.

Outlier bed-days	February 2018
Medicine	598
Surgery	436
Specialised Services	72
Women's & Children's	7
Diagnostics and Therapies	7
Total	1120

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).

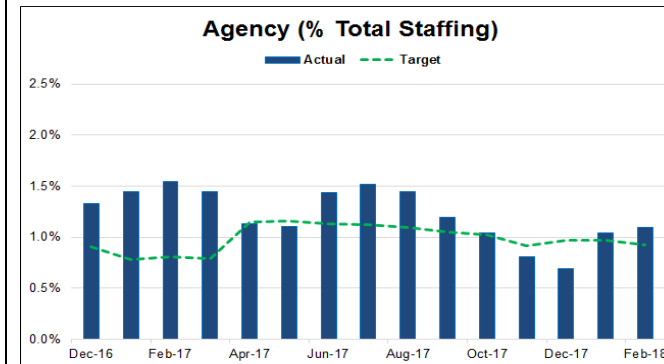
Description	Current Performance	Trend	Comments
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Agency usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets for 2015/16. The red threshold is 10% over the monthly target.

Agency usage increased by 4.4 FTE, with increases seen in Diagnostics & Therapies, Specialised Services and Trust Services. Usage in Nursing & Midwifery has increased again this month, rising by 16.9% (10.9 FTE). The largest staff group increase was in Ancillary, which increased by 31.8% (1.6 FTE); all other staff groups saw a reduction in usage.

February 2018	FTE	Actual %	KPI
UH Bristol	95.5	1.1%	0.9%
Diagnostics & Therapies	3.1	0.3%	0.6%
Medicine	32.4	2.5%	1.3%
Specialised Services	5.2	0.5%	1.4%
Surgery	13.1	0.7%	0.9%
Women's & Children's	29.3	1.5%	0.5%
Trust Services	5.6	0.7%	1.2%
Facilities & Estates	6.8	0.9%	0.7%

Agency usage as a percentage of total staffing by month.



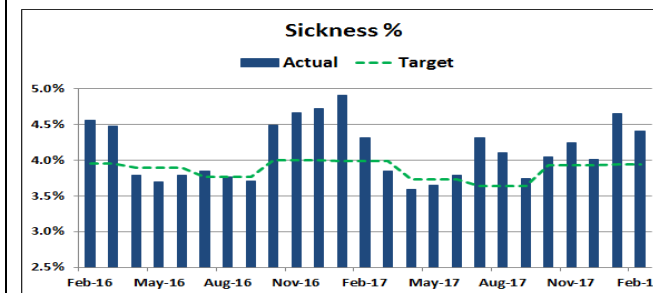
A summary of compliance with agency caps is attached in Appendix 2. See action 14 in Improvement Plan section for a summary of key actions to target agency use.

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 reduced from 4.7% to 4.4%, with reductions in all Divisions except Diagnostics & Therapies and Medicine. Sickness levels for the top 5 reasons have all reduced compared with last month; absence due to Cough/Cold/Flu reduced by 21.0 %, and Stress/Anxiety has reduced by 17.2%.

February 2018	Actual	KPI
UH Bristol	4.4%	3.9%
Diagnostics & Therapies	3.8%	2.9%
Medicine	5.4%	4.6%
Specialised Services	2.8%	3.7%
Surgery	4.2%	3.6%
Women's & Children's	4.5%	4.0%
Trust Services	3.1%	3.1%
Facilities & Estates	7.4%	5.9%

Sickness absence as a percentage of full time equivalents by month



See Actions 15A-15F in the Improvement Plans section for the sickness action plan.

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.

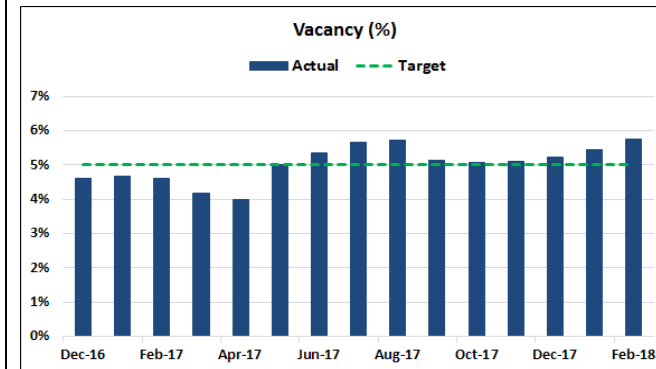
Description	Current Performance	Trend	Comments
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Vacancies - vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage,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

Overall vacancies increased to 5.8%, and remain higher than the Trust target of 5%. Nursing vacancies increased by 6.7 FTE in month to 236.7 (7.3%). Of the clinical divisions, the largest increase in nursing vacancies was seen in Specialised Services, where it rose by 13.1% (5.8 FTE).

February 2018	Actual	KPI
UH Bristol	5.8%	5.0%
Diagnostics & Therapies	5.6%	5.0%
Medicine	7.2%	5.0%
Specialised Services	6.0%	5.0%
Surgery	5.3%	5.0%
Women's & Children's	2.7%	5.0%
Trust Services	5.9%	5.0%
Facilities & Estates	11.9%	5.0%

Vacancies rate by month



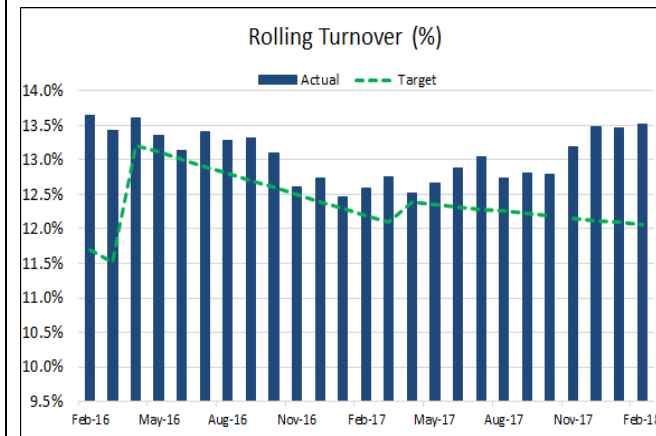
See Actions 16A-16B in the Improvement Plans section for further details of the plans that continue to be implemented to reduce the vacancy rate.

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 12.0% by the end of 2017/18. The red threshold is 10% above monthly trajectory.

Turnover saw a slight increase to 13.5% from 13.4% last month. Small reductions were seen in the four bed-holding divisions, but these were offset by large increases in Facilities & Estates and Trust Services (0.9 and 0.4 percentage points respectively). The largest increase in staff group was seen in Healthcare Scientists (0.8 percentage points); turnover within continues to increase in Unregistered Nursing, rising by 0.3 percentage points.

February 2018	Actual	KPI
UH Bristol	13.5%	12.1%
Diagnostics & Therapies	11.5%	12.3%
Medicine	14.1%	14.5%
Specialised Services	14.8%	11.7%
Surgery	12.8%	12.0%
Women's & Children's	11.5%	10.2%
Trust Services	15.8%	11.8%
Facilities & Estates	17.8%	13.6%

Staff turnover rate by month



See Actions 17A-17C in the Improvement Plans section for further details of the plans that continue to be implemented to reduce turn-over.

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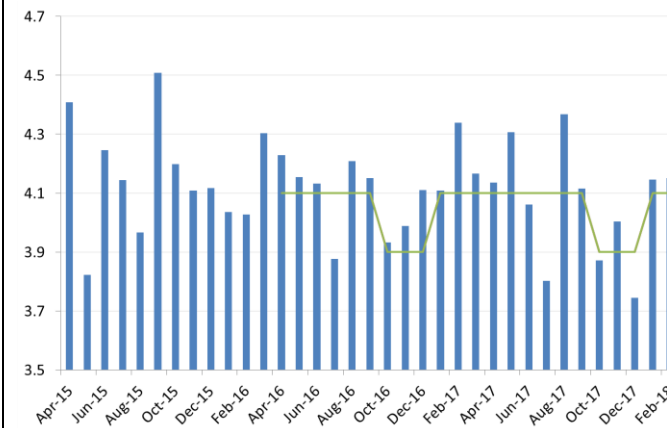
Length of Stay (LOS) measures the number of days inpatients on average spent in hospital. This measure excludes day-cases. LOS is measured at the point at which patients are discharged from hospital.

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

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

	Dec-17	Jan-18	Feb-18
7+ Days	378	377	381
14+ Days	243	242	252
21+ Days	170	182	174

Average length of stay (days)



The total number of Green to Go (delayed discharge) patients in hospital is 80 as at end of February.

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	<ul style="list-style-type: none"> Overall compliance increased from 89% to 90%, with an aim of 90% compliance in all subjects. Already approved in principle by both Education Board and Workforce & OD Board, the March Senior Leadership Team (SLT) will be asked to give final approval and support for monthly Board reporting of Essential Training compliance to shift focus to 11 Core Skills of the UK Core Skills Framework. This shift will also reinforce the Trust's commitment to supporting the South West Streamlining Project, aiming to align our mandatory and statutory training with all other participating organisations, with an emphasis on the inter-trust transfer (pass-porting) of the 11 Core Skills. 	March 2018	<p>Divisional Performance Review meetings.</p> <p>Oversight of training compliance by the Education Board and SLT.</p>	February 2018 saw compliance increases of 1% or more for the majority of individual programmes.
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	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

Number	Action	Timescale	Assurance	Improvement trajectory
5C	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 the quality of these letters can then be discussed individually with the manager concerned and further training provided if necessary.	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. 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	Delivery of 99% performance beyond April 2018	Delivery of 99% performance beyond 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	Cancellation of ultrasound capacity in February requires re-booking of patients to avoid breaching 6 week target	From March 2018	Weekly review at PTL Meeting (see 11A) with Diagnostics and Therapies division	Ultrasound to return to a zero-breach position.

Number	Action	Timescale	Assurance	Improvement trajectory
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>	<p>A middle grade orthogeriatrician commenced in January 2018 to provide improvements in cover.</p>	<p>Improvements in dashboard measures.</p> <p>Update reports to the Quality and Outcomes Committee</p>	<p>Improvements in time to review by an orthogeriatrician.</p>
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>	<p>This is contingent upon amending care pathways and admission protocols.</p>	<p>Improvements in dashboard measures.</p> <p>Update reports to the Quality and Outcomes Committee</p>	<p>Improvements to the quality and coordination of patient care.</p>

Number	Action	Timescale	Assurance	Improvement trajectory
12C	Physiotherapy the day after surgery – to ensure that there is physiotherapy support available to the orthopaedic wards on Sundays There are potential benefits associated with reduction in patient length of stay with earlier mobilisation.	The physio consultation has now ended and staff have been given contractual notice to allow us to rota them to work Sundays. There will now be a three month lead time which will end in May 2018	Improvements in dashboard measures. Update reports to the Quality and Outcomes Committee	Improvements against the new quality standard measure of therapy review the day after surgery.
12D	Time to surgery – to improve trauma throughput and to expedite the surgery of fractured neck of femur patients within 36 hours.	The Division of Surgery is trialling ways to increase theatre productivity including scheduling an additional theatre porter to reduce downtime on the trauma lists.	Automatic sending commenced on the 8th December and the plan is to review at the end of January. An audit has been commenced to understand the number of patients on trauma board awaiting surgery in the hospital and at home.	Improvements against time to theatre standard
EFFECTIVE – Outliers				
13A	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.	Ongoing	Oversight in Ward Processes Project Group and development of Clinical Utilisation Review (CUR)	Linked to increased and timely use of discharge lounge
EFFICIENT – Agency Usage				
14A	Effective rostering: “Health-roster” – implemented and KPIs in place. The new Safe Staffing module has now been rolled out across the Trust which will make it easier to move staff across the organisation in a timely manner to minimise agency usage.	Ongoing	KPI Performance monitored through Nursing Controls Group.	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

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 imbedded 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> <p>Oversight by Workforce and Organisational Development (WFOD) Board.</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 and under development for 2018/19. 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 rolled out on a phased approach. 	<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>The new version of the policy went live in March. Manager briefings are being held Trust-wide, with use of supporting tools for managers such as user guides and the sickness calculator. A 6-month review of the Policy will be undertaken as agreed with StaffSide.</p>	<p>September 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>

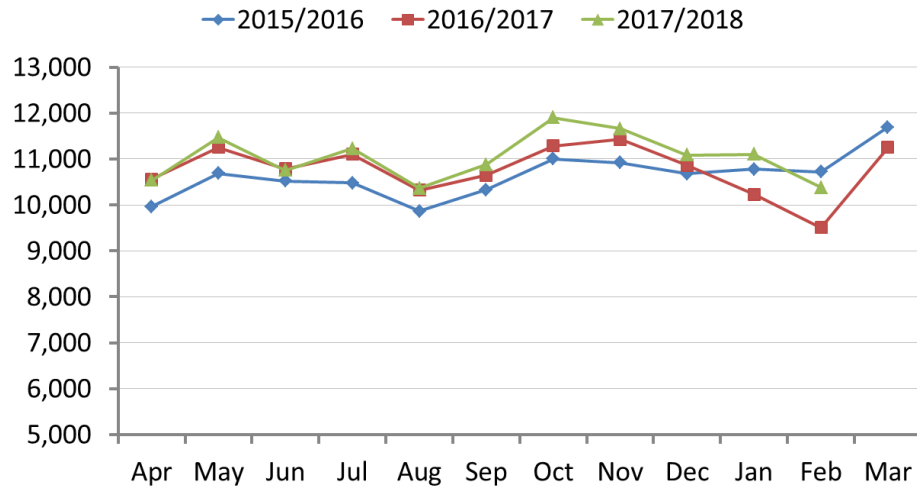
Number	Action	Timescale	Assurance	Improvement trajectory
15B	Supporting Attendance Surgeries Ongoing to expedite individual cases. Monthly deep dives continue to support areas where exception reporting is required.	Ongoing		
15C	Occupational Health The Occupational Health referral portal is now active 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 Approximately 1500 role profiles have been redefined and will only need to complete moving and handling eLearning (to be facilitated by Teaching and Learning).	Ongoing	Oversight by Workforce and Organisational Development (OD) Board via the Workplace Wellbeing Sub Group Workplace Wellbeing Steering Group (quarterly) /CQUIN Assurance Group	
15E	Psychological wellbeing Pregnancy Workshop 3 comprises psychological and emotional wellbeing support delivered by a Psychologist	Ongoing		
15F	General wellbeing Making Every Contact Count (MECC) training delivered to first cohort. Primary focus on self-care. Trust wide MECC implementation plan, including utilisation of £8k grant to be developed shortly	March 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</p> <ul style="list-style-type: none"> Recruitment and marketing plans for Nursing, Radiology and Domestic Assistants are in place for 2017/18. Marketing plans are being developed for 2018/19 campaigns, focusing on hard to fill areas. New series of nurse recruitment videos under design and development. Launch scheduled for National Nursing Day in May. 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. Alternative options are being reviewed as contingency. Active attendance at careers events continues, with a particular focus in the last month on local career fairs. Recruitment approaches to Care of the Elderly are being reviewed to target an increasingly hard to fill area. 	<p>Ongoing</p> <p>April 2018/19</p> <p>May 2018</p> <p>From February 2018</p> <p>Ongoing</p> <p>From March 2018</p>	<p>Divisional Performance & Operational Review Meetings and the Recruitment Sub Group.</p>	<p>Divisional Performance against plan is monitored at monthly and quarterly Divisional Performance review meetings.</p>
EFFICIENT - Turnover				
17A	Leavers from the Trust now receive a direct email request to complete an exit questionnaire. This will be reviewed in June to determine if further action is required to increase response rates	June 2018	Workforce and Organisational Development (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.	Ongoing		
17C	Revised Improving Staff Experience plans will be developed following receipt of the detailed ‘heat maps’ in Mid-April.	From April 2018		

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.

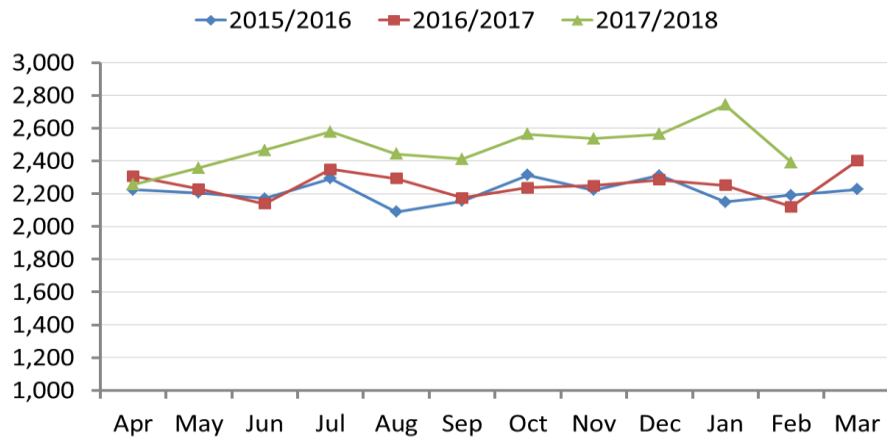
Emergency Department (ED) attendances



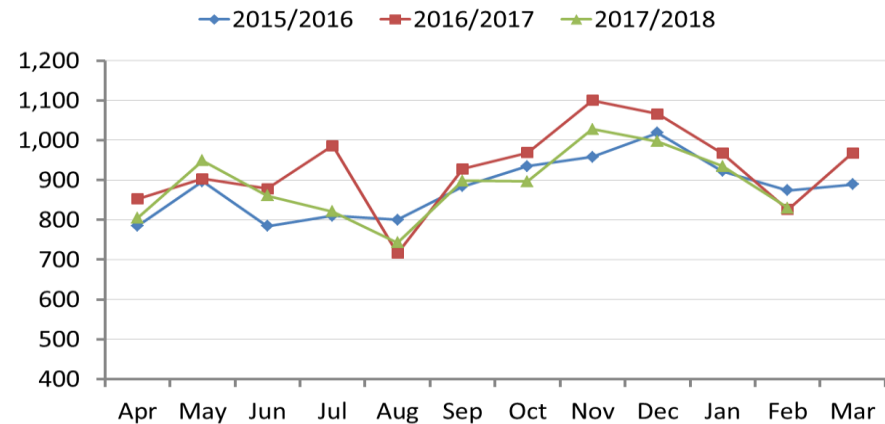
Summary points:

- Emergency Department attendances are following seasonal trends but remain slightly above 2016/17 levels
- Total number of emergency admissions into the Bristol Royal Infirmary has remained consistently above levels in previous 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). February saw a drop from the high of January.
- Emergency admissions to the Children's Hospital remain consistent with seasonal trends
- Elective admissions (Trust level) and New Outpatient attendances continue to follow seasonal trends, although most months this year are higher than the 2016/17 levels.

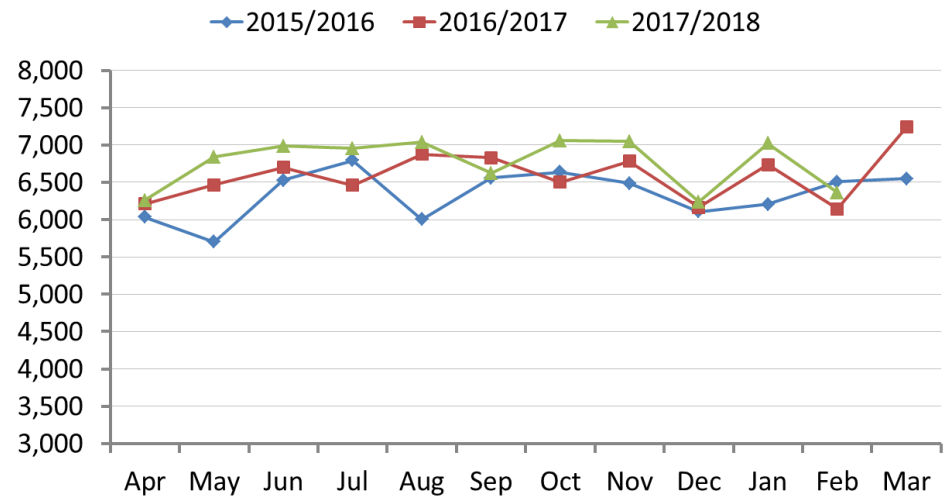
Emergency Inpatient Activity (BRI Discharges)



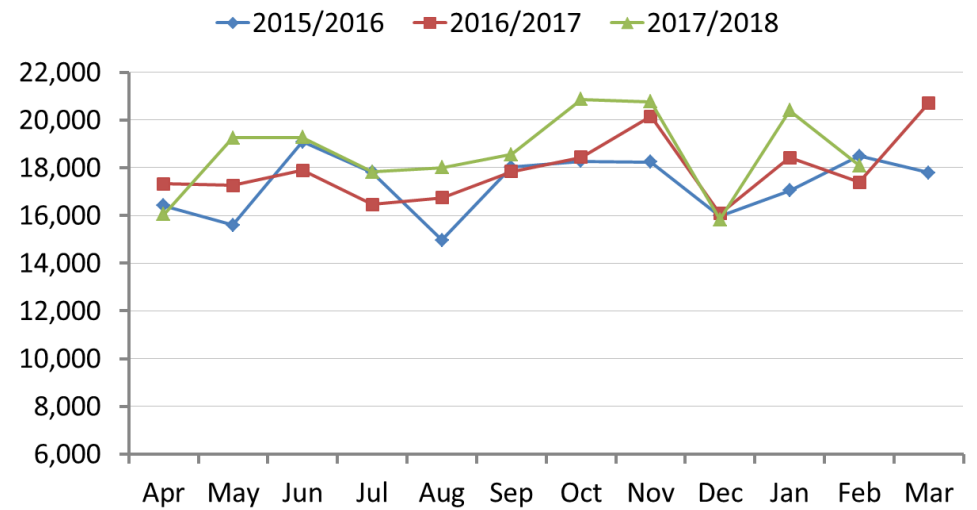
Emergency Inpatient Activity (BCH Discharges)



Elective Inpatient/Day Cases (number of Discharges)



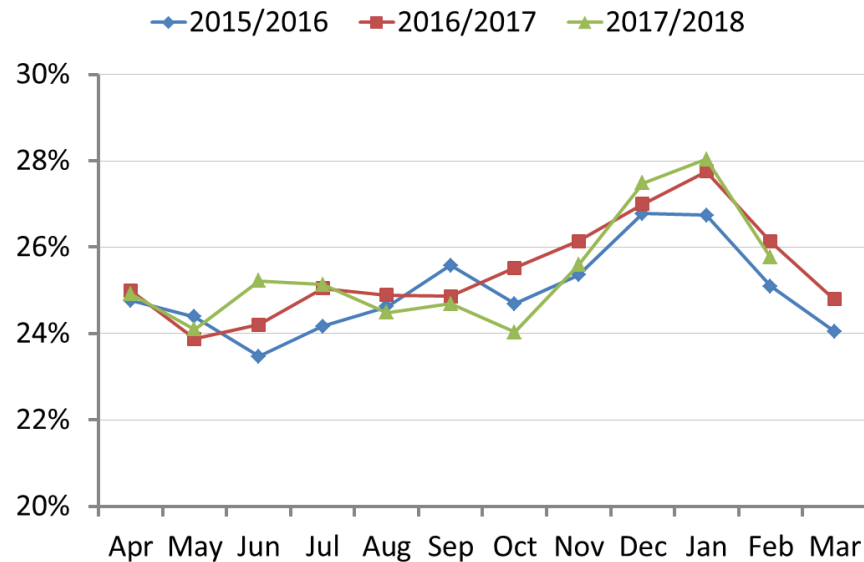
New outpatient attendances



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.

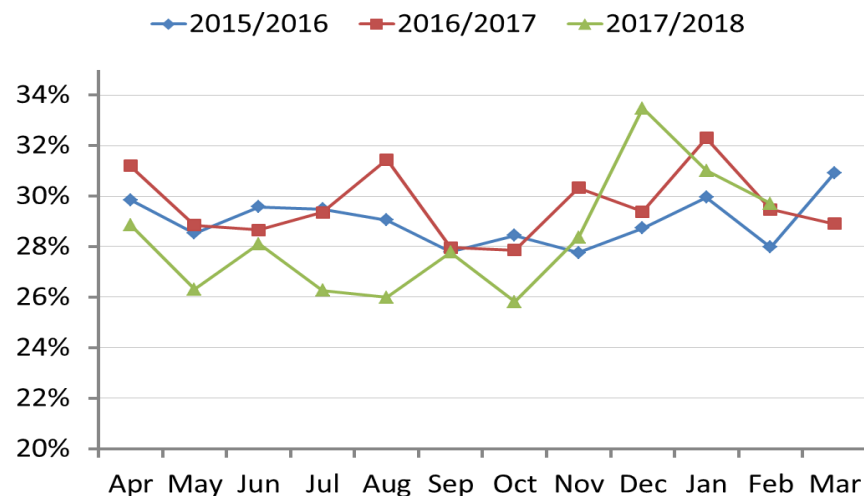
Percentage ED attendances resulting in admission



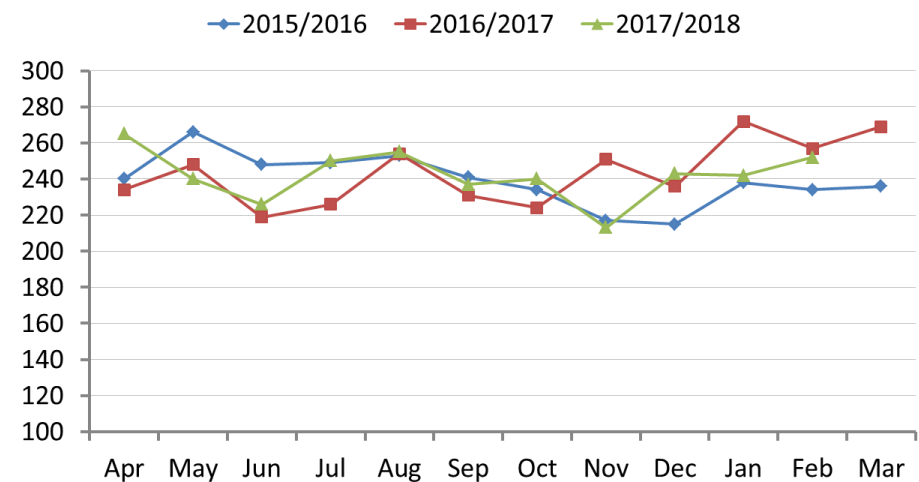
Summary points:

- The percentage of patients arriving in our Emergency Departments and converting to an admission has fallen in February, compared to a high in December/January. This seasonal trend occurred in previous years.
- Number of patients in hospital for 14+ days at month-end has risen from November to February this year
- Number of Delayed Transfer of Care (DToC) patients remains consistent with previous months and similar to 2016/17 levels.
- Bristol Royal Infirmary (including the Heart Institute) bed occupancy increased to remained above 100% in February, a similar spike as in 2017/18.
- Elective waiting list remains above 2016/17 levels and has risen month-on-month since August 2017
- Number of Referral To Treatment (RTT) patients waiting over 18 weeks has risen over the last three months, by around 400 patients.
- The number of patients referred by their GP with a suspected cancer (2-week waits) has remained above 2016/17 levels all year

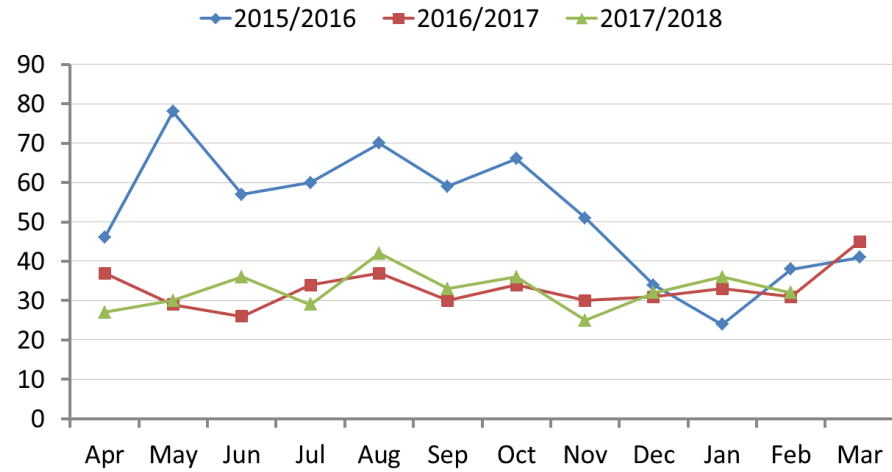
Percentage of Emergency BRI spells patients aged 75 years and over



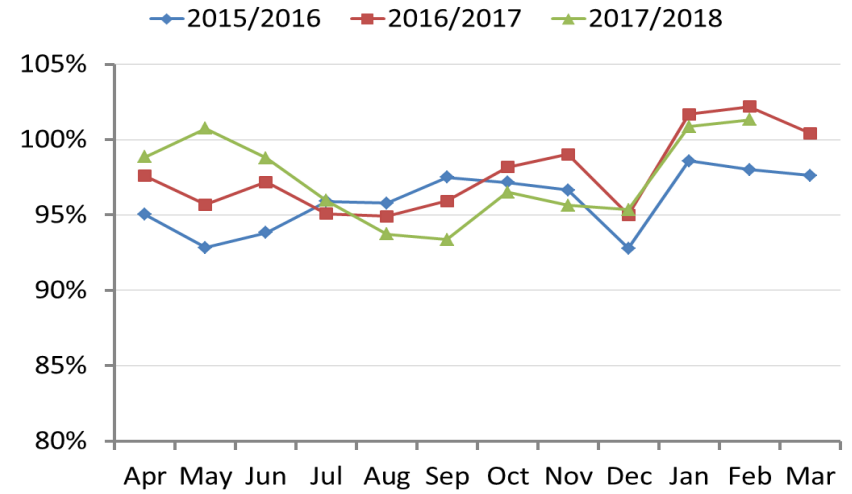
Over 14 day stays , at month-end



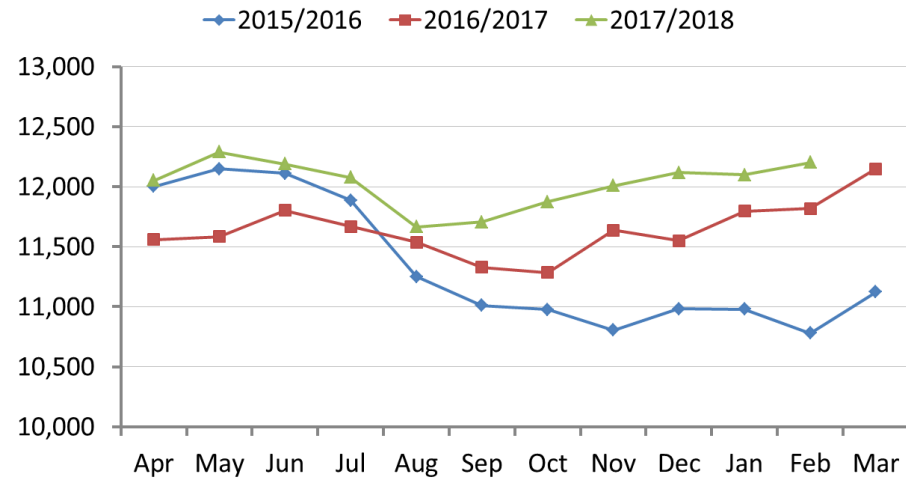
Delayed Transfers of Care (Number of patients at month-end)



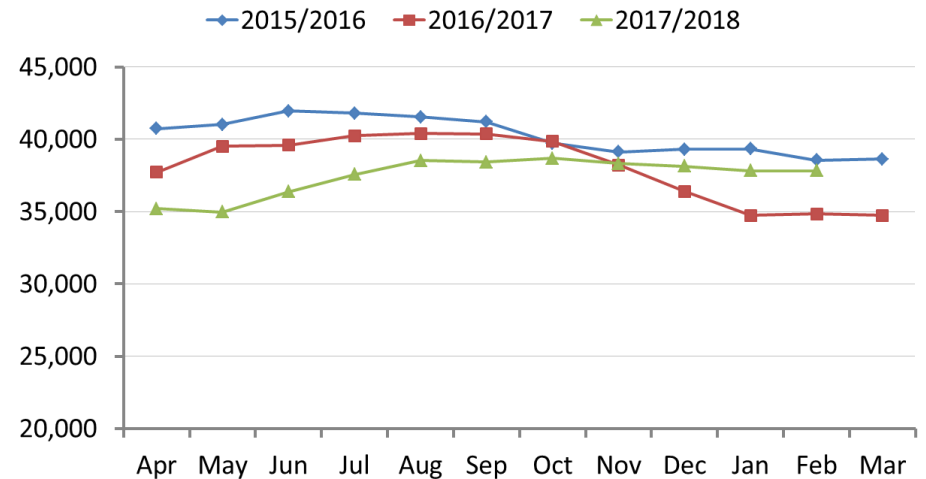
BRI Bed Occupancy (Overnight)



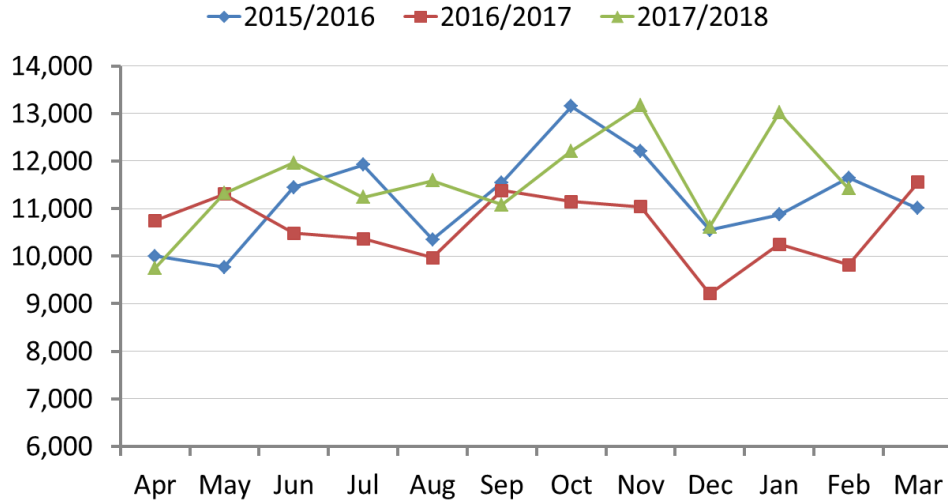
Elective waiting list size



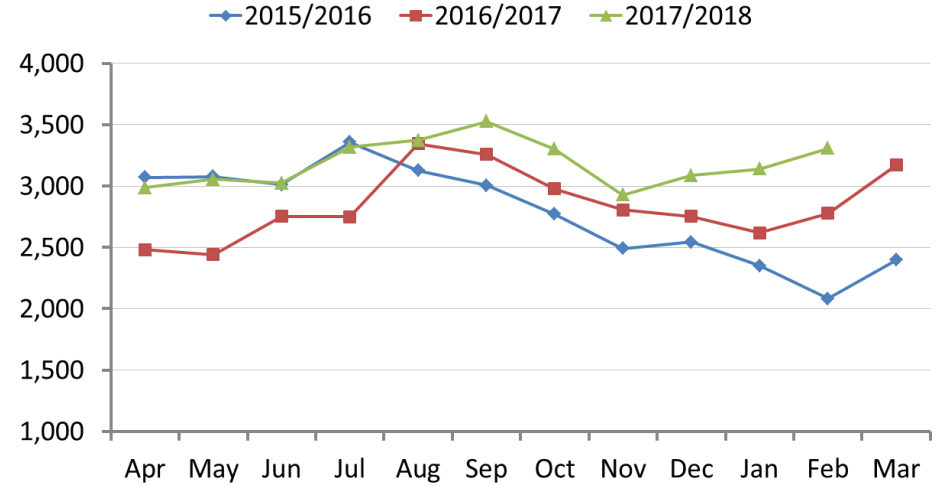
Outpatient waiting list size



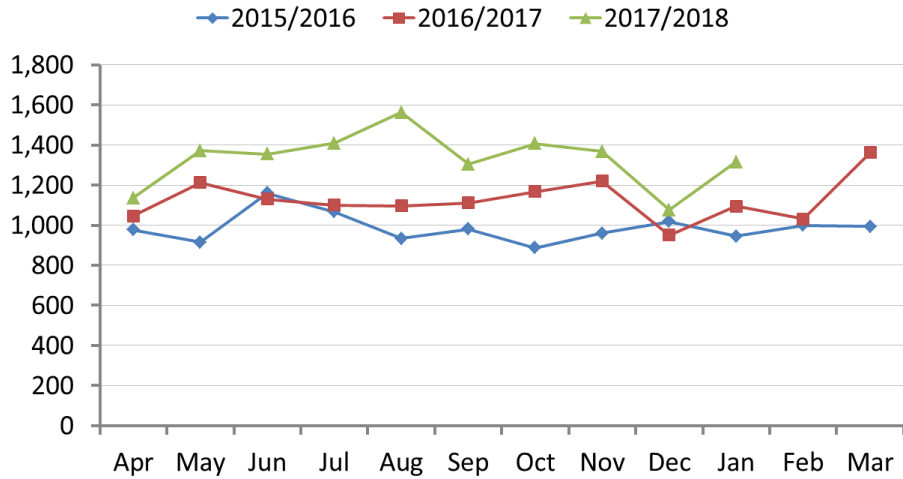
Number of RTT pathways stopped (i.e. treatments)



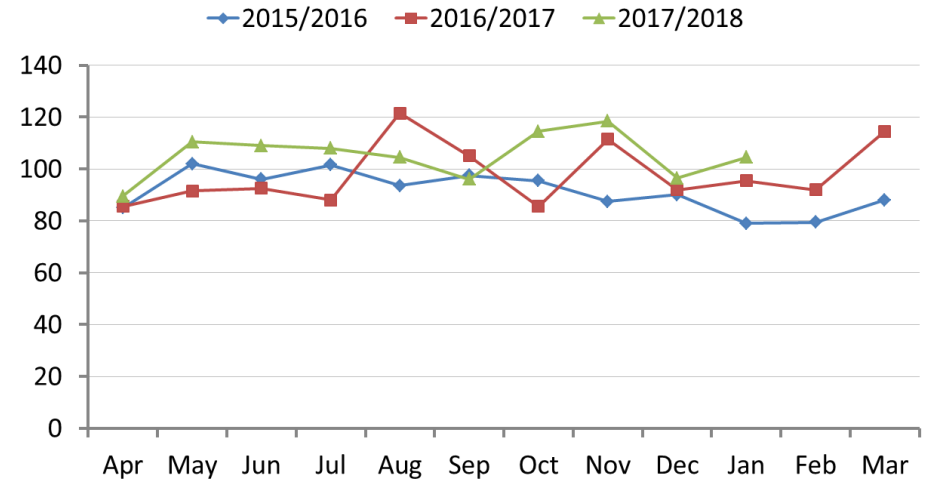
Number of RTT pathways over 18 weeks



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	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	
Patient Safety																					
Infections	DA01a	MRSA Bloodstream Cases - Cumulative Totals	-	-	1	-	0	1	1	2	3	3	3	4	5	-	-	-	-		
	DA01	MRSA Bloodstream Cases - Monthly Totals	1	5	0	0	0	1	0	1	1	0	0	1	1	0	1	2	1	1	
	DA03	C.Diff Cases - Monthly Totals	31	35	0	2	4	5	6	3	3	1	1	2	2	6	11	12	4	8	
	DA02	MSSA Cases - Monthly Totals	37	22	2	0	1	3	0	3	0	5	4	1	2	3	4	3	10	5	
C.Diff "Avoidables"	DA03c	C.Diff Avoidable Cases - Cumulative Totals	-	-	10	0	2	2	3	-	-	-	-	-	-	-	-	-	-		
Infection Checklists	DB01	Hand Hygiene Audit Compliance	96.6%	97.7%	97%	98.4%	98.1%	98.4%	97.2%	97.7%	96.3%	96.4%	97.6%	97.3%	98.4%	98.2%	98.3%	97%	97.1%	98.3%	
	DB02	Antibiotic Compliance	88.3%	86.4%	88.1%	87.7%	89.6%	87.4%	87.8%	81.3%	84.4%	85.1%	89.1%	85.4%	85.2%	89.6%	88.3%	84.3%	86.4%	87.1%	
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	-	-	95%	96%	96%	96%	96%	97%	97%	96%	96%	95%	98%	94%	-	-	-	-	
	DC02	Cleanliness Monitoring - Very High Risk Areas	-	-	97%	98%	98%	98%	98%	98%	98%	98%	98%	98%	96%	97%	-	-	-	-	
	DC03	Cleanliness Monitoring - High Risk Areas	-	-	95%	96%	96%	97%	97%	97%	97%	96%	97%	96%	93%	96%	-	-	-	-	
Serious Incidents	S02	Number of Serious Incidents Reported	52	50	5	2	7	6	5	3	9	2	4	4	6	2	15	17	10	8	
	S02a	Number of Confirmed Serious Incidents	49	36	5	2	6	6	5	3	9	1	3	1	-	-	14	17	5	-	
	S02b	Number of Serious Incidents Still Open	-	13	-	-	-	-	-	-	-	1	1	3	6	2	-	-	5	8	
	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%	100%
	S03a	Serious Incidents - 72 Hour Report Completed Within Timescale	90.4%	94%	100%	100%	100%	83.3%	100%	100%	100%	100%	50%	100%	100%	100%	93.3%	100%	80%	100%	
	S04	Serious Incident Investigations Completed Within Timescale	98%	95.7%	100%	100%	75%	100%	100%	100%	100%	100%	100%	100%	80%	100%	91.7%	100%	100%	88.9%	
S04a	Overdue Exec Commissioned Non-SI Investigations	-	18	-	1	2	2	1	1	2	1	1	3	3	1	5	4	5	4		
Never Events	S01	Total Never Events	2	8	0	0	1	2	1	0	0	2	0	0	2	0	3	1	2	2	
Patient Safety Incidents	S06	Number of Patient Safety Incidents Reported	14866	12797	1332	1203	1315	1330	1288	1249	1229	1311	1332	1193	1347	-	3848	3766	3836	1347	
	S06b	Patient Safety Incidents Per 1000 Beddays	47.82	49.81	48.47	47.02	49.94	53.99	49.49	48.38	49.91	50.19	52.96	46.38	50.04	-	50.27	49.25	49.82	50.04	
	S07	Number of Patient Safety Incidents - Severe Harm	95	78	5	7	11	8	6	7	7	4	9	9	10	-	26	20	22	10	
Patient Falls	AB01	Falls Per 1,000 Beddays	4.23	4.55	3.89	4.85	3.91	4.91	4.53	4.76	5.04	4.48	3.78	4.51	4.61	4.68	4.55	4.77	4.26	4.64	
	AB06a	Total Number of Patient Falls Resulting in Harm	36	23	5	2	3	4	0	0	3	2	2	5	2	0	9	3	9	2	
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.148	0.164	0.182	0.078	0.076	0.203	0.154	0.155	0.203	0.038	0.159	0.156	0.372	0.207	0.118	0.17	0.117	0.294	
	DE02	Pressure Ulcers - Grade 2	40	41	3	1	1	5	2	4	4	1	4	4	10	5	7	10	9	15	
	DE04A	Pressure Ulcers - Grade 3 or 4	6	5	2	1	1	0	2	0	1	0	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%	99.1%	98.9%	98.9%	98.7%	98.8%	97.4%	98.3%	98.4%	98.2%	98%	98%	98.3%	98.8%	98.2%	98.2%	98.2%	
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	96.4%	94.8%	96.6%	94.5%	97.6%	97%	97.4%	94.9%	92.3%	97.1%	94%	92.3%	91.4%	94.4%	96.3%	94.7%	94.5%	92.8%	
	N04	Number of Hospital Associated VTEs	63	44	2	5	3	5	4	2	3	6	2	5	9	-	13	9	13	9	
	N04A	Number of Potentially Avoidable Hospital Associated VTEs	7	2	0	0	0	1	0	0	0	1	0	0	0	-	1	0	1	0	
	N04B	Number of Hospital Associated VTEs - Report Not Received To Date	13	13	0	0	0	0	0	0	0	0	1	4	8	-	0	0	5	8	
Nutrition	WB03	Nutrition: 72 Hour Food Chart Review	89.6%	92%	90.2%	89.9%	87.7%	91.5%	96.2%	94.6%	92.6%	91%	95.2%	88.8%	95%	91%	89.7%	94.5%	91.3%	92.7%	
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%	99.7%	97.8%	99.5%	99.7%	99.8%	99.8%	99.8%	99.9%	99.8%	99.2%	99.8%	100%	99.8%	99.7%	99.8%	99.6%	99.9%	

SAFE, CARING & EFFECTIVE (continued)

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			16/17	17/18 YTD	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
Medicines	WA01	Medication Incidents Resulting in Harm	0.37%	0.66%	0%	0.98%	0.44%	0%	1.35%	0.51%	0%	1.97%	0.47%	0.5%	0.49%	-	0.46%	0.64%	0.97%	0.49%
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	0.59%	0.4%	0.26%	0.43%	0.9%	0.24%	0.32%	0.11%	0.37%	0.27%	0.41%	0%	0.42%	1.02%	0.53%	0.25%	0.24%	0.69%
Safety Thermometer	AK03	Safety Thermometer - Harm Free Care	97.9%	97.9%	98.3%	97.9%	97.3%	97.9%	97.7%	96.9%	97.7%	97.5%	98.8%	98.3%	98.8%	98.2%	97.7%	97.4%	98.2%	98.5%
	AK04	Safety Thermometer - No New Harms	98.9%	98.8%	99.1%	99%	98.3%	98.4%	98.8%	98.2%	98.7%	98.9%	99.1%	99%	99.9%	98.4%	98.6%	98.6%	99%	99.1%
Deteriorating Patient	AR03	National Early Warning Scores (NEWS) Acted Upon	92%	96%	100%	100%	96%	93%	100%	97%	100%	90%	93%	97%	95%	91%	96%	99%	94%	93%
Out of Hours	TD05	Out of Hours Discharges (8pm-7am)	7%	8.6%	5.8%	7.6%	7%	6.7%	8.4%	10.9%	9.7%	9.1%	9.4%	9.1%	8.7%	8.2%	7.1%	9.7%	9.2%	8.5%
Timely Discharges	TD03	Percentage of Patients With Timely Discharge (7am-12Noon)	22.3%	22.5%	21.3%	22.3%	22.6%	23.3%	22.9%	21.9%	24%	24.2%	24%	20.8%	20.5%	20.9%	22.7%	22.9%	23%	20.7%
	TD03D	Number of Patients With Timely Discharge (7am-12Noon)	11063	10193	914	867	950	944	962	909	983	1024	1010	863	867	814	2761	2854	2897	1681
Staffing Levels	RP01	Staffing Fill Rate - Combined	103.7%	99.3%	104.1%	107.1%	102.6%	102.4%	98.6%	98%	97.1%	97.5%	98.1%	97.2%	98.5%	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	92.1	92.1	88.9	79.7	94.2	82.2	76.4	105.8	98.8	101.4	101.9	-	-	87.5	87.4	100.8	-
Readmissions	C01	Emergency Readmissions Percentage	2.66%	2.76%	2.45%	2.98%	3.77%	3.57%	3.33%	2.32%	2.46%	2.23%	2.37%	2.46%	2.15%	-	3.45%	2.71%	2.35%	2.15%
Sepsis (Inpatients)	AG02a	Percentage of Patients Meeting Criteria Screened for Sepsis (Inpatients)	21.6%	34.5%	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%	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%	66.7%	-	75%	-	-	100%	100%	71.4%	-
Sepsis (Emergency Department)	AG02b	Percentage of Patients Meeting Criteria Screened for Sepsis (ED)	74.4%	80.8%	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%	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%	88.9%	84%	90.9%	-	-	100%	100%	87.7%	-
Maternity	G01	Percentage of Low Weight Babies	2.7%	2.5%	3.3%	2.3%	3.5%	0.5%	1.5%	3.3%	3.4%	0.9%	2%	4.6%	3.2%	2%	2.2%	2.7%	2.5%	2.6%
	G01A	Number of Low Weight Babies	137	107	14	9	15	2	6	13	13	4	7	18	13	7	26	32	29	20
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	70.5%	64.6%	80.8%	57.7%	86.7%	85%	67.6%	84.6%	85.7%	61.9%	34.6%	48.5%	57.7%	45.5%	76.3%	77.8%	47.5%	52.1%
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	74%	58.9%	73.1%	73.1%	73.3%	60%	47.1%	34.6%	33.3%	47.6%	69.2%	60.6%	69.2%	77.3%	69.7%	39.5%	60%	72.9%
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	51.9%	33.7%	61.5%	34.6%	60%	50%	29.4%	26.9%	28.6%	28.6%	26.9%	24.2%	38.5%	22.7%	48.7%	28.4%	26.3%	31.3%
	U05	Fracture Neck of Femur - Time To Treatment 90th Percentile (Hours)	-	-	37.3	67.4	38	37.1	45.9	43.8	37.1	53.3	75.9	58.6	64.8	65.7	-	-	-	-
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	58.6%	63.7%	64.3%	80.8%	51.4%	66.7%	72.9%	61.9%	70%	60.7%	55.6%	60.9%	57.9%	-	64.9%	68.5%	59.1%	57.9%
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	90.2%	85.8%	88.6%	90.9%	80.6%	81.8%	83.3%	81%	92.5%	96.4%	83.3%	87%	84.2%	-	84.3%	85.4%	88.2%	84.2%
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	66.8%	58.1%	61.5%	56.3%	50%	77.3%	27.3%	66.7%	75%	66.7%	70%	42.9%	50%	36.4%	62.5%	55.9%	62.9%	43.5%
Dementia	AC01	Dementia - FAIR Question 1 - Case Finding Applied	90.4%	89.6%	84%	87.2%	88.3%	89.4%	91.1%	89.9%	93.5%	87.7%	93.7%	87.9%	90.7%	87.3%	88.3%	91.5%	89.6%	89.1%
	AC02	Dementia - FAIR Question 2 - Appropriately Assessed	97.2%	96.1%	100%	97.3%	97.6%	100%	100%	97.7%	97.9%	94%	97.4%	100%	93.8%	86%	98.3%	98.6%	96.9%	89.5%
	AC03	Dementia - FAIR Question 3 - Referred for Follow Up	94.7%	92.6%	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	7721	717	702	807	485	448	537	424	558	499	730	1411	1120	1994	1409	1787	2531

SAFE, CARING & EFFECTIVE (continued)

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			16/17	17/18 YTD	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
			Patient Experience																	
Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	92	91	91	93	92	92	92	91	92	90	91	92	91	92	91	92
	P01g	Patient Survey - Kindness and Understanding	-	-	96	96	95	97	96	94	96	95	95	95	96	96	96	95	95	96
	P01h	Patient Survey - Outpatient Tracker Score	-	-	89	90	88	87	90	87	90	90	91	89	90	88	88	89	90	89
Friends and Family Test Coverage	P03a	Friends and Family Test Inpatient Coverage	35.5%	35.4%	36.8%	34.6%	38.3%	37.4%	35.8%	35.1%	35.3%	39.5%	33.2%	28.4%	34.9%	36.2%	36.8%	35.4%	33.9%	35.5%
	P03b	Friends and Family Test ED Coverage	16.4%	17.5%	18.4%	15.9%	16.1%	20.9%	17.2%	18.5%	18.3%	17.9%	17.9%	14.6%	17.8%	17.4%	17.6%	18%	16.9%	17.6%
	P03c	Friends and Family Test MAT Coverage	22.5%	19.1%	25.3%	23.6%	17.1%	21.8%	20%	17.3%	18.3%	21%	12.4%	23.1%	17.5%	17.7%	20.7%	18.6%	19%	17.6%
Friends and Family Test Score	P04a	Friends and Family Test Score - Inpatients	97.2%	97.7%	98.5%	97.2%	96.9%	97.7%	97.7%	97.5%	97.7%	97.9%	98.1%	97.8%	97.7%	98.3%	97.3%	97.6%	98%	98%
	P04b	Friends and Family Test Score - ED	78.2%	81.3%	80.2%	83.2%	77%	84.4%	77.4%	81.9%	83.5%	83.3%	80.3%	77%	81.8%	83.2%	81.7%	81%	80.5%	82.5%
	P04c	Friends and Family Test Score - Maternity	96.8%	96.9%	97.4%	96.9%	95.8%	96.9%	94.9%	96.5%	99.2%	98%	97.5%	98.1%	94.6%	96.8%	96.6%	96.8%	98%	95.6%
Patient Complaints	T01	Number of Patient Complaints	1875	1656	168	247	158	150	146	146	138	154	155	98	143	121	555	430	407	264
	T01a	Patient Complaints as a Proportion of Activity	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	T03a	Complaints Responded To Within Trust Timeframe	86.1%	83.5%	83.3%	76.3%	83%	80.4%	82%	87.3%	78.7%	85.1%	87.1%	83.8%	87.8%	82.8%	80.2%	83%	85.4%	85%
	T03b	Complaints Responded To Within Divisional Timeframe	86.6%	84.5%	72.9%	76.3%	83%	78.3%	90%	81.7%	86.9%	83.6%	90%	82.4%	91.8%	82.8%	79.4%	85.7%	85.4%	86.9%
	T04c	Percentage of Responses where Complainant is Dissatisfied	11.41%	11.2%	12.5%	15.79%	17.02%	21.74%	8%	14.09%	9.84%	10.45%	10%	17.65%	-	-	18.32%	10.99%	12.68%	0%
Cancelled Operations	F01q	Percentage of Last Minute Cancelled Operations (Quality Objective)	0.98%	1.12%	0.91%	1.34%	1.02%	0.81%	0.81%	0.91%	0.91%	1%	1.26%	1.2%	1.53%	1.63%	1.05%	0.88%	1.15%	1.58%
	F01a	Number of Last Minute Cancelled Operations	734	798	63	80	67	54	54	61	58	68	85	71	102	98	201	173	224	200

RESPONSIVE

Topic	ID	Title	Annual Target		Annual		Monthly Totals												Quarterly Totals			
			Green	Red	16/17	17/18	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-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%	89.8%	91.1%	91.1%	91.1%	91%	90.2%	89.9%	89.4%	90%	88.9%	88.3%	88.1%	88.4%	91.1%	89.8%	89.1%	88.3%
	A03a	Referral To Treatment Number of Ongoing Pathways Over 18 Weeks	-	-	-	-	3171	2985	3056	3023	3317	3372	3524	3300	2927	3085	3138	3308	-	-	-	-
Referral to Treatment (RTT) Wait Times	A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	0	1	11	191	2	5	11	46	30	32	19	10	13	9	1	15	62	81	32	16
	A07	Referral To Treatment Ongoing Pathways 40+ Weeks	-	-	696	1888	133	153	165	193	198	240	182	155	136	158	160	148	511	620	449	308
New Outpatient Wait List	L02L	New Outpatient List (RTT Specialties) - Numbers Waiting 12+ Weeks	-	-	-	-	6307	6723	7105	7586	7453	9537	11273	12709	7273	7672	7805	7805	-	-	-	-
	L02M	New Outpatient List (RTT Specialties) - Percentage Waiting 12+ Weeks	-	-	-	-	27.5%	27.6%	28.7%	28.3%	25.6%	30.4%	34.7%	38.3%	29.8%	32.5%	33.3%	33.3%	-	-	-	-
Cancer (2 Week Wait)	E01a	Cancer - Urgent Referrals Seen In Under 2 Weeks	93%	93%	94.8%	94.3%	96.3%	95.1%	95.6%	94.3%	93.4%	93.2%	94.6%	94.6%	95.5%	94.8%	92.2%	-	95%	93.7%	95%	92.2%
	E01c	Cancer - Urgent Referrals Stretch Target	80%	80%	68.4%	59.2%	79.7%	52.5%	55.4%	62.1%	63.6%	62.4%	59.9%	64.2%	57.6%	54.4%	58.8%	-	56.8%	62%	59%	58.8%
Cancer (31 Day)	E02a	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	96%	96%	96.7%	95.8%	97.4%	91.3%	96.6%	95.1%	97%	97.9%	96.9%	95.4%	98.1%	96.7%	92.9%	-	94.5%	97.3%	96.7%	92.9%
	E02b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98%	98%	98.7%	98.6%	98.4%	99.2%	97.5%	98.7%	98.6%	98.6%	98.5%	99.3%	98.7%	98.9%	98.7%	-	98.4%	98.6%	99%	98.7%
	E02c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	94%	94%	94.4%	93.5%	96.5%	83.3%	92.2%	93.2%	91.7%	96.3%	94.7%	95.7%	96.8%	93%	96.6%	-	89.5%	94.3%	95.2%	96.6%
	E02d	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	94%	94%	96.6%	96.1%	96.7%	98.1%	96.6%	95.9%	93.9%	97.3%	98%	96.4%	96.1%	97.6%	92.8%	-	96.7%	96.3%	96.6%	92.8%
Cancer (62 Day)	E03a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85%	85%	79.3%	81.2%	81.2%	76.5%	77.8%	81.7%	75%	85.2%	80.2%	84.3%	88.6%	82.9%	78%	-	78.8%	80.1%	85.4%	78%
	E03b	Cancer 62 Day Referral To Treatment (Screenings)	90%	90%	69.4%	81%	83.3%	71.4%	44.4%	100%	87.5%	100%	100%	66.7%	76.5%	71.4%	100%	-	65%	96.3%	73.3%	100%
	E03c	Cancer 62 Day Referral To Treatment (Upgrades)	85%	85%	87.9%	85%	88.4%	93%	77.7%	87%	78.6%	84.8%	90.7%	74.7%	88.5%	85.7%	89%	-	85.5%	84.6%	83%	89%
	E03f	Cancer Urgent GP Referrals - Numbers Treated after Day 103	-	-	62	43	7.5	4	5	5	8	5	3	3.5	2	4.5	3	-	14	16	10	3
Cancelled Operations	F01	Last Minute Cancelled Operations - Percentage of Admissions	0.8%	0.8%	0.98%	1.12%	0.91%	1.34%	1.02%	0.81%	0.81%	0.91%	0.91%	1%	1.26%	1.2%	1.53%	1.63%	1.05%	0.88%	1.15%	1.58%
	F01a	Number of Last Minute Cancelled Operations	-	-	734	798	63	80	67	54	54	61	58	68	85	71	102	98	201	173	224	200
	F02c	Number of LMCs Not Re-admitted Within 28 Days	38	38	72	43	15	4	6	2	0	1	3	2	6	5	8	6	12	4	13	14
Admissions Cancelled Day Before	F07	Percentage of Admissions Cancelled Day Before	-	-	1.36%	1.54%	1.13%	1.05%	1.86%	1.82%	1.2%	0.88%	1.73%	1.28%	1.9%	1.38%	1.81%	2.08%	1.59%	1.26%	1.53%	1.94%
	F07a	Number of Admissions Cancelled Day Before	-	-	1021	1098	78	63	122	121	80	59	110	87	128	82	121	125	306	249	297	246
Primary PCI	H02	Primary PCI - 150 Minutes Call to Balloon Time	90%	70%	72.4%	77.2%	83.3%	83.3%	78.1%	77.5%	75%	80.6%	84.8%	73.8%	77.4%	63.8%	80.9%	-	79.8%	80.2%	70.8%	80.9%
	H03a	Primary PCI - 90 Minutes Door to Balloon Time	90%	90%	91.7%	92.9%	100%	90.5%	93.8%	90%	87.5%	94.4%	97%	92.9%	93.5%	93.6%	95.7%	-	91.2%	93.1%	93.3%	95.7%
Diagnostic Waits	A05	Diagnostics 6 Week Wait (15 Key Tests)	99%	99%	97.79%	98.27%	98.65%	98.56%	98.8%	98.58%	98.52%	97.61%	97.7%	98.19%	98.28%	97.62%	97.81%	99.19%	98.65%	97.94%	98.03%	98.55%
Outpatients	R03	Outpatient Hospital Cancellation Rate	9.7%	11.7%	11.5%	10.6%	11.1%	12%	10.8%	11%	11.2%	11%	10.5%	9.9%	9.7%	10.1%	9.4%	11.1%	11.2%	10.9%	9.9%	10.2%
	R05	Outpatient DNA Rate	5%	10%	7.3%	7.2%	6.9%	7.1%	7.2%	7.5%	7.4%	7.2%	7.4%	7.1%	7.1%	7.6%	6.8%	6.4%	7.3%	7.4%	7.2%	6.6%
Outpatient Ratio	R01	Follow-Up To New Ratio	2.03	2.03	2.24	2.2	2.27	2.2	2.25	2.23	2.25	2.26	2.16	2.1	2.15	2.2	2.22	2.17	2.23	2.22	2.15	2.19
ERS	BC01	ERS - Available Slot Issues Percentage	-	-	31%	20.7%	26.4%	24.4%	24%	21.7%	18.8%	16.8%	15.8%	20.2%	22.3%	20.8%	20.8%	22.6%	23.4%	17.1%	21.1%	21.6%

RESPONSIVE (continued)

Topic	ID	Title	Annual Target		Annual		Monthly Totals														Quarterly Totals			
			Green	Red	16/17	17/18 YTD	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4		
Delayed Discharges	Q01A	Acute Delayed Transfers of Care - Patients	-	-	-	-	29	19	24	30	18	31	22	26	17	23	27	23	-	-	-	-		
	Q02A	Non-Acute Delayed Transfers of Care - Patients	-	-	-	-	16	8	6	6	11	11	11	10	8	9	9	9	-	-	-	-		
	Q01B	Acute Delayed Transfers of Care - Beddays	-	-	10232	7770	809	655	604	577	745	647	757	774	854	606	836	715	1836	2149	2234	1551		
	Q02B	Non-Acute Delayed Transfers of Care - Beddays	-	-	2167	2902	252	306	145	259	278	374	243	315	273	255	272	182	710	895	843	454		
Green To Go List	AQ06A	Green To Go List - Number of Patients (Acute)	-	-	-	-	47	43	42	43	46	51	36	46	44	47	53	54	-	-	-	-		
	AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	-	-	22	14	13	11	15	17	22	22	11	13	15	26	-	-	-	-		
	AQ07A	Green To Go List - Beddays (Acute)	-	-	-	-	1716	1400	1371	1403	1430	1580	1502	1461	1555	1532	1757	1652	-	-	-	-		
	AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	-	-	450	503	383	419	401	572	515	671	451	479	593	453	-	-	-	-		
Length of Stay	J03	Average Length of Stay (Spell)	-	-	4.11	4.06	4.17	4.14	4.31	4.06	3.8	4.37	4.12	3.87	4	3.74	4.15	4.15	4.17	4.09	3.87	4.15		
	J04D	Percentage Length of Stay 14+ Days	-	-	6.9%	6.8%	7.1%	7%	7.8%	6.7%	6.2%	7%	6.8%	6.8%	6.9%	6%	6.6%	6.9%	7.2%	6.7%	6.5%	6.7%		
14 Day LOS Patients	C07	Number of 14+ Day Length of Stay Patients at Month End	-	-	-	-	269	265	240	226	250	255	237	240	213	243	242	252	-	-	-	-		
AMU	J35	Percentage of Cardiac AMU Wardstays	-	-	4.1%	4.3%	4.1%	1.4%	3.9%	5.2%	4.2%	4.3%	4.2%	5%	6.4%	5.6%	2.5%	4.2%	3.5%	4.2%	5.7%	3.3%		
	J35A	Percentage of Cardiac AMU Wardstays Under 24 Hours	-	-	39.2%	50.4%	44.1%	63.6%	61.3%	37.2%	39.5%	50%	32.4%	63.6%	60%	38.8%	61.9%	61.3%	49.4%	40.9%	54.1%	61.5%		

Emergency Department Indicators

ED - Time In Department	B01	ED Total Time in Department - Under 4 Hours	95%	95%	85.01%	87.19%	83.25%	82.31%	84.21%	87.89%	90.53%	91.26%	90.84%	90.06%	90.33%	85.33%	82.69%	83.2%	84.81%	90.87%	88.64%	82.94%
<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%	87.19%	83.25%	82.31%	84.21%	87.89%	90.53%	91.26%	90.84%	90.06%	90.33%	85.33%	82.69%	83.2%	84.81%	90.87%	88.64%	82.94%
	BB07	BRI ED - Percentage Within 4 Hours	-	-	77.42%	79.61%	73.89%	69.16%	73.76%	79.01%	85.11%	86.82%	86.53%	84.11%	88.22%	77.24%	71.39%	73.24%	73.99%	86.14%	83.2%	72.29%
	BB03	BCH ED - Percentage Within 4 Hours	-	-	89.89%	94.88%	88.92%	96.83%	94.05%	97.14%	96.62%	96.35%	94.99%	96.34%	91.54%	92.56%	93.91%	94.5%	95.93%	95.97%	93.42%	94.19%
	BB04	BEH ED - Percentage Within 4 Hours	99.5%	99.5%	98.97%	96.56%	99.18%	96.52%	96.57%	97.9%	96.58%	97.04%	96.58%	97.43%	94.21%	98.34%	96.63%	94.35%	97%	96.74%	96.59%	95.52%
<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	0	0	0	0	0	0	0	0	0	5	3	0	0	0	5	3
Time to Initial Assessment	B02c	ED Time to Initial Assessment - Under 15 Minutes (Excludes BCH)	95%	95%	97.6%	98.1%	98.8%	98.9%	96.3%	98.3%	98.5%	99.3%	97.8%	98.8%	98.6%	98.2%	97.6%	96.5%	97.8%	98.5%	98.5%	97.1%
	B02b	ED Time to Initial Assessment - Data Completeness	95%	95%	92.8%	94.5%	93.9%	92.1%	91.6%	92.8%	91.8%	92.6%	90.7%	94.2%	94.8%	99.4%	99.4%	98.4%	92.1%	91.7%	96.2%	98.9%
Time to Start of Treatment	B03	ED Time to Start of Treatment - Under 60 Minutes	50%	50%	52.6%	52.6%	51%	50.8%	52.3%	52.8%	54%	55.4%	54.1%	53.2%	48.4%	51%	54.4%	52.4%	52%	54.5%	50.8%	53.4%
	B03b	ED Time to Start of Treatment - Data Completeness	95%	95%	98.5%	97.5%	98.1%	97.8%	97.2%	97.1%	97.4%	97.3%	97.5%	97.1%	97.8%	98%	98%	97.6%	97.4%	97.4%	97.6%	97.8%
Others	B04	ED Unplanned Re-attendance Rate	5%	5%	2.6%	2.8%	2.5%	2.6%	2.6%	2.7%	2.7%	1.9%	2.3%	2.9%	3.3%	3.3%	3.1%	2.9%	2.6%	2.3%	3.2%	3%
	B05	ED Left Without Being Seen Rate	5%	5%	2.2%	1.9%	2%	2.8%	2.6%	2.5%	2%	2.1%	3.7%	1.1%	1.1%	1%	1%	1.1%	2.6%	2.6%	1.1%	1.1%
Ambulance Handovers	BA09	Ambulance Handovers - Over 30 Minutes	-	-	1216	755	11	111	82	84	46	54	44	63	63	87	62	59	277	144	213	121
Acute Medical Unit (AMU)	J35	Percentage of Cardiac AMU Wardstays	-	-	4.1%	4.3%	4.1%	1.4%	3.9%	5.2%	4.2%	4.3%	4.2%	5%	6.4%	5.6%	2.5%	4.2%	3.5%	4.2%	5.7%	3.3%
	J35a	Percentage of Cardiac AMU Wardstays Under 24 Hours	-	-	39.2%	50.4%	44.1%	63.6%	61.3%	37.2%	39.5%	50%	32.4%	63.6%	60%	38.8%	61.9%	61.3%	49.4%	40.9%	54.1%	61.5%

EFFICIENT

Topic	ID	Title	Monthly Totals											
			Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Sickness	AF02	Sickness Rate	3.8%	3.6%	3.7%	3.8%	4.4%	4.1%	3.7%	4.1%	4.3%	4%	4.7%	4.4%
<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. There is an amber threshold of 0.5 percentage points above the target. These annual targets vary by quarter.</i>														
Staffing Numbers	AF08	Funded Establishment FTE	8446.1	8367.1	8479.3	8491.6	8499.7	8547.6	8557.9	8599.7	8665.5	8648.5	8679.5	8679.4
	AF09A	Actual Staff FTE (Including Bank & Agency)	8566.5	8510.5	8546.3	8584.7	8602.5	8641.4	8642	8665.1	8679	8602.9	8710.4	8676.8
	AF13	Percentage Over Funded Establishment	1.4%	1.7%	0.8%	1.1%	1.2%	1.1%	1%	0.8%	0.2%	-0.5%	0.4%	-0%
<i>Green is below 0.5%. Amber is 0.5% to below 1% and Red is 1% or above</i>														
Bank Usage	AF04	Workforce Bank Usage	427.9	446.7	476.6	501.8	531	536.4	503.4	495.3	481.4	432.4	517.3	503.8
	AF11A	Percentage Bank Usage	5%	5.25%	5.58%	5.85%	6.17%	6.21%	5.83%	5.72%	5.55%	5.03%	5.94%	5.81%
<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>														
Agency Usage	AF05	Workforce Agency Usage	123.7	96.7	94.1	123.4	130.6	125.3	102.9	90.4	70	59.6	91.1	95.5
	AF11B	Percentage Agency Usage	1.44%	1.14%	1.1%	1.44%	1.52%	1.45%	1.19%	1.04%	0.81%	0.69%	1.05%	1.1%
<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>														
Vacancy	AF06	Vacancy FTE (Funded minus Actual)	349.8	331.4	420.4	451	477.3	483.8	434.4	431.3	436.1	446.8	468	494.1
	AF07	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	4.2%	4%	5%	5.4%	5.7%	5.7%	5.1%	5.1%	5.1%	5.2%	5.5%	5.8%
<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>														
Turnover	AF10A	Workforce - Number of Leavers (Permanent Staff)	157	177	174	148	189	365	226	133	194	182	330	182
	AF10	Workforce Turnover Rate	12.8%	12.5%	12.7%	12.9%	13.1%	12.7%	12.8%	12.8%	13.2%	13.5%	13.5%	13.5%
<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>														
Essential Training 2016/17	AF21a	Core Essential Training (Three Yearly)	85%	85%	89%	89%	88%	86%	87%	87%	87%	87%	88%	90%
	AF21b	Essential Training Compliance - Annual Training (Fire & IG)	-	-	-	-	-	-	-	-	-	-	-	-
	AF21f	Essential Training Compliance - Fire Safety	83%	82%	84%	84%	86%	87%	87%	87%	87%	87%	88%	88%
	AF21g	Essential Training Compliance - Information Governance	76%	75%	75%	75%	80%	82%	82%	82%	82%	82%	84%	85%
	AF21c	Essential Training Compliance - Induction	97%	98%	98%	98%	98%	98%	98%	98%	97%	97%	98%	98%
	AF21d	Essential Training Compliance - Resuscitation Training	75%	75%	71%	71%	77%	80%	81%	83%	84%	84%	85%	87%
	AF21e	Essential Training Compliance - Safeguarding Training	91%	90%	90%	90%	89%	87%	87%	87%	87%	87%	89%	90%
<i>Green is above 90%, Red is below 85%, Amber is 85% to 90%</i>														

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 FEBRUARY 2018:

All Essential Training

	UH Bristol	Diagnostic & Therapies	Facilities & Estates	Medicine	Specialised Services	Surgery	Trust Services	Women's & Children's
Three Yearly	90%	91%	89%	91%	90%	90%	91%	88%
Annual Fire	88%	89%	91%	88%	90%	89%	90%	85%
Annual IG	85%	87%	89%	85%	88%	85%	90%	78%
Induction & Orientation	98%	99%	99%	98%	97%	98%	98%	98%
Medical & Dental Induction	90%	100%	N/A	100%	71%	91%	N/A	89%
Resuscitation	87%	84%	N/A	89%	88%	89%	82%	85%
Safeguarding	90%	90%	90%	92%	87%	88%	92%	90%

Timeline of Trust Essential Training Compliance:

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

Safeguarding Adults and Children

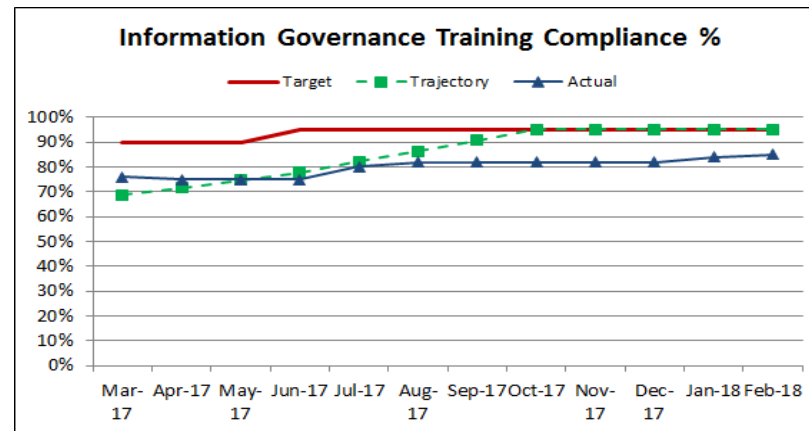
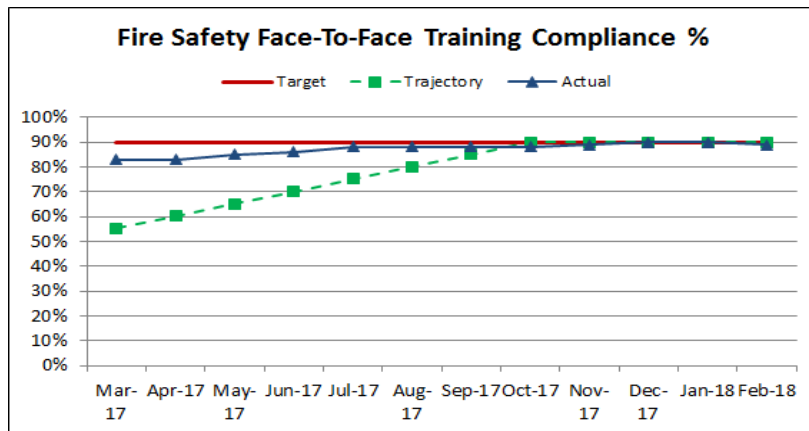
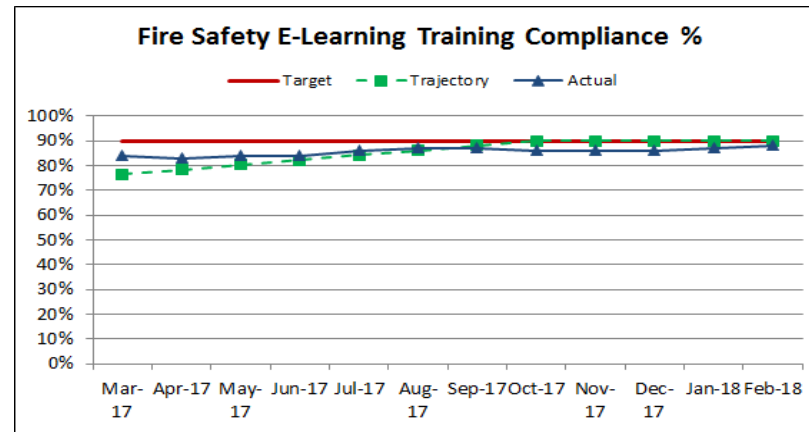
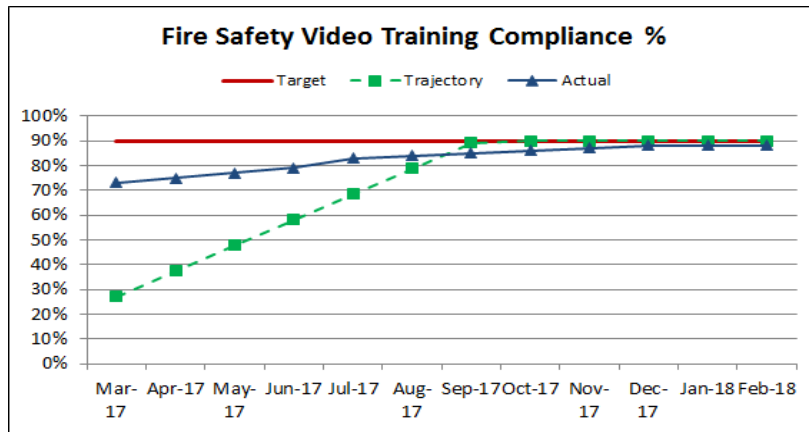
	UH Bristol	Diagnostics & Therapies	Facilities & Estates	Medicine	Specialised Services	Surgery	Trust Services	Women's & Children's
Safeguarding Adults L1	90%	88%	88%	92%	88%	87%	93%	92%
Safeguarding Adults L2	90%	92%	86%	92%	88%	90%	89%	89%
Safeguarding Adults L3	86%	83%	N/A	86%	92%	86%	79%	100%
Safeguarding Children L1	93%	94%	92%	96%	96%	89%	95%	N/A
Safeguarding Children L2	87%	85%	91%	90%	83%	87%	76%	94%

Child Protection Level 3

	UH Bristol	Diagnostic & Therapies	Medicine	Specialised Services	Surgery	Trust Services	Women's & Children's
Core	78%	83%	64%	75%	76%	100%	80%
Specialist	83%	N/A	N/A	N/A	N/A	100%	82%

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 (08/01/18 – 04/02/18)

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	563	174		186		923
Health Care Assistant & Other Support		38		3		41
Medical & Dental		47				47
Scientific, Therapeutic/ Technical Allied Health Professional (AHP) & Healthcare Science		3				3
Administrative & Clerical and Estates	603					603

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

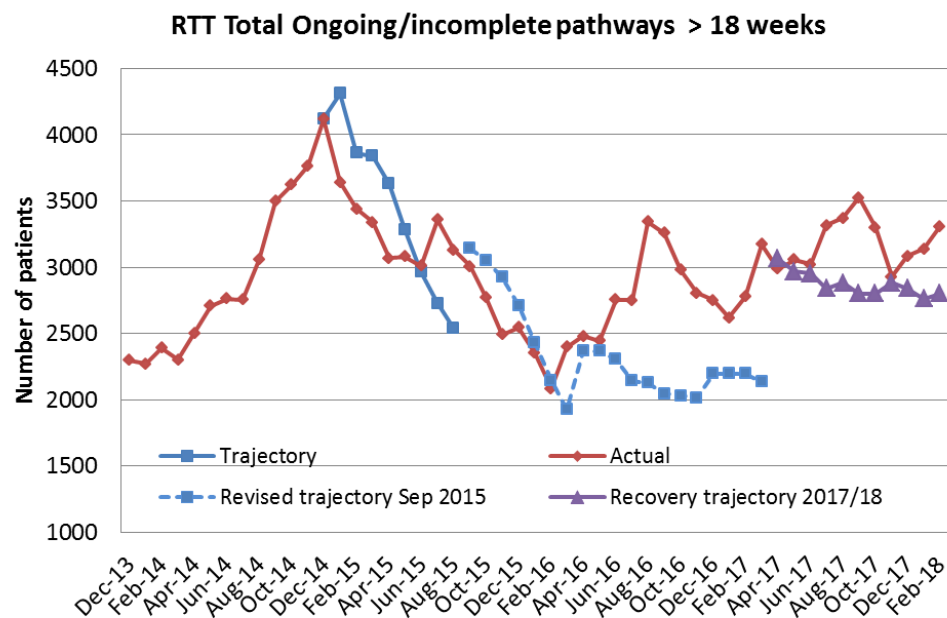
	Y1 M01 30/04/2017	Y1 M02 31/05/2017	Y1 M03 30/06/2017	Y1 M04 31/07/2017	Y1 M05 31/08/2017	Y1 M06 30/09/2017	Y1 M07 31/10/2017	Y1 M08 30/11/2017	Y1 M09 31/12/2017	Y1 M10 31/01/2018	Y1 M11 28/02/2018	Y1 M12 31/03/2018
62-day GP - target 85% (recovery trajectory)	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
62 day GP actual	76.7%	78.0%	81.7%	75.0%	85.2%	80.2%	84.1%	88.5%	83.0%	78.0%		
62 day GP forecast	-	-	-	-	-	-	-	-	-	-	78.0%	
62 day GP recovery trajectory (month)	-	-	-	-	81.0%	80.0%	80.5%	79.0%	80.6%	81.4%	81.6%	85.0%
62 day GP recovery trajectory (quarter)	78.8%			79.0%			80.0%			82.5%		
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 February 2018

RTT Specialty	Ongoing Over 18 Weeks	Ongoing Pathways	Ongoing Performance
Cardiology	333	1,902	82.5%
Cardiothoracic Surgery	65	302	75.5%
Dermatology	89	1,854	95.2%
E.N.T.	65	2,161	97.0%
Gastroenterology	17	648	97.4%
General Medicine	0	6	100%
Geriatric Medicine	9	62	85.5%
Gynaecology	154	1,268	87.9%
Neurology	125	419	70.2%
Ophthalmology	525	4,359	88.0%
Oral Surgery	195	2,227	91.2%
Other	1,627	11,561	85.9%
Rheumatology	12	446	97.3%
Thoracic Medicine	15	625	97.6%
Trauma & Orthopaedics	77	662	88.4%
Grand Total	3,308	28,502	88.4%

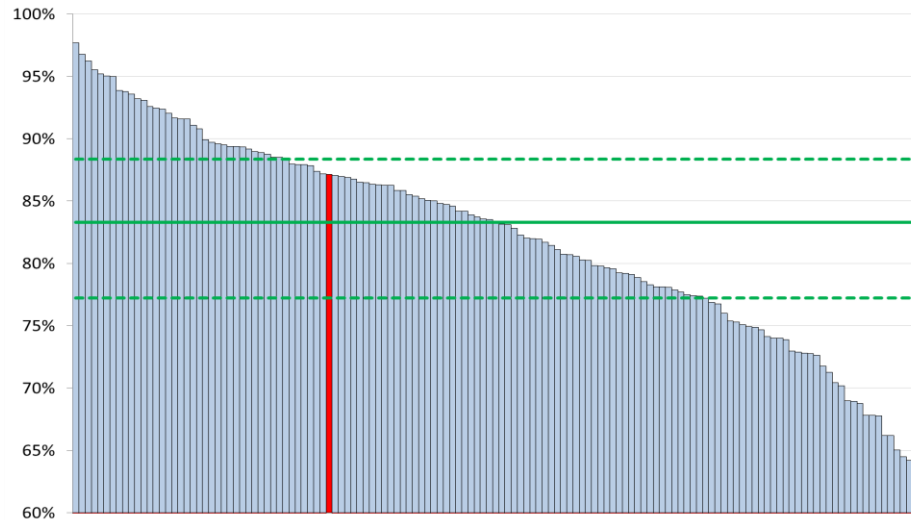


	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan-18	Feb-18
Non-admitted pathways > 18 weeks	1750	2006	2107	2221	1962	1711	1783	1865	1956
Admitted pathways > 18 weeks	1273	1311	1265	1303	1338	1216	1302	1273	1352
Total pathways > 18 weeks	3023	3317	3372	3524	3300	2927	3085	3138	3308
Actual % incomplete < 18 weeks	91.0%	90.2%	89.9%	89.4%	90.0%	89.5%	88.3%	88.1%	88.4%
Recovery forecast	91.8%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%

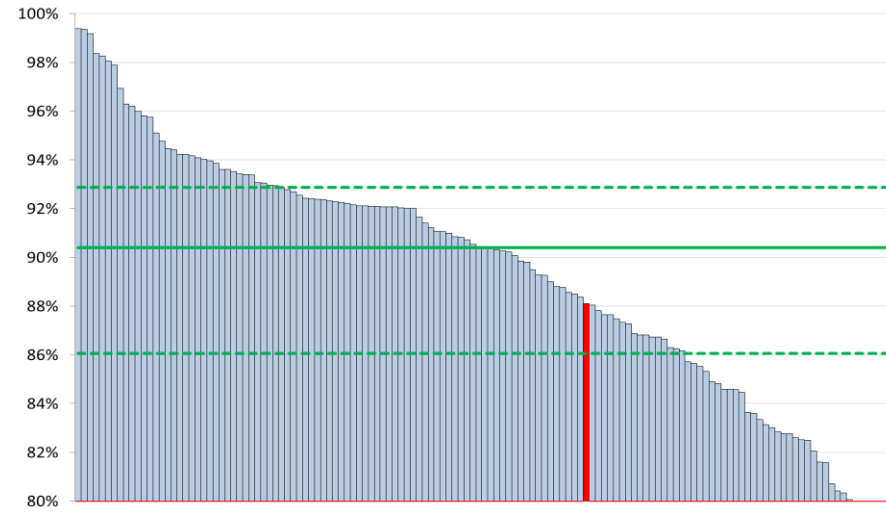
Appendix 4

Benchmarking Reports

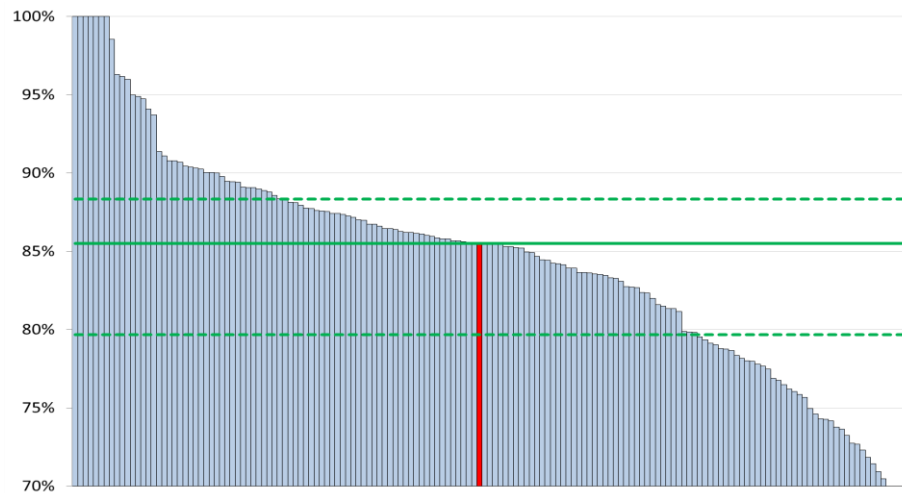
A&E 4-hours – Type 1 Departments (Quarter 3 – Oct to Dec 2017)



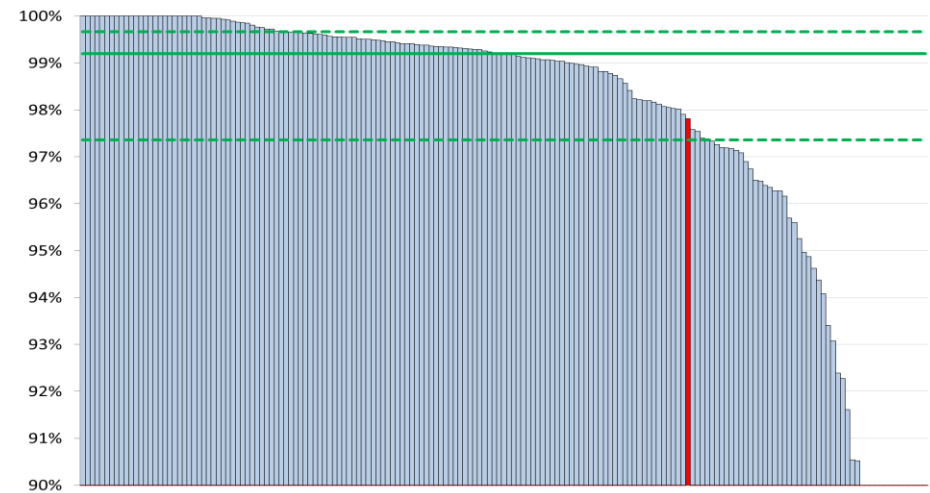
Referral to Treatment Time Ongoing Pathways (January 2018)



62-day GP cancer (Quarter 3 2017/18)

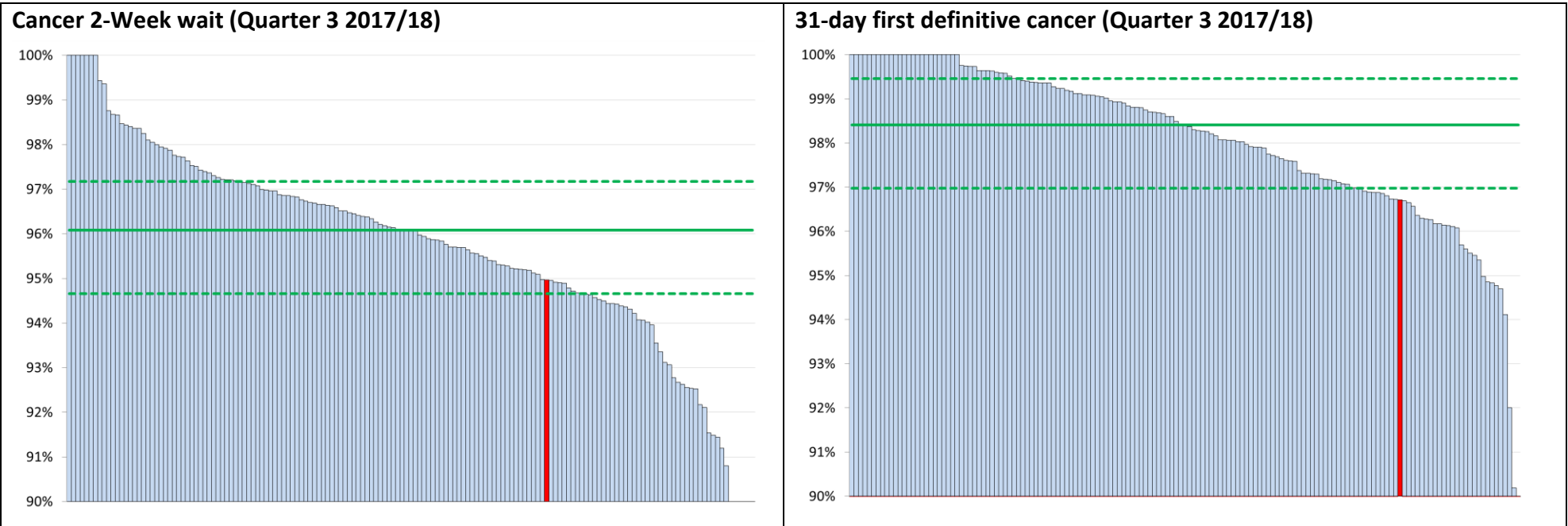


6-week diagnostic (End of January 2018)



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.

**Cover report to the Trust Board Meeting to be held on 29 March 2018 at 11.00
– 13.00 in the Conference Room, THQ**

		Agenda Item	8a
Meeting Title	Public Trust Board	Meeting Date	Thursday, 29 March 2018
Report Title	Quarterly Complaints Report – Q3		
Author	Tanya Tofts, Patient Support and Complaints Manager		
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

To provide the Board with information about complaints received during the third quarter of 2017/18, the Trust's performance in handling those complaints, and assurance about how Divisions have been responding to any 'hot spots' identified.

Summary of performance in Quarter 3

	Q3	
Total complaints received	407	↓
Complaints acknowledged within set timescale	99.3%	↓
Complaints responded to within agreed timescale – formal investigation	85.4%	↑
Complaints responded to within agreed timescale – informal investigation	73.8%	↑
Proportion of complainants dissatisfied with our response (formal investigation)	10.4%	↑

In Q3:

- The most common causes for complaint related to 'clinical care'. This represents a change from the most common theme of 'appointments and admissions in Q2 and 'attitude and communication' in Q1.

Improvements in Q3:

- There were notable reductions in the number of complaints received by the Bristol Heart Institute (BHI) Waiting List Office and the BHI Outpatients Department compared to quarter 2.
- Fewer complaints were received about 'appointments and admissions'.
- Although December is traditionally a quiet month for complaints, nonetheless this was the first month since July 2013 when the number of complaints received by the Trust fell below 100.

However:

- There was a rise in the number of complaints received by the Division of Surgery in respect of staff attitude and communication.
- Although complaints about the Bristol Dental Hospital fell marginally in quarter 3, levels of complaints about the service remain high.
- The proportion of cases which breached the agreed deadline for a response reduced in quarter 3 but remains too high; there were 30 breaches of formal complaint response deadlines and 54 breaches of informal complaint response deadlines during the quarter.
- There is an emerging trend away from informal resolution of complaints and towards the formal resolution process. Further work is needed to understand the reasons for this pattern.

Corporate plans include:

- A meeting between corporate and divisional complaints leads, scheduled for April, to agree a plan for improving the timeliness of complaints responses.

Please click the link below to view the full report:

<http://www.uhbristol.nhs.uk/patients-and-visitors/support-for-patients/patient-support-and-complaints/>

Recommendations

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"/>
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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	<input checked="" type="checkbox"/>	Failure to develop and maintain the Trust	<input type="checkbox"/>
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services.		estate.	
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 March 2018		

**Cover report to the Trust Board Meeting to be held on 29 March 2018 at 11.00
– 13.00 in the Conference Room, THQ**

		Agenda Item	8b
Meeting Title	Public Trust Board	Meeting Date	Thursday, 29 March 2018
Report Title	Quarterly Patient Experience Report – Q3		
Author	Paul Lewis, Patient Experience and Involvement Team Manager		
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

To provide the Quality and Outcomes Committee with an update of survey data relating to service-user experiences at UH Bristol and key Patient and Public Involvement activity being carried out at the Trust.

Key issues to note

Overall, all of UH Bristol's headline Trust-level patient satisfaction survey measures were above their target levels in Quarter 3, indicating the continued provision of a high quality hospital experience.

The Bristol Royal Hospital for Children also received a very positive set of results in the Care Quality Commission 2016 National Children's Survey (released in Quarter 3), including:

- An overall experience rating among the top three trusts nationally

- The joint top score nationally from parents of younger children (0-7 years) in respect of whether they felt that they were treated with respect and dignity
- Recognition from the Care Quality Commission that the Trust was among the best performers nationally in relation to parent-reported experience.

In Quarter 3, Ward A528 (Division of Medicine / care of the elderly) received relatively low survey scores in UH Bristol's corporate survey programme. A full review of the survey data for the ward has been carried out by the Patient Experience and Involvement Team, but no consistent theme could be identified that would account for these low scores (furthermore, there was no corresponding "spike" in complaints during this period). In discussion with the Head of Nursing for the Division and the ward's Matron, no underlying cause for these results could be identified, and it is not reflective of other quality data reviewed by the Division. In order to better understand these results, members of the UH Bristol *Face2Face* volunteer interview team will visit the ward in early April 2018 to talk to patients and families. Further actions will be identified if necessary following those conversations.

As noted in previous Quarterly Patient Experience and Involvement Reports, South Bristol Community Hospital has consistently received below average survey scores in the Trust's corporate survey programme. This is consistent with evidence at a national level which suggests that this, at least in part, is due to the challenges of providing a positive experience for long-stay patients with complex / chronic conditions. However, there has been a focus on improving these scores by the management team and staff at the hospital, including in collaboration with Healthwatch Bristol. Quarter 3 saw a further improvement in the South Bristol Community Hospital survey scores, with the "kindness and understanding" measure achieving the Trust's minimum target score (90/100). The composite "inpatient survey tracker" survey score remained below the target level for the hospital, but also appears to be on an improvement trend.

The Outpatient Friends and Family Test survey response rate for Quarter 3 was 5.8% against a target of 6%. This was due to a particularly low response rate in December 2017 (4.1%). UH Bristol's primary approach to this element of the Friends and Family Test is via SMS text message. There was a one week "suspension" of text messages by the Trust's Patient Experience and Involvement Team over the Christmas period, as this is a particularly sensitive time of year to send out hospital surveys. The SMS surveying was reinstated from 1 January and the response rate target moved back above the target level.

A range of Patient and Public Involvement activities took place at the Trust in Quarter 3, including:

- Through the Trust's "Involvement Network", a group of Sixth Form students from Ashton Park School visited UH Bristol. The students all had some degree of learning disability or additional educational need. Over the course of the day these "hospital detectives" were able to give the Patient Experience and Involvement Team insights into what it feels like to visit clinical and non-clinical areas of the Trust. Insights from this work will be shared with the Trust's Patient Experience and Inclusion Group in Quarter 4, to identify specific improvement actions.
- In January 2018, members of our Involvement Network joined Trust members, staff and Governors to discuss what they consider to be the quality priorities for UH Bristol. These priorities included a continued focus on developing a customer care mind-set and an emphasis on developments that improved accessibility to services for people

with a physical or sensory impairment. This will help to inform the Trust's annual Quality Objective setting process.

Please click the link below to view the full report:

<http://www.uhbristol.nhs.uk/patients-and-visitors/patient-experience-and-involvement/what-patients-tell-us-about-uh-bristol/>

Recommendations

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 checked="" type="checkbox"/>	Governors	<input checked="" 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 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"/>
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Impact Upon Corporate Risk

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 March 2018		Senior Leadership Team 21/3/18 Patient Experience Group 22/2/18

**Cover report to the Trust Board Meeting to be held on 29 March 2018 at 11.00
– 13.00 in the Conference Room, THQ**

		Agenda Item	9
Meeting Title	Public Trust Board	Meeting Date	Thursday, 29 March 2018
Report Title	Six-Monthly Nurse Staffing Report		
Author	Carolyn Mills, Chief Nurse		
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

The purpose of the paper is to provide assurance to the Trust Board that wards have been safely staffed over the last six months.

Key issues to note

There have been no significant staffing changes that have occurred in the last six months

There are very low numbers of NICE red flag staffing incidents reported in the last six months

The Trust level quality performance dashboard for the last six months indicates that overall the standard of patient care during this period was of good quality (safety/clinically effective/patient experience).

All the divisional annual staffing reviews have been completed in the last six months by the Chief Nurse.

There have been no requests from regulators in regard to nursing and midwifery staffing.

This paper can assure the Board of Directors that UHBristol has had safe staffing levels over the last six months, at a time of high operational pressure with escalation capacity open since January 2018.

Recommendations

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 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 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 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"/>
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Impact Upon Corporate Risk

Resource Implications

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

Finance	<input checked="" type="checkbox"/>	Information Management & Technology	<input checked="" 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 March 2018		

Report on Staffing Levels for UHBristol Adult Inpatient Wards, Midwifery and Bristol Children's Hospital (August 17- January 18). March 2018 Trust Board

1.0 Introduction

There is a requirement, post the publication of the Francis Report 2013 that all NHS organizations take a six monthly report to their Public Board Boards on nursing and midwifery staffing capacity and capability which has involved the use of an evidence-based tool.

This report details:

- a) Any significant changes that have occurred in the last six months
- b) How the Trust knows the wards have been safe over the last six months
- c) An update on actions detailed in the last report

2.0 Significant Changes to nursing staffing levels in the last six months

As detailed in appendix 2 there are a number of triggers that indicate when a staffing review is required. These would be in addition to the annual divisional reviews of nursing establishments and skill mix with the Chief Nurse which have all been completed in the last six months.

UH Bristol's funded establishments have had no significant changes in them over the last six months and continue to provide a ratio of the number of patients per RN between 2.3 - 8 on a day shift and 2.3 - 8 on a night shift. The ratio of registered to unregistered staff for UHB for adult inpatient areas continues to range between 50:50 and 90:10. Where the ratio of registered nurses is less than 60% this is based on the professional judgment of the senior nurses and supported by patient acuity and dependency scoring. There have been no changes to the areas that do not fully meet the agreed ratios or the rationale for these variations since the last report.

3.0 Care Quality Commission (CQC) Requests for staffing information

No requests for staffing information from the CQC were received since the last report.

4.0 How the Trust knows the wards have been safe over the last six months?

The Trust continues to submit monthly returns of the Department of Health via the NHS national staffing return. This return details the overall Trust position on actual hours worked versus expected hours worked for all inpatient areas, the

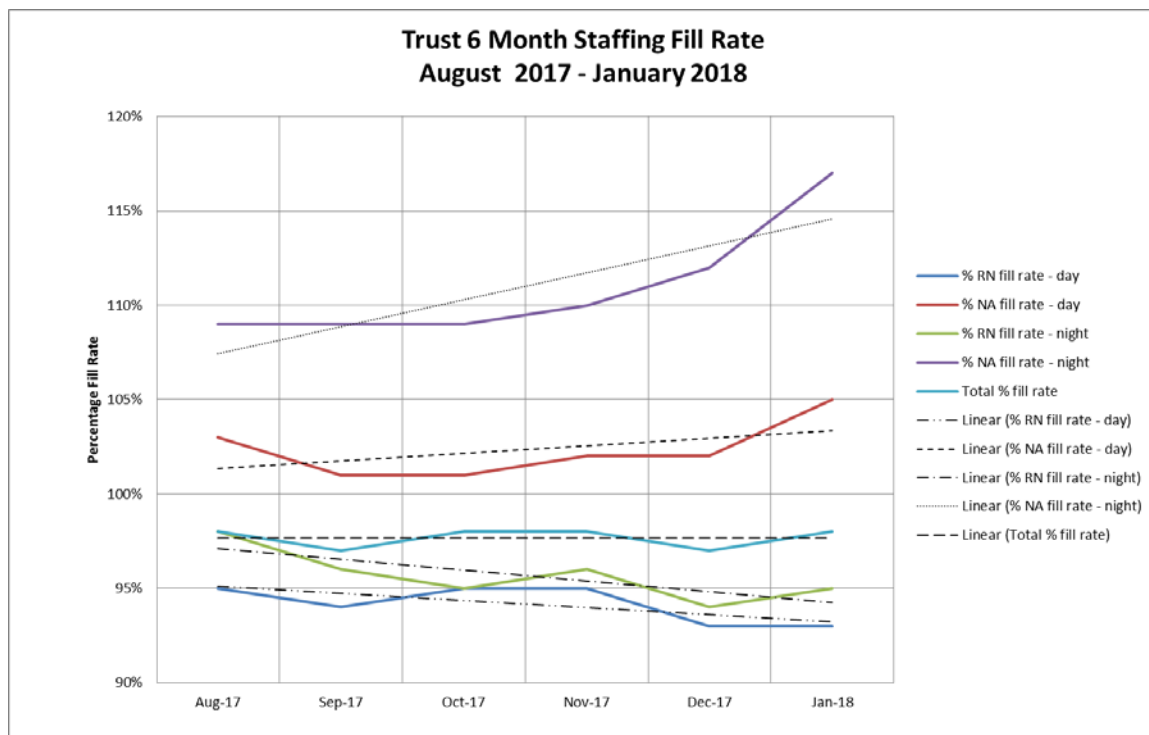
percentage fill rate for Registered Nurses (RN) and Nursing Assistants (NA) for day and night shifts, together with the overall Trust percentage fill rate. This includes care hours per patient per day (CHPPD). There have been no risks to patient safety identified through these reports in the last six months.

A monthly detailed report on nurse staffing is received and reviewed monthly at the Quality and Outcomes Committee a Non-Executive sub-committee of the Board. This report gives a detailed breakdown of any staffing variances by ward/dept and Division. It includes detailed information regarding any NICE staffing red flags.

The graph and table below (Fig 1) show 6 monthly staffing fill rates for inpatient ward areas: Key issues to note:

- The total average fill rate for nursing and NA staffing remains within the green threshold at 98%.
- The average RN day fill rate has reduced from 97 to 94%; the average RN night fill rate has reduced from 99 to 96%.
- NA fill rates continue to be above planned staffing levels for days and nights. The number of reported red flag incidents remains low at 27.

Fig 1



Trust Position	% RN fill rate - day	% NA fill rate - day	% RN fill rate - night	% NA fill rate - night	Total % fill rate
Aug-17	95%	103%	98%	109%	98%
Sep-17	94%	101%	96%	109%	97%
Oct-17	95%	101%	95%	109%	98%
Nov-17	95%	102%	96%	110%	98%
Dec-17	93%	102%	94%	112%	97%
Jan-18	93%	105%	95%	117%	98%
Trust 6 month average	94%	102%	96%	111%	98%

RAG rating for Fill Rate	Red	Amber	Green	Blue
Thresholds (75% is the national red flag level)	< 75%	76%- 89%	90%- 100%	101%>

Note: the red rating has been set at 75% to be in line with the national guidance that states that:-

A shortfall of more than 8 hours or 25% (whichever is reached first) of registered nurse time available compared with the actual requirement for the shift. For example, if a shift requires 33 hours of registered nurse time, a red flag event would occur if 5:45 hours or less of registered nurse time is available for that shift (which is the loss of more than 25% of the required registered nurse time).

4.2 Nurse Staffing Risks held on risk registers

There are no nurse staffing risks on the corporate risk register. A number of nurse staffing risks are held by divisions which are reviewed regularly at Divisional Board meetings and on a rotational basis at the Trust Risk Management Group.

4.3 Quality metrics

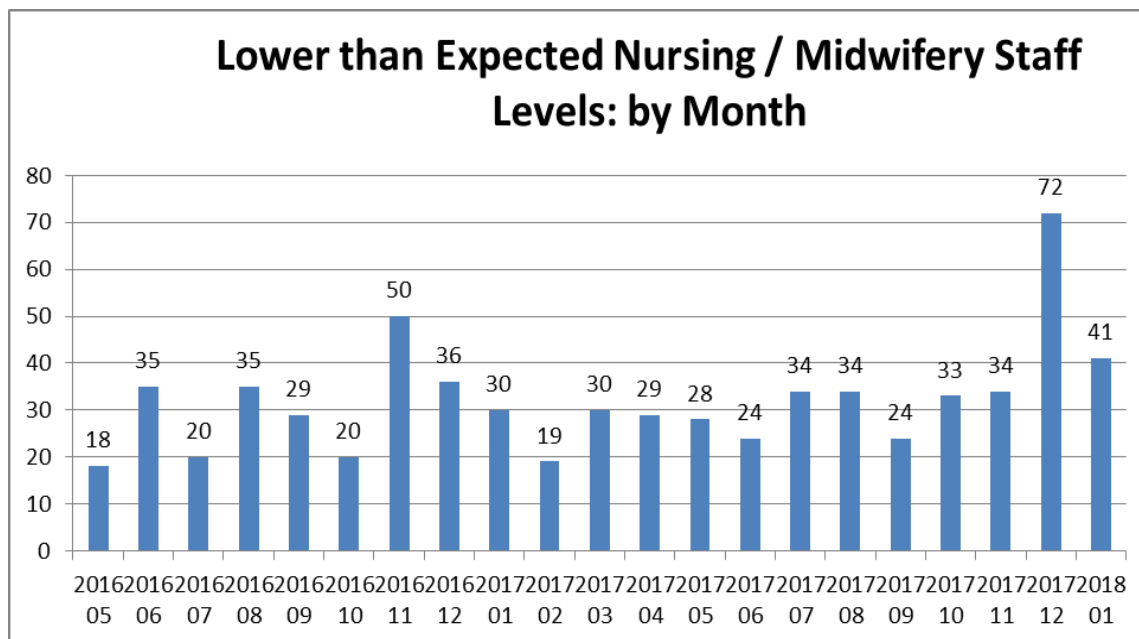
The Trust level quality performance dashboard for the last six months indicates that overall the standard of patient care during this period was of good quality (safety/clinically effective/patient experience).

Over the last six months, the number of falls with harm has reduced from 17 to 14. Whilst the overall number of pressure ulcers has increased over the last 6 months, the number of grade 3 hospital acquired pressure ulcers has decreased from 8 to 1. Reviews of RCAs to identify good practice, themes and areas requiring improvement continue to be undertaken for both falls and hospital acquired grade 3 pressure ulcers with actions incorporated into both work plans.

4.4 Staffing incidents

The number (see Fig 2), content and any themes arising staffing incidents related to staffing levels are reviewed and discussed monthly and quarterly via Divisional Performance and Ops Reviews.

Fig 2



There was an increase in reported incidents during December. 15 incidents were reported by one specialist unit due to vacancies and increased patient demand. Specialist staff were moved from the ward to ensure the service was safely covered. Reported incidents for this unit decreased in January.

Where lower than expected staffing forms are submitted, the actual harm continues to be assessed as near miss to minor, with no moderate or actual harm impact seen over the last six months.

6.0 Conclusion

In the last six months the Chief Nurse and Divisional Teams have continued to review and monitor staffing levels in line with UHBristol principles for initiating a staffing review and the principles of safe staffing.

Ward Sisters and Charge Nurses have an understanding of their funded workforce resource, and are aware that if required this will be adjusted to reflect the acuity and dependency of patients admitted and changes to ward environments.

This paper can assure the Board of Directors that UHBristol has had safe staffing levels in the last six months.

Appendix 1:

UHBristol' s principles for initiating a staffing review (2014)

As a minimum a staffing and skill mix ratio review will be undertaken annually for each clinical area.

OR when there is:

- A significant change in the service e.g. changes of specialty, ward reconfiguration, service transfer
- A planned significant change in the dependency profile or acuity of patients within a defined clinical area e.g. demonstrated by sustained high acuity/dependency scores or an increased specialising requirement.
- A change in profile and number of beds within defined clinical area.
- A change in staffing profile due to long term sickness, maternity leave, other leave or high staff turnover
- If quality indicators in the key performance indicators a failure to safeguard quality and/or patient safety.
- A Serious Incident (SI) where staffing levels was identified as a significant contributing factor
- If concerns are raised about staffing levels by patients or staff.
- Evidence from benchmark group that UHBristol is an outlier in staffing levels for specific services.

Appendix 2:

Principles of Safe Staffing for General Inpatient Wards

Ratio of registered to unregistered professionals

Within UHB adult inpatient areas the Trust set staffing levels based on a principle of 60:40 ratio, registered nurse to nursing assistant in general inpatient areas. This will be higher in some specialist ward areas due to the increasing complexity of care, for example medication regimes and the number of intravenous drugs now given and increased dependency and complexity of elderly patients being admitted.

Ratio of number of patients per nurse

In setting wards establishment and skill mix UHB use the principles of one registered nurse per 6 patients on a day shift and one registered nurse to 8 patients on a night shift.

In adult critical care areas the ratio is one nurse per patient adult intensive care (level 3 patient) day and night and one nurse per two patients in adult high dependency (level 2 patients) day and night

**Cover report to the Trust Board meeting to be held on
Thursday 29 March 2018 at 11:00 – 13:00 in the Conference Room, Trust HQ,
Marlborough St, Bristol, BS1 3NU**

	Agenda Item	10
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 March 2018

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

This report provides a summary of the key issues considered at the Quality and Outcomes Committee on 26 March 2018.

Quality and Performance Report

Key points to note included:

- The Trust was still dealing with winter pressures compounded by recent extreme weather. This position had been exacerbated by Weston repatriations and wards affected by norovirus, issues which had been previously discussed by the Committee. Winter pressures had also impacted UH Bristol's ability to rebook cancelled electives. Staff have been exceptional during this difficult period.
- Productivity work was progressing and the Deputy Chief Executive & Chief Operating Officer would report to a future Committee meeting on progress. The key priority now was sustaining performance in areas where targets had been reached.
- In terms of quality, there was consistent, high level performance across the Trust. The Trust was slightly above target for MRSA bacteraemia amongst patients, however it was felt some of the (five) identified cases should not have been attributed to the Trust and discussion with the commissioners were ongoing. NHS Improvement would be visiting the Dental Hospital the following week to investigate issues and make recommendations. The quality of the patient experience remained strong, despite the use of escalation space not ideal for patient stays.
- In terms of workforce, February 2018 had been a successful month. Engagement scores had gone up for the fourth month in a row. Essential training rates were now at 90%, though Information Governance training was at 85% against a 95% target, which would be addressed through in-division intervention. Sickness absence, including for sickness and anxiety, had fallen but remained an ongoing concern.

Recruitment Strategy

Associate Director of HR Operations Debbie Tunnell gave a presentation on the key successes, priorities and challenges of the Trust's recruitment strategy.

Key points to note included:

- There was particular focus on hard-to-fill areas such as Facilities and Estates and Paediatric Nursing. There were a number of proactive recruitment strategies in place, including the use of Divisional Recruitment Leads, open days, career events, and proactive marketing (including 'selling' Bristol as a great city to work in, and UH Bristol as a key city centre employer for a huge range of careers). The active use of social media was a key element of recruitment marketing. Specific interventions in the hard-to fill areas including head hunting for Facilities and Estates roles, and targeting adult registered nurse with specialist skills in finding for candidates for paediatric nursing. There has been significant improvement in both areas as a result.
- Other general interventions included the use of trainee programmes, and also providing guidance for job centres on the Trust's available roles to help their understanding of the nature and quality of candidates that were being sought.
- There were a number challenges to recruitment, including the escalating cost of living in Bristol, the removal of student nurse bursaries, and the impact of Brexit.
- Key priorities for the team going forward included continuing to get a handle on role redesign, and strategic planning of recruitment.

Clinical Utilisation Review

The Deputy Chief Executive & Chief Operating Officer gave the Committee a presentation on the Clinical Utilisation Review.

Key points to note included:

- Clinical Utilisation Review (CUR) was a system for providing objective, evidence-based assessments to determine whether patients were receiving the right level of care in the right setting, turning anecdotal concerns into evidence, and helping to change the nature of the conversation around patient flow.
- Nationally over 250,000 reviews had taken place of 5,800 beds, which found more than 1/3 of patients did not meet CUR criteria, for reasons including patients awaiting clinical assessment, social care, etc.
- UH Bristol had in February 2018 carried out 7000 daily reviews, which found 32% of reviewed patients were "non-qualified", i.e. in the wrong care setting. The largest single issue was the lack of ward beds (this was related to winter pressures). However, a very large number of "non-qualified" patients were awaiting some external intervention, e.g. a social worker, social care arrangements, etc. There were also delays in-house related which were much smaller number relating to for example patients awaiting clinician assessment or cardiac surgery. But the majority of issues were external. The Deputy Chief Executive & Chief Operating Officer had been escalating this with the STP, Emergency Oversight Board, and others, and the Chief Executive would also be involved if executives could not make significance progress with colleagues, as it was a clear the Trust could not continue to sustain this level of non-qualified patients due to external factors.
- The Trust was now building the architecture for responding to these issues, including appropriate escalation.

‘On-hold’ patients

The Committee received an update on the large volume of ‘on-hold’ patients issue.

Key points to note included:

- The Trust was continuing to engage with NHS Improvement and update them on progress.
- Numbers of ‘on-hold’ patients were down to 49,000 from 86,000, which showed significant progress.
- The Committee noted there were a high number of patients from this group being put for review by clinicians (more than 700). This was clearly a very high number and the Executive team were continuing to review how best to manage the consequent workload for clinicians.
- To date via the harm panel – there were no significant issues identified around patient harm

Serious Incident Report & Root cause Analysis Reports

Key points to note included:

- It was noted that following helpful discussion with some members of the Committee, it was the intention to amend the report starting from April 2018 to reflect their input. RCA reports would now be cut down to executive summaries and action plans when being shared with the Committee.
- Four reports were completed in February 2018 within timescale, and duty of candour activity was up to date.
- Three Root Cause Analysis Reports were completed for the period, two relating to a fall, and one relating to a medication error.

Six-Monthly Nurse Staffing

- All areas of staffing were within the 94% fill rate for six months.

Monthly Nurse Staffing

- There had been little change month on month, though there was some continued negative variance in Women’s and Children’s (though the annual staffing review had identified some costing engines which may have influenced this). There were no major staffing concerns, and nurse staffing remained within safety levels.

Quarterly Inquest Report – Q4

- There have been no adverse conclusions, but one inquest has given rise to a Regulation 28 report (wherein the Coroner gives the Trust a direction) which had not yet been received (this was due to a staff witness not turning up at the inquest).

Patient Experience Reports – Complaints and Experience Reports Q3

Key points to note included:

- There had been a rise in communication complaints in Surgery, and continued concerns with complaints in the Dental Hospital. Otherwise there were no major concerns.
- The Committee noted that overall the picture was positive. It noted that we did not formally record appreciation and this might be worth considering.

- For Patient Experience, all of UH Bristol’s headline Trust-level patient satisfaction survey measures were above their target levels in Q3, indicating the continued provision of a high quality hospital experience.

CQC National Children’s Survey

Key points to note included:

- UH Bristol achieved a very positive set of results in the survey.
- 11 out of 28 scores for parents of children aged 0-15 years were classed as being better than the national average to a statistically significant degree. This included an overall experience rating among the top three trusts nationally.
- Within the sub-group of parents of children aged 0-7 years, UH Bristol achieved the joint top score nationally on the survey question relating to whether parents felt that they were treated with respect and dignity.
- Of the 18 questions completed by children, three UH Bristol scores were classed as being better than the national average to a statistically significant degree.
- All of the remaining scores in the survey were in line with the national average.

Reports received for assurance included:

- Quarterly Never Events National Report – Q4

Matters requiring Committee level consideration and/or approval

None.

Matters referred to other Committees

None.

Date of next meeting

24 April 2018

Cover report to the Public Trust Board. Meeting to be held on 29 March 2018 at 11.00 – 13.00, Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

		Agenda Item	11
Meeting Title	Public Trust Board	Meeting Date	Thursday, 29 March 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 Trust board of the financial position of the Trust at the end of February 2017 and the performance against the financial drivers key to achieving the 2016/17 plan.

Key issues to note

The Trust is reporting a surplus of £13.168m (before technical items) at the end of February. The Operational Plan to date is a surplus of £14.479m and therefore the Trust is £1.311m behind plan. This position includes £10.427m sustainability and transformation (S&T) funding but is £1.490m behind the planned receipt of £11.917m. Therefore the Trust is reporting a surplus of £0.179m excluding S&T funding.

Recommendations
Members are asked to: <ul style="list-style-type: none"> 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"/>

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"/>

Impact Upon Corporate Risk

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 March 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	542.215	541.588	(0.627)
Divisions & Corporate Services	(550.624)	(504.017)	(511.072)	(7.055)
Financing	(34.886)	(31.981)	(30.819)	1.162
Reserves	(7.029)	(7.174)	-	7.174
Surplus/(deficit) excl STF funding	(0.356)	(0.957)	(0.303)	0.654
STF Core Funding	9.319	8.232	8.232	-
STF Performance Funding	3.994	3.528	2.297	(1.231)
Surplus/(deficit) incl STF funding	12.957	10.803	10.226	(0.577)

- The Operational Plan for February is a surplus of £10.803m excluding technical items.
- The Trust achieved a surplus of £10.226m, £0.577m adverse to plan.
- The improved Divisional run rate experienced in recent months accelerated in February resulting in a reduction in the adverse position mainly through the application of winter pressures funding received.
- Excluding STF funding the Trust is reporting a deficit of £0.303m against a planned deficit of £0.957m, £0.654m favourable to plan.
- STF core funding has been achieved at each quarter end to date. Core funding is included for February 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 £1.231m to date reflects quarter one, plus January and February.

Year to Date Position

The previously reported improvement in run rate for Clinical Divisions was sustained in February resulting in an under spend in month of £0.329m, reducing the cumulative adverse variance to £7.055m in February from £7.384m in January. 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 year to date position includes £0.914m of tranche one funding and £0.387m of tranche two. It should be noted, however, that the benefit of winter pressure funding was offset by the loss of Wales HRG4+ income which had been previously reported as a risk but now assumed to be lost. The only Division that has not improved its run-rate is that of Division of Surgery and this will be reviewed in the normal manner.

Forecast Out-turn

Given the encouraging improvement in the run-rate since month 6 the Trust can be confident of delivering the forecast of a £11.259m surplus. Risks remain but they are not substantial and manageable. The nature of the very difficult winter makes precise forecasts difficult however.

2018/19 Financial Resources and Trust Operating Plan

The plan for 2018/19 is described in the full document “Financial Resources 2018/19” submitted to the Public Trust Board for approval in March 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 Jan £m	Feb £m	To 28 Feb £m	To 28 Feb £m	Var £m	
Diagnostic & Therapies	0.563	0.094	0.657	0.162	0.495	0.092
Medicine	(2.343)	0.140	(2.203)	(0.130)	(2.073)	0.206
Specialised Services	0.041	0.029	0.070	0.011	0.059	0.116
Surgery	(3.146)	(0.351)	(3.497)	(0.174)	(3.323)	0.142
Women's & Children's	(2.313)	0.357	(1.956)	(0.020)	(1.936)	0.312
Estates & Facilities	0.047	0.035	0.082	(0.004)	0.086	0.046
Trust Services	(0.049)	(0.020)	(0.069)	-	(0.069)	-
Other corporate services	(0.184)	0.045	(0.139)	-	(0.139)	-
Total	(7.384)	0.329	(7.055)	(0.155)	(6.900)	0.914

- Division and Corporate Services favourable variance was £0.329m in February (compared with an adverse run rate of £0.033m in January, £0.077m in December and £0.240m in November).
- Diagnostic and Therapies – a favourable variance of £0.094m in the month reflects its share of activity income (£0.115m) and pay underspends offset by an adverse non-pay movement primarily due to radiology outsourcing.
- Medicine – a favourable variance of £0.140m in the month reflects income from activities being £0.628m higher than plan after the high levels of discharges in February following an emergency admission. Pay was £0.285m adverse in month and non pay £0.182m reflecting the escalation costs and increased activity
- Specialised Services – a favourable variance of £0.029m in the month reflects income from activities £0.135m higher than plan. Cardiology activity continued above contract and Haematology activity continued to improve; Cardiac surgery increased to 86% of contract. Savings delivery was £0.203m above plan.
- Surgery – an adverse variance of £0.351m in the month due to a £0.146m adverse pay variance and £0.219m underperformance on contract income. The medical pay overspend increased by £0.153m in the month, increasing the year to date adverse variance to £1.842m. Income underperformance reflected loss of activity due to bed pressures.
- Women's & Children's –favourable variance of £0.357m in the month reflects income from activities £0.466m higher than plan offset by a pay overspend of £0.312m and a non-pay under spend of £0.170m. £0.192m of the pay variance was medical staffing. Income reflected significant excess bed days for several long stay patients discharged this month.
- Other corporate – £0.045m underspend primarily driven by a favourable movement in Research & Innovation of £0.026m.

Section 2 – Division and Corporate Services Performance continued

Performance by subjective heading:

	Q1	Q2	Q3	January	February	2017/18 to date	2016/17 Outturn
	£m	£m	£m	£m	£m	£m	£m
Nursing & midwifery pay	(1.092)	(1.243)	(0.580)	(0.281)	(0.194)	(3.391)	(4.606)
Medical & dental pay	(0.868)	(1.086)	(1.212)	(0.276)	(0.632)	(4.075)	(1.380)
Other pay	0.183	0.221	0.493	0.073	0.074	1.044	2.140
Non-pay	(0.491)	(0.987)	(2.324)	(0.499)	(0.361)	(4.662)	(6.340)
Income from operations	(0.045)	(0.174)	0.001	(0.052)	(0.005)	(0.276)	0.751
Income from activities	0.490	0.015	1.545	0.795	1.218	4.063	(0.983)
Total inc CIP	(1.823)	(3.255)	(2.078)	(0.241)	0.100	(7.297)	(10.418)
CIP	(0.552)	(0.158)	0.514	0.208	0.229	0.241	(4.231)
Total excl CIP	(2.375)	(3.413)	(1.563)	(0.033)	0.329	(7.055)	(14.649)

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

- Nursing pay expenditure overspend improved in February when compared to January, with both the Divisions of Surgery and Specialised posting a favourable variance against budget. However the in month position for Medicine worsened compared to January showing an adverse variance of £0.173m in month reflecting additional costs of escalation capacity. Women's and Children's also had an adverse variance of £0.079m, although this is an improvement on the January position.
- Medical and dental pay costs have increased in February with a £0.632m overspend compared to £0.276m in January. The position has worsened in Women's and Children's Division (£0.193m overspend in month compared to £0.079m in January) where there are continued issues around sickness cover in particular. In addition an assessment of anticipated costs following review of job plans and external charges has been made and provided for in Specialised Division leading to an increase in the adverse position of £0.150m, this will be further reviewed at year end.
- Non pay includes the allocation of £0.457m winter pressure tranche 1 funding, without this the adverse variance in month would have been £0.813m. 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 £1.218m in month. Of this, £0.627m was within Medicine and £0.491m within Women's and Children's.

Section 3 – Subjective Analysis Detail

a) Nursing (including ODP) and Midwifery Pay

Favourable/ (Adverse)	Q1 £m	Q2 £m	Q3 £m	January £m	February £m	2017/18 to date £m	2016/17 Outturn £m
Substantive	2.200	2.622	2.527	0.854	0.903	9.106	8.822
Bank	(1.782)	(2.037)	(1.896)	(0.716)	(0.690)	(7.121)	(6.408)
Agency	(1.562)	(1.870)	(1.216)	(0.421)	(0.409)	(5.478)	(7.397)
Total excl CIP	(1.144)	(1.285)	(0.585)	(0.283)	(0.196)	(3.493)	(4.983)
CIP	(0.052)	(0.044)	(0.005)	(0.002)	(0.002)	(0.103)	(0.300)
Total inc CIP	(1.092)	(1.242)	(0.580)	(0.281)	(0.194)	(3.389)	(4.683)

b) Medical and Dental Pay

Favourable/ (Adverse)	Q1 £m	Q2 £m	Q3 £m	January £m	February £m	2017/18 to date £m	2016/17 Outturn £m
Consultant							
substantive	0.285	0.139	0.096	0.065	(0.134)	0.451	0.277
additional hours	(0.465)	(0.665)	(0.466)	(0.182)	(0.178)	(1.956)	
locum	(0.054)	(0.052)	(0.218)	(0.114)	(0.140)	(0.578)	(0.143)
agency	(0.112)	(0.045)	0.009	0.005	(0.006)	(0.149)	(0.741)
Other Medical							
substantive	(0.016)	0.261	0.147	0.138	0.096	0.626	
additional hours	(0.362)	(0.415)	(0.348)	(0.123)	(0.181)	(1.429)	(0.369)
Jr Dr excep	0.000	(0.001)	(0.006)	0.000	0.000	(0.007)	
locum	(0.160)	(0.307)	(0.343)	(0.075)	(0.077)	(0.962)	(0.469)
agency	0.009	0.001	(0.051)	0.023	(0.003)	(0.021)	0.003
Total inc CIP	(0.875)	(1.084)	(1.180)	(0.263)	(0.623)	(4.025)	(1.442)
CIP	(0.007)	(0.003)	0.032	0.013	0.009	0.051	(0.062)
Total excl CIP	(0.868)	(1.087)	(1.212)	(0.276)	(0.632)	(4.076)	(1.380)

- Nursing pay variance worsened in month by £0.194m.
- Overall, lost time percentages across the Clinical Divisions remains at 123% as it was in January. However, Medicine division worsened from 120% to 124%, Surgery improved from 122% to 119%, Women's and Children's improved from 127% to 125% and Specialised remained at 121%.
- Medicine and Women's and Children's divisions have significant continuing overspends, but Specialised and Surgery continue to underspend against budget.
- Enhanced observation costs decreased slightly from £0.186m in January to £0.150m in February.
- Sickness decreased compared to January in all Divisions except Medicine which saw an increase. Vacancies increased in all Divisions except Women's and Children's which had a small decrease.
- The adverse variance in February of £0.632m reflects continuing overspends in all Clinical Divisions. Surgery and Women's and Children's remain the most significant overspend and the run rate worsened in month. Specialised show a worsening position in February, however this relates to a reassessment of provisions for backdated pay claims.
- Additional hours payments and locum expenditure increased in February.
- Funding issued to date for the Junior Doctor Contract is £1.497m with the expected cost being c£1.7m for 2017/18.

Section 3 – Subjective Analysis Detail continued

c) Non pay

Favourable/ (Adverse)	Q1 £m	Q2 £m	Q3 £m	January £m	February £m	2017/18 to date £m	2016/17 Outturn £m
Blood	0.066	(0.106)	(0.095)	(0.086)	0.031	(0.190)	(0.552)
Clinical supplies & services	(0.400)	0.003	(0.317)	(0.185)	0.032	(0.867)	(1.730)
Drugs	(0.074)	(0.128)	(0.253)	(0.115)	(0.179)	(0.749)	(0.362)
Establishment	0.032	(0.018)	(0.128)	(0.079)	0.037	(0.156)	(0.091)
General supplies & services	0.024	(0.002)	(0.005)	(0.024)	0.019	0.012	(0.124)
Outsourcing	(0.438)	(0.317)	(0.243)	(0.039)	(0.054)	(1.091)	(1.241)
Premises	(0.021)	0.077	(0.002)	(0.050)	0.054	0.057	0.111
Services from other bodies	(0.172)	(0.221)	(0.319)	(0.115)	(0.136)	(0.963)	(2.788)
Research	0.002	(0.004)	0.112	(0.100)	0.040	0.050	0.030
Other non-pay expenditure	0.160	(0.285)	(0.846)	(0.007)	(0.472)	(1.450)	(2.745)
Tranche 1 Winter Funding	-	-	-	0.457	0.457	0.914	-
Total inc CIP	(0.821)	(1.002)	(2.096)	(0.343)	(0.171)	(4.433)	(9.492)
CIP	(0.329)	(0.017)	0.230	0.156	0.188	0.228	(3.152)
Total excl CIP	(0.492)	(0.985)	(2.326)	(0.499)	(0.359)	(4.661)	(6.340)

- 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), £0.494m to Glanso and £0.201m 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 £0.198m, recharges for Cellular Pathology £0.034m and Dermatology Services £0.056m, Pulse Services £0.107m (ceased from November 2017), supplies consortia costs £0.080m and Sexual Health services £0.118m.
- Effectively outsourcing and services from other bodies are clinical activity related hence the combined adverse variance of £2.054m 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.
- Other non-pay movement in the month includes an element of subjective re-assignment of year to date costs in preparation for year-end which is offset in the main by favourable variances.

Section 4 – Clinical and Contract Income

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

	February 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	0.113	15.929	16.686	0.757
Bone Marrow Transplants	(0.204)	7.585	7.659	0.074
Critical Care Beddays	0.335	40.218	41.458	1.240
Day Cases	(0.090)	35.721	35.880	0.159
Elective Inpatients	(0.390)	51.451	49.973	(1.478)
Emergency Inpatients	1.081	79.680	86.377	6.697
Excess Beddays	0.424	4.951	5.411	0.460
Non-Elective Inpatients	(0.186)	29.292	27.731	(1.560)
Other	(1.585)	86.717	83.774	(2.944)
Outpatients	0.143	70.750	71.501	0.751
Total Activity Based	(0.360)	422.294	426.451	4.157
Contract Penalties	(0.237)	(0.887)	(1.949)	(1.062)
Contract Rewards	0.109	8.625	9.406	0.781
Pass through payments	0.524	77.925	81.134	3.208
S&T Funding	(0.466)	11.760	10.528	(1.231)
2017/18 Total	(0.430)	519.718	525.570	5.852
Prior year income	-	-	1.302	1.302
Overall Total	(0.430)	519.715	526.872	7.154

The position continues to include high levels of un-coded activity. The estimated value of this un-coded activity is £7.940m (compared with £8.360m last month). There is a risk that this value will change once the activity is coded and reported next month. However, there was a £0.09m or c1% increase in actual income recorded in January compared with the estimate which gives some assurance.

- Activity based income was £0.360m adverse in February, primarily due the Trust reflecting the adverse impact of the national HRG4+ funding issue between the Department of Health and the Welsh government. This is reported in other at £1.40m adverse.
- The emergency/non-elective inpatient over performance of £0.895m for February was within Medicine (£0.698m) and Women's and Children's (£0.352m)
- Outpatient over performance was primarily within Specialised Services (0.173m), of which £0.113m was within cardiology and £0.107m in Haematology and Oncology.
- Critical care beddays over performance was predominantly in Paediatric HDU (£0.274m). The Division continues to give assurance this reflects accurate coding rather than a change in practice.
- As expected the impact of winter pressures resulted in elective inpatient under performance of £0.390m in February of which £0.310m was in Women's and Children's and £0.157m in Surgery.
- The cumulative over performance on activity income of £4.157m reflects the level of emergency inpatient work.
- The latest assessment for achievement of CQUINs is 88.8% or £10.3m.
- 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 £1.949m to date, £1.062m worse than plan. This is primarily due to the emergency marginal tariff adjustment at £0.910m, with a smaller impact from avoidable emergency readmissions £0.130m and cancelled operations £0.140m.
- Income relating to pass through payments was £0.524m above plan in February, increasing the year to date position to £3.208m ahead of plan to date. This was primarily due to excluded drugs which were £0.77m above plan for the month and are £5.280m ahead of plan cumulatively, offset by blood products which are £1.270m below plan to date.

Section 5 – Savings Programme

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

	2017/18 Annual Plan £m	Year to date			Forecast Outturn
		Plan £m	Actual £m	Variance fav/(adv) £m	Variance fav/(adv) £m
Pay	1.823	1.668	1.540	(0.128)	(0.112)
Drugs	0.400	0.370	0.681	0.311	0.340
Clinical Supplies	2.229	2.047	2.839	0.792	1.021
Non Clinical Supplies	3.549	3.280	2.483	(0.797)	(0.810)
Other Non-Pay	0.216	0.197	0.170	(0.027)	(0.028)
Income	2.211	2.037	2.172	0.134	0.238
Capital Charges	1.000	0.918	0.917	-	-
Unidentified	0.092	0.084	-	(0.084)	(0.092)
Total	11.520	10.601	10.802	0.201	0.557

Analysis by Division:

	2017/18 Annual Plan £m	Year to date			Forecast Outturn
		Plan £m	Actual £m	Variance fav/(adv) £m	Variance fav/(adv) £m
Diagnostics & Therapies	1.386	1.279	1.153	(0.126)	(0.131)
Medicine	2.071	1.888	1.409	(0.479)	(0.504)
Specialised Services	1.192	1.095	1.977	0.882	1.108
Surgery	2.393	2.226	1.822	(0.404)	(0.338)
Women's and Children's	2.036	1.875	2.103	0.228	0.290
Facilities and Estates	0.817	0.746	0.788	0.042	0.061
Trust Services	0.545	0.502	0.480	(0.022)	(0.018)
Corporate	1.080	0.990	1.070	0.080	0.089
Total	11.520	10.601	10.802	0.201	0.557

- The savings requirement for 2017/18 is £11.520m.
- To date the Trust has achieved savings of £10.802m against a plan of £10.601m.
- Delivery of savings is £0.201m ahead of plan with the slippage in non-clinical supplies savings remaining a significant concern.
- The forecast outturn has deteriorated by £0.073m in February due to reduced savings in productivity, income, non-pay and medicine schemes.
- Surgery savings are £0.404m 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 £0.338m.
- Medicine is £0.479m behind plan to date largely due to outpatient productivity, commercial income, non-pay and unidentified CIPs. The forecast year end position is £0.504m adverse.
- Specialised Services is £0.882m ahead of plan to date and their forecast outturn is £1.108m 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		7.0	18.4
Metric Rating	20%	1	1
Capital Servicing Capacity			
Metric Result – times		2.5	2.5
Metric Rating	20%	2	2
Income & expenditure margin			
Metric Result		1.8%	1.7%
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		45.1%	31.8%
Metric Rating	20%	1	1
Overall URR		1.2	1.4
Overall URR (rounded)		1	1
Overall URR (subject to override)		1	1

- The Trust's Use of Resources Rating for the period to 28th February 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 £10.226m being £0.577m 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
	Sources of Funding						
3.800	PDC	4.185	4.185	-	7.428	7.428	-
	Donations	0.742	0.661	(0.081)	1.039	0.853	(0.186)
	<u>Cash:</u>						
22.764	Depreciation	20.361	20.342	(0.019)	22.346	22.236	(0.110)
21.321	Cash balances	5.524	(3.564)	(9.088)	21.743	(3.566)	(25.309)
47.885	Total Funding	30.812	21.624	(9.188)	52.556	26.951	(25.605)
	Application/Expenditure						
(16.035)	Strategic Schemes	(1.379)	(2.004)	(0.625)	(19.908)	(2.128)	17.780
(10.278)	Medical Equipment	(9.298)	(6.664)	2.634	(13.429)	(8.300)	5.129
(11.370)	Operational Capital	(8.124)	(4.171)	3.953	(12.445)	(5.437)	7.008
(7.328)	Information Technology	(9.566)	(6.977)	2.589	(9.717)	(8.934)	0.783
(2.874)	Estates Replacement	(2.445)	(1.808)	0.637	(2.591)	(2.152)	0.439
(47.885)	Gross Expenditure	(30.812)	(21.624)	9.188	(58.090)	(26.951)	31.139
	In-year Slippage				5.534		(5.534)
(47.885)	Net Expenditure	(30.812)	(21.624)	9.188	(52.556)	(26.951)	25.605

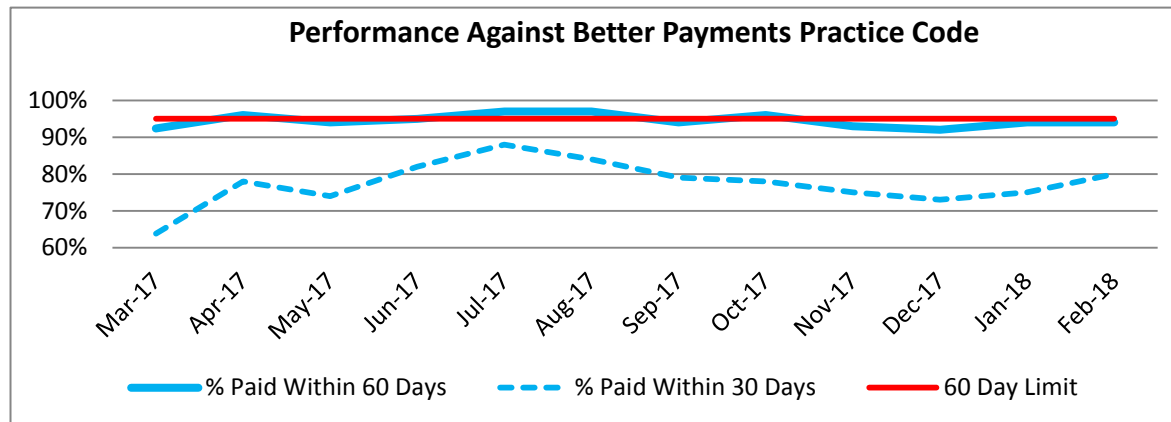
- Capital expenditure was £21.624m to the end of February against an internal plan of £30.812m, £9.188m behind plan.
- Medical Equipment, Operational Capital and Information Technology are behind plan by £0.2.634m, £3.953m and £2.589m respectively.
- Medical Equipment expenditure was £0.214m in month, £1.750m behind plan due to procurement delays.
- The operational capital expenditure in month was £0.063m and slippage to date of £3.953m relates to a large number of schemes. £1.270m relates to radiology schemes where work is continuing to resolve operational issues. £0.700m relates to Divisional capital with procurement delays due to resource available from Bristol and Weston Procurement service.
- The capital expenditure slippage of £9.188m results in the Trust's cash balances benefiting with a cash gain of £9.088m compared with plan.
- The forecast outturn has increased marginally by £0.195m 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 28 Feb £m	Variance £m
Inventories	11.300	13.599	2.299
Receivables	18.250	32.890	14.640
Accrued Income	6.000	13.289	7.289
Debt Provision	(3.000)	(6.628)	(3.628)
Cash	59.307	73.421	14.114
Other assets	3.500	3.746	0.246
Total Current Assets	95.357	130.317	34.960
Payables	(29.990)	(36.666)	(6.676)
Accruals	(23.000)	(28.252)	(5.252)
Borrowings	(6.160)	(6.160)	-
Deferred Income	(3.113)	(4.219)	(1.106)
Other Liabilities	(10.120)	(9.913)	0.207
Total Current Liabilities	(72.383)	(85.210)	(12.827)
Net Current Assets/(Liabilities)	22.974	45.107	22.133

Payment Performance:



- Net current assets as at 28 February 2018 were £45.107m, £22.133m higher than the Operational Plan. Current assets are £34.960m higher than plan and current liabilities are £12.827m higher than plan.
- Inventories reflect additional stock within cardiology to maximise buying discounts.
- Receivables are £14.640m higher than plan, primarily due to outstanding income from NHS England for Q3 activity and ongoing disputes with Welsh Health Bodies regarding tariffs. The Trust expects payment for Q3 activity in March.
- Accrued income reflects the income due for the Global Digital Exemplar programme and clinical trials which will be invoiced in line with contract milestones.
- The Trust's cash and cash equivalents balance at the end of February was £73.421m, which is £14.114m higher than the Operating Plan. Forecast cash at the year-end is £70.249m.
- The total value of debtors was £29.962m, (£19.959m SLA and £10.003m non-SLA). This represents a decrease in the month of £5.265m (SLA decrease of £5.490m and non-SLA increase of £0.225m). Debts over 60 days old have decreased by £5.039m (predominantly SLA income) to £9.240m.
- NBT debts over 60 days total £3.982m (£2.528m SLA and £1.454m non SLA). Finance Directors and Deputies met and NBT have agreed to pay £1.740m for SLA debt and £0.532m for non-SLA debt.
- In February, 94% of invoices were paid within the 60 day target set by the Prompt Payments Code and 80% were paid within the 30 day target set by the Better Payment Practice Code.

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

Appendix 1

Approved Budget / Plan 2017/18	Heading	Position as at 28th February			Actual to 31st January
		Plan	Actual	Variance	
		£'000	£'000	£'000	
	Income				
557,681	From Activities	511,879	517,040	5,161	472,949
95,835	Other Operating Income (Excluding Sustainability and Transformation funding)	86,949	86,575	(374)	77,787
653,516	Sub totals income	598,828	603,615	4,787	550,736
	Expenditure				
(379,336)	Staffing	(346,480)	(353,035)	(6,555)	(320,563)
(233,249)	Supplies and Services	(214,150)	(220,064)	(5,914)	(200,528)
(612,585)	Sub totals expenditure	(560,630)	(573,099)	(12,469)	(521,091)
(6,401)	Reserves	(6,683)	-	6,683	-
-	NHS Improvement Plan Profile	(491)	-	491	-
34,530	Earnings before Interest,Tax,Depreciation and Amortisation	31,024	30,516	(508)	29,645
5.28	EBITDA Margin – %		5.06		5.38
	Financing				
(22,792)	Depreciation & Amortisation – Owned	(20,893)	(20,339)	554	(18,442)
108	Interest Receivable	99	161	62	137
(268)	Interest Payable on Leases	(245)	(245)	-	(223)
(2,687)	Interest Payable on Loans	(2,466)	(2,466)	-	(2,267)
(9,247)	PDC Dividend	(8,476)	(7,930)	546	(7,209)
(34,886)	Sub totals financing	(31,981)	(30,819)	1,162	(28,004)
(356)	NET SURPLUS / (DEFICIT) before Technical Items excluding Sustainability and Transformation funding	(957)	(303)	654	1,641
3,994	Sustainability & Transformation funding – Performance	3,528	2,297	(1,231)	2,297
9,319	Sustainability & Transformation funding – Core	8,232	8,232	-	7,145
12,957	SURPLUS / (DEFICIT) before Technical Items including Sustainability & Transformation funding	10,803	10,226	(577)	11,083
	Technical Items				
-	Donations & Grants (PPE/Intangible Assets)	-	976	976	945
(1,314)	Impairments	(1,314)	(1,431)	(117)	(1,431)
-	Reversal of Impairments	-	-	-	-
(1,561)	Depreciation & Amortisation – Donated	(1,431)	(1,441)	(10)	(1,307)
10,082	SURPLUS / (DEFICIT) after Technical Items including Sustainability & Transformation funding	8,058	8,330	272	9,290

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST
Finance Report February 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 January	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)											
37,278	Contract Income	33,992	33,992	-	-	-	-	-	-	-	-	
265	Penalties	265	-	-	-	-	(790)	-	(790)	(573)		
-	Contract Rewards	-	-	-	-	-	781	-	781	673		
-	Overheads	-	(1,593)	-	(1,482)	-	864	-	(618)	540		
555,322	NHSE Income	507,958	509,189	-	-	-	-	-	-	-		
592,865	Sub Total Corporate Income	542,215	541,588	-	(1,482)	-	855	-	(627)	640		
	Clinical Divisions											
(52,183)	Diagnostic & Therapies	(47,678)	(47,021)	843	(1,034)	(1)	967	(118)	657	563	162	
(81,066)	Medicine	(73,822)	(76,025)	(2,555)	(1,316)	(152)	2,310	(490)	(2,203)	(2,343)	(130)	
(111,938)	Specialised Services	(102,225)	(102,155)	(459)	(661)	(55)	361	884	70	41	11	
(110,283)	Surgery	(101,006)	(104,503)	(2,280)	(1,327)	25	457	(372)	(3,497)	(3,146)	(174)	
(127,055)	Women's & Children's	(116,063)	(118,019)	(2,556)	662	(60)	(238)	236	(1,956)	(2,313)	(20)	
(482,525)	Sub Total – Clinical Divisions	(440,794)	(447,723)	(7,007)	(3,676)	(243)	3,857	140	(6,929)	(7,198)	(151)	
	Corporate Services											
(37,342)	Estates and Facilities	(33,961)	(33,879)	91	(134)	23	63	39	82	47	(4)	
(27,819)	Trust Services	(25,562)	(25,631)	471	(428)	(92)	-	(20)	(69)	(49)	-	
(4,248)	Other	(3,700)	(3,839)	23	(424)	37	144	81	(139)	(184)	-	
(69,409)	Sub Totals – Corporate Services	(63,223)	(63,349)	585	(986)	(32)	207	100	(126)	(186)	(4)	
(551,934)	Sub Total (Clinical Divisions & Corporate Services)	(504,017)	(511,072)	(6,422)	(4,662)	(275)	4,064	240	(7,055)	(7,384)	(155)	
	Reserves											
(6,401)	Reserves	(6,683)	-	-	6,683	-	-	-	6,683	6,075	-	
-	NHS Improvement Plan Profile	(491)	-	-	491	-	-	-	491	(324)	-	
(6,401)	Sub Total Reserves	(7,174)	-	-	7,174	-	-	-	7,174	5,751	-	
34,530	Earnings before Interest, Tax, Depreciation and Amortisation	31,024	30,516	(6,422)	1,030	(275)	4,919	240	(508)	(993)		
	Financing											
(22,792)	Depreciation & Amortisation – Owned	(20,893)	(20,339)	-	554	-	-	-	554	551		
108	Interest Receivable	99	161	-	62	-	-	-	62	47		
(268)	Interest Payable on Leases	(245)	(245)	-	-	-	-	-	-	-		
(2,687)	Interest Payable on Loans	(2,466)	(2,466)	-	-	-	-	-	-	-		
(9,247)	PDC Dividend	(8,476)	(7,930)	-	546	-	-	-	546	497		
(34,886)	Sub Total Financing	(31,981)	(30,819)	-	1,162	-	-	-	1,162	1,095		
(356)	NET SURPLUS / (DEFICIT) before Technical Items excluding Sustainability and Transformation funding	(957)	(303)	(6,422)	2,192	(275)	4,919	240	654	102		
	Sustainability & Transformation funding											
3,994	Sustainability & Transformation funding – Performance	3,528	2,297	-	-	(1,231)	-	-	(1,231)	(765)		
9,319	Sustainability & Transformation funding – Core	8,232	8,232	-	-	-	-	-	-	-		
13,313	Sub Total Sustainability & Transformation funding	11,760	10,529	-	-	(1,231)	-	-	(1,231)	(765)		
12,957	SURPLUS / (DEFICIT) before Technical Items including Sustainability & Transformation funding	10,803	10,226	(6,422)	2,192	(1,506)	4,919	240	(577)	(663)		
	Technical Items											
-	Donations & Grants (PPE/Intangible Assets)	-	976	-	-	976	-	-	976	945		
(1,314)	Impairments	(1,314)	(1,431)	-	(117)	-	-	-	(117)	(117)		
-	Reversal of Impairments	-	-	-	-	-	-	-	-	-		
(1,561)	Depreciation & Amortisation – Donated	(1,431)	(1,441)	-	(10)	-	-	-	(10)	(6)		
(2,875)	Sub Total Technical Items	(2,745)	(1,896)	-	(127)	976	-	-	849	822		
10,082	SURPLUS / (DEFICIT) after Technical Items including Sustainability & Transformation funding	8,058	8,330	(6,422)	2,065	(530)	4,919	240	272	159		

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST
Finance Report February 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 been sustained in February resulting in an under spend of £0.3m in the month.	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 February's forecast outturn. Delivery to date is 102% of the plan. Forecast outturn is 105% 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 been sustained in February resulting in an under spend of £0.3m in the month.	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 Thursday 29 March at 11:00 am – 13:00 pm in the Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

	Agenda Item	11
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 March 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 26 March 2018.

Finance Directors Report

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

Key points included:

- The Operational Plan for February was at a surplus of £10.8m, excluding technical items. The Trust had achieved a surplus of £10.23m, £0.57m adverse to plan. Run rate was being maintained, assisted by the receipt of winter pressure money. Surgery was still running at £300k per month below target, mostly due to medical pay, whilst other divisions were starting to break even.
- Loss of income from Wales HIG4+ had been brought into the report, as discussed previously by the Committee. This would affect next year's finances as well. It was not expected that NHS England would change their approach on this in the near future, however the Trust would continue to negotiate on the issue.
- Trust had had a number of coding vacancies over Christmas, which led to a high level of uncoded activity: work was ongoing to 'catch up' on this.
- The Committee were advised that there had been overachievement against plan in the second six months of the year, compensating for underperformance at the start of the year. This reflected better executive 'grip' of financial issues, and increased engagement/activity on productivity with Divisions.

Contract Income and Activity Reports

Key points included:

- Contract income was £430k lower than planned for February, bringing the Trust to £7.15m over plan for the year. Activity based services, contract penalties and sustainability fund were lower than plan, whilst contract rewards and pass through payments were higher than plan.
- This position reflected the £1.4m loss of income associated with the impact of HRG4+ on Welsh specialised commissioners,
- STF funding was £400k behind plan as A&E performance was below trajectory. Elective day case and inpatient income was also behind plan, reflecting the shutdown of elective activity in January 2018. Paediatric high dependency activity continued to be significantly ahead of plan.
- It was noted that excess bed day payments only came to the Trust on discharge. Until discharge activity could not be finally coded. So the Trust received over £200k of income for two children discharged in July 2017 and February 2018 respectively.

Detailed Divisional Finance Reports

Key points included:

- All divisions except Surgery posted a surplus for the month. Surgery had an adverse variance of £351k in month, reflecting among other things an underperformance on contract income, reflecting to an extent winter pressures. Medical pay was overspent by £1.8m in-year for the division, which was an area of concern.
- It was noted that the Women's and Children's division had a very positive income figure for the period, £466k, reflecting in part the excess bed day income noted under Contract Income and Activity Reports. Medicine did benefit from income share from other divisions, but are also well managed with historical good performance in meeting financial targets.
- The Committee noted the marked difference in Surgery and other divisions. It was clarified that the Executive team were seeking to get a stronger grip on understanding the issues involved.
- Committee agreed it was important to have an achievable budget but the medical pay needed to be addressed as a priority. The medical pay overspend had overtaken the nursing pay overspend due to some successful interventions on the latter. There were complex issues, including rota management and cultural change, to be addressed around medical pay. It was noted that the Director of People was procuring the Allocate system to help the Trust more clearly codify the very complex range of rotas for junior doctors.

Savings Programme

Key points included:

- Against this year's £11.5m savings target, the Trust was forecasting £0.5m over target by the end of year, helped by the significant improvement in delivery in the last six months. The savings also reflected significant overachievement in Specialised Services' savings plan, although Medicine and Surgery would be short on savings. This shortfall would be carried over into their plans for the next financial year.
- Next year's savings target was 2.4%: adding in underlying shortfalls this meant there would be a savings target of £21.9m The latest operating plans had identified £18m of savings, so there was still a £3.9m deficit to be found in savings.

- There was continued focus on productivity for next year's savings, looking at issues such as length of stay, to help identify what else divisions could bring into savings. A productivity workshop would take place in April 2018.

Capital Income and Expenditure Report

Key points included:

- Capital expenditure to date was £21.62m compared to an internal plan of £30.81m.
- The forecast outturn had been assessed at £26.95m compared with the revised annual plan of £52.56m. The slippage of £25.6m mainly related to the Phase 5 programme and the reassessment of the capital programme at Q3.
- The Committee noted that that significant underspend on medical procurement and operational spend was disappointing. Major medical slippage in-year reflected issues with procurement which the Committee had previously discussed (above all vacancies in the procurement team), and hopefully spend would now start catching up, especially as there were some high cost item spends to come through (though this would take some time).
- The Committee noted that operational capital spend slippage seemed greater than in previous years. It was noted that there was now a Trust Capital Group with representation from all divisions seeking to address this, but it was taking time for improvements to come through. There were also legacy issues which were affecting slippage. The Executive Team would continue to assess capital schemes to identify opportunities for overhead efficiency savings, which would support operational spend.
- With respect to the capital plan, the Committee asked for assurance that there was adequate Executive grasp of the realism of the budget, and whether there might again be a significant underspend. The Director of Finance explained that strategic capital spending/planning remained dependent upon decision-making against the larger projects. Operational, equipment and IT programmes were expected to run to plan.

Statement of Financial Position

Key points included:

- The Trust's net current assets at the end of February 2018 were £45.11m: £22.13m higher than plan.
- NHS receivables were £12.96m higher than plan at month end, however £3.99m was received at the beginning of March 2-18 which adjusted the variance to £8.971m. The variance against plan primarily related to an outstanding invoice with NHS England South West for quarter three activity and the ongoing receivable and payables position with North Bristol Trust (NBT). Discussions continued with NBT to resolve the position.
- Accrued income was £7.29m higher than plan due to over-performance against Contracts, and a number of clinical trials which would be invoiced in line with the contracted milestones.
- Significant current liabilities (above plan by £12.83m) included NHS trade payables, which were £4.45m higher than plan due to the continued outstanding payment to Community Health Partnerships (CHP) for South Bristol
- Non-NHS trade payables were £2.61m above plan owing to the timing of the last payment run in February 2018 which was paid on 2 March 2018.
- Accruals were £5.25m higher than plan due to accepted pharmacy goods awaiting invoice, cellular pathology costs to be invoiced by NBT and outstanding

invoices related to the costs of repatriating patients to Weston.

- Deferred income was £1.11m above plan due to research grant income on commercial trials.

2018/19 Resource Book

Key points included:

- It was noted that this plan reflected a continuation of the 2017/18 control total position. There was a risk of around £5m beyond this which would require management and mitigation.
- The control total offer of £25m from NHS Improvement was £6.5m over the 2017/18 control total (not counting the £1.5m factored in for the HIG4+ issue). The Trust felt clearly that meeting the offer simply was not feasible, however the Committee were advised to note that if the Trust rejected the control total (rather than agreeing a new offer with NHS Improvement) it would have to make financial allowances for fines.
- The deficit plan was not compliant with the Single Oversight Framework, but had nevertheless been submitted, and the Trust was requesting conversations with NHS Improvement in relation to this. It was not clear what NHS Improvement's position on/capacity for negotiating control totals was at this stage.
- The Committee was supportive of maintaining the 2017/18 control total into next year, and agreed that the proposed 2018/19 control total from NHS Improvement was not feasible.
- The Committee requested assurance regarding the realism of the plan, particularly in light of the significant savings programme and divisional overspends this year. The Director of Finance advised that realistic Divisional budgets had been set, giving rise to an offsetting higher level of savings required. However, the Executive Team were confident that the savings programme (excluding the additional stretch from the rejected control total) would be achieved. The Committee supported the approach of setting realistic operational budgets that managers could be sensibly held to account to deliver.
- The Committee approved the recommendation of the 2018/19 Resource Book to the Board.
- The Committee discussed the requirement for the Trust to account on a going concern basis. The Director of Finance proposed that, in light of the underlying strong position, especially relative to similar NHS organisations, the committee confirm the going concern status. The Committee discussed this and agreed to **recommend** the going concern status of the Trust to the Board.
- With the respect to the underlying position within the next year's Operational Plan, the committee **requested** a clear position on the minimum income and expenditure position that should be acceptable to the Board. The Director of Finance clarified that the draft plan showing a break even position before the application of fines and penalties; non recurring costs; and without Sustainability Funding (STF) felt this represented a justifiable and appropriate minimum. The Committee agreed to **recommend** this approach to the Board.
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Treasure Management Policy

Key points included:

- The Committee approved the minor changes outlined to the Treasury Management Policy.

The following items were received for assurance:

- Minutes of Capital Programme Steering Group
- Month 11 NHS Improvement Submission
- NHS Providers brief on the NHS Improvement Quarter 3 Report

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

25 April 2018

Cover report to the Trust Board meeting to be held on Thursday, 29 March 2018 at 9.00 am - 10.00 am in the Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

Meeting Title	Trust Board	Agenda Item	13
		Meeting Date	Thursday, 29 March 2018
Report Title	Draft Operational Plan 2018/19		
Author			
Executive Lead	Paula Clarke, Director of Strategy and Transformation		
Freedom of Information Status		Closed	

Strategic Priorities (please chose any which are impacted on / relevant to this paper)			
Strategic Priority 1: We will consistently deliver high quality individual care, delivered with compassion.	<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 checked="" type="checkbox"/>
Strategic Priority 2: We will ensure a safe, friendly and modern environment for our patients and our staff.	<input checked="" 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 checked="" 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 checked="" 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"/>

Executive Summary
<p><u>Purpose</u> Trust Board approved the two year Operational Plan for 2017-2019 on 22nd December 2016, which was subsequently submitted to NHS Improvement (NHSI) on 23rd December 2016. The 2018/19 Plan will therefore reflect a refresh of that two year plan, updating the Trust's approach and position on activity, quality, workforce and financial planning for the period.</p> <p>The attached draft version was submitted to NHSI as required on 8th March 2018. The final Plan is required by 30th April 2018 and will be presented to Trust Board for approval on 26th</p>

April 2018. The Plan reflects the agreement of the Board to the financial plan as discussed at 22/2/18 Board seminar and set out in the Financial Resources Book 2018/19 (item 14 on Board agenda today)

Background

The Draft Operational Plan contains the Trust’s assessment of its 2018/2019 position and covers the following;

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

Key issues to note

Our plan reflects the following current position (as at 8th March 2018);

- Rejection of the 2018/19 Control Total advised by NHS Improvement of £25.0m surplus, resulting in the forfeit of Provider Sustainability Funding (PSF) of £18.7m and the Trust being subject to national core penalties currently assessed at £6.4m. This contributes to a 2018/19 deficit plan of £8.3m. Given the Trust’s track record of delivering a surplus plan for the last 15 years, the Trust still wishes to discuss with NHS Improvement how a surplus plan can be created and delivered for 2018/19 and beyond.
- Service Level Agreement (SLA) proposals have been shared with Commissioners with the intention of reaching agreement by 23rd March 2018 as per the national timetable. This includes Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Groups (CCGs) and associates, and NHS England (Specialised and Non-Specialised).
- Clarity and ownership of stretching quality priorities delivered through enabling quality improvement frameworks – 2018/19 quality priorities still in development.
- Workforce plans aligned to finance, activity and quality and addressing robust accountability for managing agency and locum expenditure
- Commitment to deliver sustained or improved performance in core access and NHS Constitution standards aligned to NHSI/NHSE guidance.

Recommendations

Members are asked to:

- **Note** the 2018-19 Draft Operational Plan and intention to develop this further for approval at Trust Board 26th April 2018.

Intended Audience

(please select any which are relevant to this paper)

Board/Committee	<input checked="" type="checkbox"/>	Regulators	<input checked="" type="checkbox"/>	Governors	<input checked="" type="checkbox"/>	Staff	<input type="checkbox"/>	Public	<input type="checkbox"/>
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Members								
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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 checked="" type="checkbox"/>	Failure to develop and maintain the Trust estate.	<input type="checkbox"/>
Failure to act on feedback from patients, staff and our public.	<input checked="" type="checkbox"/>	Failure to recruit, train and sustain an engaged and effective workforce.	<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 checked="" type="checkbox"/>
Failure to maintain financial sustainability.	<input checked="" type="checkbox"/>	Failure to comply with targets, statutory duties and functions.	<input checked="" 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)

Operational Plan 2017/2018 to 2018/2019 (Year Two Refresh) – supporting narrative

1. Context for Operational Plan

Trust Board approved the two year Operational Plan for 2017-2019 on 22nd December 2016, which was subsequently submitted to NHS Improvement (NHSI) on 23rd December 2016. This 2018/19 Plan therefore reflects a refresh of that two year plan setting out the Trust's approach and position on activity, quality, workforce and financial planning for the period. The current draft position is based on a robust and integrated approach to operational planning within the Trust and alignment with the aspirations and relevant specific actions of the Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Plan (BNSSG STP *Healthier Together*). The Trust fully appreciates the financial challenges in the NHS overall and our track record evidences our commitment and ability to deliver affordable, quality care sustainably. Our leadership role within the STP *Healthier Together* footprint seeks to extend this experience into the system and we have supported the adoption of an open book approach through the local System Delivery Oversight Group and through our negotiation of any required changes to year two of the two year contract signed on 23rd December 2016.

Our plan reflects the following current position (as at 8th March 2018);

- Rejection of the 2018/19 Control Total advised by NHS Improvement of £25.0m surplus, resulting in the forfeit of Provider Sustainability Funding (PSF) of £18.7m and the Trust being subject to national core penalties currently assessed at £6.4m. This contributes to a 2018/19 deficit plan of £8.3m. Given the Trust's track record of delivering a surplus plan for the last 15 years, the Trust still wishes to discuss with NHS Improvement how a surplus plan can be created and delivered for 2018/19 and beyond.
- Service Level Agreement (SLA) proposals have been shared with Commissioners and financial agreement will hopefully be reached by March 23rd 2018 as per the national timetable. This includes Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Groups (CCGs) and associates and NHS England (Specialised and Non-Specialised).
- Clarity and ownership of stretching quality priorities delivered through enabling quality improvement frameworks – 2018/19 quality priorities still in development.
- Workforce plans aligned to finance, activity and quality and addressing robust accountability for managing agency and locum expenditure
- Commitment to deliver sustained or improved performance in core access and NHS Constitution standards aligned to NHSI/NHSE guidance.

2. Strategic Backdrop

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

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

We are committed to addressing the aspects of care that matter most to our patients and during 2017/18, we have continued to ensure our strategy remains dynamic to the changing needs of our patients and ongoing changes within both the national and local planning environment. In 2016/17, we undertook a review to prioritise and stratify our clinical strategy and established a clear governance framework within which to drive strategic decision-making and support implementation plans and in 2017/18, we have focussed on progressing the development of our core areas of clinical strategy, along with key enabling strategies, such as our digital agenda. A key aim in developing our own internal strategic programme is to align with the new processes, pathways and structures developing as part of the local *Healthier Together* and the changing national context. These new approaches provide us with a significant opportunity to progress our strategic priorities at pace and to work together with our partners to resolve some of the system-wide challenges we face. The decision made at the Trust Board in January 2018 to pursue an organisational merger via acquisition with Weston Area Health Trust, represents significant progress in this approach and we will develop plans for the partnership and service specific alignment during 2018/19.

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

3. Link to the local Sustainability and Transformation Partnership *Healthier Together*

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

<ul style="list-style-type: none"> • Standardise and operate at scale. • Develop system wide pathways. 	<ul style="list-style-type: none"> • Develop a new relationship between organisations and staff. • Build on existing digital work as a driver and enabler of cultural change.
<ul style="list-style-type: none"> • Develop a new relationship with our population to simplify access to the health and care system. 	

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

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

Through our Operational Plan, we are clear that we play a key role in both leading and contributing to *Healthier Together* programmes of work. Delivery of our quality, performance and financial operating plan intent is predicated on both organisational and system actions. The *Healthier Together* programme clearly identifies its ambitious but equally pragmatic vision, wherein the impact of a new model of care and specific transformational service delivery changes are agreed by all partners, but which remain to be developed to the stage that we can confidently reflect the impact in our contracts and our operational delivery projections. As the *Healthier Together* plans mature, we will incorporate material changes in our 2018-19 contracts via variations and in the dynamic approach we adopt to our two year Operating Plan projections.

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

- A collaborative provider model, supported by a single commissioning approach;
- Improving utilisation of acute hospital bed base; and
- Using our acute hospital resources to support the wider health and care system.

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

During 2018-19, we will continue to lead and enable translation of the ACC principles into delivery through a smaller number of high impact projects to both realise 'quick wins' in closing the gaps and establish and build confidence in new ways of working and collaborating as a system. The priority projects identified are:

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

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

4. Local and National Commissioning Context 2018/19

The planning assumptions within the Trust Operational Plan for 2018-19 have been developed in such a way that takes into account both the national priorities highlighted in the planning guidance "Refreshing NHS Plans for 2018/19"¹ and the local priorities for the BNSSG *Healthier Together* Sustainability and Transformation Partnership.

In 2018/19, we have set our activity levels and performance trajectories to accommodate the national activity growth assumptions and requirements of:

- Accident and Emergency 4 hour performance delivery to 90% by September 2018 and 95% by 2019;
- RTT waiting list maintenance at March 2018 levels predicted to be 3,240 patients (based on 27,000 pathways at March 2019) and 52 week waits only on an exceptional basis where patient choice has been exercised; and
- Delivery of the other constitutional standards including cancer 2 week waits and diagnostic waiting times.

The Trust Operational Plan submission assumes that a control total will not be agreed for 2018/19 and therefore, the Trust will no longer be exempt from contractual fines and penalties as defined within the NHS Standard Contract, in addition to possible loss of sources of income for Capital.

These operational challenges for the Trust are set within a local context in which our *Healthier Together* STP continues to mature and develop closer provider and commissioner relationships to address the BNSSG system financial deficit. In the short term, task and finish groups have been set up to review all existing projects and identify potential activity reductions for 2018/19 including areas such as urgent and same day emergency care; bed optimisation to affect length of stay; referral management and outpatient activity and mental health activity as part of CCG requirements to eliminate out of area activity and deliver a new Mental Health Investment Standard.

We also have commitment from Specialised Commissioners in the South region to work more closely with our the *Healthier Together* programme in implementing these plans, which will include a review of adult and paediatric critical care, neonatal critical care and rehabilitation pathways for brain injuries and neurological injuries and increasing Children and Adolescent Mental Health (CAMHS) placements.

From a future Trust planning perspective, we are fully committed to the system way of working and supporting the *Healthier Together* programme to mature into a fully integrated care system. In 2018/19, we are particularly interested in supporting CCGs to fulfil their new statutory responsibility for delegated commissioning of Primary Care Medical Services and the associated new clinical pathways for integrated out of hospital care. For example, we are already supporting initiatives to review clinical pathways such as Respiratory, Musculoskeletal, Stroke, Frailty and Diabetes across BNSSG and we are also engaging on plans for a new model of adult Audiology provision and clinical pathways for Deep Vein Thrombosis.

Finally, within the next financial year, the Trust will also be clearer about the outcomes of the North Somerset Sustainability Programme and the future of Weston Area Health Trust as part of the *Healthy Weston* process. This in turn may lead to further in-depth reviews for out of hospital models of care affecting Trust services, including, but not limited, to South Bristol Community Hospital.

5. Organisational Strategy 2018-19 Focus

Our 2017/18 NHSI Operational Plan outlined our organisational commitment to the development of the BNSSG STP *Healthier Together* and how, as year one of our two year plan, our 2017/18 priority was to contribute to developing and implementing plans to address the identified system gaps in Care and Quality, Health and Wellbeing and Finance and Efficiency. The focus of our strategic and operational plans over year two of our two year plan will be the following:

Care and Quality and Health and Wellbeing

- **Delivery of our quality objectives as agreed in our quality strategy**, including delivery against requirements outlined in the nine 'must do's' and NHS mandate to mitigate our identified gaps in delivery of the highest quality service. For our organisation; this will include a specific focus on:
 - Ensuring timely access to services
 - Delivering safe and reliable care
 - Improving patient and staff experience
 - Improving outcomes and reducing mortality
- **Staff strategic engagement and retention strategy.**
- **Staff wellbeing** including embedding learning from the staff survey and implementation of our leadership behaviours.
- **Improving performance against access standards** and delivery of our performance trajectories in the four core standards.

Finance and Efficiency

- **Operational and financial sustainability** with a specific focus on driving internal specialty-level productivity and the efficient delivery of activity aligned to our capacity modelling, along with the implementation of Carter recommendations, including a system view of corporate overheads, estates and pathology.
- **Maximising the impact from *Healthier Together* system working** and service redesign, with development of shared leadership and associated opportunities to improve system and service level productivity.
- **Maximising productivity and utilisation of facilities** – there will be significant focus in 2018/19 through the Trust's productivity and Transformation programmes on improving our productivity performance against key benchmarking indicators, such as Carter and the Model Hospital and realising efficiency savings and improved throughput and access through increased utilisation of our facilities.
- **Estates and capital strategy** for 2018-19 to continue to align the modernisation and development of our estate to our evolving clinical strategy and support delivery of the emerging system wide new models of care. This will include a major capital investment programme to 2022 to modernise our estate for the benefit of staff, patients and visitors.
- **Maximising workforce productivity** including controlling agency and locum costs.

Strategy, Transformation, Innovation and Technology

- **Renewing our existing Trust Strategy** to reflect the need to respond to local and national changes to our operating environment and with a specific focus on developing our clinical strategy. This will be a key focus for the organisation through 2018/19 and will result in the publication of a new Trust Strategy in quarter four of the financial year.
- **Weston Area Health Trust Partnership** – continue development of our partnership with Weston Area Health Trust. This includes supporting the sustainability of Weston in the short term, through specific operational pathways and working with the *Healthy Weston* Programme to develop and agree the longer term optimal model of care for acute services in Weston, within the CCG commissioning context. The intention is also to progress our intentions to pursue a merger by acquisition of Weston Area Health Trust through 2018/19. This will be a key area of both strategic and operational focus for the Trust in 2018/19.
- **Exploring options to continue to develop our specialist portfolio** in the context of potential changes to Specialised Commissioning approaches across the south.
- Maximise our opportunity to continue to **develop our research capacity and capability** associated with the significant grant secured from the National Institute for Health Research to fund a Biomedical Research Centre undertaking cutting edge studies that will improve care and treatment in the future. This will include working with Bristol Health Partners in support of a potential proposal to become an Academic Health Science Centre.
- Continued development of an **Innovation and Improvement Framework** for the organisation, including maximising the opportunities for innovation and transformational change associated with our successful appointment as a **National Digital Exemplar site**, with clear alignment to organisational and system priorities.
- Continued development and delivery of our **Transforming Care Programme** focussing on transforming the way in which we deliver care through service and workforce redesign, with a focus over the next year on realising quality and productivity benefits from our digital capabilities, building capacity and capability through our Quality Improvement Hub and Academy and embedding real time internal processes to support patient flow alongside engaging in and supporting the *Healthier Together* programme to develop effective system care pathways and patient flow.

6. Quality planning

6.1 Approach to quality planning

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

We do have much to be proud of. The Trust's quality improvement programme led by the Chief Nurse, Medical Director and Chief Operating Officer continues to show us what is possible when we have a relentless focus on quality improvement. In our last strategy, we recognised that access to services is integral to patient experience and that great patient experience happens when staff feel valued, supported and motivated. In our revised

strategy, we have now made this wider view of quality integral to our definition. Our quality strategy and quality improvement work is therefore structured around four core quality themes:

<ul style="list-style-type: none"> • Ensuring timely access to services • Delivering safe and reliable care 	<ul style="list-style-type: none"> • Improving patient and staff experience • Improving outcomes and reducing mortality
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Running through each of these are the threads of research, innovation and quality improvement. Our quality improvement priorities are underpinned by our commitment to address the aspects of care that matter most to our patients in collaboration with our strategic partners. They also take into account national quality and commissioning priorities, our quality performance during 2017/18 feedback from our public and staff consultations and are supported by our organisational values – respecting everyone, working together, embracing change and recognising success. We are committed to the continued focus on delivering our quality strategy, through our quality improvement plan and particularly focussing on areas highlighted in our recent CQC inspection as requiring improvement. We will also be focussing in 2018/19 on ensuring we continue to build on the outstanding practice recognised by the CQC and on maintaining our overall rating of Outstanding as a Trust.

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

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

- Cancel fewer operations.
- Reduce patient waiting times.
- Improve the safety of patients by reducing avoidable harm.
- Strengthen our patient safety culture.
- Create new opportunities for patients, families and staff to give us feedback about their experiences, and in a way which enables concerns to be addressed in real-time.
- Develop a customer service mind set across the organisation, including how we handle and respond to complaints.
- Take a lead role in the development of a new national system of rapid peer review of unexpected patient deaths, implementing learning about the causes of preventable deaths.
- Significantly improve staff satisfaction, making UH Bristol an employer of choice.
- Address the issues relating to 'on-hold' patients on RTT pathways and mitigating actions are now in place to prevent the risk of it happening again.
- Reduce the number of 'Never Events' occurring within the Trust.

Our plans will be built on a foundation of:

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

Table 1: Our key quality improvement priorities for 2017/18/19 (To be updated in Final Plan 30/4/18)

<i>Ensuring timely access to services</i>	<i>Improving patient and staff experience</i>	<i>Improving outcomes and reducing mortality</i>	<i>Delivering safe and reliable care</i>
<ul style="list-style-type: none"> • Deliver the four national access standards • Reduce the number of cancelled operations – particularly at the last minute • Reduce the number of cancelled clinics and delays in clinic when attending an outpatient appointment • Work with partners to ensure that when patients are identified as requiring onward specialist mental healthcare, we minimise the delays and maintain the patient's safety while they await their transfer. 	<ul style="list-style-type: none"> • Create new opportunities for patient and public involvement • Introduce a system to support people to give feedback, where possible in real-time, at the point of care. • Achieve Friends and Family Test scores and response rates which are consistently in the national upper quartile • Improve our handling and resolving complaints effectively from the perspective of our service users • To achieve year-on-year improvements in the Friends and Family Test (whether staff would recommend UH Bristol as a place to work) and staff engagement survey scores • Be upper quartile performers in all national patient surveys 	<ul style="list-style-type: none"> • Implement evidence-based clinical guidance, supported by a comprehensive programme of local clinical audit, and by working in partnership with our regional academic partners to facilitate research into practice and evidenced based care/commissioning • Use benchmarking intelligence to understand variation in outcomes • Ensure learning from unexpected hospital deaths • Deliver programmes of targeted activity in response to this learning 	<ul style="list-style-type: none"> • Develop our safety culture to help embed safety and quality improvement in everything thing we do • Improve early recognition and escalation of deteriorating patients to include early recognition and management of sepsis and Acute Kidney Injury (AKI) • Improve medicines safety including at the point transfer of care (medicines optimisation) • Eliminate peri-procedure "never events" • Delivering national CQUINs

Despite our quality strategy and work to improve our patient flow, we continue to identify ongoing risks in relation to access and patient flow. The challenges we face in delivery of our performance standards are outlined in section 7. In recognising the impact that limited access to services and particularly the cancellation of planned surgery or outpatient appointments places on the quality of care we provide for our patients, our actions to

address these through our Transforming Care Programme and productivity and performance improvement plans will remain a key priority for the next year.

6.3 Approach to quality improvement

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

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

We specifically aim to ensure that clinical care is delivered in accordance with patients' preferences and in line with the best available clinical evidence including NICE² standards, Royal College guidelines and recommendations arising from national confidential inquiries. By understanding our current position in relation to national guidance (for example through clinical audit) and by working with our regional academic partners (including through Bristol Health Partners and The National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care West) to facilitate research into practice and evidenced based care/commissioning, we can work towards minimising any variations in practice.

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

- All clinical services (at sub-specialty level) will participate regularly in clinical audit (measured by registered clinical audit activity).
- 95% of relevant published NICE guidance³ will be formally reviewed by the Trust within 90 days of publication.
- We will develop and implement new internal systems for identifying and monitoring compliance with national guidance other than those for which systems already exist (NICE and NCEPOD⁴).

We recognise that we need to support our staff in continuous improvement and we plan to achieve this through "Transforming Care" - our overarching programme of transformational change designed to address specific priorities for improvement across all aspects of our services. Our transformation improvement priorities for 2018/19 will continue to be structured around the six "pillars" of delivering best care, improving patient flow, delivering best value, renewing our hospitals, building capability and leading in partnership.

Within our Innovation and Improvement Framework, the Trust has developed a QI (Quality Improvement) Academy to align and develop QI training, development and support opportunities for frontline staff, with the aim of increasing capability and capacity within and across frontline teams from awareness to practitioner to expert.

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

6.4 Quality impact assessment process

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

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

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

6.5 Triangulation of Quality, Workforce and Finance

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

²The National Institute for Health and Care Excellence

³ i.e. clinical guidelines, quality standards and technology appraisal guidance

⁴ The National Confidential Enquiry into Patient Outcome and Death

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

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

6.6 Seven day working

We regularly assess ourselves against the standards for seven day working using standard six monthly audits against the core clinical standards (2, 5, 6 and 8). This has helped us target our work on specific areas in developing our plans to provide seven day services. Within the nine 'must do's' for 2017-19 is the requirement to meet the four priority standards for seven day hospital services for all urgent care network specialist services by November 2017. This includes vascular, stroke, major trauma, heart attack and children's critical care services and progress towards the 4 standards for all non-urgent care network services by 2020. The most recent completed audit in the spring of this year showed the progress achieved but also highlights where compliance gaps remain.

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

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

We have recently reviewed our current practice to maximise our ability to deliver Standard 2 but despite changes, potential challenges to the delivery of Standard 2 remain. Service development proposals to address the gaps in seven day coverage were discussed with Commissioners through the contract negotiations in 2017/18. Commissioners indicated that the proposed investments were not affordable within the 2017/18 – 2018/19 planning round and accepted that the Trust may not be able to meet all the standards until opportunities to improve compliance through service reconfiguration / commissioners re-prioritisation are assessed, despite the mitigation and service redesign being undertaken.

7. Activity, Capacity and Performance

7.1 Activity and Capacity Planning

The Trust approach to capacity and demand planning for 2018-19 builds on our experience in using the capacity planning tools provided by the Interim Management and Support Team (IMAS) and the methodology used in the last two years to agree contract volumes with commissioners. Each specialty used the IMAS models to estimate the level of capacity required to hold a stable position of 89% from March 2018 to March 2019 as per NHS Planning Guidance and to make progress to improve where possible. Following the seasonal decrease in performance, our aim will be to maintain a stabilised position and across the full year, plan in a more structured way to allow for seasonal variation. Demographic growth forms the basis for growing the 2017/18 recurrent activity baseline however, where modelling indicates annual growth in excess of demographic changes, a three-year analysis has been used to estimate recurrent growth.

The Trust Service Level Agreement (SLA) proposals have been built-up from this modelling. The level of planned activity for 2018/19 also takes account of the impact of any planned service transfers, service developments and other known planned changes to activity levels. Whilst the SLA has not yet been finalised, Commissioners have confirmed their commitment to the new planning guidance and therefore we assume funding from commissioners will clear backlogs whilst holding a steady state of performance. The percentage of this performance is to be agreed. Within the context of the *Healthier Together* programme, the Trust is working with commissioners to particularly identify areas of exceptional growth and agree shared approaches to demand management. The focus of this joint planning is in outpatients, urgent and emergency care and developing out of hospital models to maximise the utilisation of acute beds, including the reduction of delayed transfers of care.

The schedule of planned day-case and inpatient activity for 2018/19 is used to assess the number of beds required in the Trust. Baseline bed requirements have been estimated from the forecast specialty and work-type level spell volumes and current length of stay. Planned bed-days savings from improvements are being focussed in a number of areas, including Length of Stay reduction through internal efficiencies and productivity at a specialty level, day of surgery admissions for elective patients and exploring opportunities to redistribute activity across our main and peripheral sites to maximise the use of facilities. Seasonality has also been applied to the planning of the use of beds and theatres to

account for necessary phasing of elective and emergency work through the year. Trust capacity plans also include winter planning resilience measures based on continuous learning from our current winter plans and actions to manage prolonged periods of higher demand in the winter months.

The Trust will continue to focus on reducing reliance on waiting list initiatives to deliver core capacity however, it is acknowledged that this will be required to clear the backlog following the winter period. To support financial sustainability and responsiveness to heightened periods of demand, a cross-Trust seasonality planning forum has been developed to ensure a collective plan is owned and defined. The majority of required activity to meet contract levels will be delivered "in-house" with a small amount of outsourcing, mainly through the Trust's GLANSO independent provider model, to maintain flexibility where demand is more volatile. The Trust will continue to use proactive systems for identifying rising demand and mobilise waiting list initiatives and other ad hoc sources of capacity as it has in previous years to manage such situations.

7.2 Non-Financial performance Improvement trajectories

The Trust continued to have challenges in consistently meeting all of the core national access standards in 2017/18, including those that now sit within the NHS Improvement Single Oversight Framework. The following provides analysis of performance during 2017/18 to date as context to the approach the Trust is taking to hold a stabilised position from March to March during 2018/19 and beyond. The Trust will also seek to take an early view on how it is performing against the anticipated holistic measures of urgent and emergency care system health and identify actions that need to be taken by the Trust and the wider system, once these measures have been published.

7.2.1 Referral to Treatment Times (RTT)

The last time the Trust achieved 92% was February 2017. From October 2017 to the current position, as of January 2018, the month end position has fluctuated with a variance of 2%-3% between November 2017 and January 2018 month end. The deterioration is due in part to the implementation of the new business rules in RTT4 which required a greater intensity in validation and an instantaneous application of validation.

Overall growth in referrals was up 3% in quarter one but down 2% in quarter two 2017/18, relative to the same period last year, highlighting the need for the Trust to have the ability to flex operational capacity to meet changing levels of demand. Specialties showing persistent increases in demand include Cardiology, Dermatology, Neurology, Pain Relief and a number of Paediatric specialties. The Trust is continuing to work with commissioners on ways of managing and smoothing demand, with active programmes of work across the community underway for Neurology and Dermatology in particular, but also other projects involving more directed use of independent providers and advice & guidance services.

The capacity and demand modelling undertaken for 2017/18 has built in appropriate levels of recurrent growth to enable services to invest in adequate levels of capacity to support the maintenance of RTT waiting list sizes, and in some areas, to address residual backlogs through non-recurrent activity where this is considered required and deliverable. The expectation is, therefore, that the current waiting list and performance position against RTT, measured as the number of patients on an incomplete pathway, will be no higher in March 2019 than in March 2018 and reduced where possible and that progress will be made towards achievement of the 92% RTT national standard at a Trust aggregate level in 2018/19. Focus will also be placed on continuing to sustain and further improve reductions in the number of patients waiting over 52 weeks.

7.2.2 Cancer standards

The Trust continued to perform well against the majority of the national cancer standards, including achievement of the 62 day GP standard in quarter 3 following implementation of a remedial action plan.. The predominant cause of breaches continued to be delays at other providers (38%) with a further 21% of breaches resulting from periods of medical deferral and/or clinical complexity, and 9% due to patient choice. Collaborative work on improving shared pathways continues with a 'virtual PTL' (waiting list meeting) being piloted from February 2018. All other providers in the region have agreed to participate. The 62 day standard is potentially more achievable for the Trust in 2018/19 but is still at risk from external factors. The Trust expects to achieve the two week wait and all 31 day standards in each quarter of 2018/19.

Surgical cancellations, particularly related to availability of critical care beds, remain a challenge for the Trust and the largest single internal threat to achievement of the cancer standards. Quarter 4 has seen an impact on a number of standards from this. Capacity across the two intensive care units is being reviewed, alongside work with commissioners on managing emergency critical care demand – particularly from outside the area.

2017/18 saw continuing growth in demand. The table below shows the growth in numbers of patients first seen/treated under the cancer standards during Q1-Q3 2017/18 compared to the same period in 2016/17.

Table 2: Growth in numbers of patients first seen / treated under the cancer standards

Patients per standard	2 week wait (first seen)	First treatment	Subsequent treatment
Growth	1949 (19%)	117 (5.7%)	389 (35%)

7.2.3 Diagnostic waiting times standards

Performance against the 99% standard was not achieved for any month in 2017/18. Performance ranged from 97.6% to 98.8%. The areas that experienced most breaches were: Sleep Studies, Non-obstetric ultrasound, MRI and Cardiac CT. There was an increase in demand experienced by Sleep Studies, Cardiac MRI, Cardiac CT and Paediatric MRI. Staffing issues and reduced capacity were also a factor for Non-obstetric ultrasound, Cardiac CT and Paediatric MRI. The Trust now has a recovery trajectory that aims to deliver 99% performance by the end of April 2018.

7.2.4 A&E 4-hour standard

Achievement of the A&E 4-hour standard continued to be a challenge in 2017/18 with the Trust achieving its recovery trajectory between May and November 2017, but struggling thereafter with the start of the seasonal rise in demand. This still represents a significant improvement year on year in the achievement of the A&E 4hr standard, and was particularly well sustained in the Bristol Royal Hospital for Children, who achieved their STF target to date and met the national 95% target for five months to date. Levels of emergency admissions during the first half of 2017/18 were 4.6%

higher than the same period in 2016/17, exceeding last year's planning assumptions. Delayed discharges in adult services remain the primary cause of the Trust's inability to meet a maximum 4-hour wait. The Trust has refreshed its approach to Urgent Care Improvement, developing the executive-led response group from last winter into a well-embedded Urgent Care Steering Group. Working with Emergency Care Improvement Programme from NHSI the Trust has reinvigorated the recovery plan across all divisions, including improvements in areas of: the discharge planning process, targeted reductions in length of stay and supporting partner organisations within the *Healthier Together* programme to reduce delayed discharges and avoid admissions.

8. Workforce

8.1 Strategic Context and *Healthier Together* Programme.

Our Workforce and Organisational Development Strategy 2014/15 to 2019/20 was formulated through engagement with Divisions and trade union colleagues. This recognised the importance of recruitment to key staff groups in a tight labour market, maintaining and developing the quality of services with fewer available resources and aligning our staffing levels with the capacity demands and financial resource to ensure safe and effective staffing levels. We continue to develop our strategy in response to our changing environment, increasingly focussing on transformational change to release productivity savings, engaging staff in the process, as described in the Carter (February 2016) report and subsequent Model Hospital work and aligning our objectives with the Bristol, North Somerset and South Gloucestershire (BNSSG) *Healthier Together* programme.

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

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

The Trust continues with its implementation of a Trust-wide apprenticeship programme in line with the Government levy and workforce target. Models of delivery are currently under review, including an option for *Healthier Together* programme-wide approach. For existing staff, development needs are reviewed as part of the annual appraisal, and in addition, the Trust has focussed enhanced staff development opportunities on difficult to recruit and high turnover areas, such as Care of the Elderly, Theatres and Intensive Care. Collaborative working with the University of the West of England has supported the allocation of continuing professional development modules for nursing and allied health professional staff. This new partnership approach in decision making and strategic discussion will ensure that education for nurses and allied healthcare professionals in UH Bristol is aligned to meeting workforce development needs and supporting service delivery changes required by the transformation agenda.

8.2 Workforce Planning Approach – Operating Plans

The annual workforce planning process at UH Bristol forms an integral part of the annual Operational Plan cycle. Each Division is required to provide a detailed workforce plan aligned to finance, activity and quality plans. An assessment of workforce demand is linked to commissioning plans reflecting service changes, developments, CQUINS, service transfers and cost improvement plans. The IMAS capacity planning tool is used to identify workforce requirements associated with capacity changes. We have agreed nurse to patient ratios which are reflected in the plans. Workforce supply plans include an assessment of workforce age profiles, turnover, sickness absence and the impact these will have on vacancy levels and the need for temporary staff. Divisional plans are developed by appropriate service leads and clinicians, directed by the Clinical Chair and Divisional Director, and are subject to Executive Director panel review prior to submission to Trust Board. Throughout the course of the year, actual performance against the Operating Plan, including workforce numbers, costs and detailed workforce KPIs are reviewed through Quarterly Divisional Performance reviews held with the Executive team.

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

8.3 Managing agency and locum use

Our underpinning strategy to manage agency and locum use is focussed on managing both demand and supply. The underpinning approach to manage the demand for temporary staffing is to focus on the drivers of demand, which include sickness absence, vacancies and turnover through a range of actions which are reported monthly to Quality and Outcomes Committee. Direct actions to manage demand for agency include increased efficiency and effectiveness of rostering by fully implementing a different nursing and midwifery e-rostering system from April 2017 and an electronic acuity and dependency tool from April 2017, continuing to monitor and challenge rostering and operating plan KPIs through the monthly Nursing Controls Group, robustly escalate requests for agency usage and focus on demand for enhanced observation through recruiting to the designated funded establishment. Implementing an e-rostering system for medical staff is planned for 2018 to mirror the efficiencies seen in nursing. Actions to manage supply include improving the ratio of bank fill to agency by external and internal marketing campaigns, incentive payments, and the establishment of a locum bank in 2018. Through close collaborative working with NHS partners across the BNSSG (November 2017) saw the implementation of a neutral vendor approach to the management of nurse agency supply. This has been driven by the need to improve control of unnecessary agency spend, achieve greater compliance with the national price caps, increase fill rates and improve quality of service provision.

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

8.4 Workforce Numbers

The anticipated workforce plan, derived from the operating planning process described above, expressed in whole-time equivalents (wte) for 2018/19 and how this compares to the previous year is set out in the table below.

The Supply table below reflects planned staffing as shown in the WTE tab of the Workforce templates.

Table 3: Workforce Supply

SUPPLY Change	March 2018 FOT			March 2018	Changes March 2018 to March 2019			2018/19 Total Changes	March 2019 Planned			March 2019 Planned Total Staffing
	Employed	Bank	Agency		Employed	Bank	Agency		Employed	Bank	Agency	
Staff Group	wte	wte	wte	wte	wte	wte	wte	wte	wte	wte	wte	wte
Medical and Dental	1,272		6	1,277	30		(3)	27	1301		3	1,304
Qualified Nursing & Midwifery staff	2,388	120	63	2,570	96	(16)	(22)	57	2484	103	40	2,627
Qualified Scientific and Professional Staff	1,089	14	9	1,112	22	(4)	1	19	1111	9	10	1,130
Support to clinical staff	2,325	237	12	2,574	16	(42)	(2)	-28	2342	195	10	2,547
NHS Infrastructure Support (Admin and Estates)	1,027	72	9	1,108	20	(22)	(4)	-6	1046	50	5	1,102
Total	8,101	442	98	8,641	183	(84)	(29)	69	8,284	357	69	8,710

The workforce plan summarised in the table shown above aligns with the NHS Improvement templates, reflecting the overall strategy to increase our ratio of substantive staffing relative to agency and bank usage through increased recruitment, decreased turnover, and reduced sickness absence.

8.5 Transformation and productivity programmes

We will engage and involve staff in solutions which will require different ways of working, such as clinical teams joining up to deliver pathways of care, new roles, changes in skill mix, and development of new competences, in support of *Healthier Together* programme, with a greater likelihood of posts bridging the primary care / acute interface. We will follow up the work started in 2017/18 on Strategic Workforce Planning, with a strategic workforce review. This will involve examining our services, using benchmarking and model hospital information to review the structure and skill-mix of our workforce and ensure that it is fit for purpose both in the present and for the future. Scoping apprenticeships across all Agenda for Change roles is also key to the year ahead.

Examples of plans for workforce transformation include the following:

Medical:

- The Trust is a 'fast follower' in the *NHS Streamlining Doctors in Training Programme*. Through this, testing and trialling a transformational way of managing rotations is being undertaken. Key efficiencies from August 2018 will include a reduction in the repetition of pre-employment checks and a reduction in time spent in a face to face induction. Benefits will also be realised through a reduction in re-work across the region, improved accuracy of pay protection arrangements and significantly improved workforce data. A framework to meet the 2016 Contract KPI's will also be established.
- Alternative staffing models are being explored to provide sustainable longer term solutions for Junior Doctor rotas i.e. consideration of re-opening the Associate Specialist role to aid recruitment and retention in some specialities.
- Key areas within Children's Services have been identified as appropriate settings for Physician's Assistants and the Division is working with University of the West of England to support a cohort of PAs with their placements (April 2019) and eventually have a commitment to employ 4/5 at the end of their training (August 2020).
- Productivity gains in Children's Theatres through focussed timely starts will affect the MDT in Theatres.
- Teaching and Education fellow in Cardiology, Oncology and Haematology.
- The *Healthier Together* programme Trauma and Orthopaedics Transformation Project includes service redesign options. Gaps in service provision across specialities including Trauma and Orthopaedics, Care of the Elderly and Emergency Department are being filled by new clinical fellow posts which combine elements of research/education/training, and in some cases, expeditions with clinical work which are more attractive to applicants.
- Remaining gaps will be covered within Trauma and Orthopaedics by Physician Associates whilst the Emergency Department is developing options to extend the use of Emergency Nurse Practitioner roles and develop Advanced Nurse Practitioner roles.

Nursing

- Development of the Advanced Clinical Practitioner (ACP) in areas such as Emergency Care, Care of the Elderly and Paediatric Surgery to provide career progression, respond to gaps in medical capacity, and improve retention;
- Recruitment to a relatively small number of adult nurses within paediatric settings such as Cardiac Cath Lab, PICU and ED.
- Reviews of skill mix following recommendations contained in the "safe and sustainable" paper (staff / patient ratios from 1:3 across all age groups for ward patients, to 1:3 for less than 2 years of age, and 1:4 for patients over the age of 2 years, which affects a number of the Children's Hospital wards).
- Changes to theatre skill mix to improve recruitment and retention with development opportunities.
- Exploring further options for Assistant Practitioner and Nurse Associate roles.

Scientific, Professional and Technical

- In the context of a strategic workforce review, examination of skill mix within all diagnostic and therapy services will be undertaken, including a review of the impact of digital transformation on roles, and the opportunity to release clinical capacity by developing A&C/technical/assistant support roles.
- Work with education providers to develop apprenticeships in all allied health, scientific and technical professions at all levels, integrated into our career structures.
- Development of Consultant and advanced practice AHP, Pharmacy and Healthcare Scientific posts to provide clinical services and cost effective solutions to help mitigate the risk of medical staff shortages.
- Increase cohort of Pharmacy prescribers.

Administrative and Clerical staff

- Our administrative and clerical staff programme is focussed on common processes, quality approach to recruitment, training and standards for our ward clerks and booking clerks, standardisation of job descriptions, efficiencies in the administrative and clerical Bank, all of which is with the aim to improve support and the quality and efficiency of our clinical services and support enhanced professionalism across our administrative and clinical teams.

Estates & Facilities staff

- Development of apprenticeships linked to career pathways will be undertaken in order to attract and retain staff and support high quality patient care.

8.6 Workforce KPIs

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

Staff Turnover Rate During 2016/17 turnover levels are now in line with benchmarks for similar Trusts, following 18 months of being above benchmark. This improvement derives from turnover gradually increasing nationally, whilst rates at UH Bristol have remained stable. We have set a target for 2018/19 to reduce from 13.4% to 12.3 % and to 11.8% in 2019/20.

Vacancy Percentage Recruiting to vacancies, particularly hard to recruit and specialist areas which are covered by high cost agency workers, remains an important element in our agency reduction plan. The UH Bristol vacancy rate for 2016/17 was 4.2%, and the average year to date vacancy rate (October 2017) of 5.1% compares favourably with other Teaching Trusts. Our internal target is to sustain 5% through 2018/19 and 2019/20.

Sickness Absence We are aiming for a year on year improvement in our sickness absence rates, with a forecast out turn of 4.0% in 2017/18, reducing to 3.8% in 2018/19.

8.7 Junior Doctor Contract

The Junior Doctors Contract 2016 has been fully implemented for all 54 rotas. The Contract Implementation Group continues to meet monthly to ensure compliance for each rota is maintained, to oversee exception reports and to develop longer term workforce strategies to manage staffing shortages with certain specialties. The Trust plans to implement e-rostering to provide more effective management of rotas and to more easily facilitate the accumulative calculation of junior doctors' hours.

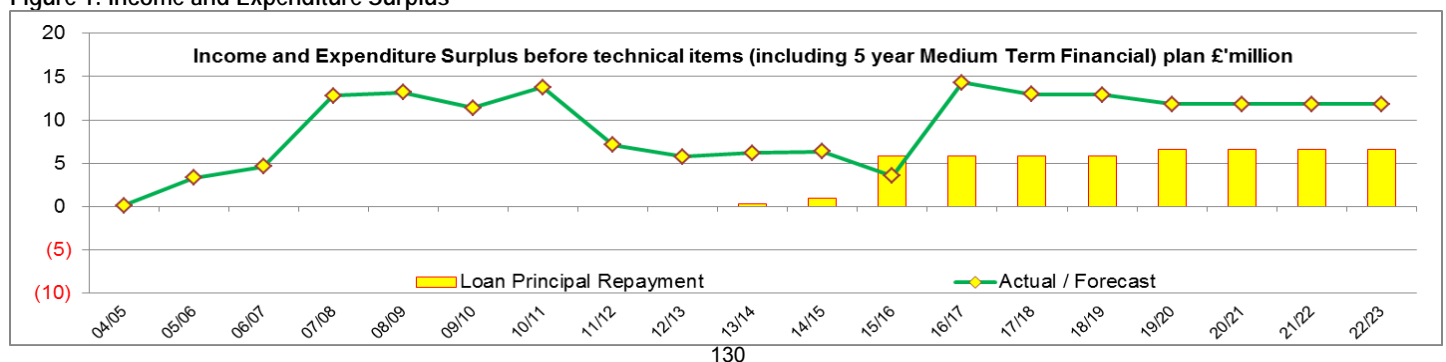
9. Financial Planning

9.1 2017/18 Forecast Outturn

9.1.1 Net surplus

The Trust is forecasting a 2017/18 net income and expenditure surplus of £11.3m, which is a £1.7m adverse variance (due to loss of Sustainability performance funding for quarters 1 and 4) against the accepted control total of £12.9m. This will be the Trust's 15th year of break-even or better. A summary of the Trust's financial position, including the historical performance, is provided below in figure 1.

Figure 1: Income and Expenditure Surplus



The Trust remains one of the best performing Acute Trusts in terms of financial performance. To achieve this, however, non-recurrent measures of at least £7.3m will be required to deliver the Control Total in 2017/18 (along with the receipt of Winter funding). Of these measures, c.£6m are non-repeatable hence additional recurrent CIPs are required to restore this position in 2018/19.

9.1.2 Savings

The Trust's 2017/18 savings requirement is £11.5m. Savings of £12.2m are forecast to be delivered by the year end. The Divisions' underlying deficits from 2017/18 of £6.1m will be carried forward into the 2018/19 savings requirement.

9.1.3 Capital expenditure

The Trust is forecasting capital expenditure of £26.8m for 2017/18 against an NHS Improvement plan of £47.9m due to scheme slippage. The Trust's gross carry-forward commitments into 2018/19 are £26.2m.

9.1.4 Use of Resources Rating

The Trust is forecasting a Use of Resources Rating (UORR) of 1, the highest rating. The Trust has strong liquidity with forecast net current assets of £32.2m and achieves 19.0 liquidity days and a liquidity metric of one. The Trust's forecast EBITDA performance of £45.1m (6.8%) delivers capital service cover of 2.5 times and a metric of one. The Trust's forecast net income and expenditure margin is 1.7% and achieves a metric of one. The adverse I&E margin variance achieves a metric of two due to the loss of A&E performance funding of £1.7m in quarter 1 and quarter 4. The forecast agency expenditure metric scores a rating of one. The position is summarised below.

Table 4: 2017/18 Forecast Outturn Use of Resources Rating

	Metric	Rating
Liquidity	18.9	1
Capital service cover	2.5 times	1
Net I&E margin	1.7%	1
I&E margin variance	(0.27)%	2
Agency expenditure variance against ceiling	31.3%	1
Overall UORR rounded		1

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

9.2 2018/19 Financial Plan

9.2.1 Introduction

The financial plan narrative describes the Trust's current assessment and presents the 2018/19 position as a best estimate at this stage. The assessment of 2018/19 is based on initial SLA proposals to Commissioners. The plan is based on the following key drivers:

- Rejection of the 2018/19 Control Total offer advised by NHS Improvement of £25.0m surplus. This results in the forfeit of Provider Sustainability Funding (PSF) of £18.7m and the Trust being subject to national core penalties assessed at £6.4m;
- The Trust's savings target is set at 4.5% of recurring budgets generating a target of £22.7m for 2018/19;
- The stretch to the proposed £25.0m Control Total (including the loss of Wales HRG4+ income) would require a savings/CIP requirement of £30.8m which is 6.1% of Operational budgets. The Trust believes this level of CIP is undeliverable for the Trust given its position as an already low cost Acute Trust (RCI 96);
- A gross inflation uplift of 2.1% (plus the CNST tariff uplift) includes a 1% pay award and incremental drift at £5.2m, the balance to full year impact of the new Junior Doctors contract at £0.8m, pensions auto-enrolment at £0.8m, an increase in the cost of Clinical Negligence Scheme for Trusts (CNST) premiums at £2.9m and non-pay inflation at 3% or £2.2m. The 2.1% uplift is considered just about adequate but makes no allowance for other cost pressures;
- Net activity growth of £4.9m, additional high cost drugs of £3.1m, Research & Development growth of £2.6m, a loss of £1.5m relating to HRG4+ Wales;
- Service Level Agreement (SLA) proposals are subject to negotiations with Commissioners and financial agreement will hopefully be reached by the national deadline of 23rd March 2018. This includes Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Groups (CCGs) and associates and NHS England (Specialised and Non-Specialised); and
- The Divisional 2017/18 over-spending of £7.3m has been covered by non-recurrent measures in 2017/18. Of these measures, c.£6m are non-repeatable in 2018/19 hence the underlying shortfall requires recurrent CIPs to be delivered to prevent this going to the bottom line. The derivation of the £7.3m is from accumulated cost pressures and unachieved prior year savings targets.

The plan's interaction with the proposed NHS Improvement Control Total is fundamental as the Trust's inability to deliver a financial plan surplus of £25.0m leads to the loss of PSF and the payment of fines. This therefore creates a deficit plan for 2018/19 of £8.3m, however with the receipt of such funding, the plan would be in surplus i.e.

Surplus / (Deficit)	£M
Per draft Operational Plan	(8.3)
Add PSF Funding	18.7
Add Abatement of Fines	6.4
Adjusted Plan (Potential)	<u>16.8</u>

Hence the Trust believes the plan still describes a good level of performance. The Trust therefore wishes to discuss with NHS Improvement how a surplus plan can be created and delivered for 2018/19 and beyond. A surplus plan has been delivered for each of the 15 years up to 2017/18 and the Trust is proud of this track record. The Trust believes that it would be operating in surplus if there were a national level playing field in which PSF was issued to all Acute Trusts through tariff. To achieve this, a revised Control Total offer is required to remove the further £6.5m stretch and compensate for the loss of Wales HRG4+ tariff income.

9.2.2 Financial Plan

The 2018/19 financial plan of a £8.3m deficit is summarised below

Surplus / (Deficit)	£M	
Underlying position brought forward	(0.4)	Position excludes £13.3m PSF
National Tariff efficiency requirement	(10.1)	2.0% deflator included in the 2018/19 National Tariff
Divisional underlying deficit from 2017/18	(6.1)	
Savings programme	22.7	
Cost pressures		
Divisional clinical cost pressures	(1.3)	Increase offset in part by Tariff.
Capital Charges volume growth	(1.2)	Volume growth.
Medical and Dental SIFT	(0.7)	Estimated HEE impacts
Corporate risk prioritised cost pressures	(0.5)	Unavoidable recurrent costs only.
Pharmacy out-sourcing costs	(0.3)	Unavoidable recurrent costs only.
CEA awards	(0.2)	Not fully funded
Other cost pressures	(0.4)	
SLA / Contracting Issues		
Impact of Wales HRG4+	(1.5)	Wales commissioners refusing to pay for activity at HRG4+ prices
Tariff Loss	(0.1)	HRG 4+ tariff adjustment
2018/19 Underlying position	(0.1)	
Impact of national core fines	(6.4)	Trust will be subject to fines as a result of rejecting the Control Total.
Non-recurrent		
Change costs / spend to save	(0.3)	To fund schemes generating recurring savings.
Corporate risk prioritised cost pressures	(0.5)	Unavoidable non-recurrent costs only.
Transition costs for strategic schemes	(0.3)	In support strategic capital schemes.
Clinical IT programme	(0.7)	Funds the IT Programme support costs.
Net I&E Surplus / (Deficit) exc. PSF & technical items	(8.3)	Definition used for Control Total purposes.
Donated asset depreciation	(1.5)	
Donated asset income	0.4	
Net impairments	0.6	
Net I&E Surplus / (Deficit) inc. technical items	(8.8)	

Note – as the proposed Control Total is rejected no PSF is included in the plan

9.2.3 Income

The Trust's total income is £653.5m and is summarised below.

Table 6: 2018/19 Income build up

		£M	£M
Rollover Income	Recurrent income from 2017/18		653.5
Tariff	Gross inflation including CNST	13.2	
	Efficiency	(10.1)	
			3.1
Impact of Guidance	Tariff impact	(0.1)	
			(0.1)
Activity Changes	Service transfers	0.9	
	Recurrent activity (including undelivered QIPP)	6.6	
	Non-recurrent activity (including undelivered QIPP)	2.9	
	Remove prior year non-recurring activity	(4.3)	
			6.1
Control Total rejection	Loss of S&T funding	(13.3)	
	Payment of fines	(6.4)	
			(19.7)
Other	Non RTT adjustment	5.0	
	High cost drug / devices assessment (including NICE)	3.1	
	Research & Development growth	2.6	
	CQUINs	0.6	
	Other	0.8	
	Impact of Wales HRG4+ lost income	(1.5)	
			10.6
Total 2018/19 Income			653.5

9.2.4 Costs

The 2018/19 level of cost pressures for the Trust is very challenging and should be considered in the context of operational pressures on spending, the full delivery of savings plans and transformation initiatives. Firm control will continue to be required to avoid the Trust's medium term plans being undermined beyond 2018/19. The main assumptions included in the Trust's cost projections are:

- Inflation costs of £13.2m;
- Agency costs of £5.8m;
- Savings requirement of £22.7m;
- Recurrent unavoidable cost pressures of £4.7m;
- Non Recurrent unavoidable cost pressures of £1.8m;
- Payment of loan interest at £2.7m;
- Depreciation of £25.9m; and
- Capital charges volume growth of £1.2m.

9.2.5 Cost Improvement Plans

The Trust sets CIP targets for 2018/19 to include the following requirements:

- Commissioner efficiency requirement of £10.1m (2.0%);
- Divisional underlying deficits of £6.1m (1.2%);
- Unavoidable recurrent cost pressures of £4.7m (1.0%); and
- Unavoidable non-recurrent cost pressures of £1.8m (0.3%).

This represents a CIP requirement of £22.7m or 4.5% of operational budgets – the stretch to the proposed Control Total would add a further £8.2m or 1.6% i.e. a total requirement of £30.9m or 6.1% which is considered un-deliverable.

The Trust has an established process for generating CIPs operated under the established Transforming Care programme. There is an increased focus in 2018/19 on delivering savings from productivity hence the Trust has established a series of targeted programmes led by executive directors directed at delivering productivity from:

- Out patients;
- Length of stay;
- Theatres;
- Consultant productivity; and
- Diagnostics.

These programmes are using all available benchmarking in order to identify areas for improvement and develop actions plans to ensure delivery. The Trust also has a series of programmes focussing on increased and robust controls including in the areas of non-pay, drugs and pay areas particularly medical staffing and nursing. Further work streams dedicated to delivering transactional CIPs have also been established, for example:

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

The Trust's risk assessed CIP plan is summarised below. The total of unidentified savings is currently £5.1m.

Workstreams	£M
Allied Healthcare Professionals Productivity	0.9
Medical Staff Efficiencies Productivity	0.6
Nursing & Midwifery Productivity	1.1
Diagnostic testing	0.2
Reducing and Controlling Non Pay	4.3
Medicines savings (Drugs)	0.8
Trust Services efficiencies	0.6
HR Pay and productivity	0.1
Estates and Facilities productivity	0.7
Productivity	1.9
Other	6.4
Subtotal – savings identified	17.6
Unidentified savings	5.1
Total – savings requirement	22.7

9.2.7 Capital expenditure

The Trust has a significant capital expenditure programme investing £608.0m from April 2008 until March 2022 in the development of its estate. In 2018/19, the Trust's planned capital expenditure totals £34.9m and incorporates slippage of £26.2m from 2017/18.

The capital programme assumes up to £19.1m slippage into 2019/20 which will be reviewed later in the year when the position is firmed up. The net 2018/19 capital expenditure plan is summarised below:

Table 8: Source and applications of capital

Source of funds	2018/19 Plan £M	Application of funds	2018/19 Plan £M
Cash balances	5.4	Carry forward schemes – Phase 5	14.4
Depreciation	24.3	Carry forward schemes – Other	11.8
Loan - MSCP	3.2	IM&T	4.1
Donations	0.4	Medical equipment	7.1
Public Dividend Capital	1.6	Operational capital	5.5
		Estates replacement	2.5
		MSCP	3.2
		Phase 5	5.4
		Net slippage estimated	(19.1)
Total	34.9	Total	34.9

9.2.8 Use of Resources Rating

The planned net deficit of £8.3m is the driver behind the Trust's overall Use of Resources Rating (UORR) of 3. A cap of 3 is applied in accordance with the Single Oversight Framework (SOF) because the Trust is proposing to reject the net surplus Control Total of £25.0m and is also planning a deficit. A UORR of three describes the Trust as requiring "potential support" from NHS Improvement. The components of the UORR are summarised below:

Table 9: UORR Performance

	Metric	Rating
Liquidity	7.2	1
Capital service cover	1.5 times	3
Net I&E margin	(1.3%)	4
I&E margin variance from plan	(2.2%)	4
Agency expenditure against ceiling	50.9%	1
Overall UORR rounded		2.6
Capped UORR		3

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

9.2.9 Summary Statement of Comprehensive Income

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

Table 10: SoCI and closing cash balance

	2018/19 Plan £M
Income	653.1
Operating expenditure	(625.0)
EBITDA (excluding donation income)	28.1
Non-operating expenditure	(36.4)
Net surplus / (deficit) excluding technical items	(8.3)
Net impairments	0.6
Donation income	0.4
Donated asset depreciation	(1.5)
Net surplus / (deficit) including technical items	(8.8)
Year-end cash	53.2

9.3 Financial Risks

The main risks to the delivery of the 2018/19 plan include:

- Capital restrictions caused by the loss of S&T funding results in services being provided out of inadequate facilities hence affecting quality;
- CQUIN schemes are not earnable and may cost more to deliver (CQUIN guidance is still awaited);
- Cost pressures exceed that budgeted for – particular concern exists over the cost of the new Junior Doctors contract;
- Delivery of the Trust's new savings programme is considered high risk;
- Planned activity is not delivered hence compromising the Trust's Operational Plan including the potential need to use premium cost delivery methods; and
- Growth in emergency activity cannot be managed within planned capacity or there is a failure to invest in Community and Primary Care schemes to support this demand – leading to loss of elective activity and premium rate solutions.

9.4 Changes from the 2018/19 Operating Plan included as year two in the 2017/18 – 2018/19 Operating Plan submission

The year 2 Control Total of £24.642m surplus was also rejected so the non-inclusion of Provider Sustainability Funding is common to both submissions. The planned net surplus for 2018/19 was £8.0m previously compared with a deficit of £8.3m in this draft 2018/19 draft Operating Plan submission. The key changes are:

- The loss of Wales HRG 4+ income at £1.5m;
- The level of CIP required to deliver the plan has substantially increased from the previous submission from £12.0m to £22.7m due to :
 - Divisional underlying deficits of £6.1m
 - New cost pressures experienced of £4.6m

The planned level of income is marginally higher – as follows:

	£M
• Original 2018/19 plan	649.2
• CNST increase	2.6
• R&D increases	2.6
• Wales HRG 4+	(1.5)
• HEE Reductions	(0.7)
• Donations	0.4
• Other net changes	<u>0.9</u>
• Total	<u>653.5</u>

10. Membership and elections

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

In 2017, 14 governor roles were available for election, across seven constituencies, including public, patient and staff members. We received 29 nominations in total. One candidate was elected unopposed and the other six constituencies went forward to election. Turnout was largely in line with previous elections.

The staff governor representing the medical and dental constituency stepped down on 31 October 2017 and a by-election for this seat will be held in spring 2018. The next elections are due to be held in 2019.

10.2 Governor recruitment, training and development and member engagement activities

Governors are provided with a comprehensive programme of training and development that begins upon appointment with an induction seminar. The induction seminar is one of four governor development seminars each year; the content of the seminars now focuses on either core skills, updates and/or training. The governor development sessions are useful mechanisms to ensure that the Council of Governors builds understanding of the workings of the Trust alongside the governor role and statutory duties. In addition to the development sessions the governors hold regular focus group meetings on Trust strategy, quality and performance, and constitution, which are attended by Executive Directors/senior managers and a Non-executive Director.

In terms of member engagement, at the start of 2017, the membership team agreed with governors a set of priorities around membership engagement for each quarter of the year, focusing first on the election campaign, then on governor induction. In the last three months of 2017, there was a review of membership engagement methods and practices, with a full programme of activities in place for 2018. The membership team has continued with regular membership engagement activities with governor support, including a monthly e-newsletter, Health Matters events (health talks for members/members of the public) and a members' page in the Trust's 'Voices' magazine which is sent to every member twice a year.

10.3 Membership strategy – plans for next 12 months

A renewed focus on engagement for 2017-18 has seen the membership team put in place a full events programme: increasing Health Matters events from quarterly events to near monthly; introducing monthly hospital 'Meet and Greet' stalls to enable governors to meet their constituents; undertaking an online membership survey (to assess the benefits and impact of membership) and a postal mailshot inviting feedback. Over the coming months, the membership office will be assessing the activities undertaken and formulating a new strategy to ensure membership remains fit for purpose to 2020 and beyond, with support from governors through the governor-led Constitution Focus Group.

11. Conclusion

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

Cover report to the Public Trust Board. Meeting to be held on 29 March 2018 at 11.00 – 13.00, Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

		Agenda Item	14
Meeting Title	Public Trust Board	Meeting Date	Thursday, 29 March 2018
Report Title	Financial Resources Book 2018/19		
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 Finance Committee of the 2018/19 Resources Report which is based on the draft submission to NHS Improvement on the 8 March 2018.

Key issues to note

The report sets out the resources position of the Trust for 2018/19. The key driver is the rejection of the NHS Improvement Control Total offer of a c. £25m surplus. The rejection is based on the requirement to 'stretch' the Trust's performance by £6.6m beyond that delivered in 2017/18. Given the Trust's accepted low cost base it believes this 'ask' is not deliverable and we need to have further discussions with our regulator NHS Improvement on a more realistic offer.

The draft plan is therefore described at £8.3m deficit due to the loss of Provider Sustainability Funding (PSF) at £18.7m and the payment of core fines at £6.4m.

Even against this deficit plan of £8.3m the Trust is still significantly away from a delivery plan from Divisions in that the Trust's own internal Operating Plan shows a £5.1m shortfall on identified savings.

Hence the plan is still work-in-progress but the Trust's track record of 15 years of delivery should stand it in good stead for the 2018/19 financial year.

There is no presumption of going concern status for NHS foundation trusts. The Trust is required to consider each year whether it is appropriate to prepare its accounts on the going concern basis. The Trust is required to include a statement within the annual report on whether or not the financial statements have been prepared on a going concern basis and the reasons for this decision, with supporting assumptions or qualifications as necessary.

The operational plan and resources book provide the evidence that the Trust will continue to provide its services in the future and therefore assurance is given that the financial statements for the 2017/18 annual report and accounts are prepared on the going concern basis.

Recommendations

Members are asked to:

- Receive the 2018/19 Resources Book based on the draft Operating Plan submission to NHS Improvement.
- Approve the going concern status of the Trust.
- Note that an updated report will be submitted to the Trust Board in April based on the final Operating Plan submission to NHS Improvement (by the 30 April 2018).

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

Links to corporate risk 959 – risk that Trust does not deliver future years financial plan due to under delivery of recurrent savings in year – assessed as high risk.

Resource Implications

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

Finance	<input checked="" 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 March 2018			

FINANCIAL RESOURCES 2018/19

Finance Committee
26 March 2018

Trust Board
29 March 2018

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1. Overview

- 1.1 This report summarises the 2018/19 resources position for the Trust. It includes key financial information regarding the Source and Application of Revenue Funds, Statement of Financial Position, Cashflow, Income Analysis, Capital Programme, Savings Programmes and the Use of Resources Rating (UoRR) in addition to workforce and contract requirements.
- 1.2 The 2018/19 Operational Plan is year two of the current NHS planning period 2017/19. The Trust was required to submit a draft Operational Plan to NHS Improvement on 8th March. This report is consistent with this submission. A final Operational Plan is required on 30th April and an updated report will be produced to reflect further changes for this submission. The plans relating to activity, capacity, workforce and quality within the draft Operational Plan are robust, but will continue to be reviewed before the final submission.
- 1.3 The financial plan is heavily influenced by the setting of a Control Total by the regulator, NHS Improvement. If a Trust accepts the proposed Control Total then it receives Provider Sustainability Funding (PSF) and does not pay fines to Commissioners for core performance targets breaches (i.e. Referral to Treatment, A&E and Cancer). If it rejects the proposed Control Total it receives no PSF and pays core performance fines in full.
- 1.4 For 2017/18 the original proposed Control Total was a surplus of £22.755m which was rejected. A revised offer of a £12.957m surplus was accepted and will be delivered this year. The proposed Control Total for 2018/19 is a surplus of £24.962m which has also been rejected. The possibility of a revised offer is not known but appears unlikely at this stage.
- 1.5 The build-up of the various Control Totals is shown below:

Surplus/ (deficit)	2017/18 Original £m	2017/18 Revised £m	2018/19 Offer £m
Core financial target	9.442	(0.356)	6.241
Sustainability Funding	13.313	13.313	18.721
Total	22.755	12.957	24.962

As can be seen the 2018/19 offer is a 'stretch' of £6.597m of the core financial target on top of the 2017/18 Control Total. This is considered unachievable by the Trust given it's already below average cost position

- 1.6 The financial plan for 2018/19, therefore is prepared on the basis of the Control Total rejection and results in a £8.3m deficit plan as shown below in summary:

Surplus/(deficit)	£m
Underlying position brought forward	(0.4)
National Tariff efficiency requirement (2%)	(10.1)
Divisional underlying deficit from 2017/18	(6.1)
Savings programme (4.5%)	22.7
Cost pressures - recurrent	(4.6)
Impact of Wales HRG4+ income loss	(1.5)
Other Tariff loss	(0.1)
2018/19 underlying position	(0.1)
Payment of national core fines (mainly RTT)	(6.4)
Cost pressures – non recurrent	(1.8)
2018/19 Operating Plan Deficit (excluding technical items)	(8.3)

- 1.7 The 2018/19 financial plan is based on year two of the Service Level Agreements (SLAs) with Commissioners. Proposals have been shared with Commissioners and final agreement is expected to be reached to facilitate signed contracts by the national deadline of 23rd March 2018. The final financial plan will be updated to reflect any changes.

FINANCIAL RESOURCES 2018/19

1.8 The draft plan is based on the following key drivers:

- Rejection of the 2018/19 Control Total offer advised by NHS Improvement of a £25.0m net surplus. This results in the forfeit of Provider Sustainability Funding (PSF) of £18.7m and the Trust being subject to national core penalties assessed at £6.4m;
- The Trust's savings plan for 2018/19 is £22.7m or 4.5% of recurring budgets;
- The stretch to the proposed £25.0m Control Total (including the loss of Wales HRG4+ income) would require a savings/CIP requirement of £30.8m which is 6.1% of Operational budgets. This is derived from the draft plan requirement of £22.7m plus the Wales HRG4+ income loss of £1.5m plus the 'stretch' of a further £6.6m to deliver the proposed Control Total. The Trust believes this level of CIP is undeliverable for the Trust given its position as an already low cost Acute Trust (reference costs 4% below average);
- A gross inflation uplift of 2.1% (plus the CNST tariff uplift) includes a 1% pay award and incremental drift at £5.2m, the balance to full year impact of the new Junior Doctors contract at £0.8m, pensions auto-enrolment at £0.8m, an increase in the cost of Clinical Negligence Scheme for Trusts (CNST) premiums at £2.9m and non-pay inflation at 3% or £2.2m. The 2.1% uplift is considered just about adequate but makes no allowance for other cost pressures;
- Any pay awards for Agenda for Change and / or Medical staff beyond 1% is assumed to be funded centrally – this is in line with NHS Improvement guidance;
- Net activity growth of £4.9m, additional high cost drugs of £3.1m, Research & Development growth of £2.6m, a loss of £1.5m relating to HRG4+ Wales income;
- SLA proposals are subject to negotiations with Commissioners and financial agreement will hopefully be reached by the national deadline of 23rd March 2018. This includes Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Groups (CCGs) and associates and NHS England (Specialised and Non-Specialised);
- Cost pressures of £12.6m have been recognised and funded from a higher savings requirement. These include Corporate recurrent cost pressures of £3.4m, the Divisional underlying deficit of £6.1m, Divisional cost pressures of £1.3m and non recurrent cost pressures of £1.8m;
- The Divisional 2017/18 forecast over-spending of £7.3m has been covered by non-recurrent measures in 2017/18. Of these measures, c.£6m are non-repeatable in 2018/19 hence the underlying shortfall requires recurrent CIPs to be delivered to prevent this going to the bottom line. The derivation of the £7.3m is from accumulated cost pressures (primarily Nursing and Medical pay) and unachieved prior year savings targets. It is also after the receipt of £1.95m of winter funding.

1.9 The plan's interaction with the proposed NHS Improvement Control Total is fundamental as the Trust's inability to deliver a financial plan surplus of £25.0m leads to the loss of PSF and the payment of fines. This therefore creates a deficit plan for 2018/19 of £8.3m, however with the receipt of such funding, the plan would be in surplus i.e.

Surplus / (Deficit)	£m
Per draft Operational Plan	(8.3)
Add PSF Funding	18.7
Add Non-Payment of Fines	<u>6.4</u>
Adjusted Plan (Potential)	<u>16.8</u>

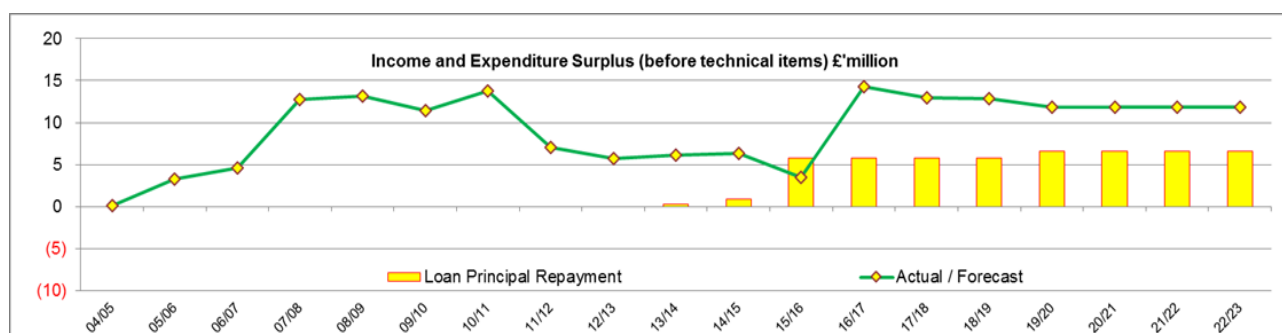
1.10 Hence the Trust believes the plan still describes a level of performance that is still amongst the best nationally. The Trust therefore wishes to discuss with NHS Improvement how a surplus plan can be created and delivered for 2018/19 and beyond. A surplus plan has been delivered for each of the 15 years up to 2017/18 and the Trust is proud of this track record. The Trust believes that it would be operating in surplus if there were a national level playing field in which PSF was issued to all Acute Trusts through tariff. To achieve this, a revised Control Total offer is required to remove the further £6.5m stretch and compensate for the loss of Wales HRG4+ tariff income.

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1.11 The Trust remains one of the best performing Acute Trusts in terms of financial performance. The Trust is forecasting a 2017/18 net income and expenditure surplus of £11.3m, which is a £1.7m adverse variance (due to loss of Sustainability performance funding for quarters 1 and 4) against the accepted control total of £12.9m. This will be the Trust's 15th year of break-even or better.

1.12 The Trusts Medium Term Financial Plan (MTFP) is to generate a surplus of 2% to fund the cost of the loan principal repayment and generate additional funds to finance the Trust's strategic capital schemes such as Phase 5. Figure 1 summarises the position. The financial plan described in this report clearly is outwith the MTFP requirement.

Figure 1 A summary of the Trust's financial historic and planned financial performance.



1.13 The headlines for the 2018/19 financial plan are:

- A planned net income and expenditure deficit of £8.3m before technical items;
- A planned net income and expenditure deficit of £8.8m after technical items (such as impairments and donated asset depreciation);
- A planned year end cash balance of £53.2m;
- A savings requirement of £22.7m;
- A capital programme of £34.9m; and
- A capped Use of Resources Rating (UoRR) of 3, (4 is the lowest rating).

1.14 National Tariff – NHS Improvement published a two year tariff in December 2016 and introduced the new HRG4+ structure. The key characteristics of the 2018/19 National Tariff include:

- Gross inflation allowance 2.1%
- Efficiency requirement (2.0%)
- Net tariff inflator 0.1%
- Marginal tariffs:
 - Emergencies – retained at 70% (on activity above 2008/09 base)

1.15 The NHS Standard contract still mandates the levying of core performance fines. The rejection of the NHS Improvement Control Total offer results in estimated core performance fines of £6.4m. These include the following:

	£m
Referral to Treatment ongoing pathways under 18 weeks	4.7
ED under 4 hour waits	1.0
Cancelled operations	0.2
Ambulance handovers	0.2
Diagnostics 6 week wait	0.2
Others	0.1
Total	6.4

1.16 To achieve the financial plan the following are required:

- Delivery of the planned savings requirement for 2018/19 at £22.7m;
- Conversion of non-recurring savings from 2017/18, into recurring savings;
- A reduction in agency expenditure of £3.1m due to improved controls;
- Maintenance of strict cost control;

- Effective risk management of potential cost pressures;
- Delivery of planned activity volumes as defined in Divisional Operating Plans;
- Delivery of National Performance access targets and in particular, minimising SLA fines especially from RTT breaches;
- Delivery of clinical performance within any agreed Contract Limiters to avoid non-payment for activity by Commissioners;
- Proper recording and coding of activity leading to full income recovery;
- Achievement of significant clinical service improvement in a planned and effective manner as part of the Trust's Transformation Programme;
- Delivery of CQUIN targets agreed with Commissioners; and
- Close monitoring of the Trust's liquidity.

1.17 The financial year will be affected by the external environment within the NHS and more specifically the national position and local health economy. These factors include:

- Acute Trusts are under unprecedented financial pressure. In 2017/18 the provider sector has incurred a deficit to the end of quarter three of £1.3 billion and an estimated £2.0 billion underlying deficit. The NHS vote is at risk of being breached overall which would have serious consequences for the 2018/19 NHS settlement with HM Treasury;
- Pressures on spending and delivery of the Savings Programme are intensifying and firm control is required to avoid the Trust's underlying financial position deteriorating and its medium term plans being undermined. The level of nationally required savings are at unprecedented levels making the risk of failure far greater;
- SLAs have not yet been signed. However, the significant financial deficit position of the BNSSG Commissioners mean the 2018/19 income plan could be subject to further negotiations with Commissioners relating to the agreement of activity plans, CQUINs, reinvestment of fines, agreement of coding and counting changes and QIPP proposals; and
- The need to ensure savings do not compromise patient safety has always existed – however, the dynamic balance between delivering savings year on year and improving patient safety and quality is now subject to detailed public scrutiny. There is, however, a danger that risk management is replaced by risk avoidance with consequential non delivery of savings, unfunded cost pressures and a significantly deteriorating financial position in the Trust.

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1.18 2018/19 Draft Financial Plan

The 2018/19 draft financial plan of a £8.3m net deficit is described below:

Surplus / (Deficit)	£M	
Underlying position brought forward	(0.4)	Position excludes £13.3m PSF 2.0% deflator included in the 2018/19 National Tariff
National Tariff efficiency requirement	(10.1)	
Divisional underlying deficit from 2017/18	(6.1)	
Savings programme	22.7	
Cost pressures		
Divisional clinical cost pressures	(1.3)	Increase offset in part by income.
Capital Charges volume growth	(1.2)	Due to Capital spending
Medical and Dental SIFT	(0.7)	Estimated HEE impacts
Corporate risk prioritised cost pressures	(0.5)	Unavoidable recurrent costs only.
Pharmacy out-sourcing costs	(0.3)	Boots contract
Local CEA awards for Consultants	(0.2)	
Other cost pressures	(0.4)	SLA impacts
SLA / Contracting Issues		
Loss of Wales HRG4+ income	(1.5)	Wales commissioners refusing to pay for activity at higher HRG4+ prices
Other National tariff impact	(0.1)	
2018/19 Underlying position	(0.1)	
Non-Recurrent Costs:		
Impact of national core fines	(6.4)	Trust will be subject to fines as a result of rejecting the Control Total.
Change costs / spend to save	(0.3)	To fund schemes generating recurring savings.
Corporate risk prioritised cost pressures	(0.5)	Unavoidable non-recurrent costs only.
Transition costs for strategic schemes	(0.3)	In support of strategic capital schemes.
Clinical IT programme	(0.7)	Funds the CSIP Programme
Net I&E Surplus / (Deficit) exc. PSF & technical items	(8.3)	Definition used for Control Total purposes.
Donated asset depreciation	(1.5)	
Donated asset income	0.4	
Net impairments	0.6	
Net I&E Surplus / (Deficit) inc. technical items	(8.8)	

Appendix 1 shows this plan presented as the Statement of Comprehensive Income.

1.19 Divisional Operating Plans

Each division has undertaken a robust planning process to create Operating Plans for 2018/19, which describes the latest financial position built up from underlying positions, savings schemes that have already started, new savings requirements and plans, cost pressures and the impact of activity changes to be incorporated into SLAs with Commissioners. The Operating Plans are underpinned by capacity and workforce plans. Each division is required to achieve a balanced Operating Plan. The current Operating Plan deficit of £5.1m therefore requires further improvement to enable this plan to be delivered.

1.20 It has been emphasised that Divisions must develop their plans to the stage where the delivery plan allows for the upside and particularly the downside risks – hence the delivery of plans has a greater assurance of success.

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1.21 The position is summarised in the table below.

Surplus / Deficit £'000	Underlying Position brought forward	Cost Pressures	New Savings Requirement @ 2.4%	Total Savings target	Savings Plans 2018-19 Identified	Shortfall
Division	£'000	£'000	£'000	£'000	£'000	£'000
Diagnostics and Therapies	(771)	(166)	(1,070)	(2,007)	1,908	(99)
Medicine	(1,346)	(367)	(1,441)	(3,154)	1,536	(1,618)
Specialised Services	(834)	(463)	(1,619)	(2,916)	1,997	(919)
Surgery, Head & Neck	(1,027)	(162)	(2,378)	(3,567)	2,446	(1,121)
Women's and Children's	(1,931)	(108)	(2,785)	(4,824)	3,461	(1,363)
Total Clinical Divisions	(5,909)	(1,266)	(9,293)	(16,468)	11,348	(5,120)
Facilities & Estates	(190)	(26)	(760)	(976)	976	-
Finance	-	-	(186)	(186)	186	-
Trust HQ	(20)	-	(183)	(203)	169	(34)
Trust HR	(10)	-	(116)	(126)	126	-
IM&T	(15)	-	(186)	(201)	215	14
Corporate/Cap. Charges	-	(3,352)	(1,171)	(4,523)	4,523	-
Total Non-Clinical	(235)	(3,378)	(2,602)	(6,215)	6,195	(20)
Total	(6,144)	(4,644)	(11,895)	(22,683)	17,543	(5,140)

1.22 The key items that build up the Operating Plan are outlined below:

- **Underlying Operating Plan Position brought forward** - deficits built up on a recurrent basis mainly relating to medical and nursing staff overspending and underachieved recurring CIP in previous years.
- **Cost Pressures** – Cost pressures include the remaining divisional cost pressures that are deemed unavoidable (£1.3m) and Corporate cost pressures (£3.4m). Any further cost pressures can only be afforded by the identification of further savings and cannot be allowed to lead to a further deterioration of Divisional positions, as has been the case in previous years.
- **Savings** – the savings requirement of £22.7m is derived as follows:

	£m	£m
• New savings target for Divisions		
– National tariff efficiency 2%	10.095	
– Trust non-recurrent cost pressures 0.4%	1.800	
	<u>11.895</u>	
• Divisional underlying deficits	6.144	
• Divisional cost pressures	1.292	
• Corporate cost pressures	3.352	
	<u>10.788</u>	
Total Savings Requirement		<u><u>22.683</u></u>

- **Overall, net Operating Plan shortfall** – the overall net Operating Plan position shows a shortfall of £5.1m. Work is ongoing within Divisions to address the current shortfall with regards to the savings programme in order to reduce the current Operating Plan deficit. There must be a greater emphasis this year on Divisional financial performance and delivery of Operating Plans.

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2. Source and Application of Funds Summary

2.1 A summary of the 2018/19 position is shown below:

Source of Funds	£'000	£'000
Patient Care Service Level Agreements:		
- BNSSG CCG Commissioners	239,557	
- Other NHS CCG Commissioners	31,324	
- Welsh and other Non-English Bodies	9,753	
- NHS England (Non-specialised services)	18,585	
- Provider Trusts	2,286	
- Specialised Commissioning	263,026	
- Local Authorities	8,531	
- Non Income Assumptions	(10,191)	
		562,871
Non-Patient Care Service Level Agreements:		
- Medical Service Increment for Teaching	6,701	
- Dental Service Increment for Teaching	8,165	
- Research and Innovation	24,125	
- Clinical Excellence Awards	3,041	
- Post Graduate Medical and Dental Education Levy	14,634	
- NMET	3,254	
		59,920
Non Service Level Agreements		30,270
Total Sources before Technical Items		653,061
Technical Items		
- Donations for the purchase of capital assets		402
Total Sources after Technical Items		653,463
Application of Funds	£'000	£'000
Divisional Budgets – Full Year effect of Month 9 budget	612,656	
- 2017/18 Inflation issued to Divisions (see section 4.4.2)	5,943	
- Increase for additional Divisional income	1,004	
- Savings requirement to Divisions	(11,359)	
		608,244
Other Budgets		
- Research and Innovation	17,347	
- Trading Services	255	
		17,602
Reserves – Recurring		
- Contingency Reserve (see section 4.3)	700	
- Inflation Reserve (see section 4.4.1)	8,255	
- Carried Forward Reserve (see section (4.5)	8,408	
- Operating Plan/Service Level Agreements (see section 4.6)	17,456	
- Other Reserves (see section 4.7)	(1,136)	
		33,683
Reserves – Non-Recurring Revenue (see section 4.8)		1,800
Planned I&E Account Deficit		(8,268)
Total Applications before Technical Items		653,061
Technical Items		
- Donated Depreciation	1,519	
- Impairment Reversals	(629)	
		890
Planned Deficit on Technical Items		(488)
Total Applications after Technical Items		653,463

3. Source of Funds

3.1 The Source of Funds is set out in Appendix 5 by funding organisation.

3.2 Patient Care Service Level Agreements

3.2.1 We negotiate English patient care contracts with Bristol CCG, as co-ordinating commissioner and NHS England. The 2017/19 English patient care contracts were signed in December 2016 and will be varied in some areas to reflect the latest planning guidance for the second year of the two year contract. This will include an updated indicative activity plan for 2018/19.

3.2.2 The national planning guidance for the second year of the 2017-19 contract, “Refreshing Plans for the NHS”, was released on 2nd February 2018. The guidance outlines the contracting process for 2018 and also the process for dispute resolution. As the Trust already has a two year contract in place, locally agreed contract variations must be mutually agreed by both commissioners and the Provider, unless a nationally mandated contract variation is proposed. A national deadline has been set for local contract variations to be agreed by 23rd March 2018. The Trust has agreed with Commissioners that the priority schedules to review and agree are relating to the indicative activity plan and associated contract values. This is particularly important as it will include agreed assumptions on how to locally interpret the national planning guidance, including for example the directive to not deteriorate existing waiting list sizes when comparing the March 2019 position to an agreed baseline in March 2018.

3.2.3 It should also be noted that the Trust has already agreed a nationally mandated contract variation with commissioners which came into place on 1st February 2018. This national deed of variation updates the existing UH Bristol 2017-19 contract from the December 2016 edition to the 2018 edition which effects the Particulars, Service Conditions and General Conditions of the contract. Highlights include the incorporation of national guidance on learning from deaths, new rules on the sale of sugar sweetened beverages and the removal of fines for never events

3.2.4 The contracts in 2017/19 include the following characteristics:

- There are no caps or ceilings. Most services operate on a fully variable basis. We have agreed that some services, where it makes sense to do so, will operate on a block basis, for example, where services are not activity based;
- The 2017/19 national standard contract includes a series of quality requirements and performance indicators. We have incorporated these into 2017/19 contracts where applicable and included any national variations to these indicators that have been mandated by NHS England; and
- Of the £571.5m planned patient care income, £327.1m (57.2%) is covered by a National Tariff. Services exclude from the national tariff include; critical care; bone marrow transplants; high cost drugs and devices; and rehabilitation.

3.2.5 Contract activity supporting the income budgets by commissioner and point of delivery are set out in the Appendix 6 and Appendix 7.

3.2.6 2017/19 National Tariff Payment System

- The NHS Improvement two-year national tariff continues. This applies from 2017/18 to 2018/19 and has been introduced to support a two year planning round based on existing commissioner allocations.
- The 2017/19 national tariff has been informed by the 2014/15 design of HRG4+ and the 2014/15 reference cost relativities. HRG4+ expands the number of currencies from 1,657 to 2,100 with greater granularity in how services are grouped.
- Top-up payments for specialised services have been reviewed with new top ups for cancer, cardiac, respiratory and other services. Specialised services are no longer be defined by the

Specialist Services National Definition Set (SSNDS), but instead by a new Prescribed Specialist Services (PSS) list, following the move to HRG4+.

- The efficiency factor for 2018/19 is 2%, whilst the cost uplift is 2.1%. This gives a net tariff adjustment of 0.1%. Funding of £2.6m for CNST increases in premium is also included in tariff.
- The emergency marginal tariff continues to apply.
- National tariffs have been introduced for cochlear implants; complex CT scans; complex therapeutic endoscopic, upper or lower gastrointestinal procedures; and photodynamic therapy.
- The 2017/19 national tariff payment system includes two mandatory best practice tariffs for Chronic Obstructive Pulmonary Disease (COPD) care, and improving the time from a patient being admitted to receiving coronary angioplasty for patients with NSTEMI. There are also changes to five best practice tariffs: day-case procedures; fragility hip fracture; primary hip and knee replacements; same-day emergency care; and acute stroke care.
- The Innovation and Technology Tariff (ITT) continues in 2018/19 with the aim of setting incentives to encourage the uptake and spread of innovative medical technologies that benefit patients. This is expected to be updated by NHS England in March 2019.
- To incentivise a change in the delivery of outpatient follow-up activity the national tariff over-reimburses first attendances and under-reimburses corresponding follow-up attendances. For 2017/19 the rate of under/over-reimbursement continues to be between 10%-30%, based on specialty.
- Several high cost drugs, devices and listed procedures are not reimbursed through national prices. The 2017/19 national tariff payment system includes an updated the list of drugs, devices and procedures using the same criteria used in previous years.

3.2.7 Commissioning for Quality and Innovation (CQUIN) Framework

The CQUIN framework was introduced in 2008 and has evolved year on year to the current scheme. The National Tariff for 2017/18 does not include a specific element for quality. Under the 2017/19 CQUIN framework, providers have the opportunity to earn up to an additional 2.5% of actual outturn value on CCG and NHS England Non-specialised contracts and, as a Hepatitis C Operational Delivery Network lead provider, up to 2.8% on the NHS England Specialised contract. Since 2014/15, CQUIN is no longer payable on PbR-excluded drugs and devices. In total, potential CQUIN income available to be earned is expected to be in the region of £12.02m for the Trust in 2018/19 (CQUINs do not apply to Welsh activity). Providers must have a realistic expectation of earning a high percentage of this funding but do not have an automatic right to it. All CQUINs have by and large been agreed with Commissioners, though some thresholds and milestones have yet to be finalised. A number of the national CQUINs will be particularly challenging to deliver. In line with the NHS standard contract, the CQUIN scheme has been established as a two year program over the period 2017/18 to 2018/19. The 2018/19 CQUINs are largely a continuation of 2017/18 and are as follows:

- The CCG CQUIN Scheme (2.5% £6.02m) is made up of two parts:
 - i. Supporting Sustainability and Transformation Plans (STP) and financial balance as follows for 2018/19 (1% £2.41m):
 - 1% £2.41m based on engagement with plans for the BNSSG Healthier Together STP.
 - ii. National CQUINs (1.5% £3.61m):
 - 0.3% for Staff Wellbeing – Improvement in staff health and wellbeing as measured by the staff survey; healthy food for NHS staff, visitors and patients; improving the uptake of flu vaccinations for frontline clinical staff;

- 0.3% for Reducing the Impact of Serious Infection - Sepsis - identification and early treatment of sepsis (ED and acute inpatients); Sepsis – empiric review of antibiotic prescriptions within 72 hours; reduction in antibiotic consumption per 1,000 admissions;
 - 0.3% for Improving services for people with mental health needs who present to A&E - Reduce by 20% the number of attendances to A&E by frequent attenders who would benefit from mental health interventions;
 - 0.3% for Offering advice and guidance - set up and operate advice and guidance services for non-urgent GP referrals; and
 - 0.3% for Risky behaviours – Screening, brief intervention and referral to specialised services to help patients reduce or stop alcohol and tobacco consumption.
- For NHS England Specialised CQUIN (2.8% £5.3m) - The national indicators are not mandatory for inclusion in NHS England contracts.
 - 1.6% + £0.1m for Hepatitis C Virus – improving treatment pathways through ODNs – governance and partnership working; stewardship and NICE compliance, including managing resources within indicative financial budget forecast;
 - 0.2% for Clinical Utilisation Review (CUR) - optimising patient flow and transfer out of acute settings including procurement and implementation of Utilisation Review from a recognised UR provider;
 - 0.2% for Haemtrack patient reporting system for severe haemophilia patients at home;
 - 0.2% for Complex Device Optimisation – high cost tariff excluded cardiac devices – optimisation of device usage; compliance with national policies and specifications;
 - 0.2% for Nationally standardised dose banding - adult intravenous Systemic Anticancer Therapy (SACT);
 - 0.2% for Medicines Optimisation - faster adoption of best value medicines particularly best value generics, biologics and CMU frameworks; drugs data quality improvements; reduction in variation and waste; and
 - 0.2% for Automated Exchange Transfusion for Sickle Cell Care - incentivising the use of automated exchange by specified specialist centres in order to improve patient experience and use of clinical resources.
 - NHS England Non-Specialised (2.5% £0.4m)
 - 2.5% for Dental Networks – consultant and/or specialist staff in Oral Surgery, Orthodontics, Restorative dentistry and special care dentistry are actively participating in the managed clinical networks for dental services.

The ability to earn at least 82% (net of costs to delivery) of the £12.02m CQUIN rewards is essential to delivering a viable financial plan. The challenging nature of a number of the national CQUINs may compromise the Trust's ability to achieve this, and therefore this is high risk. A Steering Group to manage the delivery of CQUINs has been created and chaired by the Director of Finance and will continue to run throughout 2018/19.

3.3 Non Patient Care Service Level Agreements

3.3.1. Medical Undergraduate Tariff (previously Medical SIFT)

The Trust has a responsibility to support both undergraduate and postgraduate teaching. Agreements exist with Health Education England to provide this support for medical and dental undergraduate teaching in conjunction with the University of Bristol. Funding for this support is provided through the Medical Undergraduate Tariff. Estimated funding for 2018/19 incorporates a reduction of £0.276m resulting from a reduction in activity. The net inflation for 2018/19 is assumed to be nil.

3.3.2 Dental Undergraduate Tariff (previously Dental SIFT)

The Trust hosts the training of dental students and receives funding for this based on the number of students from Health Education England. The net inflation for 2018/19 is assumed to be nil.

3.3.3 Research & Innovation (R&I)

The arrangements for funding Research and Innovation include the funds awarded by various bodies of the National Institute for Health Research (NIHR):

- The NIHR Clinical Research Network awards funding to cover the service support costs associated with research, largely calculated on the weighted research activity the Trust has achieved in prior periods;
- The NIHR Central Commissioning Facility award funds for the Biomedical Research Centre (BRC) and the Collaboration for Leadership in Applied Health Research and Care (CLAHRC West); and
- The NIHR Central Commissioning Facility and the NIHR Evaluation Trials and Studies Coordinating Centre both award funds for various research grants.

In addition an annual allocation is awarded by the Department of Health and Social Care; Research Capability Funding which is calculated as a percentage of the value of the previous calendar year's NIHR research grant income.

The Trust acts as host to a number of research-related organisations including the West of England NIHR Clinical Research Network, Bristol Health Partners and the South West Research Design Service.

Funding predicted for Research and Innovation in 2018/19 totals £25.1m including:

- £3.6m awarded by the Clinical Research Network;
- £4.4m for the BRC;
- £2.3m for CLAHRC West;
- £3.1m predicted for NIHR awarded research grants;
- £1.6m predicted for Research Capability Funding;
- £9.5m of host funding, of which the vast majority is claimed by other NHS organisations; and
- £0.6m other research-related income.

3.3.4 Clinical Excellence Awards for Consultants

The cost of Clinical Excellence Awards is financed through an agreement with NHS England. The funding for both NHS and University staff and covering Levels 9-12 (Clinical Excellence Awards) and A+, A and B distinction awards, is based each year on the level of awards prevailing at the 31 March in the preceding financial year. For locally awarded level 1 to 9 Clinical Excellence Awards Trusts are required to manage the implications of in-year new awards and awards relating to starters/leavers from within their own resources. The budget assumption is that the cost of additional locally awarded Excellence Awards will be partly offset by local awards being converted to nationally funded awards. The net cost is assumed to be £0.150m in 2018/19.

3.3.5 Postgraduate Medical and Dental Education Levy (MADEL)

There is an agreement with Health Education England to provide a support environment for postgraduate medical and dental education. The agreement relates to the training costs of junior doctors and dentists and is a fixed sum set at the start of the year based on the agreed number of posts, prevailing salary scales and employer's on costs. This is varied only by approved new posts and transfers. Specifically, the agreement covers 50% of the basic salary costs of all posts plus a placement fee of £13.4k per post. Associated travel, interview and removal expenses, library and postgraduate administration costs are also covered within the placement fee. The allocation included in this year's resources includes a reduction of £0.086m resulting from a reduction in the funding level for flexible trainees from 0.60 whole time equivalent (wte) per post to 0.50 wte per post. The net inflation for 2018/19 is assumed to be nil.

3.3.6 Non-Medical Education and Training (NMET)

Teaching support provided by the Trust is also made available to nursing and other healthcare professionals through Health Education England, University of the West of England and other academic institutions. The allocation included in this year's resources includes a reduction of £0.300m resulting from a reduction in teaching support funding. The net inflation for 2018/19 is assumed to be nil.

3.3.7 A major re-costing of Education services commenced in 2013/14. Annual submissions are now required as part of the annual Reference Cost submission. Education tariffs will be updated in future years based on the cost collection, although the timing of this will be dependent on the national data quality. The Trust has been very active in this national process.

3.4 Non Service Level Agreements

3.4.1 Income not covered by Service Level Agreements is within Divisional Budgets and comprises of:

	£'000	
Non-Protected Clinical Income		
- Private and overseas patients	1,541	
- Road traffic act income	881	
- SLA income / other	234	
Operations Income		
- Research and innovation	2,802	Note 1
- Education and training	88	
- Services provided to other bodies	10,404	Note 2
- Income from charitable bodies	363	
- Rental income	2,032	Note 3
- Sale of goods and services	3,006	Note 4
- Salary recharges	3,767	Note 5
- Other income	5,152	Note 6
Total	<u>30,270</u>	

Note 1 Research and Innovation is primarily linked to commercial trials (£2.251m).

Note 2 Services provided to other bodies includes Peripheral Clinics (£3.223m) which are provided to a variety of other organisations most significantly North Bristol NHS Trust and Weston Area Health NHS Trust, but also further afield such as Cornwall and Bath.

In addition significant services offered to other organisations (both NHS and Non NHS) include; Occupational Health Services (£1.602m), Ophthalmology (£0.224m), Audit Services (£0.226m), various Diagnostics and Therapies Services such as clinical testing and medical physics (£0.924m), hosting the NICU Delivery Network (£0.211m) and some research services (£0.297m).

The remaining value is a variety of smaller value services across all Divisions.

Note 3 Rental income includes £1.591m from operating leases of which the highest values relate to the University of Bristol (£0.712m) and the Welcome Centre occupants (£0.381m). There is also income from staff accommodation (£0.335m) as well as other smaller amounts from a variety of areas where space is utilised by other organisations and services.

Note 4 Sales of goods and services includes Car Park income of £1.126m, Catering income of £0.418m, Memo Services of £0.789m and IM&T Services of £0.672m.

Note 5 Salary recharges for staff are across all Divisions and recognise where staff employed by UH Bristol also work in other organisations, primarily other local NHS bodies such as North Bristol NHS Trust but also at the University of Bristol and other non NHS organisations.

Note 6 Other income includes Childcare Vouchers (£1.451m), Global Digital Exemplar income (£1.000m), income for hosting the Sustainability and Transformation Programme (£0.974m), and planned VAT Savings (£0.410m).

4. Application of Funds

4.1 Divisional Expenditure Budgets

Divisional budgets are maintained and updated throughout the financial year. Budgets are held for both the current year and on a recurring basis. For example a funded development that starts part way through a year will have a current year budget reflecting the cost for part of the year whereas the recurring budget will be the full year cost and funding that is provided for one off spend in a particular year will have no recurring budget.

The Divisional Budgets for 2018/19 use the December full year effect budgets as the starting point. They are adjusted for known inflation, savings requirements and other allocations from reserves to provide the Divisional start budgets. This is summarised in the below with Divisional analysis provided at appendix 12.

	£'000
Divisional Expenditure Budgets – full year effect at December 2017	612,656
Inflation (details at 4.3.3)	5,943
Savings (2% tariff efficiency)	(11,359)
Increase from additional Divisional income	1,004
Divisional Start Budgets for 2018/19	<u>608,244</u>

4.2 Other Budgets

	£'000
These include the following:	
Research & Innovation budgets	17,347
Trading services (Welcome Centre)	255
	<u>17,602</u>

4.3 Contingency Reserve

A recurring provision of £0.7m has been incorporated. This includes £0.2m for the use of the Chief Operating Officer.

	£'000
General Reserve	500
Chief Operating Officer Allocation (Fixit budget)	200
Total	<u>700</u>

This remains at the same level as last year.

4.4 Inflation Reserve

4.4.1 The National Tariff (gross 2.1% uplift) generates gross inflation funding of £10.423m which can be reconciled to the inflation reserve as follows:

	£'000
Gross tariff inflation funding	10,423
CNST funding in Tariff	2,638
South Bristol	125
Inflation reserve brought forward from 2017/18	1,012
Less issued to Divisional budgets	(5,943)
Total	<u>8,255</u>

4.4.2 Inflation issued to Divisions in start budgets is as follows:-

	Assumption	£'000
Drugs	2.1%	293
Non pay	3.0%	2,207
Capital charges	2.9%	530
CNST		2,913
Total		<u>5,943</u>

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4.4.3 The residual inflation funding reserve provision is as follows:

	£'000
Pay inflation including auto-enrolment	5,958
Junior Doctor contract	919
Energy	688
Rates	93
Blood	199
Friends and Family test	44
Community premises	80
Business Improvement District charge	32
CQC uplift in subscription	75
South Bristol	125
Other	42
Total	8,255

4.5 Carried Forward Reserve

Residual funding for a number of developments from last year and for schemes that are funded each year are held within the carried forward reserve to be allocated to budgets during 2018/19. These include:

	£'000
Bristol Health Partners	90
EWTD for annual leave and sick pay	1,690
Medical SiFT and Medical and Dental Education levy	432
Strategic reserve	5,460
Internal Cost Pressures (carried forward)	
- Radiologist support for Clinical trials	21
- Falsified Medicine Directive	20
- Doctor Session Skin MDT	12
- CEA Awards	261
- New-born & Infant Physical investigation dataset	24
- ICNARC Data Reporting	40
- MDT co-ordinators	25
- Bristol Safeguarding Board	13
- Patient Feedback System	25
- Happy App	12
- Risk Management System	15
- Paediatric Bereavement	64
- PICU Winter pressures	204
Total	8,408

4.6 Operating Plan/Service Level Agreements (SLA)

4.6.1 The values in this section are based on the current SLA position with Commissioners. The draft proposals are based on the second year of agreements with final agreements expected by the national deadline of 23rd March. The reserve includes funding for activity related changes and investments/savings which are not directly linked to activity. Divisional budgets will be adjusted for these schemes using the following process:

- Non-activity related changes are directly allocated to Divisions based on the cost build-up of the scheme; and
- Activity related changes are allocated to Divisions based on their reference costs share of tariff. This includes an allocation to the Strategic Reserve as per the Financial Strategy (estimated at 20%).

4.6.2 The Service Level Agreement / Operating Plan Reserve constitutes the following:-

	£'000
Service Transfers:	
- Clinical Genetics	939
- Sexual Health	179
Activity Related Changes	
- CQUINs delivery costs	750
- Net activity growth	12,962
- R&D	2,585
- SLA Developments	27
Other	
- Global Digital Exemplar (GDE) funding	14
Total	<u>17,456</u>

4.7 Other Recurring Reserves consist of:

4.7.1 Recurrent corporate cost pressures

	£'000
- Capital Charges Growth	1,202
- CEA Awards	150
- Commissioner challenges	400
- Internal Cost Pressures	500
- Pharmacy out-sourcing cost increase	500
Total	<u>2,752</u>

4.7.2 Corporate CRES

	£'000
- Corporate cost pressures – saving requirement	(3,352)
- Other Corporate CRES balance required	(536)
	<u>(3,888)</u>

4.8 Non-recurring reserves consist of:

	£'000
Strategic scheme costs	300
Technology implementation	700
Change costs	300
Non Recurring Cost Pressures	
STP costs	330
RTT validators	88
Medical HR support	150
Savings on recurring cost pressures (offset)	(68)
Total	<u>1,800</u>

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5. Savings Programme

5.1 A summary of the savings programme by work stream is provided at Appendix 13a-c. The Trust target is £22.7m derived as follows:

	£m	£m
• New savings target for Divisions		
– National tariff efficiency 2%	10.095	
– Trust non-recurrent cost pressures 0.4%	1.800	
	<u>11.895</u>	
• Divisional underlying deficits	6.144	
• Divisional cost pressures	1.292	
• Corporate cost pressures	3.352	
	<u>10.788</u>	
Total Savings Requirement		<u>22.683</u>

5.2 The risk-assessed savings identified by Division is summarised in the table below.

Table 2: 2018/19 Savings identified by type as at 16 February 2018

	Diagnostics and Therapies £'000	Medicine £'000	Specialised Services £'000	Surgery, Head and Neck £'000	Women's and Children's £'000	Estates and Facilities £'000	Trust Services £'000	Other £'000	Total Savings 2017/18 £'000
SLA Income									
Other income	64	50	55	102		116	30		417
Private Patient Income		10	30		35				75
Income Total	64	60	85	102	35	116	30		492
Drugs	289	185	112	75	90				751
Clinical Supplies /Services	637	412	962	623	604				3,238
General supplies		25	23			46			94
Other expenditure		275	24	676	106		278		1,359
Establishment		25					8		33
Premises & Fixed Plant	7	9	4	18		394	155		587
Non Pay Total	933	931	1,125	1,392	800	440	441		6,061
Consultants		20		530					550
Other Medical Staff				38					38
Nursing & Midwifery		138	135	26	760		22		1,081
Allied Health Professionals	30								30
Scientific & tech	881				5				886
Admin & Senior Managers			10	50	30	34	202		326
Estates Staff						35			35
Other Clinical		26				351			377
Pay Total	911	184	145	644	795	420	224		3,323
Capital Charges								636	636
Productivity		361	642	308	1,831				3,142
Corporate								3,888	3,888
Total identified	1,908	1,536	1,997	2,446	3,461	976	695	4,524	17,543
Unidentified	99	1,618	919	1,121	1,363		20	0	5,140
Requirement	2,007	3,154	2,916	3,567	4,824	976	715	4,524	22,683

5.3 The development of both Divisional and Corporate plans is an integral element of the Trust's transformation agenda under the Transforming Care Programme aiming to ensure that schemes, wherever possible, release recurring savings based on operational efficiency and productivity improvements. Schemes also include opportunities to reduce costs through improved purchasing agreements and improving controls on expenditure. All opportunities and ideas to eliminate waste and improve efficiency are welcomed.

5.4 The Trust is currently revising its approach to the delivery of savings for 2018/19, will include the establishment of a clear schedule of priority areas to be addressed, the establishment of Divisional Director leadership for key work streams and Divisions reorganising priorities to create the required capacity to deliver on the savings programme agenda. A number of work stream groups led by Executive Directors will oversee the delivery of key elements of work towards the requirement to

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deliver efficiencies through productivity in areas such as out patients, theatres and in those specialties which have high Reference Cost Indices or poor Service Line Profitability. There will also be an increased and improved approach to financial controls for income, pay expenditure and non - pay expenditure.

5.5 The work streams for 2018/19 are shown in the table below.

Table 3: Summary of Savings Programme Work streams and Lead Directors

Work stream	Lead Director
Operational Productivity	Chief Operating Officer
Income, fines and external	Director of Strategy and Transformation
Medical Staffing Productivity	Medical Director/Director of Finance
Diagnostic Testing	Chief Operating Officer
Workforce and OD	Director of Human Resources
Medicines	Director of Pharmacy
Non Pay efficiencies and savings	Director of Finance
Improving controls –Income and Non pay	Director of Finance
Nursing Productivity	Chief Nurse
Reducing and Controlling Non Pay	Director of Finance

5.6 Other key areas of focus will be:

- Controlling and reducing dependence on premium cost delivery including reducing outsourcing and reliance on Waiting List Initiatives (WLIs);
- Addressing operational productivity (out patients, theatres and patient flow as well as diagnostics.
- Addressing high levels of sickness across the Trust;
- Reviewing and improving clinical coding;
- Improving the income collected for overseas patients;
- Improved review of Consultant Job planning linked to increasing Consultant productivity; and
- Review of stock management and controls of ordering consumables.

5.7 These work stream groups act as facilitators and will feed any identified savings to Divisions for inclusion in Divisional savings plans. All saving schemes identified are also reported by work stream each month to the Cost Savings Delivery Group and the Trust's Finance Committee. The Trust is also engaged in benchmarking Trust activities against peer trusts in order to identify areas for improvement.

5.8 The Trust, in order to ensure ongoing governance and control over the delivery of savings, operates a Cost Savings Delivery Group chaired by the Chief Operating Officer. This monitors progress, considers significant changes to projects, recommends new projects, resolves issues and commissions either internal or external support as required. The group facilitates and promotes cross project co-operation and integration. To ensure delivery of the savings programme, regular accountability meetings are held by the Transformation Programme Director and Head of Financial Management with the accountable work stream leads. A monthly savings programme review meeting is also held with each Division to assess progress against phased plans. Each Division is assessed against its delivery of its annual Operating Plan (including savings programme delivery) at the monthly Finance and Operating reviews.

5.9 The savings programme identified within Divisions form an integral part of the Divisional Operating Plans for 2018/19 and delivery of savings plans is an essential element of Divisions achieving a balanced Operating Plan.

5.10 Savings schemes are assessed for impact on quality and patient safety through the completion of Project Initiation Documents/Quality Impact Assessments templates (PID/QIA) where required based on a clear set of criteria. The PID/QIA templates are reviewed by the Chief Nurse and Medical Director.

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- 5.11 Performance against these KPIs is measured monthly and reviewed at regular work stream accountability reviews. All work streams are required to produce and maintain project templates which will include details of work being progressed, deliverable milestones and trajectories showing progress against agreed plans. Work stream progress is monitored monthly at work stream accountability reviews and the Cost Savings Delivery Group.
- 5.12 The Trust continues to address the recommendations of the Lord Carter Report and the subsequently NHS Improvement led Model Hospital approach. Each work stream will continue to be tasked with establishing a clear action plan to take forward the recommendations in the Carter report particularly those concerned with developing staff resourcing efficiencies given delivering savings from pay is recognised as a significant challenge. Benchmarking is a key element of the Carter approach. The Trust already uses Reference Costs and Service Line Reporting to identify areas of potential efficiency improvement and will use the benchmarking portal released by the Carter team. Whilst identifying areas of inefficiency is relatively easy, transferring this knowledge into practical, implementable cost reduction takes time and therefore improvements from this source will only become available over time. Key areas where the Trust is actively engaged with the NHS Improvement Model Hospital approach are as follows:
- Facilities and Estates;
 - Pathology;
 - Trust HQ services and Corporate services;
 - Nursing benchmarking;
 - Procurement Strategy; and
 - Pharmacy plans.

6. Use of Resources Rating (UoRR)

- 6.1 The Use of Resources Rating (UoRR) is NHS Improvement's view of the level of financial risk a provider faces to the ongoing delivery of key NHS services. The rating ranges from 4, the most serious risk, to 1, the lowest risk.
- 6.2 The UoRR is the average of five metrics: liquidity; capital service cover; net surplus/(deficit) margin; net surplus/(deficit) margin variance from plan; and agency expenditure distance from ceiling. Should a Trust reject its Control Total with a planned net income and expenditure surplus or deficit, the overall UoRR is capped at 2 or 3 respectively.
- 6.3 The Trust's rejection of the Control Total surplus of £25.0m combined with a 2018/19 planned net income and expenditure deficit of £8.3m before technical items results in a capped UoRR of 3 in accordance with NHS Improvement's Single Oversight Framework. The UoRR is summarised below.

Table 4: Use of Resources Rating

	Metric	Score	Rating 1	Rating 2	Rating 3	Rating 4
Liquidity	7.2 days	1	>0 days	>-7 days	>-14 days	<-14 days
Capital service cover	1.5 times	3	>2.5 times	>1.75 times	>1.25 times	<1.25 times
Net I&E margin	(1.3)%	4	>1%	>0%	>-1%	<-1%
Margin variance	(2.2)%	4	>0%	>-1%	>-2%	<-2%
Agency spend v ceiling	50.9%	1	=<0%	<25%	<50%	>=50%
Overall UoRR unrounded		2.6				
Capped UoRR		3				

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6.4 Cash Position

As an NHS Foundation Trust, the Trust is able to retain accumulated cash surpluses. However, the draft Operating Plan deficit and planned capital expenditure plans reduces the Trust's liquidity and cash available. The planned year end cash balance is £53.2m, a reduction of £17.0m. The MTFP surplus of c£13m compares to the planned deficit of £8.3m in 2018/19. Therefore the loss of planned liquidity is £21.3m which will result in an equivalent reduction in capital spend if not addressed. The cash position is summarised below:

	£m
Forecast opening cash balance as at 1 st April 2018	70.2
2017/18 planned net (deficit) / surplus excl technical items	(8.3)
Movement in working capital	2.5
Retained cash balances contribution in support of the capital plan	(5.4)
Loan principal repayment	(5.8)
Planned year end cash balance as at 31 st March 2019	53.2

7. Capital Programme

7.1 The Trust's planned capital sources and application of funds are shown in the Medium Term Capital Programme (MTCP). The MTCP sets out the indicative programme for 2018/19 through to 2022/23 taking into account the 2017/18 forecast outturn expenditure of £30.0m. In 2018/19 the Trust's planned capital expenditure totals £54.0m. Expected slippage of £19.1m into 2019/20 reduces the capital programme in 2018/19 to £34.9m. Please see Appendices 14a to 14f for further details.

7.2 In 2018/19, the following sources of funds are planned:

- Use of the Trust's accumulated cash balance from prior year revenue surpluses;
- Depreciation in respect of the Trust's existing assets;
- Donations from charitable partners;
- Long term loan draw down relating to the Transport Hub project; and
- Public Dividend Capital received from the Department of Health relating to the GDE project.

7.3 The Trust will need to maintain a strong liquidity position in 2018/19. Focus will be given to the planning, monitoring and management of cash and working capital balances, in accordance with the Trust's Treasury Management Policy.

7.4 The 2018/19 major medical and operational capital prioritisation process was approved by the Trust's Senior Leadership Team on 21st March 2018. The prioritised projects are summarised in appendices 14g and 14h. The 2017/18 capital plan is summarised in Table 5 below.

Table 5: 2018/19 Capital plan

Source of funds	2018/19 Plan £M	Application of funds	2018/19 Plan £M
Cash balances	24.5	Carry forward schemes – Phase5	14.4
		Carry forward schemes – Other	11.8
Depreciation	24.3	Estates replacement	2.5
Long term loan	3.2	IM&T	4.1
Donations	0.4	Medical equipment	7.1
Public Dividend Capital	1.6	Operational capital	5.5
		Phase 5	5.4
		Transport Hub	3.2
Subtotal	54.0	Subtotal	54.0
Net cash retention	(19.1)	Net slippage	(19.1)
Total	34.9	Total	34.9

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- 7.5 The 2018/19 loss of £21.3m liquidity (represented by net cash retention of £19.1m) will mean the Strategic Capital (Phase 5) spend will be frozen pending a revision of the financial plan.
- 7.6 Monitoring and management of the Capital Programme will be undertaken by the Capital Programme Steering Group, which reports to the Trust's Senior Leadership Team and Finance Committee.

8. Statement of Financial Position (Balance Sheet)

- 8.1 The Trust's forecast Statement of Financial Position as at 31 March 2019, incorporating the Trust's planned net income and expenditure position, capital investment and expected movements in working capital balances are shown at Appendix 2.
- 8.2 The forecast non-current asset value takes account of the current capital expenditure programme offset by the anticipated impact of any impairment reviews and depreciation.
- 8.3 The projected value of stocks and work in progress held by the Trust as at 31st March 2019 is £12.0m and anticipates a £0.4m decrease during the year. A systematic review of stock holdings will be undertaken with service managers.
- 8.4 The Statement of Financial Position shows net current assets of £24.4m as at 31st March 2019, a reduction of £20.2m. This is mainly due to the planned net deficit of £8.3m and the consumption of cash of £11.2m relating to the loan principal repayment of £5.8m and the cash required to support the capital plan of £5.4m. The net current assets position includes forecast stock holdings of £12.0m leaving positive net working capital of £12.4m. These are the key factors driving the Trust's liquidity metric of 7.2 days and a liquidity metric score of 1.

9. Workforce

9.1 Strategic Context and *Healthier Together* Programme.

- 9.1.1 The Trust's Workforce and Organisational Development Strategy 2014/15 to 2019/20 was formulated through engagement with Divisions and trade union colleagues. This recognised the importance of recruitment to key staff groups in a tight labour market, maintaining and developing the quality of services with fewer available resources and aligning our staffing levels with the capacity demands and financial resource to ensure safe and effective staffing levels. The strategy continues to develop in response to the changing environment, increasingly focussing on transformational change to release productivity savings, engaging staff in the process, as described in the Carter (February 2016) report and subsequent Model Hospital work and aligning objectives with the Bristol, North Somerset and South Gloucestershire (BNSSG) *Healthier Together* programme.
- 9.1.2 The Trust is a member of the Bristol, North Somerset and South Gloucestershire Workforce Advisory Board (BNSSG WAB), providing the opportunity to address workforce transformation in support of the *Healthier Together* programme in partnership with other healthcare providers, commissioners, and local authorities. The BNSSG WAB has identified key priorities for the STP footprint which are supported through the Health Education England South West Investment Plan. These include:
- Developing a common vision and purpose to support recruitment and retention, with staff engagement events, up-skilling staff to deliver continuous improvement and Organisational Development facilitation;
 - Improved staff health and wellbeing, building on organisations' work to achieve CQUINS, achieving a minimum standard across the health community;
 - Mental health training for staff to improve their ability to provide psychologically informed interventions;
 - A recruitment "passport" to reduce recruitment time and costs when staff move between local health organisations;
 - A system wide approach to support increased collaboration on apprenticeships.
 - Implementation of a natural vendor approach to nurse agency controls and spend
- 9.1.3 The Trust continues with its implementation of a trust wide apprenticeship programme in line with the Government levy and workforce target. Models of delivery are currently under review, including an option for *Healthier Together* programme wide approach. For existing staff, development needs are reviewed as part of the annual appraisal, and in addition, the Trust has focussed enhanced staff

development opportunities on difficult to recruit and high turnover areas, such as care of the elderly, theatres and intensive care. Collaborative working with the University of the West of England has supported the allocation of continuing professional development modules for nursing and allied health professional staff. This new partnership approach in decision making and strategic discussion will ensure that education for nurses and allied healthcare professionals in UH Bristol is aligned to meeting workforce development needs and supporting service delivery changes required by the transformation agenda.

9.2 Managing agency and locum use

- 9.2.1 The Trust's underpinning strategy to manage agency and locum use is focussed on managing both demand and supply. The underpinning approach to manage the demand for temporary staffing is to focus on the drivers of demand, which include sickness absence, vacancies and turnover through a range of actions which are reported monthly to Quality and Outcomes Committee. Direct actions to manage demand for agency include increased efficiency and effectiveness of rostering by fully implementing a different nursing and midwifery e-rostering system from April 2017 and an electronic acuity and dependency tool from April 2017, continuing to monitor and challenge rostering and operating plan KPIs through the monthly Nursing Controls Group, robustly escalate requests for agency usage and focus on demand for enhanced observation through recruiting to the designated funded establishment. Implementing an e-rostering system for medical staff is planned for 2018 to mirror the efficiencies seen in nursing.
- 9.2.2 Actions to manage supply include improving the ratio of bank fill to agency by external and internal marketing campaigns, incentive payments, and the establishment of a locum bank in 2018. Through close collaborative working with NHS partners across the BNSSG, November 2017 saw the implementation of a neutral vendor approach to the management of nurse agency supply. This has been driven by the need to improve control of unnecessary agency spend, achieve greater compliance with the national price caps, increase fill rates and improve quality of service provision.
- 9.2.3 With the increasing drive to promote transparency, improve data requirements and embed strong accountability to Boards, the Trust is meeting the reporting requirements laid out by NHS Improvement. This includes analyses of the highest earning agency staff, long term agency usage, high costing shift activity, framework and agency cap rate overrides, and more recently bank usage. This is combined with enhanced controls in relation to escalation to ensure there is appropriate sign-off and control at Executive level.

9.3 Workforce Numbers

- 9.3.1 The anticipated workforce plan, derived from the operating planning process described above, expressed in whole-time equivalents (wte) for 2018/19 and how this compares to the previous year is set out in appendix 13 and is summarised below:

	wte			
- Demand				
Funded establishment at 31 st March 2018	8,639			
Service developments	33			
Savings programmes	(9)			
Net activity changes	47			
Funded establishment required for 2018/19	<u>8,710</u>			
Net increase in workforce	71			
- Supply				
	Substantive	Bank	Agency	Total
Forecast at 31 st March 2018	8,101	442	98	8,641
Change in year	183	(85)	(29)	69
Planned at 31 st March 2019	8,284	357	69	8,710

The approach is to increase our ratio of substantive staffing relative to agency and bank usage. This will be delivered through increased recruitment, reduced turnover, and filling vacancies.

9.4 Transformation and productivity programmes

9.4.1 The Trust will engage and involve staff in solutions which will require different ways of working, such as clinical teams joining up to deliver pathways of care, new roles, changes in skill mix, and development of new competences, in support of *Healthier Together* programme, with a greater likelihood of posts bridging the primary care / acute interface. The work started in 2017/18 on Strategic Workforce Planning will be followed up with a strategic workforce review. This will involve examining services, using benchmarking and model hospital information to review the structure and skill-mix of the workforce and ensure that it is fit for purpose both in the present and for the future. Scoping apprenticeships across all Agenda for Change roles is also key to the year ahead.

9.4.2 Examples of plans for workforce transformation include the following:

Medical:

- The Trust is a 'fast follower' in the *NHS Streamlining Doctors in Training Programme*. Through this, testing and trialling a transformational way of managing rotations is being undertaken. Key efficiencies from August 2018 will include a reduction in the repetition of pre-employment checks and a reduction in time spent in a face to face induction. Benefits will also be realised through a reduction in re-work across the region, improved accuracy of pay protection arrangements & significantly improved workforce data. A framework to meet the 2016 Contract KPI's will also be established.
- Alternative staffing models are being explored to provide sustainable longer term solutions for Junior Doctor rotas i.e. consideration of re-opening the Associate Specialist role to aid recruitment and retention in some specialties
- Key areas within Children's Services have been identified as appropriate settings for Physician's Assistants and the division is working with University of the West of England to support a cohort of PAs with their placements (April 2019) and eventually have a commitment to employ 4/5 at the end of their training (August 2020)
- Productivity gains in Children's Theatres through focussed timely starts will affect the MDT in Theatres.
- Teaching & Education fellow in Cardiology, Oncology and Haematology
- The *Healthier Together* programme Trauma and Orthopaedics Transformation Project includes service redesign options. Gaps in service provision across specialities including Trauma and Orthopaedics, Care of the Elderly and Emergency Department are being filled by new clinical fellow posts which combine elements of research/education/training, and in some cases expeditions with clinical work which are more attractive to applicants.
- Remaining gaps will be covered within Trauma and Orthopaedics by Physician Associates whilst the Emergency Department is developing options to extend the use of Emergency Nurse Practitioner roles and develop Advanced Nurse Practitioner roles

Nursing

- Development of the Advanced Clinical Practitioner (ACP) in areas such as Emergency Care, Care of the Elderly and Paediatric Surgery to provide career progression, respond to gaps in medical capacity, and improve retention;
- Recruitment to a relatively small number of adult nurses within paediatric settings such as Cardiac Cath Lab, PICU and ED.
- Reviews of skill mix following recommendations contained in the "safe and sustainable" paper (staff / patient ratios from 1:3 across all age groups for ward patients, to 1:3 for less than 2 years of age, and 1:4 for patients over the age of 2 years, which affects a number of the Children's Hospital wards).
- Changes to theatre skill mix to improve recruitment and retention with development opportunities;
- Exploring further options for Assistant Practitioner and Nurse Associate roles.

Scientific, Professional and Technical

- In the context of a strategic workforce review, examination of skill mix within all diagnostic and therapy services will be undertaken, including a review of the impact of digital transformation on roles, and the opportunity to release clinical capacity by developing A&C/technical/assistant support roles.
- Work with education providers to develop apprenticeships in all allied health, scientific and technical professions at all levels, integrated into our career structures.

- Development of Consultant and advanced practice AHP, Pharmacy and Healthcare Scientific posts to provide clinical services and cost effective solutions to help mitigate the risk of medical staff shortages
- Increase cohort of Pharmacy prescribers.

Administrative and Clerical staff

- The administrative and clerical staff programme is focussed on common processes, quality approach to recruitment, training and standards for our ward clerks and booking clerks, standardisation of job descriptions, efficiencies in the administrative and clerical Bank, all of which is with the aim to improve support and the quality and efficiency of our clinical services and support enhanced professionalism across our administrative and clinical teams.

Estates & Facilities staff

- Development of apprenticeships linked to career pathways will be undertaken in order to attract and retain staff and support high quality patient care.

9.5 Workforce KPIs

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

9.5.2 **Staff Turnover Rate** A target for 2018/19 has been set to reduce from 13.4% to 12.3 % and to 11.8% in 2019/20.

9.5.3 **Vacancy Percentage** Recruiting to vacancies, particularly hard to recruit and specialist areas which are covered by high cost agency workers, remains an important element in the Trust's agency reduction plan. The UH Bristol vacancy rate for 2016/17 was 4.2%, and the average year to date vacancy rate (October 2017) of 5.1% compares favourably with other Teaching Trusts. The internal target is to sustain 5% through 2018/19 and 2019/20.

9.5.4 **Sickness Absence** The aim is for a year on year improvement in Trust sickness absence rates, with a forecast out turn of 4.0% in 2017/18, reducing to 3.8% in 2018/19.

9.6 Junior Doctor Contract

The Junior Doctors Contract 2016 has been fully implemented for all 54 rotas. The Contract Implementation Group continues to meet monthly to ensure compliance for each rota is maintained, to oversee exception reports and to develop longer term workforce strategies to manage staffing shortages with certain specialties. The Trust plans to implement e-rostering to provide more effective management of rotas and to more easily facilitate the accumulative calculation of junior doctors' hours. The full year additional cost has been assessed at £2.0m.

10. Funding Policies

10.1 The funding policies will be consistent with the updated Financial Strategy agreed by the Trust Board in October 2017 and originally described in the Integrated Business Plan submitted to Monitor in March 2008.

10.2 These include the following key principles:

- Inflation will be funded in full;
- Savings programme targets are applied to Divisions at 2.0% of recurring budgets;
- Increases in activity in SLAs above and below the baseline will be allocated to Divisions based on their managed cost share of each specialty's total Reference Costs. A review of cost allocation is undertaken annually to improve the accuracy of this process. The share of income relating to capital charges, estates costs and overheads will be retained by the Trust centrally to fund strategic investments;

- Divisions are expected to manage within their recurring budget including recurring costs and savings. Trust non-recurring funding issues will be managed corporately in year;
 - All issues from the Contingency Reserve must be approved by the Director of Finance after consultation with the Chief Executive;
 - All issues from the change costs / spend to save reserve must be approved by the Director of Finance. All schemes must demonstrate a defined payback or strong potential to deliver major productivity opportunities; and
 - Increments are assessed on an individual staff member basis up to the 1 April each year.
- 10.3 The Trust will continue to participate in the BNSSG National Institute for Health and Care Excellence Commissioning College. Funding is pooled by Commissioning Care Groups and supplemented by Local Delivery Plan investment. This arrangement has worked well over the past few years.

11. Risk Analysis

- 11.1 Risk of failure to deliver the A&E access trajectory resulting in the loss of PSF performance funding.
- This will only become an issue if the Trust accepts a Control Total. Should that happen the risk of delivery will remain **high** as for previous years.
- 11.2 Risk of Commissioner renegotiating signed SLAs
- With SLA variations to the already signed two year 2017-19 contract only required the risk is **moderate**.
- 11.3 Risk of not delivering the savings requirement
- This includes the conversion of non-recurring savings to recurring schemes. Given the track record over the past years this risk can be assessed as **high**. Close monitoring of achievement and effective mitigation of any under-achievement will be in place. The 2018/19 target will be challenging and must be delivered in full.
- 11.4 Risk that CQUINs income target is not achieved
- The resources plan is based on earning 83% of the potential CQUINs target. Delivery of CQUIN at this level requires a major commitment upon the Trust and additional costs of delivery of £0.75m. Achieving the local national commissioning CQUINs will be challenging. The risk is assessed currently as **high**.
- 11.5 Risk that planned activity is not delivered
- The delivery of planned activity levels, particularly during the summer, is essential to avoiding using premium cost delivery methods and compromising the Trust's Operational Plan. The risk is assessed overall as **moderate**.
- 11.6 Risk of managing cost pressures
- This includes inflation and other local/national pressures. The previous good track record of the Trust means that this risk is **moderate**. Likely factors, both locally and nationally, have been taken into account in setting the 2018/19 budget.
- 11.7 Risk of divisions overspending
- This overlaps with item 11.3 above. Financial control is generally good but a number of divisions continue to struggle with their underlying financial position and in previous years have failed to deliver their Operating Plans. Therefore in 2018/19 this risk is rated **very high**.

Statement of Comprehensive Income		2018/19 Plan	
Operating income from patient care activities	£'000		£'000
Elective Income	100,301		
Non-Elective Income	131,877		
Outpatient Income	83,102		
A&E Income	18,640		
Other including passthrough income	228,790		562,710
Other income from patient care activities			
Private patient income	1,541		
Other non protected income	906		2,447
Other operating income			
Education and Training	33,395		
Research & Innovation	26,256		
Other income	28,252		87,903
Total income			653,060
Employee Expenses	(390,957)		
Drug costs	(86,682)		
Clinical supplies and services	(66,418)		
Other costs	(81,064)		(625,121)
Earnings Before Interest, Tax, Depreciation and Amortisation			27,939
Total depreciation & amortisation	(24,363)		
Finance income	244		
Finance expense	(2,798)		
PDC dividends payable	(9,290)		(36,207)
Net Surplus / (Deficit) excluding technical items			(8,268)
Technical items:			
Donated income	402		
Depreciation on donated assets	(1,519)		
Net impairments	629		(488)
Net Surplus / (Deficit) including technical items			(8,756)

Statement of Financial Position		As at 31st March 2018		As at 31st March 2019	
		£m	£m	£m	£m
Non Current Assets			385.996		403.900
Current Assets	Inventories	12.379		12.000	
	Trade and Other Receivables - NHS	25.113		25.651	
	Trade and Other Receivables - Non NHS	9.280		9.215	
	Other Financial Assets	0.104		0.104	
	Cash and Cash Equivalents	70.249		53.250	
Total Current Assets			117.125		100.220
Total Assets			503.121		504.120
Current Liabilities	Trade and Other Payables	(62.283)		(64.953)	
	Borrowings	(6.170)		(6.191)	
	Provisions	(0.194)		(0.194)	
	Other Financial Liabilities	(3.900)		(4.500)	
Total Current Liabilities			(72.547)		(75.838)
NET CURRENT ASSETS / (LIABILITIES)			44.578		24.382
Non Current Liabilities	Borrowings	(74.743)		(71.741)	
	Provisions	(0.088)		(0.086)	
Total Non Current Liabilities			(74.831)		(71.827)
TOTAL ASSETS EMPLOYED			355.743		356.455
Taxpayers' and Others' Equity	Public Dividend Capital	202.007		203.607	
	Revaluation Reserve	45.069		52.937	256.544
	Other Reserve	0.085		0.085	
	Income and Expenditure reserve	108.582		99.826	99.911
TOTAL TAX PAYERS EQUITY			355.743		356.455

Statement of Cash Flows	As at 31st March 2018		As at 31st March 2019	
	£m	£m	£m	£m
Cashflows from Operating Activities				
Operating Surplus/(deficit)	22.018		3.088	
Depreciation and amortisation	23.809		25.858	
Impairments and reversals	(0.015)		(0.629)	
Income from donations	(0.862)		(0.402)	
(Increase)/decrease in assets	1.058		(0.096)	
Increase/(decrease) in liabilities	(2.004)		2.609	
Other movements	(0.900)		(0.344)	
Net cash generated from / (used in) operations		43.104		30.084
Cash flows from Investing Activities				
Interest received	0.154		0.244	
Purchase of assets	(27.397)		(34.242)	
Proceeds from sales of PPE	0.018		-	
Receipt of cash to purchase donated assets	0.562		0.402	
Net cash generated from / (used in) investing activities		(26.663)		(33.596)
Cash flows from Financing Activities				
Public Dividend Capital - received	5.785		1.600	
Loans repaid	(5.834)		(5.834)	
Loans received	-		3.189	
Finance lease payments (capital & interest)	(0.594)		(0.578)	
Interest paid	(2.741)		(2.574)	
Public Dividend Capital - paid	(8.249)		(9.290)	
Net cash generated from/(used in) financing activities		(11.633)		(13.487)
INCREASE/(DECREASE) IN CASH & CASH EQUIVALENTS		4.808		(16.999)
Cash & Cash Equivalents at the start of the period		65.441		70.249
CASH & CASH EQUIVALENTS AT THE END OF THE PERIOD		70.249		53.250

2018/19 FORECAST CASH FLOW / BALANCES

	Balance B/Fwd	SOURCES									Applications (see detail below)	Balance C/Fwd
		Capital Receipts	Loan Receipts	S&T Funding	<----- NHS Receipts ----->			Interest Received	Other Income	Totals		
	£m	£m	£m	£m	SLAs	Levies	Other NHS	£m	£m	£m	£m	£m
April	70.249	0.050	-	-	43.354	2.783	3.834	0.020	2.066	52.107	(54.760)	67.596
May	67.596	0.050	-	-	51.746	2.783	3.834	0.020	2.066	60.499	(55.426)	72.669
June	72.669	0.050	-	3.261	43.354	2.783	3.834	0.020	2.066	55.368	(58.887)	69.150
July	69.150	0.050	-	-	43.354	2.783	3.835	0.020	2.067	52.109	(56.102)	65.157
August	65.157	0.100	-	-	51.319	2.783	3.834	0.020	2.066	60.123	(55.850)	69.429
September	69.429	0.102	-	-	43.354	2.783	3.834	0.020	2.066	52.159	(58.425)	63.164
October	63.164	-	-	-	43.354	2.783	3.834	0.020	2.066	52.057	(55.929)	59.291
November	59.291	-	-	-	53.812	2.783	3.834	0.020	2.066	62.516	(55.681)	66.126
December	66.126	-	3.189	-	43.354	2.783	3.834	0.020	2.066	55.246	(58.235)	63.137
January	64.637	1.600	-	-	43.354	2.783	6.834	0.020	2.066	56.657	(60.513)	59.281
February	60.781	-	-	-	52.980	2.783	3.834	0.020	2.066	61.684	(56.711)	64.253
March	65.753	-	-	-	43.354	2.783	3.834	0.020	2.065	52.056	(63.059)	53.250
Totals		3.502	3.189	3.261	556.689	33.395	49.011	0.240	24.794	674.081	(689.579)	

	APPLICATIONS										
	Payroll	Capital	Traders	Tax / NI & Super	NHS Payments	PDC Dividend	Loan Repayment	Loan Interest	Finance Lease Principle	Finance Lease Interest	Totals
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
April	(17.890)	(2.528)	(14.012)	(13.027)	(7.303)	-	-	-	-	-	(54.760)
May	(17.890)	(1.728)	(15.726)	(13.027)	(6.911)	-	-	-	(0.083)	(0.061)	(55.426)
June	(17.890)	(1.728)	(15.726)	(13.027)	(6.463)	-	(2.787)	(1.263)	(0.003)	-	(58.887)
July	(17.890)	(2.147)	(15.732)	(13.027)	(7.306)	-	-	-	-	-	(56.102)
August	(17.890)	(2.147)	(15.730)	(13.027)	(6.913)	-	-	-	(0.083)	(0.060)	(55.850)
September	(17.890)	(2.147)	(14.088)	(13.027)	(6.465)	(4.645)	(0.130)	(0.032)	-	-	(58.425)
October	(17.890)	(1.946)	(15.753)	(13.027)	(7.314)	-	-	-	-	-	(55.929)
November	(17.890)	(1.946)	(15.753)	(13.027)	(6.922)	-	-	-	(0.083)	(0.061)	(55.681)
December	(17.890)	(1.946)	(14.040)	(13.027)	(7.314)	-	(2.787)	(1.232)	-	-	(58.235)
January	(17.890)	(6.529)	(15.753)	(13.027)	(7.314)	-	-	-	-	-	(60.513)
February	(17.890)	(5.979)	(14.040)	(13.027)	(5.630)	-	-	-	(0.084)	(0.060)	(56.711)
March	(17.895)	(4.929)	(16.772)	(13.032)	(5.609)	(4.645)	(0.130)	(0.047)	-	-	(63.059)
Totals	(214.681)	(35.701)	(183.125)	(156.333)	(81.464)	(9.290)	(5.834)	(2.574)	(0.336)	(0.242)	(689.579)

2018/19 Income Plan by Type and Purchaser Group

	2017/18 Plan (£'000)	Service Transfers (£'000)	External Revenue Proposals (£'000)	2017/18 Non- Recurring (£'000)	2018/19 Non- Recurring (£'000)	Recurring Growth (£'000)	High Cost Drugs & Devices (£'000)	Other Activity Adjustment (£'000)	Savings (£'000)	Other Adjustments (£'000)	2018/19 Plan (£'000)
Contract Income											
NHS Bristol, North Somerset and South Gloucestershire C	223,967	0	1,479	(1,480)	851	3,288	827	5,000	(3,288)	8,912	239,557
NHS England, Specialised	227,612	939	624	(1,927)	1,504	2,190	1,426	(96)	(2,310)	18,989	248,950
NHS England, Other	32,119	0	0	(538)	313	250	655	(348)	0	210	32,661
Other South West Commissioners	26,740	0	175	(317)	141	344	127	232	(90)	423	27,774
Welsh Commissioners	10,423	0	0	(36)	62	136	21	(39)	0	(812)	9,754
Other Commissioners	3,329	0	0	(19)	22	49	10	133	0	27	3,549
Provider Trusts	2,245	0	0	0	0	38	3	(1)	0	0	2,285
Local Authorities	8,598	(71)	0	0	0	4	0	0	0	0	8,531
Non-Contract Income Assumptions	34,340	0	(1,969)	0	0	42	(2)	97	5,688	(28,689)	(10,191)
Contract Income Total	569,372	868	308	(4,317)	2,892	6,341	3,067	4,979	0	(941)	562,870
Non-Contract Income											
Dental SIFT	8,465	0	0	0	0	0	0	0	0	(300)	8,165
Distinction Awards	3,041	0	0	0	0	0	0	0	0	0	3,041
MADEL	14,634	0	0	0	0	0	0	0	0	0	14,634
Medical SIFT	7,101	0	0	0	0	0	0	0	0	(400)	6,701
Non Medical Education & Training Levy	3,254	0	0	0	0	0	0	0	0	0	3,254
Research & Development	21,539	0	0	0	0	0	0	0	0	2,586	24,125
Other Non SLA Income	29,016	0	0	0	0	0	0	0	250	1,406	30,672
Non-Contract Income Total	87,051	0	0	0	0	0	0	0	250	3,292	90,593
Grand Total	656,423	868	308	(4,317)	2,892	6,341	3,067	4,979	250	2,351	653,463

2018/19 Income Plan by Type and Point of Delivery - Volume

	2017/18 Plan	Service Transfers	External Revenue Proposals	2017/18 Non- Recurring	2018/19 Non- Recurring	Recurring Growth	High Cost Drugs & Devices	Other Activity Adjustments	Savings	Other Adjustments	2018/19 Plan
Contract Income	965,875	1,124	0	(17,534)	3,551	18,269	0	33,213	0	0	1,004,500
Accident & Emergency	127,277	0	0	0	0	2,546	0	3,245	0	0	133,068
Bone Marrow Transplants	198	0	0	0	0	0	0	(30)	0	0	168
Critical Care Beddays	52,206	0	0	0	0	0	0	145	0	0	52,351
Day Cases	58,972	0	0	(771)	558	1,179	0	596	0	0	60,534
Elective Inpatients	14,228	0	0	(513)	392	285	0	303	0	0	14,695
Emergency Inpatients	41,404	0	0	0	0	828	0	3,801	0	0	46,033
Excess Beddays	17,296	0	0	0	0	346	0	34	0	0	17,676
Non-Elective Inpatients	13,815	0	0	0	0	276	0	(564)	0	0	13,527
Outpatients	640,480	1,124	0	(16,250)	2,601	12,810	0	25,683	0	0	666,448
Grand Total	965,875	1,124	0	(17,534)	3,551	18,269	0	33,213	0	0	1,004,500

2018/19 Income Plan by Type and Point of Delivery - Value

	2017/18 Plan (£'000)	Service Transfers (£'000)	External Revenue Proposals (£'000)	2017/18 Non- Recurring (£'000)	2018/19 Non- Recurring (£'000)	Recurring Growth (£'000)	High Cost Drugs & Devices (£'000)	Other Activity Adjustments (£'000)	Savings (£'000)	Sustainabil- ity Fund / Contract Penalties (£'000)	Other Adjustments (£'000)	2018/19 Plan (£'000)
Contract Income												
Accident & Emergency	17,800	0	0	0	0	356	0	484	0	0	0	18,640
Bone Marrow Transplants	8,289	0	0	0	0	0	0	(261)	0	0	0	8,028
Commissioner Assumed Savings	0	0	0	0	0	0	0	0	0	0	0	0
Contract Penalties	(987)	0	0	0	0	0	0	0	0	(6,385)	0	(7,372)
Contract Rewards	9,435	0	0	0	0	0	0	0	0	0	586	10,021
Critical Care Beddays	43,975	0	0	0	0	0	0	109	0	0	0	44,084
Day Cases	39,264	0	0	(884)	893	785	0	(237)	0	0	0	39,822
Elective Inpatients	56,470	0	0	(1,761)	1,680	1,129	0	422	0	0	0	57,941
Emergency Inpatients	87,698	0	0	0	0	1,754	0	5,880	0	0	0	95,331
Excess Beddays	5,410	0	0	0	0	108	0	9	0	0	0	5,527
Non-Elective Inpatients	33,202	0	0	0	0	664	0	(1,691)	0	0	0	32,175
Other	93,157	(71)	308	0	0	0	0	142	0	0	(1,527)	92,009
Outpatients	77,188	939	0	(1,673)	319	1,544	0	4,784	0	0	0	83,101
Pass Through Payments	85,158	0	0	0	0	0	3,067	(4,661)	0	0	0	83,564
Sustainability Fund	13,313	0	0	0	0	0	0	0	0	(13,313)	0	0
Contract Income Total	569,372	868	308	(4,317)	2,892	6,341	3,067	4,979	0	(19,698)	(941)	562,870
Non-Contract Income												
Other	87,051	0	0	0	0	0	0	0	250	0	3,292	90,593
Non-Contract Income Total	87,051	0	0	0	0	0	0	0	250	0	3,292	90,593
Grand Total	656,423	868	308	(4,317)	2,892	6,341	3,067	4,979	250	(19,698)	(2,351)	653,463

QUALITY REQUIREMENTS

A. Operational Standards

Ref	Operational Standards	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
	RTT waiting times for non-urgent consultant-led treatment					
<i>E.B.3</i>	<i>Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral*</i>	<i>Operating standard of 92% at specialty level (as reported on Unify)</i>	<i>Review of Service Quality Performance Reports</i>	<i>Where the number of Service Users waiting more than 18 weeks at the end of the month exceeds the tolerance permitted by the threshold, £300 in respect of each such Service User above that threshold</i>	<i>Monthly</i>	<i>Services to which 18 Weeks applies</i>
	Diagnostic test waiting times					
<i>E.B.4</i>	<i>Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test*</i>	<i>Operating standard of no more than 1%</i>	<i>Review of Service Quality Performance Reports</i>	<i>Where the number of Service Users waiting 6 weeks or more at the end of the month exceeds the tolerance permitted by the threshold, £200 in respect of each such Service User above that threshold</i>	<i>Monthly</i>	<i>A CS CR D</i>

Ref	Operational Standards	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
	A&E waits					
E.B.5	Percentage of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department*	Operating standard of 95%	Review of Service Quality Performance Reports	Where the number of Service Users in the month not admitted, transferred or discharged within 4 hours exceeds the tolerance permitted by the threshold, £120 in respect of each such Service User above that threshold. To the extent that the number of such Service Users exceeds 15% of A&E attendances in the relevant month, no further consequence will be applied in respect of the month	Monthly	A+E U
	Cancer waits - 2 week wait					
E.B.6	Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment*	Operating standard of 93%	Review of Service Quality Performance Reports	Where the number of Service Users who have waited more than two weeks during the Quarter exceeds the tolerance permitted by the threshold, £200 in respect of each such Service User above that threshold	Quarterly	A CR R
E.B.7	Percentage of Service Users referred urgently	Operating standard of	Review of Service Quality Performance Reports	Where the number of Service Users who have	Quarterly	A CR

Ref	Operational Standards	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
	with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment*	93%		waited more than two weeks during the Quarter exceeds the tolerance permitted by the threshold, £200 in respect of each such Service User above that threshold		R
	Cancer waits – 31 days					
E.B.8	Percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers*	Operating standard of 96%	Review of Service Quality Performance Reports	Where the number of Service Users who have waited more than 31 days during the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each such Service User above that threshold	Quarterly	A CR R
E.B.9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery*	Operating standard of 94%	Review of Service Quality Performance Reports	Where the number of Service Users who have waited more than 31 days during the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each such Service User above that threshold	Quarterly	A CR R
E.B.10	Percentage of Service Users waiting no more than 31 days for subsequent treatment	Operating standard of 98%	Review of Service Quality Performance Reports	Where the number of Service Users who have waited more than 31 days during the Quarter exceeds	Quarterly	A CR R

Ref	Operational Standards	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
	where that treatment is an anti-cancer drug regimen*			the tolerance permitted by the threshold, £1,000 in respect of each such Service User above that threshold		
E.B.11	Percentage of Service Users waiting no more than 31 days for subsequent treatment where the treatment is a course of radiotherapy*	Operating standard of 94%	Review of Service Quality Performance Reports	Where the number of Service Users who have waited more than 31 days during the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each such Service User above that threshold	Quarterly	A CR R
	Cancer waits – 62 days					
E.B.12	Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer*	Operating standard of 85%	Review of Service Quality Performance Reports	Where the number of Service Users who have waited more than 62 days during the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each such Service User above that threshold	Quarterly	A CR R
E.B.13	Percentage of Service Users waiting no more	Operating standard of	Review of Service Quality Performance Reports	Where the number of Service Users in the	Quarterly	A CR

Ref	Operational Standards	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
	than 62 days from referral from an NHS screening service to first definitive treatment for all cancers*	90%		Quarter who have waited more than 62 days during the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each such Service User above that threshold		R
	Ambulance Service Response Times					
	<i>(With effect from 1 April 2018) Category 1 (life-threatening) calls – percentage of calls resulting in a response arriving within 15 minutes **</i>	<i>Operating standard that 90th centile is no greater than 15 minutes</i>	<i>Review of Service Quality Performance Reports</i>	<i>Issue of a Contract Performance Notice and subsequent process in accordance with GC9</i>	<i>Quarterly</i>	<i>AM</i>
	<i>(With effect from 1 April 2018) Category 1 (life-threatening) calls – mean time taken for a response to arrive **</i>	<i>Mean is no greater than 7 minutes</i>	<i>Review of Service Quality Performance Reports</i>	<i>Issue of a Contract Performance Notice and subsequent process in accordance with GC9</i>	<i>Quarterly</i>	<i>AM</i>
	<i>(With effect from 1 April 2018) Category 2 (emergency) calls – percentage of calls resulting in an appropriate response arriving within 40 minutes **</i>	<i>Operating standard that 90th centile is no greater than 40 minutes</i>	<i>Review of Service Quality Performance Reports</i>	<i>Issue of a Contract Performance Notice and subsequent process in accordance with GC9</i>	<i>Quarterly</i>	<i>AM</i>

Ref	Operational Standards	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
	<i>(With effect from 1 April 2018) Category 2 (emergency) calls – mean time taken for an appropriate response to arrive **</i>	<i>Mean is no greater than 18 minutes</i>	<i>Review of Service Quality Performance Reports</i>	<i>Issue of a Contract Performance Notice and subsequent process in accordance with GC9</i>	<i>Quarterly</i>	<i>AM</i>
	<i>(With effect from 1 April 2018) Category 3 (urgent) calls – percentage of calls resulting in an appropriate response arriving within 120 minutes **</i>	<i>Operating standard that 90th centile is no greater than 120 minutes</i>	<i>Review of Service Quality Performance Reports</i>	<i>Issue of a Contract Performance Notice and subsequent process in accordance with GC9</i>	<i>Quarterly</i>	<i>AM</i>
	<i>(With effect from 1 April 2018) Category 4 (non-urgent “assess, treat, transport” calls only) – percentage of calls resulting in an appropriate response arriving within 180 minutes **</i>	<i>Operating standard that 90th centile is no greater than 180 minutes</i>	<i>Review of Service Quality Performance Reports</i>	<i>Issue of a Contract Performance Notice and subsequent process in accordance with GC9</i>	<i>Quarterly</i>	<i>AM</i>
	Mixed sex accommodation breaches					
E.B.S.1	Mixed sex accommodation breach*	>0	Review of Service Quality	£250 per day per Service User affected	Monthly	A CR

Ref	Operational Standards	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
			Performance Reports			MH
	Cancelled operations					
E.B.S.2	All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice*	Number of Service Users who are not offered another binding date within 28 days >0	Review of Service Quality Performance Reports	Non-payment of costs associated with cancellation and non-payment or reimbursement (as applicable) of re-scheduled episode of care	Monthly	A CR
	Mental health					
E.B.S.3	Care Programme Approach (CPA): The percentage of Service Users under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care*	Operating standard of 95%	Review of Service Quality Performance Reports	Where the number of Service Users in the Quarter not followed up within 7 days exceeds the tolerance permitted by the threshold, £200 in respect of each such Service User above that threshold	Quarterly	MH MHSS

In respect of those Operational Standards shown in **bold italics**, the provisions of SC36.37A apply.

* as further described in *Joint Technical Definitions for Performance and Activity 2017/18-2018/19*, available at: <https://www.england.nhs.uk/wp-content/uploads/2015/12/joint-technical-definitions-performance-activity.pdf>

** as further described in *Ambulance System Indicators*, available at <https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/20170926-Ambulance-System-Indicators.docx>

SCHEDULE 4 – QUALITY REQUIREMENTS

B. National Quality Requirements

	National Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
E.A.S.4	Zero tolerance methicillin-resistant <i>Staphylococcus aureus</i> *	>0	Review of Service Quality Performance Reports	£10,000 in respect of each incidence in the relevant month	Monthly	A
E.A.S.5	Minimise rates of Clostridium difficile*	[Insert baseline threshold identified for Provider: see Schedule 4F]	Review of Service Quality Performance Reports	As set out in Schedule 4F, in accordance with applicable Guidance	Annual	A
E.B.S.4	Zero tolerance RTT waits over 52 weeks for incomplete pathways*	>0	Review of Service Quality Performance Reports	£5,000 per Service User with an incomplete RTT pathway waiting over 52 weeks at the end of the relevant month	Monthly	Services to which 18 Weeks applies
E.B.S.7a	All handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 30 minutes*	>0	Review of Service Quality Performance Reports	£200 per Service User waiting over 30 minutes in the relevant month	Monthly	A+E
E.B.S.7b	All handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 60 minutes*	>0	Review of Service Quality Performance Reports	£1,000 per Service User waiting over 60 minutes (in total, not aggregated with E.B.S.7a consequence) in the relevant month	Monthly	A+E
E.B.S.8a	Following handover between ambulance and A & E, ambulance crew	>0	Review of Service Quality Performance Reports	£20 per event where > 30 minutes in the relevant month	Monthly	AM

	National Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
	<i>should be ready to accept new calls within 15 minutes and no longer than 30 minutes*</i>					
E.B.S.8b	<i>Following handover between ambulance and A&E, ambulance crew should be ready to accept new calls within 15 minutes and no longer than 60 minutes*</i>	>0	<i>Review of Service Quality Performance Reports</i>	<i>£100 per event where > 60 minutes (in total, not aggregated with E.B.S.8a consequence) in the relevant month</i>	<i>Monthly</i>	<i>AM</i>
E.B.S.5	<i>Trolley waits in A&E not longer than 12 hours*</i>	>0	<i>Review of Service Quality Performance Reports</i>	<i>£1,000 per incidence in the relevant month</i>	<i>Monthly</i>	<i>A+E</i>
E.B.S.6	No urgent operation should be cancelled for a second time*	>0	Review of Service Quality Performance Reports	£5,000 per incidence in the relevant month	Monthly	A CR
	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE, as defined in Contract Technical Guidance	95%	Review of Service Quality Performance Reports	Issue of Contract Performance Notice and subsequent process in accordance with GC9	Quarterly	A
	Duty of candour	Each failure to notify the Relevant Person of a suspected or actual Notifiable Safety Incident in accordance with Regulation 20 of the 2014 Regulations	Review of Service Quality Performance Reports	Recovery of the cost of the episode of care, or £10,000 if the cost of the episode of care is unknown or indeterminate	Monthly	All

	National Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	99%	Review of Service Quality Performance Reports	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect of each excess breach above that threshold	Monthly	A MH MHSS
	Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	95%	Review of Service Quality Performance Reports	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect of each excess breach above that threshold	Monthly	A&E
	Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Operating standard of 90%	Review of Service Quality Performance Reports	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect of each excess breach above that threshold	Monthly	MH MHSS
	Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance	Operating standard of 90%	Review of Service Quality Performance Reports	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect of each excess breach above that threshold	Monthly	MH MHSS
E.H.4	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis or ARMS (at risk mental	For the period 1 April 2017 to 31 March 2018, operating standard of 50%. From 1	Review of Service Quality Performance Reports	Issue of Contract Performance Notice and subsequent process in accordance with GC9	Quarterly	MH MHSS

	National Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
	state) who wait less than two weeks to start a NICE-recommended package of care*	April 2018, operating standard of 53%				
E.H.1	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who wait six weeks or less from referral to entering a course of IAPT treatment*	Operating standard of 75%	Review of Service Quality Performance Reports	Issue of Contract Performance Notice and subsequent process in accordance with GC9	Quarterly	MH MHSS
E.H.2	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who wait 18 weeks or less from referral to entering a course of IAPT treatment*	Operating standard of 95%	Review of Service Quality Performance Reports	Issue of Contract Performance Notice and subsequent process in accordance with GC9	Quarterly	MH MHSS
	Full implementation of an effective e-Prescribing system for chemotherapy across all relevant clinical teams within the Provider (other than those dealing with children, teenagers and young adults) across all tumour sites	Failure to achieve full implementation as described under Service Specification B15/S/a Cancer: Chemotherapy (Adult) by 31 March 2017	Review of Service Quality Performance Reports	5% of the Actual Monthly Value for the Services provided under Service Specification B15/S/a (Cancer: Chemotherapy (Adult) per month, until full implementation is achieved	Monthly	Where <u>both</u> Specialised Services <u>and</u> Cancer apply
	Full implementation of an effective e-Prescribing	Failure to achieve full	Review of Service Quality Performance Reports	5% of the Actual Monthly Value for the Services	Monthly	Where <u>both</u> Specialised

	National Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Application
	system for chemotherapy across all relevant clinical teams within the Provider dealing with children, teenagers and young adults across all tumour sites	implementation as described under Service Specification B15/S/b Cancer: Chemotherapy (Children, Teenagers and Young Adults) by 30 September 2017		provided under Service Specification B15/S/b Cancer: Chemotherapy (Children, Teenagers and Young Adults) per month, until full implementation is achieved		Services <u>and</u> Cancer apply

In respect of the National Quality Requirements shown in ***bold italics*** the provisions of SC36.37A apply.

* as further described in *Joint Technical Definitions for Performance and Activity 2017/18-2018/19*, available at: <https://www.england.nhs.uk/wp-content/uploads/2015/12/joint-technical-definitions-performance-activity.pdf>

Category	Basis
Day Cases, Elective and Non Elective Inpatients	Cost per case
Emergency Inpatients	Cost per case
Outpatients	Cost per case
Excess bed days	Cost per day
A&E attendances	Cost per attendance
Rehabilitation	Cost per day
PICU	Block
NICU / SCBU	Cost per day
Adult ITU	Cost per day
Cardiac HDU	Cost per day
Bone Marrow Transplants	Cost per case
Direct Access Pathology	Cost per test
Direct Access Radiology	Cost per scan
PbR Excluded Drugs and Devices	At Cost
PbR Excluded Procedures	Cost per case
Chemotherapy Delivery	Cost per case
Chemotherapy Drugs	At Cost
Services where activity not available (eg. community services, family planning)	Block

Division / Service		Approved Budget 2017/18	Proposed Budget 2018/19
		£'000	£'000
Diagnostic and Therapies		50,534	50,252
Medicine		73,190	78,351
Specialised Services		107,549	110,140
Surgery		103,449	107,054
Women and Children's		118,448	122,173
Estates and Facilities		35,457	35,902
Trust Services	- Finance	7,680	7,662
	- Human Resources	4,846	4,806
	- IM&T	7,487	7,422
	- Trust HQ	6,816	7,577
	- Trading Services	(279)	(281)
Corporate Services	- Retained Community	44	44
	- Miscellaneous Support Services	10,718	15,444
	- Research and Innovation	17,526	17,347
	- Capital Charges (Depreciation/PDC Dividend)	32,011	31,933
	Sub Totals	575,476	595,826
Add back Income within Divisions		32,891	30,270
Funding in reserves for future issue		36,391	35,233
Surplus / (Deficit) before technical items		12,957	(8,268)
Totals before technical items		657,715	653,061
Technical Items		2,875	890
Planned surplus / (deficit) on technical items		(2,875)	(488)
	Total	657,715	653,463

Appendix 11

Reconciliation of Revenue Budgets 2017/18 to 2018/19

Reconciliation of Revenue Budgets 2017/18 to 2018/19	Diagnostic & Therapies	Medicine	Specialised Services	Surgery	Women's & Children's	Estates & Facilities	Trust Services	Corporate Services	Totals
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Initial 2017/18 Budget per Resources Book	50,534	73,190	107,549	103,449	118,448	35,457	26,550	60,299	575,476
Inflation	397	806	825	1,074	1,426	776	412	1,161	6,877
Service Level Agreement Funding Changes	199	3,585	192	12	880	165	38	(179)	4,892
Divisional Support	252	2,449	1,974	4,538	3,787	-	-	-	13,000
Change in training levy funding	24	(78)	(34)	87	(13)	-	51	259	296
Clinical Excellence Awards	-	38	59	165	73	-	-	(164)	171
Other Developments	-	139	-	-	-	26	76	289	530
Inter Divisional Transfers	(398)	(499)	803	(472)	(162)	(51)	502	277	-
Month 9 Recurring Budget	51,008	79,630	111,368	108,853	124,439	36,373	27,629	61,942	601,242
2018/19 Adjustments									
Drugs Inflation (2.1%)	21	60	64	66	80		2	-	293
Non Pay inflation (3.0%)	293	101	327	513	439	289	226	19	2,207
Capital Charges Inflation								530	530
CNST / LTPS / PES								2,913	2,913
Savings Programme	(1,070)	(1,440)	(1,619)	(2,378)	(2,785)	(760)	(671)	(636)	(11,359)
DIVISIONAL REVENUE BUDGETS 2018/19	50,252	78,351	110,140	107,054	122,173	35,902	27,186	64,768	595,826

Add back income within Divisions	30,270
Funding in reserves for future issue	35,233
Planned surplus / (deficit)	(8,268)
TRUST REVENUE BUDGETS 2018/19 before technical items	653,061
Technical items	890
Planned deficit on technical items	(488)
TRUST REVENUE BUDGETS 2018/19 after technical items	653,463

Appendix 11
Reconciliation of Revenue Budgets 2017/18 to 2018/19

Analysis of Trust Services	Trust Services						Corporate Services					
	Finance	Human Resources	IM&T	Trust HQ	Trading Services	Totals	Retained Community	Misc Support Services	Capital Charges	R & I	Totals	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Initial 2017/18 Budget per Resources Book	7,680	4,846	7,487	6,816	-	279	26,550	44	10,718	32,011	17,526	60,299
Inflation	142	95	68	107	-	-	412	-	1,161	-	-	1,161
Service Level Agreement Funding Changes	-	-	-	38	-	-	38	-	-	-	(179)	(179)
Divisional Support	-	-	-	-	-	-	-	-	-	-	-	-
Change in training levy funding	-	22	-	73	-	-	51	-	259	-	-	259
Clinical Excellence Awards	-	-	-	-	-	-	-	-	(164)	-	-	(164)
Other Developments	-	125	(271)	222	-	-	76	-	32	257	-	289
Inter Divisional Transfers	23	(185)	184	481	(1)	-	502	-	506	(229)	-	277
Month 9 Recurring Budget	7,845	4,859	7,468	7,737	(280)	-	27,629	44	12,512	32,039	17,347	61,942
2018/19 Adjustments												
Drugs Inflation (2.1%)		2					2					-
Non Pay inflation (3.0%)	3	61	140	23	(1)		226		19			19
Capital Charges Inflation							-			530		530
CNST / LTPS / PES							-		2,913			2,913
Savings Programme	(186)	(116)	(186)	(183)			(671)			(636)		(636)
DIVISIONAL REVENUE BUDGETS 2018/19	7,662	4,806	7,422	7,577	(281)	-	27,186	44	15,444	31,933	17,347	64,768

Appendix 12

Subjective Analysis of Income and Expenditure 2018/19

Income / Expenditure Heading		Diagnostics and Therapies	Medicine	Specialised Services	Surgery, Head and Neck	Women's and Children's	Estates and Facilities	Trust Services	Corporate Services	Totals
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Income	Income From Activities Divisions	(460)	(10)	(810)	1	(282)	57	-	(901)	(2,405)
	Income From Operations Divisions	(5,094)	(2,267)	(2,476)	(4,017)	(3,549)	(3,359)	(5,659)	(192)	(26,613)
	Total Income	(5,554)	(2,277)	(3,286)	(4,016)	(3,831)	(3,302)	(5,659)	(1,093)	(29,018)
Expenditure										
Pay	Execs and Senior Managers	739	683	529	984	1,152	679	8,690	837	14,293
	Medical Staff Consultants	4,748	9,508	12,399	16,559	23,175	-	594	356	67,339
	Medical staff Others	1,020	8,003	5,794	11,718	14,305	-	106	506	41,452
	Dental Medical Staff	-	-	-	6,860	-	-	15	-	6,875
	Nurses and Midwives	1,005	28,316	19,332	26,171	44,787	-	2,656	522	122,789
	Other Clinical Staff	32,013	880	5,636	8,875	6,635	-	305	1,724	56,068
	Admin and Clerical and Estates	2,528	4,539	3,800	7,027	5,107	4,304	12,485	1,134	40,924
	Healthcare Assistants	267	313	209	2,199	307	15,784	74	-	19,153
	Pay Reserves	-	-	-	39	-	109	130	339	617
	Savings	(1,158)	(691)	-	-	(118)	(3)	(11)	-	(1,981)
Pay Total	41,162	51,551	47,699	80,432	95,350	20,873	25,044	5,418	367,529	
Non Pay	Drugs	4,438	19,662	30,405	11,589	9,817	-	72	-	75,983
	Blood and Blood Products	(337)	446	9,936	674	1,900	-	5	-	12,624
	Clinical Supplies and Services	9,290	4,560	19,490	14,824	11,095	180	26	2	59,467
	General Supplies and Services	141	573	446	928	601	5,121	147	1	7,958
	Establishment Expenses	308	315	477	576	783	812	1,599	23	4,893
	Premises and Fixed Plant	571	284	340	289	702	16,312	4,897	167	23,562
	Services from Other Bodies	5,813	2,766	3,351	364	2,885	-	1,012	267	16,458
	Other expenditure	(3,990)	2,284	2,510	4,017	5,596	(2,962)	(1,605)	25,108	30,959
	Savings	(834)	(534)	-	(824)	(459)	(661)	(991)	10	(4,293)
	Total Non Pay	15,400	30,356	66,955	32,437	32,920	18,802	5,162	25,578	227,611
Total Expenditure	56,562	81,907	114,654	112,869	128,270	39,675	30,206	30,996	595,140	
Net Expenditure	51,008	79,630	111,368	108,853	124,439	36,373	24,547	29,903	566,122	
Depreciation and Amortisation	-	-	-	-	-	-	-	22,792	22,792	
PDC Dividend	-	-	-	-	-	-	-	9,247	9,247	
Other financing costs	-	-	-	-	-	-	3,082	-	3,082	
Net Budget	51,008	79,630	111,368	108,853	124,439	36,373	27,629	61,942	601,243	

Note - Roundings on some headings will result in minor differences between totals shown on this page and those given on Appendices 10 and 11.

Plans Risk assessed values	Balance to Full Year Effect	2018/19 New Schemes	Total Savings 2018/19
	£'000	£'000	£'000
Allied Healthcare Professionals Productivity		779	779
Capital Charges		636	636
Diagnostic Testing		156	156
Estates & Facilities	174	538	712
Healthcare Scientists Productivity	12	126	138
HR Pay and Productivity	30	60	90
Income, Fines and External	343	1,526	1,869
Medical Pay	98	490	588
Medicines	147	605	752
Non Pay	1,462	2,853	4,315
Nursing Pay	65	996	1,061
Other clinical staff	26		26
Other / Corporate		3,936	3,936
Productivity	208	1,649	1,857
Trust Services	4	624	628
Total Identified	2,569	14,974	17,543
Unidentified		5,140	5,140
Total	2,569	20,114	22,683

Type	Subjective Detail	Balance to Full Year Effect 2017/18	New Schemes Current Year Effect 2018/19	Total Savings 2018/19	Total Savings 2018/19
		£'000	£'000	£'000	WTE
Pay	Admin & Senior Managers	34	291	325	5.84
	Consultants	98	453	551	
	Estates Staff	0	35	35	0.90
	Other Medical	0	38	38	(0.80)
	Nursing & Midwifery	65	1,018	1,083	1.80
	Other Clinical	179	198	377	4.59
	Scientific & Technical AHP	12	875	887	
			30	30	
Non Pay	Clinical Supplies & Services	712	2,526	3,238	
	Drugs	147	605	752	
	General Supplies	69	25	94	
	Other expenditure	593	762	1,355	
	Premises & Fixed Plant	183	403	586	
	Establishment Expenses	-	33	33	
Income	Other income	104	313	417	
	Private Patient Income	45	30	75	
Productivity		328	2,815	3,143	
Financing Costs	Capital Charges	-	636	636	
Corporate Savings		-	3,888	3,888	
Unidentified		-		5,140	
Totals		2,569	14,974	22,683	12.33

Demand

Funded Establishment 2017/18 FOT wte	Service Development wte	Savings Programme wte	Activity / Capacity Changes wte	Funded Establishme Mar-19 wte	Change wte	Change wte
1,287	0	(0)	8	1,295	8	8
1,410	4	0	21	1,434	24	21
3,304	7	(2)	13	3,322	18	11
858	3	(5)	0	856	(2)	(5)
1,780	19	(1)	6	1,802	23	4
8,639	33	(9)	47	8,710	71	38

Supply

March 2018 Forecast			Mar-18 Forecast Total Staffing wte	Changes March 2018 to March 2019			2018/19 Total Changes wte	March 2019 Planned			Mar-19 Planned Total Staffing wte	Mar-19 Planned Total Staffing wte
Employed wte	Bank wte	Agency wte		Employed wte	Bank wte	Agency wte		Employed wte	Bank wte	Agency wte		
1,272	0	6	1,277	21	0	(3)	18	1,293	0	3	1,295	1,298
1,363	14	9	1,385	52	(4)	1	49	1,415	9	10	1,434	1,454
3,037	269	65	3,371	22	(49)	(22)	(49)	3,059	220	43	3,322	3,585
763	52	5	820	34	1	0	35	797	53	5	856	914
1,666	107	14	1,787	54	(32)	(6)	15	1,720	75	8	1,802	1,885
8,101	442	98	8,641	183	(84)	(29)	69	8,283	357	69	8,710	9,136

Category (workforce plan)	Division	Scheme Name	WTE
Activity / Capacity Changes	Diagnostics & Therapies	3T MRI scanner - ongoing growth (Radiology)	4.6
		Full reporting of inpatient film imaging (Radiology)	0.2
		Ongoing growth in key modalities - CT and plain film (Radiology)	1.0
		Radiology safe staffing (plain film) and fluoroscopy rota	4.3
		Additional staff to support BHOC growth (Pharmacy PSU)	4.0
		Staffing for legacy MRI Scanner SBCH (Radiology)	3.7
		Respiratory supporting Medicine (Therapies)	0.6
	Medicine	ED Consultants	2.0
		SHO (overnight - Weston)	1.8
		Respiratory PAs (investment proposal re 18/19 SLA)	0.3
		Sexual Health project manager	-1.0
	Specialised Services	Arrhythmia Outreach and ACS Nurse Practitioner Hybrid Role	1.0
		Clinical and Administration support to the Clinical Nurse Specialist and Nurse Practitioner team	1.0
		Genetic admin	0.5
		Genetics Clinic Assistant /admin	1.2
		Genetics Counsellor	1.2
		Genetics Consultant	1.0
		Onc activity Admin booker	0.1
		Onc activity Chemo day unit	2.4
		Onc activity Chemo day unit booker	0.7
Onc activity outpatients		2.6	
Onc activity receptionist and med secs		0.8	
Onc activity TYA admin		0.4	
Oncology Activity		3.7	
Outpatient Nursing	2.0		
Physiology	1.0		
Surgery	Endoscopy growth	1.0	
Women's & Childrens	Paediatric Trauma and Orthopaedics	5.4	
Activity / Capacity Changes Total			47.5
Cost Improvement Programme (CIP)	Estates & Facilities	BCH Cleaning	-0.8
		BHOC Catering	-1.3
		IM&T Cleaning	-0.3
		Review Cleaning Team Leaders	-0.3
		St Michaels Catering skill mix	-1.0
		THQ & Estates Cleaning	-0.4
		BCH Cleaning KD	-0.5
		Estates Retirement - Decontamination	-0.9
	IM&T	Review Medical Records	-1.0
	Medicine	Job Planning	-0.2
		Other Nursing CIP	-1.2
Surgery	Invest to Save	1.0	
Trust Headquarters	Review Chaplaincy	-0.1	
	Review Governance & Audit	-0.5	
Workforce & OD	Review Essential Training	-0.2	
	Review Teaching and Learning	-0.8	
	Review of Safety Dept	-0.6	
Cost Improvement Programme (CIP) Total			-9.1
External Funded Developments (EOIs)	Diagnostics & Therapies	Blueteq - high cost drugs system (Pharmacy)	1.0
		Surgery	ENT advice and guidance
		Endoscopy POA	0.7
External Funded Developments (EOIs) Total			1.8

Internal Cost Pressures (ICPs)	Diagnostics & Therapies	D&T Recruitment manager (HR)	0.5
		Head of Professions (AHP/ HCSTs)	0.4
		Homecare Team (Pharmacy)	1.5
	Specialised Services	Nurse Recruitment Lead	0.4
	Trust Headquarters	Freedom to Speak Up Guardian	0.4
		Implementation of GDPR RTT Validators	1.0 4.0
Workforce & OD	Allocate System Upgrade	2.0	
	Medical HR Restructure	5.0	
Women's & Childrens	Community Midwifery Admin support	1.6	
	Paediatric Diabetes MDT	2.0	
	Assistant HR Business Partner	1.0	
Internal Cost Pressures (ICPs) Total			19.8
Other (Internal transfers, R&D, Transformation,	Estates & Facilities	Ward A518 Cleaning	3.4
		IM&T	EDM transfer (BEH) EDM transfer (BDH)
	Specialised Services	CICU	5.0
		TYA (Teenage & Young Adult) Clinical Nurse Specialist and Medical support	1.0
	Surgery	Tfer Medical Records staff	-19.0
	Trust Headquarters	OutPatient Review	2.0
Other (Internal transfers, R&D, Transformation, CQUINs etc) Total			11.4
Grand Total			71.3

MEDIUM TERM CAPITAL PROGRAMME		5 YEAR FINANCIAL STRATEGY							
SOURCES	2017/18 FOT @ M10	2017/18 Slippage	2018/19	2018/19 Total	2019/20	2020/21	2021/22	2022/23	Total
Subjective Heading	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Public Dividend Capital	5,785	-	1,600	1,600	1,600	-	-	-	8,985
Borrowing	-	-	3,189	3,189	7,972	7,839	-	-	19,000
Donations	572	402	-	402	-	-	-	-	974
Disposals	-	-	-	-	-	-	-	-	0
Grants & Contributions	-	-	-	-	-	-	-	-	0
Depreciation (Q3 FOT 1718 - Nov CC 1819 onwards)	22,236	-	24,338	24,338	24,584	23,881	24,405	25,487	144,931
Cash:									
I&E Surplus	11,259	-	(7,601)	(7,601)	11,763	11,763	11,763	11,763	50,710
Loan Repayment	(5,834)	-	(5,834)	(5,834)	(6,594)	(6,594)	(6,594)	(6,594)	(38,044)
Contribution from balances (Risk Rating 2)	(7,262)	23,680	(4,873)	18,807	17,199	6,057	(1,376)	(1,972)	31,453
Subtotal - Cash	(1,837)	23,680	(18,308)	5,372	22,368	11,226	3,793	3,197	44,119
Total Source of funds	26,756	24,082	10,819	34,901	56,525	42,946	28,198	28,684	218,009
APPLICATIONS	2017/18 FOT @ M10	2017/18 Slippage	2018/19 Allocation	2018/19 Total	2019/20	2020/21	2021/22	2022/23	Total
Subjective Heading	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Strategic Capital - Contingency	-	1,000	2,000	3,000	2,000	2,000	2,000	2,000	11,000
Strategic Capital - Pre Commitment	1,537	30	-	30	-	-	-	-	1,567
Strategic Capital - Feasibility Fees	188	(38)	-	(38)	-	-	-	-	150
Strategic Capital - Uncommitted Phase 5 Allocation	0	12,379	3,535	15,914	23,760	17,775	18,602	8,425	84,476
Strategic Capital - Eugene St	379	30	-	30	-	-	-	-	409
Strategic Capital - MSCP	-	-	3,189	3,189	7,972	7,972	-	-	19,133
Medical School	-	1,000	-	1,000	-	-	-	-	1,000
Strategic Capital Slippage	-	-	-	-	14,140	11,000	12,098	20,190	57,428
Strategic Capital Slippage c/f	-	-	(14,140)	(14,140)	(11,000)	(12,098)	(20,190)	(17,619)	(75,047)
Strategic Capital - total	2,104	14,401	(5,416)	8,985	36,872	26,649	12,510	12,996	100,116
Linacc	2,828	1,894	2,100	3,994	-	-	-	-	6,822
High value replacements	-	-	2,000	2,000	4,750	1,950	1,950	1,950	12,600
Major medical prioritisation funds	4,592	3,330	2,500	5,830	2,500	2,718	2,718	2,718	21,076
Donated assets	687	-	-	0	-	-	-	-	687
Contingency	-	-	500	500	500	500	500	500	2,500
Medical Equipment	8,107	5,224	7,100	12,324	7,750	5,168	5,168	5,168	43,685

APPLICATIONS	2017/18 FOT @ M10	2017/18 Slippage	2018/19 Allocation	2018/19 Total	2019/20	2020/21	2021/22	2022/23	Total
GDE	3,800	-	1,600	1,600	1,600	-	-	-	7,000
CSIP programme & other	270	39	-	39	-	-	-	-	309
IM&T strategy	4,366	731	2,000	2,731	2,000	2,000	2,000	2,000	15,097
PC replacement	500	-	500	500	500	500	500	500	3,000
Information Technology	8,936	770	4,100	4,870	4,100	2,500	2,500	2,500	25,406
Works replacement	1,913	447	2,125	2,572	2,125	2,125	2,125	2,125	12,985
Vehicle replacement	63	-	75	75	75	75	75	75	438
Health and safety	-	-	50	50	50	50	50	50	250
Fire precautions	176	(8)	150	142	150	150	150	150	918
Compliance lease obligations <i>(1718 budget transferred to estates op capital)</i>			50	50	50	50	50	50	250
Estates Replacement	2,152	439	2,450	2,889	2,450	2,450	2,450	2,450	14,841
Op Capital prioritisation funds	2,892	4,165	3,500	7,665	3,500	3,620	3,620	3,620	24,917
Divisional capital	909	727	1,000	1,727	1,000	1,000	1,000	1,000	6,636
Dental capital	621	(6)	450	444	450	450	450	450	2,865
Contingency	167	(7)	500	493	500	500	500	500	2,660
Donated assets	48	-	-	-	-	-	-	-	48
CSSD programme	820	-	-	-	-	-	-	-	820
Spend to save	-	500	-	500	-	-	-	-	500
Operational Capital	5,457	5,379	5,450	10,829	5,450	5,570	5,570	5,570	38,446
Total	26,756	26,213	13,684	39,897	56,622	42,337	28,198	28,684	222,494
In-year Slippage 2017/18 (to £29.0m)				0					0
In year slippage @15%		(2,131)	0	(2,131)	(2,963)	(2,353)	(2,353)	(2,353)	(12,153)
Brought Forward Slippage (original per MTCP) (15% excl Strategic Capital from 2018/19 onwards)		-	(2,865)	(2,865)	2,865	2,963	2,353	2,353	7,669
Total Application of funds	26,756	24,082	10,819	34,901	56,525	42,946	28,198	28,684	218,009

Appendix 16 - Budget Management

Management Responsibility

The Chief Executive has overall responsibility for budgetary control and takes account of the advice of the Director of Finance. He is required to take such action as he considers appropriate to achieve the objectives specified under "Financial Duties".

Responsibility for managing budgets on a day-to-day basis rests with each budget holder. This is an individual responsibility of each budget manager and an overall responsibility of each Clinical Chair / Divisional Director. It is the responsibility of budget managers to contain spending within the set limits and to ensure that due economy is exercised in the use of resources.

Budgetary Control

Section 2 of the approved Standing Financial Instructions details the formal arrangements that exist for the preparation of budgets, delegation of responsibilities, and monitoring of performance against approved budgets. Further copies of the Standing Financial Instructions are available from the Director of Finance and updates are issued via the Divisional Directors and the Trust Intranet. The Trust Scheme of Delegation is shown in Appendix 20.

Director of Finance

The Director of Finance has responsibility for advising the Chief Executive, the Board and the Finance Committee, during the course of the year, on the progress of income and expenditure against plan and of the financial effect on the Trust of internal and external changes in policy, pay settlements and other events and trends.

The Director of Finance prepares each month for distribution to budget managers a statement comparing income and expenditure to the appropriate proportionate part of the approved budget. A summary of these statements, a report on the major variances identified from the report and schedules showing the position on Income from Service Agreements are presented to the Finance Committee and Trust Board monthly. Schedules showing balances on the Statement of Position, Debtors, Creditors, Cashflow and Capital are also presented monthly to the Finance Committee and Trust Board.

Financial Managers

Each Division has a Financial Manager who is a senior finance staff member. They have a responsibility to provide financial management advice to Divisions covering both income and expenditure variances. This includes establishing principles for the compilation of annual budgets, cost and price data for contracting, regularly advising on budgetary performance and service agreements, ensuring the proper appraisal of all proposals for service change and encouraging the search for efficiencies, savings and income generation initiatives.

Guidance for Managers and Budget Holders

Guidance is available to managers and budget holders with regard to budget setting and budgetary control (including interpreting monthly financial statements). These guides are available on Finweb, the Finance department's intranet site for non-finance staff.

Training for Budget Holders and Managers

The Finance Department runs monthly financial training sessions for non-financial managers to provide the core information and skills required for budget management. .

Material is available on FinWeb to support the training and in exception it can be worked through independently of attending a training session to assist in achieving 100% of budget managers being trained.

A programme of intermediate and advanced training sessions is to begin later in 2015 as part of the business skills training being developed within the Trust's leadership and development programme.

Please contact the Finance Department for further details.

FinWeb

FinWeb is available on the intranet to provide non-finance staff with one place to obtain a wide range of financial information and support. It aims to be a reference point for processes and procedures and a training tool to improve manager's confidence in understanding financial issues.

Appendix 17 – Financial Controls

Guide for Budget Managers – Controlling and Managing Budgets

Introduction

The Trust Board has delegated the responsibility for managing budgets, through the Chief Executive, to designated budget managers. The Trust's Standing Financial Instructions and Scheme of Delegation include information on the requirements for all managers to follow.

Budget Holder Responsibilities

The main responsibility as a budget holder is to ensure that the agreed workload (activity) and quality of the service you provide are managed within the authorised delegated budget. All budget managers are also responsible for ensuring that:

- They check and validate all monthly budget statements for which they have delegated responsibility.
- They understand their financial responsibilities and maintain their competence by undergoing the required training to understand the financial information presented to them to fulfil these responsibilities.
- Their delegated budget is only used for the purpose for which it was provided.
- All expenditure is approved and authorised in advance of commitment in line with financial processes and procedures issued by the Director of Finance.

Further Guidance and Training

Regular budget training is provided by Management Accounts and Divisional Finance Managers. Contact Helen Mountford, Head of Management Accounts Tel: 0117 342 3668, for assistance. Online guides are currently available on the intranet.

'FinWeb' is the Finance Department's information and training resource on the Trust intranet. Its aim is to provide a single source of information and support on all things financial to staff working outside of the finance department. It provides specific information and support to budget managers as well as an understanding about how finance works, who does what, who to contact, what processes to follow and other useful information.

Pay Expenditure Controls Guidance

Introduction:

Pay expenditure occurs when employing somebody to undertake work on behalf of the Trust.

Pay expenditure can be categorised as:

- payment of substantive staff through the payroll system,
- payment of bank staff through the payroll system,
- payment of temporary staff via agency invoices,
- payment of staff provided by other organisations via their invoice,
- payment of self-employed individuals via invoice,
- payment of limited companies or personal services via invoice.

Requirements for Budget Managers

- All staff must ensure that they comply with the Trust's Standing Financial Instructions and Scheme of Delegation when employing staff. In particular section 7.3.2 states:

All Trust officers responsible for the engagement, re-engagement and regrading of employees, either on a permanent or temporary contract, or for hiring agency staff or contractors, or agreeing to changes in any aspect of remuneration must comply with the scheme of delegation and act in accordance with the processes designated by the Director of Workforce and Organisational Development. In particular such actions must be within the limit of their approved budget and funded establishment.

Substantive staff paid via the payroll system

All staff are paid in accordance with either the Agenda for Change terms and conditions or the Medical and Dental Contract, unless local terms and conditions are in place. Payment is only made by payroll after receipt of the appropriate, properly authorised form. Further information is available on the payroll and pensions menu option on FinWeb and on HRWeb.

The electronic e-form system allows managers to recruit, employ, change the conditions of staff and terminate their employment. All of these actions have an implication for pay expenditure therefore it is crucial that the forms are completed accurately and in time to effect the action required. In particular to ensure:

- new starters are paid immediately and correctly. This avoids the use of pay advances which are costly to administer and having to make future corrections that are detrimental to the employee. It ensures that the correct budget is charged within the correct timescale,
- all agreed changes to a person's pay and conditions, such as change in grade, hours, allowances or maternity leave start/return are notified to payroll to avoid overpayment which is an inappropriate use of Trust resources and costly to recover and to ensure that the correct costs are charged to the relevant budget,
- staff who terminate their employment stop being paid. Salary overpayments occur every month and cause the Trust considerable time and money to recover. When this is not possible, the debt has to be written off, wasting Trust valuable resources.

Additional payments to a person's basic contract are paid via timesheets or specific forms that must be properly controlled and authorised.

Requirements for Budget Managers

- Process all starter, leaver and change of conditions e-forms promptly and accurately,
- Ensure all payments over and above basic contracted salary are due, properly authorised and sent to payroll on time and in the appropriate form.

Bank Staff

The Trust operates an internal bank enabling nurses and other staff to undertake additional shifts to provide cover for vacancies or sickness. The Temporary Staffing Bureau (TSB) manage the process, identifying available staff and matching them to a shift requested. Once the shift has been worked the staff member either has a paper timesheet signed by an appropriate member of supervising staff on the ward or Rosterpro is used to authorise the shift has been worked. TSB matches the signed timesheet/authorisation to the approved shift on the roster which then verifies that a payment can be made to the individual.

Requirements for Budget Managers

- control the use of bank to ensure it is only used when necessary,
- clearly define the responsibility for authorising timesheets/Rosterpro for payment to ensure that the shift has been completed by the named individual,
- ensure that any staff given the authority to book shifts or authorise payments comply with the process controls and do not commit resource without budget manager agreement.

Agency Staff

The TSB is responsible for the filling of Nursing & Midwifery shifts with agency staff, this should only occur where they are unable to obtain appropriate staff through the bank and must be authorised by a Matron. The booking and authorisation process, as for bank staff requires the manager to inform TSB that there is a shift to be filled and sign off a timesheet for the member of staff at the end of the process. The agency will then send invoices to TSB with the signed timesheet, which they match to the booked shifts before authorising for payment.

The TSB are also responsible for booking and payment authorisation for medical agency staff. The process is as for nursing and midwifery with the lead doctor or manager for a service informing TSB of the need to fill vacant shifts, TSB will then book agency cover and verify payment based on signed timesheets.

Other agency staff are booked locally and payment authorised by the manager with delegated authority for the cost centre budget that the payment is to be made from.

Requirements for Budget Managers

- only use agency staff where there is no alternative, to avoid the premium costs associated,
- properly authorise all agency use in advance,
- follow procurement rules, only using agencies covered by framework agreements where possible,
- clearly define the responsibility for authorising timesheets to verify the work has been done,
- check invoices against timesheets to verify payment is due before authorising.

Invoices from organisations

Staff employed by UH Bristol but paid via the payroll of other organisations, such as the University of Bristol or other NHS Organisations will invoice for the cost of this work. The Trust is able to pay these invoices without running Her Majesty's Revenue and Customs (HMRC) checks as the Trust can take assurance that the correct deductions are being made for tax and national insurance by the employing organisation.

Key controls should be in place, namely an agreement covering:

- the time period the work will cover, including review periods,
- the number of hours to be worked and when and over what time period,
- the basis of charging e.g. per session, per hour,

- the rate of charge e.g. hourly rate, actual basic salary or including allowances such as clinical excellence awards, bandings etc.,
- payments due/cover provided if the member of staff is off sick or on annual leave.

Invoices should be marked for the attention of the manager of the service with a billing address of:

*University Hospitals Bristol NHS Foundation Trust, Finance Department,
PO Box 3214, Trust Headquarters, Marlborough Street, Bristol, BS1 9JR.*

Invoices received will be sent out electronically for authorisation, which must be done promptly. They must be authorised and coded or notification must be given as to why it can't be authorised and paid. This will either be due to a dispute because the invoice should never have been raised or a query because the invoice is not for the amount/service received. All disputes will be dealt with by accounts payable, managers are responsible for raising queries with suppliers and liaising with the accounts payable team regarding credit notes or payment. Authorisation should only be made once it has been checked that the invoice is for work that has been done at the agreed price.

Note that invoicing arrangements can be quarterly in arrears, so to ensure that the Trust is accounting for the expenditure due, an accrual must be made. It is important that managers ensure their management accountant is aware of any such invoicing arrangements so that it can be accounted for properly.

Requirements for Budget Managers

- establish clear agreements for work and remuneration,
- provide the organisation with the billing address and ensure authorising manager is within the invoice details,
- check and authorise, dispute or query invoices within 3 days of receipt, code and complete on the Invoice Authorisation System,
- discuss and resolve queries promptly with the other organisation,
- inform accounts payable of the outcome to allow payment or to request credit notes,
- ensure accruals are included in the monthly budget statements.

Payments of individuals via invoice:

In order to comply with HMRC and Department of Health requirements, all payments for services provided by individuals who are self-employed or who operate through a limited company or personal services, must be paid via the payroll unless the Trust can satisfy HMRC requirements to ensure that they are

self-employed and that national insurance contributions and income tax are being properly paid.

Before agreeing to contract with an individual to undertake work to be paid on invoice, the procedure called 'paying individuals' via invoice must be complied with. Invoices will not be passed for payment unless this has happened.

Trust staff engaging the services of individuals in this way must ensure that they comply with HR employment checks and ensure that there is an agreement on the work to be done, hours to be worked and payment to be made. Invoices received must follow the same billing and authorisation process as described above.

As well as complying with HMRC requirements, these arrangements must also comply with HM Treasury reporting and agency caps.

Requirements for Budget Managers

- comply with the Trust's Standing Financial instructions and 'paying individuals' process in engaging the person to undertake the work,
- establish clear agreements for work and remuneration,
- provide the individual with the billing address and ensure authorising manager is within the invoice details,
- check and authorise, dispute or query invoices within 3 days of receipt, code and return to accounts payable,
- discuss and resolve queries promptly with the individual,
- ensure accruals are included in the monthly budget statements,
- ensure compliance with HM Treasury reporting policy,
- ensure compliance with the agency cap requirement.

Pay Expenditure Review

With 60% of the Trust's costs being on incurred on salaries an important control measure for budget managers is to review costs assigned to their budgets on a regular basis.

Requirements for Budget Managers

- All budget managers responsible for a delegated pay budget must ensure that payments are only made when they are legitimate. This can be achieved by ensuring all of the processes above are adhered to and by carefully checking the transactions each month on their pay reports produced on ProFin. It is a mandatory requirement to do so.

- Budget managers must review their monthly budget statements carefully to check that:
 - all staff listed are currently working in their department,
 - the contracted wte is correct,
 - any additional payments are properly due.

These checks will identify any overpayments quickly allowing action to be taken to stop further payments and for the amount to be recovered.

- Resolve any payments for an individual that is no longer working in a budget manager's area immediately, by either identifying that there should be no further payments or that the responsibility for these costs has moved to another manager's responsibility.

Non Pay Expenditure Controls Guidance

Managing non-pay budgets

Budget managers are responsible for understanding and controlling their non-pay budgets. The purchase of goods and services must conform to the procedures set out in the Standing Financial Instructions (in particular Sections 8 and 13) and Scheme of Delegation. Thus:

- Only authorised staff may requisition, authorise and receipt goods and services, Staff must observe the requirement for the separation of duties such that they may requisition / receipt or authorise / vet a transaction but cannot do both. (Further guidance on how to complete these processes is available from Divisional Finance Managers and from FinWeb,
- No purchase requisition may be split to circumvent spending limits,
- Managers must keep track of commitments made and ensure non pay costs are contained within the approved budget,
- Stock levels should be kept to a practical minimum; this reduces waste and helps with cash flow.

Purchase Ordering through EROS

The Trust's **E**lectronic **R**equisitioning and **O**rdering **S**ystem (EROS) should be used when making a requisition for goods and services. There are separate arrangements for Pharmacy and Estates Services. There are controls that exist within EROS regarding the ability to place and approve an order. Staff

responsible for placing orders on EROS must ensure that they comply with the processes and controls set out within the Trust's Standing Financial Instructions and supporting procedures (available on FinWeb).

When an order is placed it creates a contractual commitment for the Trust. The receipt on EROS is the authorisation for the Trust to pay the invoice that will be sent from the supplying organisation. Due care must be taken to ensure this is done promptly and accurately. The finance department will match the invoice received with the details on the receipt and make payment or dispute accordingly. Late receipting incurs administrative costs and potentially 'late payment' penalty costs. Inaccurate receipting may also result in the overpayment of suppliers and inappropriate use of Trust resources.

Requirements for Budget Managers

- Familiarise yourself with procedures and processes,
- Only consider any proposed additions to the EROS catalogues that are absolutely necessary and seek approval from your Divisional Director or other authorised senior manager for an item to be added, following the New Produce Request process,
- Requisitioning on EROS is controlled via branch codes and staff are authorised to either order, vet or receipt against specific branch codes to ensure that segregation of duties is maintained,
- Changes in authorisation responsibilities must be emailed immediately to the Trust wide EROS lead using the appropriate forms,
- Seek advice from Procurement if you feel you are not getting value for money,
- Do not authorise expenditure above your delegated limit, see Scheme of Delegation,
- Do not sign to authorise any expenditure which you have not personally committed,
- Do not allow anyone else to authorise expenditure on your budget unless you have specifically delegated responsibility,
- Do not incur expenditure on your budget for which you don't have an available budget,
- Do not attempt to charge expenditure to a budget for which you don't have delegated authority,
- Confirm receipt of goods, having checked quantity, specification as ordered etc., or services promptly on EROS (this also applies in cases of partial

delivery, over delivery and changes in specification as set in the EROS guidance note¹),

Non Purchase Orders

It is recognised that EROS is not suitable for procuring all goods and services. Specific exceptions have been identified and a Trust wide process has been established which must be complied with.

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PO Box 3214, Trust Headquarters, Marlborough Street, Bristol, BS1
9JR.*

Managers are required to ensure that all invoicing arrangements meet this requirement. Please contact the Accounts Payable department if you need help with this matter.

All invoices received into the Accounts Payable department, are registered and sent electronically to the appropriate manager for authorisation via the invoice authorisation system. The Trust's authorised signatory list controls who is authorised to charge expenditure to specific cost centres. The person authorising the invoice is responsible for ensuring that the Trust has received the goods and services that are being invoiced for and that the amount is as per an agreed pricing structure or as quoted in a contract or agreement. Invoices must be either authorised and coded or not authorised with a clear reason for disputing the invoice. The finance department holds an authorised signatory list.

Requirements for Budget Managers

- Familiarise yourself with procedures and processes in particular the non EROS procurement process invoice authorisation system and authorised signatory list.
- Only enter into a legally binding commitment for goods and services which are affordable, within your delegated budget and for the purpose for which the budget has been provided,
- Ensure you fully agree with the price charged and that the goods and services have been received before authorising payment,

- Check (quantity, specification etc.) and confirm receipt of goods or services promptly to the Accounts Payable department,
- Ensure all invoices are required to be sent directly to the Accounts Payable department at Trust Headquarters,
- Maintain the Trust's authorised signatory list by advising changes promptly using the process described on FinWeb.

Public Sector Payment Policy

The Trust is required to comply with the Better Payment Practice Code which is to pay all invoices within 60 days of the due date and ideally within 30 days. The Trust is required to monitor its performance against this target and publish the percentage of invoices that meet this criterion monthly to the Finance Committee and annually within its Annual Report.

Requirements for Budget Managers

- Ensure receipting of goods and authorisation of invoices is done regularly to allow the Trust to meet Better Payment Practice Code,
- Any disputed invoices must be notified to the Accounts Payable department immediately to ensure that the appropriate action can be taken.

Signing off monthly Budgetary Information

Profin is a purpose built in-house system to allow budget managers direct access to monthly financial management reports in detail and summary formats. Its purpose is:

- To enable budget managers to access information in a way that is convenient and timely,
- To support decision making by providing financial information in a consistent format,
- To provide a means of communication between budget holders and their management accountant,
- To allow the Trust to audit that reports are being checked by budget managers as required in the Standing Financial Instructions.

Budget holders are responsible for reviewing the reports and being satisfied that the reported position is accurate. Any inaccuracies must be reported promptly to management accounts for investigation and corrective action. Budget holders have a responsibility for understanding the reasons for any significant variances

from budget and should be able to explain them at all times. Assistance from the relevant management accountant is available to help budget managers understand variances from budget.

Budget managers will be informed via email each month that the latest set of financial reports is available on ProFin. Performance on the checking of ProFin statements is reported to Divisional Boards and is subject to review by Executive Directors and the Finance Committee.

Requirements for Budget Managers

- Review each month all budget and financial reports within 7 days of publication,
- Inform your management accountant of any queries you may have for review,
- Do make sure that only expenditure you have authorised is charged to your budget; check the list of authorised officers on the authorised signature list regularly.
- Seek advice from your Divisional Finance Manager and Management Accounting team in case of any doubts about your budget or expenditure charged to your cost centre,
- If you are concerned that you are projecting that your budget might be about to overspend, raise this as soon as possible with your manager and Divisional Financial Manager providing an explanation and reasons for your concern,
- Pass on any ideas you have for achieving better value for money to your Divisional Finance Manager.

Procurement Process

The Standing Financial Instructions (SFIs) state that a minimum of four competitive tenders, via the Procurement Department, shall be invited for any purchase of goods or services over £25,000 (excluding VAT). The SFIs delegate authority to proceed with the lowest priced competitive compliant tender to the lead Divisional Director, Director of Estates and Facilities, Director of Information Management Technology or Corporate Director. Where purchases exceed £5,000 but are less than £25,000 a minimum of three competitive quotations in writing shall be obtained. Budget managers have delegated authority to proceed with the lowest priced compliant quotation.

Ordering above £25,000 without competitive tendering will not be allowed but if the budget holder believes there is an exceptional case for doing so, that case must be submitted to the Director of Finance for consideration of approval as a Single Tender Action. When orders between £5,000 and £25,000 are not supported by competitive quotations, the case for proceeding must be submitted to the Divisional Director to decide whether to approve as a Single Quotation.

A copy of the Trust's Standard Operating Procedure (SOP) – Single Tender Action requests is available on FinWeb.

Requirements for Budget Managers

- Ensure compliance with the requirement, determined by the level of proposed expenditure, to seek at least the minimum number of quotations / tenders,
- Familiarise yourself with the SOP – Single Tender Action requests,
- Obtain advice from the Procurement Department and your Divisional Finance Manager on the evaluation of quotations and tenders.

Leasing

No arrangements shall be made to enter into a rental or leasing agreement for the hire or acquisition of plant, equipment or vehicles (unless part of a specifically approved Trust scheme) without the prior approval of the Director of Finance. The Director of Finance will not consider any proposal that has not been signed off by the Divisional Director with the advice of the Divisional Financial Manager.

Requirements for Budget Managers

- If you believe a leasing option may offer best value for money you must contact your Divisional Director and Divisional Finance Manager at the earliest opportunity for advice.

Appendix 18 - Budgetary Flexibility and Guidelines for Budget Managers

These provisions shall have effect as if incorporated in the Standing Financial Instructions of the Trust (Section 2 Business Planning, Budgets and Budgetary Control).

The term “budget holder” in this section refers both to those with an individual responsibility for particular budgets and to those with an overall budgetary responsibility e.g. at Divisional level.

When implementing any budget changes during the financial year, including any matters referred to below, Divisional Directors and their Managers shall take account of the advice of their Financial Manager and any other officer with a relevant professional interest.

1. Level of Service

Any proposal to reduce the level of services to patients must first be approved by the Chief Executive. Similarly, improvements to patient services should also be notified to the Chief Executive. Service improvements (e.g. new drugs) which have a cost implication can only be introduced if funding has been identified either from savings within the Division or from external sources e.g. Commissioners.

2. Inflation

The addition to each Divisional budget for pay awards during the financial year is allocated from the inflation provision in the month in which the award is paid. Funding has been allocated to Divisional budgets in respect of non pay inflation as described at paragraph 4.3 of the Director of Finance report.

3. Virements

3.1 Transfers between budgets or budget headings within a Division may be effected on the instruction of the Clinical Chair or Divisional Director.

3.2 Such transfers may include the utilisation during the financial year of non-recurring revenue funds for minor capital schemes within the minor capital schemes definition. In order to ensure that the Trust's overall income and expenditure and cash positions are safeguarded, Clinical Chairs / Divisional Directors and their Managers must give prior notice to the Director of Finance of all proposed amendments to the approved annual revenue budgets.

3.3 Due to the variable structure of some service agreements for inpatient, outpatient and day case services, it is possible that the Trust could be committed to increases in expenditure or reductions in income during the year for reasons outside its direct control. For this reason, and in order to maintain overall control of the Trust's cash position, any increase in income or reduction in expenditure consequent upon workload changes in variable contracts cannot be used for other purposes without the prior agreement of the Chief Executive.

4. Savings

In addition to their general responsibility for economy and efficiency under paragraph 1.4 of Standing Financial Instructions, budget holders shall propose measures for savings as directed by the Trust Board.

5. Capital

Any proposals to amend the programme of capital schemes approved by the Trust for the year must be advised to the Trust's Capital Programme Steering Group and approved in accordance with the Trust's Scheme of Delegation.

6. Leasing

No arrangements shall be made to enter into a rental or leasing agreement for the hire or acquisition of plant, equipment or vehicles (unless part of a specifically approved Trust scheme) without the prior approval of the Director of Finance.

7. Consultation with the Director of Finance/Financial Managers

All proposals having additional financial implications must be advised in advance by the Clinical Chair or Divisional Director to the appropriate Financial Manager prior to submission to the Chief Executive.

9 Monitoring and Review

Monitoring and review will take place through the following mechanisms:-

- Quarterly Divisional Reviews with Executive Directors
- Monthly review meetings between the Director of Finance and Chief Operating Officer and the Division. The Clinical Chair, Divisional Director and Divisional Financial Manager are expected to attend.

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
Where the title 'Executive' is used it is deemed to include their nominated deputy where they have been duly authorised by them to represent them			
1. OVERALL RESPONSIBILITIES AND DELEGATION			
1a	Financial framework, policies and internal financial control systems. Maintain and update Trust's financial procedures.	Director of Finance	SFIs section 1.2.4
1b	Requirement for all staff to be notified of and understand these instructions	Chief Executive, delegated to all managers	SFIs section 1.2.4
	Complying with the Trust's Standing Financial Instructions, Scheme of Delegation and financial procedures	All staff under contract to the Trust	SFIs section 1.2.5
2. PLANNING AND BUDGETS AND BUDGETARY CONTROL			
2a	Strategic and annual business plans	Chief Executive	SFIs section 2.2.1
	Annual (and longer term) financial plan and budget	Director of Finance	SFIs section 2.2.3
	Divisional/Corporate Service operational plans and budgets	Clinical Chairs/Divisional Directors/Corporate Service Directors	SFIs section 2.2.5
3. BUDGET MANAGEMENT			
3a	Budget Management Responsibility		SFIs sections 2.3
	i. at individual cost centre level	Budget Manager or nominated deputy	
	ii. at departmental level	Departmental Manager or nominated deputy	
	iii. at divisional level	Clinical Chair / members of the Divisional Board as authorised by the Clinical Chair.	
	iv. at corporate service level	Director of Facilities and Estates or delegated deputy Director of Information Management Technology or delegated deputy Corporate Director or delegated deputy	
3b	Budget Virement/Transfer	Virements must be supported by appropriate documentation and approved by the Senior Management Accountant	SFIs section 2.3
	i. Within a cost centre	Budget Manager and Department Manager	
	ii. Within a department/specialty between cost centres	Department Manager	
	iii. Between specialties/departments	Both department managers	
	iv. Between Divisions/Corporate Services below £5k	Both department managers	
	v. Between Divisions/Corporate Services above £5k	Divisional Director / Director of Facilities and Estates / Director of Information Management Technology / Corporate Director by joint agreement	

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT	
vi. To and from Trust reserves	Director of Finance or nominated deputy		
4. ANNUAL ACCOUNTS AND REPORTS			
4a	Preparation of annual accounts and associated financial returns for Board approval	Director of Finance	SFIs section 3.2.1-2
4b	Preparation of Annual Report for Board approval	Trust Secretary	SFIs section 3.2.5
4c	Preparation of Quality Report for Board approval	Director of Nursing	SFIs section 3.2.6
5. SERVICE AGREEMENTS FOR THE PROVISION OF HEALTHCARE SERVICES			
5a	Agreeing and signing NHS contracts for the provision of healthcare services to NHS commissioners, other NHS providers or private organisations	Chief Executive, Deputy Chief Executive or Director of Finance	SFIs section 5.2.7
5b	Agreeing changes and developments within existing contracts for healthcare services	Chief Executive, Deputy Chief Executive or Chief Operating Officer with Director of Finance agreement	SFIs section 5.2.8
5c	Service agreement monitoring and reporting	Director of Finance	SFIs section 5.3.2
5d	Service agreement operational management	Clinical Chairs/Divisional Directors/ Corporate Directors	SFIs section 5.3.5
6. BANKING AND CASH MANAGEMENT			
6a	Opening, operating and controlling all bank accounts referencing the Trust's name and/or Trust address.	Director of Finance	SFIs section 6.3.2
6b	Day to day operational management of the Trust's bank accounts	Deputy Director of Finance	SFIs section 6.3.6
6c	Determining when to subject commercial banking services to competitive tendering. Organising and evaluating the tender process.	Director of Finance	SFIs section 6.3.9
6d	Approval of bank signatories	Chief Executive or Director of Finance or nominated Senior Finance Manager	
6e	Approval of direct debit or standing order payment arrangements	Director of Finance	SFIs section 6.3.12
6f	Operation of Trust credit/purchasing cards	Director of Finance	SFIs section 6.3.13
6g	Investment of temporary cash surpluses	Director of Finance	SFIs section 6.5
7. EXTERNAL BORROWING AND PDC			
7a	Approval of short term borrowing	Director of Finance within limit set by Finance Committee	SFIs section 17.2.4
7b	Approval of long term borrowing	Trust Board	SFIs section 17.2.7

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
7c	Application for borrowing	Director of Finance	SFIs sections 17.2.4 and 17.2.8
8. WORKFORCE AND PAYROLL			
8a	Remuneration and terms of service for Directors	Remuneration Committee	SFIs section 8.2.1
8b	Remuneration and allowances of Chair and Non-Executive Directors	Council of Governors	SFIs section 8.2.4
8c	Approval of implementation of national pay directives and local variations	Director of People and Director of Finance	SFIs section 8.3.1
8d	Approval of non-payroll rewards to staff	Director People and Director of Finance	SFIs section 8.3.4
8e	Appointment of permanent staff (subject to any vacancy control process in place) or extension of fixed term contract		
	i. to funded established post	Budget holder or nominated deputy and divisional finance manager and HR advisor	
	ii. to post not within formal establishment	Divisional Director or nominated deputy and divisional finance manager and HR advisor	
8f	Granting of additional increments to staff outside of national terms and conditions	HR Business Partner	
8g	Banding of new posts or re-banding of existing posts	Divisional/Corporate Director with Trust review panel scrutiny	
8h	Authorisation and notification to payroll of all starters, leavers and changes of conditions for staff	Budget holder or nominated deputy	SFIs section 8.4.1 - 4
8i	Authorisation of all timesheets, overtime, unsocial, oncall, bank shifts and any other approved form to vary pay	Budget holder or nominated deputy	SFIs section 8.5.3
8j	Authorisation and notification to payroll of all absences from work including sickness, special leave, maternity leave, paternity leave, time off in lieu,	Line manager in accordance with agreed policies and processes	SFIs section 8.5.3
8k	Authorisation of medical staff leave of absence	Clinical Chair/Medical Director	SFIs section 8.5.3
8l	Approve annual leave applications and carry forwards to next year		
	i. within national or local Trust approved limits	Line manager	SFIs section 8.5.3
	ii. outside of the limits above	Divisional/Corporate/Executive Director	SFIs section 8.5.3
8m	Approve staff departure		
	i. under compromise agreement	Director of People and the Director of Finance	SFIs section 8.3.3

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT	
	ii. under redundancy scheme	Divisional/Corporate/Executive Director and Director of Finance	
8n	Early retirements in furtherance of efficiency or on ill health grounds.	Director of People and the Director of Finance	
8p	Authorise benefits in kind	In accordance with Trust policies:	
	i. new or changes to authorised car users	Budget Manager or nominated deputy	
	ii. mobile phones/land lines	Divisional/Corporate/Director	
8q	Authorisation of travel and subsistence claims	Line/Budget Manager	SFIs section 8.7.1
8r	Authorisation of relocation expenses	Director of Finance or nominated deputy	SFIs section 8.7.1
8s	Engaging staff to undertake work outside of the payroll (subject to contracting/procurement rules):		
	i. for consultancy work (excluding strategic capital projects)	Below £25k gross commitment – Divisional/Corporate Director Above £25k gross commitment – Chief Operating Officer or Corporate Executive Director Over £500k gross commitment – Chief Executive	SFIs section 9.4.1
	ii. to fill a defined post using self-employed, limited company or umbrella professional services agency	For posts on the Trust Board, Divisional Board or those with significant financial responsibility – Chief Executive Other posts over £20 per day and/or over 6 months - Director of Workforce and Organisational Development Other posts below £220 per day and less than 6 months – HR Business Partner	SFIs section 9.4.6
	iii. using agency or locum staff	Divisional Director or nominated deputy	
9 CONTRACTING TO PROVIDE GOODS AND SERVICES EXCLUDING SERVICE AGREEMENTS FOR HEALTHCARE SERVICES (SEE SECTION 5)			
9a	Setting of fees and charges		SFIs Section 7.2.
	i. Private Patients	Director of Finance or nominated deputy	SFIs Section 7.2.7
	ii. Overseas Visitors	Director of Finance or nominated deputy	SFIs Section 7.2.
	iii. Property rental (excluding residences)	Director of Estates and Facilities	SFIs Section 7.2.
	iv. Residences	Director of Estates and Facilities	SFIs Section 7.2
	v. Trading services	Divisional/Corporate Director or nominated deputy	SFIs Section 7.2
	vi. Other income generation	Divisional/Corporate Director or nominated deputy	SFIs Section 7.2

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
9b	Agreeing/signing agreement/contract	All require Divisional Finance Manager agreement	SFIs Section 10.2.5
	i. Hosting arrangements	Director of Finance or nominated deputy	
	ii. Research and other grant applications	Director of Finance or nominated deputy	
	iii. Staff secondments	Service Manager	
	iv. Leases	Director of Finance or nominated deputy	
	v. Property rentals (excluding residences)	Below £5k per annum, Service Manager Above £5k and below £100k per annum, Director of Estates and Facilities or nominated deputy Over £100k per annum, Director of Finance or nominated deputy	
	vi. Residences	Residences Manager	
	vii. Peripheral clinics and provider to provider arrangements	Below £25k per annum, Service Manager Above £25k and below £250k per annum, Divisional/Corporate Director or nominated deputy Over £250k per annum, Director of Finance or nominated deputy	
	viii. Trading Services	Below £25k per annum, Service Manager Above £25k and below £250k per annum, Divisional/Corporate Director or nominated deputy Over £250k per annum, Director of Finance or nominated deputy	
	ix. Other income generation	Below £25k per annum, Service Manager Above £25k and below £250k per annum, Divisional/Corporate Director or nominated deputy Over £250k per annum, Director of Finance or nominated deputy	
<p>10 PROCUREMENT OF GOODS AND SERVICES INCLUDING CAPITAL SCHEMES (financial limits exclude VAT and the whole order/contract should be considered) All capital schemes must have been approved as per section 17 before orders/tenders are made Goods/services will only be available for ordering via EROS once matters referred to under 10a to 10d have been followed – therefore staff requisitioning via EROS need only comply with 10e and 10f</p>			
10a	Obtaining quotes/tendering for the provision of Goods and Services		
	i. Below £5k, best value to be demonstrated	Budget holder	SFI section 9.4.3
	ii. Between £5k and £25k, minimum three quotes to be obtained	Budget holder	SFI section 9.4.2
	iii. Over £25k and upto £1m, minimum three tenders to be obtained	Divisional/Corporate Director	SFI section 9.4.1
	iv. Over £1m, minimum three tenders to be obtained	Trust Board	
10b	Single tender actions – best value to be demonstrated		SFI section 9.4.6
	i. Between £5k and £25k	Divisional/Corporate Director and the Director of Purchasing and Supply	
	ii. Between £25k and £100k	As above plus Director of Finance	
	iii. Over £100k	As above plus Chief Executive	
10c	Waiving of tendering and single tender action procedures	Chief Executive, reported to Audit Committee	SFI section 10.2.2

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT	
10d	Signing of contract evaluations/contracts/agreements to procure good/services on behalf of the Trust	Following procurement processes described in 10a to 10c above	SFI section 9.4.3
	i. Contract evaluations/contracts/agreements following tendering process above unless specifically referred to below:	Below £25k, service manager Above £25k and below £100k, Divisional Director/Director of Purchasing and Supply Over £100k, Director of Finance or nominated deputy	
	ii. for purchase of healthcare	Below £100k, Divisional Director Over £100k, Chief Operating Officer	
	iii. for property leases	Director of Finance	
	iv. for leases – non property	Director of Finance	
	v. for outsourcing services	Below £100k, Divisional Director Over £100k, Chief Operating Officer and Director of Finance	
	vi. facilities contracts	Director of Estates and Facilities or nominated deputy	
	vii. estates maintenance contracts	Director of Estates and Facilities or nominated deputy	
	viii. capital estates based contracts	Director of Estates and Facilities or nominated deputy, following approval as per section 19	
10e	Authorisation of contract variations	Delegation as per section 10d with the added proviso that all variations above £25k require approval by the Director of Finance.	
10f	Requisitioning/ordering after procurement and contract/agreement is in place:	Authorised requisitioner, ensuring segregation of duties from procuring and receipting	
10g	Receipting	Authorised receptor, ensuring segregation of duties from procuring and ordering	
11 PAYMENT FOR GOODS AND SERVICES (FOLLOWING APPROPRIATE PROCUREMENT PROCESSES)			
11a	Authorisation of invoices for goods and services procured	(applies to all procurement methods, not just EROS)	SFIs section 11.4
	i. Where invoice price = order/quote	Budget holder or authorised signatory for the cost centre with regard to segregation of duties between ordering and approving in line with Trust procedures	
	ii. Where invoice price exceeds order/quote upto the lesser of 10% or £5,000	Budget holder	
	iii. Where invoice price exceeds order/quote over 10% or between £5,000 and £25,000	Divisional/Corporate Services Director	
	iv. Where invoice price exceeds order/quote over 10% or over £25,000	Director of Finance or nominated deputy	
11b	Prepayments	Director of Finance or nominated deputy	SFIs section 11.4
11c	Receipting of goods and services procured via EROS	Budget holder or authorised receptor for the cost centre, with regard to segregation of duties between ordering and approving in line with Trust procedures.	SFIs section 11.4.1
11c	Maintaining the Trust's authorised signature list	Budget holder to review and advise Deputy Director of Finance to update	SFIs section 11.3.2
11d	Authorisation of expenditure reimbursement via petty cash in line with the Trust's policy.	Below £50 budget holder or nominated deputy Over £50, Divisional Manager	SFIs section 11.6.1, 11.7.1

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
11e	Agreeing compromise arrangements with suppliers	Below £1k, Deputy Director of Finance Above £1k and below £25k, Director of Finance Above £25k, Finance Committee	SFIs section 11.7.1
12 STORES AND STOCKS			
12a	System of stock control, receipting, issues, returns and losses	Director of Finance	SFIs section 12.2.1
12b	Control of stores		
	i. Pharmaceutical	Director of Pharmacy	SFIs section 12.2.3
	ii. Fuel stores	Director of Estates and Facilities	SFIs section 12.2.4
	iii. All other stores	Relevant Divisional/Corporate Services Manager	SFIs section 12.2.2
12c	Condemning and disposal of goods (excluding fixed assets – see section 13.6)	All losses must be reported to the Director of Finance in accordance with section 14	
	i. Pharmaceutical Items	Director of Pharmacy	SFIs section 12.2.3
	ii. X-ray films	Head of Radiology	SFIs section 12.2.4
	iii. Computer equipment	Director of Information Management and Technology	
	iv. All other goods with a current/estimate purchase price up to £1k	Relevant Divisional/Corporate Services Manager	SFIs section 12.2.2
	v. All other goods with a current/estimate purchase price between £1k and £25k	Divisional/Corporate Director or nominated deputy	
	vi. All other goods with a current/estimate purchase price over £25k	Director of Finance	
13 LOSSES WRITE OFFS AND SPECIAL PAYMENTS (to be reported to the Audit Committee on a quarterly basis)			
13a	Maintenance of losses and special payments register	Director of Finance	SFIs section 16.2.3
13b	Loss/damage due to theft, fraud, corruption or criminal activity	Chief Executive or Director of Finance	SFIs section 16.2.3
13c	Write off of bad debts, abandoned claims and fruitless payments	Below £1k – Deputy Director of Finance Above £1k and below £50k – Chief Executive Over £50k – Trust Board	SFIs section 16.4.1
13d	Ex-gratia payments to compensate for loss or damage to personal effects or for out of pocket expenses	Below £1k – Deputy Director of Finance Above £1k and below £50k – Chief Executive Over £50k – Trust Board	SFIs section 16.5.2
13e	Personal Injury Claims		SFIs section 16.5.3

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
	<ul style="list-style-type: none"> • Up to £10,000 	Director of Workforce and Organisational Development or Chief Executive or Director of Finance – without legal advisor	
	<ul style="list-style-type: none"> • Over £10,000 	Director of Workforce and Organisational Development or Chief Executive or Director of Finance – in conjunction with NHS Litigation Authority	
13f	Public Liability Claims		SFIs section 16.5.4
	<ul style="list-style-type: none"> • Up to £3,000 	Divisional/Corporate Director or Chief Executive or Director of Finance – without legal advice	
	<ul style="list-style-type: none"> • Over £3,000 	Divisional/Corporate Director and Chief Executive or Director of Finance – in conjunction with NHS Litigation Authority	
13e	Compensation (no limit) payments made under legal obligation	Chief Executive and Director of Finance	
13f	Maladministration and distress payments where there was no financial loss by the claimant. <ul style="list-style-type: none"> • Remedy up to £1,000; • Remedy between the value of £1,001 and £50,000; • Remedy over the value of £50,000. 	Director of Finance or Deputy Director of Finance Chief Executive Trust Board	SFIs section 16.5.10
13g	Cancellation of NHS debts <ul style="list-style-type: none"> • Up to £5,000 • Over £5,000 	Deputy Director of Finance or Divisional Financial Manager Director of Finance or nominated deputy	
13h	Extra-contractual payments to contractors <ul style="list-style-type: none"> • Up to £25,000 • Between £25,000 and £100,000 • Over £100,000 	Director of Finance or Deputy Director of Finance Chief Executive Trust Board	SFIs section 16.5.11
14 CHARITABLE FUNDS/DONATIONS			
14a	Administration of Trust charitable funds	Above and Beyond	SFIs section 23.2.2
14b	Acceptance of donations of goods or cash from charitable bodies relating to capital defined expenditure	Trust's Capital programme Steering Group	SFIs section 23.2.3
15 AUDIT			
15a	Establishment of an internal audit function	Director of Finance	SFIs section 20.3.1
15b	Appointment of External Auditors	Council of Governors	SFIs section 20.5.2
15c	Implementation of agreed internal and external audit recommendations	Divisional/Corporate Directors	

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
16 INFORMATION MANAGEMENT AND TECHNOLOGY			
16a	Security and accuracy of Trust computerised financial data	Director of Finance	SFIs section 21.2.1
16b	Implementation of new and amendments to existing financial IT systems and approval of any Trust systems with an impact on financial transactions	Director of Finance	SFIs section 21.2.3
16c	Compliance with Freedom of Information Act	Trust Secretary	SFIs section 21.3.1
16d	Implementation, upgrades or changes to general computer systems	Information Management and Technology Committee	SFIs section 21.3.2
17 CAPITAL INVESTMENT AND PRIVATE FINANCING			
17a	Approval of the Trust's Capital Investment Policy annually.	Trust Board	SFIs section 18.2.2
17b	Business case approval – high risk schemes		Capital Investment Policy
	i. >1% of Trust turnover (£5.87m)	Outline and Full business case to be approved by Trust Board and Council of Governors	
	ii. Between 0.25% and 1% of Trust turnover (between £1.47m and £5.87m)	Comprehensive business case to be approved by Trust Board and Council of Governors	
	iii. Less than 0.25% of Trust turnover (less than £1.47m)	Short form business case to be approved by Trust Board and Council of Governors	
17c	Business case approval – other schemes outside of high risk and less than 1% of trust turnover (£5.87m)		Capital Investment Policy
	i. > 0.5% of Trust turnover (between £2.94m and £5.87m)	Comprehensive business case to be approved by Finance Committee	
	ii. Between 0.25% and 0.5% of Trust turnover (between £1.47m and £2.94m)	Comprehensive business case to be approved by Senior Leadership Team	
	iii. Less than 0.25% of Trust turnover (less than £1.47m)	Short form business case to be approved by Capital Programme Steering Group	
17d	Approval of Trust's Medium Term Capital Programme	Trust Board	
17e	Approval of all finance and operating leases	Director of Finance	SFIs Section 18.3.3
17f	Private Finance Initiative	Trust Board	
18 CAPITAL EXPENDITURE – supported by section 10 re procurement			
18a	Approval of Trust's annual capital programme	Trust Board	
18b	Management of the Trust's annual capital programme	Capital Programme Steering Group	
18c	Approval of procurement based schemes within the annual capital programme	Director of Finance	

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
18d	Approval of estates based schemes within the annual capital programme	Director of Finance	
18e	Variations to approved capital schemes		
	i. Upto £250k	Capital programme steering Group	
	ii. Between £250k and £500k,	Senior leadership Team	
	iii. Over £500k	Trust Board	
18f	Procurement of main contractors for estates based capital schemes		
	iv. Below £5k, best value to be demonstrated	Requisitioner	
	v. Between £5k and £25k, three quotes to be obtained	Estates Manager	
	vi. Over £25k and upto £1m, three tenders to be obtained	Director of Estates and Facilities	
	vii. Over £1m	Capital Programme Steering Group	
18g	Enabling works for capital schemes		
	Below £5k, best value to be demonstrated	Requisitioner	
	ii. Between £5k and £25k, three quotes to be obtained or medium term contractor can be used	Estates Manager	
	iii. Over £25k and upto £1m, three tenders to be obtained	Director of Estates and Facilities	
	iv. Over £1m	Capital Programme Steering Group	
18h	Feasibility fees given compliance with 10a and 10b	Director of Estates and Facilities	
19 TRUST ASSETS			
19a	Maintenance of a fixed asset register	Director of Finance	SFIs section 13.2.1
19b	Authority to dispose of (sell or transfer to another organisation or scrap) a fixed asset	Director of Finance	SFIs section 13.5
19c	Security of fixed assets and notification of loss or transfer to another department	Budget Manager	SFIs section 13.3
20 RETENTION OF DOCUMENTS			
20a	Retention of records and documents	Relevant Divisional/Corporate Director	
21 RISK MANAGEMENT AND INSURANCE			
21a	Risk management arrangements	Chief Executive	SFIs section 19.2.1
21b	Insurance Policies		
	i. Arranging and ensuring adequate cover	Director of Finance	SFIs section 19.3

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
	ii. Notifying Director of Finance of new or changed risks	All staff	SFIs section 19.3.2
22 GIFTS HOSPITALITY AND SPONSORSHIP (in conjunction with policy held by Trust Secretary)			
22a	Maintaining a register of gifts, hospitality and sponsorship	Trust Secretary	SFIs section 22.2.3
22b	Acceptance of gifts		SFIs section 22.3
	i. Business articles less than £25 per gift	Receiving member of staff may accept with no requirement to register	SFIs section 22.3.1
	ii. Gifts over £25 but below £40 per gift or several small gifts of a value over £100 from same source over 12 month period	Receiving member of staff may accept with if declared and registered	SFIs section 22.3.2
	iii. Gifts over £40 per gift	Receiving member of staff should decline or seek Trust Secretary advice	SFIs section 22.3.3
22c	Acceptance of hospitality		SFIs section 22.4
	i. Modest hospitality if normal and reasonable in the circumstances	Receiving member of staff may accept but should refer to line manager or relevant Director if in doubt	SFIs section 22.4.1
	ii. Inappropriate hospitality offers	Member of staff should notify Trust Secretary.	SFIs section 22.4.2
22d	Sponsorship		SFIs section 22.5
	i. Commercial sponsorship for attendance at conference or course	Approval from line manager	SFIs section 22.5.1
	ii. Sponsorship of Trust events	Approval by Trust secretary, contractual agreement signed by Director of Finance	SFIs section 22.5.2
22e	Acceptance of preferential rates or benefits in kind for private transactions with companies with which there have been or could be dealings with on Trust business	Not permissible by any member of staff unless a concessionary agreement negotiated by the Trust or NHS on behalf of all staff.	SFIs section 22.5.5
23 Research and Development			
23a	Authorisation or research funding applications	Director of Finance or designated deputy for funding applications	
23b	Authorisation of commercial research contracts, site agreements, sub-contracts with participating organisations, contract variations and contract amendments.	Director of Research & Innovation or designated deputy	

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
<p>23c The West of England Clinical Research Network (CRN:WoE) Decision to provide additional funding to an NHS partner of the CRN:WoE following a request for financial support;</p> <p>Of £50,000 or below</p> <p>In excess of £50,000</p>	<p>Senior Leadership Team</p> <p>Senior Leadership team</p>	
24 Other		
24a	Reporting of incidents to the police	Chief Executive, Director of Finance, Chief Internal Auditor
	<ul style="list-style-type: none"> ▪ general 	Appropriate departmental manager – need to inform Divisional Director or relevant Corporate Director as soon as possible. Also inform Local Security Management Specialist
	<ul style="list-style-type: none"> ▪ where a fraud is involved 	Director of Finance or Local Counter Fraud Specialist
24b	Compliance with Freedom of Information Act	Trust Solicitor Secretary
24c	Grievance procedure/appeals board procedures	Director of Workforce and Organisational Development
24d	Dismissal	See Matrix in Disciplinary policy
24e	Authorisation of new drugs or significant change of use of existing drugs	Medicines Advisory Group– see specific guidelines and terms of reference of this committee
	<ul style="list-style-type: none"> ▪ Request for new drugs require authorisation before purchase 	Senior Pharmacy Manager
	<ul style="list-style-type: none"> ▪ Orders placed to suppliers over £5,000 to be signed 	Director of Pharmacy or Pharmacy Purchasing Manager
	<ul style="list-style-type: none"> ▪ Pharmacy Payment Lists to be authorised ▪ Copy invoices over £10,000 and invoices from NHS bodies to be sent with the Payments Lists to Creditor Payments 	Director of Pharmacy or Pharmacy Purchasing Manager or Senior Pharmacy Clerical Officer
	<ul style="list-style-type: none"> ▪ Pricing agreements and quotations should be authorised 	Director of Pharmacy and Pharmacy Purchasing Manager
	<ul style="list-style-type: none"> ▪ Authorisation of coding slips for invoices and credits requirement payment to be carried out 	Senior Clerical Officer
24g	Patients' & Relatives' Complaints :	
	<ul style="list-style-type: none"> ▪ Overall responsibility for ensuring that all complaints are dealt with effectively 	Chief Nurse

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
<ul style="list-style-type: none"> ▪ Responsibility for ensuring complaints relating to a division are investigated thoroughly 	Divisional Director and Head of Nursing / Midwifery	
<ul style="list-style-type: none"> ▪ Legal Complaints - Co-ordination of their management 	Trust Solicitor	
24h Relationship with the media	Head of Communications who reports to the Chief Executive	
24i Infection Control and Prevention <ul style="list-style-type: none"> • Corporate Policy • Divisional and Clinical Delivery 	Director of Infection Control and Prevention / Chief Nurse /Clinical Chairs	Standing Orders section 2.10
24j Governance and Assurance Systems Corporate Risk Register Divisional Risk Registers Quarterly review of Risk Registers Reports on the Risk Registers quarterly Maintenance of the Assurance Framework Quarterly review of Assurance Framework Exception Reports on the Assurance Framework (1/4ly)	Relevant Executive Directors Divisional Directors and Divisional Managers Risk Management Group Senior Leadership Team Trust Company Secretary Senior Leadership Team Audit Committee	SFIs Section 22
24k All proposed changes in bed allocation	Chief Operating Officer	
24l Review of Fire Precautions	Fire Safety Manager	Fire Safety Policy and Fire Standards Procedures and Guidelines
Review of all statutory compliance: legislation and Health and Safety requirements including control of substances hazardous to health regulations	Director of Estates and Facilities / Health and Safety Advisor	Control of Substances Hazardous to Health (COSHH) Policy
24m Review of compliance with environmental regulations for example those relating to clean air and waste disposal	Director of Estates and Facilities	Operational Policy for Handling Disposal of Waste – August 2005
24n Review of Trust's compliance with Data Protection Act	Director of Information Management and Technology	Health Records Policy
24o Review the Trust's compliance with the Access to Records Act	Director of Information Management and Technology	Health Records Policy
24p Allocation of sealing in accordance with standing orders	Trust Company Secretary on behalf of the Chief Executive	
24q The keeping of a Register of Sealing	Trust Company Secretary on behalf of the Chief Executive	Section 8 Standing Orders
24r Affixing the Seal	Chief Executive (or, should the Chief Executive not be available, another Executive Director not from the contract's originating department) and Director of Finance or Deputy Director of Finance	
24s Clinical Audit	Medical Director	

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
24t	Human Rights Act Compliance	Trust Solicitor	
24u	Equality and Diversity Schemes	Director of Workforce and Organisational Development	
24v	Child Protection	Chief Nurse	Section 2.10 Standing Orders

Cover report to the Public Trust Board. Meeting to be held on 29 March 2018 at 11.00 – 13.00, Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

		Agenda Item	15
Meeting Title	Public Trust Board	Meeting Date	Thursday, 29 March 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**

198 John Rose

Theme: Patient safety**Source:** Governor Direct**Query** 14/03/2018

Recent media coverage seems to suggest that surgeons (and doctors) can carry out procedures with only themselves aware of their histories of success or otherwise. What processes are in place to monitor the effectiveness and safety of medical and surgical activities at UH Bristol?

Division: Trust-wide**Executive Lead:** Medical Director**Response requested:** 28/03/2018**Response****Status:** Assigned to Executive Lead