NHS
University Hospitals Bristol
NHS Foundation Trust

Public Trust Board Meeting Papers

Date: 28 March 2019

Time: 11:00 – 13:00

Venue: Conference Room, Trust Headquarters

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

Board of Directors (in Public)

**Meeting to be held in Public 28 March 2019 11.00 – 13.00
Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU
AGENDA**

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
Preliminary Business				
1.	Apologies for Absence – *Verbal update*	Information	Chair	
2.	Declarations of Interest – *Verbal update*	Information	Chair	
3.	Patient Story	Information	Chief Executive	
4.	Minutes of the Last Meeting • **31 January 2019**	Approval	Chair	
5.	Matters Arising and Action Log	Approval	Chair	
6.	Chief Executive's Report	Information	Chief Executive	
Patient Care and Clinical Outcomes				
7.	Quality and Performance Report	Assurance	Deputy Chief Executive and Chief Operating Officer/Chief Nurse/Medical Director/Director of People	
8.	Quality and Outcomes Committee - Chair's Report	Assurance	Chair of the Quality and Outcomes Committee	
9.	People Committee – Chair's Report	Assurance	Chair of the People Committee	
10.	Six-Monthly Nurse Staffing Report	Assurance	Chief Nurse	
11.	Learning from Deaths Report	Assurance	Medical Director	
Strategic Performance and Oversight				
12.	NHSI Operational Plan	Approval	Director of Strategy and Transformation	

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
13.	Healthier Together Sustainability and Transformation Partnership Update	Assurance	Chief Executive	
14.	Phase 5 Strategic Capital Update	Approval	Director of Strategy and Transformation	
15.	Draft Bristol North Somerset and South Gloucestershire (BNSSG) System Plan	Information	Director of Strategy and Transformation	
Financial Performance				
16.	2019/20 Resources Book	Approval	Director of Finance and Information	
17.	Finance Report	Information	Director of Finance and Information	
18.	Finance Committee - Chair's Report	Assurance	Chair of Finance Committee	
Governance				
19.	Annual Review of Directors Interests	Assurance	Trust Secretary	
Items for Information				
20.	Governors' Log of Communications	Information	Chair	
21.	Quarterly Patient Experience and Real Time Patient Feedback Report	Information	Chief Nurse	
22.	Quarterly Patient Complaints Report – Q3	Information	Chief Nurse	
Concluding Business				
23.	Any Other Urgent Business – *Verbal Update*	Information	Chair	
24.	Date and time of next meeting • **24 May 2019**	Information	Chair	

University Hospitals Bristol
NHS Foundation Trust

Meeting of the Board in Public on Thursday 28 March 2019 in the Conference Room, Trust Headquarters

Report Title	Patient Story
Report Author	Tony Watkin, Patient and Public Involvement Lead
Executive Lead	Carolyn Mills, Chief Nurse

1. Report Summary

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

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

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

Ross is 25 years old. In 2017 he was diagnosed with Hodgkin's Lymphoma, an uncommon cancer that develops in the lymphatic system. In recounting his patient journey to date Ross will talk about how he has dealt with his cancer diagnosis and treatment process and the impact this has had on him. He will reflect on the moment he received his diagnosis and the challenges he has gone on to face in receiving treatment and care across two hospitals over the past two years – including a personal reflection on the emotions that surface when transitioning between adult and young people's services. Ross will go on to explain how the bespoke treatment facilities at the Teenage and Young Cancer Unit (TYA)[1] at UH Bristol have supported him through chemotherapy and transplant procedures, the value of the wider holistic approach offered by the team and how this (and the quality of the people he encounters) continues to offer him social, emotional and practical support.

In advance of the Board meeting members are invited to watch a short film clip from the 2018 BBC Horizon documentary "teenager's vs cancer: a user's guide." The full documentary explores how teenagers and young adults deal with cancer diagnosis and treatment. The clip explores in more depth the bespoke facilities of the TYA Unit at UH Bristol. To watch the clip click on this link
https://www.bbc.co.uk/programmes/p06bttwb

2. Key points to note
(Including decisions taken)

The story allows us to reflect on the needs young people with a diagnosis of cancer have and the value of working together with partners to offer a multidisciplinary

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[1] By way of further context this is a link to the TYA Unit annual report 2017
http://www.uhbristol.nhs.uk/patients-and-visitors/your-hospitals/bhoc/teenage-and-young-adult-cancer-service/publications/

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approach to their care which goes far beyond their medical treatment.

3. Risks If this risk is on a formal risk register, please provide the risk ID/number.
The risks associated with this report include:
N/A

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

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

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

**Thursday 31 January 2019 at 11:00 – 13:00, Conference Room, Trust
Headquarters, Marlborough Street, Bristol, BS1 3NU**

Present:
Board Members

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

In Attendance:

Name	Job Title/Position
Kate Parraman	Deputy Director of Finance
Eric Sanders	Trust Secretary
John Kirk	Communications Manager
Kathy Baxter	Patient Governor
Carole Dacombe	Public Governor
John Rose	Public Governor
Penny Parsons	Public Governor
Tom Frewin	Public Governor
Florene Jordan	Staff Governor
Andy Coles-Driver	Staff Governor
Sophie Jenkins	Appointed Governor (Joint Union Committee)
Asha Persaud	Member of staff
Andrea Voisey	Member of staff
Hannah Marsh	Member of staff
Paul Kearney	Above and Beyond
Lisa Gardner	Above and Beyond
Clive Hamilton	Member of the public
Jo Witherstone	Senior Nurse for Quality/Chair of Carers' Strategy Group (for Item 3)
Tony Watkin	Patient and Public Involvement Lead (for Item 3)
Carol Carter	Carers' Support Centre (for Item 3)
Holly Thomas	Carers' Support Centre (for Item 3)
Judy Gowenlock	Young Carers Support worker (for Item 3)
Annabell and Hanna	Young Carers (for Item 3)

Minute Ref	Item Number	Action
Preliminary Business		
193/01/2019	**1. Welcome and Introductions/Apologies for Absence**	
	The Chair of the Board, Jeff Farrar, welcomed everyone to the meeting. Apologies had been received from Paul Mapson, Director of Finance (with Kate Parraman, Deputy Director of Finance, attending in his place), and Non-Executive Directors David Armstrong, Steve West and John Moore.	
194/01/2019	**2. Declarations of Interest**	
	There were no new declarations of interest.	
195/01/2019	**3. Patient Story**	
	The meeting began with a Patient Story, introduced by the Chief Nurse, Carolyn Mills. To mark Young Carers' Awareness Day (31 January), this month's story came from two young carers, Annabell and Hanna. In addition to school and other commitments, Annabell and Hanna care for young family members and were active participants of Young Carers Voice, part of the Carers Support Centre Bristol and South Gloucestershire.	
	Annabell and Hanna told the Board of their experiences as young carers supporting family members in UH Bristol's hospitals. The stories that they told revealed the challenges faced by young carers, for example, they sometimes felt ignored or even invisible, and they had noticed that staff were uncertain whether they were allowed to share information with them. They asked for the Board's help in promoting greater awareness and understanding among staff of the role that young carers play. Sensitive questioning should be used to find out whether a young person was a carer and they should be listened to and provided with information, advice and access to support.	
	The Board discussed with Annabell and Hanna the issues raised by their stories and improvements that could be made, for example, an identity card or similar that would identify them as a carer. Jo Witherstone, Trust Senior Nurse for Quality and clinical lead for carers, confirmed that improving visibility of carers was one of the issues that would be taken up through the recently relaunched Carers' Strategy Steering Group.	
	Jeff Farrar, Trust Chair, thanked Annabell and Hanna for attending and they left the meeting. Further discussion by members of the Board focussed on the need to recognise young carers, to treat them as individuals, and to ensure they had access to support for their own health and education. It was noted that some young carers could be caring for their own parents, sometimes from a very early age, and that this should be taken into account by anyone diagnosing a single parent with a	

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	significant caring need. **Action – Chair to write to the headteachers of the schools attended by the young carers to thank them for allowing them to come to the meeting.** **Action – Carers' Strategy Steering Group work to take account of issues raised regarding visibility of young carers. To report back to Board through the Quality and Outcomes Committee.**	Chair Chief Nurse
196/01/2019	**4. Minutes of the last meeting**	
	Board members reviewed the minutes of the meeting held on 29 November 2018. There were no amendments to the minutes. **Members RESOLVED to:** **Receive** the minutes of the Board of Directors meeting held in public on 29 November 2018 as a true and accurate record.	
197/01/2019	**5. Matters arising and Action Log**	
	Members received and reviewed the action log. Completed actions were noted and updates against outstanding actions were noted as follows: **177/11/2018 Chief Executive's Report** **Trust Chair to write to Above and Beyond to thank them for their sponsorship of the Recognising Success staff awards evening.** The Chair had thanked Above and Beyond verbally but still wished to write formally as well. **181/11/2018 Healthier Together STP Update** **Outcomes of Urgent and Emergency Care Event 11-12 December to be reported to Board.** This was on the agenda. **180/11/2018 Report from the Chair of the People Committee** **Trust Chair to review People Committee membership and Executive Director attendance** Committee membership and attendance were now established and would be reviewed after 6 months. **183/11/2018 Research and Innovation Quarterly Report** **Medical Director to review reporting lines for Research and Innovation** William Oldfield, Medical Director, reported that this was almost complete and would be circulated to the Board in due course. **186/11/2018 Register of Seals – Q2 Report** **Trust Secretary to find out more information about the licence to cover land adjacent to the Cottage, Long Fox Manor.** Closed - information had been shared with the Board.	

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	187/11/2018 Freedom to Speak Up Update **Benchmarking data to be included in future Freedom to Speak Up reports.** Closed – benchmarking data had been reported to the People Committee and would be included in the next Board reports. **Members RESOLVED to:** • **Note** the updates against the action log.	
198/01/2019	6. **Chief Executive's Report**	
	The Board received a summary report of the key business issues considered by the Senior Leadership Team in December 2018 and January 2019. Robert Woolley, Chief Executive, provided updates on the following matters: • It was anticipated that the Trust would receive a formal inspection visit from the Care Quality Commission in the next few months. While inspections were now unannounced, the information request which precedes the visit had been received and the Trust had provided a substantial amount of information by the submission deadline of 30 January. • The Senior Leadership Team was currently focussed on business planning for the new financial year following the publication of the NHS Long-Term Plan setting out the national vision for the next five years. The Trust had also now received detailed planning guidance and formal advice about its proposed control total, and would need to make an initial response in February. Planning work was being undertaken in the context of system-wide ambitions to produce a joined-up system-level plan for Bristol, North Somerset and South Gloucestershire, and the Board would be updated as this progressed. • In relation to the Healthy Weston programme, Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG) had now published its proposals for Weston General Hospital, including changes to A&E opening hours and critical care provision. If approved at the CCG's governing body meeting on 5 February, these proposals would then proceed to public consultation. • Community Services across Bristol, North Somerset and South Gloucestershire were currently being re-procured. UH Bristol was working positively with BNSSG CCG about the provision of rehabilitation beds at South Bristol Community Hospital within that procurement and had welcomed the news that there were no imminent changes to this expected within the next two years. **Members RESOLVED to:** • **Receive** the Chief Executive's Report for assurance.	

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199/01/2019	**7. Risk Registers**	
	Robert Woolley, Chief Executive, introduced reports on the Trust's corporate risk register and strategic risk register and highlighted recent changes. In relation to the strategic risk register, he asked the Board to note a new risk relating to the UK exit from the European Union. Two risks had been downgraded: one relating to the Trust's ability to invest in its estate (a reflection of the Board's approval of a new capital investment programme), and one relating to management and leadership capability. The Board noted two new risks on the corporate risk register which related to delays in commencing induction in labour in the maternity unit and the availability of interventional radiology out of hours. Martin Sykes, Non-Executive Director, noted and welcomed that the key risks had been allocated to each of the Board Committees to allow greater scrutiny at Committee meetings. **Members RESOLVED to:** • **Receive** the Risk Registers for assurance.	
200/01/2019	**8. Q3 Corporate Objectives Update**	
	Paula Clarke, Director of Strategy and Transformation, introduced the assessment of the Trust's performance against its corporate objectives for Quarter 3. Jill Youds, Non-Executive Director, requested further information about the corporate objective that related to developing the number and breadth of volunteers. Carolyn Mills, Chief Nurse, responded that work had been undertaken last year to benchmark the Trust's position against other Trusts. It had revealed that while some Trusts had a large number of volunteers, there was a need to balance this with the quality of the governance arrangements around them. According to the report, the Trust intended to increase the number of volunteers from around 260 to 340. **Members RESOLVED to:** • **Receive** the Corporate Objectives update for information.	
Care and Quality		
201/01/2019	**9. Quality and Performance Report**	
	Mark Smith, Deputy Chief Executive and Chief Operating Officer, presented the Quality and Performance Report, the purpose of which was for the Board to review the Trust's performance on Quality, Workforce and Access standards in the past month. **Access Standards:** Mark Smith reported that while the Trust was	

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	experiencing winter pressures, measures put in place during the year had improved the Trust's ability to recover faster. The Trust had successfully achieved £1million of Sustainability and Transformation Funding for its A&E 4 hour wait target performance for Quarter 3. However, the Board noted the continuing increase in Emergency Department attendances: a 3.4% rise at the Bristol Royal Infirmary and a 9.5% rise at Bristol Royal Hospital for Children (Apr-Dec 2017 vs Apr- Dec 2018) which was causing extra pressures on services and could have an adverse impact on the systems financial position.

The percentage of Referral To Treatment (RTT) patients waiting under 18 weeks was 89.3% as at end of December. Although this did not achieve the national 92% standard, the improvement trajectory target of 87% was achieved.

The Trust continued to report 52 week breaches in Paediatric Services, however, was still aiming to achieve zero 52 week breaches by the end of March 2019. Long waiters would continue to be monitored at weekly Performance meetings.

In relation to cancer standards, the Trust continued to perform well, consistently achieving the national standard that urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. Significant improvements were noted in respect of Last Minute Cancelled Operations, Did Not Attend rates, and Length of Stay measures.

Quality Standards: Carolyn Mills, Chief Nurse, reported that pressure ulcer incidence had reduced again following a spike in the autumn. Coverage of Friends and Family Tests had declined slightly in maternity and emergency departments in December to 14.1% and 13.6% respectively and below the 15% thresholds. There had been two surgical never events reported in December 2018 which were being investigated internally and in line with the Trust's policies. They had both been reported nationally and discussed in detail at the Quality and Outcomes Committee.

William Oldfield, Medical Director, added that the Trust was within the expected range for the summary hospital mortality indicator. He advised the Board that the Trust was still not meeting all of its indicators in relation to Fractured Neck of Femur patients, but that progress continued to be made.

Workforce Standards: Matt Joint, Director of People, reported that staffing issues were relatively stable, vacancy rates were among the lowest in the country and staff sickness rates were relatively low. The Trust's newly appointed staff psychological wellbeing lead was preparing a more co-ordinated response to the need for staff support. Staff survey | |

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	response rates were good, and while appraisal compliance was still low, progress was being made. Jill Youds, Non-Executive Director, requested further information on a request from the Clinical Commissioning Group for peer support to be provided by UH Bristol. Mark Smith clarified that the CCG had requested that UH Bristol provide peer support to colleagues across the region in relation to Referral-to-Treatment, cancer waiting times, theatres, and financial performance, in order to share learning across the system. Clive Hamilton, member of the public, enquired about quality of care and nursing staffing levels. According to an article in the Nursing Times, almost half of all healthcare workers surveyed had felt that there were not enough staff on their shift to care safely and with compassion. He noted that UH Bristol's reported nursing staffing levels for the Women's and Children's Division were consistently lower than in other areas. According to the Trust's most recent Patient Experience and Complaints report, the total number of complaints received by this Division had increased from 63 in Q1 to 83 in Q2. Did this reflect a rise in complaints about staffing levels in these areas? Carolyn Mills, Chief Nurse, responded that she was confident that the Trust's established staffing levels were safe. While there were vacancies, these were low compared with other Trusts, and if absence meant that an area did not have sufficient numbers of staff, staff would be moved to where they were needed or beds would not be used. More detail would be forthcoming in the Safe Staffing Levels six-monthly report which the Board would receive in February. In relation to the complaints received by the division, she responded that there were no themes noted in terms of areas and wards. Jeff Farrar, Chair, added further reassurance that Non-Executive Directors monitored patterns of complaints at their Committee meetings. . **Members RESOLVED to:** • **Receive** the Quality and Performance Report for assurance.	
202/01/2019	**10. EU Exit – Trust Preparations**	
	Mark Smith, Deputy Chief Executive and Chief Operating Officer, presented a report giving an overview of preparations for the UK exit from the European Union including contingency planning being undertaken by the Trust and national workstreams. Key points were as follows: • The Trust had established structures as per national guidance to oversee contingency planning for a no-deal EU Exit. • Mark Smith would be the Trust's Senior Responsible Officer (SRO) and Simon Steele, Resilience Manager, would be the Trust's Single Point of Contact responsible for coordinating plans. Divisional leads had also been appointed. The Civil Contingencies	

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	Steering Group would oversee planning reporting to the Senior Leadership Team via the Service Delivery Group. • Two principal risks had been identified in relation to medicine supply chains and the Trust's workforce. Trusts had received clear guidance from the Department of Health and Social Care not to stockpile supplies, and local planning was focusing therefore on an ongoing review of supply chain risks with Bristol and Weston Purchasing Consortium. For staff from the European Union, the Trust was offering to cover the cost of their EU national settled status fee. Guy Orpen, Non-Executive Director, highlighted an additional risk in a 'no deal' scenario that staff could be stuck abroad unable to get back to work, and also a potential risk to the food supply chain. Mark Smith provided reassurance that the Trust was co-ordinating its response with other organisations in the city through local resilience forums, adding that the impact of last year's snow on the Trust's food supply had led to the identification of more local food suppliers. **Members RESOLVED to:** • **Receive** the report on Trust preparations for the UK exit from the European Union, for information.	
203/01/2019	**11. Quality and Outcomes Committee Chair's Report**	
	Julian Dennis, Chair of the Quality and Outcomes Committee highlighted the following key issues from the Committee's meetings in December and January: • The Committee had received an update on the Trust's performance against key targets in December 2018 and had welcomed a report showing the success of work to improve throughput in A&E. • The Committee had been interested in the numbers of MRSA bacteraemia cases and had welcomed the decision to re-introduce a full Post-Infection Review and multidisciplinary meeting (such reviews had been halted in line with the introduction of new national guidelines). • The Committee had discussed the corporate risks that had been allocated to the Quality and Outcomes Committee for monitoring. Jill Youds, Non-Executive Director, added that the Committee was looking forward to receiving an update on stroke indicators at a future meeting, comparing standards and practices with other Trusts across the country. Jeff Farrar, Chair, further noted that the link between the committee and the Governors' Quality Focus Group was proving very useful. Carole Dacombe, Public Governor, added that governors had been pleased that the Committee's continued focus on Fractured Neck of Femur work was	

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	paying off and particularly that the issue was now being considered as part of a coordinated response to Trauma and Orthopaedics across the local region. **Members RESOLVED to:** **Receive** the Quality and Outcomes Committee Chair's report for assurance.	
204/01/2019	**12. Report from the Chair of the People Committee**	
	Alison Ryan, Chair of the People Committee reported the following key issues from the Committee's meeting in January: - The Committee had received an update on workforce performance including progress against Key Performance Indicators. The Committee had welcomed the work across the system in relation to managing costs for agency usage. - The Committee had welcomed the development of an updated Trust intranet site which would be a central resource for policies, procedures and HR information to support staff and line managers. - A quarterly report from the Freedom to Speak Up Guardian had demonstrated progress in raising awareness of the scheme as more issues were being raised. The Board was asked to encourage the use of this scheme. - The Committee had received an update on issues that had been raised through a student survey at Bristol Dental Hospital, and were awaiting the outcome of investigations into these. - The Committee had expressed concern about the disappointing findings of an Ofsted report on the Trust's apprentice scheme which had highlighted issues including a lack of adequate support for apprentices to attend training and a lack of monitoring outcomes for students. As a result, the Trust's apprenticeship training scheme had been suspended pending a satisfactory recovery plan being agreed and implemented. The Committee had requested a report on the outcomes of the Trust's actions in this regard as soon as possible. - The Committee was also seeking assurance about the governance around education and development of staff more generally. Guy Orpen, Non-Executive Director, confirmed that the University of Bristol (his employer) was positive about progress being made to improve student experience in the Bristol Dental School. He too requested further assurance on the provision of education and training for the Trust's workforce. Jeff Farrar, Trust Chair, reminded Board members that the Trust was holding a staff workshop to refresh its approach to Equality and Diversity on 6 February and outcomes of this would be reported back to the People Committee.	

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	Carole Dacombe, Public Governor, added that the Governors' Quality Focus Group received regular updates on the People Committee's progress, and were seeking continued assurance from the Committee that the Board were fully supportive of it and prepared to invest in their staff. **Members RESOLVED to:** • **Receive** the People Committee Chair's report for assurance.	
205/01/2019	13. **Learning from Deaths Report**	
	William Oldfield, Medical Director, presented this report, for the first two quarters of the Learning from Deaths process in 2018/2019. Key points were as follows: • All adult inpatient deaths had been screened • A structured case note review had occurred in 26% of cases • The majority of care provided when reviewed was good • Three patients were referred to the Medical Director Team for further review and no avoidable deaths had been identified. There had been some issues in relation to the identification of patients who were on the end of life pathway in order to move the focus from curative to treatment and dignity. • He highlighted that there had been five cases that related to adults with Learning Disabilities, but no concerns had been raised about these. **Members RESOLVED to:** • **Receive** the Learning from Deaths report for assurance.	
Sustainability and Transformation		
206/01/2019	14. **Transforming Care Programme Board Report**	
	Paula Clarke, Director of Strategy and Transformation, presented this report which reported work in the previous six months against the following three priority areas: • Digital Transformation, • Working Smarter and Productivity Improvement • The Quality Improvement programme The Board heard that the transforming care programme was a key part of the Trust's efforts to make improvements in the quality of the care it provided. It balanced management of long-term large-scale change projects across the organisation with the provision of support for staff to undertake small-scale improvement projects in their own areas. She highlighted that significant progress had been made in relation to the Digital Hospital programme and in terms of divisional support for the implementation of changes.	

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	Non-Executive Directors welcomed the structure and format of the report and the exciting programme of change that it described. They sought assurance in some areas of delivery. Jill Youds, Non-Executive Director, referred to the risk identified within the report in relation to the capacity of the team to support the digital programme and asked whether more investment was required. Paula Clarke acknowledged that ambition needed to be balanced with the practicality of making change in a large organisation, working round capacity issues by rolling out improvements in quieter periods. Madhu Bhabuta, Non-Executive Director, welcomed the focus on technological improvements but requested assurance around the number of areas showing as behind schedule. Paula Clarke responded that the programme had been ambitious, and that she was not concerned about delays as long as it indicated that change was being embedded properly throughout the organisation. Martin Sykes, Non-Executive Director requested further information about the outpatient programme and the work to reduce cancelled operations. Mark Smith explained that this was a work in progress and he summarised some of the initiatives to address this, including a move to a real-time outpatient system through which all elements of an outpatient appointment could be fulfilled on the same day. **Members RESOLVED to:** • **Receive** the Transforming Care Programme Board Report for information.	
207/01/2019	**15. Healthier Together STP Report**	
	Robert Woolley, Chief Executive, introduced the regular bi-monthly report on the priorities and status of the Healthier Together Sustainability and Transformation Partnership (the collaboration between health and care organisations across Bristol, North Somerset and South Gloucestershire - BNSSG). Key points were as follows: • Since the last report in November, the System Delivery Oversight Group and the planning sub-group continued to focus on progressing the system plan. This would involve creating a single budget and a single performance framework for urgent care. • The report included a brief summary of the outcomes of a two-day event held on 11-12 December to redesign the urgent care system. • The development of a workforce plan for 2018/19 remained one of the highest priorities. There were now systems in place to develop workforce plans across BNSSG with a 1-year and 5-year time horizon. • The BNSSG system was considering its collective ambition for becoming an Integrated Care System for 2019/20	

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	• The report also contained more details about the Healthy Weston consultation and the re-procurement of community services across the region. John Rose, Public Governor, asked whether the Board was confident that the general public understood the extent of the work of Healthier Together/STP. Robert Woolley acknowledged that Healthier Together needed to put more effort and attention into how to engage the general public. There was now however a renewed focus on this in recent months, thanks in part to national funding that had been received from the region's designation as an aspirant Integrated Care System. North Bristol NHS Trust's Director of Communications was now overseeing the creation of a communications and engagement strategy for the whole of Healthier Together/STP. John Rose further highlighted the importance of considering the patient voice at the start of a consultation process as patients could help to identify gaps in relation to connectivity between organisations. Robert Woolley added that public consultation often took place in relation to individual programmes, for example, stroke services, rather than the overall STP programme. Jill Youds, Non-Executive Director, added that the Board was raising similar questions 12-18 months ago. As a Board, regular reports were now giving them greater assurance that there was a sense of momentum and actions were starting to happen, but there were still valid questions about how this translated to the public perception. **Members RESOLVED to:** • **Receive** the Healthier Together STP Report for assurance.	
Financial Performance		
208/01/2019	**16. Finance Report**	
	Kate Parraman, Deputy Director of Finance and Information, introduced a report of the Trust's financial position to the end of December. She highlighted the following key points: The Trust was had achieved its operational plan requirement to December, reporting a surplus of £13.537m, £0.024m favourable to plan. The Trust had reported Divisional and Corporate overspends of £5.003m, but these had been offset by • Corporate share of income over performance of £1.414m • Release of Corporate Reserves of £2.952m • Financing underspends of £0.661m The Trust was continuing to deliver activity and the focus was on controlling costs. The Trust had met the core control total for the first three quarters,	

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	therefore PSF core funding had been achieved. However, the trajectory would increase in Q4 and the Trust did not realistically think that it would achieve the increased level so the Performance Sustainability Funding (PSF) for quarter four continued to be forecast as not achieved. At this point the Trust was still forecasting formally to deliver the year end Control Total of a £3m surplus (excluding PSF) and £16.9m (including PSF). The focus was now on planning for 2019-20. **Members RESOLVED to:** • **Receive** the Finance Report for assurance.	
209/01/2019	**17. Finance Committee Chair's report**	
	Martin Sykes, Finance Committee Chair, introduced a report from the meeting of the Finance Committee on 24 January 2019, including the following key points: • The Committee had considered a range of financial reports including a detailed report on the Trust's financial position, updates on income and expenditure from a Trust and divisional perspective, an update on the savings programme, service line reporting, and details of the capital programme. • The Committee had considered the mechanisms by which the Executives could support divisions to continue to reduce costs and achieve the divisional control totals and identify areas for potential productivity and efficiency savings • The Board should also be aware of the slippage in the capital programme and the knock-on impact to future years' delivery of capital projects. The Committee noted that there had been no identified impact on quality or operations; however this would need to be kept under review. The Committee would be seeking further assurance about the systems to further improve delivery of the programme, particularly in relation to capacity within the procurement team. • The Committee had noted the work by the medical workforce group to clarify and implement trust-wide controls around consultant job planning and additional hours payments. Divisions had reported that they welcomed these developments. **Members RESOLVED to:** • **Receive** the Finance Committee Chair's report for assurance.	
210/01/2019	**18. Standing Financial Instructions - Review**	
	Kate Parraman, Deputy Director of Finance and Information, introduced a report seeking approval on proposed changes following the annual review of the Standing Financial Instructions and Scheme of Delegation. The revisions had been reviewed and agreed by the Finance Committee.	

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	They included changes to titles of people and groups, changes reflecting revised operational practice, and other minor amendments. She drew the Board's attention to two changes which had been proposed since Finance Committee, highlighted green, which clarified the threshold levels for Recommendation Reports in the procurement of goods and services (Section 9.4.4) and Tender Evaluation Reports in Tendering Procedure (Section 10.10.2). She added that there might also be some small adjustments in the year, for example around charitable trust funding, which would be brought to Finance Committee for consideration. **Members RESOLVED to:** • **Approve** the Trust's Standing Financial Instructions.	
211/01/2019	**19. Accounting Policies**	
	Kate Parraman, Deputy Director of Finance and Information, introduced a report seeking approval of the proposed changes to the Trust's Accounting Policies. She explained that the Trust was required to review its accounting policies on an annual basis and when changes were required by an accounting standard, following advice from NHS Improvement including revisions to the Department of Health and Social Care Group Accounting Manual (DHSC GAM) or where it would improve the understanding of the Trust's statutory accounts. The proposed changes would not impact significantly the way in which the annual accounts would be prepared, and had already been reviewed and agreed by the Audit Committee. **Members RESOLVED to:** • **Approve** the Accounting Policies.	
Governance		
212/01/2019	**20. Well-Led External Review Report**	
	Eric Sanders, Trust Secretary, introduced this report of the findings and recommendations from the Good Governance Institute following their review of the Trust's leadership and governance against the Well-led Framework. Key issues were as follows: • The review had been externally facilitated by the Good Governance Institute (GGI) and was completed in line with the guidance issued by NHS Improvement. • Their findings had been generally positive. There were a number of recommendations to enable the Trust to develop further which would now be incorporated into the Board Development Programme. • The outcome of the review would be shared with NHS Improvement and the Care Quality Commission (CQC). **Members RESOLVED to:**	

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Minute Ref	Item Number	Action
	• **Receive** the Well-Led External Review Report for assurance	
213/01/2019	21. **Register of Seals – Q3**	
	Eric Sanders, Trust Secretary introduced this quarterly report of the applications of the Trust Seal since the previous report in November 2018. The seal had been used on one occasion. **Members RESOLVED to:** • **Receive** the Quarter 2 Register of Seals report for assurance.	
214/01/2019	22. **Report from the Chair of the Audit Committee**	
	Members of the Board had received a written report from the Chair of the Audit Committee summarising the business discussed at the meeting on 14 January. In the absence of David Armstrong, Chair of the Audit Committee, Martin Sykes, Non-Executive Director, highlighted the following issues: • The Committee received a report on the Trust's implementation of a Premises Assurance Model, which showed the extent to which areas of the Trust premises were compliant with national standards and the areas in which improvements were needed. The Committee had welcomed the holistic approach of the report but had requested more information on the actions required to ensure fire safety compliance. • The Committee had received assurance from the Director of Pharmacy on the considerable progress made by the Trust in reducing drug wastage. • The Committee welcomed the strengthening of committee oversight of the reporting of Strategic and Operational (Corporate) Risks, with each committee responsible for reviewing different mitigation activities. **Members RESOLVED to:** • **Note** the report from the Chair of the Audit Committee	
Items for Information		
215/01/2019	23. **Governors' Log of Communications**	
	The purpose of this report was to provide the Board with an update on all questions asked by governors to officers of the Trust through the Governors' Log of Communications. Carole Dacombe, Public Governor, noted that the Log system now had a facility which enabled governors to maintain sight of ongoing concerns. **Members RESOLVED to:** • **Receive** the Governors' Log of Communications for information.	

Minute Ref	Item Number	Action
Concluding Business		
216/01/2019	**24. Any Other Urgent Business**	
	There was no further business. The Chair closed the meeting at 12:55.	
207/01/2019	**25. Date and time of Next Meeting**	
	The date of the next meeting was confirmed as **11.00 – 13.00, Thursday 28 March 2019, Conference Room, Trust HQ, Marlborough Street, Bristol, BS1 3NU.**	

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

Public Trust Board of Directors meeting
28 March 2019
Action Tracker

	Outstanding actions from the meeting held on 31 January 2019				
No.	**Minute reference**	**Detail of action required**	**Responsible officer**	**Completion date**	**Additional comments**
1.	195/01/2019	**Patient Story** Chair to write to the headteachers of the schools attended by the young carers to thank them for allowing them to come to the meeting.	Chair	March 2019	<u>Complete</u> This action is now closed.
2.	195/01/2019	**Patient Story** Carers' Strategy Steering Group work to take account of issues raised regarding visibility of young carers. To report back to Board through the Quality and Outcomes Committee.	Chief Nurse	March 2019	<u>Update provided</u> A specific set of actions related to young career visibility have been added into the work plan for the Carers' Strategy Steering Group, and agreed as a Trust quality objective for 2019/20.
3.	177/11/2018	**Chief Executive's Report** Trust Chair to write to Above and Beyond to thank them for their sponsorship of the Recognising Success staff awards evening.	Chair	March 2019	<u>Complete</u> This action is now closed.
4.	180/11/2018	**Report from the Chair of the People Committee** Trust Chair to review People Committee membership and Executive Director attendance	Chair /Trust Secretary	May 2019	<u>Work in Progress</u> A review of the Committee's operation (including membership/attendance) will be undertaken once the committee has been operating for 6 months.
5.	183/11/2018	**Research and Innovation Quarterly Report** Medical Director to review reporting lines for Research and Innovation	Medical Director	February 2019	<u>Complete</u> An update was circulated to the Board in February.

Closed actions from the meeting held on 31 January 2019					
No.	**Minute reference**	**Detail of action required**	**Responsible officer**	**Completion date**	**Additional comments**
6.	181/11/2018	**Healthier Together STP Update** Outcomes of Urgent and Emergency Care Event 11-12 December to be reported to Board.	Chief Executive	January 2019	Board updated in January meeting.

SENIOR LEADERSHIP TEAM

REPORT TO TRUST BOARD – MARCH 2019

1.   INTRODUCTION

This report summarises the key business issues addressed by the Senior Leadership Team in February and March 2019.

2.   QUALITY, PERFORMANCE AND COMPLIANCE

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

The group **received** updates on the financial position for 2018/2019 and look forward to 2019/2020, including the Operating Plan process.

3.   STRATEGY AND BUSINESS PLANNING

The group **approved** the renewed Embracing Change, Proud to Care – our 2025 Strategy, for onward submission to the Trust Board.

The group **approved** three Strategic Outline Cases as part of the Phase 5 Programme for Dermatology, Bristol Royal Hospital for Children Expansion and Bristol Haematology and Oncology Centre redesign, enabling them to proceed to the feasibility stage.

The group **approved** the Outline Business Case for the Cardiovascular Research Unit, subject to confirmation of funding, final design and physical scope of the programmes and full costings based on the updated scope and designs.

The group **approved** the Major Medical Capital Programme for 2019/2020.

The group received an update on and completion of the Quality Impact Assessments to support decisions made through the Operational Planning Process not to proceed with either internal or external investment proposals. It was **agreed** further discussion was required on two internal cost pressures that had not been prioritised for funding prior to final conclusion.

The group **approved** a prepared statement to assist research teams when identifying patients who could be contacted and invited to take part in research.

The group noted findings from the Diversity and Inclusion workshop held in February and **supported** the next steps and timeline going forward.

The group **noted** the planned arrangements to roll out an improved version of the Happy App.

The group received an update around plans for the future strategic direction of the Trust's internally provided apprenticeship delivery and **supported** the direction of travel described.

4.   RISK, FINANCE AND GOVERNANCE

The group **received** an update on the position in respect of drainage surveys across the campus and the programme of work going forward.

The group **noted** an update on the Trauma and Orthopaedic Service at the Bristol Royal Infirmary following a visit from Health Education England and the Severn Quality Panel.

The Group **noted** the final report from the Good Governance Institute following their review of the Trust against the Well-Led Framework.

The group **noted** the current position in terms of compliance with the four priority standards for Seven Day Services and next steps to be taken towards compliance.

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

The group received and **endorsed** the revised approach to confidential waste management and supported proposed next steps.

The group received an update on the Register of External Visits, Inspections and Accreditations Policy and Process for comment and **agreed** amendments prior to re-presentation and approval.

The group **approved** revised terms of reference for the Commissioning and Planning Group, Strategy Steering Group, Patient Safety Programme Board, Senior Leadership Team and the Joint UH Bristol/North Bristol Trust Clinical Sponsorship Board.   The group **received** terms of reference for the People Group and asked for further amendment prior to approval.

The group **received** one Internal Audit Report with satisfactory assurance in relation to consent and an update on the reduced number of outstanding recommendations from previous reports.

The group received and **supported** the proposed Internal Audit and Assurance Plan 2019-20 to 2021-22, with some final edits, for onward submission to the Audit Committee.

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

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

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

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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 2019

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Report Title	Quality and Performance Report
Report Author	James Rabbitts, Head of Performance Reporting Anne Reader, Head of Quality (Patient Safety) Deborah Tunnell, Associate Director of HR Operations
Executive Lead	Overview and Access – Mark Smith, Deputy Chief Executive and Chief Operating Officer Quality – Carolyn Mills, Chief Nurse/William Oldfield, Medical Director Workforce – Matt Joint, Director of People

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

Quality and Outcomes Committee	26 March 2019
People Committee	26 March 2019

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

Quality and Performance Report

March 2019

Single Oversight Framework

- The 62 Day Cancer standard for GP referrals achieved 85.1% for January. The national standard of 85% has been achieved for each of the eight months since June and was achieved for quarter 2 and 3 overall.
- The measure for percentage of A&E patients seen in less than 4 hours was 81.1% for February. This did not achieve the 95% national standard or the improvement trajectory target of 87%.
- The percentage of Referral To Treatment (RTT) patients waiting under 18 weeks was 89.1% as at end of February. Although this did not achieve the national 92% standard, the improvement trajectory target of 87% was achieved.
- The percentage of Diagnostic patients waiting under 6 weeks at end of February was 96.9%, with 263 patients waiting 6+ weeks. This is lower than the national 99% standard. The maximum allowed breaches to achieve 99% was 85.

Headline Indicators

There were three Clostridium Difficile cases and one MRSA case in February. The Trust remains below the year to date tolerance for Clostridium Difficile cases. Pressure Ulcer and Patient Falls incidence fell in February to below target levels. Falls fell to 4.67 falls per 1000 beddays (112 falls) and Pressure Ulcers to 0.08 per 1000 beddays (2 ulcers).

The headline measures from the monthly patient surveys and the Friends and Family Test remain above their minimum target levels in February 2019. The percentage of complainants who are dissatisfied with the response was below the 5% target level this month, with 4.5% of December's responses being re-opened due to complainant dissatisfaction.

Last Minute Cancelled Operations (LMCs) were at 1.7% of elective activity and equated to 109 cases. There were six breaches of the 28 day standard (LMCs from last month had to be re-admitted within 28 days). Ward Outliers is showing significant improvement in the last 8 months (see Outliers section), seeing a 50% reduction in outlier beedays between winter 2017/18 and winter 2018/19.

Workforce

February 2019 compliance for Core Skills (mandatory/statutory) training was at 89% across the eleven core skills programmes. Of the 11 Core Skills, Infection Prevention and Control (IPC) continued to recover from a temporary drop. There were strong improvements in both Medical/Dental induction (5% gain to 92%) and completion of the (corporate) Local Induction 'Workbook' (also a 5% gain, to 58%).

In February 2019, total staffing was at 8934 full time equivalent (fte). Of this, 5.1% was Bank (460 FTE) and 1.3% was Agency (112 FTE). The largest staff group increase was within Nursing & Midwifery increasing to 97.5 FTE from 91.6 FTE in the previous month. The staff group Admin & Clerical remains at 0 FTE. There had been 948 leavers over the previous 12 months with 7129 FTE staff in post on average over that period; giving a Turnover of 13.3%. Monthly review of Exit Interview data continues, reporting into Divisions to support their workforce support strategies. Close working with Estates and Facilities is in place to improve return rates on Exit Interviews.

Sickness absence reduced to 4.1% from 4.4%, with reductions in four divisions. Support continues with high levels of short and long term sickness cases. Analysis of hotspot areas, HR surgeries, face to face support for managers and monthly deep dive reports are provided for Divisions who fail to meet their target.

Appraisal compliance increased to 65.3% from 59.9%, with increases within all seven divisions. Training for managers continues to be offered, in particular in those departments with low compliance levels (below 60%)

1.2 OVERVIEW – Single Oversight Framework

Access Key Performance Indicator		Quarter 1 2018/19			Quarter 2 2018/19			Quarter 3 2018/19			Quarter 4 2018/19		
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
A&E 4-hours Standard: 95%	Actual	83.96%	91.14%	92.84%	90.26%	90.07%	85.00%	89.16%	84.24%	83.05%	84.50%	81.05%	
	"Trust Footprint" (Year To Date)	92.05%			91.77%			90.84%					
	Trajectory	90%	90%	90%	90.53%	91.26%	90.84%	90.06%	90.33%	87%	84%	87%	90%
	"Trust Footprint" Trajectory	90.0%			90.0%			90.0%			95.0%		
Cancer 62-day GP Standard: 85%	Actual (Monthly)	84.1%	82.4%	86.0%	85.7%	88.9%	87.4%	85.5%	87.9%	86.5%	85.1%		
	Actual (Quarterly)	84.2%			87.3%			86.6%					
	Trajectory (Monthly)	81%	83%	79%	83%	85%	85%	85%	85%	85%	85%	85%	85%
	Trajectory(Quarterly)	82.5%			85%			85%			85%		
Referral to Treatment Standard: 92%	Actual	88.2%	89.1%	88.6%	88.9%	88.7%	88.5%	89.6%	90.1%	89.3%	89.4%	89.1%	
	Trajectory	88%	88%	88.5%	88.5%	88.7%	88.5%	88.5%	88.0%	87.0%	86.0%	87.0%	87.0%
6-week wait diagnostic Standard: 99%	Actual	96.8%	97.6%	97.8%	97.9%	97.1%	98.1%	98.4%	96.9%	93.8%	93.3%	96.9%	
	Trajectory	97.9%	97.9%	97.9%	98.4%	99.0%	98.0%	98.0%	98.0%	98.0%	98.0%	99.0%	99.0%

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

Note on A&E "Trust Footprint":
In agreement with NHS England and NHS Improvement, each Acute Trust was apportioned activity from Walk In Centres (WIC) and Minor Injury Units (MIU) in their region. This apportionment is carried out and published by NHS England as "Acute Trust Footprint" data. This data is being used to assess whether a Trust achieved the recovery trajectory for each quarter. The A&E "Trust Footprint" data above relates to Trust performance after WIC and MIU data has been added.

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

Safe	Caring	Responsive		Effective	Efficient
Infection Control (C. diff and MRSA)	Monthly Patient Surveys	A&E 4-hours	Delayed Transfers of Care	Mortality	Bank Usage
Patient Falls	Friends and Family Test Score	Referral to Treatment Times	Last Minute Cancellations	Hip Fracture - 36 and 72 Hour Standards	Agency Usage
Pressure Ulcers	Complaints Response Time	Diagnostic Waits	Outpatient Hospital Cancellations	Hip fracture - Best Practice Tariff	Turnover
Medicines Management	Dissatisfied Complainants	Cancer 2 Week Wait	Outpatient DNAs (Did Not Attend)	Outliers	Vacancies
Essential Training		Cancer 62 Day	Outpatient Overdue Follow-Up Reduction	30 Day Emergency Readmissions	Staff Sickness
Nurse staffing levels					Appraisal Compliance
					Length of Stay

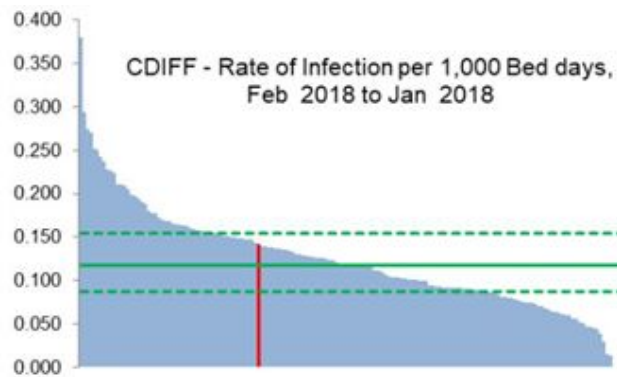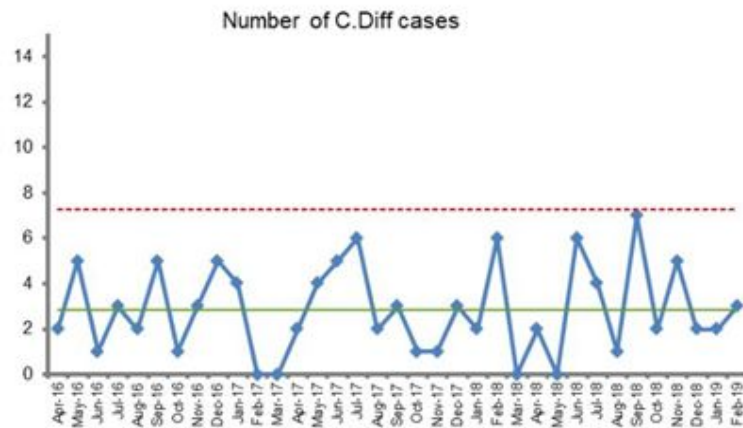|	Successes	Priorities
ACCESS	• Delivering the 62 day GP national standard for last eight months and in quarters 2 and 3. • Referral To Treatment (RTT) Performance trajectory has been consistently achieved for 11 months of 2018/19 and are on track to achieve the trajectory for month end of March 2019 which is 87%. Month-end reported position for end of February was 89.08% against a trajectory of 86%. • We continue to monitor and achieve the RTT Wait List size trajectory, whereby the requirement is to maintain the overall waiting list size at 29,207 by end of March 2019. • The 6 week wait diagnostic standard achieved 97% at end of February, which is an improvement from 94% and 93% at end of December and January respectively. • The number of patients On Hold was at 86,000 when the review began. As of end of February this number is being maintained at 19,500 with monthly reductions of around 200-400 pathways which are now labelled "transitional pathways". • Outpatient standards for open referral management (including Transitional Pathways and Partial Booking) have been agreed with divisions during February to ensure wait times in outpatients are maintained.	• Delivery of GP Cancer 62 Day national standard of 85% in quarter 4 • The divisional focus remains on reducing Outpatient follow-ups that are overdue by more than 6 months • Continue to deliver RTT trajectory above 87% in March 2019. • Continue to work with our commissioners with the review of the local patient access policy. The proposed changes have been included into a draft policy and gone through various governance groups within the commissioners during January 2019. The local GPs were involved in reviewing the content with during February and UHB now wait for the GP it feedback so we can progress to sign-off and implementation. • Review of divisional OPP plans for 2019/20 to ensure that the detail of the plans deliver national compliance across all of the key metrics. • RTT divisional trajectories to be mandated for 2019/20 to ensure overall Trust-level delivery is attained. • Achieve the 99% Diagnostic standard by Quarter 2 2019/20. • The "Clinically-led Review of NHS Access Standards" has been published by NHS National Medical Director.
	Opportunities	**Risks and Threats**
ACCESS	• Opportunity to maintain cancer performance with new national rules for allocation of performance between providers – national roll-out delayed to April 2019. • Observation of staff working practices in the Trust's Patient Administration System was successfully completed. We are currently using our Medway PAS system to the optimum given the RTT business rules that we currently have in place. A request has been made to IM&T to call off time from the System C team to carry out a review of our RTT look-up tables in Medway with a purpose to implement Transitional pathways and associated timescales. • A site visit to another Trust that uses the same PAS is due to be confirmed. Once a visit has been undertaken an options paper will be shared with the executives. • The local CCG has requested that UH Bristol are part of a short-term task and finish groups regarding weekly and month reporting of RTT information. This is around multiply requests for the same data but in different formats. This task and finish group commencing in April 2019. • On completion of the Local Access Policy review, UHB need to ensure that relevant internal SOPs are amended to support and guide staff are amended to reflect the changes. In additional, launch of a training module around 'The rules and recording RTT information in line with the local access policy' will be implemented. • The local CCG has requested that UH Bristol consider providing peer support across RTT, Cancer and Theatres. The CCG will confirm who requires the peer support and what the timescales are.	• Increased demand of 23% in gynaecology cancer across the region, resulting in increased late referrals. Also an increase in late referrals of breast cancer patients due to capacity problems at North Bristol. The new rules from April (assuming these are not delayed) reduce the risk associated with this. • ED attendances are increasing: 3.5% rise at BRI and 9.9% rise at BCH (Apr17-Jan18 vs Apr18-Jan19) • Diagnostic 6 week wait standard of 99% will not be delivered at end of Feb-19. The recovery plan, as submitted to NHS Improvement, requires delivery by end of quarter 1 2019/20. • The Trust continues to report 52 week breaches in Paediatric Services. The CCG has requested a revised plan of how the Trust will achieve ZERO 52 week breaches by End of March 2019. Long waiters will continue to be monitored at the weekly Performance meeting to ensure this is achieved • NHSI has requested additional information relating to 49-52 week waiting patients to be provided each Friday. Following submission of this information the Chief Operating Officer may receive a telephone call from the Head of Performance (SW) regarding the data supplied. • Without an agreed patient access policy to support the high level of cancellation/patient choice achieving ZERO long waiting patients would be difficult to achieve. • The Trust's Resilience Manager is leading on Brexit resilience plans

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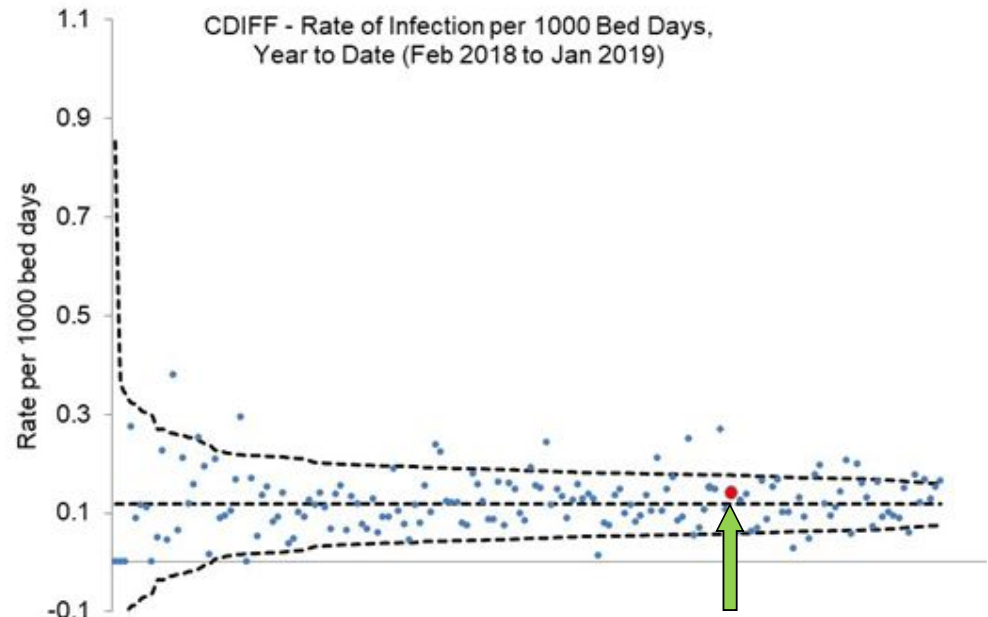|	**Successes**	**Priorities**
QUALITY	• February's FFT score for Inpatient services was 98.4% (2249 out of 2286 surveyed). The SPC (Statistical Process Control) chart in the narrative section for this indicator shows a statistical shift above the median between June 2018 and February 2019, which is positive. We now need to investigate the reason for the shift to see if we can learn from the improvement indicated by the data. • Ward Outliers is showing significant improvement in the last 8 months (see Outliers section), seeing a 50% reduction in outlier beedays between winter 2017/18 and winter 2018/19	• Complete data for antibiotic prescribing compliance for February 2019 is not yet available, and will be reported next month. It will be reviewed by the Lead Pharmacist for anti-infectives as soon as it is available. • VTE thrombo-prophylaxis data is showing at 88.6% compliance with prescription of appropriate thrombo-prophylaxsis. The new medical VTE Lead has identified a number of issues relating to VTE prevention, and has recommended actions for improvement including ceasing the current hybrid of paper and electronic systems for VTE risk assessment and further education and engagement with doctors in training regarding their role in VTE prevention.
	Opportunities	**Risks and Threats**
QUALITY	• The incidence of in-patient falls per 1,000 beddays has reduced in February 2019 to 112, which is 37 fewer than in January. There is an opportunity in 2019/2, as part of a national CQUIN for acute providers, to undertake some new improvement work aimed at further reducing falls incidence, for example measuring lying and standing blood pressure for in-patients at risk of falls.	• VTE risk assessments data currently indicates we are above the 95% national requirement measured by the required census methodology. This will start to show likely significant reduced compliance. As we switch from the "tick box" on discharge in Medway to electronic risk assessments on admission we will have more valid real time data which will require refocussed improvement and clinical engagement to gain a sustainable improved position.

	Successes	Priorities
WORKFORCE	• The Trust's National Staff Survey staff engagement score for 2018 = 7.2; which is an increase for the 5th year consecutively. Acute Trust average score = 7.0. • Of the 11 Core Skills, Infection Prevention and Control (IPC) made the strongest gain (4%, to 80% overall). It continues to recover from a temporary drop caused by transition to an annual update frequency • 65.3% appraisal compliance which is a 5.4% increase from last month in appraisal compliance. • Successful newly qualified children's nurse campaign with 90 new starters offered for September 2019. • Successful use of assessment centres for the recruitment of Ancillary staff will significantly reduce vacancy levels once all appointees are in post, realising a reduction in bank use for this staff group.	• The Trust continues coordination with North Bristol Trust, to facilitate the 'pass-porting' of core skills training for staff moving between the two Trusts, commencing end April 2019. • System testing for the new functionality of 'delegation of appraisal' to an alternative manager will commence. • A focus on the provision of hotspot reporting to areas in the Trust below 60% appraisal compliance to ensure targeted efforts in improving compliance. • Appointment of a Project Manager to support the BNSSG collaboration to reduce high cost, off-contract nurse agency use. • Contributing to the NHSI consultation to restricting off-framework agency workers for non-clinical and unregistered clinical shifts, and restricting the use of admin and estates agency workers, except for special projects and shortage specialties.
	Opportunities	**Risks and Threats**
WORKFORCE	• Relaunch of Happy App in early March 2019 to encourage further 'real' time feedback from staff about their day to day experience at work. • Feedback on Staff Survey results 2018 is set for the `you said we did week' in March, providing an opportunity to ensure teams know their feedback is valued, they are listened to and acted upon. • The local induction workbook is now a personal eLearning placed on each new starter's learning plan. The eLearning format will give rigor to compliance monitoring, assigning clear responsibility for 'sign off' to the new starter. This will improve both the quality and compliance of local inductions for new staff.	• Whilst an increase in appraisal compliance has been achieved Trust-wide, appraisal compliance remains low against target. Focused support continues. • Employee Services capacity to support the volumes of work around supporting attendance for long term and short term sickness absence case management. (ongoing) • Potential increase in the turnover of EU staff as a result of fears with the outcomes of the BREXIT negotiations.

Infections – Clostridium Difficile (C.Diff)	
Standards:	Number of Trust Apportioned C.Diff cases to be below the national trajectory of 44 cases for 2018/19. Review of these cases with commissioners' alternate months to identify if there was a "lapse in care".
Performance:	There were three trust apportioned C.Diff cases in February 2018, giving 34 cases year-to-date. This is below the year-to-date trajectory of 41 cases
Commentary/ Actions:	These three cases require a review with our commissioners before determining if the cases will be Trust apportioned. Once reviewed in March, any outstanding appropriate actions will be implemented. All cases have had an initial review to ensure there is no cross infection. For 2019/20 there are changes to the C. Difficile reporting algorithm which reduces the number of days to identify hospital onset healthcare associated cases from ≥3 to ≥2 days following admission. The limit for the Trust for 2019/20 has been set at 57 cases.
Ownership:	Chief Nurse

Number of C.Diff cases

CDIFF - Rate of Infection per 1,000 Bed days, Feb 2018 to Jan 2018

CDIFF - Rate of Infection per 1000 Bed Days, Year to Date (Feb 2018 to Jan 2019)

CDIFF Cases	Feb-19	2018/2019
Medicine	1	7
Specialised Services	2	13
Surgery	0	4
Women's and Children's	0	10
Grand Total	3	34

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

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Infections – Methicillin-Resistant Staphylococcus Aureus (MRSA)	
Standards:	No Trust Apportioned MRSA cases.
Performance:	There was one trust apportioned MRSA cases in February, making six cases year-to-date.
Commentary/ Actions:	A Post Infection Review (PIR) has been undertaken. All Trust policies and procedures were undertaken appropriately. The PIR will be shared with the CCG to help their collection of data with regards to People Who Inject Drugs and inform their action plan. Ongoing training and reporting mechanisms are continuously being reviewed to ensure any learning is identified and shared accordingly.
Ownership:	Chief Nurse

MRSA	Feb-19	2018/2019
Medicine	0	2
Specialised Services	0	1
Surgery	1	3
Women's and Children's	0	0
Grand Total	1	6
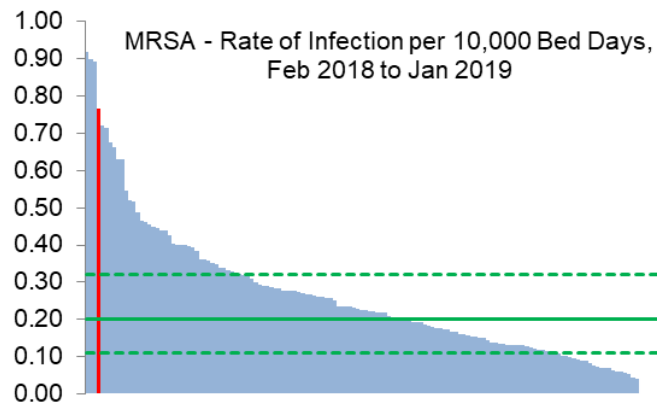
MRSA - Rate of Infection per 10,000 Bed Days, Feb 2018 to Jan 2019

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

MRSA - Rate of Infection per 10,000 Bed Days, Feb 2018 to Jan 2019
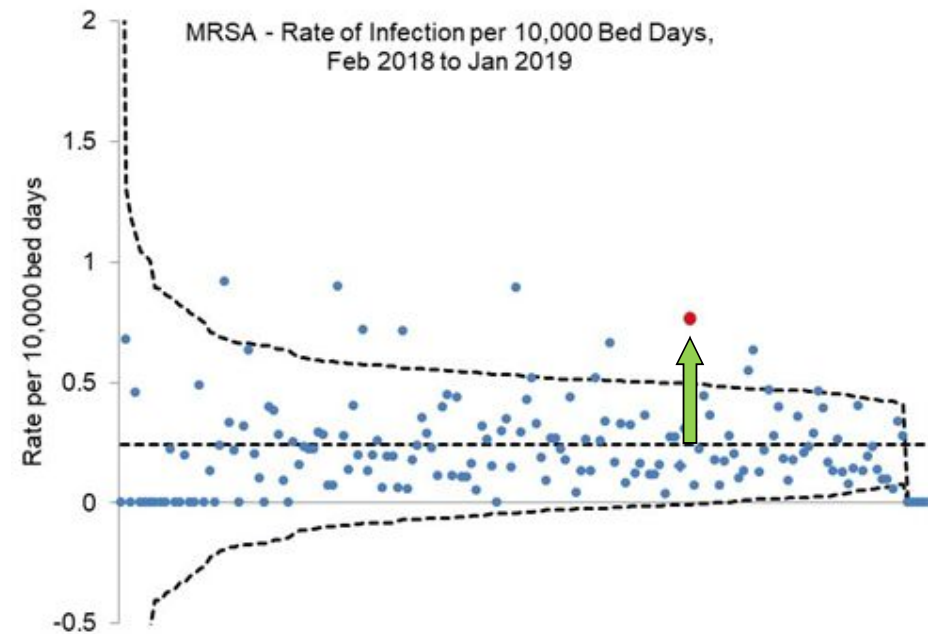
Patient Falls and Pressure Ulcers

Standards:	Inpatient Falls per 1,000 beddays to be less than 4.8. Less than 2 per month resulting in Harm (Moderate or above) Hospital acquired Pressure Ulcers to be below 0.4. No Grade 3 or 4 Pressure Ulcers
Performance:	Falls rate for February was 4.67 per 1,000 beddays. This was 112 falls with one resulting in harm. Pressure Ulcers rate for February was 0.08 per 1,000 beddays. There were two Pressure Ulcers in February, with zero at Grades 3 or 4.
Commentary/ Actions:	The total number of **patient falls** in February is 37 fewer than January. All divisions reduced their falls and there was only one fall with moderate harm in the Medicine division. The Falls Steering Group will be reviewing the data at the next meeting. Ongoing actions from the steering group include a working group to update the multi-factorial falls risk assessment and the development of a new falls care plan. The vision impairment checklist is under development with a plan to roll out in quarter one 2019/20. It has been noted that there has been an increase in referrals to the Dementia, Delirium & Falls team for support with patients who fall or at high risk of falling. **Pressure ulcer** performance for February 2019 has significantly improved. The overall number of pressure ulcers reported reduced to 0.083 per 1,000 bed days. This comprises two Category 2 pressure ulcers. Close monitoring and actions continue to manage and maintain performance. A more detailed report regarding actions being taken to reduce the risk of hospital acquired pressure ulcers is provided to the Quality and Outcomes Committee this month.
Ownership:	Chief Nurse

Falls per 1000 Bed Days

Pressure Ulcers per 1000 Bed Days

PERFORMANCE – Safe Domain

Medicines Management	
Standards:	Number of medication errors resulting in harm to be below 0.5%. Note this measure is a month in arrears. Of all the patients reviewed in a month, under 0.75% to have had a non-purposeful omitted dose of listed critical medication
Performance:	Two moderate harm medication incidents were reported in January 2019, out of 259 cases audited, giving a percentage of 0.77%. Omitted doses were at 0.25% in February (1 case out of 404 reviewed).
Commentary/ Actions:	Both of the January incidents involved medications that are high risk and require actions to be taken in terms of improving guidelines that are in place within the trust. The first incident involved a patient who was assessed for venous thromboembolism risk, and was prescribed and given prophylaxis; however the patient was awaiting a CT head. CT head showed an acute-on-chronic subdural haematoma, which could have worsened with the anticoagulant. The second incident has yet to have the investigation completed, so the level of actual harm may yet change but it involved a patient who was regularly taking a systemic anticancer oral medicine, capecitabine. The patient was admitted to a ward in the BRI, and not in the BHOC. The patient was prescribed capecitabine 'to continue' but this was not understood as needing a weeks' break from treatment as per normal protocol. The patient received capecitabine for a longer duration than the two week course. Work is required to improve the safety of patients who are receiving their anticancer medicines in locations other than BHOC. The non-purposeful omitted critical medicines audit in February in areas using paper drug charts revealed one unintentional omission of medicines, returning a figure of 0.25% for January. The cumulative figure for this financial year is 0.37%, which is on target and below the threshold of 0.75%. Full data on non-purposeful omitted critical medicines in Medway e-prescribing (EPMA) wards was 0.0% for February, the sixth consecutive month there have been no omissions.
Ownership:	Medical Director

Medication Errors Resulting in Harm

Omitted Doses

Essential Training		
Standards:	Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%	
Performance:	In February 2019 Essential Training overall compliance increased to 89% compared to 88% in the previous month (excluding Child Protection Level 3).	
Commentary/ Actions:	February 2019 compliance for Core Skills (mandatory/statutory) training increased to 89% overall across the eleven core skills programmes. There were no reductions and there were three increases from the previous month across the eleven core skill programmes. The largest increase was seen in Infection Prevention & Control increasing to 80% from 76% the previous month. Compliance for all other Essential Training remained static at 94% compared with the previous month. - Of the 11 Core Skills, Infection Prevention and Control (IPC) continued to recover from a temporary drop caused by IPC level 2's transition from a 3-yearly to an annual update frequency. - Although the overall compliance for other essential training programmes remained static at 94%, there were strong improvements in both Medical/Dental induction (5% gain to 92%), and completion of the (corporate) Local Induction 'Workbook' (also a 5% gain, to 58%). The local induction workbook is now an eLearning format placed on each new starter's learning plan and facilitates improved interactive learning. - The Trust continues coordination with North Bristol Trust to facilitate the 'pass-porting' of core skills training for transferees between the two Trusts, with a planned commencement from the end April 2019.	
Ownership:	Director of People	

Essential Training	Feb-19	KPI
Equality, Diversity and Human Rights	96%	90%
Fire Safety	88%	90%
Health, Safety and Welfare (formerly Health & Safety)	94%	90%
Infection Prevention and Control	80%	90%
Information Governance	87%	95%
Moving and Handling (formerly Manual Handling)	87%	90%
NHS Conflict Resolution Training	95%	90%
Preventing Radicalisation	93%	90%
Resuscitation	74%	90%
Safeguarding Adults	92%	90%
Safeguarding Children	91%	90%

Essential Training	Feb-19	KPI
UHBristol NHS Foundation Trust	89%	90%
Diagnostics & Therapies	91%	90%
Facilities & Estates	93%	90%
Medicine	88%	90%
Specialised Services	88%	90%
Surgery	88%	90%
Trust Services	93%	90%
Women's & Children's	88%	90%

Nursing Staffing Levels	
Standards:	Staffing Fill Rate is the total hours worked divided by total hours planned. A figure over 100% indicates more hours worked than planned. No target agreed
Performance:	February's overall staffing level was at 99.9% (219,371 hours worked against 219,568 planned). Registered Nursing (RN) level was at 96.2% and Nursing Assistant (NA) level was at 109.5%
Commentary/ Actions:	Overall for the month of February 2019, the trust had 96% cover for RN's on days and 97% RN cover for nights. The unregistered level of 103% for days and 118% for nights reflects the activity seen in February 2019. This was due primarily to NA specialist assignments to safely care for confused or mentally unwell patients in adults particularly at night. Ongoing Actions: Continue to validate temporary staffing assignments against agreed criteria.
Ownership:	Chief Nurse

FEBRUARY 2019 DATA

	Day	Night	TOTAL
Registered Nurses	95.6%	96.9%	96.2%
Nursing Assistants	103.4%	118.0%	109.5%
TOTAL	**97.9%**	**102.4%**	**99.9%**

Medicine	109.6%
Specialised Services	99.4%
Surgery	101.8%
Women's and Children's	92.3%
TOTAL	**99.9%**

Stafiing Fill Rate

Rebased July 2017

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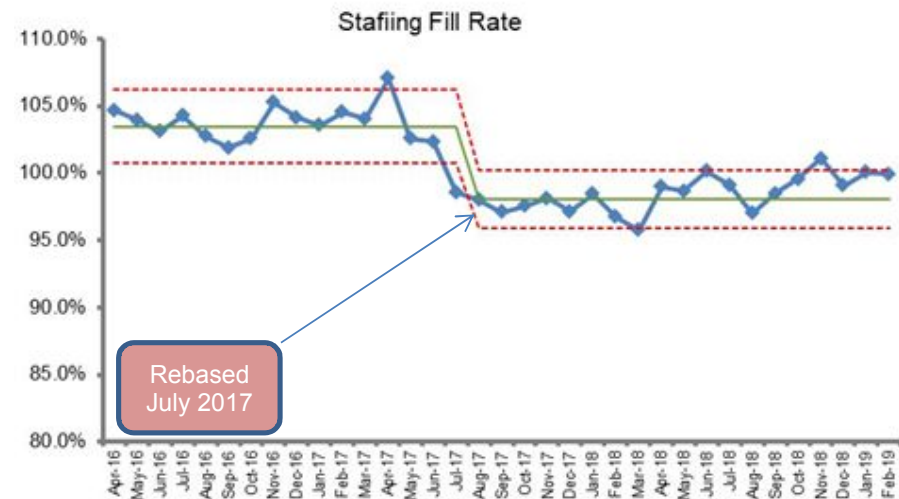
Monthly Patient Survey	
Standards:	For the inpatient and outpatient Survey, 5 questions are combined to give a score out of 100. For inpatients, the target is to achieve 87 or more. For outpatients the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target of 90 or over.
Performance:	For February 2019, the inpatient score was 91/100, for outpatients it was 89. For the kindness and understanding question it was 97.
Commentary/ Actions:	The headline measures from these surveys remained above their minimum target levels in February 2019, indicating the continued provision of a positive patient experience at UH Bristol.
Ownership:	Chief Nurse

Inpatient Experience Score

Outpatient Experience Score

Inpatient Kindness and Understanding Score

2.2 PERFORMANCE – Caring Domain
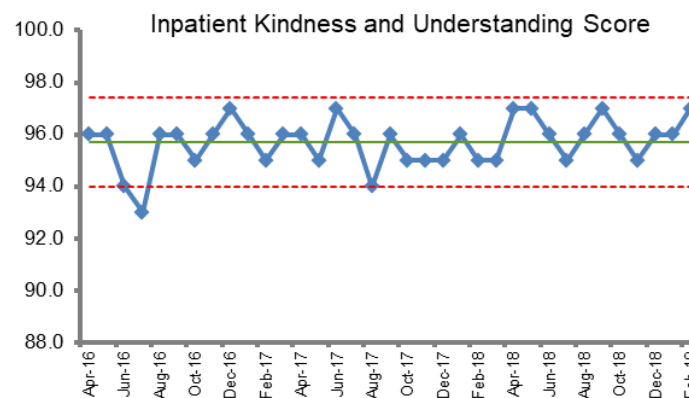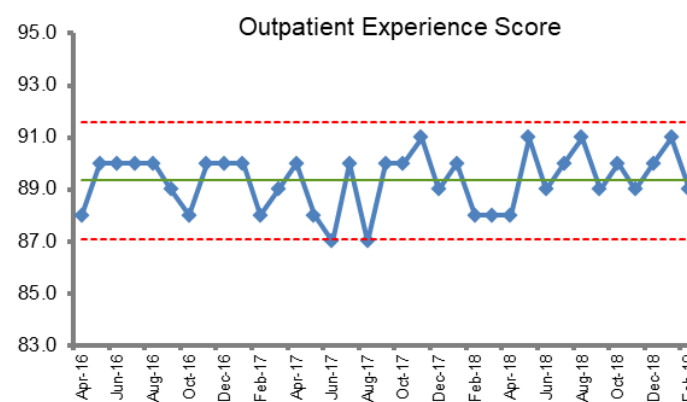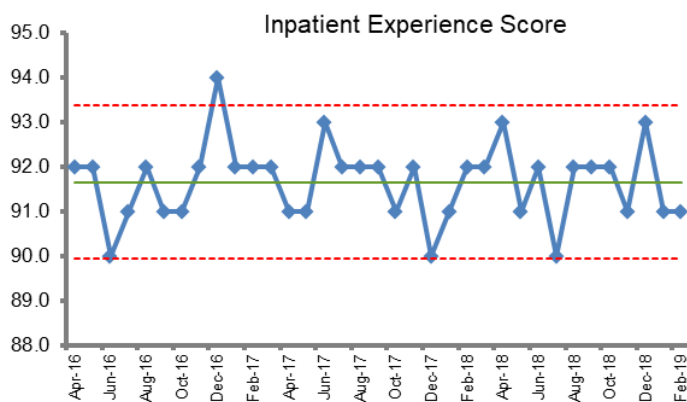
Friends and Family Test (FFT) Score	
Standards:	The FFT score is the number of respondents who were likely or very likely to recommend the Trust, as a percentage of all respondents. Standard is that the score for inpatients should be above 90%. The Emergency Department minimum target is 60%.
Performance:	February's FFT score for Inpatient services was 98.4% (2249 out of 2286 surveyed). The ED score was 80.4% (1011 out of 1258 surveyed). The maternity score was 98.7% (295 out of 299 surveyed).
Commentary/ Actions:	The Trust's scores on the Friends and Family Test were above their target levels in February 2019.
Ownership:	Chief Nurse

FFT Inpatient Score

FFT Maternity Score

FFT ED Score
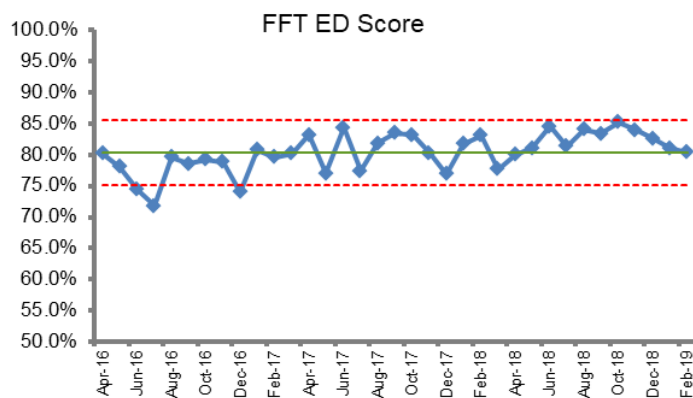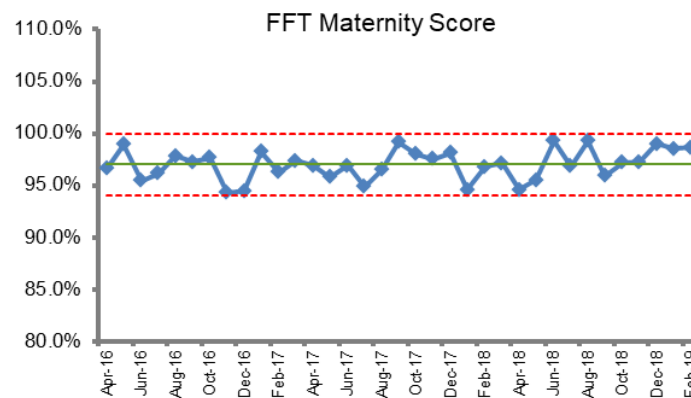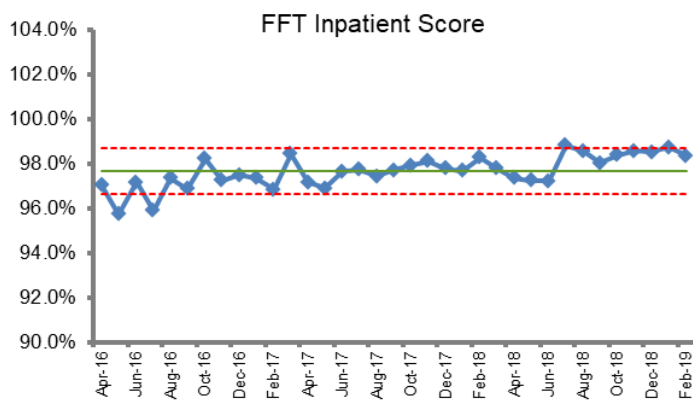
	Response Rate		Score	
	Feb-19	**2018/2019**	**Feb-19**	**2018/2019**
Inpatients				
Medicine	51.2%	37.4%	97.6%	97.4%
Surgery	36.8%	34.6%	99.2%	98.7%
Specialised Services	45.3%	37.0%	99.6%	98.0%
Women's and Children's	33.4%	32.5%	96.9%	98.2%
TOTAL	**40.5%**	**35.1%**	**98.4%**	**98.2%**
Emergency Department				
Bristol Royal Infirmary	9.9%	11.8%	62.7%	67.6%
Children's Hospital	15.0%	18.3%	79.9%	85.5%
Eye Hospital	25.1%	22.8%	93.7%	94.2%
TOTAL	**15.2%**	**16.4%**	**80.4%**	**82.6%**
Maternity				
TOTAL	23.0%	18.1%	98.7%	97.3%

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Patient Complaints	
Standards:	For all formal complaints, 95% of them should have the response posted/sent to the complainant within the agreed timeframe. Of all formal complaints responded to, less than 5% should be re-opened because complainant is dissatisfied.
Performance:	In February, 48 out of 61 formal complaints were responded to with timeframe (78.7%) Of the 44 formal complaints responded to in December, 2 resulted in the complainant being dissatisfied with the response (4.5%)
Commentary/ Actions:	Of the 13 breaches of the response time standard, 11 were for the Division of Women's & Children's Services (seven for Bristol Royal Hospital for Children and four for St Michael's Hospital); one of these 11 breaches was due to a delay in the Patient Support & Complaints Team, with the remaining 10 attributable to delays within the Division. The Divisions of Medicine and Trust Services had one breach each (both attributable to the Divisions). The Divisions of Specialised Services and Surgery had no breaches, with 100% of their formal responses being sent out by the agreed deadline. The dissatisfied breaches represent 2 cases from the 44 first responses sent out during December. A monthly review of all dissatisfied cases is now being carried out by the Head of Quality (Patient Experience and Clinical Effectiveness) and a Divisional Head of Nursing; learning from this review is shared with all Divisions via the Clinical Quality Group.
Ownership:	Chief Nurse

Complaints Responded in Timeframe

Percentage of Complaints Reopened Due to Dissatisfaction

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Emergency Department 4 Hour Wait	
Standards:	Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours. The Trust's improvement trajectory is 87% for February.
Performance:	Trust level performance for February was 81.05% (11236 attendances and 2129 patients waiting over 4 hours).
Commentary/ Actions:	Performance at the Children's Hospital was 90.5% in February. This is alongside a 10.3% rise in attendances (Apr18-Feb19 vs Apr17-Feb 18). The Bristol Royal Infirmary achieved 69.2% in February and the Eye Hospital achieved 98.0%. Bristol Royal Infirmary saw a 3.5% rise in attendances for the same time period. The Sustainability and Transformation Fund (STF) target for Quarter 4 has been set at 95%. The Trust has declared expected non-delivery of this standard in the NHS Improvement return.
Ownership:	Chief Operating Officer

Trust Level 4 Hour Performance

Trust Level Attendances and Breaches

4 Hr Performance, Type 1 ED Departments - 201819 Q3

Unbroken horizontal line is England median; dotted lines are upper & lower quartiles
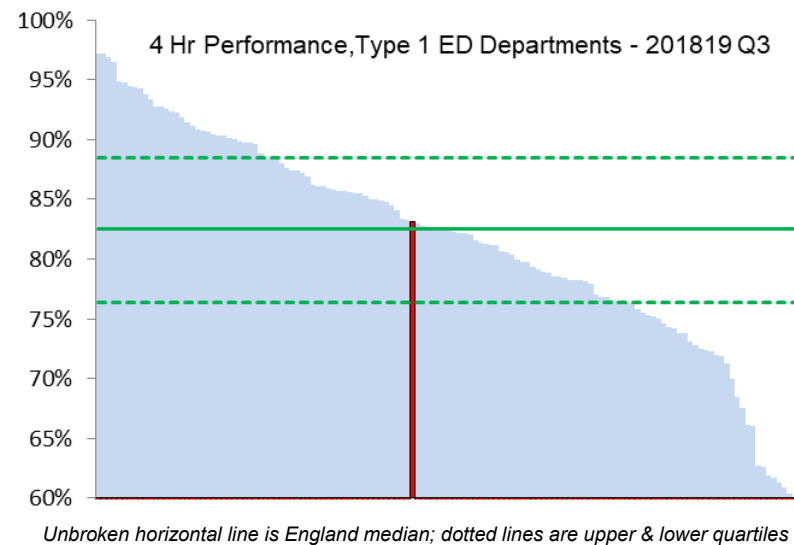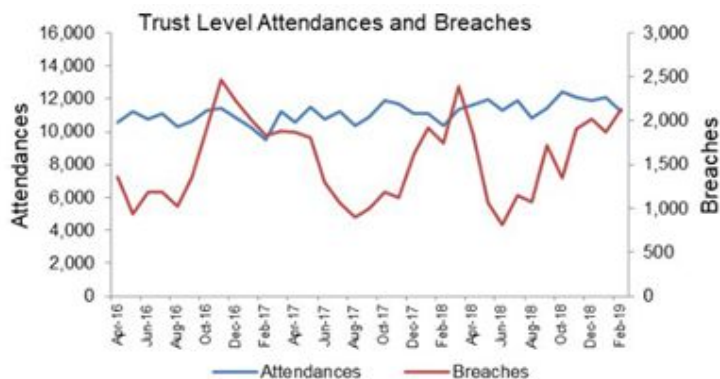
	Attendances		Under 4 Hours		Performance	
	Feb-19	2018/2019	Feb-19	2018/2019	Feb-19	2018/2019
BRI	5665	65553	3922	51891	69.23%	79.16%
Trust	11236	128754	9107	111804	81.05%	86.84%

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Emergency Department Attendances

Percentage of Emergency BRI Spells - Patients Aged 75yrs and Over

Emergency Inpatient Activity (BRI Discharges)

Percentage of ED Attendances Resulting in Admission

PERFORMANCE – Responsive Domain

<table>
<tr><td colspan="2" align="center">Referral to Treatment (RTT)</td></tr>
<tr><td>Standards:</td><td>At each month-end, the Trust reports the number of patients on an ongoing RTT pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks. The Trust's improvement trajectory has been set at 87.0% for end of February. In addition, no-one should be waiting 52 weeks or over at the end of March 2019.</td></tr>
<tr><td>Performance:</td><td>At end of February, 89.1% of patients were waiting under 18 week (25,311 out of 28,411 patients). 21 patients were waiting 52+ weeks</td></tr>
<tr><td>Commentary/ Actions:</td><td>The 92% national standard was not met at the end of February; however, this was above the recovery trajectory target of 87%. March is on track to deliver the 87% recovery trajectory.
Key actions for 2019/20: Achieve zero 52 week waiting patients at the end of March 2019 and maintain through the year. Ensure reduction of the waiting list continues through 2019/20 and ensure that set trajectories continue to be achieved month on month. Finalise the divisional RTT trajectories to ensure that they are in line with Operating Plans. These will be performance managed through the weekly divisional performance meetings, chaired by Deputy Chief Operating Officer.</td></tr>
<tr><td>Ownership:</td><td>Chief Operating Officer</td></tr>
</table>

Ongoing RTT Under 18 Weeks

Rebased Sep 2017

RTT Ongoing - Peer Distribution: Percentage Waiting Under 18 Weeks

Jan 2019

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

Ongoing Pathways at Feb-19

	Ongoing Pathways	Ongoing Over 18 Weeks	Ongoing Performance
Cardiology	2,066	406	80.3%
Cardiothoracic Surgery	313	85	72.8%
Dermatology	2,385	257	89.2%
ENT	2,136	140	93.4%
Gastroenterology	915	16	98.3%
General Medicine	6	0	100.0%
Geriatric Medicine	63	3	95.2%
Gynaecology	1,331	162	87.8%
Neurology	228	23	89.9%
Ophthalmology	3,694	358	90.3%
Oral Surgery	2,394	224	90.6%
Other (Clinical Genetics)	841	67	92.0%
Other (Dental)	2,122	90	95.8%
Other (General Surgery)	1,503	300	80.0%
Other (Haem/Onc)	151	2	98.7%
Other (Medicine)	613	22	96.4%
Other (Other)	476	4	99.2%
Other (Paediatric)	5,245	777	85.2%
Other (Pain Relief)	66	0	100.0%
Other (Thoracic Surgery)	128	5	96.1%
Plastic Surgery	3	0	100.0%
Rheumatology	599	31	94.8%
Thoracic Medicine	394	11	97.2%
Trauma & Orthopaedics	739	117	84.2%
TOTAL	**28,411**	**3,100**	**89.1%**

Diagnostic Waits
Standards:	Diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is for 99% of patients referred for one of the 15 high volume tests to be carried-out within 6 weeks, as measured by waiting times at month-end.
Performance:	At end of February, 96.9% of patients were waiting under 6 weeks (8,316 out of 8,579 patients). There were 263 breaches of the 6-week standard.
Commentary/ Actions:	The Trust did not achieve the 99% national standard at end of February. The maximum number of breaches needed to achieve 99% was 85 breaches. The areas carrying the largest volume of breaches are Echocardiography, Non-obstetric ultrasound and CT Cardiac, see table below. Additional capacity for Echos is being utilised during Quarter 4 and into quarter 1 next year, with the service predicting a return to the 99% standard during April/May 2019. For Ultrasound, the service is running waiting list initiatives and utilising agency and locum sonographers to cover vacancies while permanent staff are recruited. The service predict a return to the standard by end of May 2019. Demand for CT Cardiac is showing a significant increase (40% Apr-Dec 2017 to 2018). The new CT scanner will provide capacity for some of that demand but is not expected to be operational until September. The service have a job planning meeting in early April to review options to increase capacity in-house to manage demand between now and September.
Ownership:	Chief Operating Officer

Diagnostics Percentage Under 6 Weeks

Diagnostic Tests Peer Distribution: Percentage Waiting Under 6 Weeks

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

Diagnostic Tests Waiting List at Feb-19			
	Under 6 Weeks	6+ Weeks	Total Waiting	Percentage Under 6 Weeks
Audiology	654	0	654	100.0%
Colonoscopy	203	7	210	96.7%
CT	1,244	44	1,288	96.6%
Cystoscopy	2	0	2	100.0%
DEXA Scan	153	0	153	100.0%
Echocardiography	903	83	986	91.6%
Flexi Sigmoidoscopy	82	4	86	95.3%

	Under 6 Weeks	6+ Weeks	Total Waiting	Percentage Under 6 Weeks
Gastroscopy	193	8	201	96.0%
MRI	1,963	14	1,977	99.3%
Neurophysiology	136	0	136	100.0%
Sleep Studies	111	0	111	100.0%
Ultrasound	2,672	103	2,775	96.3%
Grand Total	**8,316**	**263**	**8,579**	**96.9%**

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Cancer Waiting Times – 2WW	
Standards:	Urgent GP-referred suspected cancer patients should be seen within 2 weeks of referral. The national standard is that each Trust should achieve at least 93%
Performance:	For January, 95.2% of patients were seen within 2 weeks (1316 out of 1382 patients). Quarter 1 overall achieved 94.3%. Quarter 2 overall achieved 96.1%. Quarter 3 overall achieved 96.0%
Commentary/ Actions:	The standard has been achieved in quarters 1, 2 and 3 and is on track to achieve in quarter 4. The current robust performance management actions will continue through the weekly performance meetings.
Ownership:	Chief Operating Officer

Cancer 2WW

Cancer 2WW - Percentage Seen Within 14 Days 2018/19 Q3

Cancer 2WW - Urgent GP Referrals Seen
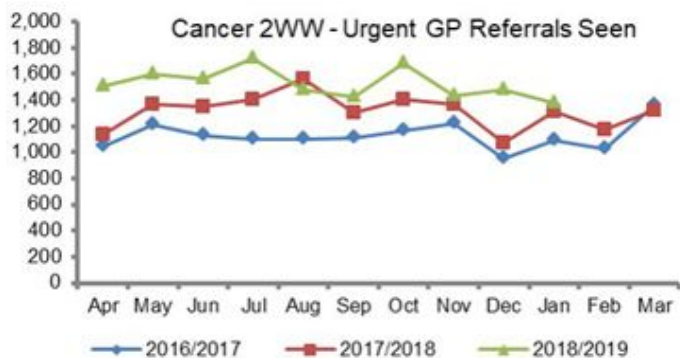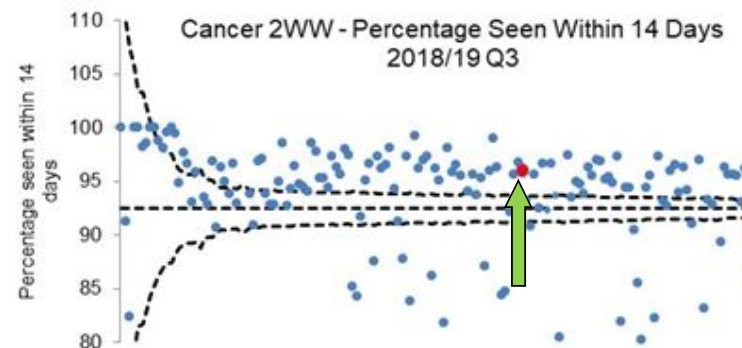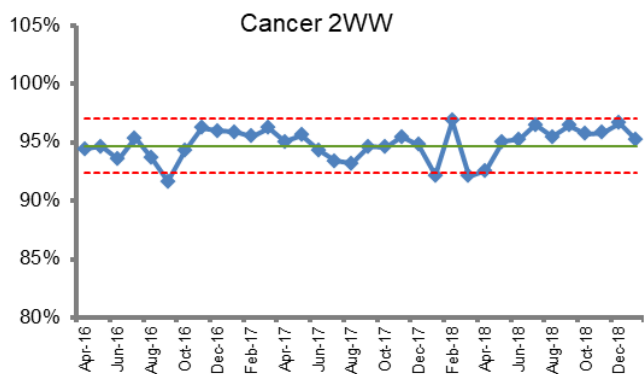
	Cancer 2WW - Jan-19		
	Under 2 Weeks	**Total Pathways**	**Performance**
Other suspected cancer	1	2	50.0%
Suspected children's cancer	18	18	100.0%
Suspected gynaecological cancers	82	91	90.1%
Suspected haematological malignancies e	10	11	90.9%
Suspected head and neck cancers	360	369	97.6%
Suspected lower gastrointestinal cancers	145	160	90.6%
Suspected lung cancer	31	31	100.0%
Suspected skin cancers	569	593	96.0%
Suspected upper gastrointestinal cancers	100	107	93.5%
Grand Total	**1,316**	**1,382**	**95.2%**

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PERFORMANCE – Responsive Domain

	Cancer Waiting Times – 62 Day
Standards:	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. National standard is that Trusts should achieve at least 85%. The improvement trajectory is 83% for May, 82.5% for Quarter 1 and 85% (same as national standard) from Quarter 2.
Performance:	For January, 85.1% of patients were seen within 62 days (88.5 out of 104 patients). Quarter 1 finished at 84.2%, Quarter 2 finished at 87.3% and Quarter 3 finished at 86.6%.
Commentary/ Actions:	The national standard was achieved in quarters 2 and 3 2018/19 and for every month from June 2018-January 2019. To achieve in quarter 4, ensuring high activity in March to compensate from activity lost through cancellations earlier in the quarter is a necessary action, along with sustaining the high intensity performance management that delivered compliance over the summer and autumn.
Ownership:	Chief Operating Officer

Cancer 62 Day Referral to treatment

Cancer 62 Day Referred Treatments

— 2016/2017   — 2017/2018   — 2018/2019

Cancer - 62 Day GP, Percentage Seen Within 62 Days - 201819, Q3
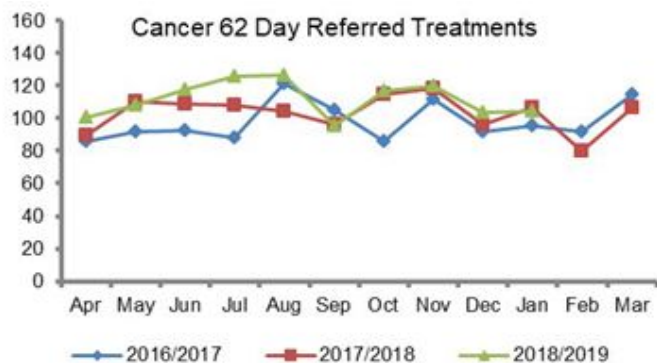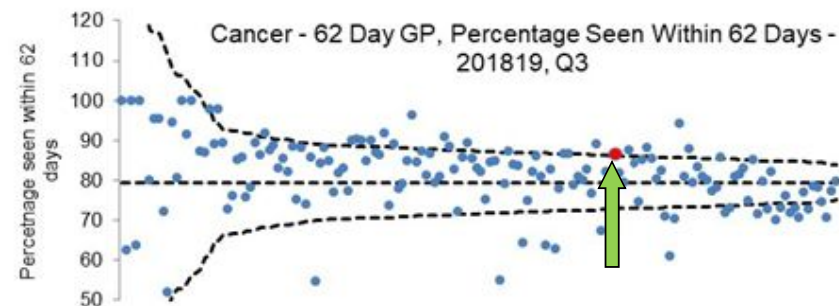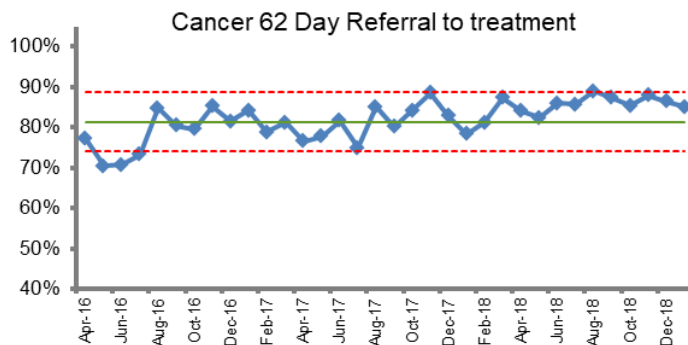
Cancer 62 Day - Jan-19

	Within Target	Total Pathways	Performance
Acute leukaemia	0.0	0.0	
Breast	3.0	3.5	85.7%
Gynaecological	6.5	9.0	72.2%
Haematological	5.5	5.5	100.0%
Head and Neck	6.5	6.5	100.0%
Lower Gastrointestinal	3.5	5.5	63.6%
Lung	9.5	14.5	65.5%
Other	3.0	3.0	100.0%
Sarcoma	3.0	3.0	100.0%
Skin	41.5	42.5	97.6%
Upper Gastrointestinal	5.0	8.0	62.5%
Urological	1.5	3.0	50.0%
Grand Total	**88.5**	**104.0**	**85.1%**

Last Minute Cancelled Operations	
Standards:	This covers elective admissions that are cancelled on the day of admission by the hospital, for non-clinical reasons. The total number for the month should be less than 0.8% of all elective admissions. Also, 95% of these cancelled patients should be re-admitted within 28 days
Performance:	In February there were 109 last minute cancellations, which was 1.7% of elective admissions. Of the 94 cancelled in January, 88 (93.6%) had been re-admitted within 28 days. This means 6 patients breached the 28 day readmission standard.
Commentary/ Actions:	The most common reason for cancellation was "No beds available" (27 cancellations). There were 32 in Cardiac Services, 7 in Medicine, 10 in Dental Services, 10 in ENT/Thoracic, 26 in General Surgery, 12 in Ophthalmology, 3 in Trauma & Orthopaedics and 9 in Paediatrics. Of the six 28 day breaches: 2 were Dental, 1 was ENT/Thoracic, 2 were General Surgery and 1 was Ophthalmology.
Ownership:	Chief Operating Officer
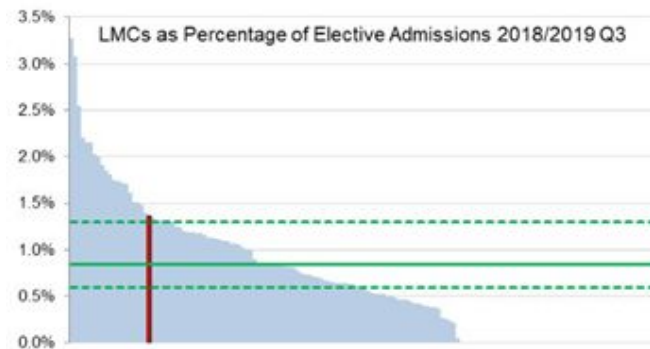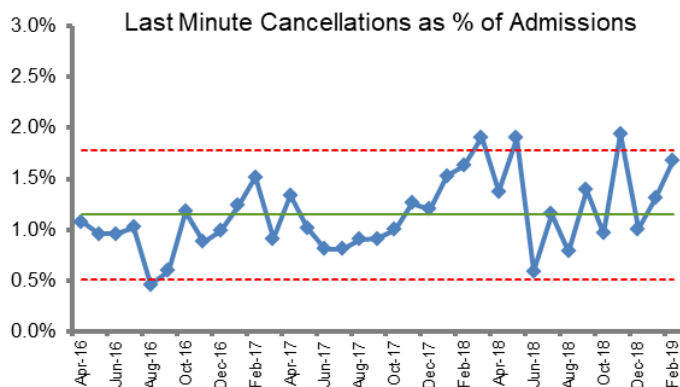
Last Minute Cancellations as % of Admissions

LMCs as Percentage of Elective Admissions 2018/2019 Q3

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

28 day Readmissions

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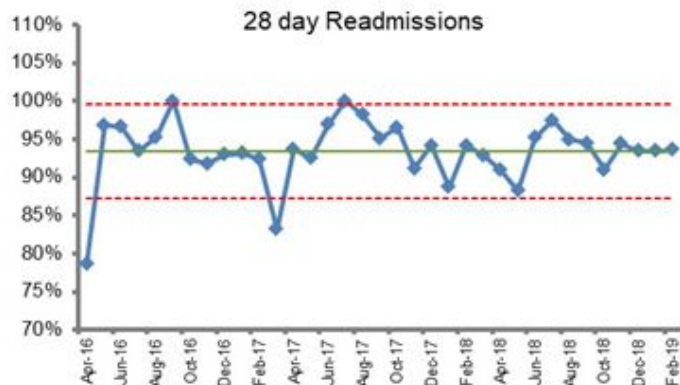
Cancellation Reason	Total
No Beds Available	27
Other Emergency Patient Prioritised	14
Surgeon Unavailable	11
Booking Error	10
No HDU Beds	9
AM list over-ran	6
Anaesthetist Unavailable	5
Technician Not Available	4
Other clinically complicated Patient in theatre	4
Theatre Repairs required	3
List did not start on time	3
No CICU Beds	2
Equipment Unavailable	2
No ITU Beds	2
Surgeon Taken Ill	1
Patient to be treated at another Trust	1
PAS-only Error	1
No CICU Staff	1
Equipment Failure	1
No Recovery Staff	1
No Radiographer	1
Grand Total	**109**

2.3 PERFORMANCE – Responsive Domain

Delayed Transfers of Care (DToC)	
Standards:	Patients who are medically fit for discharge should wait a "minimal" amount of time in an acute bed.
Performance:	In February there were 23 Delayed Transfer of Care patients as at month-end, and 711 beddays consumed by DToC patients.
Commentary/ Actions:	There were 10 DToCs at South Bristol Hospital and 13 in the Bristol Royal Infirmary. Most beddays were on ward A605 (108 beddays) and C808 (120 beddays). The new Integrated Care Bureau started in Oct 2018 and along with the Single Referral Form (SRF) and daily navigation meetings with partners there was a rapid improvement in discharge planning for patients requiring additional support to leave hospital; notably into HomeFirst which increased the discharges home within 24 – 48 hours of becoming medically optimised. Please also refer to the Average Length of Stay section for more actions that will impact on Delayed Transfers of Care. A Clinical Utilisation Review (CUR) report has been developed which reports current inpatients and whether they are delayed. This is reviewed frequently and delays escalated to discharge team.
Ownership:	Chief Operating Officer

Delayed Transfers of care - Patients at Month End

Delayed Transfers of care - Beddays

Feb-19

Code	Reason	Accountable	Patients (Acute)	Beddays (Acute)	Patients (Non-Acute)	Beddays (Non-Acute)
A	Completion of assessment	Both	1	53	1	6
		NHS	1	42	1	13
		Social Care	2	187	3	49
C	Further non acute NHS Care	NHS	0	13	0	0
Di	Care Home Placement	NHS	0	19	0	1
		Social Care	0	15	0	2
Dii	Care Home Placement	NHS	1	67	0	2
		Social Care	0	32	1	8
E	Care package in own home	NHS	2	45	1	38
		Social Care	1	54	3	24
F	Community equipment / adaptions	NHS	0	5	0	7
		Social Care	5	18	0	7
G	Patient or family choice	NHS	0	0	0	4
TOTAL			**13**	**550**	**10**	**161**

Length of Stay of Inpatients at month-end

Feb-19	7+ Days	14+ Days	21+ Days	28+ Days
Bristol Children's Hospital	53	33	26	21
Bristol Haematology & Oncology Centre	25	17	14	9
Bristol Royal Infirmary	205	118	78	54
South Bristol Hospital	57	47	45	36
St Michael's Hospital	29	19	15	12
TRUST TOTAL	369	234	178	132

Bristol Royal Infirmary Divisional Breakdown:

Medicine	118	83	55	41
Specialised Services	45	20	13	7
Surgery, Head & Neck	42	15	10	6

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Outpatient Measures	
Standards:	The Did Not Attend (DNA) Rate is the number of outpatient appointments where the patient did not attend, as a percentage of all attendances and DNAs The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made. The target for DNAs has been re-set through the Outpatient Steering Group, and is built up from specialty-level delivery. Target at Trust level is to be below 6.7%, with an amber tolerance of between 6.7% and 7.2%. For Hospital Cancellations, the target is to be on or below 9.7% with an amber tolerance from 10.7% to 9.7%..
Performance:	In February there were 10,008 hospital-cancelled appointments, which was 11.6% of all appointments made. There were 4048 appointments that were DNA'ed, which was 6.7% of all planned attendances.
Commentary/ Actions:	Speciality level DNA targets have been agreed at monthly Outpatient Steering Group (OSG) and are monitored from Quarter 3.
Ownership:	Chief Operating Officer

Unbroken horizontal line is England median; dotted lines are upper & lower quartiles
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2.3 **PERFORMANCE – Responsive Domain**

Outpatient – Overdue Follow-Ups	
Standards:	This measure looks at referrals where the patient is on a "Partial Booking List", which indicates the patient is to be seen again in Outpatients but an appointment date has not yet been booked. Each patient has a "Date To Be Seen By", from which the proportion that are overdue can be reported. The current aim is to have no-one more than 12 months overdue
Performance:	As at end of February, number overdue by 12+ months is 398 and overdue by 9+ months is 1025.
Commentary/ Actions:	Significant progress has been made by the divisions, through regular weekly review at the Wednesday performance meeting. Focus has now moved to the 9+ months overdue patients. To re-focus attention on this area, divisions have now signed-up to recovery trajectories for key specialties, and an operational scorecard has been created for review at the weekly divisional performance meetings. This will allow a managed and targeted approach to reducing overdue follow-ups across all divisions and specialties.
Ownership:	Chief Operating Officer

		Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Outpatients Overdue by 12+ Months	Diagnostics and Therapies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Medicine	1,113	1,045	1,111	1,252	1,336	1,276	1,345	1,245	1,105	461	133	23	5	7	3	3	2	3	4	3
	Specialised Services	563	432	442	295	353	387	400	367	383	188	206	214	208	95	58	67	7	5	8	12
	Surgery	1,200	1,058	1,015	934	947	922	887	717	573	444	221	92	17	3	0	0	0	0	11	26
	Women's and Children's	2,451	2,364	2,400	2,381	2,398	2,299	2,330	868	888	756	526	387	387	371	375	322	323	350	351	357
	TRUST TOTAL 12+ months	5,327	4,899	4,968	4,862	5,034	4,884	4,962	3,197	2,949	1,849	1,086	716	617	476	436	392	332	358	374	398
Outpatients Overdue by 9+ Months	Diagnostics and Therapies																	3	2	0	0
	Medicine																	20	4	4	3
	Specialised Services																	125	95	142	247
	Surgery																	125	124	108	146
	Women's and Children's																	565	620	640	629
	TRUST TOTAL 9+ months																	838	845	894	1025

Overdue Follow-Ups at Month End

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Mortality - Summary Hospital Mortality Indicator (SHMI)	
Standards:	This is the national measure published by NHS Digital .It is the number of actual deaths divided by "expected" deaths, multiplied by 100. The Summary Hospital Mortality Indicator (SHMI) covers deaths in-hospital and deaths within 30 days of discharge. It is published quarterly as covers a rolling 12 –month period. Data is published 6 months in arrears.
Performance:	Latest SHMI data is for 12 month period October 2017 to September 2018. The SHMI was 105.0 (1833 deaths and 1745 "expected"). Data is updated quarterly by NHS Digital.
Commentary/ Actions:	The latest published Summary Hospital Mortality Indicator was for 12 months to September 2018 and was 105 and in NHS Digital "as expected" category. The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required.
Ownership:	Medical Director

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

October 2017 to September2018

Observed V Expected Deaths

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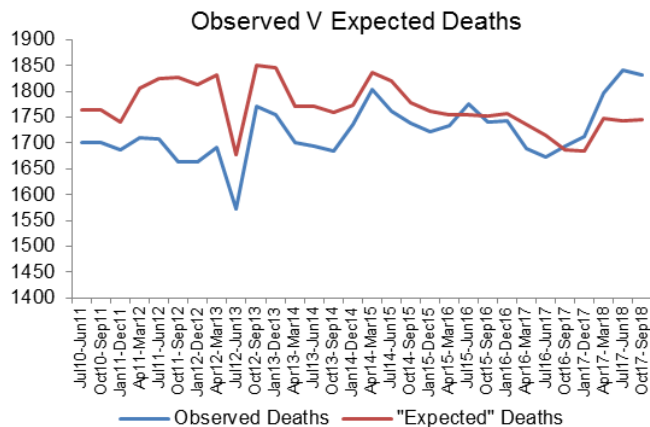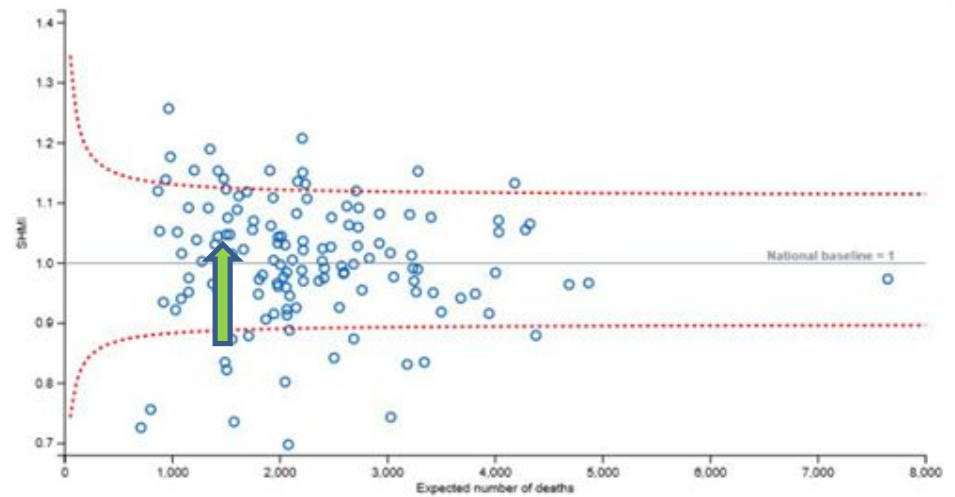
Mortality – Hospital Standardised Mortality Ratio (HSMR)	
Standards:	This is the national measure published by Dr Foster .It is the number of actual deaths divided by "expected" deaths, multiplied by 100. The Hospital Standardised Mortality Ratio (HSMR) is in-hospital deaths for conditions that account for 80% of hospital deaths
Performance:	Latest HSMR data is for December 2018. The HSMR was 98.0 (74 deaths and 76 "expected")
Commentary/ Actions:	A detailed report summarising the outcomes of the Trust's investigations in to a previous increase in HSMR has been completed and indicates no concerns regarding the clinical care of patients.
Ownership:	Medical Director

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Fracture Neck of Femur	
Standards:	Best Practice Tariff (BPT), is a basket of indicators covering eight elements of what is considered to be best practice in the care of patients that have fractured their hip. 90% of patients should achieve Best Practice Tariff. Two key measures are being treated within 36 hours and seeing an orthogeriatrician within 72 hours. Both these measures should achieve 90%.
Performance:	In February, there were 19 patients discharged following an admission for fractured neck of femur, and 17 of them were eligible for Best Practice Tariff (BPT). For the 36 hour target, 53% (9 patients) were seen with target. For the 72 hour target, all 17 patients were seen within target. 9 patients (53%) achieved all elements of the Best Practice Tariff.
Commentary/ Actions:	Nine patients of the 17 patients went to theatre within 36 hours (53%) and all patients received a review by an ortho-geriatrician within 72 hours and physiotherapy review the day after surgery. Therefore nine patients (53%) received all elements of the Best Practice Tariff. Further details: • Eight patients were not operated on within the 36 hour timeframe due to other urgent trauma cases being prioritised and lack of theatre capacity. Of the patients who waited over 36 hours due to theatre capacity issues, six of the eight went to theatre in less than 48 hours. Actions : • Reviewing ability to provide full day trauma operating to allow for prioritisation of fractured neck of femur on morning trauma lists • Reviewing ability to accommodate trauma overruns as required • Continue to create additional capacity for trauma as possible by taking down other lists or using vacant theatre sessions
Ownership:	Medical Director

Treatment Within 36 Hours — Geriatrician Within 72 Hours — Achieving Best Practice Tariff (BPT)

	Outliers
Standards:	This is a measure of how many bed-days patients spend on a ward that is different from their broad treatment speciality: medicine, surgery, cardiac and oncology. Our target is a 15% reduction which equates to a 9029 bed-days for the year with seasonally adjusted quarterly targets.
Performance:	In February there were 559 outlying beddays (1 bedday = 1 patient in a bed at 12 midnight).
Commentary/ Actions:	The February target of no more than 928 beddays was achieved. Of all the outlying beddays 287 were Medicine patients, 152 were Specialised Services patients and 115 were Surgery patients. The Division of Medicine, through its Seasonal Planning Group, has put in place the following schemes which has, taken together, contributed to a 50% reduction in medical outliers during winter 2019/18 compared to the previous year: • Fixed term employment of a Winter Consultant and junior team who, together with the nursing team from A525, have been running A512 as a short stay winter pressures ward. • An additional 12 beds have been delivered for winter across the Division, comprising five on AMU, four at SBCH, and three extra beds on A512 • The medical take is now being run through a new Emergency Medical Unit (EMU) on level 4, which over time will increase the assessment capacity in medicine, meaning patients will have reduced wait times in ED. In Surgery, outliers are mainly attributable to the use of extreme escalation beds on Queen's Day Unit (QDU) and patients staying overnight in recovery. The division continues to progress the urgent care model, emergency care pathways and ambulatory care. Within the Bristol Heart Institute (BHI) a Standard Operating Procedure has been developed for pre-emptive boarding into the BHI. Also consultants are trialling a new ward round model to determine whether this supports flow – outcomes will not be known until April
Ownership:	Chief Operating Officer

Outliers - Bed Days Spent Outlying

Number of Outlier Beddays by Patient Specialty

BRI Bed Occupancy

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	30 Day Emergency Readmissions
Standards:	This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. This uses Payment By Results (PbR) rules, which excludes certain pathways such as Cancer and Maternity. The target for the Trust is to remain below 2017/18 total of 3.62%, with a 10% amber tolerance down to 3.26%.
Performance:	In January, there were 13,560 discharges, of which 387 (2.85%) had an emergency re-admission within 30 days.
Commentary/ Actions:	7.3% of Medicine division discharges were re-admitted within 30 days as an emergency, 2.9% from Surgery and 1.0% from Specialised Services. The Colorectal team have recently undertaken an audit looking at Surgical Site Infections and plan to develop a business case which should see a reduction in length of stay and readmission rates. Plans within the emergency care pathway should prevent readmissions, for example, nurse led follow-up telephone calls 24 hours post discharge.
Ownership:	Chief Operating Officer
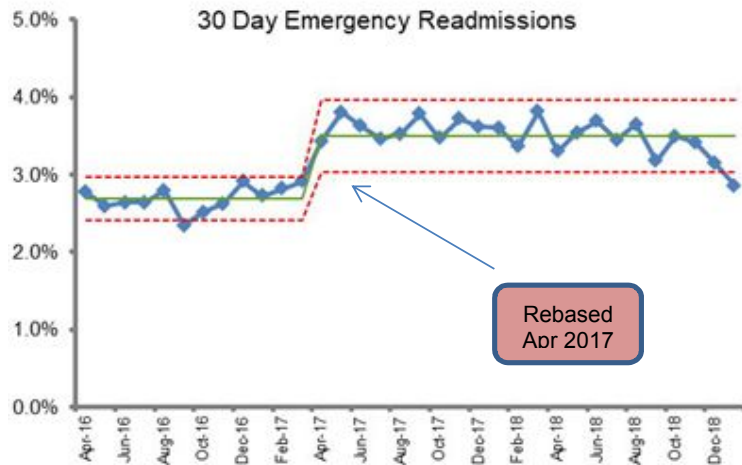
Discharges in January 2019

	Emergency Readmissions	Total Discharges	% Readmissions
Diagnostics and Therapies	1	34	2.94%
Medicine	202	2,777	7.27%
Specialised Services	29	3,070	0.94%
Surgery	101	3,448	2.93%
Women's and Children's	53	4,217	1.26%
TRUST TOTAL	**387**	**13,560**	**2.85%**

Bank and Agency Usage
Standards:	Usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets for 2018/19. The red threshold is 10% over the monthly target.
Performance:	In February 2019, total staffing was at 8934 FTE. Of this, 5.1% was Bank (460 FTE) and 1.3% was Agency (112 FTE)
Commentary/ Actions:	**Agency usage** increased by 3.9 FTE. The largest reduction was seen in the division of Trust Services, decreasing to 0.0 FTE from 2.1 FTE the previous month. The largest increase was seen in the division of Medicine with 43.8 FTE compared to 38.0 FTE in the previous month. The largest staff group increase was within Nursing & Midwifery increasing to 97.5 FTE from 91.6 FTE in the previous month. The staff group Admin & Clerical remains at 0 FTE. **Bank usage** reduced by 2.9 FTE. The largest increase was seen in the division of Women's and Children's, increasing to79.8 FTE from 72.6 FTE the previous month. The largest reduction was seen in Medicine, decreasing to 130.1 FTE from 135.2 FTE the previous month. The largest staff group increase was within Nursing and Midwifery increasing to 300.3 FTE from 290.1 FTE the previous month. - A project manager is to be appointed to support the focussed partnership collaboration across the BNSSG to drive down high cost, off-contract nurse agency supply. - The 'Get Set For Summer' Bank recruitment campaign is planned for April to increase the Trust's own bank pool across all staff groups. - Direct booking for Ancillary staff is currently being tested and is due to go live on 1st April.
Ownership:	Director of People

The table below is for Bank.

Rebased Apr 2017

Rebased Apr 2017

Bank	Feb FTE	Feb Actual %	KPI
UH Bristol NHS Foundation Trust	459.9	5.1%	3.9%
Diagnostics & Therapies	11.2	1.1%	1.2%
Medicine	130.1	9.6%	10.8%
Specialised Services	59.8	5.7%	5.5%
Surgery	97.4	5.3%	1.6%
Women's & Children's	79.8	3.8%	0.8%
Trust Services	26.1	3.1%	3.5%
Facilities & Estates	55.5	7.3%	6.9%

Agency	Feb FTE	Feb Actual %	KPI
UH Bristol NHS Foundation Trust	112.0	1.3%	0.8%
Diagnostics & Therapies	8.5	0.8%	1.1%
Medicine	43.8	3.2%	2.0%
Specialised Services	8.9	0.9%	0.6%
Surgery	17.9	1.0%	0.6%
Women's & Children's	32.0	1.5%	0.3%
Trust Services	0.0	0.0%	0.4%
Facilities & Estates	0.8	0.1%	0.7%

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2.5   PERFORMANCE – Efficient Domain

Staffing Levels (Turnover)	
Standards:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 12.3% by the end of 2018/19. The red threshold is 10% above monthly trajectory.
Performance:	In February 2019, there had been 948 leavers over the previous 12 months with 7129 FTE staff in post on average over that period; giving a Turnover of 948 / 7129 = 13.3%
Commentary/ Actions:	Turnover reduced to 13.3% from 13.4% last month, with increases in two divisions – Medicine and Specialised Services. The largest divisional reduction was seen within Facilities & Estates reducing to 14.9% from 15.9% the previous month. The largest divisional increase was seen within Medicine increasing to 14.3% from 13.6% the previous month. The biggest reduction in staff group was seen within Add Prof Scientific and Technic (0.7 percentage points). The largest increase in staff group was seen within Medical and Dental (1.0 percentage points). ■ Monthly review of Exit Interview data continues, reporting into Divisions to support their workforce support strategies. ■ Close working with Estates and Facilities is in place to improve return rates on Exit Interviews. ■ The project plan for the NHSI Clinical Retention Programme is being developed for submission to NHSI in March. The areas of focus have been endorsed through a series of staff engagement sessions. A retention Task and Finish Group will support the 12 month programme, sharing the focussed work-streams across other staff groups.
Ownership:	Director of People

Turnover	Feb-19	KPI
UH Bristol NHS Foundation Trust	**13.3%**	**12.4%**
Diagnostics & Therapies	11.0%	12.0%
Facilities & Estates	14.9%	15.2%
Medicine	14.3%	14.0%
Specialised Services	15.0%	13.1%
Surgery	13.6%	11.9%
Trust Services	14.2%	12.5%
Women's & Children's	11.9%	10.6%

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Staffing Levels (Vacancy)	
Standards:	Vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a Trust-wide target of 5%.
Performance:	In February 2019, funded establishment was 8743, with 381 as vacancies (4.4%).
Commentary/ Actions:	Overall vacancies reduced to 4.4% compared to 4.7% in the previous month. There were reductions in all staff groups. The largest staff group vacancy reduction was seen within Nursing staff reducing to 180.7 FTE from 197.1 FTE the previous month. Women's and Children's had the largest Divisional reduction to 25.3 FTE from 40.6 FTE the previous month. • A targeted recruitment campaign for newly qualified nurses for the Children's Hospital has seen 90 offers being made. Start dates are scheduled for September 2019. • The adult nurse campaign has resulted in over 60 candidates scheduled to attend the Trust open day in March. • Design and development of a new recruitment website for all staff groups continues, with a planned go live in April. • Support package for EU members of staff is due to go live at the end of March 2019 with communications being disseminated Trust wide.
Ownership:	Director of People

Staffing Vacancy — Rebased May 2017

Vacancy	Feb-19	KPI
UH Bristol	**4.4%**	5.0%
Diagnostics & Therapies	5.9%	5.0%
Medicine	4.2%	5.0%
Specialised Services	5.0%	5.0%
Surgery	5.3%	5.0%
Women's & Children's	1.3%	5.0%
Trust Services	3.0%	5.0%
Facilities & Estates	9.0%	5.0%

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	Staff Sickness
Standards:	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2018/19. The red threshold is 0.5% over the monthly target.
Performance:	In February, total available FTE days were 237378 of which 9842 (4.1%) were lost to staff sickness
Commentary/ Actions:	Sickness absence reduced to 4.1% from 4.4%, with reductions in four divisions. The largest divisional reduction was seen in Specialised Services reducing to 2.9% from 4.1% the previous month. Surgery saw the largest divisional increase to 4.7% from 4.4% the previous month. The largest staff group increase was seen in Healthcare Scientists, rising to 3.7% from 3.1% the previous month. The largest staff group reduction was seen within Estates and Ancillary reducing to 6.4% from 7.5% the previous month. • Support continues with high levels of short and long term sickness cases. Analysis of hotspot areas, HR surgeries, face to face support for managers and monthly deep dive reports are provided for Divisions who fail to meet their target. • Review of the training offering is underway to ensure managers are proactive in supporting attendance and wellbeing of staff. • Close working continues with wellbeing at work and occupational health colleagues to ensure appropriate strategies are considered to support attendance with a focus on mental health awareness and work related stress.
Ownership:	Director of People

Staffing Sickness

Sickness	Feb-19	KPI
UH Bristol NHS Foundation Trust	4.1%	3.9%
Diagnostic & Therapies	3.2%	3.1%
Facilities & Estates	6.2%	6.2%
Medicine	4.0%	4.3%
Specialised Services	2.9%	3.6%
Surgery	4.7%	3.6%
Trust Services (exc. Facilities & Estates)	3.7%	3.0%
Women's & Children's	4.4%	3.8%

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	Staff Appraisal
Standards:	Staff Appraisal in measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 85% Trust-wide.
Performance:	In February 2019, 5,400 members of staff were compliant out of 8,267 (65.3%)
Commentary/ Actions:	Appraisal compliance increased to 65.3% from 59.9%, with increases within all seven divisions. The largest divisional increase was seen within Facilities & Estates increasing to 73.9% from 64.6% the previous month. • Training for managers continues to be offered, in particular in those departments with low compliance levels (below 60%) • Hotspot reporting remains a focus to support areas with low compliance. • Training, face to face guidance, support videos and regular communications remain ongoing as part of the focus to increase user confidence in the e-appraisal system and ensure quality appraisals are being undertaken. • Functionality testing to commence, allowing managers to delegate appraiser responsibility within the e-appraisal system. A particularly positive development for managers with large teams.
Ownership:	Director of People

Appraisal	Feb-19	KPI
UH Bristol NHS Foundation Trust	65.3%	85%
Diagnostic & Therapies	73.6%	85%
Facilities & Estates	73.9%	85%
Medicine	55.1%	85%
Specialised Services	79.7%	85%
Surgery	58.6%	85%
Trust Services	64.3%	85%
Women's & Children's	61.7%	85%

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Average Length of Stay	
Standards:	Average Length of Stay is the number of beddays (1 beddays = 1 bed occupied at 12 midnight) for all inpatients discharged in the month, divided by number of discharges.
Performance:	In February there were 6080 discharges that consumed 22,758 beddays, giving an overall average length of stay of 3.74 days.
Commentary/ Actions:	- New weekly review meeting with system partners from social care, community health and the commissioners has been established in which all patients who have been in hospital for more than 21 days are reviewed, plans confirmed and any delays escalated as appropriate. Concerns are escalated into a weekly senior meeting, again with representation from all of our partners. - A new Clinical Utilisation Review (CUR) report is being developed which will enable Medicine to put in place a "Specialty Manager of the day" who will review any internal / Trust delays and seek assurance from colleagues that next steps in care are being progressed in a timely way for all of our patients. - The Children's Hospital has implemented Criteria Led Discharge for a number of conditions and work is ongoing to raise the awareness of using these to support a timely discharge from hospital. The Children's Hospital routinely reviews, on a weekly basis, all patients with a length of stay of greater than 14 days to ensure timely escalation of any delays in patient's treatment. Projects have also been established in a few areas, including reviewing community support for nasogastric patients; eating disorder pathways and mental health, which are intended to impact on reducing length of stay. - Estates work has been completed for the new Day of Surgery Area (DOSA) this will enable on the day admissions for Cardiac Surgery. The working group is currently trialling the second patient of the day to go through the area which will support length of stay - New joint patient flow group has been established to review patient flow within the Heart Institute and Oncology Centre. Terms of reference have been agreed
Ownership:	Chief Operating Officer

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

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

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2.6 **FINANCIAL PERFORMANCE**

2018/19 Annual Plan

Cash Balances

Actual Spend - £'000							
Agency	**In Month**					**Plan for Year**	**Straight Line Projection**
	QTR 1	QTR 2	QTR 3	Jan	Feb		
Nursing & Midwifery	1,406	1,851	1,730	748	766	3,257	7,092
Medical							0
Consultants	56	185	185	66	86	184	631
Other Medical	106	112	10	24	13	276	289
Other	189	443	396	91	95	1,701	1,324
Total	**1,757**	**2,591**	**2,321**	**929**	**960**	**5,418**	**9,336**

YTD Variance to Budget Surplus/(Deficit) - £'000					
Division	**QTR 1**	**QTR 2**	**QTR 3**	**Jan**	**Feb**
Diagnostics & Therapies	156	97	192	340	359
Medicine	(449)	(1,510)	(1,835)	(1,922)	(2,016)
Specialised Services	335	210	96	242	236
Surgery	(651)	(1,634)	(2,279)	(2,580)	(3,459)
Women's & Children's	(78)	(966)	(1,383)	(1,781)	(1,898)
Estates & facilities	(18)	20	20	(9)	(60)
Trust Services	(18)	(32)	(7)	(20)	(56)
Other Corporate Services	152	187	193	168	140
Total	**(571)**	**(3,628)**	**(5,003)**	**(5,562)**	**(6,754)**

Variance to Budget Surplus/(Deficit) - £'000					
	In Month				
Subjective Heading	**QTR 1**	**QTR 2**	**QTR 3**	**Jan**	**Feb**
Nursing & Midwifery Pay	(1,015)	(1,091)	(1,403)	(717)	(801)
Medical & Dental Pay	(1,033)	(1,184)	(1,258)	(392)	(534)
Other Pay	328	537	50	(7)	194
Non Pay	(1,087)	(1,096)	(1,587)	(627)	(745)
Income from Operations	(27)	172	151	(164)	(80)
Income from Activities	2,263	(395)	2,671	1,349	774
Total	**(571)**	**(3,057)**	**(1,376)**	**(558)**	**(1,192)**

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Savings Plans by Division

Divisional Operational Capital

Divisional Major Medical Equipment

Operational Plan	Subjective Heading	2018/19 Capital Programme			Year To Date		
		Revised Plan	Forecast Outturn	Slippage	Internal Plan	Actual spend	Variance (over)/under
Sources of Funding							
£'000		£'000	£'000	£'000	£'000	£'000	£'000
1,600	PDC	4,106	4,094	(12)	700	700	-
3,189	Borrowings	-	-	-	-	-	-
3,000	Donations - Cash	1,885	1,251	(634)	1,350	1,153	(197)
	Donations - Direct Cash	28	28	-	77	77	-
24,338	Depreciation	23,531	23,430	(101)	21,477	21,412	(65)
	Insurance Claim	1,911	2,266	355	786	786	-
14,962	Cash balances	19,552	(8,569)	(28,121)	(4,524)	(4,496)	28
47,089	Total Funding	51,013	22,500	(28,513)	19,866	19,632	(234)
Application/Expenditure							
(11,618)	Strategic Schemes	(10,186)	(2,845)	7,341	(2,451)	(2,054)	397
(17,620)	Medical Equipment	(20,519)	(14,801)	5,718	(8,007)	(5,039)	2,968
(16,415)	Operational Capital	(16,374)	(11,882)	4,492	(8,280)	(5,491)	2,789
(7,468)	Information Technology	(8,487)	(7,893)	250	(461)	(42)	419
-	Fire Improvement Programme	(537)	(287)	594	(6,366)	(5,269)	1,097
(2,367)	Estates Replacement	(3,309)	(3,214)	95	(1,754)	(1,737)	17
(55,488)	Gross Expenditure	(59,412)	(40,922)	18,490	(27,319)	(19,632)	7,687
8,399	In-Year Slippage	8,399	18,422	10,023	7,453	-	(7,453)
(47,089)	Net Expenditure	(51,013)	(22,500)	28,513	(19,866)	(19,632)	234

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

An example chart is shown below:

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

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

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.

7

SAFE, CARING & EFFECTIVE

Patient Safety

Topic	ID	Title	Annual 17/18	18/19 YTD	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4
Infections	DA01	MRSA Trust Apportioned Cases	4	6	0	1	0	2	0	0	1	1	0	0	0	1	3	1	1	1
	DA02	MSSA Trust Apportioned Cases	25	30	3	3	5	4	2	3	1	1	3	3	3	2	12	6	7	5
	DA03	CDiff Trust Apportioned Cases	35	34	0	2	0	6	4	1	7	2	5	2	2	3	8	12	9	5
C.Diff "Avoidables"	DA03B	CDiff Trust Apportioned Cases - Lapse in Care	7	2	0	1	0	0	1	0	0	0	0	0	0	0	1	1	0	0
	DA03D	CDiff Trust Apportioned Cases - Still Under Review	12	25	0	0	0	1	2	1	7	2	5	2	2	3	1	10	9	5
Infection Checklists	DB01	Hand Hygiene Audit Compliance	97.6%	97.1%	96.9%	96.8%	97.8%	97.4%	97.7%	97.2%	98%	97%	96.5%	96.8%	96.3%	96.6%	97.3%	97.6%	96.8%	96.5%
	DB02	Antibiotic Compliance	86.4%	79.4%	85.3%	82.8%	81.3%	83%	84.6%	77.4%	75.1%	76.7%	75.7%	85%	79.1%	-	82.5%	79.6%	77.6%	73.8%
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	-	-	95%	95%	96%	95%	95%	95%	95%	95%	96%	95%	96%	96%	-	-	-	-
	DC02	Cleanliness Monitoring - Very High Risk Areas	-	-	98%	97%	97%	98%	97%	97%	97%	98%	98%	97%	97%	98%	-	-	-	-
	DC03	Cleanliness Monitoring - High Risk Areas	-	-	96%	96%	95%	96%	96%	95%	95%	96%	96%	96%	96%	97%	-	-	-	-
Serious Incidents	S02	Number of Serious Incidents Reported	57	65	7	3	10	4	4	8	8	4	10	4	3	7	17	20	18	10
	S02a	Number of Confirmed Serious Incidents	53	47	6	3	10	4	4	8	7	4	7	-	-	-	17	19	11	-
	S02b	Number of Serious Incidents Still Open	-	17	-	-	-	-	-	-	1	0	3	3	3	7	-	1	6	10
	S03	Serious Incidents Reported Within 48 Hours	100%	98.5%	100%	100%	100%	100%	100%	100%	100%	100%	90%	100%	100%	100%	100%	100%	94.4%	100%
	S03a	Serious Incidents - 72 Hour Report Completed Within Timescale	94.7%	93.8%	100%	100%	100%	100%	75%	100%	100%	100%	80%	75%	100%	100%	100%	95%	83.3%	100%
	S04	Serious Incident Investigations Completed Within Timescale	96.2%	96.6%	100%	100%	75%	100%	100%	100%	100%	100%	100%	100%	100%	75%	92.9%	100%	100%	91.7%
	S04a	Overdue Exec Commissioned Non-SI Investigations	19	10	1	2	2	1	2	2	0	0	0	0	1	0	5	4	0	1
Never Events	S01	Total Never Events	8	4	1	0	0	0	0	1	0	0	1	2	0	0	0	1	3	0
Patient Safety Incidents	S06	Number of Patient Safety Incidents Reported	15656	16269	1480	1428	1311	1445	1566	1539	1510	1517	1511	1371	1520	1551	4184	4615	4399	3071
	S06b	Patient Safety Incidents Per 1000 Beddays	50.86	58.52	55.29	55.84	52.85	59.13	60.39	62.35	59.72	58.92	58.92	54.11	57.27	64.61	55.92	60.81	57.33	60.76
	S07	Number of Patient Safety Incidents - Severe Harm	92	78	7	6	13	10	5	3	9	9	7	5	7	4	29	17	21	11
Patient Falls	AB01	Falls Per 1,000 Beddays	4.59	4.55	5.04	3.79	4.27	3.72	4.4	5.27	4.9	3.73	4.48	5.17	5.61	4.67	3.93	4.85	4.46	5.16
	AB06a	Total Number of Patient Falls Resulting in Harm	25	24	2	2	4	1	1	5	2	2	1	2	3	1	7	8	5	4
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.162	0.306	0.149	0.156	0.121	0.123	0.347	0.203	0.277	0.816	0.39	0.276	0.527	0.083	0.134	0.277	0.495	0.317
	DE02	Pressure Ulcers - Grade 2	45	75	4	2	3	3	8	4	7	18	8	7	13	2	8	19	33	15
	DE04A	Pressure Ulcers - Grade 3 or 4	5	10	0	2	0	0	1	1	0	3	2	0	1	0	2	2	5	1
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	98.4%	98.3%	98.3%	98.1%	98.4%	98.5%	98.3%	98.7%	98.4%	98.4%	98%	98.3%	98.2%	98%	98.3%	98.5%	98.2%	98.1%
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	95%	92.4%	97.1%	93.8%	96.1%	91.1%	95%	93.4%	89.6%	87.8%	92.2%	95.5%	91.4%	88.6%	93.8%	92.9%	91.1%	90%
	N04	Number of Hospital Associated VTEs	50	40	7	3	4	3	4	6	3	2	2	6	7	-	10	13	10	7
	N04A	Number of Potentially Avoidable Hospital Associated VTEs	2	1	0	0	0	1	0	0	0	0	0	0	0	-	1	0	0	0
	N04B	Number of Hospital Associated VTEs - Report Not Received To Date	4	23	2	1	0	0	3	2	1	2	1	6	7	-	1	6	9	7
Nutrition	WB03	Nutrition: 72 Hour Food Chart Review	92.1%	-	93.7%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nutrition Audit	WB10	Fully and Accurately Completed Screening within 24 Hours	89.9%	91.5%	86.3%	-	-	92%	-	-	90.4%	-	-	92.1%	-	-	92%	90.4%	92.1%	-
Safety	Y01	WHO Surgical Checklist Compliance	99.7%	99.8%	99.7%	99.9%	99.7%	99.7%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.7%	99.8%	99.8%	99.8%

Topic	ID	Title	Annual 17/18	Annual 18/19 YTD	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4
Medicines	WA01	Medication Incidents Resulting in Harm	0.55%	0.34%	0%	0%	0.91%	0.37%	0%	0%	0%	0.29%	0.36%	0.8%	0.77%	-	0.42%	0%	0.46%	0.77%
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	0.4%	0.37%	0.33%	0.63%	0.36%	0.24%	0.54%	0.22%	0.53%	0.41%	0.2%	0.62%	0%	0.25%	0.43%	0.4%	0.39%	0.13%
Safety Thermometer	AK03	Safety Thermometer - Harm Free Care	97.9%	-	98.2%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	AK04	Safety Thermometer - No New Harms	98.8%	-	98.5%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Deteriorating Patient	AR03	National Early Warning Scores (NEWS) Acted Upon	96%	-	100%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Out of Hours	TD05	Out of Hours Discharges (8pm-7am)	8.7%	8.9%	9%	10.2%	8.8%	8.9%	10.3%	9.5%	9.4%	9.2%	8.7%	8.7%	7.9%	6.4%	9.3%	9.7%	8.9%	7.2%
Timely Discharges	TD03	Percentage of Patients With Timely Discharge (7am-12Noon)	22.4%	21%	21.9%	20.3%	22.4%	21.7%	21.4%	21.4%	21.4%	20.8%	21.9%	20.4%	19.8%	19.7%	21.5%	21.4%	21%	19.8%
	TD03D	Number of Patients With Timely Discharge (7am-12Noon)	11138	9864	945	834	963	875	902	912	916	908	992	913	883	766	2672	2730	2813	1649
Staffing Levels	RP01	Staffing Fill Rate - Combined	98.9%	99.3%	95.7%	99%	98.7%	100.1%	99.1%	97%	98.5%	99.6%	101.1%	99.1%	100.1%	99.9%	99.2%	98.2%	99.9%	100%

Clinical Effectiveness

Topic	ID	Title	Annual 17/18	Annual 18/19 YTD	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4
Mortality	X04	Summary Hospital Mortality Indicator (SHMI) - National Data	100.6	105.3	102.7	-	-	105.6	-	-	105	-	-	-	-	-	105.6	105	-	-
	X02	Hospital Standardised Mortality Ratio (HSMR)	106.4	103.2	112.6	121.3	86.5	116.3	89.1	100	125	98.1	95.6	98	-	-	107.8	104.8	97.2	-
Readmissions	C01	Emergency Readmissions Percentage	3.62%	3.38%	3.84%	3.31%	3.55%	3.78%	3.45%	3.65%	3.17%	3.49%	3.42%	3.15%	2.85%	-	3.55%	3.43%	3.36%	2.85%
Sepsis (Inpatients)	AG02a	Percentage of Patients Meeting Criteria Screened for Sepsis (Inpatients)	51.1%	99%	83.3%	87.1%	100%	100%	100%	100%	100%	100%	100%	100%	-	-	95.7%	100%	100%	-
	AG03a	Sepsis Patients Percentage Commencing Antibiotics Within 1 Hour (Inpatient)	77.4%	75%	50%	75%	-	33.3%	100%	-	-	100%	-	-	-	-	57.1%	100%	100%	-
	AG04a	Sepsis Patients Percentage with a 72 Hour Review (Inpatients)	93.3%	100%	-	100%	-	-	100%	-	-	100%	-	-	-	-	100%	100%	100%	-

For months where there is some data, a "-" (dash) indicates no applicable data. It does not indicate data is missing.

Topic	ID	Title	Annual 17/18	Annual 18/19 YTD	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4
Sepsis (Emergency Department)	AG02b	Percentage of Patients Meeting Criteria Screened for Sepsis (ED)	83.4%	94.4%	88%	88%	90%	90%	98%	100%	96%	94%	96%	98%	-	-	89.3%	98%	96%	-
	AG03b	Sepsis Patients Percentage Commencing Antibiotics Within 1 Hour (ED)	85.5%	85.1%	94.1%	82.6%	89.7%	68.2%	80%	94.3%	82.8%	82.8%	91.3%	87.1%	-	-	81.1%	86.9%	86.7%	-
	AG04b	Sepsis Patients Percentage with a 72 Hour Review (ED)	93.1%	97.7%	100%	100%	95.7%	86.7%	100%	100%	96.6%	100%	100%	100%	-	-	94.9%	98.8%	100%	-
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	64.2%	57.9%	60%	72.7%	59.3%	53.3%	45%	70%	60%	54.5%	60%	63.2%	37.5%	52.9%	64%	58.3%	59.1%	43.9%
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	61.6%	97.5%	92%	97%	100%	93.3%	100%	100%	90%	95.5%	96%	100%	100%	100%	97.3%	96.7%	97%	100%
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	34.8%	52.9%	48%	63.6%	48.1%	46.7%	45%	70%	50%	50%	56%	63.2%	33.3%	52.9%	54.7%	55%	56.1%	41.5%
	U05	Fracture Neck of Femur - Time To Treatment 90th Percentile (Hours)	-	-	81.5	48.7	72.7	50.6	61.3	79.3	63.6	-	-	-	-	-	-	-	-	-
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	62.6%	50.4%	54.3%	58.1%	30.8%	65%	36.1%	45.2%	55.2%	56.8%	51.2%	51.3%	51.1%	-	51.6%	44.8%	53.2%	51.1%
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	85.8%	84%	80.4%	81.4%	76.9%	90%	83.3%	90.3%	93.1%	70.5%	92.7%	87.2%	80%	-	82.8%	88.5%	83.1%	80%
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	54.6%	54.2%	20%	15.4%	54.5%	63.2%	30.8%	66.7%	46.7%	55.6%	73.3%	50%	50%	84.6%	46.5%	47.5%	63.3%	65.5%
Dementia	AC01	Dementia - FAIR Question 1 - Case Finding Applied	89.3%	83.2%	86.3%	87.3%	84.8%	77.6%	74.7%	80.2%	79.8%	79%	89%	86.8%	88.2%	86.4%	83.6%	78%	84.7%	87.3%
	AC02	Dementia - FAIR Question 2 - Appropriately Assessed	96.2%	93.7%	96.5%	95%	91.9%	89.5%	94.9%	97.7%	91.2%	93.6%	92.6%	89.1%	98%	95.9%	92.2%	94.9%	91.8%	96.9%
	AC03	Dementia - FAIR Question 3 - Referred for Follow Up	92.9%	90.5%	100%	-	0%	100%	100%	100%	100%	100%	100%	100%	100%	50%	50%	100%	100%	80%
	AC04	Percentage of Dementia Carers Feeling Supported	60%	100%	33.3%	-	-	100%	-	-	-	-	-	-	-	-	100%	-	-	-
Outliers	J05	Ward Outliers - Beddays Spent Outlying.	9098	7141	1377	800	945	543	531	507	697	492	649	716	702	559	2288	1735	1857	1261

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Patient Experience

Topic	ID	Title	Annual 17/18	Annual 18/19 YTD	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4
Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	92	93	91	92	90	92	92	92	91	93	91	91	92	91	92	91
	P01g	Patient Survey - Kindness and Understanding	-	-	95	97	97	96	95	96	97	96	95	96	96	97	96	96	96	97
	P01h	Patient Survey - Outpatient Tracker Score	-	-	88	88	91	89	90	91	89	90	89	90	91	89	89	90	90	90
Friends and Family Test Coverage	P03a	Friends and Family Test Inpatient Coverage	35%	35.1%	30.3%	40.7%	37.6%	33.7%	35.6%	35.4%	29.1%	36.5%	27.8%	38.7%	32.2%	40.5%	37.2%	33.5%	34.1%	36.1%
	P03b	Friends and Family Test ED Coverage	17.3%	16.4%	15.2%	17.3%	17.2%	18.4%	17.3%	17.4%	17%	16.9%	14.6%	13.6%	16%	15.2%	17.6%	17.2%	15.1%	15.6%
	P03c	Friends and Family Test MAT Coverage	19%	18.1%	18.2%	19.8%	13.2%	11.2%	14%	9.8%	23.1%	31.4%	19.2%	14.1%	20.2%	23%	14.8%	15.6%	21.6%	21.6%
Friends and Family Test Score	P04a	Friends and Family Test Score - Inpatients	97.7%	98.2%	97.8%	97.4%	97.3%	97.3%	98.8%	98.6%	98.1%	98.4%	98.6%	98.5%	98.7%	98.4%	97.3%	98.5%	98.5%	98.6%
	P04b	Friends and Family Test Score - ED	81%	82.6%	77.7%	80.1%	81.1%	84.6%	81.4%	84.1%	83.4%	85.2%	84%	82.6%	81.1%	80.4%	81.9%	82.9%	84.1%	80.7%
	P04c	Friends and Family Test Score - Maternity	96.9%	97.3%	97.1%	94.6%	95.5%	99.3%	96.8%	99.3%	95.9%	97.2%	97.3%	99%	98.5%	98.7%	96%	96.9%	97.6%	98.6%
Patient Complaints	T01	Number of Patient Complaints	1815	1674	159	149	157	140	148	143	152	169	193	101	167	155	446	443	463	322
	T01a	Patient Complaints as a Proportion of Activity	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	T03a	Complaints Responded To Within Trust Timeframe	83%	85.8%	77.9%	83.1%	91%	84%	85.2%	86.8%	86.3%	85.1%	86.9%	90.9%	87.5%	78.7%	85.9%	86.1%	87.1%	82.9%
	T03b	Complaints Responded To Within Divisional Timeframe	83.8%	85%	77.9%	85.9%	82.1%	78.7%	85.2%	86.8%	82.2%	90.5%	84.8%	88.6%	87.5%	85.2%	82.2%	84.4%	87.6%	86.3%
	T04c	Percentage of Responses where Complainant is Dissatisfied	10.68%	9.02%	13.23%	9.86%	14.92%	6.67%	9.26%	7.55%	9.59%	6.76%	10.1%	4.54%	-	-	10.33%	8.89%	7.83%	-
Cancelled Operations	F01q	Percentage of Last Minute Cancelled Operations (Quality Objective)	1.19%	1.28%	1.91%	1.37%	1.9%	0.59%	1.15%	0.79%	1.39%	0.97%	1.94%	1%	1.31%	1.68%	1.29%	1.1%	1.31%	1.49%
	F01a	Number of Last Minute Cancelled Operations	919	944	121	85	125	39	79	54	89	71	138	61	94	109	249	222	270	203

RESPONSIVE

Topic	ID	Title	Annual Target Green	Annual Target Red	Annual 17/18	Annual 18/19 YTD	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4
Referral to Treatment (RTT) Performance	A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	92%	87%	89.6%	89%	87%	88.2%	89.1%	88.6%	88.9%	88.7%	88.5%	89.6%	90.1%	89.3%	89.4%	89.1%	88.6%	88.7%	89.7%	89.3%
	A03a	Referral To Treatment Number of Ongoing Pathways Over 18 Weeks	-	-	-	-	3783	3510	3244	3377	3208	3290	3354	3000	2810	2975	2915	3100	-	-	-	-
Referral to Treatment (RTT) Wait Times	A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	0	1	209	131	18	15	12	9	11	7	10	9	14	7	16	21	36	28	30	37
	A07	Referral To Treatment Ongoing Pathways 40+ Weeks	-	-	-	-	164	154	141	129	126	119	113	113	111	139	147	161	-	-	-	-
Cancer (2 Week Wait)	E01a	Cancer - Urgent Referrals Seen In Under 2 Weeks	93%	93%	94.3%	95.5%	92.1%	92.6%	95.1%	95.3%	96.5%	95.5%	96.4%	95.7%	95.8%	96.6%	95.2%	-	94.3%	96.1%	96%	95.2%
	E01c	Cancer - Urgent Referrals Stretch Target	80%	80%	58.9%	58.3%	54.6%	41.3%	53.1%	56.7%	60.6%	66.4%	68.8%	57%	62.8%	54.2%	63.7%	-	50.6%	65.2%	58%	63.7%
Cancer (31 Day)	E02a	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	96%	96%	95.8%	97.2%	95.8%	94.4%	95%	94.7%	97.4%	99.2%	99.1%	98.8%	98.5%	98.6%	97%	-	94.7%	98.5%	98.6%	97%
	E02b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98%	98%	98.6%	98.2%	98.4%	97.6%	96.6%	97.6%	96.1%	100%	99.1%	99.4%	97.2%	99%	99.2%	-	97.2%	98.4%	98.6%	99.2%
	E02c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	94%	94%	92%	95.9%	79.5%	93%	85%	95.6%	98.2%	96.2%	98.1%	100%	98.3%	96.2%	95%	-	91.4%	97.5%	98.2%	95%
	E02d	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	94%	94%	96.3%	95.7%	96.4%	98.5%	85.4%	91.6%	97.1%	97.4%	95.6%	97.6%	98.1%	98.2%	95.7%	-	92.2%	96.8%	97.9%	95.7%
Cancer (62 Day)	E03a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85%	85%	81.7%	86%	87.3%	84.1%	82.4%	86%	85.7%	88.9%	87.4%	85.5%	87.9%	86.5%	85.1%	-	84.2%	87.3%	86.6%	85.1%
	E03b	Cancer 62 Day Referral To Treatment (Screenings)	90%	90%	74.8%	66.2%	28.6%	66.7%	37.5%	41.7%	100%	60%	100%	100%	100%	90%	35.7%	-	43.5%	83.3%	96%	35.7%
	E03c	Cancer 62 Day Referral To Treatment (Upgrades)	85%	85%	85.4%	83.8%	90.9%	79.3%	77.9%	84.4%	77.7%	84.7%	86.8%	85.6%	91.3%	88.5%	86.8%	-	80.4%	82.6%	88.4%	86.8%
	E03f	Cancer Urgent GP Referrals - Numbers Treated after Day 103	-	-	47.5	44	2	3	5	5.5	2	5.5	4	7.5	3.5	4	4	-	13.5	11.5	15	4
Cancelled Operations	F01	Last Minute Cancelled Operations - Percentage of Admissions	0.8%	1.2%	1.19%	1.28%	1.91%	1.37%	1.9%	0.59%	1.15%	0.79%	1.39%	0.97%	1.94%	1%	1.31%	1.68%	1.29%	1.1%	1.31%	1.49%
	F01a	Number of Last Minute Cancelled Operations	-	-	919	944	121	85	125	39	79	54	89	71	138	61	94	109	249	222	270	203
	F02	Cancelled Operations Re-admitted Within 28 Days	95%	85%	94.2%	93.1%	92.9%	90.9%	88.2%	95.2%	97.4%	94.9%	94.4%	91%	94.4%	93.5%	93.4%	93.6%	91.8%	95.3%	93%	93.5%
Admissions Cancelled Day Before	F07	Percentage of Admissions Cancelled Day Before	-	-	1.61%	1.75%	2.31%	2.26%	2.36%	1.67%	0.41%	1.53%	2.05%	1.82%	1.91%	1.37%	1.75%	2.17%	2.1%	1.31%	1.72%	1.95%
	F07a	Number of Admissions Cancelled Day Before	-	-	1244	1289	146	140	155	110	28	105	131	134	136	83	126	141	405	264	353	267
Primary PCI	H02	Primary PCI - 150 Minutes Call to Balloon Time	90%	70%	76.1%	73.9%	65.2%	86.2%	80%	81.8%	70.6%	79.3%	72%	69%	71.1%	62.5%	71.4%	-	82.4%	73.9%	67.5%	71.4%
	H03a	Primary PCI - 90 Minutes Door to Balloon Time	90%	90%	93.2%	92.5%	91.3%	93.1%	92.5%	100%	91.2%	93.1%	96%	92.9%	89.5%	90%	88.6%	-	95.1%	93.2%	90.8%	88.6%
Diagnostic Waits	A05	Diagnostics 6 Week Wait (15 Key Tests)	99%	99%	98.29%	96.83%	98.51%	96.8%	97.64%	97.83%	97.88%	97.13%	98.13%	98.36%	96.94%	93.81%	93.28%	96.93%	97.41%	97.72%	96.41%	95.13%
Outpatients	R03	Outpatient Hospital Cancellation Rate	9.7%	11.7%	10.7%	10.1%	11.6%	9.7%	9.5%	10%	9.6%	10%	10.1%	9.9%	9.8%	10.4%	10.2%	11.6%	9.7%	9.9%	10%	10.9%
	R05	Outpatient DNA Rate	5%	10%	7.2%	6.8%	7.3%	6.4%	7.2%	6.7%	7.1%	6.8%	7%	6.7%	6.5%	6.9%	6.8%	6.7%	6.8%	7%	6.7%	6.7%
Outpatient Ratio	R01	Follow-Up To New Ratio	2.03	2.03	2.19	2.12	2.1	2.06	1.99	2.05	2.1	2.11	2.13	2.14	2.17	2.14	2.2	2.25	2.03	2.11	2.15	2.22
ERS	BC01	ERS - Available Slot Issues Percentage	-	-	20.2%	16.4%	14.6%	18.6%	21.5%	23.8%	22.9%	22.1%	15.5%	10.9%	13.8%	13.5%	12.5%	16.8%	21.4%	19.9%	12.6%	14.6%

Topic	ID	Title	Annual Target Green	Annual Target Red	Annual 17/18	Annual 18/19 YTD	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4
Delayed Discharges	Q01A	Acute Delayed Transfers of Care - Patients	-	-	279	196	19	22	18	25	17	11	16	18	10	26	20	13	65	44	54	33
	Q02A	Non-Acute Delayed Transfers of Care - Patients	-	-	103	76	5	5	8	8	4	9	8	5	4	11	4	10	21	21	20	14
	Q01B	Acute Delayed Transfers of Care - Beddays	-	-	8466	6225	696	576	471	632	503	586	513	691	482	568	653	550	1679	1602	1741	1203
	Q02B	Non-Acute Delayed Transfers of Care - Beddays	-	-	3106	2392	204	291	161	207	204	225	321	250	191	243	138	161	659	750	684	299
Green To Go List	AQ06A	Green To Go List - Number of Patients (Acute)	-	-	-	-	52	59	56	60	54	42	55	39	47	51	48	65	-	-	-	-
	AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	-	-	17	18	14	21	17	19	24	21	14	26	7	30	-	-	-	-
	AQ07A	Green To Go List - Beddays (Acute)	-	-	-	-	1989	1832	1574	1836	1571	1621	1562	1608	1620	1693	1814	1894	-	-	-	-
	AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	-	-	501	614	451	459	618	570	753	681	580	616	463	631	-	-	-	-
Length of Stay	J03	Average Length of Stay (Spell)	-	-	4.05	3.79	3.96	4.01	3.93	3.66	3.8	3.92	3.52	3.87	3.62	3.76	3.83	3.74	3.87	3.75	3.75	3.79
	J04D	Percentage Length of Stay 14+ Days	-	-	6.8%	6.3%	7.1%	6.5%	6.4%	6.3%	6.5%	6.5%	5.8%	6.9%	6%	6%	6.6%	6.4%	6.4%	6.2%	6.3%	6.5%
14 Day LOS Patients	C07	Number of 14+ Day Length of Stay Patients at Month End	-	-	-	-	238	234	207	243	234	211	233	224	212	200	221	234	-	-	-	-
AMU	J35	Percentage of Cardiac AMU Wardstays	-	-	4.2%	3.5%	3.4%	7.1%	6%	2%	1.3%	0.5%	0%	3.4%	4.1%	3.7%	4%	6.3%	5.1%	0.6%	3.8%	5.1%
	J35A	Percentage of Cardiac AMU Wardstays Under 24 Hours	-	-	47%	38%	29.6%	32.2%	38.5%	50%	25%	25%	-	23.3%	45.9%	52.9%	55.6%	24.5%	37%	25%	41.6%	37.6%

Emergency Department Indicators

Topic	ID	Title	Annual Target Green	Annual Target Red	Annual 17/18	Annual 18/19 YTD	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4
ED - Time in Department	B01	ED Total Time in Department - Under 4 Hours	95%	90%	86.48%	86.83%	78.89%	83.95%	91.14%	92.84%	90.26%	90.07%	85%	89.16%	84.24%	83.05%	84.5%	81.05%	89.3%	88.44%	85.53%	82.84%

This is measured against the national standard of 95%

Topic	ID	Title	Green	Red	17/18	18/19 YTD	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Q1	Q2	Q3	Q4
ED - Time in Department (Differentials)	BB14	ED Total Time in Department - Under 4 Hours (STP)	-	-	86.48%	86.83%	78.89%	83.95%	91.14%	92.84%	90.26%	90.07%	85%	89.16%	84.24%	83.05%	84.5%	81.05%	89.3%	88.44%	85.53%	82.84%
	BB07	BRI ED - Percentage Within 4 Hours	-	-	78.35%	79.16%	65.06%	73.92%	85.56%	89.08%	84.8%	83.37%	75.44%	81.79%	78.89%	73.49%	74.67%	69.23%	82.81%	81.27%	78.07%	72.05%
	BB03	BCH ED - Percentage Within 4 Hours	-	-	94.89%	93.42%	95.08%	94.45%	96.25%	96.26%	96.39%	97.9%	94.16%	95.05%	85.39%	91.02%	92.92%	90.46%	95.67%	96.02%	90.38%	91.74%
	BB04	BEH ED - Percentage Within 4 Hours	99%	99%	96.26%	97.41%	92.9%	94.4%	98.11%	97.66%	96.19%	98.75%	97.46%	98.67%	97.34%	97.12%	97.7%	98.02%	96.7%	97.49%	97.76%	97.86%

This is measured against the trajectories created to deliver the Sustainability and Transformation Fund targets

Topic	ID	Title	Green	Red	17/18	18/19 YTD	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Q1	Q2	Q3	Q4
Trolley Waits	B06	ED 12 Hour Trolley Waits	0	1	8	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0
Time to Initial Assessment	B02c	ED Time to Initial Assessment - Under 15 Minutes (Excludes BCH)	95%	95%	97.9%	95.5%	96.3%	96.8%	94.8%	98.4%	94.3%	95.1%	96.1%	95.2%	93.5%	90.2%	98%	98.9%	96.7%	95.1%	92.9%	98.4%
	B02b	ED Time to Initial Assessment - Data Completeness	95%	95%	94.4%	91%	93.7%	91.9%	90.2%	92.8%	91.4%	90.6%	91%	91.5%	90.6%	83.2%	90.9%	91.1%	91.6%	91%	90.4%	91%
Time to Start of Treatment	B03	ED Time to Start of Treatment - Under 60 Minutes	50%	50%	52.2%	49.8%	48%	49.5%	53.8%	51.3%	50.8%	55.6%	48%	53.1%	44.8%	46.9%	48.9%	45.2%	51.6%	51.4%	48.3%	47.1%
	B03b	ED Time to Start of Treatment - Data Completeness	95%	95%	97.4%	97%	96.5%	96.5%	96.7%	97.3%	96.8%	97.1%	96.6%	97.1%	97%	97%	97.5%	96.7%	96.8%	96.8%	97.1%	97.1%
Others	B04	ED Unplanned Re-attendance Rate	5%	5%	2.8%	3.3%	2.9%	3%	3%	2.8%	2.9%	2.7%	3.2%	3.9%	4.4%	3.8%	3.2%	3.3%	2.9%	2.9%	4%	3.2%
	B05	ED Left Without Being Seen Rate	5%	5%	1.9%	1.7%	1.5%	1.4%	1.6%	1.7%	1.9%	1.6%	2.2%	2.1%	1.8%	1.6%	1.3%	1.6%	1.5%	1.9%	1.8%	1.4%
Ambulance Handovers	BA09	Ambulance Handovers - Over 30 Minutes	-	-	840	648	85	75	48	54	45	58	71	74	65	59	42	57	177	174	198	99
Acute Medical Unit (AMU)	J35	Percentage of Cardiac AMU Wardstays	-	-	4.2%	3.5%	3.4%	7.1%	6%	2%	1.3%	0.5%	0%	3.4%	4.1%	3.7%	4%	6.3%	5.1%	0.6%	3.8%	5.1%
	J35a	Percentage of Cardiac AMU Wardstays Under 24 Hours	-	-	47%	38%	29.6%	32.2%	38.5%	50%	25%	25%	-	23.3%	45.9%	52.9%	55.6%	24.5%	37%	25%	41.6%	37.6%

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FINANCIAL MEASURES

Topic	Title	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Q1	Q2	Q3	Q4
Year To Date Annual Plan Surplus / (Deficit)	Annual Plan excluding PSF	(890)	(102)	(151)	1,468	3,081	2,181	4,569	5,276	4,983	4,983	2,315	3,000	(151)	2,181	4,983	3,000
	Actual excluding PSF	(1,320)	(93)	(141)	950	1,832	2,202	4,596	5,300	3,475	5,003	2,341	0	(141)	2,202	3,475	0
	Annual Plan including PSF	(116)	1,446	2,171	4,823	7,467	7,599	11,535	13,792	13,516	16,851	15,989	18,480	2,171	7,599	13,516	18,480
	Actual Plan including PSF	(778)	1,455	2,181	4,304	6,218	7,620	11,562	12,885	13,537	16,329	14,931	0	2,181	7,620	13,537	0
Year to Date Variance Divisional Position Favourable / (Adverse)	Diagnostics & Therapies	12	71	156	161	160	97	149	171	192	340	359		156	97	192	
	Medicine	(72)	(145)	(449)	(844)	(1,285)	(1,510)	(1,562)	(1,753)	(1,835)	(1,922)	(2,016)		(449)	(1,510)	(1,835)	
	Specialised Services	(175)	65	335	275	204	210	116	58	96	242	236		335	210	96	
	Surgery	(75)	(191)	(651)	(995)	(1,436)	(1,634)	(1,888)	(2,124)	(2,279)	(2,580)	(3,459)		(651)	(1,634)	(2,279)	
	Women's & Children's	(145)	(332)	(78)	(121)	(617)	(966)	(1,056)	(996)	(1,383)	(1,781)	(1,898)		(78)	(966)	(1,383)	
	Estates & facilities	3	(6)	(18)	16	28	20	(10)	9	20	(9)	(60)		(18)	20	20	
	Trust Services	(8)	(10)	(18)	(18)	(36)	(32)	(28)	(18)	(7)	(20)	(56)		(18)	(32)	(7)	
	Other Corporate Services	18	127	152	246	162	187	131	154	193	168	140		152	187	193	
	Total	(442)	(421)	(571)	(1,280)	(2,820)	(3,628)	(4,148)	(4,499)	(5,003)	(5,562)	(6,754)	0	(571)	(3,628)	(5,003)	0
Year To Date Savings Actuals	Diagnostics & Therapies	153	278	426	578	770	927	1,109	1,266	1,437	1,599	1,788		426	927	1,437	
	Medicine	148	335	479	614	813	944	1,151	1,367	1,579	1,842	2,177		479	944	1,579	
	Specialised Services	182	398	623	989	1,270	1,519	1,923	2,265	2,567	2,897	3,191		623	1,519	2,567	
	Surgery	226	438	719	1,014	1,295	1,632	1,995	2,371	2,645	3,048	3,408		719	1,632	2,645	
	Women's & Children's	224	467	725	1,082	1,429	1,817	2,192	2,738	3,244	3,675	4,115		725	1,817	3,244	
	Estates & facilities	92	180	270	362	466	537	608	693	772	844	918		270	537	772	
	Trust Services	63	124	182	242	299	357	412	469	523	579	632		182	357	523	
	Other Corporate Services	656	1,312	1,969	2,625	3,281	3,937	4,593	5,249	5,906	6,562	7,218		1,969	3,937	5,906	
	Total	1,743	3,532	5,393	7,507	9,622	11,670	13,983	16,418	18,672	21,045	23,447	0	5,393	11,670	18,672	0
In Month Variance Subjective Analysis Favourable / (Adverse)	Nursing & Midwifery Pay	(256)	(329)	(430)	(338)	(288)	(465)	(639)	(543)	(354)	(717)	(801)		(1,015)	(1,091)	(1,536)	
	Medical & Dental Pay	(358)	(322)	(353)	(340)	(395)	(449)	(376)	(520)	(362)	(392)	(534)		(1,033)	(1,184)	(1,258)	
	Other Pay	128	74	126	260	80	197	121	62	0	(7)	194		328	537	183	
	Non Pay	2	(728)	(361)	(475)	(464)	(157)	(173)	(807)	(607)	(627)	(745)		(1,087)	(1,096)	(1,587)	
	Income from Operations	(69)	0	42	75	17	80	(139)	188	102	(164)	(80)		(27)	172	151	
	Income from Activities	111	1,327	825	109	(490)	(14)	688	1,270	713	1,349	774		2,263	(395)	2,671	
	Total	(442)	22	(151)	(709)	(1,540)	(808)	(518)	(350)	(508)	(558)	(1,192)	0	(571)	(3,057)	(1,376)	0
In Month Agency Expenditure Actuals	Nursing & Midwifery	448	443	515	549	618	684	623	587	520	748	766		1,406	1,851	1,730	
	Medical													0	0	0	
	Consultants	17	25	14	71	61	53	48	75	62	66	86		56	185	185	
	Other Medical	17	35	54	71	24	17	1	0	9	24	13		106	112	10	
	Other	31	85	73	126	188	129	175	109	112	91	95		189	443	396	
	Total	513	588	656	817	891	883	847	771	703	929	960	0	1,757	2,591	2,321	0
Cash	Actual Cash	77,562	78,472	75,537	92,633	96,144	98,620	98,367	99,265	105,963	100,590	97,773	0	75,537	98,620	105,963	0
Capital Spend	Actual Capital Expenditure	660	2,314	3,759	6,362	7,061	9,774	10,760	12,364	13,735	16,244	19,632		3,759	9,774	13,735	

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Meeting of the Quality and Outcomes Committee on 26 March 2019 in the Board Room

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

For Information

The Committee received the Quality and Performance Report for February 2019. It was noted that winter pressures had been dealt with better this year than previously, both in terms of performance and staff morale. There were several indicators of good and improved performance in the report (including the delivery of the 62 day cancer standard for the last eight months, and a reduction in Ward Outlier bed days of 50% in the same period) and the focus was now on capacity and demand planning for the future.

The Committee received the Learning From Deaths Report, and an update on the Trust's work to embed its learning from deaths processes ahead of the statutory introduction of Medical Examiners.

The Committee received an update on patient complaints and experience. There had been good progress on complaints performance in regard to all but one division on meeting complaints response times. There were ongoing delays of up to a week in getting a first response to complainants, due to long term staff absences in the Patient Support and Complaints Team. To help support real time feedback on the patient experience from service users and their families, two 'live' patient feedback points had been introduced into the hospital, along with refreshed marketing to highlight options for feeding back to patients (under the 'Here to Help' branding). The Committee noted that positive steps had been taken to promote and use real time feedback, especially in improving patients' awareness of the ability to make real time complaints or compliments. It was also noted that there was a link to the Trust's work to deliver consistent customer service standards which were key to supporting the patient experience and sense of satisfaction with the service.

The Committee received a presentation on the use of Desflurane (a gas used to substance when anaesthetising patients during surgery) at UH Bristol and in the region. There had been a Trust project to reduce the use of Desflurane (replacing it with Sevoflurane) due to its high carbon footprint and cost. There had consequently been a drop in its use of two thirds in the Trust since March 2017 (resulting in a 451,860kg reduction in CO_2 and £46,457 savings). Working together with North Bristol and Gloucester Trusts, Desflurane's use across all three sites had been successfully reduced saving the equivalent of around 1.5million kg CO_2. The Committee noted that this was a really positive news story that should be shared and publicised – it was also a good example of the NHS working to reduce its carbon footprint (something for which it had been criticised).

The Committee received an update on Emergency Department data changes since 2017/18. There had been an increase in attendances year on year of around 3.5%, the Committee were assured and pleased that the Trust had managed to maintain good performance given the increase.

For Board Awareness, Action or Response

The Committee proposed that the report on the reduction in Desflurane use, the update on Emergency Department data and CUR, should come to a future Board Seminar.

Key Decisions and Actions

The Committee agreed that, following a request for an update on the Boots Pharmacy service at the BRI from a previous meeting, it would like to see a fuller report on how the pharmacy service was performing against its contract and KPIs at a future meeting.

Additional Chair Comments

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

8

Meeting of the People Committee on 26 March 2019 in the Board Room

Reporting Committee	People Committee
Chaired By	Alison Ryan, Non-Executive Director
Executive Lead	Matt Joint, Director of People

For Information

The Committee received an update on workforce performance showing some improvement for vacancy, turnover and sickness rates. It was noted that Nursing Assistant vacancy rates were still high which was causing challenges in terms of rostering and cover, and agency and bank usage was still higher than the Trust would like. The Committee received an update on progress made to improve the online e-appraisal system and noted an improvement in appraisal completion rates, as well as in completion of essential training by staff.

The Committee received an update on changes which had been introduced to the framework for supporting attendance, and were encouraged to see the results of an extensive survey showing positive feedback on the system. There were still challenges to ensuring 'middle grade' staff had the confidence and support/training to perform their management responsibilities.

The Committee received a 'deep dive' explanation of the ways the Trust recorded budgeted, establishment, actual and other measures of workforce numbers and the complexities of doing so. The Committee were reassured by the information given and the fact that the Executive Team had a good 'grip' on this complicated issue. An update was also received on the Trust's work to understand 'hotspot' vacancy areas and how these impacted on Trust services and finances. The information would continue to come to the Committee, which would help provide assurance that recruitment and sickness management was focused in the right areas.

For Board Awareness, Action or Response

The Committee received and discussed extensively the first version of a Strategy for Education (this was the Trust's first formal Education Strategy). This would be discussed in detail by the Executive Team to enable proper evaluation of the priorities identified and their financial implications before it was approved. The Committee was greatly encouraged by the clarity and coherence of the plan, and encouraged the Education Team to think boldly about the challenges of meeting the healthcare needs of the future in terms of education. It was noted that the Trust had much work to do to enable it to deliver the ambitions set out in the strategy.

The Committee discussed workforce priorities for the STP and the region: performance between Trusts in the STP varied widely, and the different capacities and challenges of constituent organisations meant there were challenges to joint work, although more joint working on this area was definitely desired.

The Committee received a preliminary report on the outcomes of the latest Staff Survey (noting that data from AUKUH peer trusts was not yet available). There had been improved engagement in the survey and a general improvement in positive outcomes, though challenges continued around wellbeing scores and appraisal completion rates. The 'You said – we did' programme of work was ongoing this week to share with staff Trust actions to respond to their feedback, and Divisions were preparing their own plans to respond on local issues.

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Additional Chair Comments

Further work is still needed to develop and collate the current data sets to help provide the Committee with assurance on staff's workplace experience. However, considerable strides have been made in the establishment of strategic frameworks for workforce and education planning, which the Committee has confidence will support progress in these areas.

9

Meeting of the Board in Public on Thursday 28 March 2019 in the Conference Room, Trust Headquarters

Report Title	Six-Monthly Nurse Staffing Report – August 2018-January 2019
Report Author	Helen Morgan, Deputy Chief Nurse
Executive Lead	Carolyn Mills, Chief Nurse

1. Report Summary
The purpose of the paper is to provide assurance to the Trust Board that wards have been safely staffed over the last six months. August 2018-January 2019.

2. Key points to note *(Including decisions taken)*
The total average fill rate for RN and NA staffing remains within the green threshold at 101%. 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). Where lower than expected staffing forms are submitted, the actual harm continues to be assessed as near miss to minor, with 1 moderate harm noted over this period. 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.

3. Risks If this risk is on a formal risk register, please provide the risk ID/number.
The risks associated with this report include: There are no nurse staffing risks on the corporate risk register.

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

5. History of the paper Please include details of where paper has previously been received.	
Quality and Outcomes Committee	26 March 2019

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Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

Report on Staffing Levels for UHBristol Adult Inpatient Wards, Midwifery and Bristol Children's Hospital (August 18- January 19).
March 2019 Trust Board

1.0 Introduction

Following publication of the Francis Report 2013 and the subsequent "Hard Truths" (2014) document, NHS England and the Care Quality Commission issued joint guidance to Trusts on the delivery of the commitments associated with publishing staffing data on nursing, midwifery and care staff levels. These include:

- Report and publish a monthly return to NHS England indicating planned and actual nurse staffing by ward. This is published on the NHS Choices website.

- Publish information with the planned and actual registered and unregistered nurse staffing for each shift

- Provide a 6 monthly report on nurse staffing to the Board of Directors.

This guidance is now supported by a further publication from NHS Improvement "Developing Workforce Safeguards", published in October 2018. A review of the new guidance recommends that monthly and 6 monthly reports include information on care hours per patient per day (CHPPD) and weighted activity unit (WAU). This information has been included in the monthly safe staffing reports previously but is included in this report for the first time. See appendix 2.

This report details:

a) Any significant changes that have occurred in nursing and midwifery staffing establishments and skill mix in the last six months and any risks on the corporate risk register related to nursing and midwifery staffing.
b) How the Trust knows the wards have been safely staffed over the last six months, including Care Hours Per Patient Per Day and Weighted Activity Unit data
c) Future 19/20 operating plan workforce planning opportunities for nursing and midwifery.

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

As detailed in appendix 1 there are a number of triggers that indicate when a staffing review is required, these are unchanged. Any adhoc reviews triggered by would be in addition to the annual divisional reviews of nursing and midwifery establishments and skill mix, undertaken with the Chief Nurse. All of the annual staffing reviews have been completed in the last 3 months with no new risks/significant changes to any current inpatient and department establishments identified.

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The majority of UH Bristol's funded establishments have had no significant changes over the last six months, with one exception in the division of Medicine:

In December 2018 Medicine began a pilot, which has transferred the patients who are part of the medical division admissions to A413 (EMU). This required an increase to the existing nurse staffing by 7.83 WTE. The staffing ratio's mirror that of the Emergency Department of three patients to one RN. If these changes are made permanent a new skill mix and establishment for the area will agreed, based on professional judgement, benchmarking and a review of patient acuity and dependency.

3.0 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 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.

Based on the above principles nursing and midwifery establishments 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 these ratios in inpatient areas in the last six months.

For wards and departments that have specialty specific safe staffing guidance the annual staffing reviews have confirmed that the Trust is compliant with the relevant guidance/ recommendations.

4.0 Regulatory requests for staffing information

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

5.0 How the Trust knows the wards have been safely staffed 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

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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).

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/department and Division. It includes detailed information regarding any NICE (2014) staffing red flags that have occurred, the reasons and any actions that have been taken.

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 RN and NA staffing remains within the green threshold at 101%.

- The average RN day fill rate dipped slightly in August however, has remained above 95% for the other months.

- The average RN night fill rate has increased slightly from 97 to 98%.

- NA fill rates continue to be above planned staffing levels for both days and nights

Fig 1
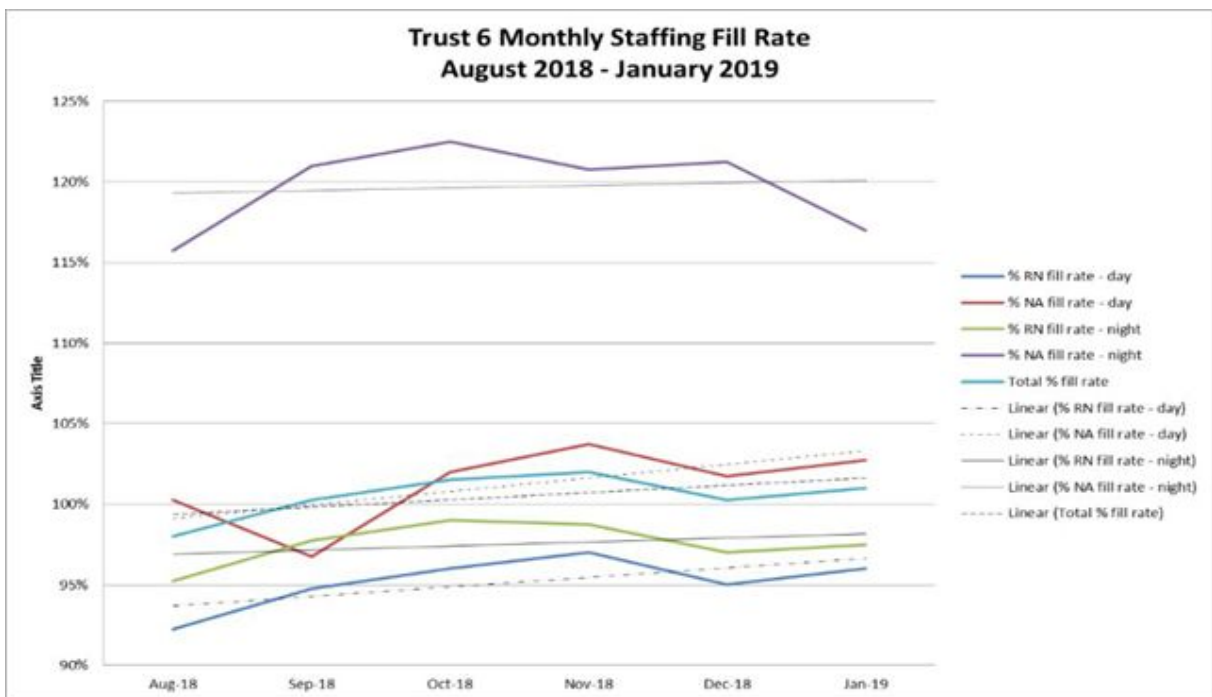
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Trust monthly average fill rate	% RN fill rate - day	% NA fill rate - day	% RN fill rate - night	% NA fill rate - night	Total % fill rate
Aug-18	92%	100%	95%	116%	98%
Sep-18	95%	97%	98%	121%	100%
Oct-18	96%	102%	99%	123%	102%
Nov-18	97%	104%	99%	121%	102%
Dec-18	95%	102%	97%	121%	100%
Jan-19	96%	103%	98%	117%	101%
6 monthly average	95%	101%	98%	120%	101%

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).

5.1 Red Flags

- The number of correctly reported red flag incidents across all in patient wards for this period was 31, compared to 43 in the previous 6 months (see Fig 2).

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Fig 2.

Red flag Incident reports by Month Feb 2018 - Jan 2019.
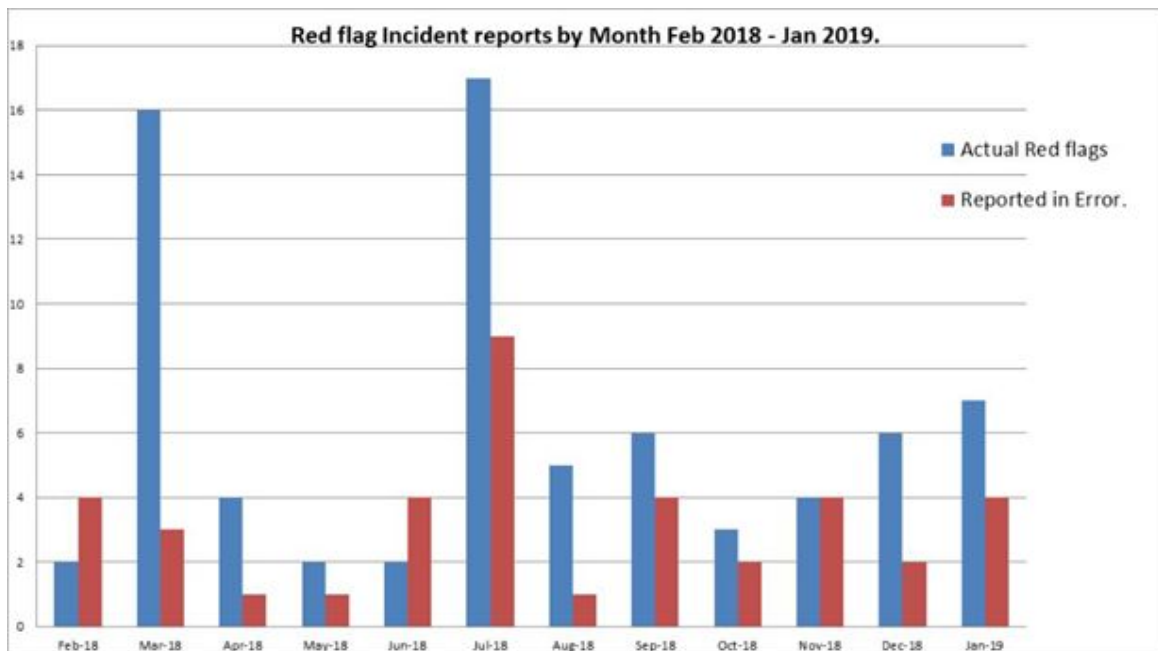
The common themes identified through review of the reported red flags in the last six months were;

- Unfilled staffing gaps, due to short term sickness where the Trust was unable to secure a temporary staff member to cover at short notice. In this situation the Trust SOP for ensuring safe staffing would be followed.

- Staff being moved from ward areas for two hours at a time, to care for patients when there is pressure in the emergency department, and patients are waiting in a queue. This would be a consequence of the Trust being in extreme escalation. Movement of staff to ED would be risk assessed by the on call/site management teams and staff moved to minimize as much as possible risks in other areas aiming always to not incur a red flag staffing risk/incident.

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5.2 Weighted Activity Unit (WAU) and Care Hours Per Patient Day (CHPPD) (see appendix two for definitions)

5.2.1 Weighted Activity Unit (WAU)

The graph below (fig 3) shows the staff cost for substantive nursing and midwifery staff per Weighted Activity Unit. This is the most up to date information available on the Model Hospital dashboard.

UHBristol (shown in black) sits just within quartile 2 for nursing and midwifery cost per WAU, which means that it spends less on staff per unit of activity than a number of Trusts both nationally and within our peer group. This gives assurance that the nursing workforce is being productively utilised.

Fig 3. **Dec 16- Nov 18 Weighted Activity Unit Data**
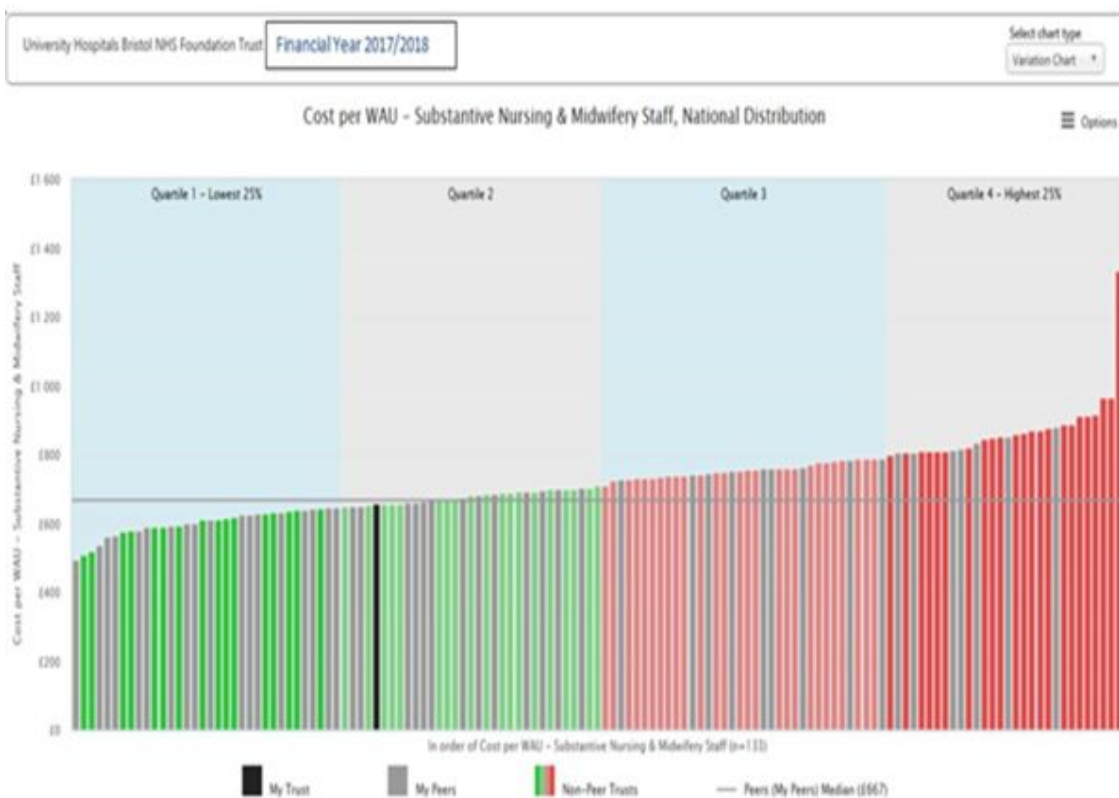
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5.2.3 Care Hours Per Patient per Day

The graph below (fig 4) shows that UHBristol CHPPD sits above the national mean and that of the model hospital peer group giving assurance that the Trust has safe levels of staffing. This figure needs to be considered alongside the WAU productivity measure and the Trust's performance against quality metrics and workforce metrics.

Fig 4 **CHPPD May 16 –December 18**
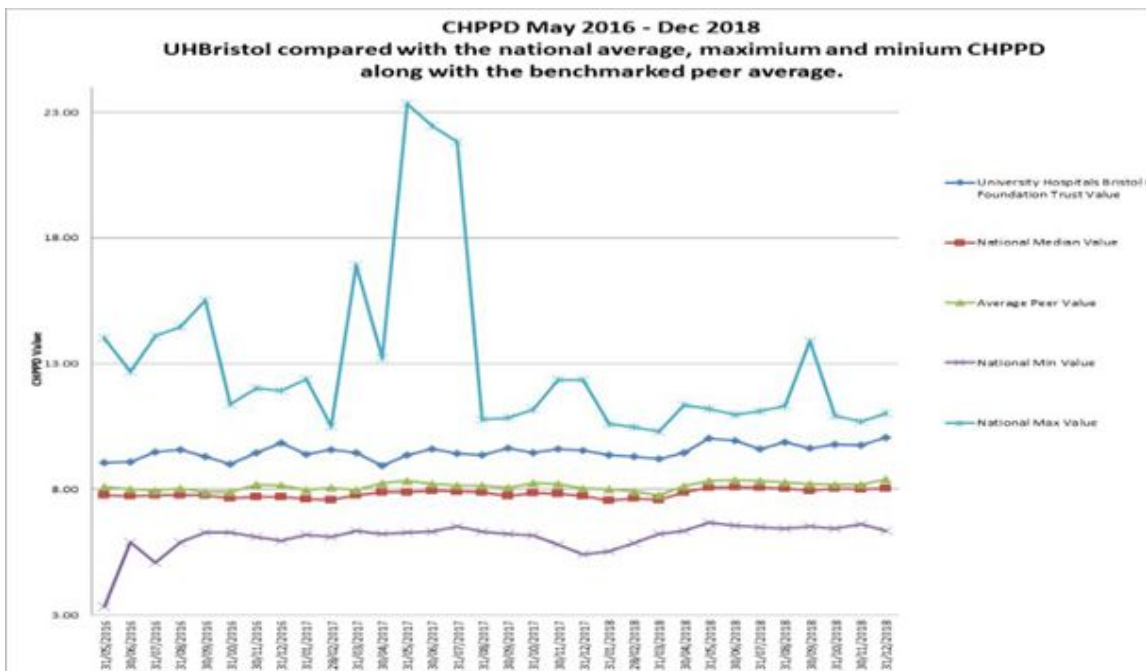
6.0 Nurse Staffing Risks held on the corporate risk registers

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, on a rotational basis at the Trust Risk Management Group and at annual staffing reviews.

7.0 Performance against key 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 increased from 10 to 15. The overall number of hospital acquired pressure ulcers grade 2 and 3 has also increased over the last 6 months, with a spike noted in November. A detailed recovery

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plan is in place, which has seen numbers begin to reduce again. Review of pressure ulcer and falls incidents have not identified staffing as a causative factor.

7.1 Staffing Incidents

The number (see Fig 5), content and any themes arising staffing incidents related to staffing, are reviewed and discussed monthly at Nursing Controls Group and via Divisional Performance and Ops Reviews.

Fig 5

Lower than Expected Nursing / Midwifery Staff Levels: by Month

Month	Value
2017 04	29
2017 05	28
2017 06	24
2017 07	34
2017 08	34
2017 09	24
2017 10	33
2017 11	34
2017 12	72
2018 01	41
2018 02	38
2018 03	60
2018 04	32
2018 05	72
2018 06	29
2018 07	61
2018 08	45
2018 09	55
2018 10	28
2018 11	42
2018 12	34
2019 01	56
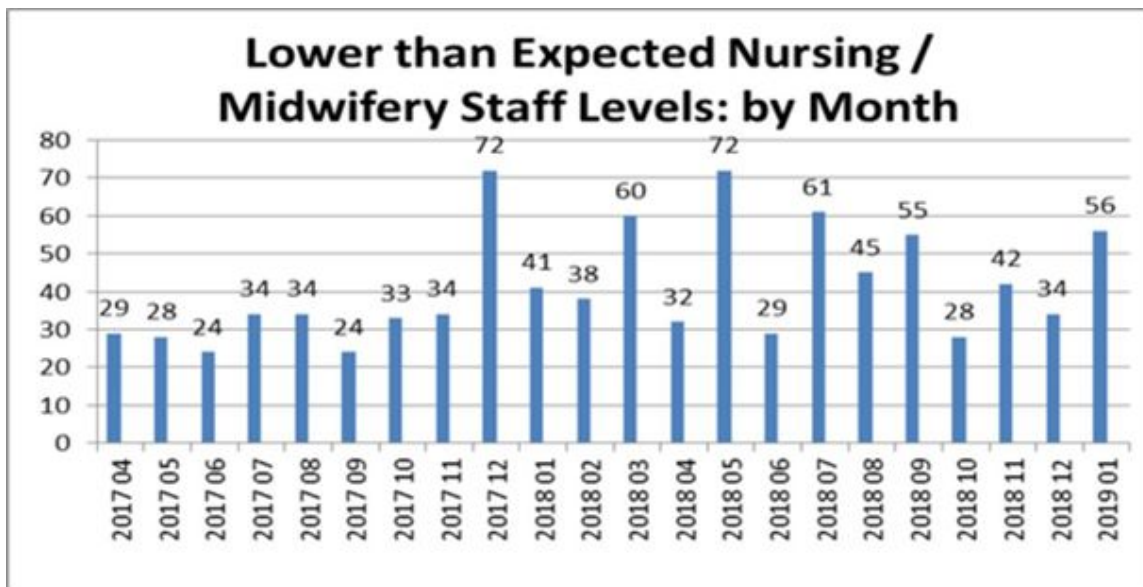
There were increases in reported incidents during September, November and January. The incidents were spread across a number of wards and Divisions, or occurred in non-ward specialist areas due to specific issues related to lack of resilience in small teams.

Where lower than expected staffing forms are submitted, the actual harm continues to be assessed as near miss to minor actual harm impact. Over this period, there was one incident rated as having had a moderate impact on the patient due to a delay in a patient receiving medication.

8.0 Workforce Planning for the Future

8.1 Nursing Associates

Two thousand Nursing Associate roles were introduced in England as a pilot scheme in 2017. The introduction of Nursing Associates aims to bridge the gap between healthcare support workers and registered nurses providing a clear career pathway into the latter role, The role is focussed on supporting RN's to spend more time using their skills and knowledge to focus on complex clinical duties and leading decisions in

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the management of patient care. The role of Nursing Associate will be registered with the NMC.

The Trust is planning to undertake a workforce review and develop a business case for consideration to support the training of Nursing Associates in operating plans for 2019/20, with a rolling programme of training in subsequent year.

9.0 Conclusion

Reviewing and aligning nursing and midwifery staffing against the care needs of our patients remains a high priority across the Trust. In the last six months the Chief Nurse and Divisional Teams have continued to review and monitor both short term and longer term staffing skill mix and establishments, in line with UHBristol principles for initiating a staffing review and the principles of safe staffing in line with speciality specific guidance/recommendations.

This paper can assure the Board of Directors that UHBristol has had sufficient processes and oversight of its staffing arrangements to ensure safe staffing levels over the last six months.

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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 specialling 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.

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Appendix 2.

Care Hours per Patient Per Day and How its calculated

CHPPD was developed, tested and adopted by the NHS to provide a single consistent way of recording and reporting deployment of staff on inpatient wards/units. The metric produces a single figure that represents both staffing levels and patient requirements, unlike actual hours alone. The data gives a picture of how staff are deployed and how productively they are used. It is possible to compare a ward's CHPPD figure with that of other wards in the hospital, or with similar wards in other hospitals. If a wide variation between similar wards is found it is possible to drill down and explore this in more detail.

Every month, the hours worked during day shifts and night shifts by registered nurses and midwives and by healthcare assistants are added together. Each day, the number of patients occupying beds at midnight is recorded. These figures are added up for the whole month and divided by the number of days in the month to calculate a daily average. Then the figure for total hours worked is divided by the daily average number of patients to produce the rate of care hours per patient day. This figure is reported monthly to NHSI.

The care hours per patient day required to deliver safer care can vary in response to local conditions, for example the layout of wards or the dependency and care needs of the patient group it serves. Therefore, higher levels of CHPPD may be completely justifiable and reflect the assessed level of acuity and dependency. Lower levels of CHPPD may also reflect organisational efficiencies or innovative staffing deployment models or patient pathways.

Weighted Activity Unit

Weighted Activity Unit (WAU) is defined as a 'common currency' to describe an amount of clinical activity, with a weighting applied that takes account of case mix and complexity. It is used in the Model hospital, following the work under taken by Lord Carter, as a method of viewing NHS operational productivity and comparing this between Trusts.

A WAU is quantity of any types of clinical activity including inpatients, outpatients, diagnostic testing and others. The national average cost is taken of each clinical activity, and divided by 3,500 to say how many WAUs that clinical activity is 'worth'. The national average cost of a procedure comes from reference costs. One WAU equates to £3,500 'worth' of healthcare services.

Slightly different methodologies are used to calculate all staff cost per WAU (weighted activity unit) metrics at trust level and for individual clinical service lines

.A simple calculation is used for staff cost per WAU metrics at clinical service line level, using data from ESR (the Electronic Staff Record) for costs:

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$$\text{Clinical service line pay cost per WAU} = \frac{\text{Pay cost from ESR}}{\text{Number of WAUs for clinical service line}}$$

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Meeting of the Board in Public on Thursday 28 March 2019 in the Conference Room, Trust Headquarters

Report Title	**Learning from Deaths Report**
Report Author	**Mark Callaway, Deputy Medical Director**
Executive Lead	**William Oldfield, Medical Director**

1. Report Summary
To report on the first 3 quarters learning from death process in 2018/2019.

2. Key points to note *(Including decisions taken)*
1. All adult in patient deaths have been screened. 2. A Structured case note review occurs in between 27% 3. The majority of care provided when reviewed is good. 4. Three patients were referred to the MD Team for further review, no avoidable death was identified. 5. Recent admission and subsequent readmission is a risk factor for death.

3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
The risks associated with this report include: • Failure to maintain the quality of patient services.

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

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

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University Hospitals Bristol
NHS Foundation Trust

Learning from Deaths

Report for Quarter 1, Quarter 2 and Quarter 3 for 2018/2019

11

MP Callaway

18th March 2019

Introduction

The learning from deaths process has been established within the organisation and all adult deaths excluding out of hospital cardiac arrests continue to be screened by the lead mortality Nurse. This process allows the Mortality Nurse to assess the quality of patient care and where the patient notes trigger the Structured Case note review these are then are distributed to the division for further assessment and further reviews are undertaken.

This report summarises the activity in quarters 1, 2 and 3 in 2018/2019

Report

The number of adult in patient deaths within the first three quarters of 2018/2019, are almost identical to the number of deaths for the same period last year. In addition, the number of patients being referred for a structured case note review is also very similar with 27% of all adult in patient deaths being referred in 2018 and 28% of cases being reviewed in this year.

The Medical Directors team carried out a further review of 5 patients during Quarter 3 and this was recorded in the last report. These were reviews in elderly patients undergoing orthopaedic procedures and full report was commissioned by the medical Director and action instigated, no further deaths within this group have been referred for further review

 There were 11 deaths in patients with learning difficulties in the first three quarters of the year. These deaths are undergoing a further review in addition to the SCNR by Laura Holmes, our lead for patients with learning difficulties.

No avoidable death has been identified, whilst the themes of recognition of end of life and timeliness of senior review remain apparent.

These identified themes are closely aligned to those found in other Trusts in the region. The AHSN are supporting the roll of the ReSPeCT process across the health care system, this will improve the advanced care planning in the future.

The National introduction of medical examiners over the next 18 months will result in changes to UHBristol learning from deaths process, however we have commenced a pan Bristol and Weston approach to standardise the system approach to the required changes.

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Update from Quarter 1, Quarter 2 and Quarter 3

	Quarter 1 (Apr – Jun 18)	Quarter 2 (July – Sept 18)	Quarter 3 (Oct – Dec 18)	Quarter 4 (Jan – Mar 19)	Totals
Total deaths (in Patients)	335	288	332		**955**
OOHCA	46	27	27		**100**
Total excluding OOHCA	289	261	305		**855**
ITU deaths	52	44	58		**154**
Total SCNR identified	60 (21%)	70 (26%)	107 (35%)		**237(28%)**
Medicine	22 (36%)	46(66%)	65(61%)		**133**
complete	15	31	17		**63**
pending	7	15	48		**70**
Surgery	13 (21%)	11 (15%)	22 (20%)		**46**
complete	7	5	10		**22**
pending	6	6	12		**24**
Specialised Services	25 (41%)	13(19%)	20 (19%)		**58**
complete	23	13	14		**50**
pending	2	0	6		**8**
Number triggering MDO Review	3	0	5		**8**
Number of SI reports in the last episode of life related to patient death	1	2	6		**9**
Number of avoidable deaths	0	0	0		**0**
Number of Deaths in patients with Learning Difficulties	5	3	3		**11**
Death within 30 days of discharge					
Total	146				**146**
From ED	27				**27**

1. **The conversion of the database to a Medway based system**

The method of data collection changed at the end of quarter 2, with the introduction of a new method of electronic recording of the SCNR in Medway, which has led to the automatic generation of a database which allows much greater visibility around the system. This came into operation on September 1st and has become a fully integrated method for data collection. This is the first report that has been generated by this system

2. **Review of the Category Deaths.**

The following are mandated for SCNR; deaths following elective procedures, deaths in patients with severe mental illness, deaths in patients with learning difficulties, where concern has been raised by family or friends or in death where raised, an alarm raised by SHMI

Category 7 is the additional category which was assigned at the time of inception of the process of learning from deaths and was an additional category to those mandated categories outlined in the initial paper learning from deaths produced by the Department of Health. His category was to identify patients in whom the mortality group perceived there was an increase risk, such as multiple ward moves during a patient's admission. Patients were assigned a category 7 status by the lead Mortality nurse and a structured case note review was undertaken.

A piece of work was undertaken in quarter 3 to review the category 7 reviews for 2018. This work was undertaken by the Mortality Fellows assigned to the team

All the deaths in this category were reviewed in 2018, and the major themes identified. This was the largest group of patients sent for SCNR and there were 303 patients in whom a category 7 issue was raised, in 1361 adult deaths. The single largest identifiable factor in this group was re admission following recent admission, and this was a factor in 63 patients in this group. This supports the work that is being undertaken to introduce the system wide approach to advance end of life care planning being co-ordinated by the ASHN with the move to introduce the ReSPeCT form.

In addition the institution of timely end of life care was also identified as a factor in this group and this also supports the work being undertaken around advanced end of life care planning and the ReSPeCT form

3. **Reviews and Involvement of the consultant body**

All consultants are now expected to undertake SCNR as part of the patient safety assessment of their supporting programme activities. Involvement of the entire adult consultant body means that although important this process will only have a minimal impact on any single individual. This process has started from the beginning of December, and has meant that all outstanding reviews have now been allocated to a Consultant for review.

4. **Deaths for MD team Review**

As reported in the last quarterly report, during the end of Quarter 1 and the beginning of Quarter 2 three deaths from within the surgical Division were refereed for a second review by the MD team, these deaths were in elderly patients who had undergone orthopaedic procedures. The MD team carried out a second SCNR and concluded that although there was no evidence of avoid ability of death, there were multifactorial factors around the post-operative patient care that raised concern. These concerns were raised with both the Division and Executive team

In late October another 5 cases were highlighted as causing concern and all of these patients had undergone orthopaedic procedures or were being managed with orthopaedic problems. This again was in the elderly patient population.

Following an initial review it was noted that from April 2017 until the end of October 2018 there were 70 deaths within Trauma and orthopaedics, of which 35 triggered an SCNR, of these 8 patients, had a score of 2 and these patients have now been reviewed. This indicates a referral for SCNR of 50% in this patient population

The Trust rate of SCNR in all deaths in April 2017-March 2018 was 26.9%.

The mortality lead for surgery and the Medical director team conducted the SCNR which identified several consistent themes; a report was then submitted to the Medical Director. This report identified that there were no avoidable deaths but again there were issues around patient's post-operative management. This multi author report identified several themes around the deteriorating frail elderly patient, and a resulting action plan is being co-ordinated by the Medical Director.

Since this report has been generated there have been no further deaths requiring review in this cohort of patients.

Dr MP Callaway

18th March 2019

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Meeting of the Board in Public on Thursday 28 March 2019 in the Conference Room, Trust Headquarters

Report Title	NHS I Operational Plan
Report Author	Geoff Underwood, Associate Director of Strategy & Business Planning
Executive Lead	Paul Mapson, Director Of Finance

1. Report Summary
Our Operational Plan for 2019/20 provides the full detail of our business plans, developed with our divisions over the past five months. The narrative for the plan has been written to fulfil our reporting obligations to NHS Improvement.

2. Key points to note *(Including decisions taken)*
- A draft of this plan was submitted to NHSI on 12 February 2019.   - This final version will be submitted to NHSI on 4th April 2019 and has been updated to reflect our latest planning assumptions and includes amendments based on feedback received from NHSI on our first draft.   - At the time of publication of Board papers, some details of our plan were still subject to change based on the outcome of ongoing discussions with commissioners. There may be minor changes to the plan between the date of Board approval and submission to NHSI but we do not anticipate these changes to be material.

3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
The risks associated with this report include: - Commissioner SLAs are still not agreed but the risks of the plan being compromised are considered to be low   - Divisional Operating Plans show a £4.9m deficit hence further improvements are still required primarily from increased savings

4. Advice and Recommendations *(Support and Board/Committee decisions requested)*:
- This report is for **DECISION**   - The Board is asked to **APPROVE** the Operational Plan for 2019/20, ready for submission to NHS Improvement on 4th April 2019.

5. History of the paper **Please include details of where paper has <u>previously</u> been received.**	
Finance Committee	26 March 2019

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Embracing change
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Working together
Our hospitals.

Operational Plan 2019/2020 – Supporting Narrative

1   Context for Operational Plan

This final draft Operational Plan is submitted to NHS Improvement (NHSI) on the 4th April 2019 as supporting narrative setting out the Trust's integrated approach and current position on activity, quality, workforce and financial planning. The plan has been developed in alignment with the Bristol, North Somerset and South Gloucestershire (BNSSG) Sustainability and Transformation Partnership (STP) System Planning process for 2019/20 and through open, collaborative working with our partners across the BNSSG system. We support the development of an integrated Single System Plan and are working together to achieve shared priority setting, appropriately informed by quality impact assessments, and associated financial decision-making alongside contract negotiations.

Our plan reflects the following position at 4 April 2019;

• Clarity and ownership of stretching quality priorities delivered through quality improvement frameworks.
• Full understanding of our strategic workforce challenges, the actions we need to take to address them and in-year workforce plans aligned to finance, activity and quality with robust accountability for managing agency and locum expenditure.
• Commitment to continue to drive sustained or improved performance in core access and NHS Constitution standards aligned to proposed performance trajectories.
• The Trust has decided to accept the proposed Control Total of £2.6m core surplus plus PSF/MRET of £10.2m i.e. a total surplus of £12.8m. There are residual risks regarding the need to finalise agreement of Commissioner SLAs and confirmation of Wales / England arrangements for tariff reimbursement. Divisional Operating Plans include £4.9m of unidentified savings with further work continuing to minimise this.

2   Our Mission, Vision and Strategic Priorities for 2019-2025

We have renewed our Trust Strategy "Embracing Change, Proud to Care - Our 2025 Vision", which was approved by our Board in March 2019. This renews our mission, our vision and our strategic priorities and ensures we continue to improve the quality of our care, maintain our outstanding clinical services, whilst working smarter to maximise our finite available resources. Our strategy also places a new emphasis on our role as a partner committed to progressing an Integrated Care System for BNSSG and our responsibility for providing support and leadership to developing and improving services in and out of our hospitals for our populations.

Our Mission: To improve the health of the people we serve by delivering exceptional care, teaching and research, every day.

Our Vision for 2025 is to:

• Anchor our future as a major specialist service centre and a beacon of excellence for education.
• Work in partnership within an Integrated Care System locally, regionally and beyond.
• Excel in world-class clinical research and our culture of innovation.

Our Strategic Priorities are:

• **Our Patients:** We will excel in consistent delivery of high quality, patient centred care, delivered with compassion.
• **Our People:** We will invest in our staff and their wellbeing, supporting them to care with pride and skill, educating and developing the workforce for the future.
• **Our Portfolio:** We will consolidate and grow our specialist clinical services and improve how we manage demand for our general acute services, focussing on core areas of excellence and pursuing appropriate, effective out of hospital solutions.
• **Our Partners:** We will lead, collaborate and co-create sustainable integrated models of care with our partners to improve the health of the communities we serve.
• **Our Potential:** We will be at the leading edge of research and transformation that is translated rapidly into exceptional clinical care and embrace innovation.
• **Our Performance:** We will deliver financial sustainability for the Trust and contribute to the financial recovery of our health system to safeguard the quality of our services for the future.

We are committed to addressing the aspects of care that matter most to our patients and during 2019/20, we have continued to ensure our strategy remains dynamic to the changing needs of our patients and significant changes within both the national and local planning environment. Our new five year strategy, with its associated governance and delivery framework, will drive strategic decision-making, support implementation plans and ensure a proactive approach to influencing and assessing strategic reviews over 2019/20. This approach will support progress towards the objectives of the NHS *Long Term Plan* as well as the vision of the Healthier Together system partnership and provide us with a significant opportunity to progress our strategic priorities at pace by working together with our partners to resolve some of the system-wide challenges we face.

The Trust has a clear governance route through which to identify, assess and manage significant risks that may threaten the achievement of our strategic objectives and this will continue to be evaluated and strengthened as part of the implementation of our new five year strategy. This has included the development in 2018/19 of a new Strategic Risk Register that the Trust Board reviews on a quarterly basis.

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3   Our 2019/20 Corporate Objectives

Our 2019/20 Operational Plan forms the basis of year one of our organisational strategy and is aligned to the national priorities as outlined in the Long Term Plan, as well as driving us towards delivery of system improvements within BNSSG. Our corporate objectives for 2019/20 have been developed around our six Strategic Priorities and the focus of our operational plans over the next 12 months will be the following;

Our Patients:
- Sustaining our Outstanding rating following the planned CQC inspection
- Ensuring we deliver our plans against constitutional access standards
- Improving out of hospital interfaces to reduce delayed transfers of care
- Delivering the objectives outlined in our Quality plan
- Approving our Estates Strategy and completing the remaining business cases for our Phase 5 Capital Programme to improve our hospital estate
- Continuing to improve engagement with patients and the public

Our Portfolio:
- Continuing to build, support and participate in networks of specialist services in south-west England, Wales and beyond with clinical academic centres of excellence for cancer, children's, cardiovascular and other services
- Renewing our focus on internal issues which affect patient flow
- Enabling our teams to support delivery of appropriate care outside of hospital
- Using technology to improve the safety and effectiveness of our services and offer greater accessibility in and out of our hospitals
- Developing strong relationships with new Primary Care Networks and the new adult community services provider for BNSSG
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Our Potential:
- Approving our Research Strategy and building our reputation as a work class leader in clinical research and innovation
- Approving our Digital Strategy to enable delivery of our strategic intentions through our Digital Hospital Programme, maximising the opportunities we have as a Global Digital Exemplar site
- Approving our Improvement and Innovation Strategy, developing our Quality Improvement Academy and introducing "QI Gold" for teams leading major transformational change
- Further growing our capacity to initiate high quality clinical research trials

Our People:
- Delivering year one of our Strategic Workforce Plan
- Approving our Education Strategy and begin delivery to ensure we have a highly skilled and productive workforce
- Approving our People Strategy to drive long-term plans for our culture, resourcing and people systems
- Implementing innovative workforce solutions to improve resourcing
- Enhancing leadership and management capacity through targeted training and talent management
- Continuing to drive up staff engagement
- Progressing towards upper quartile performance for all workforce measures

Our Partners:
- Continuing to lead and support the BNSSG Healthier Together Partnership and develop the Healthier Together 5 year Plan
- Through the STP, developing, approving and implementing whole-system strategies for Acute Care Collaboration, Integrated Care and Mental Health Further developing our partnerships with Weston Area Healthcare Trust and North Bristol Trust to support our collective clinical and financial performance
- Developing specific opportunities to work with patients, families and healthcare partners to co-design more joined-up, holistic service. Actively pursuing and creating opportunities to work more effectively with the voluntary sector and charitable partners

Our Performance:
- Working smarter, not harder, to eliminate waste and add value from every action we take
- Working towards upper quartile performance against productivity benchmarks by utilising Model Hospital and Getting It Right First Time data to drive improvement
- Evaluating our financial sustainability and progressing towards a Reference Cost Index below 100 for all our services
- Securing contracts with our commissioners that reflect demand and reduce overall costs to the system through pathway redesign

4   *Healthier Together* - Planning as part of our STP

4.1   Our shared priorities as part of *Healthier Together*

We remain committed to sharing the leadership of *Healthier Together* and to collaborative working with our partners in BNSSG and our 2019/20 Operational Plan is aligned with our ten local STP system strategic priorities:

Urgent Care	Integrated Community Localities	Workforce	Acute Care Collaboration	Maternity
Digital Transformation	Mental Health	General Practice Resilience	Prevention and population health management	Healthy Weston

Our partnerships with local acute providers are of particular importance to the delivery of our Operational Plan, as well as to the delivery of our system priorities, and we have taken a key role over 2018/19 in leading the development of an Acute Care Collaboration Strategy and Urgent Care Strategy as part of *Healthier Together*. These strategies will be progressed in 2019/20 and support delivery of the Trust's Operational Plan.

The draft BNSSG Acute Care Collaboration Strategy outlines the following proposed vision.

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To deliver exceptional health outcomes for the people we serve through provision of the full range of hospital services from general to specialist, working collaboratively within an integrated care system to make the most effective use of the expertise of our staff and our hospital resources for the benefit of the whole health community.

This vision is supported by the following five principles for collaborative working:

1. **Deliver the best outcomes**
2. **Co-design joined up care**
3. **Deliver safe and consistent care.**
4. **Support our staff**
5. **Play an active part in helping patients keep themselves healthy**

Work to continue to secure improvement in urgent care services in 2019/20 has been agreed through a system accelerated collaboration event in December 2018. This has identified the following priority workstreams for implementation before Winter 2019:

- Triage and routing
- Developing locality hubs to manage urgent need
- Digital and data
- Training and communities of practice
- Social marketing and communications
- New payment structure and financial risk approach
- Clinical governance and risk management

Trust Teams are involved in and leading across this work.

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

4.2   Reflecting system priorities in our planning

Delivery of our quality, performance and financial operating plan is predicated on both organisational and system actions, with a specific focus in 2019/20 on the BNSSG system plan priorities for improvements in urgent care, financial sustainability and the development of the workforce to deliver our long-term ambitions. The planning assumptions within our Operational Plan also take into account the NHS Operational Planning and Contracting Guidance for 2019-20,

Activity plans for 2019/20 have been developed alongside Commissioners from the CCG and NHS England to ensure a shared understanding of the system demographic growth assumptions and the areas where we collectively recognise non-demographic growth pressures. There has also been a systematic review of all change initiatives, including provider led service developments, which are in the process of being quality impact assessed to inform decisions for inclusion within contracts and operational plans.

For 2019/20, we have set our activity levels and performance trajectories to maintain a steady state, but to plan for increased capacity in those areas showing exceptional areas of activity growth that also represent the areas of highest clinical risk to patients. Some of the principles that we have agreed locally and which will be reviewed following publication of the NHS Clinical Standards Review in 2019 include:

- Continuation of the 87-90% threshold target for 18 week Referral to Treatment time performance and maintenance of zero patients waiting more than 52 weeks;
- Elective waiting list size improvements which are operationally deliverable in those areas deemed to be showing exceptional levels of growth and associated clinical risks of delays to treatment e.g. Gastroenterology, Ophthalmology, Oncology and Cardiology;
- Continuation of the A&E 4 hour target at 90% by provider and at a footprint level (including community units such as Walk in Centres); and
- Continuation of plans to deliver national cancer and diagnostic standards.

One of the key NHS transformational priorities for 2019/20 is to transform Outpatients and our plans already include the delivery of more activity as non-face-to-face, in addition to the proposed transfer of Advice and Guidance schemes from CQUIN into the business as usual operation with established local prices. We also have further plans that are emerging from the review of planned care in the BNSSG system including MSK pathway developments to reduce variation in the service offering for patients, improvements to the diagnostics pathway and a review of the strategy for eye care. Follow-up attendances are being targeted for reductions to release system resources.

Within Urgent Care, our Operational Plan describes growth in A&E attendances and emergency admissions across both adults and paediatric specialties. In collaboration with our system partners we have agreed the principles for a new contracting methodology for 2019/20 which must recognise the need for investment in same-day emergency care and acute frailty services for adults delivered through MDT-led geriatric assessments. This reflects the shared vision that Providers and Commissioners hold for the Urgent and Emergency Care Clinical Model in BNSSG.

For NHS England commissioned services, we have included activity assumptions in our plan for the delivery of new CAR-T therapy for adults with large B-cell lymphoma. We have also included the full year effect of plans to deliver Selective Dorsal Rhizotomy (SDR) for children in 2019/20, and planned for delivery of improved public health bowel cancer screening trajectories relating to the implementation of Foetal Immunochemical Test (FIT120).

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The 2019/20 Operational Plan is also set within the context of a number of significant service reviews. These include a large scale adult community services re-procurement for BNSSG which includes rehabilitation in-patient beds currently provided by the Trust at South Bristol Community Hospital; the pending results of national service reviews for neo-natal intensive care and adult critical care; new mental health investment standards; and a continued focus on releasing savings from medicine optimisation and use of biosimilar and generics. The CCG are also currently commencing a public consultation process on the Healthy Weston model of care that has implications for service impact on UH Bristol capacity. These potential changes, coupled with the uncertainty from Brexit, requires the Trust to maintain a certain degree of flexibility within our plan, which we will continually review in discussion with commissioners, partner providers and the regional teams at NHS Improvement and NHS England.

5   Quality Planning

5.1   Our approach to quality improvement, leadership and governance

Our Chief Nurse and Medical Director are the executive leads for quality, with all Executive Directors having a collective responsibility for Quality Improvement. The Trust's Senior Leadership Team continues to manage the delivery of safe and effective care alongside the delivery of financial and access targets. 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.

Placing continuous improvement of quality, safety and efficiency, and a clear focus on staff well-being, engagement and personal development is we believe key to the organisations success and maintaining our current CQC 'Outstanding' rating when the Trust is re-inspected in 2019. In September 2018, the Good Governance Institute (GGI) was appointed by University Hospitals Bristol NHS Foundation Trust to undertake a review against the NHS Improvement Well-led Framework. The review supported the Trust's own self-assessment and GGI confirmed that in their view there was no reason why the Trust would not maintain its overall rating of 'outstanding'. GGI made a number of recommendations which would support development of the Trust so as to be Well-led for the future and these recommendations are now being developed into a revised Board Development Programme for 2019/20.

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. The Trust and divisional annual quality objectives and the Trust's Quality Strategy (2016-2020) set out the actions we will take to ensure that this is achieved. Our quality priorities are consistent with Healthier Together priorities for system quality improvement and the leadership role of UH Bristol's Chief Executive in the STP continues to support our aim to increase alignment, improve performance and establish the fundamental systems and relationships on which system change will depend.

As with all NHS organisations, balancing the need to deliver high quality care in the context of increasing demand and complex patient needs, whilst increasing productivity, is a continual challenge and the message underpinning our approach to quality improvement is "affordable excellence". 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 supported by a clear enabling strategies of research, education and workforce.

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, aligned to the organisation's long term strategy with progress against these plans monitored by Divisional Boards and by the Executive Team through monthly and quarterly Divisional Performance Reviews. The agenda covers quality, safety and risk, business planning and finance, operational performance (such as cancer, A&E, diagnostics and planned waiting times), workforce and strategic milestones. The Trust uses a number of other tools and methods to monitor quality, these include a ward accreditation scheme, leadership walkabouts, back to the floor and peer reviews. Learning from investigations into serious incidents feeds directly into our quality improvement programme and is shared throughout the Trust in other ways including, safety briefs, safety alerts and Divisional LASER (Learning Associated with a Significant Event Recommendations) posters. Annual quality objectives all have a defined operational and executive lead, delivery against these is monitored via trust and board committees.

Our Board receives, each month, an Integrated Performance Report; this presents a comprehensive range of measures, including quality, and our Quality and Outcomes Committee (Board committee with a Non-Executive Chair) reviews a more extensive range of quality measures. These measures are also used throughout our hospitals, including ward level where possible. Each quarter, the Board and its committees receive the Board Assurance Framework (Strategic Risk register) and the Trust's Operational Risk Register which report progress to mitigate the key risks to the delivery of the Trust's strategic and operational objectives., Additionally the Board receives an update on progress against the corporate objectives (including the Diversity and Inclusion objective) each quarter to provide assurance that the plan is on track to deliver.. Additionally, the Board's Audit Committee works with the Trust's Clinical Audit and Effectiveness team to receive assurance that Trust's comprehensive programme of clinical audit effectively supports improving clinical quality in alignment with the Trust's quality objectives. Our governors engage with the quality agenda via their Strategy Focus Group and Quality Focus Group.

We recognise that we need to support our staff in continuous improvement and we 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 2019/20 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 with a particular focus on productivity, digital and quality improvement. Our capability to improve safety, quality and productivity is being enhanced through our exemplar Digital Hospital programme, which encompasses: several high-impact initiatives such as: the roll-out of electronic observations in 2018/19 to supporting real-time escalation of patient deterioration; continued roll-out of electronic prescribing and medicines administration across our adult wards to improve safety related to prescribing and drug errors; the wider implementation of Careflow Connect which enables closer collaboration between clinicians across the Trust and with their colleagues across Bristol's health and care community; and the progressive reduction in the use of and reliance on paper for clinical processes and patient management.

Within our Innovation and Improvement Framework, the Trust has 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

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awareness to practitioner to expert. The programme is linked to the six pillars of the overall strategy and supports staff through three tiers of development (Bronze to Gold), lasting from 3-hours through to 12 months. Five hundred staff have completed the Bronze tier in the last eighteen months and this is encouraging staff to develop and implement quality improvement initiatives. Thirty one staff have been supported to date to take local quality improvement projects forward through the Silver programme. We are developing our Gold programme to support more complex quality improvement projects in partnership with a University so that participants can gain accreditation at Masters level.

5.2   Summary of our quality improvement plan and focus for 2019-2020

Our plans will be built on a foundation of:
• The patient-centred principle of "nothing about me without me".
• System working.
• Evidence-based treatment and care derived from research – some of it led by us.
• Systematic benchmarking of our practice and performance against the best.
• Learning when things go wrong.
• An openness to and learning from internal and external review.

Specific quality objectives agreed for delivery in 19/20 are;
• Improving patient safety through the use of digital technology
• Reduction in never events
• Developing systems/processes and practice to support the needs of young carers
• Enhancing the use of staff feedback via the Happy App to deliver Trust wide action/change
• Improving physical access to our hospitals
• improving outpatient experience through the use of digital technology
• Introduction of the medical examiner system/developing our bereavement support for adults
• Training of lay representatives to participate in Trust groups/committees

Our current Trust Quality Strategy runs until 2020. We have completed a mid-term review of the delivery of strategy; priorities for 2019/20 are reflected in the table below. The Trust's three patient safety improvement programmes came to an end in 2018; priorities have been re-set for the next three years. These are detailed in column 4 in the table below. In the last year, there has been a significant focus on improving operational productivity and performance in relation to access and patient flow, recognising that these are one of the most important quality measures for our patients and their families.   The challenges we face in delivery of our performance standards are outlined in the Activity, Capacity and Performance section below. The Trust has no significant concerns to quality raised through internal/external intelligence.

Table 1: Our key quality improvement priorities for 2019/20

Ensuring timely access to services	Improving patient and staff experience	Improving outcomes and reducing mortality	Delivering safe and reliable care
• Deliver the four national access standards. • Reduce the number of cancelled operations – particularly at the last minute. • Reduce the number of cancelled clinics and delays in clinic when attending an outpatient appointment. • Work with partners to ensure that when patients are identified as requiring onward specialist mental healthcare, we minimise the delays and maintain the patient's safety while they await their transfer.	• Embed and increase the spread of our new system to support people to give feedback 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. • Continue transformation programme to develop a customer service mind-set in all our dealings with patients.	• 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.	• Continue to develop our safety culture to help embed safety. • Implement ReSPECT (Recommended Summary Treatment Plan for Emergency Care and treatment). • Deliver Maternity and Neonatal Health Collaborative Programme. • Continued work on reducing the risk of invasive procedure never events. • System wide work on medicines safety to include reducing unnecessary polypharmacy. • Improve early recognition and escalation of deteriorating patients (Includes embedding of NEWS 2) and using the data from the e-observations system to inform new areas for improving the care of deteriorating patients. • Delivering national and local CQUINs. • Engagement in system work to reduce Gram negative blood stream infections.

Annual quality objectives will be confirmed in the final plan.

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5.2.1 Risks to delivery of quality
The Trusts top three risks to delivery of a quality service in 2019/2020 are:

Risk	Mitigation
Capacity: A risk to the provision of quality patient care due to being cared for in extreme escalation bed capacity as the substantive bed base of the Trust cannot be increased to accommodate demand over the winter months.	Continued use of A512 as a substantive 9 bedded ward from December 2019 to March 2020. Having clear SOP's regarding standards of practice for areas that patients will need to be accommodated in as per extreme escalation policy. Continue to use internal opportunities to improve appropriate early discharges / reduce admissions e.g. flu testing, Norovirus testing and standard 7 day working and explore Estates options for maximising capacity.
Mental Health: A risk to the provision of quality of care and safeguarding of children and young people with mental health needs (no physical care requirements) admitted to inpatient beds in the BRHC for social admission/mental health assessment. A risk that patients suffering from mental health disorders spending a prolonged amount of time in adult ED.	Actions are in place to safeguard children and young people, other patients and families and staff. Clear escalation processes for delays in access to CAMHS services including Tier 4 beds to social services, mental health providers, safeguarding and regulators. For adults, there are clear escalation processes internally and externally. A new on-site overnight crisis service commissioned to be provided by AWP went live mid- November 2018 (ceased 4 weeks later due to inability to recruit). Proposals have been made to Commissioners for enhanced support in BRCH and BRI and are under discussion.
A risk that care may be delayed due to difficulty accessing external imaging	Working with other Trusts to implement cross-Community Access (XCA) image sharing.

5.2.2 Learning from National Investigations
Following the Gosport Report, a comprehensive assessment of the governance for opioid prescribing and administration was undertaken. The assessment demonstrated that there were robust systems and processes in place to mitigate the risks of mis-prescribing or administering medications in the ways highlighted by the report. The assessment also outlined that the continued roll out of the Trust e-prescribing system, further implementation of electronic ordering of controlled drugs and the use of 2D bar-coded wrist bands, to ensure a complete end to end log of medication, will ensure further mitigation.

5.2.3 Seven day services
The Trust's most recent data shows compliance with the four Core Standards as follows; Standard 2 82%, Standard 5 100%, Standard 6 100% and Standard 8 89%. We are fully compliant with the four standards for Paediatric Major Trauma, Heart Attack and Critical Care Services. The Trust is not the local provider for Adult Major Trauma or Vascular Services, and is not compliant with the standards for Stroke Services which are part of a system-wide "Healthier Together" review.

Service development proposals to address the gaps in seven day coverage were submitted and discussed with Commissioners through the contract negotiations in 2017/18 and 2018/19, and are being re-reviewed during the current contract negotiations. Commissioners indicated that the proposed investments were not affordable within the 2017/18 and 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 and/or commissioners re-prioritisation of investments are achieved. We have reviewed our compliance against 7 day standards as part of the 2019/20 planning round and we are in the process of reviewing risks and mitigations with Commissioners for inclusion within our contracts.

We have identified funding to increase the number of Consultants in Acute Medicine to support compliance with Standards 2 and 8 but, to date, have not been successful in recruiting to these positions in spite of multiple attempts. We are also in the process of formalising the Interventional Radiology arrangements with North Bristol NHS Trust.

Occupational Therapy, Physiotherapy and Nutrition and Dietetics currently provide a comprehensive service that operates on a Monday to Friday basis, with a level of service on a Saturday. The Saturday provision was developed to support flow across the hospital, prevent patients from missing therapy for two days running, and improve response on a Monday. It was funded through a reduction in service Monday to Friday to cover the single day at the weekend. The services cover 6 of the 8 bank holidays. Speech and Language Therapy do not offer either a weekend or Bank Holiday service. An Options Paper describing how Therapies achieve a 7 day service has been developed. This will provide a road map for future investment but is income dependent. The Trust remains fully committed to Seven Day Service Provision but has noted difficulties in both identifying appropriate funding streams and recruiting to new posts. We continually monitor our incidents to ensure that no patient comes to harm as a result of lack of provision and provide multiple specialist rotas to ensure that any patient requiring a specialist opinion has access to it on a 24/7 basis.

5.2.4 Learning from deaths
The Learning from Deaths process in adults was established in April 2017 in UHBristol. The Mortality team is comprised of a Lead Mortality Nurse and formal Divisional leads. All adult in-patients deaths are screened and where indicated, a formal Structured Case Note Review using RCP methodology is undertaken. The Divisional leads feed back themes to the monthly Mortality Surveillance group and the Divisions. The Mortality Surveillance group produces a quarterly report for the Quality and Outcomes Committee and the Board. An annual report was produced in July 2018 for the Board and was sent to all Consultants. Where themes are identified, actions have been taken, such as the support for end of life care planning and the organisational support for the introduction of the ReSpect process. If areas of concern are identified these are fed back to the relevant Divisions via the Medical Director's office,

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5.3 Quality impact assessment process and oversight of implementation

The Trust has a robust approach to QIA via well embedded QIA process which is used to assess the potential impact of cost reduction programmes, unfunded cost pressures and external development service proposals submitted to commissioners. The criteria for use include 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 any 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 or proposal 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 and unfunded cost pressures and commissioner proposals, 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. This ensures Board oversight of the QIA process and outcomes specifically where the trust is proceeding with a scheme that may have a potential adverse impact on the quality.

The Trust's performance management framework provides the vehicle for ongoing monitoring of the impact of approved schemes. For any schemes or proposals where there are specific potential risks to quality, we identify scheme-specific key performance indicators (KPIs) and how these are reported and monitored via Divisional and Trust governance structures.

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.

6 Activity, Capacity and Performance

6.1 Non-Financial performance Improvement trajectories

The Trust has made significant improvements in meeting both national access standards and agreed performance trajectories in 2018/19. This includes those that sit within the NHS Improvement Single Oversight Framework. The following provides a detailed indication of performance during 2018/19 to date as context to the approach the Trust is taking to hold a stabilised position during 2019/20. The plan remains throughout 2019/20 to deliver as a minimum, the trajectories assigned to each performance metric.

The second-round DRAFT agreement for 2019/20 trajectories are as follows:
- Cancer performance to deliver constitutional standards;
- Referral To Treatment 18 week standard to maintain 87%-88% performance throughout 2019/20. Total list size to be maintained below the March 2018 total of 29,207. Commitment to zero 52 week breaches at each month-end.
- ED 4 hour performance to deliver between 2018 levels and 90%, incorporating seasonality.
- Diagnostic 6 week wait to deliver 99% by end of Quarter 2.

Trajectories will be finalised in time for 4th April submission to NHS Improvement. Current trajectories need to be treated as Draft, pending Trust Executive sign-off.

6.1.1 Referral to Treatment Times (RTT)

During 2018/19, the local Commissioners agreed a set trajectory for UH Bristol to achieve on a month-by-month basis, which is below the national RTT compliance standard of 92%. In addition, the waiting list size was to remain the same or lower than the starting position at end of March 2018. During 2018/19, the Trust delivered the set trajectory at each month-end and the total list size is below the March 2018 levels.

For 2019/20, the proposed trajectory is:

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Under 18 Weeks	25,701	25,701	25,701	25,701	25,701	25,701	25,701	25,701	25,409	25,409	25,409	25,701
Total Pathways	29,206	29,206	29,206	29,206	29,206	29,206	29,206	29,206	29,206	29,206	29,206	29,205
Performance %	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%	87.0%	87.0%	87.0%	88.0%

The Trust anticipates delivery of the monthly trajectory whilst setting an internal stretch target to improve upon the agreed performance across the key months indicated in the elective guidance for 2019/20.

It is fully anticipated that the Trust will, as a minimum, maintain the current total waiting list size whilst setting challenging targets via weekly performance meetings to reduce the overall size wherever possible.

We anticipate continued growth in both outpatients and diagnostic testing, whilst seeing a change from seasonal referral patterns to year-long increased levels of referrals especially across sub-specialities such as dermatology and gynaecology.

6.1.2 Cancer standards

Following strong performance during 2018/19, the Trust's aim is to maintain achievement of the cancer waiting times standards each quarter during 2019/20, including the 62 day standard. Some standards – e.g. 62 day screening – have very low denominators and may be non-compliant due to unavoidable factors such as medical deferral. Anticipated changes to the national rules for allocation of 62 day pathway performance between providers (expected April 2019) should improve performance by minimising the impact of late referrals from other providers, which remains the reason for the majority of 'breaches' of the 62 day GP standard.

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For 2019/20, the anticipated rise in demand due to the cervical screening awareness campaign (launches April 2019) will provide an increased challenge to delivery of compliance, whilst plans are underway to mitigate the potential risk. It is estimated that the increased demand seen since quarter 3 2018/19 for gynaecology suspected cancer referrals will be maintained to quarter 2 at least. Plans are in place for additional clinics and diagnostic capacity. Cancer performance is monitored through a cancer waiting list (PTL) meeting and the weekly performance team meeting. The Trust will be submitting data against the new 28 day faster diagnosis standard from April 2019. No threshold has been set for the standard as yet. Trusts expect to be measured against the standard from April 2020, and preparations for this will continue throughout 2019/20.

We anticipate maintaining compliance with the standards through continuing the robust processes which have delivered in 2018/19.

6.1.3 Diagnostic waiting times standards
Performance against the 99% standard was not achieved during 2018/19. Capacity issues and rising demand in Echocardiography and Cardiac CT are causing the under-delivery. In Echos, there is a Vacancy rate of 28% in a team of 15 WTE and growth of 3% in referrals. CT Cardiac has had growth in demand particularly in quarter 3; there were 140 referrals per month on average prior to quarter 3 rising to 210 in October and 170 in November. Outsourcing of Echo activity commenced in January 2019 and Diagnostics & Therapies Division are increasing the number of sessions during Q4 2018/19. Improvements have been delivered in Sleep Studies which had 70 breaches at the end of 2017 which had all been eliminated from October 2018.

For 2019/20, the Trust will return to 99% compliance by end of Quarter 2 and maintain for the remaining quarters. Significant work has been undertaken to clear existing backlogs in Cardiac Echos, CT Cardiac and Ultrasound. The key pressure points will remain in CT Cardiac following changes to NICE guidance and Ultrasound due to shortage of sonographers. Ongoing validation and management of potential breaches will be managed through the weekly performance meetings.

February 2019 finished at 96.9% and there is still divisional and corporate work being undertaken to develop the trajectory for quarters 1 and 2.

6.1.4 A&E 4-hour standard
The Trust achieved the Sustainability and Transformation Fund (STF) targets for Quarters 1, 2 and 3, at "Trust Footprint Level". This is data published by NHS England, which apportions local Walk-In Centre activity to acute Trusts. At Trust-level, the organisation did not achieve the national 95% standard and achieved the NHSI trajectory in May and June only.

The Trust has three EDs: the main adult ED at Bristol Royal Infirmary (BRI), a Paediatric ED at the Bristol Children's Hospital (BCH) and an Ophthalmology ED at Bristol Eye Hospital (BEH). Site level performance is shown below. The Children's Hospital has delivered strong performance with an expected reduction in performance over the winter. This has been delivered alongside an 8% increase in ED attendances (Apr-Dec 2017 vs 2018). The BRI saw a 3% increase in attendances over the same period, alongside increased GP direct admissions.

To support performance and quality during 2018/19, the BRI implemented an ED Navigator role to focus on flow and liaise with shift leader and a Surgical navigator role to drive flow and DTA patients through ED to the ward base. The creation of an Emergency Medical Unit for ambulatory care has also provided strong support for the ED and manages GP-expected patients through a self-contained unit. Pre-emptive boarding was rolled-out during 2018/19 with patients moved to a hospital ward when a ward discharge has been identified. These and other developments will continue to be implemented during 2019/20. The Clinical Site Management Team has been re-aligned to sit within the Chief Operating Officer remit. The Trust, with Commissioners, is developing an Integrated Care Bureau (ICB) to support a sustained focus on Delayed Transfers of Care, length of stay and stranded patients. The ICB will be the front door to community services (health and social care) across the system and will take referrals for discharge from hospitals. The ICB will have visibility of community capacity across BNSSG and make a trusted assessment of what service will be deployed to meet a patient's needs.

For 2019/20, the trajectory maintains performance between the level delivered in same month of 2018/19 and 90%. The exception is March 2020 where Trust performance of 87.1% will achieve 90% at Trust Footprint level.

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Number over 4 Hours	1,951	1,257	1,216	1,257	1,257	1,824	1,363	1,917	2,130	1,948	2,228	2,439
Total Attendances	12,162	12,568	12,162	12,568	12,568	12,162	12,568	12,162	12,568	12,568	11,757	12,567
Performance %	84.0%	90.0%	90.0%	90.0%	90.0%	85.0%	89.2%	84.2%	83.1%	84.5%	81.0%	80.6%

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2019/20 will see a challenging trajectory forecast against the backdrop of continued growth in both the main BRI and paediatric EDs. Recruitment at consultant level for both EDs is currently underway to reflect the current and continued rise in attendances. The forecast trajectory maintains 2018 levels of performance, at Trust level. The main BRI ED has undergone an extensive review of its activity and capability to meet the increasing demand and the Division of Medicine has developed a short, medium and long term plan across the breadth of 2019/20 to deliver support to the key function of our front door services.

Oversight of ED performance and flow issues is through the Trust's established Urgent Care Steering Group (chaired by COO). This is supported by an Operational Group, Chaired by Deputy COO, that also meets monthly and will continue to do so during 2019/20.

6.1.5 Winter Planning
For 2019/20, Divisions will submit additional winter plans as part of the Operating Planning process, which will be based on the additional provision provided for 2018/19 and identify the key areas that will require additional and robust support.

We will work in collaboration with our CCG partners to secure additional capacity beds in both the acute and system settings, building on improved co-ordination across our system. We will re-establish weekly meetings as part of our winter strategy from August 2019 and plan for provision of additional support in key areas of the Trust to improve both access and flow whilst also providing extra staffing in targeted areas of continued

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pressure. Learning for 2019/20 will be based on the findings from the current winter, access to system beds and the process undertaken to deliver acute site discharges. Extensive planning will be undertaken to improve resilience and the opening of additional physical capacity will be agreed through the weekly meeting forum. Our new model is proactive management to anticipate poor flow using our predictive model rather than looking retrospectively and/or responding to a deteriorating position. We will build on the learning from this year's winter planning and continue to develop our six principles whilst reviewing our estate and facilities in relation to capacity and demand planning for 2019/20.

6.1.6 Length of Stay (LOS) Plans

Divisions have submitted operating plans for 2019/20. These will be reviewed corporately and any efficiency assumptions, including length of stay, will be assessed for their impact on bed numbers, capacity requirements, contract delivery and performance. These will then inform trajectories and plans for 2019/20 which will be monitored through Urgent Care Steering Group and the weekly performance meetings. Actions to support improvements will include weekly "Greater than 14 Day LOS" Divisional meetings, chaired by Divisional Directors, a re-modelled Integration Discharge Service, pro-active daily board rounds and the full introduction of CUR (Clinical Utilisation Review) across the whole Trust to highlight internal delays that we can address. This will allow us to meet the national trajectory around "stranded" patients and turn anecdotal conversations into fact-based discussions that help promote better collaboration and working arrangements across the system.

7 Workforce Planning

7.1 Strategic Context and Healthier Together Programme

Our Strategic Workforce Plan 2019/20 to 2024/25 is being formulated through wide engagement with all Divisions (clinical and non-clinical), relevant staff groups and trade union colleagues. This recognises 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 Healthier Together programme.

The Trust's Strategic Workforce Plan 2019/20-2024/25 builds on previous work and provides an overarching plan which will be a key pillar of the Trust's strategies. Analysis of the current staff; gap analysis of future workforce needs, benchmarking against peer group trusts have all been used to inform the planning process. Specific attention has been given to the ageing workforce (succession planning); junior and SAS doctor workforce; "single points of failure" and staff engagement / satisfaction as well as cultural and behavioural changes being identified that may need continue support. Areas that would benefit from a short piece of focussed workforce transformation (requiring additional project support) have also been identified and a number will be progressed in-year. The NHSI workforce planning tool-kit is being used to direct development of Trust processes in support of future workforce planning and progress will be monitored.

The Trust is a member of the Bristol, North Somerset and South Gloucestershire (BNSSG) Local Workforce Advisory Board (LWAB) 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 LWAB has identified key priorities for the STP footprint which are supported through the Health Education England South West Investment Plan.

BNSSG HRD Action plan

The table below outlines an action plan that has been agreed across the BNSSG footprint, outlining -specific activities that have been identified to tackle known shared workforce issues across the STP. These initiatives are lead and shared by members of BNSSG as described.

Lever	Agreed Initiatives	Owner
Hiring/Supply pipeline	Review and align **recruiting incentives** across the system to avoid internal competition amongst organisations in BNSSG	BCH/NBT
	United **approach to social media** for job posts/advertising, system wide, using sharing best practice across the system	NSCIC/UHB
	Introduce collaborative **international hiring** in respect of doctors	WAHT/NBT/UHB
	Band 5 action plan, including joined up approach to return to practice	UHB
Temporary Staffing	Move towards a **'bank first'** temporary staffing model by developing a collaborative bank	BNSSG Agency Group/Weston
	Specific actions to **reduce agency costs** compared to 2018/19: • Extending the neutral agency agreement to AWP/Sirona • Reduced premium agency usage	BNSSG Agency Group/Weston
	Aligned payments for junior doctors additional pay rates	UHB/NBT
Improved retention and participation	Actions to **improve retention**, linked to the 2019/20 national retention and NHSI support programmes	Sirona/AWP
	Fast track the movement of staff and talent	UHB/NBT
	Consistent approach to implementing **Brexit guidance** including settlement fee	ALL
Productivity	**HR integration** Phase 1: WAH and UHB test integrated HR Service, testing model for further possible roll out	BCH/WAHT

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 partnership approach in decision making and strategic discussion will ensure that

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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.

7.2   Workforce Planning Approach – Operating Plans

The annual workforce planning process at UH Bristol forms an integral part of the annual Operational Plan cycle. Each Division 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. All plans will refer to the Trust's agreed Strategic Workforce Plan.

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.

2019/2020 Operational Plan – Workforce

The Workforce plan summarised in the table shown overleaf 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.

DEMAND (Changes in Funded establishment) Staff Group	Funded Establishment 2018/19 b/f wte	Adjustments including non-recurring funding and forecast changes wte	Funded Establishment 2018/19 FOT wte	Service Developments wte	Service Transfers wte	Savings Programme wte	Activity /Capacity Changes wte	Funded Establishment March 2020 wte	Change wte
Medical and Dental	1,310	0	1,310	1	0	(0)	27	1,338	28
Qualified Nursing and Midwifery staff	2,598	(2)	2,596	5	0	1	33	2,635	38
Qualified Scientific and Professional Staff	1,159	0	1,159	2	0	0	31	1,191	33
Support to clinical staff	2,615	0	2,615	0	0	(1)	0	2,614	-1
NHS Infrastructure Support (Admin and Estates)	1,141	(11)	1,131	15	0	(6)	25	1,164	33
Total	**8,823**	**(13)**	**8,811**	**22**	**0.0**	**(6)**	**115**	**8,942**	**131**

SUPPLY Change	March 2019 Forecast			March 2019	Changes March 2019 to March 2020			2019/20	March 2020 Planned			March 2020
Staff Group	Employed wte	Bank wte	Agency wte	Forecast Total Staffing wte	Employed wte	Bank wte	Agency wte	Total Changes wte	Employed wte	Bank wte	Agency wte	Planned Total Staffing wte
Medical and Dental	1,316		3	1,319	19		(0)	19	1335		3	1,338
Qualified Nursing and Midwifery staff	2,427	114	47	2,588	63	(11)	(6)	46	2491	103	41	2,635
Qualified Scientific and Professional Staff	1,118	13	13	1,144	52	(0)	(5)	47	1170	13	8	1,191
Support to clinical staff	2,415	217	9	2,640	(19)	(7)	(1)	-26	2396	210	8	2,614
NHS Infrastructure Support (Admin and Estates)	1,076	59	6	1,140	21	0	2	23	1097	59	8	1,164
Total	**8,352**	**402**	**77**	**8,832.0**	**137**	**(18)**	**(9)**	**110**	**8,489**	**385**	**68**	**8,942**

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7.3 Workforce Challenges
The table below captures the current workforce challenges we are aware of as a result of our workforce planning activities.

Description of workforce challenge	Impact on workforce	Initiatives in place
Gaps in Junior Doctor rotas	Understaffing in specific clinical areas	Undertake review of Junior doctors rota Roll out e-rostering for medical staff Assess viability of new roles to deliver care in hard to recruit to areas, e.g. ACP's/PA's
Shortages of medical staff in specific specialities	Gaps in cover and delivery of service	Review of staff deficit and skills gap analysis. Identify recruitment initiatives or if new models of care required
Need to future proof Facilities and Estates workforce due to recruitment issues, age profile and high turnover	Potential single points of failure	Undertake succession planning activities, talent mapping and people management within service. Introduce RRP.
Issues with access and capacity for learning and education	Inconsistent provision, less able to support learning activities; e.g. apprenticeships	Review funding provision & target at greatest educational need. Approach underpinned by new UHB Education strategy.

7.4 Workforce Risks
The table below summarises the known current workforce risks, issues and mitigations in place to address them.

Description of workforce risk	Impact of risk (H,M,L)	Risk response strategy	Timescales and progress to date
Inability to recruit to key roles	H	Targeted recruitment activities. Recruitment targets set. EU settlement scheme.	Vacancy rate reduced to 4.4% in Nov 2018 against a target of 5%
Insufficient numbers of doctors in training to safely cover rotas	H	Implement e-rostering. Monitoring at Executive board monitoring.	e-rostering roll out will identify specific hotspots as its rolled out in 2019 Identify need for additional post or other roles (ACP's)
Use of agencies not compliant with pricing cap	H	KPI's for bank and agency in place, reported monthly through performance and operational reviews	Re-tender non nursing agency contract to drive price cap Internally market the use of bank to support reduction in agency use/spend. Close relationship with neutral vendor for nursing to increase supply within caps.
Failure to achieve sickness absence KPI	M	Target set at 4%. KPI's measured and monitored monthly. Areas of concern identified & improvement plans implemented where needed.	Review of Supporting Attendance Policy & trigger systems. Outcomes/recommendations to be published Feb 19. Wellbeing initiatives in place Trust wide and locally within Divisions.

7.5 Long term vacancies

Description of long term vacancy, inc. the time this has been a vacant post	Whole time equivalent (WTE) impact	Impact on service delivery	Initiatives in place, along with timescales
Band 3 Supervisors in Facilities	10	Existing staff covering vacant roles therefore high stress & low morale. High use of overtime. Potential reduction in quality of service.	Reworked recruitment paperwork. Tender for apprenticeships. Additional focus on departments profile on Trust recruitment website. Bid for RRP payment to attract staff. April 19
Band 5 nurses – medical directorate Ongoing recruitment of these B5 nurse posts across division.	52.6 WTE	Impact on rostering, quality and patient safety.	Successful EU nurse recruitment (Portugal) in 2018, provided Medicine with 20 new nurses who have joined, or will be joining, the division imminently. Further recruitment from this source being considered. Increase numbers of band 3'. Making case for introduction of nursing associate role.
Dermatology Consultants National shortage of available consultants	Currently demand outstrips substantive consultant establishment	Impact on waiting lists and targets	Additional demand covered by locum agency consultants, Consideration of new posts including Nurse Consultant and ANP roles

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	3 WTE	Impact on patient safety, Radiology service delivery, the reporting of images and the achievement of 6-week diagnostic targets	If the current recruitment is unsuccessful we will use an agency to head-hunt overseas. We are also considering skill mix to Associate Specialist or Specialty Doctor. We are developing some non-medical roles eg Principal Radiographers and Consultant Radiographers.	
Radiologist running with min. 2wte Radiologist vacancies for more than 2 years. Currently advertising for 3wte including 1 Paediatric Radiologist. Radiologists are on the UK shortage occupation list.				
Sonographer average of 1.5wte vacancies for more than 2 years; some of these have arisen due to high levels of maternity leave in the department. Sonographers are on the UK shortage occupation list.	1 WTE	Impact on patient safety, ultrasound service delivery, the reporting of images and the achievement of 6-week diagnostic targets	Agency staff to fill short-term gaps. Linked progression training scheme in place to develop our own staff into Band 7 sonographers, supported by education, - limited numbers each year. Overseas recruitment into permanent and fixed-term posts. We are involved in the trailblazer for Sonography apprenticeships	
Radiographer We have been running with approximately 5wte vacancies for more than 2 years; Radiographers are on the UK shortage occupation list.	5WTE	Impact on patient safety, Radiology service delivery, the reporting of images and the achievement of 6-week diagnostic targets	Seasonal recruitment to appoint a large cohort in August/ September each year. However our ability to recruit has not kept pace with turnover and the increasing demand. Considering an overseas recruitment campaign in 2019/20. Considering development of Radiography apprenticeships.	
Oncology Consultants 6 months +	1 – 2 WTE	Minimal impact as existing consultants covering the gaps but pressure on existing consultants and reliance on their "goodwill" to cover. Not sustainable	National shortage. Considering alternative roles and continuing to recruit. A number of junior doctors are still in training but we are developing to progress to consultant level in time	

7.6 Workforce Transformation and productivity programmes

UH Bristol currently supports a number of workforce initiatives and transformation programmes which have been identified through the workforce planning process and contribute to the long term strategic workforce plan for the organisation.

Healthcare Scientists

The strategy developed by the Trust's Lead Scientist is to:
- Continue to support succession planning within the professions;
- Develop a trust wide approach to creating HCS assistant and HCS associate training schemes;
- Develop new roles that support cross service working, including scoping the appetite of the Trust for HCS Consultant roles in support of relevant services where there are medical issues.

Nursing Associates
- The Trust is planning to undertaken a workforce review and developed a business case to support the training of 20 Nursing Associates in 2019, with a rolling programme of training in subsequent years to increase the total numbers as per the business case and to recruit to turnover.
- Work will need to be done to ensure the role is embedded in the current workforce and a review of the other support roles will probably also be required.
- It is anticipated that this will support our retention programme and aspiration to reduce turnover as the unqualified workforce will have an established alternate supply route into a qualified nursing (through further study) via the introduction of the Nursing Associate role.

Advanced Clinical Practitioners (ACP)

The next stage in implementing the workforce strategy at UH Bristol will be to identify a number of core programmes of work which will support its delivery. One intervention that has frequently been suggested has been the development and expansion of the ACP role and several areas have been identified where this role could be introduced to deal with staff shortages. A Trust approach to the commissioning of a rolling programme of ACP training and mobilisation of the role is currently being developed in order that there is a future supply pipeline of this role which can fill known staff gaps.

Physician Associate (PA)

Another identified intervention to tackle workforce shortages has been the expansion of the role of the PA in the organisation. This will be subject to an organisation wide business case and needs assessment to establish where this role can be embedded and how UHBristol can be part of the training pipeline of this staff group through the provision of placements and high quality education environments.

Education Strategy

Education is one of the core strategies that will inform the Trust's overall strategies. A new core strategy is being developed for a future focused education vision and provision. This will be based around key priorities for Education as indicated below:
- Excel in consistent, high quality education that includes robust governance and quality assurance
- Align education to strategic workforce priorities that make a positive difference to patient care and wellbeing
- Provide education that supports aspirational career development and creates a highly skilled workforce

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8   Financial Planning

8.1   2018/19 Forecast Outturn

The Trust is forecasting a net income and expenditure surplus of £16.9m against the accepted control total of £18.5m including Performance and Sustainability Funding (PSF). This is £1.6m adverse to control total due to forecasting non achievement of quarter 4 (PSF) of £1.6m. This will be the 16th year that the Trust reports a break-even or better position. A summary of the Trust's financial position and medium term financial plan including historical performance is provided below in figure 1.

8.1.1 Net surplus

Figure 1: Income and Expenditure Surplus

Income and Expenditure Surplus (before technical items) £'million
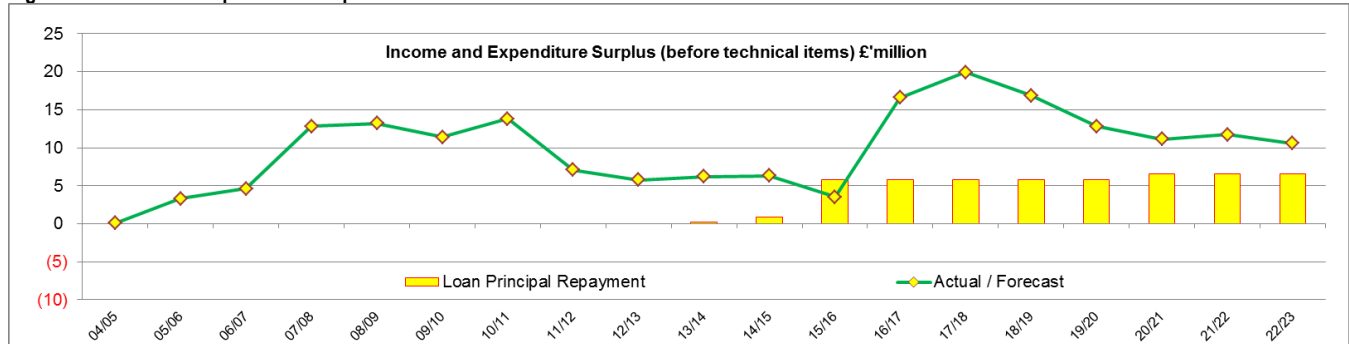
Whilst the Trust's financial position remains on plan, this has only been delivered using substantial non-recurrent means (balance sheet prudence   review, capital charges slippage and other technical items) which will not be available for the 2019/20 annual plan.
The key risks to the delivery of the year end control total include;

- Wales HRG4+ income of £1.3m is fully assumed in the forecast outturn **(Very High Risk**
- Adverse nursing overspending in winter **(Very High Risk)**
- Impact of winter on elective activity such as cardiac Surgery **(Very High Risk)**
- Medical staff overspending **(Very High Risk)**
- Unexpected losses e.g. loss of CQUIN income, commissioner challenges and unexpected cost pressures **(High Risk)**

8.1.2 Savings

The Trust's 2018/19 savings programme requirement is £25.5m. Savings of £25.4m are forecast to be delivered by the year end. The Divisions' underlying deficit of £7.5m will be carried forward into the 2019/20 saving requirement.

8.1.3 Capital expenditure

The Trust's forecast capital expenditure is £22.5m for 2018/19 against an original plan of £47.9m due to scheme slippage, within the Trust's strategic programme, medical equipment and operational capital. The Trust's gross carry-forward commitments into 2019/20 are £28.5m. All schemes are committed and slippage has been due to estates capacity, procurement capacity and planning delays.

8.1.4 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 a forecast working capital   balance of £60.8m at the 31st March 2019, 34.2 liquidity days and a liquidity rating of 1. The Trust's revenue available for capital service is forecast at £51.7m which delivers capital service cover of 2.9 times and a rating of 1. The Trust's net income and expenditure margin was 2.4% and achieves a rating of 1. The adverse I&E margin variance achieves a rating of 2 as the Trust is forecasting loss of Q4 PSF at £1.625m. The forecast agency expenditure   metric scores a rating of 1 at 25.5% below the agency ceiling.

Table 5: 2018/19 Use of Resources Rating

	Metric	Rating
Liquidity	34.3 days	1
Capital service cover	2.9 times	1
Net I&E margin	2.4%	1
I&E margin variance	-0.3%	2
Agency expenditure variance against ceiling	-21.6%	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%

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8.2 2019/20 Financial Plan

8.2.1 Overview of Position
The Trust has received a Control Total offer of £12.8m surplus. It is derived as follows;

	Core £m	PSF £m	Total £m
2018/19 Control Total	**3.0**	**15.5**	**18.5**
PSF transferred into tariff	8.4	(8.4)	-
CNST net change in tariff income contribution	(5.4)		(5.4)
Other changes	(3.4)		(3.4)
MRET central funding		0.6	0.6
PSF Addition		2.5	2.5
2019/20 Control Total	**2.6**	**10.2**	**12.8**

After careful consideration, the Trust has provisionally decided to accept the proposed Control Total in the final plan submission whilst recognising the following key risks regarding unresolved matters:

- Commissioner contract negotiations have been delayed for this planning round due mostly to late guidance nationally. Whilst the deadline of 21st March for SLA signing will not be achieved we anticipate signing Heads of Terms by the end of March.
- Therefore plans are based on best estimates. However the estimates are well advanced and can be relied upon for planning purposes.
- Divisional Operating Plans stand at £4.9m deficit due to £14m identified savings out of a target of £18.9m. Work continues to improve this position.
- Cost pressures continue to be reviewed and negotiated downwards corporately. With a revised assumption re Wales HRG 4+ shortfall of £0.4m (due to an initial 18/19 offer of £1m from Wales) it is anticipated that the call on Divisions of 2% CIP (1.1% Nationally and 0.9% Corporate cost pressures) may be reduced to 1.5% once SLAs are signed. This would reduce the CIP shortfall to c. £3m falling in two divisions – Medicine and Surgery.
- Inflation allowances nationally appear inadequate and a £1.4m estimated shortfall has been allowed for. This will be subject to continued review.

8.2.2 Financial Plan
The 2019/20 financial plan of a £12.8m core surplus is summarised below.
Table 6. Summary of the 2019/20 financial plan

	Core £'m	PSF £'m	Total £'m	
2018/19 Forecast Outturn	**3.0**	**15.5**	**18.5**	
b/f Underlying Divisional Deficit	(7.5)		(7.5)	
Change in treatment of PSF into tariff	8.4	(8.4)	-	
CNST Impact	(5.1)		(5.1)	Cost increase, tariff reduction
Wales HRG 4+ impact	(0.4)		(0.4)	Revised shortfall
Supply Chain Ltd impact (netl)	(1.0)		(1.0)	Net loss
MRET and readmissions	1.1	0.6	1.7	Per national guidance
Additional NR PSF		2.5	2.5	
R&D RCF loss	(0.1)		(0.1)	
Increase in CQUINS	0.6		0.6	
Residual tariff impact	(0.2)		(0.2)	
Tariff Efficiency at 1.1%	(5.8)		(5.8)	
Savings Requirement				
National savings requirement 1.1%	5.8		5.8	National 1.1% tariff efficiency
Divisional underlying deficit	7.5		7.5	
Corporate Cost Pressures	4.5		4.5	
Divisional Cost Pressures (net)	1.1		1.1	
Cost Pressures				
Inflation shortfall	(1.4)		(1.4)	
Prioritised internal cost pressures	(1.0)		(1.0)	Unavoidable recurring cost pressures
Pharmacy gain share loss	(0.3)		(0.3)	
Capital charges volume growth	(0.4)		(0.4)	
Unity contract @ 2.6%	(0.1)		(0.1)	Per Tender
Residual Commissioner risk	(0.5)		(0.5)	
South Bristol Community Hospital & HEE	(0.3)		(0.3)	Includes HEE increase in costs of £0.1m
Divisional clinical cost pressures (net)	(1.1)		(1.1)	
Residual Divisional Deficit	(2.6)		(2.6)	
2019/20 underlying positon	**4.2**	**10.2**	**14.4**	
Non-recurrent				
Change costs / spend to save	(0.3)		(0.3)	
Corporate risk prioritised costs pressures	(0.5)		(0.5)	Unavoidable non-recurrent cost pressures
Transition costs for strategic schemes	(0.3)		(0.3)	
Technology programme	(0.5)		(0.5)	
Core Net I&E Surplus (Deficit) excl technical items	**2.6**	**10.2**	**12.8**	
Technical items				
Donated asset depreciation	(1.6)		(1.6)	
Donated asset income	3.8		3.8	
Net impairments	(1.3)		(1.3)	
Net I&E Surplus / (Deficit) incl technical items	**3.7**	**10.2**	**13.7**	

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8.2.3 Income

Changes in income are shown in table 7 below.

Table 7: 2019/20 Income build up

			£'m
Rollover Income	2018/19 rollover income		**683.4**
Tariff	Gross inflation	19.3	
	Efficiency	(5.8)	
			13.5
Impact of Guidance	CNST Reduction	(2.6)	
	CQUIN	0.6	
	PSF into Tariff	8.4	
	SCCL	(1.8)	
	MRET reduction	1.7	
	Residual tariff impact	0.2	6.1
Activity / SLA Changes	Service Transfers	0.5	
	Activity changes / Developments	25.1	
			25.6
Provider Sustainability Funding	Net Change		(5.9)
Donations			3.8
Other			0.4
Total 2019/20 Income Plan			**726.1**

8.2.4 Costs

The 2019/20 level of cost pressures for the Trust is challenging and will require Divisions to deliver savings of £18.9m. The main assumptions included in the Trust's cost projections are;

- Inflation costs at £10.3m
- Savings requirement of £10.3m plus recovery of the £7.5m b/f Divisional Underlying Position plus divisional cost pressures of £1.1m, i.e. £18.9m total requirement
- Recurring unavoidable cost pressures of **£2.8m**
  - Capital charges volume growth £0.4m
  - Internal cost pressures £1.0m
  - South Bristol Community Hospital £0.2m
  - HEE Increase in Costs £0.1m
  - Unity Sexual Health Contract £0.1m
  - Prioritised Internal Cost Pressures £1.0m
- Non recurring unavoidable cost pressures of **£1.6m**
  - Strategic scheme costs £0.3m
  - GDE / Technology £0.5m
  - Change costs £0.3m
  - Prioritised Internal Cost Pressures £0.5m
- Payment of loan interest at £2.3m
- Depreciation at £23.9m

8.2.5 Savings Plans

The Trust's savings target for 2019/20 includes;

- 1.1% national tariff efficiency requirement £5.8m
- Corporate cost pressures £4.5m
- B/f Divisional underlying deficits £7.5m
- Additional divisional cost pressures (net) £1.1m

This represents a savings requirement of £18.9m or 4% of recurring operational budgets.

The Trust has an established process for generating savings operated under the established Transforming Care programme. There is an increased focus on delivering savings from productivity hence the Trust has established a series of targeted programmes directed at delivering productivity from:
- Out patients;
- Length of stay;
- Theatres;
- Consultant productivity; and
- Diagnostics.

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The Trust continues to utilise all available benchmarking sources in order to identify areas for improvement and develop actions plans to ensure delivery. The Trust is using the "Model Hospital" as the key tool to identify efficiency opportunities and a more formal process is being rolled out across the Trust to follow up all opportunities from this source.

The Trust is also formalising an approach to follow through with actions resulting from Getting it Right First Time (GIRFT) reviews and where possible take the necessary actions to deliver efficiency opportunities.

The Trust 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 savings have also been established, for example:
• Improving purchasing and efficient usage of non-pay including drugs and blood and clinical supplies;
• 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 savings plan is summarised below. The total of unidentified savings is currently £4.9.m.

Workstreams	£m
Medical Staff Efficiencies Productivity	0.3
Nursing & Midwifery Productivity	0.3
Allied Healthcare Professional Productivity	-
Healthcare Scientists Productivity	0.2
Diagnostic testing	0.2
Reducing and Controlling Non Pay	3.9
Medicines savings (Drugs)	1.1
Trust Services efficiencies	0.5
HR Pay and productivity	0.1
Estates and Facilities productivity	0.5
Productivity	5.3
Other	0.6
Corporate	1.0
Subtotal – savings identified	**14.0**
Unidentified savings	4.9
Total – savings requirement	**18.9**

8.2.6 Capital expenditure

The Trust has a significant capital expenditure programme investing £652m from April 2007 until March 2023 in the development of its estate. This is driven by the clinical strategy and the requirement to invest in core infrastructure to maintain and where possible, enhance delivery of care from a safe, quality environment. In 2019/20, the Trust's planned capital expenditure totals £57.9m, including the estimated £28.5m slippage into 2019/20 which will be reviewed later in the year when the outturn is finalised. The net 2019/20 capital expenditure plan is summarised below:

Table 8: Source and applications of capital

Source of funds	2019/20 Plan £m	Application of funds	2019/20 Plan £m
Cash balances	26.1	Carry forward schemes – Phase 5	7.0
Depreciation	23.9	Carry forward schemes – Other	21.5
Donations / External Sources	3.8	IM&T	11.6
Public Dividend Capital	4.1	Medical equipment	7.5
		Operational capital	6.6
		Estates replacement & Infrastructure	3.4
		Fire Improvement	2.1
		Phase 5	20.9
		Net slippage estimated	(22.7)
Total	**57.9**	**Total**	**57.9**

The Trust is also working with the STP Estates group to maximise efficiency of all capacity.

8.2.7 Use of Resources Rating

The planned net surplus of £12.8m is the key driver behind The Trust's overall Use of Resources Rating (UORR) of 1

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8.2.8 Summary Statement of Comprehensive Income

Table 10: SoCI and closing cash balance

	2019/20 Plan £m
Income (Excluding Donations)	722.2
Operating expenditure	(673.4)
EBITDA (excluding donation income)	48.9
Non-operating expenditure	(36.1)
Net surplus / (deficit) excluding technical items	**12.8**
Net impairments	(1.4)
Donation income	**3.8**
Donated asset depreciation	(1.6)
Net surplus / (deficit) including technical items	**13.7**
Year-end cash (Estimate – firmed up figure to be confirmed before submission)	**74.6**

8.3   Financial Risks

The main risks to the delivery of the 2019/20 plan include;

- Costs exceed that budgeted for – particular concern re medical and nursing pay;
- Delivery of the savings plan is considered very high risk given the level of unidentified savings currently;
- Emergency activity growth may exceed the Blended Tariff contract provision;
- SLAs have not been agreed with commissioners – the draft plan assumes reasonable agreement;
- Supply chain contract levies £1.8m against Trust income but the offsetting savings have not been described or assured;
- Planned delivery of activity is not achieved;
- Deprioritised cost pressures become unavoidable
- Risk of increasing BREXIT costs
- Workforce shortage issues such as consultants particularly in orthopaedics, oncology, acute physicians, Junior Doctor fill Rate (30% in several areas) and other shortages e.g. radiology
- Wales refusal to pay English tariffs

9   Membership and Elections

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

There was a successful by-election for one staff governor to represent the medical and dental constituency held in May 2018. In the year, three staff governors left the Trust, one public governor resigned and one passed away. In 2019, 17 seats will be available for election across seven constituencies, including public and staff members.

9.2   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. This is followed up with a corporate induction for all new governors within the first three months of their start date. The induction seminar is one of four governor development seminars each year; the content of the seminars focuses on a mixture of building core skills, updates from around the Trust 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 a Non-executive Director and an Executive Director/senior manager.

In terms of member engagement, the main focus of the past 12 months has been a thorough review of our membership structure, which resulted in the decision by governors and the Board in autumn 2018 to remove the split between public and patient members and revise governor numbers. In January 2018, governors agreed a framework of activities around the three themes of 'recruit', 'inform', 'engage' to help guide membership engagement. This included a programme of near monthly 'Health Matters' event for Foundation Trust members and members of the public and a monthly e-newsletter to all members (introduced by a governor), alongside a copy of the Trust's 'Voices' magazine sent twice a year to all members with a postal address only.

9.3   Membership strategy – plans for next 12 months

Given the focus on reviewing and changing the membership structure over the last 12 months, in the next 12 months, the membership team, through the governor-led Constitution Focus Group, will focus on reviewing engagement activities to date and creating a membership strategy to 2022 which will seek to identify the Trust's vision for membership, its objectives and detail how we will build an effective, responsive and representative membership body. This will also link with the refreshed Trust Strategy.

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Healthier Together Sponsoring Board
21 March 2019

Item number & title	**6a -** Healthier Together regular progress report to partner boards			
Scope: System-wide or Programme?	Whole system	yes	Programme area (Please specify)	
Author & role	Robert Woolley / Julia Ross / Laura Nicholas			
Sponsor / Director	Julia Ross / Robert Woolley			
Presenter	Julia Ross / Robert Woolley			
Action required:	Information			
Discussion/ decisions at previous committees	(which group / forum; which decisions/endorsements) None			

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

Summary of relevant background:
This is the summary progress report for partner Boards covering progress of the Healthier Together Partnership from January to March 2019.

Discussion / decisions required and recommendations:
Recommendations: The Sponsoring Board is asked to: • Endorse the report as an effective summary of Healthier Together business over the last 2 months • Confirm that this report can be shared with partners to take to Boards for their consideration and feedback.

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Healthier Together

Update report for Partner Boards

March 2019

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

For further details please contact Healthier Together Office

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1. INTRODUCTION

The purpose of this report is to brief partner Boards on the progress and status of the Healthier Together Sustainability and Transformation Partnership (STP).

2. THE BNSSG SYSTEM PLAN FOR 2019/20

Work to agree a system plan for 2019/20 continues. A further submission to regulators was made on 12 February, with final plans due for submission on 11 April. Organisations are currently working with now-confirmed allocations and control totals to agree finance, activity, savings, performance and workforce plans. At present, the overall position for the system remains challenging, with processes in place to agree expected demand growth and savings requirements. There are particular risks around urgent care activity, workforce recruitment assumptions and finance, and these remains key priorities within the plan.

A high level consolidated workforce plan for 2019/20 has been produced, with further work planned at a more detailed level in the coming weeks.

A draft narrative document has been produced, co-produced by planning leads from partner organisations. This is the first time that a single system level narrative has been produced. It is hoped that this can be endorsed by partner boards once finalised.

3. PROGRESS TOWARDS INTEGRATED CARE SYSTEM (ICS) STATUS

Work is continuing to support progress towards the Bristol, North Somerset, South Gloucestershire (BNSSG) STP becoming an Integrated Care System. Since the update provided in January 2019, the NHS Long Term Plan has been published which confirms that all STPs across the country are expected to become ICS's by 2021.

The Healthier Together team has developed a "roadmap" which sets out specific plans developed through the national aspirant ICS programme, as an outcome of our initial programme involvement between October and December 2018. This could lead to us becoming an ICS by March 2020.

Local system leaders undertook a readiness self-assessment against nationally determined criteria. This identified some areas of good progress to date, such as the development of primary care localities, effective leadership relationships and system-wide management of urgent care demand. However, feedback also highlighted a desire to use the Aspirant programme to accelerate maturity in some key areas:

  i.   System-wide decision-making
  ii. Building a narrative that can be used to support wider communication of the system vision
  iii. Redesign of urgent care services
  iv. Embedding population health management

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Over the course of the 11 weeks of the Aspirant ICS Programme we focused upon the following areas:

i. Clarify our ambitions around Population Health Management and accelerate progress
ii. Address our Urgent Care challenges directly whilst using it as an opportunity to consider our governance, performance management and financial model
iii. Access expertise and space to consider our narrative and purpose

The Terms of Reference (ToR) for the programme outlined that the majority of activity would be focused on our Urgent and Emergency care system, with a goal to make significant progress over 2019/20, and the ambition to have implemented tangible changes in advance of Winter 2019/20.

Urgent & Emergency care work streams are continuing to define specific and tangible impacts that will enable us to:

• Implement digital first access to urgent care
• Standardise some routing of access to urgent care
• Increase capacity in the community for urgent/on the day access
• Reduce demand on A&E and 999 calls
• Target interventions for people more likely to require/use urgent care services

In addition to this work stream, our roadmap has evolved to encompass two further work streams (Population Health Management and System Culture).

For Population Health Management – we aspire by the end of 2019/20 for three goals in this area:

• All localities will have access to data to inform their proactive care models
• This information will have informed our five year plan
• We use this data to evidence impact of any changes

Over 2019/20 we aspire to make significant progress in developing the culture of our system and enabling this to pervade into individual partner organisations. This will achieved through:

• A robust communications strategy
• Leadership development across organisations

To support these plans our system has secured £572k of central NHS England funding to continue our progress in these key areas. The funding will be used to support, for example:

• A follow up event to consolidate our implementation plans from the urgent & emergency care workshop held in December
• Setting up some of the infrastructure to strengthen a system level business intelligence network and accelerate progress with population health management
• The next phase of our system leadership development programme for executive directors

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- Developing a system performance management framework
- Establishing a wider network of non-executive directors

Next steps

At the Executive Group meeting in February, leaders agreed to work towards becoming a fully-fledged Integrated Care System as part of the national Wave 3 cohort of STPs.

System leaders are currently undertaking a second version of the self-assessment against the national ICS criteria. The output from this will identify how much progress we have made since October 2018, and highlight remaining gaps in our development still to be addressed.

A sub group of the Chairs Reference Group is now starting work on how the Sponsoring Board can begin to evolve into a Partnership Board (as set out in the NHS Long term Plan) to support how the system works differently as an ICS in future. The work will start with revised terms of reference.

We will begin work in April on development of a memorandum of understand (MOU) that will describe in detail the new collaborative working arrangements we will need to have in place to be an ICS. This will need to be co-designed with all partners and approved by boards in due course.

We will engage with the national assessment process for STPs working towards ICS status once the more detailed requirements are known.

Organisation Boards are asked to consider their views in respect of the BNSSG STP Sponsoring Board potentially progressing to become a more formal partnership board, and in accordance with the ambition set out in the NHS Long Term Plan, working towards becoming an ICS in wave 3 of the national programme. What are the key considerations for the STP in relation to sovereign boards?

4. CITIZENS PANEL PROGRESS

The Citizens' Panel is set to become an integral tool within STP patient and public involvement strategy for getting properly representative public opinion to the heart of our decision making about care and services in a cost effective, agile way.

With NHS England funding of £25k we have been working with a Bristol-based market research agency, Jungle Green, to establish the Healthier Together Panel. Their role is to work with us to recruit at least 1,000 people fully representative of our population and to deliver and report back on four surveys over the contractual period.

We have recruited circa 700 people to date, with a plan in place to complete the recruitment process in the coming weeks. The objectives of the panel process are:

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i. To establish and maintain a representative sample group of our population who we can involve in health and care transformational programmes of work.

ii. To enable us to develop a systematic way of gathering feedback from people in a robust way.

iii. Enabling a continuous dialogue and ways of testing out our plans with our population.

iv. To clearly demonstrate how key learnings from the panel have been translated into tangible action plans and changes in our approach

v. To build trust between our citizens and services.

vi. To have the ability to segment the panel so we can invite members to focus groups and other deliberative engagement activities pertinent to their areas of interest or experience.

vii. To enable those leading change programmes to meaningfully involve representative groups of people to co-produce service change, driving a cultural shift.

viii. To bring balance to the views and opinions of those with a vested interest in health and care.

From late September to December 2018 we ran our first survey in parallel to recruitment. The survey content sought feedback on people's self-assessed general state of mental and physical health and wellbeing, explored individuals' attitudes to improving their health, how they would allocate resources for healthcare if given the opportunity and recent experiences of health and care services.

525 people responded giving a 77% response rate, based on the current panel size. The full report will be shared, and the results published on our Healthier Together website so other interested parties are able to access and make use of the findings.

A second survey is currently at the planning stage and will include some further emphasis on mental health, to help inform the system wide mental health strategy currently in development.

The STP would like to encourage use of the panel by all parts of our system as a means of gaining more comprehensive insight into the views of our population, particularly from parts of the population who are less likely to engage in other ways. Any organisation or work programme interested in seeking views from the panel can find out more by contacting the Healthier Together team at bnssg.healthier.together@nhs.net .

5. DEVELOPING PRIMARY CARE NETWORKS (PCNS)

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Primary care networks are a core component of the NHS Long term Plan, and a key building block for the BNSSG ambition to build an entirely new model of local integrated care to help people stay independent, healthy and well in the community. Some of the elements being developed that will help deliver this are:

• Frailty hubs and integrated frailty services
• Diagnostic/urgent care hubs
• Mental health services integrated at locality level

Primary will continue to have a key role in delivering these and other developments.

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Primary care networks (PCNs) are a great opportunity for the STP to add momentum to our plans for integrated care. They are an essential building block of Integrated Care Systems. Its key features area:

- Typical population of 30-50,000 with geographical coverage by July 2019 expected. 50,000 is a suggested upper level, not a strict requirement.
- PCN must have boundary that makes sense to : (a) Its constituent practices; (b) to other community-based providers , who configure their teams accordingly ; and (c) to its local community.
- Introduction of a new Network Contract – this is a **Directed Enhanced Service (DES)** backed by financial entitlements.
- Each Network will have a named **accountable Clinical Director**.
- Integrated Care Systems will have a critical role in ensuring that PCNs work in an integrated way with other community staff such as community nurses, community geriatricians, dementia workers, and podiatrists/chiropodists.

The networks are a core building blocks for our future integrated care system (ICS)

Long term plan	Function
Integrated Care System (ICS)	Strategic
Integrated Care Partnerships (ICP) Provider Alliance	Planning and coordination across providers
Primary Care Networks	Resilience Local Delivery Shared Resource
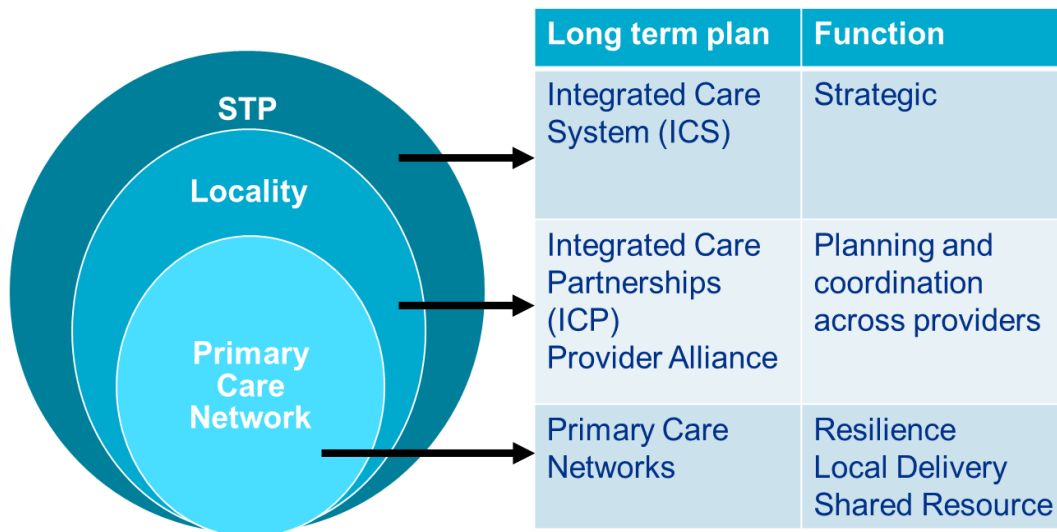
Once implemented they will:

- Enable the directing of significant new resources to primary care to support resilience and to accelerate working together
- Enable ownership at a level where people:
  - know their patients/population
  - know each other
  - can work together to improve care and services
- Support new service delivery and joined-up care, for both physical and mental health, across a wider primary care team
- Build on what we've achieved over the last few years through GP practice clusters and localities
- Support mobilisation of the new model for community services
- Lay the foundation for wider system transformation

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We have already started building the networks in BNSSG through the GP cluster and localities work. Networks will be able to contribute to the implementation of the redesign of services such as frailty and mental health.

The networks will also benefit from changes to the GP contract, announced recently. These changes should enable an acceleration of networks development.

6. LOCAL AUTHORITY MEMBER ENGAGEMENT

On 18 February the STP leadership held a seminar with council members from across the three partner local authorities of Bristol, North Somerset and South Gloucestershire, in particular members from the Health overview and scrutiny committees (HOSCs) and Health & Wellbeing Boards. The aim of the seminar was to highlight our Healthier Together partnership progress and to continue to build productive relationships with Council Members who are part of HOSCs and Health and Wellbeing Boards. We particularly wanted:

- To share progress on the STP key programmes
- To stimulate discussion and feedback on the NHS Long Term Plan in the local context and the work we are doing to develop a single system plan

We covered a recap of the STP vision and focussed in on the development of the six integrated community localities.

Colleagues also heard about our workforce transformation plans; the emerging mental health strategy and some of the findings from the first citizen's panel survey.

7. PROGRESS WITH PRIORITY PROGRAMMES KEY PROJECTS

7.1 ACUTE CARE COLLABORATION STRATEGY

The STP Acute Care Collaboration priority has been working since September 2018 to develop an acute care collaboration strategy. The strategy has been developed by a multi-organisation sub-group including managers and clinicians from across our system partners, with key elements tested through joint working with the three acute organisations and more widely through some initial stakeholder engagement work.

Summary
The Acute Care Collaboration Strategy is about setting out our vision for how our acute hospital providers will work together. We believe that through working together across hospital providers and with our wider system partners we can achieve excellence in delivery of our specialist and local acute services. By supporting the development of an integrated out-of-hospital offer, we can ensure that our hospital services will be available for those patients who need them most. Our ambition is founded on the recognition that all of our hospitals have a key part to play in providing both general and specialist care.

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Our vision for networked hospital services

To deliver exceptional health outcomes for the people we serve through provision of the full range of hospital services from general to specialist, working collaboratively within an integrated care system to make the most effective use of the expertise of our staff and our hospital resources for the benefit of the whole health community.

Our vision is underpinned by our principles.

We will address our challenges and opportunities collectively, working together to:

- Deliver the best outcomes
- Co-design joined-up care
- Deliver safe and consistent care

- Support our staff
- Play an active part in helping patients keep themselves healthy

Whilst the strategy does not set out a full future state of how acute services are configured, it does provide a framework through which we will collectively develop and redesign services going forward.

Whilst our hospital services already have much that we can be proud of, there are also many challenges to ensuring that successful and sustainable services can continue to be delivered into the future. In particular, the strategy needs to support the STP by:

- Getting back to delivering key performance standards (including cancer and A&E waiting time standards)
- Transforming cancer care to deliver outcomes in line with the best in Europe
- Improve access to mental health services to bring parity of esteem
- Better integration of health and social care, so that care does not suffer when patients are moved between systems
- Focusing on the prevention of ill-health, so people live longer, healthier lives

The NHS Long Term Plan also challenges us to become financially sustainable by:

- Improving productivity and efficiency
- Eliminating provider deficits
- Reducing unwarranted variation in the system so people get the consistently high standards of care wherever they live
- Getting much better at managing demand effectively
- Making better use of capital investment

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Our approach to addressing these challenges will be three fold:

i. Collaborating for excellence in delivery of specialist acute services – making best use of resources including workforce and improving efficiency

ii. Developing an integrated model of care where bed-based care is provided only when necessary. We will work in partnership with our primary and community colleagues to provide care closer to home, and containing the growth in urgent care demand.

iii. Actively contributing to improving the health and wellbeing of our population. Making population health everyone's business with clinicians working to reduce health inequalities and unintended clinical variation

Through a review of data and in discussion with clinical teams we have identified the areas where we think early work on collaboration will have most benefit. Based on the analysis we have collectively agreed to prioritise work in the following areas:

- Enhancing our offer of networked hospital care within an integrated care model. Work will focus in the following service areas:

  o Respiratory
  o Urgent care
  o Stroke
  o Outpatients
  o Musculoskeletal services

  o Diabetes & endocrinology
  o Mental Health
  o Maternity
  o Medicines optimisation

- Developing our specialist clinical services. Work will focus in the following service areas:

  o Neonatal intensive care provision
  o Pathology
  o Urology

  o Cancer

  o Cardiac and cardiology
  o Acute stroke / thrombolytics

Next steps

The strategy is currently being considered, initially in draft, by the three acute trusts, as well as being shared through the STP governance structure to engage and enable feedback from other programmes and organisations.

A final version of the strategy will be produced during April and it is hoped that STP partners will formally endorse it at their Boards, once approved by the Sponsoring Board.

Boards are asked to ensure that the draft strategy is appropriately shared within their organisations. Feedback can be given via Healthier Together *bnssg.healthier.together@nhs.net*

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7.2   DEVELOPING OUR SYSTEM MENTAL HEALTH STRATEGY

The mental health STP priority group has begun development of a system-wide 10 year mental health strategy. Mental health is a key area of challenge for BNSSG with increased incidence in the population, rising demand and a need to change the way services respond to people's needs in order to be effective. There are significant health inequalities associated with mental health and around a 20 year life expectancy gap compared with the rest of the population.

Approach

A broad multi-agency mental health strategy group, including service users, has been established to ensure good stakeholder engagement throughout the strategy development process. There is also an ambition to ensure a significant level of listening, engagement and co-design in the production of the strategy by those with lived experience of mental ill-health and mental health services.

There is agreement to ensure the strategy encompasses a whole life course approach, from pre-conception to end of life and also covering services provided across all statutory services including health, social care, education, justice and housing.

The three local authorities – Bristol, North Somerset and South Gloucestershire, are already making progress with an holistic approach to tackling mental health and wellbeing known as "thrive". The thrive principles will also underpin this whole system strategy.

The process has started with a range of listening events involving a wide range of stakeholders including service users and staff. Extensive data analysis is underway, as is a review of current service provision. Synthesis of these elements will form a case for change that will then feed into the co-design of new and transformed service offer.

What we've learned so far

> *Insights from our population - what matters*
> - *Treat people with respect and dignity*
> - *Are accessible and available to all*
> - *Are timely and don't involve complicated entry criteria or long waits to see someone or receive support*
> - *Are flexible, person centred and holistic*
> - *Can accept and support people with complex needs/will not exclude people e.g. with a personality disorder*
> - *Non MH services should be Mental Health competent*
> - *Challenge stigma, discrimination and inequality*
> - *Easy for people with different social, cultural or learning needs to use our services.*

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> *What our clinicians and professionals are telling us*
> - *There are significant workforce recruitment challenges that underpin the need for transformation*
> - *A need to build confidence and capabilities – improve competency and knowledge*
> - *There is a lack of ownership to address mental health needs – we all need to own this agenda*
> - *Not enough timely support or access to resources*
> - *Need to develop approaches that are based on integration*
> - *We need to do better when addressing the underlying causes of mental ill health, ranging from physical ill health through to wider determinants of health and well being*

There are some potential areas of focus / themes emerging for the strategy but these are still being considered:
- Integrating physical and mental health
- Children & young people
- Working age adults
- Older people
- People with high level mental health needs in the community
- Those in crisis

Timeline
The group is aiming to have a completed strategy document for wider engagement during May 2019. Further work on implementation will then commence once the strategy is agreed.

8. RECOMMENDATIONS

The Board is asked to:
- Note the information in this report
- Confirm that this report can be shared with partner Boards for their consideration

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

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Meeting of the Board in Public on Thursday 28 March 2019 in the Conference Room, Trust Headquarters

Report Title	**Phase 5 Strategic Capital Update**
Report Author	**Carly Palmer, Assistant Director of Estates**
Executive Lead	**Paula Clarke, Director of Strategy and Transformation**

1. Report Summary
This paper provides an overall update on the Phase 5 programme, highlighting the status of individual schemes and setting out the agreed procurement strategy.

2. Key points to note   *(Including decisions taken)*
In September 2018 Trust Board approved a Strategic Capital Investment Programme totalling £237m to 2022/23 and agreed the indicative allocation of this Programme into the proposed categories of   - Major clinical services strategic schemes (phase 5)   - Medical Equipment and Operational Capital   - Information Technology   - Estates Replacement   - Estates Infrastructure and Compliance   A component element of this plan was an investment of £120.3m for Major Strategic Schemes. This programme is being progressed through the Phase 5 Programme Board which reports into Capital Planning Steering Group and where required, into Clinical Strategy Group.   This paper provides Trust Board with an update on progress against this programme and associated assurance that the Trust is providing the right environment to be able to deliver our strategic objectives.

3. Risks   **If this risk is on a formal risk register, please provide the risk ID/number.**
The risks associated with this report include: *N/A*

4. Advice and Recommendations   *(Support and Board/Committee decisions requested)***:**
• This report is for **APPROVAL** for the High Level information Pack (HLIP) and its issue to contactors on the ProCure22 framework.   • The Board is asked to **NOTE** the approvals of the Strategic and Outline Business Cases and the Procurement strategy through the required governance routes in line with Standing Financial Instructions.

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

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

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Phase 5 Strategic Capital Update

Appendix A

<u>Background</u>

In September 2018 Trust Board approved a Strategic Capital Investment Programme totalling £237m to 2022/23 and agreed the indicative allocation of this Programme into the proposed categories of

- Major clinical services strategic schemes (phase 5)
- Medical Equipment and Operational Capital
- Information Technology
- Estates Replacement
- Estates Infrastructure and Compliance

A component element of this plan was an investment of £120.3m for Major Strategic Schemes. This programme is being progressed through the Phase 5 Programme Board which reports into Capital Planning Steering Group and where required, into Clinical Strategy Group.

This paper provides Trust Board with an update on progress against this programme and associated assurance that the Trust is providing the right environment to be able to deliver our strategic objectives.

<u>Progress to date</u>

A list of prioritised schemes was set out in the investment programme and still stands. A description of the strategic context and alignment of each scheme can be found in Appendix B. Adaptation and re-prioritisation of this programme may be required for emerging requirements from the Trust 2025 strategy renewal process and the external environment. This will be informed by work that is now underway to scope out these new requirements and assess relative risks and benefits for both operational and strategic delivery. Updates will be provided to Trust Board in future quarterly reports.

A number of projects have now been approved at Outline Business Case (OBC) stage through the required governance routes as per Standing Financial Instructions and work to progress designs and clarify works cost estimates for each scheme is underway. A brief update on these specific areas is as follows:-

1. **Myrtle Road acquisition and refurbishment c.£4m**
   The property ownership transferred to the Trust on 28 September 2018. Detailed design work has been completed to create a modern office function to support the temporary decant requirements for the overall Phase 5 programme. The scheme has been tendered and a contract awarded, with works having started on site this month. Construction works are forecast to complete in November 2019.

2. **Cardiology Expansion c. £5.5m**
   This scheme has been separated into 2 distinct stages. Stage 1 is the development of a new build, 4 storey, extension to BHI, creating an additional cath lab at level 6 and shell-space at levels 5, 7 and 8. Stage 1 has an active project team established with detailed design work underway. A planning application was submitted to Bristol City Council on 6 March and we are currently awaiting confirmation of its formal registration. Construction work is planned to commence in August 2019, with completion forecast in February 2020.

Phase 5 Strategic Capital Update

Stage 2 encompasses the development of a second additional cath lab and an increase in ward capacity for cardiology. The ward component of the scheme is dependent on the creation of a new Medical ward on level 7 Queens, which in turn is linked to the Cardiovascular Research Unit development.

Stage 2 is planned to commence later in the 5 year programme.

3. **Cardiovascular Research Unit c £8m**
   It is anticipated that this scheme will be jointly funded between the Trust and UoB, with a charitable contribution application currently being considered by the British Heart Foundation. A cross-organisational project team has been established and design work is in progress. A planning application is expected to be submitted to Bristol City Council at the end of March / early April. Construction work is planned to commence in January 2020, with completion forecast in January 2021.

4. **Bristol Eye Hospital redesign c. £4.7m**
   A formal project team has been established and an initial design is being scoped with Clinical lead and Divisional Management Team

5. **D603 (BHOC inpatient ward refurbishment) c. £1.5m**
   An outline design has been agreed with clinical team. Charitable funding has been approved by Above & Beyond with additional funding anticipated from the Friends of Oncology. Construction works are planned to be undertaken throughout Q2/Q3, 2019/20.

6. **St Michaels Hospital level E (maternity) refurbishment c. £2.5m**
   A formal project team has been established and an initial design is being scoped with Clinical lead and Divisional Management Team

Strategic Outline Cases (SOCs) have also been approved by CPSG for Dermatology, BRHC expansion and BHOC expansion / redesign. The approval of these SOC's means that feasibility design work can now be undertaken to inform the capital costs for inclusion in the OBC's.

Divisions are continuing to develop business cases for all other prioritised schemes and these will be reviewed and, where appropriate, approved, in line with the Trust's Capital Investment Policy.

Developments
A commitment has been made to transfer an additional £2m of capital funding into the Major Strategic allocation in order to invest in the improvement of medical education facilities at the Trust. Work is underway with key stakeholders to define a brief and scope of works. It is likely that this work will be phased in different physical locations.

As the Trust continues to update its clinical strategies a number of additional strategic development requirements are emerging. These include proposals for expansion and redesign of ED and a requirement for additional ICU / HDU short-term capacity, amongst others. Divisions have been asked to develop Strategic Outline Cases for any emerging proposals and where support is obtained, schemes within the overall Capital programme will have to be reviewed and re-prioritised.

Agreed procurement strategy

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It was agreed via CPSG in September 2018, with a further review in February 2019, that a mixed procurement strategy would be adopted in order to deliver the capital programme.

Three procurement options were approved:-

1. <u>Traditional tendering</u> of lower value projects where there is no particular time constraint and where there is little opportunity to create a pipeline of projects and where site logistics issues can easily be managed.

   Traditional specification and tender for the following:
   - D603 – potential to bundle with BHOC Stage 1 to reduce number of contractors on site
   - BHOC Stage 1 - potential to bundle with D603
   - Myrtle Road – JCT contract awarded; self-contained site
   - Holistic Well Being Centre- expected to be charity funded and managed; self-contained site
   - St Michaels Level E- scope under development; self-contained site
   - BEH - scope under development; self-contained site

2. <u>SCAPE</u> is an OJEU compliant framework with a single source contractor (Kier Construction for projects below £4m and Willmott Dixon for higher values) and is suitable for schemes where time is the key driver for operational business needs as it allows rapid engagement of the construction partner (within 4 to 6 weeks) but where there is little opportunity to create a pipeline of projects.

   SCAPE for
   - Terrell St additional beds – *this scheme successfully delivered in Dec 18 via the SCAPE framework and in conjunction with Kier Construction.*

3. <u>ProCure 22</u> is pre-approved by DH and is fully OJEU compliant, with stated value for money benefits (agreed national rates, repeatable rooms, shared learning from all partners). This can be used for single projects, but provides the maximum benefit to a Trust where there is a significant pipeline (value) of schemes and where site logistics are difficult to manage and where early engagement with the construction partner would significantly benefit the management of the operational impact of the project.

   There is a lead in period for these projects due to the selection process that is involved, and guidance should be sought from P22 on this process and timeline, but it is generally 8 weeks

   ProCure 22 for
   - Cardiac Research Unit (CRU) – high value, difficult site logistics
   - Cardiology Stage 1 (Cath lab expansion) – scope defined ; self-contained site, linked to CRU scheme
   - Transport Hub – high value, difficult site logistics
   - BRHC Expansion – high value, difficult site logistics
   - ICU/CCU, complex scheme, major operational impact
   - NICU/CDS, complex scheme, major operational impact
   - BHOC Expansion – high operational impact

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- Dermatology – high value, linked to Transport hub
- Level 7 additional ward beds – liked to CRU

Contact has been made with the Regional P22 adviser and work has been undertaken to develop the High Level Information Pack (HLIP) to initiate the selection process for the P22 partner.

It is proposed that the HLIP is submitted for March approval, prior to issuing to the P22 market in April 19. The HLIP can the found in Appendix C

<u>Recommendations to Trust Board</u>

- **Note the overall content of this report and the agreed procurement strategy**

- **Approve the HLIP for ProCure22 and its issue to the framework market.**

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Appendix B – Summary of prioritised schemes

Myrtle Road Acquisition and refurbishment
This scheme involves the purchase of the Myrtle Road property at the top of St Michael's Hill. This will provide additional non-clinical space to enable the transfer of non-clinical functions out of core clinical areas to support the other schemes in the programme. There is currently no vacant space on the site to enable the required moves. Strategically, this will also support an improved and modern environment for non-clinical staff.

Cardiology Expansion
Cardiology services are part of our core specialist and regional provision and the service has demonstrated year on year growth, with further growth planned for 2018/19. Increased contracts for additional activity have been agreed with local and specialised commissioners and additional physical space for catheter laboratories and in-patient beds is now required to ensure we can continue to realise our strategic priority to develop our specialist offer.

Cardiovascular Research Unit
Cardiac research is central to our research and innovation agenda and to ensuring patients can continue to access leading edge interventions. This scheme proposes to co-locate the Cardiac Research Unit currently provided on Queen's building L7 with the BHI and also vacates core clinical space on L7 of the Queens Building to enable re-provision of medical ward capacity in support of the expansion of cardiac and cardiac inpatient facilities.

D603 (BHOC inpatient ward refurbishment)
Refurbishment of Bristol Haematology and Oncology Centre (BHOC) inpatient ward. Providing an improved and modernised environment for staff and patients.

Integrated critical care
The provision of critical care facilities is core to the development of our specialist surgical cancer and cardiac work, which are central to the strategic development of our specialist and regional services portfolio. The proposed scheme will assess the opportunities to integrate general and cardiac ICU provision, along with expansion in the bed base to address the current constraints in capacity and account for future growth.

BHOC expansion
Cancer services are core to providing high quality services to the local population and to continue to develop and innovate in our specialist and regional services. Sustained growth has been experienced in haematology and oncology services over the last 5 years, supported by increased contracts with our commissioners and income growth in these areas. Additional physical capacity and modernisation of the environment is required in BHOC to respond to this growth and maintain an appropriate environment for staff and patients alongside expanding oncology service access in more local units.

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Holistic Well-being Centre

Patient feedback has continued to reflect the need for an appropriate environment aligned to, but separate from, the hospital environment for patients with cancer or other long term conditions. Work is underway to assess the development of a holistic/cancer centre for our patients, via a collaboration between the Trust and Maggie's and Penny Brohn charities. This programme is strategically aligned to our quality objectives, as well as our development of general and specialist cancer services.

St Michaels Hospital level E (maternity) refurbishment

Upgrade of outdated environment at St Michael's Hospital (STMH) for maternity services. Strategically aligned to providing a modern and up to date environment for our staff and patients and to achieving high quality care in our general services for the local population we serve.

Bristol Eye Hospital redesign

We have seen ongoing growth in Ophthalmology services over the past 5 years, resulting in contract growth with commissioners. The environment within the Bristol Eye Hospital (BEH), and particularly on the ground floor is outdated and suboptimal in layout to maximise efficient working for staff and timely throughput for patients. This scheme proposes to change the layout of areas of the BEH identified as suboptimal to enable new ways of working and models of care to improve the productivity of outpatient services, expand capacity to match increased demand and provide a modern environment for staff and patients. There is clear alignment of this programme to our current and future strategic objectives, both in relation to environment and driving productivity and efficiency and to the development of our local and specialist service offer.

Bristol Royal Hospital for Children Expansion

The delivery of local, regional and super-regional services for children is a core strand of our clinical, teaching and research agenda, both currently and for the future. Since the centralisation of specialist paediatric services, we have continued to experience growth across a number of our paediatric services. This has led to the requirement for additional space in the children's hospital and this proposal is to expand facilities in the Emergency Department, outpatients, inpatient beds and paediatric intensive care services. This will result in high quality modern environment for staff and patients, as well as enabling the future strategic development of our paediatric services.
Excel in consistent delivery of high quality, patient centred care, delivered with compassion.

Transport Hub

Proposed development to provide an 820 space car park, to make it easier for patients and visitors to find a parking space and reduce the need for drop-offs outside our hospitals. The transport hub would only be available for patients, visitors and a proportion for staff. It is also intended that the hub would become a location for shuttle buses to pick-up and drop-off people who wish to reach our hospitals and will provide 400 cycle spaces for staff, helping to free up some of the public cycle parking spaces that our staff currently use.

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Expansion of the Neonatal Intensive Care Unit /Central Delivery Suite
The provision of high quality neonatal intensive care facilities is central to the strategic development of our maternity and paediatric services portfolio. Work is currently underway with North Bristol NHS Trust (NBT) and commissioners to assess how we can collaborate to deliver safe, sustainable services for the local and regional population into the future. The outcome of this work will determine the physical redesign of the space and capital requirement

Dermatology upgrade and expansion
The environment within the current dermatology department requires significant refurbishment in order to provide an adequate clinical and non-clinical environment for staff and patients. Its current location is also suboptimal, with patients experiencing difficulty in accessing the department. In addition, dermatology activity has grown significantly over the last 5 years, supported by increased commissioner contracts. This has included the transfer of activity from Weston and more recently, from Taunton. Dermatology services are core to our clinical services strategy, both in relation to general services we provide to our local population and the development of specialist work for the wider region. The proposal is to build a new and modern unit to provide the required space for the expanding service, as well as a modern environment for staff and patients.

Queen's Level 7 Ward
An additional medical ward is required on the Bristol Royal Infirmary (BRI) site to support the development of cardiology services as part of the scheme outlined (i.e. provide space within the Bristol Heart Institute (BHI) to increase cardiology ward capacity) and support resilience of patient flow in the context of increasing medical admissions. The development of medical and cardiology inpatient services is core to our provision of urgent and planned care services for our local and regional populations.

Theatre and Endoscopy facilities
Proposed review and potential redesign of the current theatre and endoscopy facilities, with a focus on Queen's Day Unit (Level 4 BRI) to support the development of endoscopy and theatre facilities.

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Client selection (call-off) for a PSCP from the ProCure22 Framework:

High Level Information Pack for the Strategic Development Programme (Phase 5) at University Hospitals Bristol NHS Foundation Trust

This HLIP relates to the following ProCure22 Scheme(s):

Major Works Scheme	Unique Scheme ID:

Contents:

Appendices:

- **Appendix A = Call-off (QUALITY): The Client's confirmation of the Assessment Criteria it will use to assess the QUALITY of PSCP proposals**

- **Appendix B = Call-off (COMMERCIAL): The Client's confirmation of variables required for COMMERCIAL score computation**

- **Appendix C* = A selection of existing and proposed drawings, plus other salient and pertinent documents**

- **Appendix D = OB1 form showing computation of gross project budget**

*note appendix C is accessible via Odie, and includes drawings in .dwg format

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1.0   Executive summary

This High level Information Pack covers the following schemes

- Scheme ID P22-XXXX – a) Cardiovascular Research Unit and b) Cardiology Stage 1 expansion incorporating:
  - development through full business case stage to practical completion and handover of the Cardiovascular Research Unit and Cardiology Stage 1 expansion

Both of the projects above have been approved at OBC level and are budgeted separately, but programmes and physical locations are aligned, therefore they have been combined be named as the lead P22 project.

Strategic Outline cases have also been approved for the following projects:-

- Bristol Royal Hospital for Children expansion
- Bristol Haematology & Oncology centre redesign
- Dermatology development

The following projects are also proposed but have yet to submit business cases:-

- Level 7 Ward
- Neonatal Intensive Care Unit expansion
- ICU / Cardiac ICU integration

The works listed above are for the main UH Bristol Hospital site.

All possible projects cannot be described at the time of writing this HLIP, as the estates strategy will be updated following the update of the clinical strategies and overarching Trust Strategy. The intention is that projects as yet undefined are to be included in this call-off with our sole supplier, to enable the Trust and its PSCP to deliver capital projects to meet evolving plans over the next 5 years. However, the Client does not guarantee that all components of these Schemes will be delivered by the selected P22 PSCP.

A Trust wide Site Development Plan (SDP) has been created, which serves to support the Trusts strategy for £120m capital investment included within its Board approved medium term capital programme. The Trust has an agreed procurement strategy which will see the larger, more complex schemes delivered under the P22 framework, with other smaller, stand-alone schemes being traditionally tendered. The SDP also seeks to identify key development locations for defined and potential future development, as well as constraints and limitations to the Hospital site.

2.0   Purpose of this document

The purpose of this HLIP is to provide the prospective PSCPs with the following:

- information about the Client (Contracting Authority): **University Hospitals Bristol NHS Foundation Trust**;

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- information about the proposed schemes/projects, their current status, funding, time drivers and dependencies
- detail of the Client's PSCP selection particulars, including (1) Quality and (2) Commercial assessment variables

3.0   About the Client – University Hospitals Bristol NHS Foundation Trust

Full and contemporary information about the Trust can be found on our website: www.uhbristol.nhs.uk.

However some headlines are:

The University Hospitals Bristol NHS Foundation Trust (UH Bristol) is a group of 9 inner city Hospitals which receives patients from the South West of England and employs over 9,000 staff. The Trust's activity in the 2017/18 year comprised some 144,000 admissions, 710,000 outpatient attendances

UH Bristol is a dynamic and thriving specialist, teaching hospital in the heart of Bristol, a vibrant and culturally diverse city.

The Trust offers an exceptional diversity of services with three separate emergency departments, a children's hospital, a haematology and oncology centre, a cardiac centre, a maternity department, a dental hospital, an eye hospital and a community hospital. 9,000 staff provide over 100 different clinical services.

The Trusts estate:

The Hospitals Area has been developed in a rather ad hoc fashion over the years. A variety of building forms are to be found throughout the area with no particular character, architecture or materials prevailing. Each building reflects the approach to healthcare and development generally at the time of construction.

Main Parts of the Hospitals Area

The main structures located within the Hospitals Area are summarised below:-

- St Michael's Hospital, a large 1970s concrete building located between St Michaels Hill and Kingsdown Conservation Areas.

- Bristol Haematology and Oncology Centre, a large 1970s building set back from Horfield Road;

  Bristol Royal Hospital for Children, built in the late 1990s has a strong presence up and down Upper Maudlin Street

- Terrell Street ward block, constructed in 2014, a modular concrete panel structure with full height glazing and coloured fascia panels.

- The Queen's Building, part of the BRI built in the 1970s is   now seen as a largely unattractive and rather dominant structure within the street scene;

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- The King Edward Building built in 1912 and also part of the BRI, located along Marlborough Street adjacent to the Queen's Building.

- Bristol Heart Institute, built in 2007, a traditional stow render construction with copper roof.

- Trust headquarters, a simple grey brick and concrete structure to the north of Marlborough Street;

- The Bristol Dental Hospital, dating back to pre-1948, with piecemeal extensions. The latest of these was in 1995, a brick building in Maudlin Street located close to the BRI

- The Bristol Eye Hospital, dating back to pre-1948, with piecemeal extensions. The latest of these was in 1984, a red brick building in Maudlin Street located close to the BRI

In terms of the Hospital Area's context, relatively smaller scale fabric is found to the north with larger structures to the east, south and west.

Stronger built form characteristics prevail outside of the Hospital Area, particularly within the adjacent conservation areas.

The emerging Trust Strategy:

Mission - To improve the health of the people we serve by delivering exceptional care, teaching and research, every day

Our Vision is to improve patient and population health by

- Anchoring our future as a major specialist service and teaching centre with a reputation for excellence
- Working in partnership and where appropriate leading within an Integrated Care System, extending the scope of service delivery outside our hospitals, locally, regionally and beyond.
- Excelling in world-class translational and applied health services research and our culture of innovation.

The themes emerging from the Trust's clinical strategies:

Specialist and Regional Services

1. **Consolidate and grow our specialist portfolio** including
   - Cardiac services including structural cardiology
   - Haematology and Oncology including immune effector cells.
   - Radiology services
   - Complex cancer surgery
   - Paediatric services, including PICU and NICU and specialist children's service designations in obesity, craniofacial, brain tumour surgery
   - Dental Services

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- Ophthalmology
- Dermatology
- Clinical Genetics/Genomics
2. Develop an **integrated regional system for children's health care** with an overarching operational delivery network structure.
3. Develop **acute collaborative partnerships**, avoiding duplication and complexity unless there is a good reason not to with a focus on NICU, Gynaecology, Stroke, MSK, Interventional Radiology, Aseptic Pharmacy/Pharmacy production, Pathology, Maternity services (LMS).
4. Invest in our estate to **create the physical capacity** required to support our specialist and tertiary care demand and ambitions.

Local Acute & Integrated Care

1. Actively manage growing acute demand in general adult and paediatric services to include;
   - An integrated frailty model.
   - Development of surgical and acute medical ambulatory care.
   - Extending our role in partnering to provide community child health/CAMHS services.
2. Develop a partnership with the single community services provider to deliver effective admission avoidance and discharge schemes and an integrated therapies model.
3. Work collaboratively with primary care localities focussing on out of hospital pathways to include Respiratory, Diabetes, Endocrine, Rheumatology, Cardiology, Eye services.
4. Improve resilience of services at Weston Area Health Trust through partnership arrangements and establishment of a new combined organisation.
5. Redesign outpatient services to enable access to specialist expertise out of our hospitals using digital options and working with locality teams
6. Develop diagnostic hubs.
7. Deliver a future model of care for South Bristol Community Hospital.

Research & Innovation

1. Continue to grow our research portfolio and reputation for excellence through;
   - Hosting an innovative Academic Research Centre.
   - Grow our NIHR BRC over next 3 years in preparation for renewal in 2021
   - Bid for and gain an NIHR CRF in 2021
   - Build on BHP and collaborative regional working to form an Academic Health Science Centre
   - Work with the CRN to transform the performance of the South West.
2. Build our Quality Improvement capacity and capability throughout the organisation through continued development of our QI Academy including development of 'Gold academy'.
3. Develop our staff to improve and innovate in their services and lead world class research that benefits patients, including increasing joint clinical/research workforce roles.
4. Successful delivery of Digital transformation programme.
5. Maximise use of technology to drive innovation, including Diagnostic and AI technology, patient communication tools, new clinical devices and techniques.

Education, Teaching and Learning

1. Develop new non-medical roles including: ACPs, nurse & clinical scientists maximising apprentice opportunities.
2. Enhance our relationship with HEE and university partners to support clinical education, recruitment and retention.
3. Build on the Divisional and Trust wide recognition process to ensure staff feel valued and proud of the work they do through:
   - Succession plan, talent management strategy, mentorship schemes, embedding the leadership behaviours
   - Reducing violence and aggression experienced by our teams.
4. Create opportunities for all staff and a diverse leadership team representing our staff and population.
5. Pursue innovative recruitment approaches.
6. Maximise use of technology to support increased flexible working.
7. Improve our physical environment to support staff well-being.

4.0 Funding:

4.1 Budgets

Project budgets as quoted in this HLIP:

a) include all costs expected to be paid to the PSCP (i.e. expected GMP costs)
b) exclude client side costs such as professional fees for client side advisors, decanting, client risk, VAT, FFE, land acquisition etc.
c) who calculated and advised the budget is noted within each project's details
d) when the budget was calculated is noted within each project's details
e) appendix D to this HLIP includes OB forms transparently showing the basis of the budget calculations

4.2 Funding sources

The Strategic Capital programme is funded from Trusts own capital reserves. The full investment of £120m has been approved by Trust Board, this is expected to be procured through a combination of P22 and traditionally tendered contracts

4.3 Affordability

The budgets as quoted in this HLIP should be considered as the Trust current affordability envelope, and cannot be exceeded. These will be reiterated in the LPOI.

5.0 PSCP selection (call-off) from the Procure22 Framework:

5.1 Quality element (70%)

The Client has selected criteria against which it will assess PSCP responses. These criteria, and their weighting, are confirmed in appendix A to this HLIP. Note that appendix A is a PDF of tab 4 of the P22 selection tool.

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The PSCP should address the Cardiovascular Research Unit element only in their EOI, as the client will base their Quality assessment on this element of the scheme only.

5.2   Commercial element (30%)

Within appendix B to this HLIP the Client has confirmed:

a)   which project it considers the lead project
b)   the P22 value band into which the lead project falls
c)   the PSCM's which it requires PSCP's to name and provide confirmation of capped staff time charges for

6.0   Detail of the Schemes

6.1   Multiple Major Projects (P22-XXXX)

Currently, the following projects have been identified however are subject to change. It may be that in some cases alternative solutions are eventually selected to those listed below but it is anticipated that they will be similar in scale and value to those listed. Further information is enclosed in Appendix 3 together with layouts prepared to date.

Project 1a (lead project)	Cardiovascular Research Unit
Site	Bristol Heart Institute
Scope	Provide a new research building that accommodates the following services: • Offices • Research laboratories
Construction	New build
Budget	Total budget £8,000,000 (see appendix D for full breakdown) GMP = £5,513,849 (excludes Trust fees, non-works costs, equipment costs, optimism bias and VAT).
Budget computed by	Edmond Shipway
Date budget computed	January 2019
Is the project currently affordable in the opinion of those who computed the budget?	Yes
GIFA	1,550 sqm
Current status	• RIBA stage 2 complete • OBC approved by Board March 2019.
Professional Advisors to date	• **Architect** = Stretto Architects • **M+E** = QED Engineering • **Structural** = WSP • **Quantity Surveying** = Edmond Shipway

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Dependencies	• Enabling scheme for Level 7 Ward project
Planning status	Pre-app response received August 2018; outline planning application submitted in March 2019
Anticipated programme	• PSCP commencement of pre-construction**:** Jun 2019 • GMP agreement: Jul 2019 • PSCP commencement of works on site: Jul 2019 • PSCP completion of works on site: Jan 2021 • Unit operational: Feb 2021
Programme dates above informed by:	UH Bristol Phase 5 Programme Board, in conjunction with Design team and QS
Project sponsored by a Trust Board member?	Yes – Executive Director of Strategy & Transformation

Project 2	**Cardiology Stage 1 – cath labs**
Site	Bristol Heart Institute
Scope	4 storey structure, integrated into existing building at level 5 – 8. To accommodate an additional cath lab at level 6, with shell space at levels 5, 7 and 8
Construction	New build
Budget	Total budget c. £2.5 - £5m GMP = up to £2.5m (excludes Trust fees, non-works costs, equipment costs, optimism bias and VAT).
Budget computed by	Edmond Shipway
Date budget computed	Jan 2019
Is the project currently affordable in the opinion of those who computed the budget?	Yes
GIFA	320 sqm
Current status	• OBC approved Nov 2018 • RIBA stage 2 complete
Professional Advisors to date	• **Architect** = Stretto Architects • **M+E** = QED Engineering • **Structural** = WSP • **Quantity Surveying** = Edmond Shipway
Dependencies	Linked to Cardiovascular Research Unit (lead project) due to physical location and timing of works
Planning status	Outline planning application submitted 6 March 2019

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Anticipated programme	• PSCP commencement of pre-construction**:** Jun 2019 • GMP agreement: Dec 2019 • PSCP commencement of works on site: Jan 2020 • PSCP completion of works on site: Feb 2020 • Unit operational: Mar 2020
Programme dates above informed by:	UH Bristol Phase 5 Programme Board, in conjunction with Design team and QS
Project sponsored by a Trust Board member?	Yes – Executive Director of Strategy & Transformation

Project 3	**BRHC Expansion**
Site	Bristol Royal Hospital for Children (BRHC)
Scope	New build extension to existing BRHC building to increase capacity:- • 12 x inpatient ward beds • 8 x ED obs bays; 6 x assessment cubicles; 2 x resus bays • x PICU beds • 8 x outpatient clinics • 4 x radiology rooms
Construction	New build
Budget	Total budget c. £10 - £15m GMP = c. £7.5 - £10m (excludes Trust fees, non-works costs, equipment costs, optimism bias and VAT).
Budget computed by	Edmond Shipway
Date budget computed	Sept 2017
Is the project currently affordable in the opinion of those who computed the budget?	Yes
GIFA	2,567 sqm
Current status	• SOC approved Feb 2019 • Initial feasibility study undertaken
Professional Advisors to date	• **Architect** = Stretto Architects • **M+E** = QED Engineering • **Structural** = WSP • **Quantity Surveying** = Edmond Shipway
Dependencies	None
Planning status	Pre-app submission expected Nov 2019; planning application submission anticipated during 2020

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Anticipated programme	• PSCP commencement of pre-construction:	Mar 2021
	• GMP agreement:	Dec 2021
	• PSCP commencement of works on site:	Jan 2022
	• PSCP completion of works on site:	May 2024
	• Unit operational:	Mar 2020
Programme dates above informed by:	UH Bristol Phase 5 Programme Board, in conjunction with Design team and QS	
Project sponsored by a Trust Board member?	Yes – Executive Director of Strategy & Transformation	

Project 4	**BHOC Redesign**	
Site	Bristol Haematology & Oncology Centre (BHOC)	
Scope	Refurbishment of existing BHOC building to modernise facilities and increase capacity:- • 15 x chemotherapy day chairs • 6 to 9 x clinical trials unit (CTU) chairs • 16 x outpatient clinics	
Construction	Refurbishment	
Budget	Total budget c. £2.5 – £5m GMP = c. £2.5 – £5m (excludes Trust fees, non-works costs, equipment costs, optimism bias and VAT).	
Budget computed by	Edmond Shipway	
Date budget computed	Oct 2017	
Is the project currently affordable in the opinion of those who computed the budget?	Yes	
GIFA	2,222 sqm	
Current status	• SOC approved Feb 2019 • Initial feasibility study undertaken	
Professional Advisors to date	• **Architect** = Avanti Architects • **M+E** = Hulley & Kirkwood • **Structural** = Craddy's • **Quantity Surveying** = Edmond Shipway	
Dependencies	None	
Planning status	N/A	
Anticipated programme	• PSCP commencement of pre-construction:	Jan 2020
	• GMP agreement:	Oct 2020
	• PSCP commencement of works on site:	Nov 2020
	• PSCP completion of works on site:	Jan 2022

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	Unit operational:	Mar 2022
Programme dates above informed by:	UH Bristol Phase 5 Programme Board, in conjunction with Design team and QS	
Project sponsored by a Trust Board member?	Yes – Executive Director of Strategy & Transformation	

Project 5	Dermatology Department
Site	Marlborough Hill / Eugene Street, Main Hospital Campus
Scope	New build development to re-provide main Dermatology unit, comprising:-
Construction	New build
Budget	Total budget c. £15 – £17.5m GMP = c. £10 – £15m (excludes Trust fees, non-works costs, equipment costs, optimism bias and VAT).
Budget computed by	Edmond Shipway
Date budget computed	Sept 2017
Is the project currently affordable in the opinion of those who computed the budget?	Yes
GIFA	c.4,590 sqm
Current status	• SOC approved Feb 2019 • Initial feasibility study undertaken
Professional Advisors to date	• **Architect** = Avanti Architects • **M+E** = Hulley & Kirkwood • **Structural** = Craddy's • **Quantity Surveying** = Edmond Shipway
Dependencies	None
Planning status	Pre-app submission expected Feb 2020; planning application submission anticipated Apr 2021
Anticipated programme	• PSCP commencement of pre-construction**:** Jul 2021 • GMP agreement: Feb 2022 • PSCP commencement of works on site: Mar 2022 • PSCP completion of works on site: Jul 2024 • Unit operational: Sept 2024
Programme dates above informed by:	UH Bristol Phase 5 Programme Board, in conjunction with Design team and QS

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Project sponsored by a Trust Board member?	Yes – Executive Director of Strategy & Transformation

7.0   Site constraints and risks

Whilst the Client owns all land and accommodation required for these projects, the following site constraints should be noted:

- All hospital services must remain operational during construction, minimising the impact of construction works on clinical and support services, staff, patients and visitors.
- Blue light services operate on the sites and access routes must remain unrestricted at all times.
- Red routes on the public highways immediately surrounding the site
- Works taking place in areas adjoining live clinical areas
- Site survey information can be made available but PSCPs will need to assure themselves of its accuracy.
- Works will take place in buildings of variable quality, condition and age.
- Works should be delivered in accordance with all the Trust's Estates and Facilities Management and Infection Control policies, unless otherwise agreed with the Trust

8.0   Existing Professional Advisors

Design Team Framework

Initial feasibility studies have been carried out for all proposed projects and designs have progressed through RIBA stages 2 and 3 for those schemes where Outline Business Cases have been approved. The Trust has a 5 year design team framework contract in place and has been working closely with 3 consortia over the last 2 ½ years, building strong relationships, enabling them to gain valuable knowledge and experience of our hospital site.

Lead consultant / Architect	M&E design	Structural engineering
Stretto Architects	QED Engineering	WSP
Stride Treglown	Hoare Lea	KB2
Avanti Architects	Hulley & Kirkwood	Craddy's

The existing professional advisors are noted above. The Trust sees merit it he continued involvement of these advisors, with the successful-l PSCP taking on board the design function. Fee parameters have been discussed and agreed between the design consortia's and the Trust, and these will be shared with the successful PSCP.

9.0   Key members of Trust's project team

Phase 5 Programme Board

Project Sponsor	Paula Clarke – Executive Director of Strategy

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	&Transformation
P22 Project Director	Carly Palmer
Director of Finance	Paul Mapson
Project Finance Lead	Catherine Cookson
Director of Estates & Facilities	Andy Headdon
Major Capital Projects Manager	To be appointed
Divisional Lead	Owen Ainsley, Divisional Director, Specialised Services

Each individual project will have its own project board or team established, these have been put in place for the projects with approved OBC's.

Cardiovascular Research Unit Project Board

Project Sponsor	Paula Clarke – Executive Director of Strategy &Transformation
P22 Project Director	Carly Palmer
Project Finance Lead	Nolan Price
Design Team Lead	Craig Bennett, Stretto Architects
Clinical Leads	Alan Bryan - Clinical Chair, specialised Services Gianni Angelini - Cardiovascular Research Lead
Divisional Lead	Owen Ainsley, Divisional Director, Specialised Services

Cardiology Stage 1 Project Team

Major Capital Project Manager	Andrew Panes
Design Team Leads	Craig Bennett, Stretto Architects Dominic Latham – QED Engineering
Clinical Leads	Edward Duncan – Lead Consultant Rachel Bohin – Cardiac Cath Lab Nurse Cathy Walsh – Head of Radiology
Divisional Lead	Rosie Edgerley
Infection Control Lead	Stephanie Carroll
David Allen	NEC Supervisor

10.0   PSCP selection procedure
10.1   Anticipated selection panel

	EOI assessor?	Interview moderator?
Project Sponsor	No	Yes
Project Director	Yes	Yes
Director of Estates & Facilities	Yes	Yes
Finance Lead	Yes	Yes
Project Manager	Yes	Yes
Cost Advisor	Yes	Yes
Clinical Representatives	No	Yes
Non-Exec Director	No	Observer
P22 Implementation Advisor	Observer	Observer

10.2 Selection timetable

Task	Date/time	Venue
Informal joint coffee/chat		TBC
Register schemes	15 March 2019	N/A
Issue HLIP	16 April 2019	N/A
PSCP Open day	18 April 2019	Board Room, THQ
PSCPs to confirm to the Client and IA whether or not they will be bidding the Scheme*		N/A
PSCP submit EOI	6 May 2019	N/A
Client to assess EOI's	27 May 2019	TBC
Moderation Interviews	29 May 2019	Board Room, Bristol Dental Hospital
PSCP appointment		N/A
P22 Launch workshop		TBC
P22 pre-construction training for project team		TBC

*PSCPs who decline the opportunity must provide the Client and IA with a reason

10.3 EOI Submission

- In line with the timetable above Expressions of Interest must be emailed by the PSCPs to carly.palmer@uhbristol.nhs.uk plus copied to the Implementation Advisor.
- Hard copies are not required
- Note that the maximum incoming email accepted by the Client is 10MB and files in excess will not be accepted through Client servers. PSCPs whose EOI files are larger than this size cap should split files prior to submission.
- EOI's are be restricted to 10 sides maximum of A4 at minimum font 10 in PDF format
- The following EOI appendices are permitted (i.e. additional to the 10 page restriction)

	Permitted?
Organogram/management chart	Yes
Short (1 A4 page) CV's for key team members	Yes
References (to be taken prior to interview)	No
Site logistics plan	Yes
Programme	Yes
Summaries of similar projects	No
Other permitted appendices include………	None

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10.4 Open Day

On the open day each PSCP team will have:

- o A private 45 minutes long meeting with the Client team.
  Followed by
- o A 30 minute escorted tour of the pertinent areas of the UH Bristol Hospital site

The timings are as noted in the table below. Each PSCP will be restricted to a maximum of 6 attendees**.**

	Private meeting between PSCP team and client team	Site visit of UH Bristol Hospital site (escorted by P22 Project Director)
PSCP 1 – GT	09.00 – 9.45	09.45 – 10.15
PSCP 2 – Kier	10.30 – 11.15	11.15 – 11.45
PSCP 3 – IHP	12.45 – 13.30	13.30 – 14.00
PSCP 4 – BAM	14.15 – 15.00	15.00 – 15.30
PSCP 5 – Interserve	15.45 – 16.30	16.30 – 17.00

The tour will commence at the reception of the Estates Office, and the P22 Project Director will undertake the tour.

The private meeting will commence with a c. 15 minute commentary by the Client team to embellish information in the HLIP. The balancing 30 minutes will be for the PSCP team to ask any questions of the Client team, designed to ensure the PSCP understands the Clients intentions and requirements.

The discussions had between client team and PSCP team on the Open Day will **not** be shared with other bidders. This is custom and practice within P22, and if any bidder has a misgiving with this intention please advise immediately. To be clear, any questions and associated answers, from a PSCP to client outside of this private Open Day meeting will be shared with other bidders, as will any supplementary documentation issue by the client.

10.5 Moderation Interviews

PSCPs who submit an EOI will be invited to attend a moderation interview.

Each PSCP will be restricted to a maximum of 6 attendees.

If the Client requires particular staff members or roles to attend the interview this will be advised on the invite letter to PSCPs

The interview format will be:

- • 5 mins = set-up and introductions
- • 25 mins = PSCP presentation against assessment criteria
- • 25 mins = client questions of PSCP
- • 5 mins = PSCP questions of client
  60 minute duration

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Meeting of the Public Board on Thursday 28 March 2019 in the Conference Room, Trust Headquarters

Report Title	Draft Bristol North Somerset and South Gloucestershire (BNSSG) System Plan
Report Author	Geoff Underwood, Associate Director of Strategy and Business Planning
Executive Lead	Paula Clarke, Director of Strategy and Transformation

1. Report Summary
For the first time, Sustainability and Transformation Partnerships (STPs) are required to submit a System Plan which summarises the provides a single planning narrative for the whole system. The *Healthier Together* Partnership has developed this draft planning narrative for Bristol, North Somerset and South Gloucestershire.

2. Key points to note *(Including decisions taken)*
This plan has been a collaboration between all the member organisations of the *Healthier Together* STP. The Service Delivery Oversight Group has asked all member organisations to review the draft plan at their Board meetings in March and give feedback on the draft before the plan is finalised and submitted to NHS England in April. The Clinical Commissioning Group will discuss the draft plan at the open meeting of their Governing Body on 26 March 2019. The final version of this plan will be presented to the Service Delivery Oversight Group for approval on 1 April 2019.

3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
The risks associated with this report include: • There are no specific risks associated with this report.

4. Advice and Recommendations *(Support and Board/Committee decisions requested)***:**
• This report is for **INFORMATION** • The Board is asked to **NOTE** the draft BNSSG System Plan and take the opportunity to give any specific feedback to inform changes to the final version of the plan before submission on 11 April 2019.

5. History of the paper **Please include details of where paper has previously been received.**	
BNSSG CCG Governing Body	26 March 2019

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

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Healthier Together

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

Single System Plan 2019/20

Working draft for final submission 11 April 2019

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Summary System Narrative

The Healthier Together partners are committed to addressing our common challenges – of sustainability, workforce and the care of patients with urgent needs. The way our system is currently configured drives inefficient use of scarce resources and leads to an overreliance on hospital beds, for services that can be provided in or close to patients' homes. We have delivered and will continue to deliver integrated services to reduce hospital length of stay, reliance on a bedded model for urgent care, tested new approaches to quicker cancer diagnosis and treatment, worked more closely together to improve services, and developed plans for improved infrastructure and greater digital congruence,

Healthier Together system development is focused on strengthening relationships and formalising our system partnership governance arrangements to enable us to progress to become an ICS in 2020. During 2018/19 we have begun this work through starting development of a single system plan. Partners are now openly sharing our planning information and we have achieved at high level across NHS and CiC providers aligned activity, finance and savings plans. Progress has been accelerated through the Aspirant ICS Programme. We were selected by NHS England to participate in the programme having been recognised as a system making good progress with collaborative working.

We will use this solid platform of system development to continue to progress towards our vision for improved health outcomes through effective integrated care delivered within our financial resources. Our next steps include working to engage our non-executive community from across our partners (building on our chairs forum) to increase board engagement in our system working effort. We will also seek to achieve greater progress in our system level collaboration with our local authorities, both members and officers and through joint working on new specific programmes.

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System Ambitions

2020/21 Ambition	2019/20 milestone
Be accountable to one another for the delivery of services and use of resources	Establish a system performance management framework for oversight of all key Constitutional standards, building in peer review as a core element
Work to a shared vision within a single plan, built from one version of the truth and consistent ways of working	Publish a single system plan for 2019/20 that is jointly owned
Operate a single budget, making decisions together that enable the flow of resources to deliver our vision within the allocation available	Operate a single budget for urgent care, establishing a framework to jointly manage performance, delivery and clinical and financial risk
Establish a governance infrastructure which enables and embeds shared decision making with delegated accountability from each organisation	Establish a shared governance infrastructure to work in shadow form during 2019/20
Establish our vision and definition of the ICS in BNSSG.	A full roadmap for delivery of ICS.
Develop and abide by a set of behaviours to establish trust, mutual respect and interdependence	Secure Board sign up from each sovereign organisation to a Memorandum of Understanding. This will include an agreed statement of ambition and behavioural code to guide our work, and a framework for how we will hold one another to account for how we abide by it

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Our Plan on a Page 2019/20

System Ambitions

- Shared Vision.

- Establish vision and definition of ICS.

- Governance infrastructure for shared decision making.

- Single system budget.

- Be accountable to one another for the delivery of services and use of resources.

- Shared behaviours of trust, mutual respect and interdependence

Key System Challenges:
- Urgent Care as part of a wider system
- Achieving Financial balance
- Workforce plan

System Priorities
- General Practice Resilience and Transformation
- Integrated Community Localities
- Acute Care Collaboration
- Urgent Care
- Maternity
- Mental Health
- Workforce Strategy
- Digital
- Prevention
- Healthy Weston

System Change Initiatives for 2019/20
244 change initiatives have been identified across the BNSSG system, these are being reviewed by respective Programme Boards in light of the system key challenges and priorities, the Long Term Plan, and existing programmes of work for 2019/20.

System Enablers
Single System Plan; System Performance Management Framework; Single budget for urgent care; Shared Governance Infrastructure; ICS Roadmap; MoU and behavioural code

Vision
Improving Health and Care in Bristol, North Somerset, and South Gloucestershire

Healthier **Together**
Improving health and care in Bristol, North Somerset and South Gloucestershire

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Our System

- The BNSSG system comprises 13 health and care partner organisations and our strategic and system working arrangements are overseen by a representative Sponsoring Board.
- We have been working together since 2016. BNSSG joined the Aspirant Integrated Care System Programme in September 2018, enabling an acceleration in progress towards becoming an Integrated Care System.
- The system is now working towards becoming a Shadow Integrated Care System in 2019/20 and a Wave Three Integrated Care System for 2020/21.
- As part of this SDOG is considering revisions required to the performance management and governance of the system; this is an obvious opportunity to align with the outputs of the 2019/20 single system plan
- In development of the priority programme areas in 2019/20, the system also agreed three key challenges:
  - Working towards system **financial recovery**
  - Meeting the **Workforce** supply and demand challenge
  - Improving **Urgent care** as part of a wider system

System Key Challenge 1: Improving Urgent Care as part of a wider system

The challenge:
- Growth in demand over recent years, with particular growth in short stay admissions and ambulance conveyances in 2018/19
- Demographic challenge
- Acute dominated care model

What are we doing as a system in response*
- Integrated care bureau & digitisation to continue to reduce discharge delays
- Rapid / REACT & integration with specialist frailty teams at the hospital front door
- Piloting an urgent treatment centre and preparing to designate locality facilities
- Testing models of primary care at the hospital front door
- Launch of our integrated urgent care service
- Development of community frailty services in localities
- Developing consistent same day emergency services (including ambulatory care, hot clinics)
- Further developing community models with local authority partners including 'Home First'

How will we measure our progress
- Reduced attendances at Type 1 ED, reduced non-elective admissions, 40% reduction in stranded patients

Risks
- Workforce and transformation capacity to deliver new ways of working
- Financial settlement unable to support developing alternatives

* dependent on contract plans

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System Key Challenge 2: Working towards system financial recovery

The challenge
- Underlying financial position carried forward of £101.6m before PSF/CSF; £40.9m worse than assumed in Control Totals
- Structural cost pressures caused by premium costs PFI & LIFTCO Estate and size of Weston General Hospital
- New cost pressures emerging for 2019/20 including acute growth higher than commissioner allocations, and new investment to meet quality and safety standards
- System Control Total £7.4m surplus, after application of PSF/MRET and FRF

What are we doing as a system in response
- Efficiency programmes:
  - Workforce productivity
  - Workforce recruitment and retention leading to reduced agency and locum usage
  - Procurement
  - Prescribing including high cost drugs
- Service redesign:
  - Outpatients – reducing face to face
  - Urgent Care reduced demand and utilisation of beds
- Strategic Transformation Programme for 2020 and beyond; including Healthy Weston, Adult Community Services, Integrated Community Localities, Stroke, Digital Maturity & Interoperability

How will we measure our progress
- Headline Financial Performance excl PSF/MRET/FRF
- Efficiency Programme Delivery
- Acute Sector Activity
- Pay Expenditure and Agency Expenditure
- Independent Sector and Out of Area expenditure

Risks
- Alignment between Commissioner and Provider activity and capacity assumptions
- Maturity of Savings Programmes
- Workforce Supply and reliance on agency & locum staffing

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System Key Challenge: 3. Workforce

The challenge

- The demand for staff is increasing without a commensurate growth in the supply pipeline resulting in difficulties in recruiting and retaining staff, including registered nursing, social care, and key medical specialties including GPs
- Premium agency usage resulting in avoidable staffing costs

What are we doing as a system in response

- Jointly planning our workforce to understand the gaps and how we can tackle them collaboratively, including social care and primary care
- Piloting a hybrid role across health and social care in Bristol
- Employing a project manager specifically to improve retention in social care
- Aligning recruiting incentives to avoid internal competition amongst organisations in BNSSG
- Collaborative international hiring in respect of doctors including GPs
- Registered nurse action plan, including return to practice, and international recruitment (NBT)
- Moving towards a 'bank first' temporary staffing model , with a joint plan to reduce premium agency
- Actions to improve retention, linked to the 2019/20 national retention and NHSI support programmes
- Testing an integrated HR Service across Weston and UHB for further possible roll out

How will we measure our progress

- Increased numbers of staff at entry level, registered staff and advanced practice
- Numbers taking up apprenticeships across the system
- Reduced agency expenditure compared with 2018/19
- Reduced turnover in every BNSSG organisation

Risks
- Time and resource to train staff to deliver new models
- Lack of capacity and capability in partner organisations
- National and local shortages in key staff groups including social care

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Our System Transformation Priorities

Our 3-5 year System Transformation Priorities

Having developed our initial STP plan in 2016, the system began its first phase on implementation involving all system partners to deliver against our system challenges.

In spring 2018 the STP plans were refreshed. The STP Executive launched the second phase of 10 priority transformation programmes in June 2018 at a large stakeholder engagement event. These longer term priorities are:

- Mental Health
- Acute care collaboration
- Integrated community localities
- Urgent Care
- Prevention

- Healthy Weston
- Workforce transformation
- Digital
- Maternity
- General practice resilience & transformation

These programmes are at different stages of maturity but most will deliver some benefit in 2019/20. However full impact is expected beyond this timeline as they are multi-organisational large scale initiatives.
We have 2 new system wide transformation programmes being developed during 2019:
- Children and Families
- Estates and Corporate Services
All programmes will be underpinned in 2019/20 by developments in population health management.

Urgent Care
Making our urgent care system sustainable collectively for Winter 19/20

Challenge

- Our system's urgent care services are unable to sustain response to projected demand increases
- The urgent care offer to the public is confusing and people attend A&E as a trusted brand when their needs could be better met in a different way

What are we doing

Taking a single system approach:
- consistent triage and routing of emergency patients
- development of locality hubs, and consistent out of hospital pathways
- supported by integrated clinical risk management and governance
- Implement digital first access to urgent care
- Develop a revised payment approach.
- Roll out a social marketing campaign
- Test & learn of UTC at South Bristol Community Hospital.

How will we measure impact

- Increase capacity in the community for urgent/on the day access
- Reduce demand on A&E and 999
- Increase targeted interventions for people more likely to require/use urgent care services

What are the risks?

- Timeline to deliver impact of changes may be longer than anticipated.
- The existing strain on the urgent care system may hinder capacity to deliver change
- Revised payment mechanisms will be difficult to agree without the ability to share some risks and make joint decisions

Many of the interventions for this programme are anticipated to deliver for Winter 2019

General Practice Resilience and Transformation
Enabling each of our general practices to be resilient

Challenge

- General Practice is changing with increased drive to deliver proactive services at scale.
- Ability to make this changed is hinged upon general practice being sufficiently resilient and able to deliver new models of health & care

What are we doing in 19/20

- Deliver the practice resilience framework, including the measurement tool and blueprint for implementation which will build on and rollout the work done in Weston ISS.

- Establish a single primary care learning and leadership development offer to practices.

- Develop a system wide approach to risk stratification and population health management

- Procurement to support roll out for online consultations

- Developing a Primary Care Strategy

How will we measure impact

- Use of general practice resilience framework to evidence performance improvement
- Locality plans better aligned to local population needs and inequalities
- Reduced number of vulnerable practices

What are the risks?

- Significant number of parallel changes in primary care
- Ongoing increase in demand for services.

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Integrated Localities
Six community based localities – integrating all community based services

Challenge

- Currently a fragmented set of community based services, which are not always coordinated around the needs of individuals
- A need to organise services to provide more proactive preventative role

What are we doing?

- Re-procurement of x3 community providers to deliver a single transformed integrated service offer
- Developing alliance working through the locality transformation scheme

How will we measure impact?

- Reduction in use of unplanned services for target population segments (older people, those with mental health needs, children and young people)
- Increase in individuals perception of control and wellbeing in localities

What are the risks?

- Significant amount of parallel changes taking place for organisations delivering services in localities
- Community procurement temporarily hinders pace of change

What are we doing?

Milestone Title	Projected End Date
Leadership development support for localities	04/04/2019
Locality models of care: PCN steps 1 & 2	01/09/2019
Third design event - children and families [date tbc]	
Scope and agree phase 3 including collaborative approach	01/12/2018
Frailty programme board established	22/02/2019
First frailty test and learn cycles completed	04/03/2019
Second design event - mental health	07/02/2019
Plans for early elements of new frailty model of care developed across all localities	01/04/2019
First MH test and learns completed	07/04/2019
Plans for early elements of new MH model of care developed across all localities	02/07/2019
Implement frailty models of care in localities	01/09/2019
Deliver Phase 2 LTS (Improved Access and integrated care priorities)	31/03/2019
Iterate frailty test and learn projects	31/03/2019
LTS Phase 3 locality 'funds' made available to support locality business cases	01/04/2019
Implement MH models of care in localities	01/09/2019
Locality Development: PCN Step 1 completion	01/09/2019
Consult with locality providers on application of support to localities on business model	11/01/2019
Specification discussed at executive team	30/01/2019
Recruit/procure support to localities	04/02/2019
Support to localities in place	01/03/2019
Locality Development: PCN Step 3 completion	01/04/2020
PCN business model fully operational	01/04/2020
PCNs take collective responsibility for available funding	01/04/2020
Systematic population health analysis to enable population health management and design of interventions by localities	01/04/2020
Locality Development: PCN Step 2 completion	01/09/2020
Defined initial future business model	01/04/2019
Early components of business model in place including first alliance contract (IA)	01/04/2019
Risk stratification data available	01/09/2019
Resource use available to networks and impact on system performance	01/09/2019
Locality models of care: PCN step 3 - New models of care in place for all population segments across system.	01/04/2021
Support provider forums to offer integrated services for key cohorts	30/11/2018

Mental Health

An all-age system-wide approach to improving mental health and wellbeing

Challenge

- Mental health demand is increasing and changing. Service developments are not keeping pace with the changes and we have some gaps and inequalities in our offer.
- Users find it difficult to access the support they need because provision is complex and fragmented.

How will we measure impact?

- Improvement in the mental and physical wellbeing of people living with a diagnosis of a mental health condition
- Increased awareness in the general public, workplaces and wider society in mental wellbeing
- Increased focus on preventing and proactive response to trauma, particularly in the under 25s
- Improved experience of people related to their mental and physical needs across all services delivered

What are we doing

Current state mapping (services, spend, 19/20 projects).	Jan – March 2019
Case for change (to include feeds from Current state mapping and population assessment).	Jan – March/ April 2019
Programme of events with all stakeholders to co-design future state	Ongoing
Draft Mental Health Strategy.	April 2019
Mental Health Strategy including: Suicide prevention plan Implementation of LA Thrive approach	June 2019

What are the risks?

- Delivering the scale of the ambition with the resources available
- This programme involves all partners and offers a particular challenge with wider integration beyond health & social care to include e.g. education; housing etc. to improve outcomes for children

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Prevention
Systematically delivering primary prevention across all partners

Challenge

- Addressing the inequity across our population
- Stemming the tide of preventable ill health
- Effectively tackling the key prevention risk factors

What are we doing

Obesity & Physical Activity and Alcohol Implementation Group draft delivery plans for 2019	Feb 2019
All Implementation Groups (CVD Risk Factors, Tobacco, Public Mental Health, Obesity & Physical Activity and Alcohol) final delivery plans for 2019	April 2019
"Phase 2" stakeholder event with focus on developing integrated responses to wider determinants of health.	April 2019
Supporting the development of the Healthier Together Population Health Management approach.	Ongoing
Prevention is embedded within the South Gloucestershire Healthy Lifestyle and Wellbeing Service as a prototype for BNSSG.	Ongoing

How will we measure impact

- Reduction in the Inequity across our system
- Improvement in health and wellbeing measures across our population

What are the risks?

- Long Term Plan layers complexity around who is responsible for prevention
- Capacity and resource within local authorities
- Plans are not fully implemented within delivery areas eg localities, acute care

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Programme: Maternity   SRO: Deb El-Sayed   Status: 🟩

Purpose: achieve the aspirations of Better Births, including consistent, single system services, continuity of provider, single point of access for information & booking, reduction in stillbirth, neonatal and maternal death and brain injury at birth

Key deliverables

- Develop BNSSG clinical guidelines for priority areas — Dec-18
- Scope opportunities for developing a BNSSG system-wide maternity payment mechanism — Mar-19
- Train midwifery workforce for continuity pilots — Feb-19
- Finalise requirements of BNSSG digital system — Mar-19
- Finalise plans to deliver workstream pilots at scale — Apr-19
- Report on delivery of initial targets (personalised plan, continuity of carer, red book, midwifery-led births) — Apr-19
- Improve choice through Single Point of Access — May-19

Progress / challenge to report

- A single digital solution is key to enabling new model of care. Project resource has been allocated to scope this.
- Programme is on course to begin reporting national metrics in April 19

Programme: Outpatients SRO: Phil Walmsley   Status: 🟧

Purpose: realigning the priorities, incentives, structures and ways of working to provide patients and other clinicians with the most appropriate and best value access to specialist clinical knowledge, aligned to the Healthier Together care models

Key deliverables

- Evidence base & stocktake of opportunities across providers — Dec-18
- Establish service proposals for 19/20 (advice & guidance, non-F2F) — Jan-19
- System leaders agree new contract models — Feb-19
- Begin roll-out of new service models — Apr-19
- Workshop to est. 20/21 priorities (locality delivery, standardisation, reduced cons-cons referrals, focus on population outcomes) — Apr-19
- Clinical showcase to share toolkits, evidence, learning from pilots — Jul 19
- Present evaluation of 19/20 service changes — Dec-19
- Establish service proposals for 20/21 — Feb-20

Progress / challenge to report

- There is a risk that failure to agree contract arrangements for the 19/20 service proposals will affect confidence in system working and limit the ability of the programme to drive meaningful change. A proposal has been endorsed by the ACC Steering Group and is currently with SDOG & System Planners for decision.

Programme: Stroke   SRO: Chris Burton   Status: 🟩

Purpose: Business case development for prevention; rehab and reablement and hyper-acute (HASU) elements of stroke pathway

Key deliverables

- Stroke Board re-established and appraisal criteria agreed — Jan-19
- Run appraisal workshops for service options — Mar-19
- OBC produced including approvals within partner organisations — Aug-19
- Public consultation (Sep19 – Nov19 — Nov-19
- Full business case — Dec-19
- Service operational — Aug-20

Progress / challenge to report

- Appraisal approach has been re-launched to provide greater assurance around deliverability and ensure we meet public consultation requirements
- Particular focus on the deliverability of the community element & associated impact on length of stay modelling
- Flagging to system leaders that this programme needs to be a priority within 19/20 single system plan

Programme: Strategy   SRO: Paula Clarke   Status: 🟩

Purpose: a shared vision; framework & principles guiding decisions on development and redesign of acute services; shared assessment of current service configuration, risks & opportunities, drivers for change; agreement on priorities for collaboration; delivery models guiding how services can work together through an

Key deliverables

- Draft Strategy produced — Feb-19
- Undertake engagement with clinical teams, system partners & public — Apr-19
- Sign off strategy through STP and provider board — May-19
- Establish work programmes / clinical practice groups for priority areas — Aug-19
- Review progress against strategy (e.g. the principles of collaboration) — Apr-20

Progress / challenge to report

- Draft produced following engagement with key partners, clinical leads & patient representatives
- Further work needed to test priorities with broader stakeholders and develop the models for delivering change

Programme: Pathology   **SRO:** C Burton   **Status:**

Purpose: To assess the case for collaboration and rationalisation with Gloucestershire & Bath and to consider opportunities from closer working within BNSSG

Key deliverables
- Workshop of wider network partners – agreed long-list of options & assessment criteria — Dec-18
- All network partners completing scoring of options — Mar-19
- Decision on whether to proceed with work required to develop OBC — Apr-19

Progress / challenge to report
- There will be significant work required to develop an OBC & options appraisal should network partners agree this is the desired direction. At this point a full time project manager would be required, which we would ask wider network partners to contribute towards.

Programme: Cancer   **SRO:** Peter Brindle   **Status:** TBC

Purpose: achievement of the core cancer standards and alignment of the cancer alliance work to the Healthier Together vision

Key deliverables
- Prevention, screening & hard to reach groups — TBC
- Establish dashboard & target for earlier diagnosis projects — TBC
- Establish metrics for living well with & beyond cancer — TBC
- Establish scope and deliverables for end of life care — TBC

Progress / challenge to report
- The Cancer programme is a complex set of projects across all providers, with strategic leadership from the Cancer Alliance. BNSSG does not have any programme resource allocated to delivering this work. The STP wide cancer working group is well established, but further work is required to coordinate the development and delivery of BNSSG cancer priorities. As such, the deliverables for 19/20 are yet to be confirmed. The SRO is developing options to be presented to March ACC Steering Group for how this programme may progress. This will outline:
  - Current model (no formal programme) – what that will deliver and the implications / risks for our ambitions for cancer services
  - Alternative options (including a resourced programme) – what additional benefit that could deliver and how it may be funded

Prog: Meds Optimisation   **SRO:** D Campbell   **Status:**

Purpose: To ensure patients, public and the BNSSG system achieve the best value and outcomes from medicines. Reducing avoidable harm & unnecessary admissions, aligning processes, guidelines and procedures, supporting and enabling new models of care

Key deliverables
- Set out MO strategy, including 2-year work plan — Jun-19
- Est next phase of opportunities for high cost drugs & devices — May-19
- Action plan with Digital to move towards ideal flows of medical info — Jun-19
- Polypharmacy stakeholder event then launch of locally agreed tool — Sep-19
- Technical services single-system business case & options appraisal — Jan-20
- Launch procurement for BNSSG fluid contract — Aug-19
- Launch quality group & agree 19/20 priorities — May-19

Progress / challenge to report
- Set out and agreed major deliverables for 19/20 including refining scope to ensure focused delivery and medical input to key areas
- This programme would especially benefit from additional dedicated project management as highlighted in the resource plan submitted to STP Exec

Prog: Neonatal Intensive Care   **SRO:** P Clarke/ C Burton   **Status:**

Purpose: To review current neonatal provision in BNSSG & establish the clinical and management model that will achieve the vision of ensuring that the right baby is in the right place at the right time with the right staff to receive the best care.

Key deliverables
- Agree preferred clinical model — Dec-18
- Independent review by British Association of Perinatal Medicine — Feb-19
- Agree management model & financial — Mar-19
- NHSE agreement in principle — Mar-19
- OBC with preferred options — Apr-19

Progress / challenge to report
- Significant clinical consensus and momentum around model
- Further work needed to close financial gap and model financial implications of 'do nothing'
- Aligns well with maternity programme and will benefit greatly from aligned care records, processes, policies and equipment

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Workforce Transformation

The challenge

- The **demand** for staff is increasing without a commensurate growth in the supply pipeline resulting in difficulties in **recruiting and retaining** staff, including registered nursing, social care, and key medical specialties including GPs
- Premium **agency usage** resulting in avoidable staffing costs

What are we doing

- Workforce transformation programme focussed on **three strategic goals**
- **Modelling and planning** our workforce to understand the gaps and how we can tackle them
- **Hybrid role** across health and social care in Bristol
- Social Care Workforce Project Manager appointed to develop based approaches to improve **social care recruitment and retention**
- International recruitment of **GPs**
- **Career framework** across BNSSG to attract and retain staff in the system
- **Schools and colleges project** to attract more new entrants to health and social care
- **Learning hub** for community and primary care to provide development and training
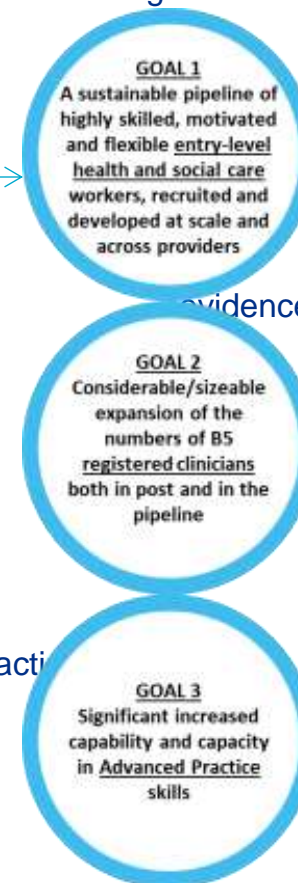
How will we measure our progress

- Increased **numbers of starters and staff in post** at entry level, registered staff and advanced practi
- Numbers taking up **apprenticeships** across the system
- Reduced **agency expenditure** compared with 2018/19
- Improvement in **staff attitude engagement** scores
- Reduced **turnover in every BNSSG organisation**
- Numbers of **overseas GPs recruited**
- Number of **GPs, nurses, in Primary Care**
- Number of **different roles** such as pharmacists, physicians associates, paramedics in primary care

Risks
- Time and resource to develop and implement new approaches to workforce including training
- Lack of capacity and capability in partner organisations
- National and local shortages in key staff groups including social care means that the staff are not available

GOAL 1
A sustainable pipeline of highly skilled, motivated and flexible entry-level health and social care workers, recruited and developed at scale and across providers

GOAL 2
Considerable/sizeable expansion of the numbers of B5 registered clinicians both in post and in the pipeline

GOAL 3
Significant increased capability and capacity in Advanced Practice skills

Digital

Challenge

- Opportunity to improve effectiveness, efficiency and person centred outcomes by digitising some elements of our system
- Improving access to services via digital solutions

How will we measure impact

Progress is monitored through our shared digital governance structure now in place through the Digital Delivery Board, along with the five working groups supported by the Digital Strategic Design Authority:

- Empowering a Digital Population Working Group
- Connecting Care Board
- Digital Localities Development Working Group
- Software & System Working Group
- Infrastructure Working Group

What are the risks?

What are we doing

The Digital Delivery Board has agreed system wide digital delivery plans including:

- Aligning our three acute trusts long term digital strategy
- Supporting greater integration of mental health services
- Single community service digital strategy
- Working in partnership across the South West of England as part of the 'One South West' National Local Health and Care Record Exemplar (LHCRE) programme to design our future requirements that define the strategy for shared care records linking tertiary flows with other ICS/ STP areas, population health and wider connections with research and academia.
- Full commitment to shared prioritisation and developing, designing and delivering joint technology projects for common products with purchasing at scale where appropriate.

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Additional Transformation schemes for 2019/20

Area	19/20 plan	Aligned to:
Cancer	Achieve constitutional standards; early diagnosis for lung, colorectal & prostate cancer; deliver Living Well With & Beyond Cancer programme	Acute care collab.
Maternity	Continued implementation of Better Births; deliver consistent single system services, continuity of carer, single point of access for information & booking; reduce rates of stillbirth, neonatal or maternal death & brain injury at birth	Acute care collab.
Frailty	Single frailty approach; baseline BNSSG initiatives, capacity, demand & need against best practice evidence; propose required outcomes; process of engagement & co-production; develop BNSSG frailty model rapidly incorporating test & learn outputs; agree work plan and timeline to deliver agreed BNSSG model	Integrated Community localities
Children & young people (CYP)	Deliver consistent, accessible services for CYP with special educational needs and disability; deliver statements of action in South Glos & N Somerset; implement & evaluate multi age autism diagnosis pathway	Mental health & Integrated localities
Learning disabilities (LD) & autism	Deliver all age LD & autism strategy; implement Transforming Care Programme; develop & implement LD workforce & housing strategies	Mental health & integrated localities
Planned care	Deliver a strategy focusing on self care & prevention, connecting clinicians, referral support & shared decision making; implement consistent community urology services & develop BNSSG eye care strategy	Acute care collab.
Diabetes	Develop a new integrated model of care for diabetes in BNSSG; deliver the national diabetes prevention programme, education, prevention & inpatient care	Integrated localities

BNSSG Population

Population Health

- BNSSG comprises a diverse population in terms of age, with younger populations residing in Bristol, and older populations residing in South Gloucestershire and North Somerset. Forecast growth for BNSSG is:
  - A 35,683 increase in the BNSSG population is expected by 2020, this represents a 4% increase in 4 years.
  - An increase of 9,366 is expected in the over 75 year olds in the BNSSG population by 2020, this represents a 13% increase.
  - Over the same time period, there will be an 11,000 increase in the 0 to 14 year old age group in the BNNSG population, this represents a 7% increase.
  - The population that has increased most in the last 15 years are the 15-24s and the over 60s.
  - The population predicted to increase most significantly over the next 25 years are those aged 85 and over which will have significant implications for services
  - Looking ahead to 2039, the BNSSG population is predicted to rise from 943,517 to over 1.1 million (1,129,500). This represents an increase of nearly 20% in 23 years. The increase is expected to be greater for males than females, with an increase of 21% compared to 18%.

Note: Population forecasts that incorporate assumptions for future housing growth suggest that the total BNSSG population will increase at a faster rate than ONS and that increases in the child and working-age population, in particular, may be larger than those projected by the official ONS data.

- *Disability or long-term illness* - In 2011, the number of people living in BNSSG with a disability or limiting long-term illness was 151,378 (16.9% of the population). This compares to a total of over 9 million (9,352,588) of the national population and is significantly lower by percentage (17.6% in England)
- *Learning disabilities* - The prevalence of learning difficulties in BNSSG is approximately 0.4%, which is similar to the average for England.
- *Carers* - The number of people providing unpaid care every week in BNSSG is generally less than the proportion of the population offering care across England (10.1% in BNSSG and 10.2% in England).
- Deprivation - At the BNSSG level, relative deprivation is similar to the national level. However, this masks pockets of deprivation that exist in South Gloucestershire and North Somerset, and greater levels of deprivation that exist in Bristol.

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BNSSG Activity and Capacity

Activity Assumptions

The activity plans submitted on 12th February are the second formal iteration of the ongoing activity planning process.

The system is still working on finalising our agreed system growth; the two main areas are:
- Underlying non-demographic growth, this is mainly within the urgent care system across all areas, and with the introduction of the blended tariff next year the system is very keen to ensure there is robust method and plan
- The other issue also sits within the urgent care activity where the system is working to firstly fully understand then agree the management of the cause and effect of a number of step changes in activity and higher than normal peaks of activity at the end of the third quarter and leading into quarter four.

The system has set up a peer group of system directors to review and recommend a system wide approach to urgent care. This group will also support the work of the system groups looking at the highest impact system change initiatives for agreed impact. The quantified impact on activity with phasing will be included in activity plans as soon as that is complete.

There are clearly understood issues of alignment in relation to acute activity, aside from urgent care. These are driven by differences in forecast outturn methodologies as well as differential assumptions on growth, which are being addressed through bilateral contract team review, reporting to system director escalation meetings.

Work is ongoing for this years plan to complete a "waterfall" activity plan for our main non-acute providers and primary care. These will be indicative and intended for use for system planning and monitoring only.

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Final Activity Plans

Aim

The system is seeking to submit finalised activity plans that align across the STP footprint for the commissioned activity across providers. This requires final agreement on:

- **System changes:** Significant non-elective activity changes have been seen in two acute providers this year and work is ongoing to determine how the system reflects these in the activity plan for 19/20.

- **Growth:** The system has already agreed a method for determining and applying demographic growth and has plans to agree a method for determining non-demographic activity growth.

- **Change Initiatives:** The system will have prioritised system change initiatives with agreed and quantified impact across providers.

- **Risks:** The finalised impacts of these activity changes may have significant financial impact.

Final Activity Plans – Urgent Care

	BNSSG							
	A&E		CCG variance to provider		NEL Total		CCG variance to provider	
	CCG	Prov	#	%	CCG	Prov	#	%
17/18 OT	233,822		-	-	87,915		-	-
18/19 FOT	248,650	249,214	564	0.2%	92,606	97,102	4,496	4.9%
Growth (Dem. & Non-Dem.)	*4,209*	*11,920*	*7,711*		*5,290*	*6,637*	*1,347*	
Other adjustments	*0*	*0*	*0*		*-521*	*3,050*	*3,571*	
19/20 plan pre-QIPP	252,860	261,135	8,275	3.3%	97,376	105,144	7,768	8.0%

NEL excludes 501 and 560 maternity

Growth 17/18 - 18/19FOT	6.34%	6.58%			5.34%	10.45%
Growth 18/19FOT - 19/20 Plan	1.69%	4.78%			5.15%	8.28%

	NBT (v3 vs CCG v2)							
	A&E		CCG variance to provider		NEL Total			
	CCG	Prov	#	%	CCG	Prov	#	%
17/18 OT	79,061		-	-	42,725		-	-
18/19 FOT	84,801	86,119	1,318	1.6%	44,816	47,691	2,875	6.4%
Growth (Dem. & Non-Dem.)	*1,823*	*3,014*	*1,191*		*3,014*	*4,142*	*1,128*	
Other adjustments	*0*	*0*	*0*		*-422*	*322*	*744*	
19/20 plan pre-QIPP	86,624	89,134	2,510	2.9%	47,408	52,155	4,747	10.0%

NEL excludes 501 and 560 maternity

Growth 17/18 - 18/19FOT	7.26%	8.93%			4.89%	11.62%
Growth 18/19FOT - 19/20 Plan	2.15%	3.50%			5.78%	9.36%

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Final Activity Plans – Urgent Care

UHB (v5 vs CCG v2)								
	A&E				**NEL Total**			
	CCG	Prov	#	%	CCG	Prov	#	%
17/18 OT	117,939		-	-	34,654		-	-
18/19 FOT	124,179	124,195	16	0.0%	36,552	37,479	927	2.5%
Growth (Dem. & Non-Dem.)	*1,912*	*5,103*	*3,191*		*1,518*	*2,495*	*977*	
Other adjustments	*0*	*0*	*0*		*0*	*103*	*103*	
19/20 plan pre-QIPP	126,091	129,298	3,207	2.5%	38,070	40,077	2,007	5.3%

NEL excludes 501 and 560 maternity

Growth 17/18 - 18/19FOT	5.29%	5.30%			5.48%	8.15%		
Growth 18/19FOT - 19/20 Plan	1.54%	4.11%			4.15%	6.93%		

Weston (v3 vs CCG v2)								
	A&E				**NEL Total**			
	CCG	Prov	#	%	CCG	Prov	#	%
17/18 OT	36,822		-	-	10,536		-	-
18/19 FOT	39,670	38,900	-770	-1.9%	11,238	11,932	694	6.2%
Growth (Dem. & Non-Dem.)	*474*	*3,803*	*3,329*		*758*		*-758*	
Other adjustments	*0*	*0*	*0*		*-99*	*980*	*1,079*	
19/20 plan pre-QIPP	40,145	42,703	2,558	6.4%	11,898	12,912	1,014	8.5%

NEL excludes 501 and 560 maternity

Growth 17/18 - 18/19FOT	7.73%	5.64%			6.66%	13.25%		
Growth 18/19FOT - 19/20 Plan	1.20%	9.78%			5.87%	8.21%		

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Final Activity Plans – Daycase and Elective

BNSSG

	DC		CCG variance to provider		EL		CCG variance to provider	
	CCG	Prov	#	%	CCG	Prov	#	%
18/19 FOT	80,095	79,474	-622	-0.8%	13,446	12,356	-1,090	-8.1%
Growth (Dem. & Non-Dem.)	1,573	2,116	543		186	293	107	
Other adjustments	0	1,593	1,593		0	380	380	
19/20 plan pre-QIPP	81,669	83,183	1,515	1.9%	13,632	13,028	-604	-4.4%
Growth 18/19FOT - 19/20 Plan	2.0%	4.7%			1.4%	5.4%		

NBT (v4 vs CCG latest)

	DC		CCG variance to provider		EL		CCG variance to provider	
	CCG	Prov	#	%	CCG	Prov	#	%
18/19 FOT	40,965	40,335	-630	-1.5%	7,159	6,080	-1,079	-15.1%
Growth (Dem. & Non-Dem.)	1,078	1,751	673		89	233	144	
Other adjustments	0	377	377		0	121	121	
19/20 plan pre-QIPP	42,043	42,463	420	1.0%	7,248	6,433	-814	-11.2%
Growth 18/19FOT - 19/20 Plan	2.6%	5.3%			1.2%	5.8%		

UHB (v5 vs CCG latest)

	DC		CCG variance to provider		EL		CCG variance to provider	
	CCG	Prov	#	%	CCG	Prov	#	%
18/19 FOT	30,881	30,971	90	0.3%	5,196	5,181	-15	-0.3%
Growth (Dem. & Non-Dem.)	400	365	-35		67	60	-7	
Other adjustments	0	794	794		0	108	108	
19/20 plan pre-QIPP	31,281	32,130	849	2.7%	5,263	5,349	86	1.6%
Growth 18/19FOT - 19/20 Plan	1.3%	3.7%			1.3%	3.2%		

Weston (v3 vs CCG latest)

	DC		CCG variance to provider		EL		CCG variance to provider	
	CCG	Prov	#	%	CCG	Prov	#	%
18/19 FOT	8,250	8,168	-82	-1.0%	1,091	1,095	4	0.4%
Growth (Dem. & Non-Dem.)	95	0	-95		30	0	-30	
Other adjustments	0	422	422		0	151	151	
19/20 plan pre-QIPP	8,345	8,590	245	2.9%	1,121	1,246	125	11.1%
Growth 18/19FOT - 19/20 Plan	1.2%	5.2%			2.8%	13.8%		

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Final Activity Plans – Outpatient

BNSSG

	OPN		CCG variance to provider		OPFU		CCG variance to provider		OPPROC		CCG variance to provider	
	CCG	Prov	#	%	CCG	Prov	#	%	CCG	Prov	#	%
18/19 FOT	201,277	202,850	1,573	0.8%	452,574	453,921	1,347	0.3%	130,025	127,171	-2,854	-2.2%
Growth (Dem. & Non-Dem.)	2,017	7,365	5,347		6,743	9,976	3,232		9,987	2,563	-7,424	
Other adjustments	-1,443	5,172	6,815		-741	4,850	5,591		0	-3,937	-3,937	
19/20 plan pre-QIPP	201,852	215,586	13,736	6.8%	458,576	468,747	10,170	2.2%	140,012	125,797	-14,215	-10.2%

	OPN			OPFU			OPPROC		
Growth 18/19FOT - 19/20 Plan	0.3%	6.3%		1.3%	3.3%		7.7%	-1.1%	

NBT (v4 vs CCG latest)

	OPN		CCG variance to provider		OPFU		CCG variance to provider		OPPROC		CCG variance to provider	
	CCG	Prov	#	%	CCG	Prov	#	%	CCG	Prov	#	%
18/19 FOT	90,552	91,975	1,423	1.6%	205,245	202,617	-2,627	-1.3%	33,699	32,502	-1,197	-3.6%
Growth (Dem. & Non-Dem.)	906	6,285	5,378		2,929	6,470	3,541		2,271	1,248	-1,024	
Other adjustments	0	750	750		0	3,826	3,826		0	0	0	
19/20 plan pre-QIPP	91,458	99,010	7,552	8.3%	208,173	212,913	4,740	2.3%	35,970	33,750	-2,220	-6.2%

	OPN			OPFU			OPPROC		
Growth 18/19FOT - 19/20 Plan	1.0%	7.6%		1.4%	5.1%		6.7%	3.8%	

UHB (v5 vs CCG latest)

	OPN		CCG variance to provider		OPFU		CCG variance to provider		OPPROC		CCG variance to provider	
	CCG	Prov	#	%	CCG	Prov	#	%	CCG	Prov	#	%
18/19 FOT	89,764	90,195	431	0.5%	202,048	209,817	7,768	3.8%	83,495	81,104	-2,391	-2.9%
Growth (Dem. & Non-Dem.)	858	1,080	222		2,536	3,506	970		6,839	1,315	-5,524	
Other adjustments	-1,443	3,507	4,950		-741	527	1,268		0	-4,135	-4,135	
19/20 plan pre-QIPP	89,178	94,782	5,603	6.3%	203,843	213,850	10,006	4.9%	90,334	78,284	-12,050	-13.3%

	OPN			OPFU			OPPROC		
Growth 18/19FOT - 19/20 Plan	-0.7%	5.1%		0.9%	1.9%		8.2%	-3.5%	

Weston (v3 vs CCG latest)

	OPN		CCG variance to provider		OPFU		CCG variance to provider		OPPROC		CCG variance to provider	
	CCG	Prov	#	%	CCG	Prov	#	%	CCG	Prov	#	%
18/19 FOT	20,961	20,680	-281	-1.3%	45,281	41,487	-3,794	-8.4%	12,831	13,565	734	5.7%
Growth (Dem. & Non-Dem.)	253	0	-253		1,279	0	-1,279		876	0	-876	
Other adjustments	0	1,115	1,115		0	497	497		0	198	198	
19/20 plan pre-QIPP	21,214	21,795	581	2.7%	46,560	41,984	-4,576	-9.8%	13,708	13,763	55	0.4%

	OPN			OPFU			OPPROC		
Growth 18/19FOT - 19/20 Plan	1.2%	5.4%		2.8%	1.2%		6.8%	1.5%	

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Capacity Planning

- Our system capacity plans respond to the growing demands on our health and care system and provide assurance that services will be resilient throughout the year.

Primary Care

- Increased capacity through roll out of the digital programme to support the NHS App, e consultations and direct booking from NHS 111, along with delivery of extended access at Locality level.

- The NHS App and e-consultations aim to improve access to healthcare; providing self care options and signposting patients to the right services at the right time. This is hoped to decrease workload in surgeries and release appointments. This is essential to manage increasing demand and in order to work hand in hand with 111 direct booking to redirect urgent activity from the acute sector. The NHS App has just gone live, e-consultations along with 111 direct booking are in pilot phase with wider roll out expected in Q2 and Q3 respectively.

Community Care

- Continued roll out of 'Home First' initiatives and the trusted assessment process from acute beds to community provision, using the BNSSG single referral form. More agile community capacity management based on digitisation of the integrated care bureau and better ability to model capacity and demand.

Mental Health

- Continued work on indicative activity currencies to support capacity and demand planning, the ability to flex bedded capacity and a focus on reducing length of stay to support driving down out of area placements.

Capacity Planning

Acute Bed Capacity

- Providers bed capacity plans have been aggregated and reviewed at system level. With activity planned to increase across the acute sector, bed capacity is a key risk for the system.
- System mitigations are in hand, including continuation of the integrated care bureau, development of frailty services, the piloting of urgent treatment centres and the launch of the integrated urgent care service, to support reductions in LOS and admission avoidance.
- Through the System A&E Delivery Board, initiatives are being prioritised across providers to support further reductions in LOS (such as 7 day access to therapy services in acutes) and to put in place alternative care models to support admission avoidance, including primary care streaming, expanded provision of hot clinics and ambulatory care.

Healthier Together

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

BNSSG Performance

Performance (1)

The system is committed to delivering improvements in constitutional standard performance for our population, and where consistent delivery of the target is problematic, to a realistic but stretching standard (e.g. A&E 4 hour access).

Constitution standard maximum waiting time.	National standard	BNSSG 2019/20 Plans
Over 52 week waiters	Zero	Zero from Oct19 (due to long waits at NBT)
18 weeks from referral to treatment	92%	% held from 2018/19 at c.89%
Cancer 2 week waits	93%	Aiming for system achievement, with challenges at NBT all year
62-day – all cancers	85%	Aiming for system achievement from Jul19 and to meet the standard over the year, with challenges at NBT early in the year
31-day – surgery	94%	System and NBT reflect challenges over the first half of the year
31-day – all cancers 62-day – screening 2 week – breast symptoms	96% 90% 93%	Aiming for system achievement, with challenges at NBT early-mid year
31-day – radiotherapy 31-day – drugs 62-day – consultant upgrade	94% 98% None	Planned achievement across the board
4-hour wait in A&E	95%	System footprint 90% aspiration NBT = 83.4% UBT = 86.9% Weston = 90%
Diagnostic 6 week wait	99%	Planned system achievement, with challenges across the year at NBT and in Q1 at UHB

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Performance (2)

The plans submitted on 12th February are "first cut" and still work in progress within each organisation. We are working on issues and addressing alignment as highlighted below, plans also need to be reviewed before 4 April submission in the context of:

- Alignment with activity assumptions, in particular planned elective growth on RTT/cancer standards and A&E attendances
- Taking account of any impact from system schemes that deliver efficiency improvements

Key risks & mitigations

- Our most significant risk in terms of access remains our ability to deliver the 4 hour standard and this is acknowledged in submitting a plan below the national standard; nevertheless representing a significant improvement for our population. In addition to longer term transformation of our communities to enable patients to be managed away from hospital we have a number of in year schemes to manage the projected increased demand for urgent care.
- Patients will continue to wait over 52 weeks for elective treatment in BNSSG until October 2019 due to the need to rebalance the mismatch in capacity and demand for specialist orthopaedic services at UH Bristol & NBT. Joint working across the system on musculo- skeletal pathways has already been accelerated to address this and may offer further mitigation to improve this in year.
- We have struggled to deliver referral to treatment within 62 days consistently for our population and are determined to see improvements in timely cancer treatment. We have seen areas of significant improvement in 2018/19, which we plan to roll out in 2019/20.
- Improving access to psychological therapies has not been delivered to the national standard and we are focussed on this as part of promoting the best mental health for our population.

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BNSSG Workforce Planning Submission Review

Workforce – summary

As an STP, we have been working together, and all trusts are actively collaborating on workforce issues. Having reviewed the workforce plans, we have some areas we need to jointly resolve over the coming weeks to ensure that workforce plans are as robust and aligned as possible.

The initial, draft submissions of the NHS Trust plans indicate the following;

- **Increased substantive staffing** Trusts are planning a 750 WTE increase in substantive staff in year. UHB and NBT have a planned increase of c200 WTE in substantive registered nursing. AWP are planning an increase of 28.3 WTE. Our system workforce plan identifies a significant gap between supply and demand – particularly for registered nursing, which would make this plan unrealistic.
- **Workforce Demand** We are aiming to increase our total WTE by c549 WTE. This represents an increase of 5% at NBT, which may not be affordable or achievable. The risk is that we will be creating more vacancies, thereby increasing reliance on bank and agency.
- **Changes in bank and agency** Our system is aiming to reduce agency, with the greatest ambition being in NBT with a 24% reduction in nursing agency and a 33% reduction in nurse bank use. It may be challenging to achieve a "bank first" approach whilst also reducing bank.
- **Alignment with activity and finance** We will be ensuring that underpinning assumptions are realistic and that plans align – currently Weston is forecasting an increase in activity with no commensurate increase in workforce.

These numbers are likely to change in the final iterations on the plans on 2nd April.

BNSSG Finance

Finance – 2018/19 Position

- Excluding PSF/CSF the headline system financial position has improved from £92.8m deficit in 2016/17 to a forecast deficit in 2018/19 of £58.2m. CCG and NBT have moved out of Financial Special Measures and no organisations are under regulatory measures for Finance.

- There remain net un-mitigated risks to the delivery of the 2018/19 financial position; however the outturn will be a significant improvement on the 17/18 financial position.

- Delivery of the 18/19 financial position has been dependent on non-recurrent measures, such as release of provisions, slippage on developments in Acute Hospital demand reduction schemes, Mental Health Investments and additional non-recurrent funding to support some of the primary care prescribing pressures.

- The normalised deficit is currently assumed to be £101.6m, which is £40.9m worse than assumed in Control Total baseline

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Finance – 2018/19 Position

	16/17 Outturn £m	17/18 Outturn £m	18/19 Plan £m	18/19 Forecast £m	18/19 Recurrent Position £m
UHBT	2.9	0.9	3.0	3.0	(4.5)
NBT	(43.9)	(32.0)	(34.6)	(34.6)	(48.8)
Weston	(8.9)	(14.6)	(12.4)	(14.5)	(15.0)
AWP (55%)	(5.1)	(5.7)	(2.1)	(2.1)	(4.0)
CCG	(37.8)	(35.0)	(10.0)	(10.0)	(29.4)
	(92.8)	**(86.4)**	**(56.1)**	**(58.2)**	**(101.6)**

The drivers of this £101.6m underlying deficit include:
- Cost premiums of PFI and LIFTCo (South Bristol Community Hospital is largest LIFTCo financed hospital in all England) – shared across CCG and provider due to tariff subsidy payments
- Diseconomy of scale of Weston General Hospital (smallest DGH Trust in England, subject to service transformation public consultation, Healthy Weston) – shared across CCG and provider due to tariff subsidy payments
- Under-funding in PbR tariff, subject to Provider Support Fund (£19.2m transferred into tariff in 19/20; national fund of £1.2bn retained)
- High bed occupancy and high lengths of stay in acute and rehab beds
- Increasing Junior medical costs since introduction of new contract
- Recurrent delivery of savings plans

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Finance – 2019/20 Position

- The 'Core' footprint has been set a 2019/20 system financial control total of £7.4m surplus.

- This is under-pinned by adjusted Control Total baseline of £51.7m (£40.9m adverse to normalised deficit estimated at £101.6m)

- CCG Control Total requires a stretch from a £10m deficit plan in 18/19 to breakeven in 19/20. No contribution from the remaining £300m Commissioner Sustainability Fund has been assumed. £10m was available in 19/20.

- Behind the headline growth in commissioning allocation are a number of changes to the NHS Financial Regime. Total CCG growth of 5.84% includes a small pace of change improvement and the new allocation formula better reflects the mental health & learning disabilities needs of the population. However, after accounting for inflationary pressures and transfers into baseline allocations there is c. £25m available for growth, based on 2.17% cost weighted activity growth. This is notably lower than the £29.4m CCG underlying financial pressures and the £20.6m underlying cost pressure in Providers positions.

- Financial recovery will therefore require structural cost reduction (reducing demand and releasing costs of capacity) and will require a system wide medium term recovery plan to deliver sustainable recurrent balance.

- All providers are required to deliver an efficiency gain of 1.1%. The system has three NHS providers with structural financial deficits, these providers are required to meet a further 0.5% efficiency target.

	Baseline for CT	Emergency Care prices	CNST income/cost change	Other incl MFF and tariff prices	Net Control Total adjustments	Control Total
UHB	3.0	8.4	(5.4)	(3.4)	(0.4)	2.6
NBT	(37.2)	8.2	(2.1)	(2.2)	3.9	(33.3)
Weston	(15.3)	2.6	(0.2)	(0.7)	1.7	(13.6)
AWP (55%)	(2.2)		(0.2)	(1.1)	(1.3)	(3.5)
CCG	0.0				0.0	0.0
	(51.7)	19.2	(7.9)	(7.4)	3.9	(47.8)

	£m 19/20 Control total (Exec. PSF, FRF, MRET)	£m PSF	£m MRET	£m FRF	£m Control total (inc. PSF, FRF, MRET)
NBT	(30.4)	9.6	0.5	14.8	(5.4)
UHBT	2.6	9.6	0.6	0.0	12.8
Weston	(13.1)	2.4	0.0	10.8	0.0
AWP (55%)	(2.7)	1.0	0.0	1.7	0.0
CCG	0.0	0.0	0.0	0.0	0.0
Total	(43.6)	22.6	1.1	27.3	7.4

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Finance – 2019/20 Position

The savings requirements can therefore be built up as follows:

1.1% provider efficiency	£ 12.5m
0.5% stretch efficiency in deficit providers	£ 4.0m
CCG move from £10m to breakeven Control Total	£ 10.0m
	£ 26.5m

Provider underlying position worse than Control Total	£ 20.6m
CCG underlying position worse than Control Total	£ 19.4m
	£ 40.0m

New Provider cost pressures arising in 2019/20   £ 32.9m – inflation, quality investments, local assessment of impact of new tariff

New CCG cost pressures arising in 2019/20   £ 13.3m – growth above demographics & policy commitments

    £ 46.2m

Savings Requirement in 12 Feb submission   £112.7m

Further risk of SLA growth mis-alignment   £10m-£30m

Finance – 2019/20 Efficiencies

This ask is overall felt to be unachievable over a one year period.

Consequently, NBT and Weston have opted to not accepted Control Totals offers, this reduces the savings requirement by £12.0m, but forgoes £38.1m of PSF/MRET/FRF. BNSSG CCG have unmitigated net risk of £13.2m

Delivering this risk adjusted plan would require savings delivery of £112.7 less £12.0m less £13.2m = £87.5m. This compares to forecast delivery of £94.8m in 2018/19.

At 12 February £65.9m savings had been identified leaving a shortfall of £22.6m

Maturity	Providers £k	CCG £k	TOTAL £k
Fully Developed	10,586		10,586
Plans in Progress	18,785	21,575	40,360
Opportunity	13,950		13,950
Sub-Total	43,321	21,575	64,896
Unidentified	14,672	7,900	22,572
TOTAL	57,993	29,475	87,468

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Finance – 2019/20 Position – Risks and Opportunities

Key Risks:

£10-30m Current growth rate unaffordable to commissioner (mostly acute emergency admissions)

£13m Maturity of identified savings

£5m Productivity savings reliant on income growth

£7m Demand management savings

£2m Savings in agency costs reliant on improved recruitment

Risks associated with Brexit on workforce retention, supply of medicines and exchange rate costs

£1.3m Wales HRG4+ income

£2.0m NSCO Drugs

Funding for Employers pension contribution uplift to non-NHS providers

Opportunities:

£46.2m Control or mitigate assumed new cost pressures

Contingency and provisions to achieve non-recurrent savings as per 18/19

Emergency activity demand management schemes

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Finance – 2019/20 Position – Key Actions

- Shared view of emergency activity growth; and demand management solutions
- Reconciliation of contract income assumptions between commissioner and provider to ensure alignment
- Identify further savings through benchmarking
- Project management of identified savings to ensure delivery
- LWAB workforce actions to improve retention and supply
- Review options for repatriation of activity from Independent Sector

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Finance – Other sectors

Remainder of the STP financial position

NHS Specialised Commissioning

BNSSG health economy has a large tertiary service portfolio and in-flows of patients care. Specialised Commissioner relates to over 1/3rd of total revenue to acute providers in BNSSG. NHS Specialised Commissioning are committed to inputting fully in local system planning.

The NHS South West area will deliver a balanced plan for 18/19; however NHSE South Specialised Commissioning have a structural deficit that has been offset in 18/19 by Commissioner Sustainability Fund that is not available in 2019/20. Across the South there is a structural deficit of £36.3m for Specialised Commissioning.

Community Services

Healthier Together includes 3 Community Interest Companies who are the primary providers of adult and children's community services. Adult Community Services are being tendered with effect from April 2020; and two providers (NSCP and BCH) have expressed an intention to merge should they be successful in winning the bid.

Community Providers will be required to meet the NHS productivity requirement of 1.1% in 19/20, as well as setting aside funds for managing the implications of Adult Community Services procurement and making up any non recurrent shortfalls in savings delivery from 18/19. Providers are collaborating with service redesign and savings opportunities being planned in Healthier Together.

CiCs are also subject to risks of funding shortfalls related to Agenda for Change pay award and changes in NHS Pensions employer contributions, where funding sources are assumed but not yet clearly identified.

Local Authorities

All three local authorities are suffering service budgetary pressures in Adults and Children's Social Care, and Public Health in 18/19, offset by Council Reserves. This financial model is unsustainable and cash backed reserves will not be available beyond a 2-3year time horizon. Growing demand for care packages for Children's services and working age adults, and reductions in the public health grant are main drivers. CCG and Local Authorities are collaborating to review and prioritise all resources pooled in the Better Care Fund.

Finance – Capital

NHS providers have Capital Plans of £94m in 2019/20, funding through internal sources and also £7.4m of new public dividend capital:

2019/20 Planned Provider Capex By Funding Category (£000s)
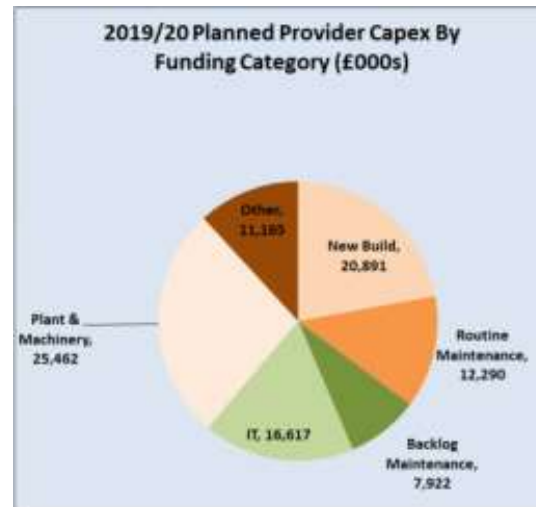
- £1.1m Wave 3 STP Capital for CAMHS beds expansion
- £0.7m 19/20 Estate Transformation for Mental Health as part of Wave 4 £7.4m scheme
- £1.6m Wave 4 STP Capital scheme for 12 new beds at Southmead Hospital
- £4.0m for Global Digital Exemplar and Provider Digitisation at UH Bristol

As well as this, Healthier Together has recently also been allocated Public Dividend capital and commissioner transformation capital grants for schemes beginning in 2019/20:

£10m for Weston and UH Bristol Digital integration
£3.2m for Primary Care Estate in Weston from STP Wave 4
£3.1m for Digital Maturity and Interoperability at NBT and AWP
£4.5m for Local Health & Care Records

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Finance – Cash and Resourcing

NHS providers plan to end the year 2019/20 with £86m, of which £75m is UH Bristol represents it's historic I&E surplus position and long term capital programme.
NBT and Weston have deficits and have not accepted Control Totals forgoing £38.1m PSF/MRET/FRF income. Together with AWP historic I&E deficit this will require additional provider interim revenue support cash of £64.4m in 2019/20; and will leave liabilities for Working Capital and Revenue Support Loans of £300m.

BNSSG CCG is planning to achieve a breakeven control total, but will carry forward an historic Resource accounting deficit of £89.5m to reflect cumulative deficits in legacy CCGs

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BNSSG Quality

Quality

Quality is the 'golden thread' that is woven through everything we deliver as a healthcare system. The care we provide needs to be safe; clinically effective and ensure an excellent patient experience. This approach includes the need to continually improve quality of care for our patients whilst meeting national standards and putting our finances on a sustainable footing – affordable excellence.

We will:
- Work as partners and system leaders, helping to break down barriers so that the whole system can focus on achieving our aim consistently learning and striving to achieve excellence in patient care
- Ensure constant system learning, embedding best practice and measuring patient outcomes
- Work in partnership to prevent abuse and neglect
- Establish partnerships with the patient and population, empowering them to look after their own health needs
- Listen to people, hear their voice and achieve patient defined outcomes
- Value our staff ensuring they are supported to be accountable for what they do.

Key Areas of Work will include:

A Systems Approach to Care Provision
- Urgent Care
  - **Implementation of enhanced Quality Dashboard and use of The Emergency Department Safe Checklist (SHINE Tool)**
- Partnerships across Healthier Together
  - **Minimising areas of risk and improving patients pathways**
- Supporting Primary Care Nurse Leadership
- Mental Health and Learning Disability services for children and adults
  - **Achieving a 10% reduction in suicides by 2020/21**
- Primary Care Quality Improvements
- Development of Care Home Quality Dashboards and assurance frameworks

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Quality

Patient Safety
- Promoting Harm Free Care through development of a system approach to a safer culture and learning from incidents
- Reducing avoidable mortality through Learning from Death reviews, LeDER; and scrutiny of hospital mortality data and benchmarking
- Working in partnership with multiagency providers to reduce the incidents of healthcare acquired infections
- Oversight and leadership for compliance with national frameworks and regulatory requirements
- Protecting Vulnerable Adults and Children

Patient Experience
- Aligned quality measures and incentives across the system to support a positive patient experience and in hearing the patient's voice, co-producing care wherever possible
- Adoption of Always Events® "those aspects of the patient and family experience that should always occur when patients interact with healthcare professionals and the delivery system"

Clinical Effectiveness and Patient Outcomes
- Physical heath checks for patients receiving mental health services
- Deliver the commitments of the National Framework for Continuing Health Care
- Increasing use of Patient Related Outcome Measures and care related to individual care programmes

Supporting Quality Improvement Transformation
- Quality Improvement Programmes both within organisations and across Healthier Together
- Quality Impact Assessments for major services redesign
- Quality incentives e.g. CQUINS, Quality Premium and Primary Care Quality Outcomes Framework

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Meeting of the Board in Public on Thursday 28 March 2019 in the Conference Room, Trust Headquarters

Report Title	2019/20 Resources Book
Report Author	Paul Mapson, Director of Finance and Information
Executive Lead	Paul Mapson, Director of Finance and Information

1. Report Summary

The Resources Book informs the Finance Committee of the 2019/20 Operational Plan which will be submitted to NHS improvement on the 4th April, in line with the national timetable.

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.

2. Key points to note
(Including decisions taken)

The Resources Book sets out the resources position of the Trust for 2019/20.

The plan is based on the following key drivers:

- Acceptance of the 2019/20 Control Total offer advised by NHS Improvement of a £2.6m net surplus. This results in the receipt of Provider Sustainability Funding (PSF) of £9.6m and MRET Funding of £0.6m.

- The Trust's savings plan for 2019/20 is £18.9m or 4.0% of recurring budgets;

- A gross inflation uplift of 3.8% to include the agenda for change awards for 2018/19 and 2019/20 plus the full year effect of the Medical and Dental pay award from 2018/19. The allowance is considered inadequate creating a cost pressure of c. £1.4m. This is subject to further review.

- National efficiency requirement at 1.1%.

- Net activity growth of £22.3m, £6.3m re forecast 2018/19 over-performance and £16m growth in 2019/20.

- Cost pressures of £14.7m also subject to further review.

- Divisional Operating Plans which currently stand at £4.9m deficit derived from £7.5m underlying deficits (driven primarily by medical and nursing pay overspending), divisional costs pressures, a 2% savings (CIP) requirement and the balance of income / cost from delivery plans for changes in activity.

There is no presumption of going concern status for NHS foundation trusts. The

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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 2018/19 annual report and accounts are prepared on the going concern basis.

3. Risks
If this risk is on a formal risk register, please provide the risk ID/number.
The risks associated with this report include:
N/A

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

The Trust Board is asked to

- **Receive** and **approve** the 2019/20 Resources Book based on the Operating Plan submission to NHS Improvement.
- **Approve** the going concern status of the Trust.

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

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FINANCIAL RESOURCES 2019/20

Finance Committee
26 March 2019

Trust Board
28 March 2019

Paul Mapson CPFA
Director of Finance & Information
University Hospitals Bristol NHS Foundation Trust
Trust Headquarters
Marlborough Street
Bristol
BS1 3NU

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FINANCIAL RESOURCES 2019/20

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1. Overview

1.1 This report summarises the 2019/20 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 In response to the five year funding settlement for the NHS announced in June 2018, the NHS long term plan was developed. The foundation year is 2019/20 which has included significant changes to the financial framework. The Trust was required to submit a draft Operational Plan to NHS Improvement on 12th February. A final Operational Plan is required on 4th April. This report is consistent with the planned financial submission. The plans relating to activity, capacity, workforce and quality within the 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 can earn 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 can't earn PSF and pays core performance fines in full. In 2019/20 national reform reduced the value of PSF by moving moved £1.0 billion into core tariffs and provided earnable Marginal Rate Emergency Tariff (MRET) funding.

1.4 For 2018/19 the Control Total was a surplus of £3.000m with PSF of £15.480m, which was accepted. The proposed Control Total for 2019/20 is a surplus of £2.593m with PSF of £9.576m and MRET central funding of £0.646m. This has been accepted whilst recognising the risks to delivery of the plan.

1.5 The build-up of the various Control Totals is shown below:

Surplus/ (deficit)	2018/19 Offer £m	2019/20 Offer £m
Core Control Total	3.000	2.593
Provider Sustainability Funding - core	10.836	9.576
Provider Sustainability funding - performance	4.644	-
MRET Funding	-	0.646
Control Total	**18.480**	**12.815**

1.6 The 2019/20 financial plan is the first year of payment system reform proposals. In particular a blended payment model has been introduced for emergency care activity. Service Level Agreements (SLAs) with Commissioners continue to be negotiated. Contracts will not be signed by the national deadline of 21 March 2019, however Heads of Terms are anticipated by the end of March. The final financial plan is based on reasonable activity and financial assumptions and will be updated to reflect any changes following final agreement of SLAs.

1.7 The plan is based on the following key drivers:

- Acceptance of the 2019/20 Control Total offer, advised by NHS Improvement, of a £2.6m net surplus. This results in the receipt of Provider Sustainability Funding (PSF) of £9.6m and MRET Funding of £0.6m.

- The Trust's savings plan for 2019/20 is £18.9m or 4.0% of recurring budgets;

- A gross inflation uplift of 3.8% to include the agenda for change awards for 2018/19 and 2019/20 plus the full year effect of the Medical and Dental pay award from 2018/19. The allowance is considered inadequate creating a cost pressure of c. £1.4m. This is subject to further review.

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- National efficiency requirement at 1.1%.
- Net activity growth of £22.3m, £6.3m re forecast 2018/19 over-performance and £16.0m growth in 2019/20.

- Cost pressures of £14.7m also subject to further review.

- Divisional Operating Plans which currently stand at £4.9m deficit derived from £7.5m underlying deficits (driven primarily by medical and nursing pay overspending), divisional costs pressures, a 2% savings (CIP) requirement and the balance of income / cost from delivery plans for changes in activity.

1.8 PSF is earnable provided the Trust achieves the core control total at the end of each quarter. MRET Funding is received through the acceptance of the core control total as part of the final Operational Plan submission.

1.9 The Trust remains one of the best performing Acute Trusts in terms of financial performance. The Trust is forecasting a 2018/19 net income and expenditure surplus of £16.9m, which is a £1.6m adverse variance (due to loss of Performance Sustainability Performance Funding for quarter 4) against the planned surplus of £18.5m. This will be the Trust's 16th year of break-even or better.

1.10 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 is consistent with the MTFP requirement.

Figure 1: A summary of the Trust's historic and planned financial performance.
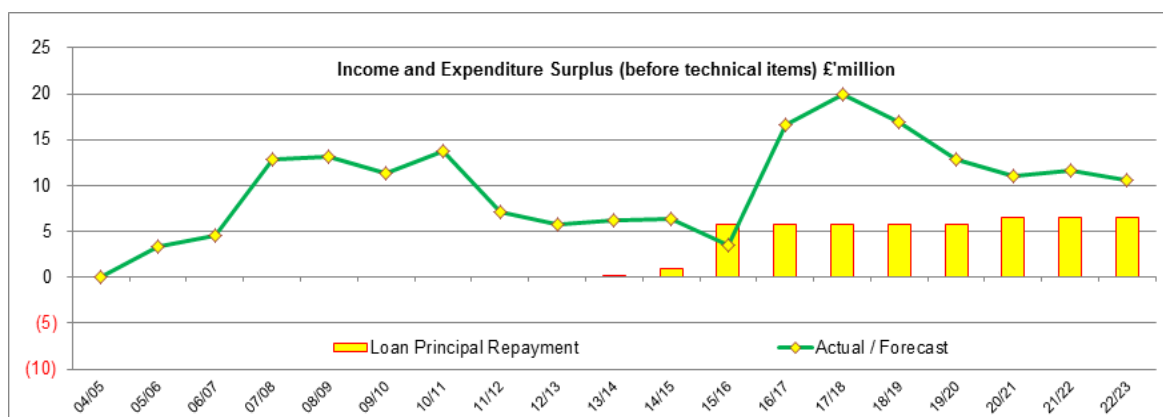
1.11 The headlines for the 2019/20 financial plan are:

- A planned net income and expenditure surplus of £12.8m before technical items;
- A planned net income and expenditure deficit of £13.7m after technical items (net impairments, donated income and donated asset depreciation);
- A planned year end cash balance of c.£75m;
- A savings requirement of £18.9m;
- A capital programme of £57.9; and
- A Use of Resources Rating (UoRR) of 1 which is the highest rating.

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1.12   2019/20 Financial Plan

Overview of Position

The Trust has received a Control Total offer of £12.8m surplus. It is derived as follows;

	Core £m	PSF £m	Total £m
2018/19 Control Total	3.0	15.5	18.5
PSF transferred into tariff	8.4	(8.4)	-
CNST net change in tariff income contribution	(5.4)		(5.4)
Other changes	(3.4)		(3.4)
MRET central funding		0.6	0.6
PSF Addition		2.5	2.5
2019/20 Control Total	**2.6**	**10.2**	**12.8**

The 2019/20 financial plan of £12.8m surplus before technical items (£13.7m including technical items) is described below:

Surplus / (Deficit)	£m	
Underlying position brought forward	3.0	
Divisional underlying deficit from 2018/19	(7.5)	Current recurrent Divisional overspends
National Tariff efficiency requirement	(5.8)	1.1% deflator included in the 2019/20 National Tariff
Savings programme	18.9	See section 5 for details
Cost pressures:		
Divisional clinical cost pressures	(1.1)	Unavoidable pressures in Divisions
Capital Charges volume growth	(0.4)	Due to Capital spending increases
CNST	(5.1)	NHS LA premiums advised
Corporate risk prioritised cost pressures	(1.0)	Unavoidable recurrent costs only
R&D RCF funding loss	(0.3)	Per national decision
Pharmacy out-sourcing costs	(0.3)	Gainshare following extensive negotiations
Supply Chain costs	(0.9)	New national supply chain arrangements
Inflation shortfall	(1.4)	See section 4.4
Residual Divisional Deficit	(2.6)	To be reviewed after SLA agreement
Other cost pressures	(0.3)	South Bristol, unity contract, R&D cost reduction
SLA / Contracting & Tariff Issues		
PSF into tariff	8.4	
Loss of Wales HRG4+ income	(0.4)	Welsh commissioners not funding activity at higher HRG4+ prices
MRET / Readmissions	1.1	Net impact of payment of 17/18 levels and income
CQUIN	0.6	Due to 100% of 50% of CQUINS being earnt
Other National tariff impact	(0.7)	Residual tariff changes
2019/20 Underlying position	**4.2**	
Non-Recurrent Costs:		
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	(0.5)	Funds the CSIP Programme
Net I&E Surplus exc. PSF & technical items	**2.6**	Definition used for Control Total purposes.
PSF – Core Funding	9.6	Including £8.4m transferred out to tariff
MRET Funding	0.6	
2019/20 Operational Plan surplus exc. technical items	**12.8**	
Donated asset depreciation	(1.6)	
Donated asset income	3.8	
Net impairments	(1.3)	
2019/20 Operational Plan surplus inc. technical items	**13.7**	

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

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After careful consideration, the Trust has provisionally decided to accept the proposed Control Total in the final plan submission whilst recognising the following key risks regarding unresolved matters:

- Commissioner contract negotiations have been delayed for this planning round due mostly to late guidance nationally. Whilst the deadline of 21st March for SLA signing will not be achieved we anticipate signing Heads of Terms by the end of March.
- Plans are therefore based on best estimates. However the estimates are well advanced and can be relied upon for planning purposes.
- Divisional Operating Plans stand at £4.9m deficit due to £14m savings identified out of a target of £18.9m. Work continues to improve this position.
- Cost pressures continue to be reviewed and negotiated downwards corporately. With a revised assumption re Wales HRG 4+ shortfall of £0.4m (due to an initial 18/19 offer of £1m from Wales) it is anticipated that the call on Divisions of 2% CIP (1.1% Nationally and 0.9% corporate cost pressures) may be reduced to 1.5% once SLAs are signed. This would reduce the CIP shortfall to c. £3m falling in two divisions – Medicine and Surgery.
- Inflation allowances nationally appear inadequate and a £1.4m estimated shortfall has been allowed for. This will be subject to continued review.

1.13   To achieve the financial plan the following are required:

- Delivery of the planned savings requirement for 2019/20 at £18.9m;
- Conversion of non-recurring savings from 2018/19, into recurring savings;
- Control of agency costs;
- 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 in an efficient manner;
- 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; and
- Delivery of CQUIN targets agreed with Commissioners;

1.14   Divisional Operating Plans

Each division has undertaken a robust planning process to create Operating Plans for 2019/20, 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 £4.9m therefore requires further improvement to enable this plan to be delivered.

1.15   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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1.16   The position is summarised in the table below.

Surplus / (Deficit) Division	Underlying Position brought forward £'m	Cost Pressures £'m	New Savings Requirement @ 2.0% £'m	Total Savings target £'m	Savings Plans 2018-19 Identified £'m	Shortfall £'m
Diagnostics and Therapies	(0.674)	(0.259)	(0.917)	(1.850)	1.707	(0.143)
Medicine	(1.720)	(0.257)	(1.133)	(3.110)	1.282	(1.828)
Specialised Services	(0.849)	(0.115)	(1.362)	(2.326)	1.511	(0.815)
Surgery, Head & Neck	(2.608)	(0.477)	(1.976)	(5.061)	3.312	(1.749)
Women's and Children's	(1.645)	0.038	(2.330)	(3.937)	3.550	(0.387)
Total Clinical Divisions	**(7.496)**	**(1.070)**	**(7.718)**	**(16.284)**	**11.362**	**(4.922)**
Facilities & Estates	(0.020)	(0.012)	(0.636)	(0.668)	0.668	-
Finance	(0.003)	-	(0.154)	(0.157)	0.157	-
Trust HQ	(0.033)	-	(0.155)	(0.188)	0.188	-
Trust HR	(0.020)	0.020	(0.101)	(0.101)	0.101	-
IM&T	0.012	(0.025)	(0.151)	(0.164)	0.164	-
Corporate/Cap. Charges	0.100	-	(1.461)	(1.361)	1.361	-
Total Non-Clinical	**0.036**	**(0.017)**	(1.513)	(2.639)	2.639	-
Total	**(7.460)**	**(1.087)**	**(10.376)**	**(18.923)**	**14.001**	**(4.922)**

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

- **Underlying Operating Plan Positon brought forward -** deficits built up on a recurrent basis mainly relating to medical and nursing staff overspending and underachieved recurring savings in previous years.

- **Cost Pressures** - the remaining divisional cost pressures that are deemed unavoidable (£1.1m) and corporate cost pressures (£4.6m). 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 £18.9m is derived as follows:

	£m	
National tariff efficiency 1.1%	5.822	Note 1
Corporate cost pressures	4.554	Note 1
Divisional underlying deficits	7.460	
Divisional cost pressures	1.087	
Total Savings Requirement	18.923	

  Note 1 – The sum of £10.376m (£5.822m and £4.554m) represents a 2% levy on Divisions

- **Overall, net Operating Plan shortfall** – the overall net Operating Plan position shows a shortfall of £4.9m. 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.

- After conclusion of SLAs, consideration will be given to supporting Divisional positions hence improving the operating Plans by up to £2m.

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2. Source and Application of Funds Summary

2.1 A summary of the 2019/20 position (based on estimated SLA values) is shown below:

Source of Funds	£'000	£'000
Patient Care Service Level Agreements:		
- BNSSG CCG Commissioners	256,822	
- Other NHS CCG Commissioners	39,752	
- Welsh and other Non-English Bodies	12,621	
- NHS England (non-specialised services)	27,916	
- Provider Trusts	2,827	
- Specialised Commissioning	264,364	
- Local Authorities	8,214	
- NHS England Core	10,222	
- Non Income Assumptions	5,479	
		628,217
Non-Patient Care Service Level Agreements:		
- Medical Service Increment for Teaching	6,745	
- Dental Service Increment for Teaching	8,465	
- Research and Innovation	24,070	
- Clinical Excellence Awards	3,064	
- Post Graduate Medical and Dental Education Levy	14,643	
- NMET	2,749	
		59,736
Non Service Level Agreements		34,295
Total Sources before Technical Items		**722,248**
Technical Items		
- Donations for the purchase of capital assets		3,800
Total Sources after Technical Items		**726,048**
Application of Funds		
Divisional Budgets – Full Year Budgets	643,190	
- 2019/20 Inflation issued to Divisions (see section 4.4.2)	12,757	
- Increase for additional Divisional income	3,690	
- Savings requirement to Divisions	(10,376)	
		649,261
Other Budgets		
- Research and Innovation	20,177	
- Trading Services	254	
		20,431
Reserves – Recurring		
- Contingency Reserve (see section 4.3)	700	
- Inflation Reserve (see section 4.4.1)	6,172	
- Carried Forward Reserve (see section (4.5)	2,123	
- Operating Plan/Service Level Agreements (see section 4.6)	24,843	
- Other Reserves (see section 4.7)	4,303	
		38,141
Reserves – Non-Recurring Revenue (see section 4.8)		1,600
Planned I&E Account Surplus		12,815
Total Applications before Technical Items		**722,248**
Technical Items		
- Donated Depreciation	1,590	
- Impairment Reversals	1,359	
		2,949
Planned Deficit on Technical Items		(851)
Total Applications after Technical Items		**726,048**

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3. Source of Funds

3.1 The Source of Funds is set out in Appendix 4 by funding organisation.

3.2 Patient Care Service Level Agreements

3.2.1 We negotiate English patient care contracts with Bristol, North Somerset and South Gloucestershire CCG as co-ordinating commissioner for CCGs. NHS England South West Specialised Hub are the coordinating commissioner for NHS England specialised commissioning and direct NHS England commissioning such as Health and Justice and Public Health. The 2019/20 English patient care contracts are in draft at the time of writing but are expected to be signed before the end of March 2019. This will include updated activity plans for 2019/20.

3.2.2 Delivery of our quality, performance and financial operating plan is predicated on both organisational and system actions, with a specific focus in 2019/20 on the BNSSG system plan priorities for improvements in urgent care, financial sustainability and the development of the workforce to deliver our long-term ambitions. The planning assumptions within our Operational Plan also take into account the NHS Operational Planning and Contracting Guidance for 2019/20. Activity plans for 2019/20 have been developed alongside Commissioners from the CCG and NHS England to ensure a shared understanding of the system demographic growth assumptions and the areas where we collectively recognise non-demographic growth pressures. There has also been a systematic review of all change initiatives, including provider led service developments, which are in the process of being quality impact assessed to inform decisions for inclusion within contracts and operational plans.

3.2.3 The contracts in 2019/20 include the following characteristics:

- There are no caps or ceilings with the exception of the blended tariff for urgent care. In 2019/20 the Trust will be operating a block arrangement for A&E activity, non-elective activity and excess bed days, in line with national guidance. This will operate solely for BNSSG CCG as the blended tariff arrangement is only applicable to CCGs and those CCGs that have a contract value with the Trust of greater than £10m. A "break glass" arrangement is also being developed which will be varied into the contract in 2019/20 and will protect both the Trust and Commissioners should the value of pre-planned activity and associated tolerance levels be breached within the block arrangement. Most other 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 2019/20 national standard contract includes a series of quality requirements and performance indicators. We have incorporated these into 2019/20 contracts where applicable and included any national variations to these indicators that have been mandated by NHS England; and

- Of the £619.8m planned patient care income, £339.3m (54.7%) is covered by a National Tariff. Services excluded from the national tariff include; critical care; bone marrow transplants; high cost drugs and devices; and rehabilitation.

3.2.4 Contract activity supporting the income budgets by commissioner and point of delivery are set out in Appendices 4, 5 and 6.

3.2.5 The 2019/20 National Tariff Payment System includes the following changes:

- A new "blended" payment system for urgent and emergency care has been introduced, which will fully fund providers up to an agreed level of activity;

- The Market Forces Factor (MFF) will be revised. It is the first time that this has been recalculated since 2010 and the changes will be phased over five years;

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- All maternity prices have become non-mandatory, to address an issue relating to the pricing of public health services;

- £1bn has been transferred nationally from the £2.45bn Provider Sustainability Fund (PSF) into emergency care prices;

- All prices will rise by 1.25% as the Commissioning for Quality and Innovation (CQUIN) scheme is reduced by half;

- There has been a 5% uplift to cover the Agenda for Change pay increases for 2018/19 and 2019/20;

- The overall cost uplift factor for the sector is 3.8%;

- The 1.1% efficiency factor is slightly higher than the NHS's long term efficiency rate of 0.9%. This reflects what would happen if the average performer caught up with the 60th centile, and is justified by large variations between trusts and the expectation that poorer performers improve at a faster rate;

- The tariff has been top-sliced to fund Supply Chain Coordination Limited (SCCL);

- There are new non-mandatory prices for outpatients, to incentivise non-face-to-face and non-consultant led follow ups;

- There has been a decrease in the frontloading for outpatient appointments for ophthalmology, dermatology, urology, and nephrology, meaning providers will have less incentive to reduce follow-up appointments;

- The 2019/20 national tariff payment system includes two new best practice tariffs for emergency laparotomy and spinal surgery. The Same day emergency care best practice tariff has been retired and there are also changes to three best practice tariffs: day-case procedures; major trauma; and paediatric diabetes;

- Several high cost drugs, devices and listed procedures are not reimbursed through national prices. The 2019/20 national tariff payment system includes an updated the list of drugs, devices and procedures using the same criteria used in previous years; and

- The Innovation and Technology Programme (ITP) continues in 2019/20 with the aim of setting incentives to encourage the uptake and spread of innovative medical technologies that benefit patients. The application process for Trusts to access schemes is expected to be opened in April 2019.

3.2.6   Commissioning for Quality and Innovation (CQUIN) Framework

The CQUIN framework was introduced in 2008 and has evolved year on year to the current scheme. From 1 April 2019, both the Clinical Commissioning Group (CCG) and Prescribed Specialised Services (PSS) schemes are being reduced in value to 1.25% with a corresponding increase in core prices, allowing more certainty around funding to invest in agreed local priorities. As a Hepatitis C Operational Delivery Network lead provider, an additional 0.30% is included on the NHS England Specialised contract.

A radically different approach to CQUIN will be adopted in 2019/20. Instead of setting new goals, CQUIN will simply highlight evidence based good practice that is already being rolled out across the country, drawing attention through the scheme to the benefits for patients and providers, and in doing so allow those benefits to be spread more rapidly. CQUINs will be aligned to 4 key areas, in support of the Long Term Plan. These include prevention of ill health, mental health, best practice pathways and patient safety.

The CCG CQUIN Scheme (1.25% estimated at £3.4m) is made up of 5 schemes:

- **CCG1 Antimicrobial resistance:**
    - **(0.125%) lower urinary tract infections in older people**: Priority of antimicrobial resistance and stewardship will bring reduced inappropriate antibiotic prescribing, improved diagnosis (reducing the use of urine dip stick tests) and improved treatment and management of patients with UTI.
    - **(0.125%) Antibiotic prophylaxis in colorectal surgery**: Implementing NICE guidance for surgical prophylaxis will reduce the number of doses used for colorectal surgery and improve compliance with antibiotic guidelines.
- **CCG2 (0.25%) Staff flu vaccinations**: Vaccinations are a crucial level for reducing the spread of flu during winter months.
- **CCG3 (0.25%) Alcohol and Tobacco:** Screening and brief advice is expected to result in 170k tobacco users and 60k at risk alcohol users receiving brief advice, a key component of their path to cessation.
    - **(0.83%) Screening**
    - **(0.83%) Tobacco brief advice**
    - **(0.83%) Alcohol brief advice**
- **CCG7 (0.25%) Three high impact actions to prevent Hospital falls**: Taking these three key actions as part of a comprehensive multidisciplinary falls intervention will result in fewer falls. 1. Lying and standing blood pressure to be recorded. 2. No hypnotics or anxiolytics to be given during stay OR rational documents. 3. Mobility assessment and walking aid provided if required.
- **CCG11 Same Day Emergency Care:** These three conditions are all from the top 10 conditions with which patients present in a SDEC setting.
    - **(0.83%) Pulmonary Embolus**
    - **(0.83%) Tachycardia with Atrial Fibrillation**
    - **(0.83%) Community Acquired Pneumonia**

The NHS England Specialised CQUIN (1.55% £3.49m) is made up of 4 schemes:

- **(0.317%) PSS1 Medicines Optimisation:** This indicator supports delivering cost savings of hundreds of millions and using techniques to address over-use of antifungals will enable the NHS to play its part in stemming the world wide build-up of resistance to antifungals.
- **(0.6%) PSS2 towards Hepatitis C Virus (HCV) elimination:** Contribute to the UK target of elimination of HCV by 2025.
- **(0.317%) PSS3 Cystic Fibrosis Self-care:** Change in clinician and patient behaviour that will transform Cystic Fibrosis care from a clinician led reactive hospital based rescue service to patient led community based prevention.
- **(0.317%) PSS7 Clinical Utilisation Review:** This activity is in direct support of the long term plan to "improve performance at getting people home without unnecessary delay, reducing risk of harm to patients from physical and cognitive deconditioning complications."

The NHS England Non-Specialised (1.25% £0.27m) is linked to a single CQUIN:

- 1.25% 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

In total, potential CQUIN income available to be earned is expected to be in the region of £7.16m for the Trust in 2019/20 (CQUINs do not apply to Welsh activity). CQUIN schemes outlined above have been agreed in principle but final detail of the indicators is still subject to review before being subjected into contract.

The ability to earn at least 80% (net of costs to delivery) of the £7.16m 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 2019/20.

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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.   The net inflation for 2018/19 is assumed to be nil. Despite an increase in students in 2019/20 there will be no associated increase in funding.

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 2019/20 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 2019/20 totals £24.1m.

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. Local award points have increased from 1 to3 in 2019/20 requiring a cost pressure of £0.4m.

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 £12.4k per post. In additional study leave expenses are now recovered from HEE on a monthly basis. The net inflation for 2019/20 is assumed to be nil.

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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 net inflation for 2019/20 is assumed to be nil.

3.3.7   A set of education shadow tariffs will be operated in 2019/20. Details have, however not been released as yet.

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	1,896	
- Road traffic act income	903	
- SLA income / other	561	
Operations Income		
- Research and innovation	2,605	Note 1
- Education and training	1,506	
- Services provided to other bodies	12,524	Note 2
- Income from charitable bodies	676	
- Rental income	2,124	Note 3
- Sale of goods and services	3,161	Note 4
- Salary recharges	5,146	Note 5
- Other income	3,193	Note 6
Total	**34,295**	

Note 1   Research and Innovation is primarily linked to commercial trials (£2.365m).

Note 2   Services provided to other bodies includes Peripheral Clinics (£3.285m) which are provided to a variety of other NHS organisations in the South West, most significantly North Bristol NHS Trust and Weston Area Health NHS Trust.

In addition significant services offered to other organisations (both NHS and Non NHS) include; various Diagnostics and Therapies Services such as clinical testing (£0.549), medical physics (£0.371). MEMO (£0.998), hosting of Healthier Weston, Healthier Together and the Local Workforce Action Board (£2.742m), Occupational Health Services (£1.705m), IM&T Services (£1.448m), Audit Services (£0.231m), Dermatology (£0.254m) and hosting the NICU Delivery Network (£0.215m). The remaining value is a variety of smaller value services across all Divisions.

Note 3   Rental income includes £1.614m from operating leases of which the highest values relate to the University of Bristol (£0.726m) and the Welcome Centre occupants (£0.388m). There is also income from staff accommodation (£0.342m) 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 £1.128m, catering income of £0.422m, and pharmacy £1.049m.

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 (£1.505m), and planned VAT Savings (£0.410m).

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4. Application of Funds

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 2019/20 use the February 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 below with Divisional analysis provided at appendices 7 - 8.

	£'000
Divisional Expenditure Budgets – full year effect at February 2019	643,190
Inflation (details at 4.3.3)	12,757
Savings	(10,376)
Increase from additional Divisional income	3,690
Divisional Start Budgets for 2019/20	**649,261**

4.2 Other Budgets

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

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	**700**

This remains at the same level as last year.

4.4 Inflation Reserve

4.4.1 The National Tariff (gross 3.8% uplift) generates gross inflation funding of £19.110m which can be reconciled to the inflation reserve as follows:

	£'000
Gross tariff inflation funding	19,110
CNST funding	2,516
South Bristol	191
Inflation shortfall – cost pressure	1,359
2018/19 FYE pay inflation	(6,523)
Inflation reserve brought forward from 2018/19	2,276
Less issued to Divisional budgets (see 4.4.2)	(12,757)
Total	**6,172**

The 2018/19 FYE pay inflation is in respect of the additional funding required for the 2018/19 Medical & Dental and Agenda for Change pay awards in excess of the 1% funded in the 2018/19 tariff.

The inflation reserve brought forward of £2.276m includes funding for energy (£1.284m), implementation of junior doctor contract (£0.649m) and community premises (£0.302m) issued non-recurringly during 2018/19.

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

	Assumption	£'000
Incremental drift		760
AFC Pay Award		7,517
NI threshold changes		(572)
Blood	0.6%	163
Drugs	2.1%	74
Non pay	1.8%	1,375
Rates	3.7%	117
Services from other bodies	2.6%	404
Capital charges	1.8%	532
CNST		2,387
Total		**12,757**

4.4.3 The residual inflation funding reserve provision is as follows:

	£'000
Pay inflation including pension auto-enrolment	3,648
Junior Doctor contract	649
Energy	1,424
Friends and Family test	20
Community premises	302
Income inflation	(139)
South Bristol (RPI above tariff allowance)	191
Other	77
Total	**6,172**

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 2019/20. These include:

	£'000
Bristol Health Partners	90
EWTD for annual leave and sick pay	1,690
Health Education England (SIFT)	289
Internal Cost Pressures (carried forward)	
- MDT co-ordinators	25
- Bristol Safeguarding Board	4
- Patient Feedback System	25
Total	**2,123**

4.6   Operating Plan/Service Level Agreements (SLA)

4.6.1 The values in this section are based on the SLAs which continue to be negotiated with Commissioners. It is unlikely that contracts will be signed by the national deadline of 21 March 2019. The final financial plan is based on reasonable activity assumptions and will be updated to reflect any changes following final agreement. 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 15%).

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

	£'000
Service Transfers:	
- SARC	662
- DVT Service	(320)
- GP Support Unit	1,123
- Thoracic Surgery	(276)
- Other	13
ERPs	
- Change in clinical practice	187
- Congenital heart disease network	229
- CAR-T-Cells	92
- Homeless scheme	50
- HPV Vaccination (MSM)	27
- Fracture Liaison Service	48
- Integrated Care Bureau	329
- 1:1 Nursing (CAMHS)	400
- Impella device	(136)
Activity Related Changes	
- CQUINs delivery costs	500
- Net activity growth	20,301
- Risk reserve	2,620
Other	
- R&D loss	(180)
- Supply chain cost reduction	(845)
- Other	19
Total	**24,843**

4.7   Other Recurring Reserves consist of:

4.7.1 Recurrent corporate cost pressures

	£'000
- Capital Charges Growth	443
- CEA Awards	400
- Allocate for medical staff	121
- Commissioner risk	500
- Internal Cost Pressures	1,000
- Unity contract reduction	112
- R&D Income reduction	120
- South Bristol new lease	200
- Pharmacy out-sourcing loss of gainshare	300
Total	**3,196**

4.7.2 Corporate CRES

	£'000
– Corporate savings requirement	1,107
	1,107

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4.8   Non-recurring reserves consist of:

	£'000
Strategic scheme costs	300
Technology implementation	500
Change costs	300
Non Recurring Cost Pressures	500
Total	**1,600**

4.9   Internal Cost Pressures (prioritised)

Recurring cost pressures are as follows:

	£'000
Palliative Care Clinical Nurse Specialist	64
ENT Clinical Nurse Specialist	48
Women's Services Diabetes Clinical Nurse Specialist	50
Clinical Lead for Tracheostomy Service	6
Clinical Excellence awards	400
Business Manager Medical Director	58
Support costs for Somerset Cancer Register	6
Medical HR Structure	120
Clinical Holding/Restraint Staff Training Resource	5
e-appraisal System, maintenance, development and staffing	27
Blueteq	51
Muslim chaplain	8
Real-time patient feedback and reporting system licence and associated costs	5
Freedom to Speak Up	6
Surgical site infection service	52
Paperless Board Shortfall	4
Transfer to non-recurring	90
	1,000

Non recurring cost pressures are as follows:

	£'000
STP Subscription	330
Silver Trauma Allowance	200
SBCH Project post	81
Clinical Guidelines and Policies Updates	9
Slippage	(30)
Transfer from recurrent	(90)
	500

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5. Savings Programme

5.1 A summary of the savings programme by work stream and Division are provided at Appendices 9 – 11. The Trust target is £18.9m derived as follows:

	£m
National tariff efficiency 1.1%	5.822
Corporate cost pressures	4.554
Divisional underlying deficits	7.460
Divisional cost pressures	1.087
Total Savings Requirement	**18.923**

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

Table 2: 2019/20 Savings identified by type as at 22nd March 2019

Division	Balance to Full Year Effect 2018/19 Savings	New Schemes Current Year Effect 2019/20	Total Savings 2019/20	Total Savings 2019/20
	£'000	£'000	£'000	WTE
Diagnostics & Therapies	115	1,592	1,707	-
Medicine	113	1,169	1,282	2.55
Specialised Services	698	813	1,511	-
Surgery	721	2,591	3,312	2.00
Women's & Children's	404	3,146	3,551	-
Estates & Facilities	75	593	668	5.24
Finance	-	157	157	-
Trust Headquarters	0	188	188	0.43
Human Resources	0	101	101	0.20
IM&T	5	159	164	-
Miscellaneous Support Services	-	216	216	-
Corporate/Capital Charges	-	1,145	1,145	-
Unidentified	-	-	4,922	
	2,131	**11,870**	**18,923**	**10.42**

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 has an established process for generating savings operated under the established Transforming Care programme. There is an increased focus on delivering savings from productivity hence the Trust has established a series of targeted programmes directed at delivering productivity from:

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

5.5   The work streams for 2019/20 are shown in the table below.

Table 3: Summary of Savings Programme Work streams;

Workstreams	£m
Medical Staff Efficiencies Productivity	0.3
Nursing & Midwifery Productivity	0.3
Healthcare Scientists productivity	0.2
Diagnostic testing	0.2
Reducing and Controlling Non Pay	3.9
Medicines savings (Drugs)	1.1
Trust Services efficiencies	0.5
HR Pay and productivity	0.1
Estates and Facilities productivity	0.5
Productivity	5.3
Other	0.6
Corporate	1.0
Subtotal – savings identified	**14.0**
Unidentified savings	4.9
Total – savings requirement	**18.9**

5.6   The Trust continues to utilise all available benchmarking sources in order to identify areas for improvement and develop actions plans to ensure delivery. The Trust is using the "Model Hospital" as the key tool to identify efficiency opportunities and a more formal process is being rolled out across the Trust to follow up all opportunities from this source.

5.7   The Trust is also formalising an approach to follow through with actions resulting from Getting it Right First Time (GIRFT) reviews and where possible take the necessary actions to deliver efficiency opportunities.

5.8   The Trust 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 savings have also been established, for example:

- Improving purchasing and efficient usage of non-pay including drugs and blood and clinical supplies;
- 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

5.9   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.

5.10   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

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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 has accepted the control total surplus of £12.8m which is the key driver behind the estimated UoRR rating of 1.

6.4 Cash Position

As an NHS Foundation Trust, the Trust is able to retain accumulated cash surpluses. The planned year end cash balance is c. £74.6m a reduction of c. £23m. The cash position is summarised below:

	£m
Forecast opening cash balance as at 1st April 2019	97.9
2018/19 planned net (deficit) / surplus excl technical items	11.2
Movement in working capital	(2.6)
Retained cash balances contribution in support of the capital plan	(21.1)
Loan principal repayment	(5.8)
Planned year end cash balance as at 31st March 2020	79.6

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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 2019/20 through to 2023/24 taking into account the 2018/19 forecast outturn expenditure of £22.5m. In 2019/20 the Trust's planned capital expenditure totals £57.9m. The detail is in Appendix 14.

7.2 In 2019/20, 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;
- Public Dividend Capital received from the Department of Health and Social Care

7.3 The Trust will need to maintain a strong liquidity position in 2019/20. 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 2019/20 major medical prioritisation process was approval by the Trust's Senior Leadership Team on 20th March 2019 and the operational capital will be reviewed on by Clinical Chairs and Divisional Directors on the 8th April 2019 for onward approval by SLT. The major medical prioritised projects is summarised in appendix 14. The 2019/20 capital plan is summarised in Table 5 below.

Table 5: 2018/19 Capital Plan

Source of funds	2019/20 Plan £m	Application of funds	2019/20 Plan £m
Cash balances	21.1	Carry forward schemes – Phase5	7.0
		Carry forward schemes – Other	21.5
Depreciation	23.9	IM&T	11.6
Donations/external source	3.8	Medical equipment	7.5
Public Dividend Capital	9.1	Operational capital	6.6
		Estates replacement &	3.4
		Fire Improvement	2.1
		Phase 5	20.9
		Net slippage estimated	(22.7)
Total	**57.9**	**Total**	**57.9**

7.5 Monitoring and management of the Capital Programme is 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 2020 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 2020 is £12.0m and anticipates a £0.5m 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 £57.7m as at 31st March 2020, a reduction of £15.7m. This is mainly due to the consumption of cash for the loan principal repayment of £5.8m and the cash required to support the capital plan of £21.1m. The net current assets position includes forecast stock holdings of £12.0m leaving positive net working capital of £45.7m.

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9. Workforce

9.1   Strategic Context and Healthier Together Programme.

9.1.1 Our Strategic Workforce Plan 2019/20 to 2024/25 is being formulated through wide engagement with all Divisions (clinical and non-clinical), relevant staff groups and trade union colleagues. This recognises 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 Healthier Together programme.

9.1.2 The Trust's Strategic Workforce Plan 2019/20-2024/25 builds on previous work and provides an overarching plan which will be a key pillar of the Trust's strategies. Analysis of the current staff; gap analysis of future workforce needs, benchmarking against peer group trusts have all been used to inform the planning process. Specific attention has been given to the ageing workforce (succession planning); junior and SAS doctor workforce; "single points of failure" and staff engagement / satisfaction as well as cultural and behavioural changes being identified that may need continue support. Areas that would benefit from a short piece of focussed workforce transformation (requiring additional project support) have also been identified and a number will be progressed in-year. The NHSI workforce planning tool-kit is being used to direct development of Trust processes in support of future workforce planning and progress will be monitored.

9.1.3 The Trust is a member of the Bristol, North Somerset and South Gloucestershire (BNSSG) Local Workforce Advisory Board (LWAB) 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 LWAB has identified key priorities for the STP footprint which are supported through the Health Education England South West Investment Plan.

9.2   **BNSSG HRD Action plan**

The table below outlines an action plan that has been agreed across the BNSSG footprint, outlining specific activities that have been identified to tackle known shared workforce issues across the STP. These initiatives are lead and shared by members of BNSSG as described.

Lever	Agreed Initiatives	Owner
Hiring/Supply pipeline	Review and align **recruiting incentives** across the system to avoid internal competition amongst organisations in BNSSG	BCH/NBT
	United **approach to social media** for job posts/advertising, system wide, using sharing best practice across the system	NSCIC/UHB
	Introduce collaborative **international hiring** in respect of doctors	WAH/NBT/UHB
	Band 5 action plan, including joined up approach to return to practice	UHB

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Temporary Staffing	Move towards a **'bank first'** temporary staffing model by developing a collaborative bank	BNSSG Agency Group/Weston
	Specific actions to **reduce agency costs** compared to 2018/19: • Extending the neutral agency agreement to AWP/Sirona • Reduced premium agency usage	BNSSG Agency Group/Weston
	Aligned payments for junior doctors additional pay rates	UHB/NBT
Improved retention and participation	Actions to **improve retention**, linked to the 2019/20 national retention and NHSI support programmes	Sirona/AWP
	Fast track the movement of staff and talent	UHB/NBT
	Consistent approach to implementing **Brexit guidance** including settlement fee	ALL
Productivity	**HR integration** Phase 1: WAH and UHB test integrated HR Service, testing model for further possible roll out	BCH/WAH

9.3 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 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.

9.4 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. All plans will refer to the Trust's agreed Strategic Workforce Plan.

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9.5 Workforce Numbers

9.5.1 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 31st March 2019	8,811
Service developments	22
Savings programmes	(-6)
Net activity/capacity changes	115
Funded establishment required for 2018/19	8,942*
Net increase in workforce	71

Supply	Substantive	Bank	Agency	Total
Forecast at 31st March 2019	8,352	402	77	8,832*
Change in year	137	(-18)	(-9)	110
Planned at 31st Match 2020	8,489	385	68	8,942

*Please note all numbers are subject to rounding

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.

9.6 Workforce Challenges

The table below captures some of the high level workforce challenges we are aware of as a result of our workforce planning activities.

Description of workforce challenge	Impact on workforce	Initiatives in place
Gaps in Junior Doctor rotas	Understaffing in specific clinical areas	Undertake review of Junior doctors rota Roll out e-rostering for medical staff Assess viability of new roles to deliver care in hard to recruit to areas, e.g. ACP's/PA's
Shortages of medical staff in specific specialities	Gaps in cover and delivery of service	Review of staff deficit and skills gap analysis. Identify recruitment initiatives or if new models of care required
Need to future proof Facilities and Estates workforce due to recruitment issues, age profile and high turnover	Potential single points of failure	Undertake succession planning activities, talent mapping and people management within service. Introduce RRP.
Issues with access and capacity for learning and education	Inconsistent provision, less able to support learning activities; e.g. apprenticeships	Review funding provision & target at greatest educational need. Approach underpinned by new UHB Education strategy.
Issues with supply of AHP's, HCS and diagnostic medical professionals due to national shortages	Quality of patient care reduced, unable to meet D&T targets inc. proposed 7 day coverage	Dedicated D&T recruitment lead to ensure effective recruitment In house training routes into profession

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9.7   Workforce Transformation and productivity programmes

UH Bristol currently supports a number of workforce initiatives and transformation programmes which have been identified through the workforce planning process and contributes to the long term strategic workforce plan for the organisation.

9.7.1   Healthcare Scientists
The strategy developed by the Trust's Lead Scientist is to:
- Continue to support succession planning within the professions;
- Develop a trust wide approach to creating HCS assistant and HCS associate training schemes;
- Develop new roles that support cross service working, including scoping the appetite of the Trust for HCS Consultant roles in support of relevant services where there are medical issues.

9.7.2   Nursing Associates
The Trust is planning to undertaken a workforce review and developed a business case to support the training of 20 Nursing Associates in 2019, with a rolling programme of training in subsequent years to increase the total numbers as per the business case and to recruit to turnover.

Work will need to be done to ensure the role is embedded in the current workforce and a review of the other support roles will probably also be required.

It is anticipated that this will support our retention programme and aspiration to reduce turnover as the unqualified workforce will have an established alternate supply route into a qualified nursing (through further study) via the introduction of the Nursing Associate role.

9.7.3   **Advanced Clinical Practitioners (ACP)**

The next stage in implementing the workforce strategy at UH Bristol will be to identify a number of core programmes of work which will support its delivery. One intervention that has frequently been suggested has been the development and expansion of the ACP role and several areas have been identified where this role could be introduced to deal with staff shortages. A Trust approach to the commissioning of a rolling programme of ACP training and mobilisation of the role is currently being developed in order that there is a future supply pipeline of this role which can fill known staff gaps.

9.7.4   Physician Associate (PA)
Another identified intervention to tackle workforce shortages has been the expansion of the role of the PA in the organisation. This will be subject to an organisation wide business case and needs assessment to establish where this role can be embedded and how UHBristol can be part of the training pipeline of this staff group through the provision of placements and high quality education environments.

9.7.5   Education Strategy

Education is one of the core strategies that will inform the Trust's overall strategies. A new core strategy is being developed for a future focused education vision and provision. This will be based around key priorities for Education as indicated below:
- Excel in consistent, high quality education that includes robust governance and quality assurance
- Align education to strategic workforce priorities that make a positive difference to patient care and wellbeing
- Provide education that supports aspirational career development and creates a highly skilled workforce

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9.8   Workforce KPIs

9.8.1 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.

9.8.2 Staff Turnover Rate A target for 2019/20 has been set to reduce from 13.3% to 13.0 % and to 12.5% in 2019/20.

9.8.3 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 2017/18 was 5.4%, and the average year to date vacancy rate (February 2019) of 5.1% compares favourably with other Teaching Trusts. The internal target is to sustain 5% through 2019/20 and 2020/21.

9.8.4 Sickness Absence The aim is to maintain the improvement seen this year in the Trust sickness absence rates, with a forecast out turn of 3.8% in 2019/20, reducing to 3.7% in 2020/21.

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 (reviewed annually in the light of national efficiency requirements);

- 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.

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11. Risk Analysis

11.1 Risk that SLAs that are not yet signed result in a deterioration in the financial position. This risk is *moderate.*

11.2 Risk of not delivering the savings requirement

This includes the conversion of non-recurring savings to recurring schemes. Given the scale of improvement required this risk can be assessed as *high*. Close monitoring of achievement and effective mitigation of any under-achievement will be in place. The 2019/20 target will be challenging and must be delivered in full.

11.3 Risk that CQUINs income target is not achieved

The resources plan is based on earning 83% of the potential CQUINs target. Achieving the local national commissioning CQUINs will be challenging. The risk is assessed currently as *high.*

11.4 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.*

11.5 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 2019/20 budget.

11.6 Risk of divisions overspending

This overlaps with item 11.2 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 2019/20 this risk is rated *very high*.

11.7 Risk that Wales / England payment of tariff arrangements are not resolved and the assumption of the 2018/19 offer being continued into 2019/20 becomes invalid. This risk is assessed as *high.*

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Statement of Comprehensive Income and Expenditure	2019/20	Plan
	£'000	£'000
Operating income from patient care activcities		
Elective Inpatients income	63,350	
Non-Elective income (includes emergency inpatients)	144,433	
Outpatient income	89,483	
Urgent care income	23,561	
Daycase income	42,385	
Passthrough income	88,160	
Other (note 1)	167,270	
Provider Sustainability Funding (PSF)	9,576	628,218
Other income from patient care activities		
Private and overseas patient income	1,896	1,896
Other operating Income		
Education and Training (HEE and CEAs)		35,666
Research and Innovation		24,070
Other income (note 2)		32,399
Total Income excluding donation income		722,249
Operating Expenditure		
Employee Expenses		*(435,522)*
Drug costs		*(85,451)*
Clinical supplies and services		*(61,342)*
Other costs		*(91,068)*
Earnings before interest, tax, depreciation and amortisation		
Depreciation and Amortisation		(23,939)
Finance Income		527
Finance Expense		(2,516)
PDC dividends payable		(10,123)
Net surplus/(deficit) excluding technical items		**12,815**
Technical Items		
Donated Income		3,800
Depreciation on donated assets		(1,590)
Net impairments		(1,359)
Net surplus/(deficit) including technical items		**13,666**

Numbers in italics are estimates and will be confirmed at final plan submission

Note 1	
Other Income includes	**£'000**
Critical Care Beddays	46,954
Bone Marrow Transplants	8,584
Sexual Health Service	8,050
Radiotherapy	7,992
Maternity Pathways	7,361
Diagnostic Imaging	6,864
Excess Beddays	6,705
Rehabilitation	6,057
Direct Access	6,054
Contract Rewards	5,731
Cystic Fibrosis	5,415
Chemotherapy	4,262
Other	48,594
Contract Penalties	(1,353)
Total	**167,270**

Note 2	
Other Income Includes	**£'000**
Services provided to Other Bodies	12,524
Salary recharges	5,146
Sales of goods and services	3,161
Commercial Trial	2,605
Rental income	2,124
Other Education and Training	1,506
Road traffic act income	903
Income from charitable bodies	676
SLA income / other	561
Other Income	3,193
Total	**32,399**

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Statement of Financial Position	As at 31 March 2019	As at 31 March 2020
	£000	£000
ASSETS		
Intangible Assets	12,722	13,262
Property, Plant and Equipment	376,227	412,002
Total non-current assets	**388,949**	**425,264**
Inventories	12,490	12,000
NHS Trade Receivables	27,716	26,313
Non NHS Trade Receivables	7,883	6,754
Accrued Income	9,522	12,873
Provision for Irrecoverable Debt	(5,462)	(5,462)
Prepayments	2,943	2,943
Other financial assets	104	104
Cash (Government Banking System)	97,710	79,457
Cash (In hand and equivalents)	168	168
Total current assets	**153,074**	**135,150**
TOTAL ASSETS	**542,023**	**560,414**
LIABILITIES		
Capital Trade Payables	(2,000)	(2,080)
NHS Trade Payables	(11,262)	(8,750)
Non NHS Trade Payables	(18,761)	(18,500)
Tax & Social Security Payables	(7,864)	(7,950)
Accruals	(23,737)	(24,237)
Borrowings - Loans	(5,834)	(5,834)
Borrowings - Finance Lease	(357)	(381)
Interest payable	(672)	(622)
Provisions	(190)	(190)
Deferred Income	(6,569)	(6,550)
Other liabilities	(2,390)	(2,390)
Total current liabilities	**(79,636)**	**(77,484)**
NET CURRENT ASSETS (LIABILITIES)	**73,438**	**57,666**
Loans, Non Commercial	(64,592)	(58,758)
Provisions	(237)	(237)
Finance Leases	(3,988)	(3,579)
Total non-current liabilities	**(68,817)**	**(62,574)**
TOTAL ASSETS EMPLOYED	**393,570**	**420,356**
Taxpayers' and Others' Equity		
Public dividend capital	207,744	216,794
Retained Earnings	137,744	150,554
Revaluation Reserve	47,997	52,923
Miscellaneous Other Reserves	85	85
TAXPAYERS EQUITY, TOTAL	**393,570**	**420,356**

Based on Draft Plan submission February 2019 - will be updated for final plan submission

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Statement of Financial Position	As at 31 March 2019	As at 31 March 2020
	£'000	£'000
Cash flows from operating activities		
Surplus for period	17,175	12,879
Add back Financing Costs	10,947	12,112
Operating surplus/(deficit)	**28,122**	**24,991**
Add back non-cash income and expense:		
Depreciation and amortisation	25,018	25,074
Impairments and reversals	(629)	1,359
Loss on disposal	47	0
Income recognised in respect of capital donations (cash and non-cash)	(1,251)	(3,000)
Cash Transactions - Operating surplus/(deficit)	**23,185**	**23,433**
Working Capital movement		
(Increase)/decrease in inventories	1,000	490
(Increase)/decrease in Current Assets	14,002	(889)
Increase/(decrease) in Liabilities	(5,316)	(2,206)
Other movements in operating cash flows	75	-
Net cash generated from / (used in) operations	**61,068**	**45,819**
Cash flows from investing activities		
Interest received	587	527
Purchase of intangible assets	(2,344)	(3,600)
Purchase of PPE and investment property	(20,227)	(54,174)
Proceeds from sales of PPE and investment	-	-
Receipt of cash donations to purchase capital	1,279	3,000
Net cash generated from/(used in) investing activities	**(20,705)**	**(54,247)**
Cash flows from financing activities		
Public dividend capital received	4,094	9,050
Loans from DHSC - received	-	-
Loans from DHSC - repaid	(5,834)	(5,834)
Capital element of finance lease	(306)	(357)
Interest paid	(2,556)	(2,343)
Interest element of finance lease	(221)	(218)
PDC dividend (paid)/refunded	(8,754)	(10,123)
Net cash generated from/(used in) financing activities	**(13,577)**	**(9,825)**
Increase/(decrease) in cash and cash equivalents	**26,786**	**(18,253)**
Cash and cash equivalents at start of period	71,092	97,878
Cash and cash equivalents at end of period	**97,878**	**79,625**

Based on Draft Plan submission February 2019 - will be updated for final plan submission

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All £000	2018/19 Plan	Tariff Impact	Rebased 2018/19 Plan	Forecast Outturn Variance	Service Transfers	External Revenue Proposals	Non-Recurring Activity	Recurring Activity	Savings	Other Adjustments	2019/20 Plan
Contract Income											
Local Authorities	8,375	7	8,382	-17	0	0	0	-151	0	0	8,214
NHS Bristol, North Somerset and South Gloucestershire CCG	237,303	10,310	247,614	4,765	746	1,190	-496	6,127	-2,843	-281	256,822
NHS England, Other	29,901	1,036	30,937	-3,769	1	35	64	855	0	-207	27,916
NHS England, Specialised	243,907	9,470	253,377	13,813	-318	309	-792	8,462	-8,451	-2,037	264,364
Non-Contract Income Assumptions	12,315	868	13,183	-13,183	0	-374	23	811	9,434	-4,415	5,479
Other Commissioners	20,668	897	21,565	-464	50	0	-16	216	0	-4,962	16,389
Other South West Commissioners	28,463	992	29,455	3,481	51	66	-57	833	0	-243	33,585
Prior Year Income	0	0	0	0	0	0	0	0	0	0	0
Provider Trusts	2,329	-98	2,231	561	1	0	0	35	0	0	2,828
Welsh Commissioners	9,802	101	9,903	1,103	9	0	-19	44	0	1,582	12,621
Contract Income Total	**593,063**	**23,584**	**616,646**	**6,289**	**540**	**1,226**	**-1,292**	**17,232**	**-1,860**	**-10,563**	**628,218**
Non-Contract Income											
Dental SIFT	8,465	0	8,465	0	0	0	0	0	0	0	8,465
Distinction Awards	2,845	0	2,845	0	0	0	0	0	0	219	3,064
MADEL	14,643	0	14,643	0	0	0	0	0	0	0	14,643
Medical SIFT	6,745	0	6,745	0	0	0	0	0	0	0	6,745
Non Medical Education & Training Levy	2,749	0	2,749	0	0	0	0	0	0	0	2,749
Other Non SLA Income	30,513	610	31,124	0	0	0	0	0	0	6,971	38,095
Research & Development	24,370	0	24,370	0	0	0	0	0	0	-300	24,070
Non-Contract Income Total	**90,330**	**610**	**90,940**	**0**	**0**	**0**	**0**	**0**	**0**	**6,890**	**97,830**
Grand Total	**683,392**	**24,194**	**707,586**	**6,289**	**540**	**1,226**	**-1,292**	**17,232**	**-1,860**	**-3,673**	**726,048**

Volume	2018/19 Plan	Tariff Impact	Rebased 2018/19 Plan	Forecast Outturn Variance	Service Transfers	External Revenue Proposals	Non-Recurring	Recurring	Savings	Other Adjustments	2019/20 Contract
Contract Income											
Accident & Emergency	133,068	0	133,068	4,500	0	0	0	6,174	0	0	143,742
Bone Marrow Transplants	168	0	168	-10	0	0	0	20	0	0	177
Critical Care Beddays	53,584	0	53,584	-462	0	0	0	534	0	0	53,656
Day Cases	60,602	-13	60,589	1,115	-1	0	-335	3,107	0	0	64,475
Elective Inpatients	14,596	-2	14,594	-852	-30	0	-274	798	0	0	14,236
Emergency Inpatients	43,956	-10	43,945	3,498	1,458	0	0	1,872	0	0	50,773
Excess Beddays	17,676	2,369	20,045	-249	0	0	0	-326	0	0	19,470
Non-Elective Inpatients	13,527	43	13,570	498	0	0	0	137	0	0	14,205
Outpatients	655,425	1,126	656,550	8,578	-1,699	-217	4,456	17,881	0	0	685,550
Grand Total	**992,600**	**3,513**	**996,113**	**16,615**	**-272**	**-217**	**3,848**	**30,197**	**0**	**0**	**1,046,284**

All £000	2018/19 Plan	Tariff Impact	Rebased 2018/19 Plan	Forecast Outturn Variance	Service Transfers	External Revenue Proposals	Non-Recurring Activity	Recurring Activity	Savings	Other Adjustments	2019/20 Plan
Contract Income											
Accident & Emergency	18,640	2,723	21,363	1,235	0	0	0	963	0	0	23,561
Bone Marrow Transplants	8,028	288	8,316	-384	0	0	0	653	0	0	8,584
Commissioner Assumed Savings	0	0	0	0	0	0	0	0	0	0	0
Contract Penalties	-2,137	711	-1,425	-97	0	0	0	169	0	0	-1,353
Contract Rewards	9,879	355	10,234	1,086	0	0	0	0	0	-5,589	5,731
Critical Care Beddays	44,748	1,606	46,354	89	0	0	0	511	0	0	46,954
Day Cases	39,901	736	40,637	-259	-20	0	-493	2,521	0	0	42,385
Elective Inpatients	57,429	2,337	59,766	1,386	-220	0	-1,258	3,676	0	0	63,350
Emergency Inpatients	94,815	6,147	100,962	5,548	1,156	0	0	3,936	0	0	111,602
Excess Beddays	5,527	1,275	6,802	76	0	0	0	-173	0	0	6,705
Non-Elective Inpatients	32,175	628	32,803	112	0	0	0	-84	0	0	32,831
Other											
Chemotherapy	4,305	-227	4,078	34	0	0	0	150	0	0	4,262
Cystic Fibrosis	5,381	181	5,561	-220	0	0	0	74	0	0	5,415
Diagnostic Imaging whilst Out-Patient	6,260	55	6,316	63	-13	0	0	498	0	0	6,864
Direct Access	6,129	25	6,154	-109	-27	0	0	35	0	0	6,054
Maternity Pathways	7,237	349	7,586	-281	0	0	0	56	0	0	7,361
Radiotherapy	7,654	163	7,817	-113	0	0	0	287	0	0	7,992
Rehabilitation	5,770	207	5,977	79	0	0	0	0	0	0	6,057
Sexual Health Service	8,171	0	8,171	5	0	27	0	-153	0	0	8,050
Other	43,019	2,154	45,174	989	0	1,274	22	207	0	930	48,596
Outpatients	80,713	4,109	84,823	1,940	-337	-75	437	2,695	0	0	89,483
Pass Through Payments	93,938	-240	93,698	-4,890	0	0	0	1,211	-1,860	0	88,160
Prior Year Income	0	0	0	0	0	0	0	0	0	0	0
Sustainability Fund	15,480	0	15,480	0	0	0	0	0	0	-5,904	9,576
Contract Income Total	593,063	23,584	616,646	6,289	540	1,226	-1,292	17,232	-1,860	-10,563	628,218
Non-Contract Income	90,330	610	90,940	0	0	0	0	0	0	6,890	97,830
Grand Total	683,392	24,194	707,586	6,289	540	1,226	-1,292	17,232	-1,860	-3,673	726,048

Division / Service		Approved Budget 2018/19	Proposed Budget 2019/20
		£'000	£'000
Diagnostic and Therapies		50,252	56,422
Medicine		78,351	86,965
Specialised Services		110,140	113,457
Surgery		107,054	111,651
Women and Children's		122,173	128,963
Estates and Facilities		35,902	38,363
Trust Services	- Finance	7,662	7,829
	- Human Resources	4,806	5,399
	- IM&T	7,422	7,968
	- Trust HQ	7,577	8,102
	- Trading Services	(281)	(281)
Corporate Services	- Retained Community	44	46
	- Miscellaneous Support Services	15,444	17,953
	- Research and Innovation	17,347	20,177
	- Capital Charges (Depreciation/PDC Dividend)	31,933	32,474
Total Divisional Budgets		**595,826**	**635,488**
Add back Income within Divisions		31,785	34,204
Funding in reserves for future issue		41,128	39,739
Surplus / (Deficit) before technical items		18,480	12,815
Total Trust revenue budgets before technical items		**687,219**	**722,246**
Technical Items		890	2,949
Planned surplus / (deficit) on technical items		2,110	851
Total Trust revenue budgets including technical items		**690,219**	**726,046**

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Reconciliation of Revenue Budgets 2018/19 to 2019/20	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 2018/19 Budget per Resources Book	50,252	78,351	110,140	107,054	122,173	35,902	27,186	64,768	595,826
Inflation	1,269	1,656	1,360	2,479	2,528	2,186	939	12	12,429
Service Level Agreement Funding Changes	4,222	6,822	2,248	2,425	4,346	272	110	2,830	23,275
Divisional Support	-	-	-	-	-	-	-	-	-
Change in training levy funding	12	43	23	(165)	(43)	-	58	(26)	(98)
Clinical Excellence Awards	-	(47)	(139)	(29)	83	-	-	49	(83)
Other Developments	37	24	12	8	142	-	381	1,154	1,758
Inter Divisional Transfers	(69)	(77)	(141)	79	(83)	(30)	(60)	381	-
Recurring Budget	55,723	86,772	113,503	111,851	129,146	38,330	28,614	69,168	633,107
2019/20 Adjustments									-
Incremental Drift	79	235	59	210	57	24	96	-	760
Agenda for Change Pay Award	1,304	979	928	1,333	1,840	398	735	-	7,517
National Insurance Threshold Change	(74)	(81)	(62)	(123)	(131)	(54)	(47)	-	(572)
Drugs Inflation	3	16	19	19	17	-	-	-	74
Blood	-	12	70	28	53	-	-	-	163
Rates (3.7%)	-	-	-	-	0	117	-	-	117
Services from Other Bodies In (2.6%)	155	76	75	4	63	-	30	1	404
Leases (2%)	1	0	13	0	0	9	5	-	28
Non Pay inflation (1.8%)	148	89	214	305	248	175	145	23	1,347
Capital Charges Inflation								-	532
								532	
CNST								-	2,387
								2,387	
Savings Programme	(917)	(1,133)	(1,362)	(1,976)	(2,330)	(636)	(561)	(1,461)	(10,376)
DIVISIONAL REVENUE BUDGETS 2019/20	**56,422**	**86,965**	**113,457**	**111,651**	**128,963**	**38,363**	**29,017**	**70,650**	**635,488**

Add back income within Divisions	34,204
Funding in reserves for future issue	39,739
Planned surplus / (deficit)	12,815
TRUST REVENUE BUDGETS 2019/20 before technical items	**722,246**
Technical items	2,949
Planned defict on technical items	851
TRUST REVENUE BUDGETS 2019/20 after technical items	**726,046**

Appendix 8

Reconciliation of Revenue Budgets 2018/19 to 2019/20

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 2018/19 Budget per Resources Book	7,662	4,806	7,422	7,577	(281)	27,186	44	15,444	31,933	17,347	64,768
Inflation	116	217	270	336	-	939	-	12	-	-	12
Service Level Agreement Funding Changes	31	19	30	30	-	110	-	-	-	2,830	2,830
Divisional Support	-	-	-	-	-	-	-	-	-	-	-
Change in training levy funding	-	58	-	-	-	58	-	(26)	-	-	(26)
Clinical Excellence Awards	-	-	-	-	-	-	-	49	-	-	49
Other Developments	2	125	73	181	-	381	-	-	1,154	-	1,154
Inter Divisional Transfers	9	58	-	(127)	-	(60)	-	381	-	-	381
Recurring Budget	7,820	5,283	7,795	7,997	(281)	28,614	44	15,860	33,087	20,177	69,168
2019/20 Adjustments						-					-
Incremental Drift	23	2 -	4	75	-	96	-	-	-	-	-
Agenda for Change Pay Award	109	184	257	185	-	735					-
National Insurance Threshold Change	(7)	(12)	(16)	(12)		(47)	-	-	-	-	-
Drugs Inflation	-	-	-	-	-	-					-
Blood						-					-
Rates (3.7%)						-					-
Services from Other Bodies In (2.6%)	26	4	-	-	-	30	1	-	-	-	1
Leases (2%)	2	3	-	-	-	5	-	-	-	-	-
Non Pay inflation (1.8%)	10	36	87	12	-	145	1	22	-	-	23
Capital Charges Inflation						-			532		532
CNST						-		2,387			2,387
Savings Programme	(154)	(101)	(151)	(155)	-	(561)	-	(316)	(1,145)	-	(1,461)
DIVISIONAL REVENUE BUDGETS 2019/20	**7,829**	**5,399**	**7,968**	**8,102**	**(281)**	**29,017**	**46**	**17,953**	**32,474**	**20,177**	**70,650**

Plans Risk assessed values	Balance to Full Year Effect	2019/20 New Schemes	Total Savings 2019/20
	£'000	£'000	£'000
Allied Healthcare Professionals Productivity	0	25	25
Capital Charges	0	0	0
Diagnostic Testing	0	181	181
Estates & Facilities	35	419	454
Healthcare Scientists Productivity	0	154	154
HR Pay and Productivity	19	39	58
Income, Fines and External	56	575	631
Medical Pay	6	270	276
Medicines	329	773	1,102
Non Pay	1,206	2,725	3,931
Nursing Pay	0	269	269
Oher clinical staff			0
Other / Corporate		1,145	1,145
Productivity	475	4,800	5,275
Trust Services	5	494	499
Total Identified	**2,131**	**11,870**	**14,001**
Unidentified			**4,922**
Total	**2,131**	**11,870**	**18,923**

Type	Subjective Detail	Balance to Full Year Effect 2018/19 Savings	New Schemes Current Year Effect 2019/20	Total Savings 2019/20	Total Savings 2019/20
		£'000	£'000	£'000	WTE
Pay	Admin & Senior Managers	19	452	471	4.72
	Consultants	0	694	694	1.05
	Other Medical	27	43	70	1.00
	Nursing & Midwifery		269	269	
	Other Clinical	25	88	113	3.65
	Scientific & Technical		262	262	
	AHP				
Non Pay	Clinical Supplies & Services	1,034	1,627	2,661	
	Drugs	329	833	1,162	
	General Supplies		45	45	
	Other expenditure	134	1,231	1,365	
	Premises & Fixed Plant	55	328	384	
	Establishment Expenses		47	47	
Income	Other income		122	122	
	Productivity	510	4,683	5,193	
Corporate Savings			1,145	1,145	
Unidentified				4,922	
Totals		**2,132**	**11,869**	**18,923**	**10.42**

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	Diagnostics & Therapies	Medicine	Specialised Services	Surgery	Women's & Children's	Estates & Facilities	Trust Services	Other	Total Savings 2019/20
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
SLA Income	368	350	490	1,689	2,192	-	104	-	5,192
Other income	27	-	-	14	-	82	-	-	122
Income Total	**395**	**350**	**490**	**1,702**	**2,192**	**82**	**104**	**-**	**5,315**
Drugs	352	358	99	151	201	-	-	-	1,162
Clinical Supplies & Services	397	128	876	644	483	-	-	-	2,528
General Supplies	-	-	-	-	-	45	-	-	45
Other expenditure	300	377	-	24	331	-	118	216	1,365
Establishment Expenses	-	7	-	-	-	-	40	-	47
Premises & Fixed Plant	-	-	-	-	-	272	111	-	384
Blood	-	-	-	133	-	-	-	-	133
Non Pay Total	**1,049**	**869**	**976**	**951**	**1,015**	**317**	**269**	**216**	**5,662**
Consultants	-	5	30	612	47	-	-	-	694
Junior Medical	-	-	-	27	43	-	-	-	70
Nursing & Midwifery	-	-	16	-	254	-	-	-	269
Admin & Senior Managers	-	59	-	19	-	156	237	-	471
Other Clinical	-	-	-	-	-	113	-	-	113
Scientific & Technical	262	-	-	-	-	-	-	-	262
Pay Total	**262**	**64**	**46**	**658**	**344**	**269**	**237**	**-**	**1,880**
Corporate	-	-	-	-	-	-	-	1,145	1,145
Total Identified	**1,707**	**1,282**	**1,511**	**3,312**	**3,551**	**668**	**610**	**1,361**	**14,001**
Unidentified	**143**	**1,827**	**815**	**1,749**	**386**	**0**	**0**	**-**	**4,922**
Requirement	**1,850**	**3,110**	**2,326**	**5,061**	**3,937**	**668**	**610**	**1,361**	**18,923**

Demand

Staff Group	Funded Establishmen 2018/19 Actual wte	Service Developments wte	Savings Programm wte	Activity /Capacity Changes wte	Funded Establishment Mar-20 wte	Change wte
Medical and Dental	1,309	1	(0)	27	1,337	28
Nursing and Midwifery	3,356	5	1	33	3,395	39
AHP/Healthcare scientists	1,454	2		30	1,487	32
Admin and Clerical and Senior Managers	1,840	15	(4)	25	1,876	36
Estates and Ancillary	851	0	(4)		847	(4)
Total	**8,811**	**22**	**(6)**	**115**	**8,942**	**131**

Note: All figures are presented rounded to the nearest whole number.

Supply

Staff Group	March 2019 Forecast			Mar-19 Forecast Total wte	Changes March 2019 to March 2020			2019/20 Total Changes wte	March 2020 Planned			Mar-20 Planned Total Staffing wte
	Employed wte	Bank wte	Agency wte		Employed wte	Bank wte	Agency wte		Employed wte	Bank wte	Agency wte	
Medical and Dental	1,316	0	3	1,318	19	0	(0)	19	1,334	0	3	1,337
Nursing and Midwifery	3,100	247	48	3,396	19	(14)	(5)	(0)	3,119	233	43	3,395
AHP/Healthcare scientists	1,401	13	13	1,427	65	(0)	(5)	59	1,465	13	8	1,487
Admin and Clerical and Senior Managers	1,762	88	8	1,858	14	0	4	18	1,776	88	12	1,876
Estates and Ancillary	774	54	5	833	21	(4)	(3)	14	795	51	2	847
Total	**8,352**	**402**	**77**	**8,832**	**137**	**(18)**	**(9)**	**110**	**8,489**	**385**	**68**	**8,942**

Area	Division	Scheme	WTE
Activity / Capacity Changes	Diagnostic and Therapies	Radiology investment proposal: 24/7 radiographic helper	2.5
		Radiology investment proposal: B6 CT radiographers	2.5
		Radiology investment proposal: cath lab	3.7
		Therapies seven day working	9.0
	Finance	Developing SLR	0.5
		Strengthen Management Accounts	1.0
	IM&T	Business Intelligence	1.0
		Clinical Coders	4.0
	Medicine	Acute Physicians	2.0
		ED staffing SHOs	1.2
		ENP - to improve a more balanced/sustainable rota	1.7
		Middle Grade Dr nights ED	3.0
		Night Resus Nurse	2.5
		Urgent Care Consultant	3.0
		Urgent Care Medical Secretary	1.0
		Ward Clark level 4	2.9
	Specialised Services	Admin to Consultant	0.4
		AHP Radiotherapy skull base support 0.5wte 7	0.5
		Arrhythmia/ACS hybrid ANP role	1.0
		BHI CNS Admin Support	1.0
		BHI Management and Administration	1.0
		BHOC - Outpatient Clerk	0.5
		CDU	0.6
		CDU / OPD	3.6
		Chemo booking Clerk	0.4
		CNS Admin Support	1.2
		Echo Consultant	1.0
		Genetics	1.4
		Haematology ACP B8a	1.0
		Haematology CNS Team	0.2
		Haematology Day Unit	0.9
		Hypertension CNS	1.0
		Med Onc Consultant (Germ and Breast)	0.8
		Medical outpatient lead 0.25pa	0.0
		Molecular Radiotherapy Radiographer B6	0.6
		Neuro-Oncology	1.0
		Physiology	1.0
		Physiology Apprenticeships	2.0
		Psychological Health Services	0.8
		SABR Booking Post B3	1.0
		SABR Therapy Radiographer B7	1.0
		Turnaround / MIS Coordinator	1.0
	Surgery	Acute Care Assembly	5.5
		BEH Other A&E	2.0
		BEH Other Admin	1.0
		BEH Other Consultant AMD	1.0
		BEH Other Imaging	0.5
		BEH Other Locum Consultant	1.0
		BEH Other Nurse	1.0
		BEH Paeds Admin	0.8
		BEH Paeds consultant	1.5
		BEH Paeds Imaging	0.2
		BEH Paeds Nurse	0.8
		BEH Paeds optom	0.8
		BEH Paeds Orthoptist	1.5
		BEH Paeds Secretary	0.8
		Endoscopy Consultants	0.7
		Endoscopy GP	0.1
		Endoscopy Medical	0.7
		Oral Surgery Admin	1.0
		Oral Surgery Consultant	1.0
		Oral Surgery Nurse	1.0

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Area	Division	Scheme	WTE
Activity / Capacity Changes Continued	Surgery (con'd)	Trauma Admin	1.0
		Trauma consultant changes	1.5
		Upper GI Consultant	0.1
		Upper GI Consultant 2	0.4
	Women's and Children's	Additional Two Consultants in Paediatric Emergency Medicine	2.0
		BRHC HDU Specialist Physiotherpist Band 7	1.0
		BRHC Outreach Team Increase in Establishment	2.9
		Nursing For Children's Emergency Department	5.2
		Paediatric Allergy	1.6
		Paediatric Gastroenterology	1.6
		Paediatric Psychology	1.1
		Paediatric SDR	5.8
		Paediatric Sleep Service	0.4
		Paediatric T&O	1.6
Activity / Capacity Changes Total			**115.1**
Cost Improvement Programme (CIP)	Estates & Facilities	Estates Admin Review	-0.6
		Facilities MARS	-1.0
		Review Cleaning in Heygroves	-0.1
		Review Cleaning in Theatre 10	-0.5
		Portering Supervisor Restructure	-1.0
		Transport/Stores restructure	-2.0
	Medicine	CIP - Consultant (Research PA)	-0.1
		CIP - SBCH	-0.5
		CIP - Sexual Health	-2.0
	Surgery	education lead T&O wards	1.0
		rota coordinator	1.0
	THQ	Chief Nurse Team	-0.2
		Commissioning and Planning Skill Mix	-0.2
	HR	HR Senior Team	-0.2
Cost Improvement Programme (CIP) Total			**-6.4**
External Funded Developm	Women's and Children's	Inpatient Care for Paediatric and Adolescent Patients with Eating Disorders	0.4
		Paediatric Metabolic	2.6
External Funded Developments (EOIs) Total			**3.0**
Internal Cost Pressues (ICPs	Specialised Services	Palliative Care	1.0
	Surgery	Information Officer	0.1
		Tracheostomy lead	0.1
	THQ	Business Manager to Medical Director	1.0
		Muslim Chaplain	0.2
		SBCH Project Post	1.0
	HR	Medical Staffing	4.0
	Women's and Children's	ENT CNS	1.0
		Recruitment Lead	0.4
		Women's Service Diabetes CNS	0.9
Internal Cost Pressues (ICPs) Total			**9.6**
Other (Internal transfers, R&D, Transformation, CQUINs etc)	Specialised Services	EDM	-5.0
	Surgery	Transfer Med Records to IM&T	-9.0
	IMT	BDH Medical Records Transfer (from SHN)	9.0
		Bhoc Medical Records Transfer (from SS)	5.0
	THQ	RTT Validation	4.0
	HR	Apprenticeship Team (from MSS)	3.5
	Women's and children's	Mandatory Maternity Safety Initiatives	2.2
Other (Internal transfers, R&D, Transformation, CQUINs etc) Total			**9.7**
Grand Total			**131.0**

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MEDIUM TERM CAPITAL PROGRAMME									5 YEAR FINANCIAL STRATEGY
SOURCES	2018/19 FOT @ Q3	2018/19 Slippage	2019/20	2019/20 Total	2020/21	2021/22	2022/23	2023/24	Total
Subjective Heading	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Public Dividend Capital	4,094	-	9,050	9,050	-	-	-	-	**13,144**
Borrowing	-	-	-	-	19,133	-	-	-	**19,133**
Donations	1,279	221	3,579	3,800	5,600	-	-	-	**10,679**
External Sources	-	-	-	-	4,000	-	-	-	**4,000**
Depreciation *(March 2019)*	23,430	-	23,939	23,939	23,014	24,481	26,765	27,815	**149,444**
Cash:									
I&E Surplus	18,480	-	11,388	11,388	11,074	11,700	10,571	10,571	**73,784**
Loan Repayment	(5,834)	-	(5,834)	(5,834)	(5,834)	(6,791)	(6,791)	(6,791)	**(37,875)**
Insurance Funds	2,266	-	200	200	-	-	-	-	**2,466**
Deferred Sales proceeds	1,050	-	-	-	-	-	-	-	**1,050**
Cash balance - Energy Schemes	-	-	8,517	8,517	-	-	-	-	**8,517**
Energy schemes - Revenue payback	-	-	-	-	726	726	726	726	**2,904**
Contribution from balances	(22,265)	14,654	(7,860)	6,794	16,001	14,425	6,399	2,153	**23,507**
Subtotal - Cash	(6,303)	14,654	6,411	21,065	21,967	20,060	10,905	6,659	**74,353**
Total Source of funds	**22,500**	**14,875**	**42,979**	**57,854**	**73,714**	**44,541**	**37,670**	**34,474**	**270,753**
APPLICATIONS	2018/19 FOT @ Q3	2018/19 Slippage	2019/20	2019/20 Total	2020/21	2021/22	2022/23	2023/24	Total
Subjective Heading	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Strategic Capital - Contingency	-	-	2,000	2,000	2,000	2,000	2,373	-	**8,373**
Strategic Capital - Other	275	-	-	-	-	-	-	-	**275**
Phase 5 - BEH Refurbishment	-	-	775	775	3,128	784	-	-	**4,687**
Phase 5 - BHOC Expansion	-	-	112	112	716	2,011	1,609	-	**4,448**
Phase 5 - BRHC Expansion	-	-	126	126	463	807	5,810	7,414	**14,620**
Phase 5 - Cardiac Research Unit	-	-	2,202	2,202	5,732	-	-	-	**7,934**
Phase 5 - Cardiology Expansion	163	377	2,867	3,244	656	1,812	-	-	**5,875**
Phase 5 - D603 Refurbishment	-	-	1,333	1,333	-	-	-	-	**1,333**
Phase 5 - Dermatology	-	-	210	210	419	454	6,364	9,353	**16,800**
Phase 5 - Holistic Centre	-	-	-	-	64	960	576	-	**1,600**
Phase 5 - ICU / CICU	-	-	181	181	1,724	3,507	-	-	**5,412**
Phase 5 - Level 7 Ward	-	-	105	105	1,788	4,163	-	-	**6,056**
Phase 5 - Myrtle Rd	2,105	1,895	1,875	3,770	-	-	-	-	**5,875**
Phase 5 - NICU / CDS expansion	-	-	-	-	659	1,935	-	-	**2,594**
Phase 5 - QDU/Endescopy	-	-	314	314	3,394	1,142	-	-	**4,850**
Phase 5 - STM Level E	-	-	1,268	1,268	1,177	-	-	-	**2,445**
Phase 5 - Other	-	3,345	-	3,345.00	-	-	-	-	3,345.00
Transport Hub	135	365	1,142	1,507	11,627	6,252	-	-	**19,521**
Combined Heat & Power	150	800	6,381	7,181	-	-	-	-	**7,331**
Medical School	-	-	-	-	1,000	-	-	-	**1,000**
Strategic Capital - total	**2,828**	**6,782**	**20,891**	**27,673**	**34,547**	**25,827**	**16,732**	**16,767**	**124,374**

Major medical prioritisation funds	11,617	3,805	5,465	9,270	11,375	2,818	7,668	4,668	**47,416**
Donated assets	637	1,500	1,500	3,000	-	-	-	-	**3,637**
Contingency	2,547	-	500	500	500	500	500	500	**5,047**
Medical Equipment	**14,801**	**5,305**	**7,465**	**12,770**	**11,875**	**3,318**	**8,168**	**5,168**	**56,100**
GDE	1,828	-	1,600	1,600	-	-	-	-	**3,428**
IM&T strategy	4,915	583	2,000	2,583	2,000	2,000	2,000	2,000	**15,498**
Weston IT Infrastructure	-	-	7,000	7,000	-	-	-	-	**7,000**
PC replacement	1,150	-	1,000	1,000	1,000	1,000	1,000	1,000	**6,150**
Information Technology	**7,893**	**583**	**11,600**	**12,183**	**3,000**	**3,000**	**3,000**	**3,000**	**32,076**
Estates replacement	2,949	85	2,625	2,710	2,625	2,625	2,625	2,625	**16,159**
Estates Infrastructure	-	-	500	500	500	500	500	500	**2,500**
Vehicle replacement	70	10	75	85	75	75	75	75	**455**
Health and safety	-	-	50	50	50	50	50	50	**250**
Fire precautions	150	-	150	150	150	150	150	150	**900**
Compliance lease obligations	45	-	50	50	50	50	50	50	**295**
Estates Replacement	**3,214**	**95**	**3,450**	**3,545**	**3,450**	**3,450**	**3,450**	**3,450**	**20,559**
Op Capital prioritisation funds	7,399	3,249	3,500	6,749	3,620	3,620	3,620	3,620	**28,628**
Energy Saving Schemes	-	-	1,186	1,186	-	-	-	-	**1,186**
Divisional capital	2,311	282	1,000	1,282	1,000	1,000	1,000	1,000	**7,593**
Dental capital	388	580	450	1,030	450	450	450	450	**3,218**
Contingency	1,149	500	500	1,000	500	500	500	500	**4,149**
Donated assets	652	-	-	-	-	-	-	-	**652**
Operational Capital	**11,899**	**4,611**	**6,636**	**11,247**	**5,570**	**5,570**	**5,570**	**5,570**	**45,426**
Fire Improvement Programme	287	1,046	2,054	3,100	1,827	40	-	-	**5,254**
Fire Improvement Programme	**287**	**1,046**	**2,054**	**3,100**	**1,827**	**40**	**-**	**-**	**5,254**
Gross Applications Total	**40,922**	**18,422**	**52,096**	**70,518**	**60,269**	**41,205**	**36,920**	**33,955**	**283,789**
18/19 planned slippage	**-**	**10,023**	**-**	**10,023**	**-**	**-**	**-**	**-**	**10,023**
Brought Forward Slippage	**-**	**-**	**-**	**-**	**22,687**	**9,242**	**5,906**	**5,156**	**42,991**
In-year Slippage carried forward	**(18,422)**	**(13,570)**	**(9,117)**	**(22,687)**	**(9,242)**	**(5,906)**	**(5,156)**	**(4,637)**	**(66,050)**
Total Application of funds	**22,500**	**14,875**	**42,979**	**57,854**	**73,714**	**44,541**	**37,670**	**34,474**	**270,753**

Appendix 15 - 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 18.

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 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 will be developed 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.

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Appendix 16 – 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 8.3.2 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 and Social Care (DHSC) 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.

If you wish to engage an individual outside of payroll you must work with your Human Resource Business Partner (HRBP) and Resourcing Team to ensure compliance.

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 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 9 and 11) 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. 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 note),

Non Purchase Orders (Non PO)
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.

Managers are required to ensure that all invoicing arrangements for Non PO procurements comply with the process with invoices 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

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 threshold 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 three 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 and the Director of Procurement. 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 and Director of Procurement 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 and Director of Procurement 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 17 - 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

Divisional budgets are inflated for pay awards during the financial year when the award is paid. Inflation funding is allocated to Divisional budgets as described in section 4.4 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 1.2.3
1b	Requirement for all staff to be notified of and understand these instructions	Chief Executive, delegated to all managers	SFIs section 1.2.3
	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 Director	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 Estates and Facilities or delegated deputy Chief Information Officer or delegated deputy Corporate Director or delegated deputy	
3b	Budget Virement/Transfer	Virements must be supported by appropriate paperwork 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	

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DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
	iv. Between Divisions/Corporate Services below £5k	Both department managers	
	v. Between Divisions/Corporate Services above £5k	Divisional Director / Director of Estates and Facilities / Chief Information Officer / Corporate Director by joint agreement	
	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	Chief Nurse	SFIs section 3.2.6
5. SERVICE AGREEMENTS NHS CONTRACTS FOR THE PROVISION OF HEALTHCARE SERVICES			
5a	Agreeing and signing NHS contracts for the provisions 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	
5d	Service agreement operational management	Clinical Chairs	
6. BANKING AND CASH MANAGEMENT			
6a	Opening, operating and controlling all bank accounts referencing the Trust's name of 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

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DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
7. EXTERNAL BORROWING AND PDC			
7a	Approval of short term borrowing	Finance Committee	SFIs section 17.2.4
7b	Approval of long term borrowing	Trust Board	SFIs section 17.2.6
7c	Application for borrowing	Director of Finance	SFIs sections 17.2.3 and 7.2.7
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 of 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

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DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
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	
	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/Executive Director	
8q	Authorisation of travel and subsistence claims	Line Manager	SFIs section 8..7.1
8r	Authorisation of relocation expenses	Director of Finance	SFIs section 8.7.1
8s	Engaging staff to undertake work outside of the payroll (subject to contracting/procurement		
	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 8.6
	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 People Other posts below £220 per day and less than 6 months – HR Business Partner	SFIs section 8.6.2 - 3
	iii. using agency or locum staff		
9 CONTRACTING TO PROVIDE GOODS AND SERVICES EXCLUDING SERVICE AGREEMENTS FOR HEALTHCARE SERVICES (SEE SECTION 5 FOR NHS CONTRACTS)			
9a	Setting of fees and charges		SFIs Section 7.2.6 – 7.2.8
	i. Private Patients	Director of Finance or nominated deputy	

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	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
	ii. Overseas Visitors	Director of Finance or nominated deputy	
	iii. Property rental (excluding residences)	Director of Estates and Facilities	
	iv. Residences	Director of Estates and Facilities	
	v. Trading services	Divisional/Corporate Director or nominated deputy	
	vi. Other income generation	Divisional/Corporate Director or nominated deputy	
9b	Agreeing/signing agreement/contract	All require Divisional Finance Manager agreement	SFIs Section 7.2.5
	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	

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UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
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**			
10a	Obtaining quotes/tendering for the provision of Goods and Services		SFI section 9.4
	i. Below £5k, best value to be demonstrated	Budget holder	
	ii. Between £5k and £25k, minimum three quotes to be obtained	Budget holder	
	iii. Over £25k and upto £1m, minimum three tenders to be obtained	Divisional/Corporate Director	
	iv. Over £1m, three tenders to be obtained	Trust Board	
10b	Recommendation Reports (BWPC)		SFI section 9.4.4
	i. Between £5k and £100k	Director of Procurement, Divisional Finance Manager and Divisional Operations Director	
	ii. Between £100k and £1m	As above plus Director of Finance	
	iii. Over £1m	As above plus Director of Finance recommendation to Trust Board	
10c	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	
10d	Waiving of tendering and single tender action procedures	Chief Executive, reported to Audit Committee	SFI section 10.2.2 -3
10e	Tender Evaluation Reports (Estates and Facilities)		SFI section 10.10.2
	i. Between £5k and £250k	Director of Estates and Facilities or nominated deputy	
	ii. Between £250k and £1m	As above plus Director of Finance	
	iii. Over £1m	As above plus Director of Finance recommendation to Trust Board	
10f	Signing of contracts /agreements to procure good/services on behalf of the Trust	Following procurement processes described in 10a to 10c above	SFI section 9.6.2
	i. Contracts and 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, Chief Operating Officer/Director of Finance	
	ii. purchase of healthcare	Below £100k, Divisional Director Over £100k, Chief Operating Officer	
	iii. property leases	Director of Finance	
	iv. leases – non property	Director of Finance	

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	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
	v. 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 section18	
10g	Requisitioning/ordering after procurement and contract/ agreement is in place:	Authorised requisitioner, ensuring segregation of duties from procuring and receipting	SFI section 9.5
10h	Receipting	Authorised receptor, ensuring segregation of duties from procuring and ordering	SFI section 9.5
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 11.3.1
	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	
11b	Prepayments & commitments covering future financial periods	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 11.3.1
11c	Maintaining the Trust's authorised signature list	Budget holder to review and advise Deputy Director of	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 11.5
11e	Agreeing compromise arrangements with suppliers	Below £1k, Deputy Director of Finance Above £1k and below £25k, Director of Finance Above £25k, Finance	SFIs section 11.7
12 STORES AND STOCKS			
12a	System of stock control, receipting, issues, returns and losses	Director of Finance	SFIs section 12.2.5
12b	Control of stores		

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	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
	i. Pharmaceutical	Director of Pharmacy	SFIs section 12.2.3
	ii. Fuel stores	Director of Estates and Facilities	SFIs section 12.2.4
	iii. MEMO	The Head of Clinical Engineering	SFIs section 12.2.5
	iv. All other stores	Relevant Divisional/Corporate Services Manager	SFIs section 12.2.2
12c	Condemning and disposal of goods (excluding fixed assets – see section x)	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	Chief Information Officer	
	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 £10k– Deputy Director of Finance Above £10k and below £100k– Chief Executive Over £100k – 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
	• Up to £10,000	Director of People or Chief Executive or Director of Finance – without legal advisor	
	• Over £10,000	Director of People or Chief Executive or Director of Finance – in conjunction with NHS Litigation Authority	
13f	Public Liability Claims		SFIs section 16.5.4

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	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
	• Up to £3,000	Divisional/Corporate Director or Chief Executive or Director of Finance – without legal advice	
	• 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. • 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 • 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 • 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 23.2.6
14b	Acceptance of donations of goods or cash from charitable bodies relating to capital defined expenditure	Trust's Capital Programme Steering Group	SFIs section 18.2.10
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	
16 INFORMATION MANAGEMENT AND TECHNOLOGY			
16a	Security and accuracy of Trust computerised financial data	Director of Finance	SFIs section 21. 2.1

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DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
16b	Implementation of new and amendments to existing financial IT systems and approval of any Trust systems with an impact on financial	Director of Finance	SFIs section21.2.3
16c	Compliance with Freedom of Information Act	Trust solicitor	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		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	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			Capital Investment Policy
18a	Approval of Trust's annual capital programme	Trust Board	
18b	Management of the Trust's annual capital	Capital Programme Steering Group	
18c	Approval of procurement based schemes within the annual capital programme	Director of Finance	
18d	Approval of estates based schemes within the annual capital programme	Director of Finance	
18e	Variations to approved capital schemes		
	i. Up to £250k	Capital Programme Steering Group	
	ii. Between £250k and £500k,	Senior Leadership Team	
	iii. Over £500k	Trust Board	
DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT

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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 up to £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	Service Manager	SFIs section 13.3
20 RETENTION OF DOCUMENTS			
20a	Retention of records and documents	Relevant Divisional/Corporate Director	SFIs section 24
21 RISK MANAGEMENT AND INSURANCE			
21a	Risk management arrangements	Chief Executive	SFIs section 19
21b	Insurance Policies		
	i. Arranging and ensuring adequate cover	Director of Finance	SFIs section 19.3
	ii. Notifying Director of Finance of new or changed risks	All staff	SFIs section 19.3
22 GIFTS HOSPITALITY AND SPONSORSHIP			
22a	Maintaining a register of gifts, hospitality and sponsorship	Trust Secretary	SFIs section 23.2.3

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	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
22b	Acceptance of gifts		SFIs section 23.3
	i. Business articles less than £25 per gift	Receiving member of staff may accept with no requirement to register	SFIs section 23.3.1
	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 23.3.2
	iii. Gifts over £40 per gift	Receiving member of staff should decline or seek Trust Secretary advice	SFIs section 23.3.3
22c	Acceptance of hospitality		SFIs section 23.4
	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 23.4.1
	ii. Inappropriate hospitality offers	Member of staff should notify Trust Secretary.	SFIs section 23.4.2
22d	Sponsorship		SFIs section 23.5
	i. Commercial sponsorship for attendance at conference or	Approval from line manager	SFIs section 23.5.1
	ii. Sponsorship of Trust events	Approval by Trust secretary, contractual agreement signed by Director of Finance	SFIs section 23.5.2
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 23.5.5
23 Research and Development			**SFIs Section 4**
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 -	
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; Of £50,000 or below In excess of £50,000	 West of England Clinical Research Network Executive Group West of England Clinical Research Network Partnership Group	

January 2019

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
24 Other			
24a	Reporting of incidents to the police	Chief Executive, Director of Finance, Chief Internal Auditor	SFIs Section 20.3
	▪ general	Appropriate departmental manager – need to inform Divisional Director or relevant Corporate Director as soon as possible. Also inform Local Security Management	
	▪ where a fraud is involved	Director of Finance or Local Counter Fraud Specialist	Counter Fraud Policy
24b	Compliance with Freedom of Information Act	Trust Secretary	Freedom of Information Policy – December 2009
24c	Grievance procedure/appeals board procedures	Director of People	Disciplinary Policy Managing Performance Policy Grievance Policy
24d	Dismissal	See Matrix	Disciplinary Policy and Procedure
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	
	▪ Request for new drugs require authorisation before purchase	Senior Pharmacy Manager	
	▪ Orders placed to suppliers over £5,000 to be signed	Director of Pharmacy or Pharmacy Purchasing Manager	
	▪ 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	
	▪ Pricing agreements and quotations should be authorised	Director of Pharmacy and Pharmacy Purchasing Manager	
	▪ Authorisation of coding slips for invoices and credits requirement payment to be	Senior Clerical Officer	
24g	Patients' & Relatives' Complaints :		
	▪ Overall responsibility for ensuring that all complaints are dealt with effectively	Chief Nurse	
	▪ Responsibility for ensuring complaints relating to a division are investigated	Divisional Director and Head of Nursing / Midwifery	
	▪ Legal Complaints - Co-ordination of their management	Trust Solicitor	
24h	Relationship with the media	Head of Communications who reports to the Chief Executive	

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	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
24i	Infection Control and Prevention • 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	Relevant Executive Directors Divisional Directors and Divisional Managers Risk Management Group Senior Leadership Team Trust Company Secretary Senior Leadership Team Audit Committee	SFIs Section19
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	Chief Information Officer	Health Records Policy
24o	Review the Trust's compliance with the Access to Records Act	Chief Information Officer	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	
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
25 In the case of a Major Incident			
25a	Commitment of resource in the event of a major incident	Executive Director on call	

January 2019

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University Hospitals Bristol
NHS Foundation Trust

Meeting of the Board in Public on Thursday 28 March 2019 in the Conference Room, Trust Headquarters

Report Title	Finance Report
Report Author	Kate Parraman, Deputy Director of Finance
Executive Lead	Paul Mapson, Director of Finance and Information

1. Report Summary
The purpose of this report is to: • inform the Board of the financial position of the Trust for February • provide assurance on the delivery of the Core Control total

2. Key points to note *(Including decisions taken)*
The Operational plan for the year required a Core (i.e. excluding Provider Sustainability Funding (PSF)) surplus of £3.0m, and a total surplus (including PSF) of £18.480m. The Trust is reporting a surplus of £14.931m to date excluding technical items, which is £1.058m adverse to plan. PSF performance funding has been achieved for quarters one to three but is not forecast to be achieved for quarter four. Therefore an adverse variance of £1.084m is reported for February, which will increase to £1.626m by the year end. The Trust has met the core control total year to date and therefore PSF core funding of £9.572m has been achieved. The forecast is to achieve the £3m core control total and therefore to receive the £10.836m PSF core funding available. The Trust is reporting a year to date core surplus of £2.341m against a plan of £2.315m, a favourable variance of £0.026m. This is due to : • Divisional and Corporate overspends of £6.754m, offset by • Corporate share of income over performance £1.490m • Release of Corporate Reserves of £4.211m • Financing underspends of £1.079m The Clinical Divisional deficit in February is £6.778m, compared to £5.701m last month, a deterioration of £1.077m. Surgery deteriorated significantly within the month with an adverse variance of £0.879m

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

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

5. History of the paper **Please include details of where paper has previously been received.**	
Finance Committee	26 March 2019

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

Report of the Finance Director

Section 1 – Executive Summary

	2018/19 Annual Plan	Income / (Expenditure)		Variance
		Plan to date	Actual to date	Favourable /(Adverse)
	£m	£m	£m	£m
Corporate Income	624.426	571.019	572.509	1.490
Divisions & Corporate Services	(580.521)	(531.880)	(538.634)	(6.754)
Financing	(35.592)	(32.613)	(31.534)	1.079
Reserves	(5.313)	(4.211)	-	4.211
Surplus/(deficit) excl PSF	**3.000**	**2.315**	**2.341**	**0.026**
PSF Core Funding	10.836	9.572	9.572	-
PSF Performance Funding	4.644	4.102	3.018	(1.084)
Surplus/(deficit) incl PSF	**18.480**	**15.989**	**14.931**	**(1.058)**

The financial plan continues to be delivered through increased income from activity and non-recurring items covering the continuing level of operational costs. Wales HRG4+ issue remains unresolved and is unlikely to change before the end of the year, with a cost pressure of £1.3m. The risks to delivering the year end £3m surplus core control total remain as follows:

- Adverse nursing spend run-rate deteriorating
- Medical staff overspending continuing unabated
- Savings plans phased toward the latter part of the year
- Other unforeseen pressures

However the core forecast outturn surplus of £3.0m remains as well as the total outturn surplus of £16.9m.

- The Operational plan for the year required a Core (i.e. excluding Provider Sustainability Funding (PSF)) surplus of £3.0m, and a total surplus (including PSF) of £18.480m.

- The Trust is reporting a surplus of £14.931m to date excluding technical items, which is £1.058m adverse to plan.

- PSF performance funding has been achieved for quarters one to three but is not forecast to be achieved for quarter four. Therefore an adverse variance of £1.084m is reported for February, which will increase to £1.626m by the year end.

- The Trust has met the core control total year to date and therefore PSF core funding of £9.572m has been achieved. The forecast is to achieve the £3m core control total and therefore to receive the £10.836m PSF core funding available.

- The Trust is reporting a year to date core surplus of £2.341m against a plan of £2.315m, a favourable variance of £0.026m. This is due to :
    - Divisional and Corporate overspends of £6.754m, offset by
    - Corporate share of income over performance £1.490m
    - Release of Corporate Reserves of £4.211m
    - Financing underspends of £1.079m

- The Clinical Divisional deficit in February is £6.778m, compared to £5.701m last month, a deterioration of £1.077m. Surgery deteriorated significantly within the month with an adverse variance of £0.879m. Women's and Children's was £0.117m adverse in month, Medicine was £0.094m adverse.

- The Divisional position has significantly exceeded the forecast year-end Control Totals of £5.3m.

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Section 2 – Division and Corporate Services Performance

Performance by Division and Corporate Service Area:

The table below shows the movement in cumulative variance from last month to this month, the variance against operating plan trajectory and the year end Divisional control totals.

favourable/(adverse)	Variance to Divisional Budget				Operating Plan trajectory			Recovery Plan		Year end Control Total
	To 31 Jan £m	Feb £m	To 28 Feb £m		To 28 Feb £m	Variance £m		To 28 Jan £m	Variance £m	£m
Diagnostic & Therapies	0.340	0.019	0.359		0.266	0.093		0.241	0.146	0.200
Medicine	(1.922)	(0.094)	(2.016)		(0.458)	(1.558)		(1.807)	(0.209)	(1.800)
Specialised Services	0.242	(0.006)	0.236		(0.004)	0.240		0.027	0.209	0.200
Surgery	(2.580)	(0.879)	(3.459)		0.017	(3.476)		(2.431)	(1.029)	(2.500)
Women's & Children's	(1.781)	(0.117)	(1.898)		(0.018)	(1.880)		(1.241)	(0.657)	(1.400)
Estates & Facilities	(0.009)	(0.051)	(0.060)		0.007	(0.067)		-	(0.060)	-
Trust Services	(0.020)	(0.036)	(0.056)		-	(0.056)		-	(0.056)	-
Other Corporate Services	0.168	(0.027)	0.141		-	0.140		-	0.140	-
Total	**(5.562)**	**(1.191)**	**(6.753)**		**(0.190)**	**(6.564)**		**(5.238)**	**(1.516)**	**(5.300)**

- The position deteriorated by £1.191m in February to give a year to date adverse variance of £6.753m. The cumulative adverse variance comprises an adverse variance of £0.572m in the first quarter, £3.057m in the second quarter, and £1.374m in the third quarter. The significant in month deterioration of £1.191m compares to a run rate of c£0.550m per month to January.

- Surgery adverse variance in month of £0.879m is £0.578m higher than last month. The over performance in income from activities of c£400k per month in the second half of the year, reduced to broadly break even and pay deteriorated by £0.515m in month.

- Medicine was £0.094m adverse in month compared to £0.087m last month and £0.082m in December. Women's and Children's were £0.117m adverse in month compared to £0.398m last month and £0.387m in December.

- Divisions are £6.564m adverse to their Operating Plan trajectory. Medicine, Surgery and Women's and Children's continue to be significantly adverse against their plans.

- Advised Control Totals equate to a £5.3m deficit. Surgery, Medicine and Women's and Children's Divisions are significantly adverse to their recovery plans.

  (monthly trend analysis is shown in appendix 4)

Diagnostic and Therapies
A favourable variance of £0.359m, £0.093m higher than the Operating Plan trajectory.

Medicine
An adverse variance in month of £0.094m resulting in a cumulative adverse variance of £2.016m. Pay was £0.394m adverse in month, of which £0.292m relates to nursing and £0.109m to medical pay. Income from activities over performed this month by £0.249m, of which £0.214 related to emergency inpatients, increasing the cumulative over performance to £1.327m.

The Division is £1.558m adverse to its Operating Plan trajectory. Income is £0.884m ahead of planned trajectory following a strong performance in recent months. Nursing pay is £1.158m adverse to trajectory, due to higher than expected enhanced care costs, increased agency usage in ED and higher than planned levels of vacancies and sickness requiring higher than planned agency costs. Medical pay is £0.777m adverse to the trajectory, (£0.286m on consultants and £0.491m on other medical staff) this is driven by high levels of sickness and maternity leave within other medical staff and pressures in ED including acting down for consultant staff. Non pay in total contributes an adverse variance of £0.062m due to a number of factors including the Division's current shortfall on it savings programme.

The Division is £0.209m adverse to its recovery plan trajectory.

Specialised Services
An adverse variance in month of £0.006m resulting in a cumulative favourable variance of £0.236m. Income from activities is £0.698m above plan and pay is £0.661m adverse to plan.

The Division is £0.240m favourable to its Operating Plan trajectory

Surgery
An adverse variance in month £0.879m resulting in a cumulative adverse variance of £3.459m. Pay deteriorated by £0.515m in February (and is £2.500m adverse to date. Significant historic medical pay arrears (c£100k) in February and continued oncall cover contributed to a £0.294m medical and dental adverse variance. Nursing was £0.151m adverse in month. Non pay deteriorated by £0.318m and is £3.380m adverse to date. In month additional costs of £0.134m were incurred relating to BEH outsourcing. Income from activities was breakeven in the month maintaining the cumulative over performance at £2.539m. This compares with an average of £0.410m over performance each month for the previous four months.

Adult ITU was £0.322m adverse in month compared to £0.110m favourable last month. Recording issues required a retrospective adjustment to income over a three month period resulting in this specialty being broadly break even to date. Ophthalmology continued to deliver a favourable variance, £0.329m in month.

The Division is £3.476m adverse to its Operating Plan trajectory. Income is £0.404m ahead of operating plan trajectory within cardiac surgery, trauma and orthopaedics, ophthalmology, ENT and Women's and Children's (gynaecology and paediatric ENT). Nursing pay is £0.534m adverse due to pressures in ITU as well as higher than planned agency and bank in theatres and some wards including SBCH. Medical staff continue to overspend significantly against the operating plan assumptions £0.600m. This primarily relates to consultants and includes payments for additional sessions particularly within anaesthesia, Eye Hospital and in Dental. Other medical staff are currently underspent compared to the operating plan trajectory. Non pay is adverse to the operating plan by £2.339m, clinical supplies being £0.700m adverse (£0.195m being due to poor controls earlier in the year which have now been rectified) The balance being due to internal recharges, blood savings programme shortfalls particularly relating to income related savings schemes.

The Division is £0.657m adverse to its recovery plan trajectory

Women's and Children's
An adverse variance of £0.117m in month resulting in a cumulative favourable variance of £1.898m. In month income from activities was above plan by £0.395m increasing the cumulative over performance to £1.194m above plan. Pay deteriorated by £0.425m in February, of which £0.279m related to nursing and £0.129m to medical staff, and is £3.015m adverse to date.

The Division is £1.880m adverse to its Operating Plan trajectory. Income in line with the operating plan trajectory, Medical pay is significantly adverse to the operating plan trajectory by £0.887m due to significantly higher levels of sickness and maternity cover being required particularly within other medical staff. Non pay is adverse to the operating plan trajectory by £0.643m with adverse variances on drugs £0.169m and clinical supplies £0.277m as well as under delivery of non pay savings.

The Division is £0.657m adverse to its recovery plan trajectory

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Section 3 – Division and Corporate Services Performance continued

Performance by subjective heading:

	Monthly Average 2017/18 £m	2017/18 Outturn £m	Month average Q1 £m	Month average Q2 £m	Month average Q3 £m	Jan 18/19 £m	Feb 18/19 £m	2018/19 To date £m
Nursing & midwifery pay	(0.328)	(3.941)	(0.333)	(0.364)	(0.514)	(0.717)	(0.801)	(5.152)
Medical & dental pay	(0.353)	(4.233)	(0.344)	(0.395)	(0.419)	(0.392)	(0.534)	(4.401)
Other pay	0.076	0.912	0.104	0.179	0.063	(0.007)	0.194	1.227
Non-pay	(0.388)	(4.655)	(0.363)	(0.365)	(0.529)	(0.627)	(0.745)	(5.142)
Income from operations	(0.003)	(0.030)	(0.009)	0.057	0.050	(0.164)	(0.080)	0.052
Income from activities	0.396	4.753	0.754	(0.132)	0.891	1.349	0.774	6.662
Total	**(0.600)**	**(7.195)**	**(0.191)**	**(1.019)**	**(0.458)**	**(0.558)**	**(1.192)**	**(6.754)**

- Nursing pay overspend worsened slightly compared to January but is far higher than previous months and now showing a cumulative overspend of £5.152m. This is predominately from Medicine (£2.087m), Women's and Children's (£1.388) and Surgery (£1.182m), including theatre ODP's. The recent run-rate is of real concern.

- Medical and dental pay variances were £0.534m in February, compared to £0.392m in January, there were a number of 'one off' payments in the month alongside the usual run rate variance. Of the £4.401m cumulative adverse variance, £1.464m is within Women's and Children's, £1.489m in Surgery and £1.199m in Medicine.

- Non pay variances worsened in January compared to February. The largest Divisional overspend to date remains within Surgery which has an adverse variance of £3.382m, although much of this has been linked to additional activity with associated additional income. Work continues to control expenditure on clinical supplies.

- Income from Activities continued above plan in month with a favourable variance of £0.774m, taking the year to date position to £6.662m favourable. The main areas of over performance year to date are emergency inpatients and outpatient procedures with Surgery being the main beneficiary of this income position. Elective inpatients also have an over performance.

Section 4 – Subjective Analysis Detail

a) Nursing (including ODP) and Midwifery Pay

Favourable/ (Adverse)	Monthly Average 2017/18 £m	17/18 Outturn £m	Month average Q1 £m	Month average Q2 £m	Month average Q3 £m	Jan 2019 £m	Feb 2019 £m	2018/19 To date £m
Substantive	0.837	10.046	0.812	1.058	**0.797**	0.749	1.096	9.847
Bank	(0.666)	(7.997)	(0.697)	(0.818)	**(0.750)**	(0.808)	(1.183)	(8.787)
Agency	(0.999)	(5.988)	(0.448)	(0.604)	**(0.561)**	(0.658)	(0.714)	(6.213)
Total	**(0.328)**	**(3.939)**	**(0.364)**	**(0.364)**	**(0.514)**	**(0.717)**	**(0.801)**	**(5.153)**

- Nursing pay variance (including ODP's) was £0.801m adverse in the month, which is higher than the January variance and the highest overspend of the year. The largest in month overspend was once again in Medicine Division taking their cumulative position to £2.087m adverse. This continues to be driven by additional beds in wards and additional ED shifts both linked to winter pressures and reflected in higher activity levels (and therefore income) as well as high levels of Enhanced Supervision. Women's and Children's have the next largest overspend at £1.385m including ODP's, the position worsened compared to January and is one of the highest seen in the year. ED workload is part of the issue, with continued requirements for additional staffing to support complex patients and also high sickness and vacancy cover. Surgery has a continued the high adverse variance seen in January reporting £0.197m in the month taking the cumulative position to £1.231m including ODP's. This reflects significant numbers of waiting lists and use of higher cost agency.

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

- In February the nursing lost time percentage for staff numbers (i.e. wte/ hours worked) was 125%, which is higher than the 121% allowance. Surgery and Specialised Divisions are within the 121% plan. The highest levels were again in Medicine at 131%.

- Sickness reduced slightly in February for registered staff, with only Surgery and Children's above plan in month. Unregistered staff sickness varied but with Surgery and Women's showing particularly high in month figures which are higher than at any month previously.

- Vacancy levels remain particularly high compared to plan in Surgery for both registered and unregistered nurses. Medicine had high levels of vacancies for registered staff, although they reduced compared to January.

- Total enhanced observation costs for February were £0.249m, a £0.010m increase compared to January. Pressure is predominately seen in Medicine where the run rate for the year has averaged £0.114m against a plan of £0.046m. Children's Division increased in month to £0.070m which is higher than the average run rate to January which was £0.035m.

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Section 4 – Subjective Analysis Detail continued

b) Medical and Dental Pay

Favourable/ (Adverse)	Monthly Average 2017/18 £m	2017/18 Total £m	Month average Q1 £m	Month average Q2 £m	Month average Q3 £m	Jan 2019 £m	Feb 2019 £m	2018/19 To date £m
Consultant								
– substantive	0.064	0.768	0.096	0.075	0.090	0.039	0.094	0.916
– add. hours	(0.179)	(2.143)	(0.180)	(0.198)	(0.181)	(0.220)	(0.257)	(2.153)
– locum	(0.061)	(0.736)	(0.113)	(0.055)	(0.056)	(0.030)	(0.026)	(0.728)
– agency	(0.016)	(0.190)	(0.002)	(0.044)	(0.039)	(0.045)	(0.065)	(0.366)
Other								
– substantive	0.078	0.932	0.159	0.172	0.072	0.117	0.040	1.367
– add. hours	(0.131)	(1.575)	(0.135)	(0.150)	(0.135)	(0.124)	(0.207)	(1.591)
– penalty exception	-	(0.007)	(0.001)	(0.001)	(0.002)	(0.001)	(0.001)	(0.013)
– locum	(0.088)	(1.059)	(0.133)	(0.158)	(0.166)	(0.104)	(0.099)	(1.571)
– agency	(0.019)	(0.224)	(0.035)	(0.037)	(0.003)	(0.024)	(0.013)	(0.262)
Total	**(0.353)**	**(4.234)**	**(0.344)**	**(0.395)**	**(0.419)**	**(0.392)**	**(0.534)**	**(4.401)**

- Increasing pressure on spending is being generated due to junior doctor rota gaps with high rates being demanded for fill. This trend is increasing and is of real concern.

- The other major pressure is from additional hours payments to Consultants where increased controls are necessary.

- The adverse medical pay variance in February £0.534m is significantly worse than the position in January due to a deterioration in Surgery which reflected a number of arrears payments. This worsening of the Surgery Division position results in them showing the most adverse variance in the year to date.

- Surgery had an adverse variance of £0.294m in February compared to £0.163m for January. £0.107m of this worsening on run rate relates to arrears payments. The remainder of the overspend continues to reflect premium rate costs for additional sessions to support delivery of activity levels as well as covering vacancies. The year to date position is £1.489m adverse.

- Women's and Children's have an adverse variance of £1.465m year to date, with the in month run rate remaining fairly steady and continuing to reflect high sickness and maternity leave as well as over establishments on some rota's.

- Medicine had an in month overspend of £0.109m which is similar to January's position. The Division has implemented a review group to identify opportunities to reduce the overspend going forward to minimise risk to the 1920 plan.

- Specialised was £0.019m adverse in the month, leading to cumulative position of £0.175m year to date, which predominately relates to additional payments to Consultants.

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Section 4 – Subjective Analysis Detail continued

b) Non pay

Favourable/ (Adverse)	Monthly Average £m	2017/18 Outturn £m	Month Ave Q1 £m	Month Ave Q2 £m	Month Ave Q3 £m	Jan 2019 £m	Feb 2019 £m	2018/19 To date £m
Blood	(0.021)	(0.248)	(0.021)	(0.009)	(0.030)	(0.078)	0.033	(0.226)
Clinical supplies & services	(0.079)	(0.950)	(0.180)	(0.248)	(0.244)	(0.416)	(0.202)	(2.632)
Drugs	(0.080)	(0.961)	(0.056)	(0.064)	(0.114)	(0.105)	(0.228)	(1.033)
Establishment	(0.014)	(0.166)	0.000	0.032	(0.013)	(0.038)	(0.015)	0.005
General supplies & services	0.001	0.007	0.022	0.006	(0.008)	(0.040)	0.017	0.038
Outsourcing	(0.093)	(1.117)	(0.034)	(0.028)	0.013	0.013	(0.139)	(0.273)
Premises	(0.006)	(0.067)	0.015	(0.024)	(0.058)	0.064	(0.134)	(0.272)
Services from other bodies	(0.086)	(1.031)	(0.097)	(0.021)	(0.129)	(0.014)	(0.357)	(1.109)
Research	0.003	0.034	0.010	0.016	(0.020)	0.010	(0.112)	(0.084)
Other non-pay expenditure	(0.127)	(1.526)	(0.023)	(0.026)	0.074	(0.023)	0.392	0.444
Tranche 1 Winter Funding	0.114	1.370		-				
Total inc CIP	**(0.388)**	**(4.655)**	**(0.363)**	**(0.365)**	**(0.529)**	**(0.627)**	**(0.745)**	**(5.142)**

- The adverse position of £0.745m adverse in February is £0.120m worse than the January position and continues a high run rate of non-pay overspend, although much of it reflects increased activity and therefore will be offset by over performance on income contracts.

- Of the £5.142m cumulative overspend, 76% relates to blood, drugs and clinical supplies expenditure.

- Surgery Division accounts for 66% of the year to date adverse position, with an adverse variance of £3.381m, although Women's and Children's Division and Facilities and Estates had a worsening run rate in February. Of the Surgery overspend, £1.585m is within blood, drugs and clinical supplies.

- Outsourcing was particularly high in February after very limited levels through the year to date – this was predominately within the Eye Hospital services.

- Services from Other Bodies has a significant adverse variance of £1.109m year to date. The in-month position being £0.357m favourable. The areas of adverse variance include bowel scoping, send away testing and BMT donor charges which are mostly offset by income increases.

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Section 5 – Clinical and Contract Income

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

	In month variance Fav/(Adv) £m	Year to Date Plan £m	Year to Date Actual £m	Year to Date Variance Fav/(Adv) £m
Activity Based:				
Accident & Emergency	0.141	17.057	18.046	0.988
Bone Marrow Transplants	(0.083)	7.359	7.019	(0.340)
Critical Care Beddays	(0.386)	41.032	41.247	0.214
Day Cases	0.125	36.575	36.289	(0.286)
Elective Inpatients	(0.209)	52.642	53.829	1.187
Emergency Inpatients	1.171	86.732	91.452	4.720
Excess Beddays	(0.206)	5.060	4.615	(0.444)
Non-Elective Inpatients	0.099	29.434	29.560	0.126
Other	0.352	57.586	58.511	0.926
Outpatients	(0.085)	73.987	74.959	0.972
Total Activity Based	0.920	407.463	415.526	8.063
Contract Penalties	0.091	(1.957)	(2.294)	(0.337)
Contract Rewards	0.066	9.040	10.000	0.960
Pass through payments	(0.084)	85.960	81.463	(4.497)
Prior Year Income	0.055	-	0.304	0.304
Other	(1.160)	33.647	33.052	(0.595)
PSF Funding	(0.542)	13.673	12.590	(1.083)
2018/19 Total	(0.654)	547.826	550.640	2.814

The level of un-coded spells increased in February to 79% (58% in January). The February estimate was £0.58m higher than the income expected to be received, (last month was £0.41m lower). Three complex patients estimated at the average price caused the increase in February.

- Activity based income was £0.920m favourable in February, resulting in a £8.063m favourable position year to date.

- Urgent care income to date continues significantly above plan. A&E is £0.988m above plan of which £0.650m is adult and £0.338m paediatric. Emergency inpatients is £4.720m above plan of which £1.767m is within Surgery, £0.767m in Medicine, £0.725m in Specialised Services and £0.124m in Women's and Children's.

- Elective inpatients was £0.209m adverse in month reducing the favourable variance to £1.187m above plan to date.

- Bone Marrow Transplants were £0.083m adverse to plan in February, £0.029m favourable in specialised services offset by an under performance of £0.109m in paediatrics. Year to date the paediatric service is £0.142m ahead of plan, the adult service is £0.481m adverse.

- Outpatients is £0.972m above plan to date. Women's and Children's is £0.693m above plan, predominantly paediatric medicine. Specialised Services is £0.380m below plan year to date.

- The Trust has received penalties of £2.294m year to date, £0.337m greater than planned. Cancelled operations account for £0.32m, marginal rate emergency tariff £1.49m and avoidable emergency readmissions £0.42m.

- CQUIN performance is £0.960m above plan. The year end forecast is to achieve 89.6%.

- Income relating to pass through payments was £0.084m below plan in February, reducing the adverse cumulative variance to £4.497m. Of this £3.025m relates to excluded drugs, £1.293 excluded devices and £0.826m blood, offset by a favourable variance of £0.712m for isotopes.

Section 6 – Savings Programme

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

	2018/19 Annual	Year to date		
	Plan	Plan	Actual	Variance fav/(adv)
	£m	£m	£m	£m
Allied Healthcare Professionals	0.779	0.714	0.706	(0.008)
Blood	0.046	0.042	0.038	(0.004)
Diagnostic Testing	0.156	0.130	0.000	(0.130)
Estates & Facilities	0.746	0.698	0.738	0.039
Healthcare Scientists Productivity	0.120	0.110	0.100	(0.010)
HR Pay and Productivity	0.097	0.091	0.062	(0.029)
Income, Fines and External	2.290	2.070	2.085	0.015
Medical Pay	0.625	0.567	0.275	(0.292)
Medicines	0.751	0.692	1.102	0.410
Non Pay	5.020	4.608	4.547	(0.060)
Nursing Pay	1.061	0.959	0.645	(0.314)
Other / Corporate	7.874	7.218	7.218	-
Productivity	3.267	2.963	3.600	0.637
Support Funding	1.936	1.742	1.742	-
Trust Services	0.653	0.599	0.589	(0.009)
Unidentified	0.055	0.050	0.000	(0.050)
Total	25.474	23.254	23.447	0.193

Analysis by Division:

	2018/19 Annual Plan £m	Year to date			Year end
		Plan £m	Actual £m	Variance fav/(adv) £m	FOT £m
Diagnostics & Medicine	1.934	1.749	1.788	0.038	1.956
Medicine	2.858	2.629	2.177	(0.452)	2.419
Specialised Services	2.727	2.485	3.191	0.706	3.400
Surgery	3.521	3.248	3.408	0.161	3.770
Women's & Children's	4.869	4.367	4.115	(0.251)	4.605
Facilities &Estates	0.976	0.902	0.918	0.016	0.987
Finance	0.186	0.171	0.171	-	0.186
Human Resources	0.126	0.115	0.111	(0.004)	0.120
IM&T	0.201	0.185	0.179	(0.006)	0.194
Trust HQ	0.203	0.186	0.172	(0.014)	0.187
Corporate	7.874	7.218	7.218	-	7.874
Total	25.474	23.254	23.447	0.193	25.697

- The Trust is forecasting to make savings of £25.697m by year end, 100.9% of plan.

- The savings requirement for 2018/19 is £25.474m. The Trust has achieved savings of £23.447m against a plan of £23.254m. This includes the Divisional support funding of £1.936m which has been allocated over the ten months June to March. The overachievement to date of £0.193m includes a shortfall of £0.292m for Medical Pay, and £0.314m for Nursing pay offset by additional productivity savings of £0.637m.

- Medicine is £0.452m behind plan to date of which savings yet to be identified accounts for £0.450m. The Division's current forecast is an underachievement of £0.439m at year end.

- Women's and Children's is £0.251m behind plan of which £0.231m is within nursing pay. The Division's current forecast is an underachievement of £0.264m at year end.

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Section 7 – Use of Resources Rating

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

	Weighting	Year to date	
		Plan	Actual
Liquidity			
Metric Result – days		24.5	32.8
Metric Rating	20%	1	1
Capital servicing capacity			
Metric Result – times		2.9	2.8
Metric Rating	20%	1	1
Income & expenditure margin			
Metric Result		2.5%	2.3%
Metric Rating	20%	1	1
Distance from financial plan			
Metric Result		0.0%	(0.2)%
Metric Rating	20%	0	2
Variance from agency ceiling			
Metric Result		56.07%	25.43%
Metric Rating	20%	1	1
Overall URR (unrounded)		**1**	**1.2**
Overall URR (rounded)		**1**	**1**
Overall URR (subject to override)		**1**	**1**

- The Trust's Use of Resources Rating for the period to 28th February 2019 is 1 against a plan of 1.

- The Trust is reporting a surplus of £2.341m against the core control total of £2.315m. The year to date Provider Sustainability Funding (PSF) assumed for A&E performance is £3.019m and Core PSF assumed is £9.572m. The Trust is assuming non delivery of the Q4 performance A&E trajectory and therefore assuming not to receive the Q4 performance PSF, this is reflected in the year to date position, £1.084m adverse I&E margin variance from plan of 0.2%.

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Section 8 – Capital Programme

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

Operational Plan £m	Subjective Heading	Revised Plan £m	Forecast Outturn £m	Variance/ Slippage £m	Year to date		
					Revised Plan £m	Actual spend £m	Variance £m
	Sources of Funding						
1.600	PDC	4.106	4.094	(0.012)	0.700	0.700	-
3.189	Borrowings	-	-	-	-	-	-
3.000	Donations - Cash	1.885	1.251	(0.634)	1.350	1.153	(0.197)
-	Donations - Direct	0.028	0.028	-	0.077	0.077	-
	Cash:	-	-	-			
24.338	Depreciation	23.531	23.43	(0.101)	21.477	21.412	(0.065)
-	Insurance Claim	1.911	2.266	0.355	0.786	0.786	-
14.962	Cash balances	19.552	(8.569)	(28.121)	(4.524)	(4.496)	0.028
47.089	**Total Funding**	**51.013**	**22.500**	**(28.513)**	**19.866**	**19.632**	**(0.234)**
	Application/Expenditure						
(11.618)	Strategic Schemes	(10.186)	(2.845)	7.341	(2.451)	(2.054)	0.397
(17.620)	Medical Equipment	(20.519)	(14.801)	5.718	(8.007)	(5.039)	2.968
(16.415)	Operational Capital	(16.374)	(11.882)	4.492	(8.280)	(5.491)	2.789
-	Fire Improvement Prog	(0.537)	(0.287)	0.250	(0.461)	(0.042)	0.419
(7.468)	Information Technology	(8.487)	(7.893)	0.594	(6.366)	(5.269)	1.097
(2.367)	Estates Replacement	(3.309)	(3.214)	0.095	(1.754)	(1.737)	0.017
(55.488)	**Gross Expenditure**	**(59.412)**	**(40.922)**	**18.490**	**(27.319)**	**(19.632)**	**7.687**
8.399	Planned Slippage	8.399	18.422	10.023	7.453	-	(7.453)
(47.089)	**Net Expenditure**	**(51.013)**	**(22.500)**	**28.513**	**(19.866)**	**(19.632)**	**0.234**

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- Capital expenditure was £19.632m to the end of February against a revised plan of £19.866m, £0.234m behind plan.

- The key variances are in medical equipment, operational capital and information technology which are behind plan by £2.968m, £2.789m and £1.097m respectively. Fire improvement is now reported separately with expenditure within other schemes being moved to this area.

- The Trust Capital Group has prioritised schemes to be delivered by Bristol and Weston Purchasing Consortium (BWPC). The Director of Finance has approved additional resources to help address the backlog of schemes.

- The variance on medical equipment primarily relates to timing differences and procurement delays due to resource issues at BWPC.

- The operational capital variance relates to the high volume of schemes and timing differences. Timescales on a number of Estates schemes have extended into 2019/20.

- The IM&T variance relates to several schemes which are with procurement and a lower than planned milestone payment for the Global Digital Exemplar programme.

penditure profiles from budget managers, as reported through
ping into 2019/20.
st Capital Group.
ot completing until 2019/20 due to the resource constraints in
ed assessment is £10.023m higher than the plan.

shflow

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

	Plan as at 28 Feb £m	Actual as at 28 Feb £m	Variance £m
Inventories	13.290	11.476	(1.814)
Receivables	25.183	27.571	2.388
Accrued Income	19.797	25.582	5.785
Debt Provision	(10.112)	(5.427)	4.685
Cash	91.255	98.543	7.288
Other assets	3.755	3.921	0.166
Total Current Assets	143.168	161.666	18.498
Payables	(42.926)	(40.733)	2.193
Accruals	(28.652)	(38.378)	(9.726)
Borrowings	(6.170)	(6.167)	0.003
Deferred Income	(6,731)	(3.739)	2.992
Other Liabilities	(2.770)	(2.573)	0.197
Total Current Liabilities	(87.249)	(91.590)	(4.341)
Net Current Assets/(Liabilities)	55.919	70.076	14.157

Payment Performance:
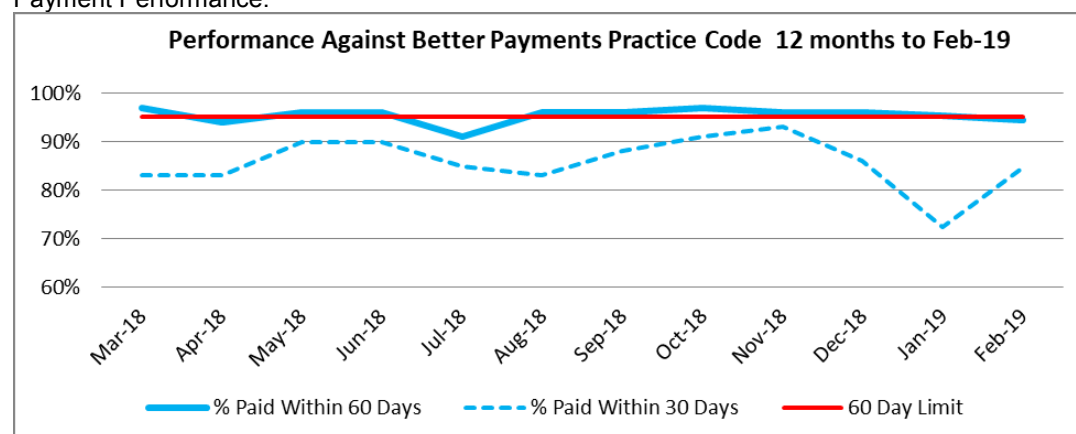
- Net current assets at 28 February 2019 were £70.076m, £14.157m higher than the Operational Plan. Current assets and liabilities are higher than plan by £18.498m and £4.341m respectively.

- Inventories were £11.476m, £1.745m lower than plan due to the bulk purchases in the Adult Cath Labs having been utilised and the impact of the High Cost Tariff Excluded Devices model.

- The Trust's cash and cash equivalents balance was £98.543m. This is £7.288m higher than the Operational Plan resulting from capital slippage and the higher than planned level of accruals after netting against the payables variance (i.e. invoices due that have not been received).

- The total value of debtors was £35.804m (£25.304m SLA and £10.449m non-SLA). This represents an increase in the month of £5.023m (£4.740m SLA and £0.283m non-SLA). Debts over 60 days old decreased by £4.040m (£3.829m SLA decrease and £0.211m non-SLA decrease) to £7.305m (£2.846m SLA and £4.459m non-SLA).

- In February, 94% of invoices were paid within the 60 day target set by the Prompt Payments Code and 85% were paid within the 30 day target set by the Better Payment Practice Code. The reduced performance on the 60 days reflects the focus on the 30 day code while maintaining overall payment performance.

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Appendix 1

Finance Report February 2019– Summary Income & Expenditure Statement

Approved Budget / Plan 2018/19	Heading	Position as at 28th February			Actual to 31st January
		Plan	Actual	Variance Fav / (Adv)	
£'000		£'000	£'000	£'000	£'000
	Income				
582,011	From Activities	532,182	539,406	7,224	493,241
98,207	Other Operating Income (excluding Provider Sustainability Funding)	90,162	90,242	80	82,421
680,218	**Sub totals income**	**622,344**	**629,648**	**7,304**	**575,662**
	Expenditure				
(398,151)	Staffing	(365,603)	(373,929)	(8,326)	(339,629)
(238,162)	Supplies and Services	(217,602)	(221,844)	(4,242)	(202,231)
(636,313)	**Sub totals expenditure**	**(583,205)**	**(595,773)**	**(12,568)**	**(541,860)**
(5,313)	Reserves	(4,211)	–	4,211	–
–	NHS Improvement Plan Profile	–	–	–	–
38,592	Earnings before Interest,Tax,Depreciation and Amortisation	**34,928**	**33,875**	**(1,053)**	**33,802**
5.67	**EBITDA Margin – %**		**5.38**		**5.87**
	Financing				
(23,703)	Depreciation & Amortisation – Owned	(21,727)	(21,411)	316	(19,475)
244	Interest Receivable	224	537	313	481
(242)	Interest Payable on Leases	(222)	(222)	–	(202)
(2,507)	Interest Payable on Loans	(2,286)	(2,286)	–	(2,102)
(9,384)	PDC Dividend	(8,602)	(8,152)	450	(7,501)
(35,592)	**Sub totals financing**	**(32,613)**	**(31,534)**	**1,079**	**(28,799)**
3,000	NET SURPLUS / (DEFICIT) before Technical Items excluding Provider Sustainability Funding	**2,315**	**2,341**	**26**	**5,003**
4,644	Provider Sustainability Funding – Performance	4,102	3,018	(1,084)	3,018
10,836	Provider Sustainability Funding – Core	9,572	9,572	–	8,308
18,480	SURPLUS / (DEFICIT) before Technical Items including Provider Sustainability Funding	**15,989**	**14,931**	**(1,058)**	**16,329**
	Technical Items				
3,000	Donations & Grants (PPE/Intangible Assets)	2,889	1,228	(1,661)	1,170
–	Impairments	–	–	–	–
629	Reversal of Impairments	–	–	–	–
(1,519)	Depreciation & Amortisation – Donated	(1,389)	(1,448)	(59)	(1,315)
20,590	SURPLUS / (DEFICIT) after Technical Items including Provider Sustainability Funding	**17,489**	**14,711**	**(2,778)**	**16,184**

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Approved Budget / Plan 2018/19	Division	Total Budget to Date	Total Net Expenditure / Income to Date	Variance [Favourable / (Adverse)]				Total Variance to date	Total Variance 31st January	Operating Plan Trajectory Year to Date	Variance from Operating Plan Year to Date	CIP Variance
				Pay	Non Pay	Operating Income	Income from Activities					
£'000		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	Corporate Income (excluding Provider Sustainability Funding)											
578,425	Contract Income	528,837	529,931	–	–	–	–	**–**	**–**			
5,801	Pay Award Funding	5,314	5,314	–	–	–	–	**–**	**–**			
–	Penalties	**–**	**–**	–	–	–	65	65	(24)			
–	Contract Rewards	**–**	**–**	–	–	–	960	960	894			
3,550	Overhead share of income variance	3,550	3,946	–	899	–	(434)	465	1,427			
36,650	NHSE Income	33,318	33,318	–	–	–	–	–	–			
624,426	**Sub Total Corporate Income**	**571,019**	**572,509**	**–**	**899**	**–**	**591**	**1,490**	**2,297**			
	Clinical Divisions											
(57,225)	Diagnostic & Therapies	(52,293)	(51,934)	397	(733)	81	614	359	340	266	93	15
(88,399)	Medicine	(80,996)	(83,012)	(3,262)	(54)	(27)	1,327	(2,016)	(1,922)	(458)	(1,558)	(443)
(114,297)	Specialised Services	(104,606)	(104,370)	(661)	72	127	698	236	242	(4)	240	691
(113,149)	Surgery	(103,492)	(106,951)	(2,500)	(3,380)	(118)	2,539	(3,459)	(2,580)	17	(3,476)	181
(130,705)	Women's & Children's	(119,480)	(121,378)	(3,015)	(176)	99	1,194	(1,898)	(1,781)	(18)	(1,880)	(348)
(503,775)	**Sub Total – Clinical Divisions**	**(460,867)**	**(467,645)**	**(9,041)**	**(4,271)**	**162**	**6,372**	**(6,778)**	**(5,701)**	**(197)**	**(6,581)**	**96**
	Corporate Services											
(39,846)	Estates and Facilities	(36,211)	(36,271)	161	(307)	14	72	(60)	(9)	7	(67)	23
(29,325)	Trust Services	(26,138)	(26,194)	443	(422)	(77)	–	(56)	(20)	–	(56)	(23)
(7,575)	Other	(8,664)	(8,524)	111	(142)	(47)	218	140	168	–	140	–
(76,746)	**Sub Totals – Corporate Services**	**(71,013)**	**(70,989)**	**715**	**(871)**	**(110)**	**290**	**24**	**139**	**7**	**17**	**0**
(580,521)	**Sub Total (Clinical Divisions & Corporate Services)**	**(531,880)**	**(538,634)**	**(8,326)**	**(5,142)**	**52**	**6,662**	**(6,754)**	**(5,562)**	**(190)**	**(6,564)**	**96**
(5,313)	Reserves	(4,211)	–	–	4,211	–	–	4,211	2,411			
–	NHS Improvement Plan Profile	–	–	–	–	–	–	–	–			
(5,313)	**Sub Total Reserves**	**(4,211)**	**–**	**–**	**4,211**	**–**	**–**	**4,211**	**2,411**			
38,592	**Earnings before Interest,Tax,Depreciation and Amortisation**	**34,928**	**33,875**	**(8,326)**	**(32)**	**52**	**7,253**	**(1,053)**	**(854)**			
	Financing											
(23,703)	Depreciation & Amortisation – Owned	(21,727)	(21,411)	–	316	–	–	316	277			
244	Interest Receivable	224	537	–	313	–	–	313	278			
(242)	Interest Payable on Leases	(222)	(222)	–	–	–	–	–	–			
(2,507)	Interest Payable on Loans	(2,286)	(2,286)	–	–	–	–	–	–			
(9,384)	PDC Dividend	(8,602)	(8,152)	–	450	–	–	450	319			
(35,592)	**Sub Total Financing**	**(32,613)**	**(31,534)**	**–**	**1,079**	**–**	**–**	**1,079**	**874**			
3,000	**NET SURPLUS / (DEFICIT) before Technical Items excluding Provider Sustainability Funding**	**2,315**	**2,341**	**(8,326)**	**1,047**	**52**	**7,253**	**26**	**20**			
4,644	Provider Sustainability Funding – Performance	4,102	3,018			(1,084)		(1,084)	542			
10,836	Provider Sustainability Funding – Core	9,572	9,572					–				
15,480	**Sub Total Provider Sustainability Funding**	**13,674**	**12,590**			**(1,084)**		**(1,084)**	**542**			
18,480	**SURPLUS / (DEFICIT) before Technical Items including Provider Sustainability Funding**	**15,989**	**14,931**	**(8,326)**	**1,047**	**(1,032)**	**7,253**	**(1,058)**	**(522)**			
	Technical Items											
3,000	Donations & Grants (PPE/Intangible Assets)	2,889	1,228	–	–	(1,661)	–	(1,661)	(1,669)			
–	Impairments	–	–	–	–	–	–	–	–			
629	Reversal of Impairments	–	–	–	–	–	–	–	–			
(1,519)	Depreciation & Amortisation – Donated	(1,389)	(1,448)	–	(59)	–	–	(59)	(55)			
2,110	**Sub Total Technical Items**	**1,500**	**(220)**	**–**	**(59)**	**(1,661)**	**–**	**(1,720)**	**(1,724)**			
20,590	**SURPLUS / (DEFICIT) after Technical Items including Provider Sustainability Funding**	**17,489**	**14,711**	**(8,326)**	**988**	**(2,693)**	**7,253**	**(2,778)**	**(2,246)**			

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REGISTERED NURSING - NURSING CONTROL GROUP AND HR KPIs

Graph 1   **RN Sickness**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*3.1%*	*3.1%*	*3.1%*	*4.3%*	*4.3%*	*4.3%*	*3.9%*	*3.9%*	*3.9%*	*3.8%*	*3.8%*	*3.8%*
Medicine	Actual	3.1%	2.1%	3.2%	3.0%	3.5%	3.5%	2.8%	3.1%	4.0%	3.9%	3.2%	
Specialised Services	*Target*	*3.6%*	*3.6%*	*3.6%*	*3.5%*	*3.5%*	*3.5%*	*3.8%*	*3.8%*	*3.8%*	*3.9%*	*3.9%*	*3.9%*
Specialised Services	Actual	2.2%	2.2%	2.2%	3.6%	2.9%	3.2%	3.7%	3.4%	4.3%	5.7%	3.9%	
Surgery	*Target*	*3.8%*	*3.8%*	*3.8%*	*3.8%*	*3.8%*	*3.8%*	*3.8%*	*3.8%*	*3.8%*	*3.8%*	*3.8%*	*3.8%*
Surgery	Actual	3.6%	3.4%	4.4%	4.5%	3.7%	4.0%	4.2%	4.1%	3.7%	4.2%	4.2%	
Women's	*Target*	*4.0%*	*4.0%*	*4.0%*	*4.1%*	*4.1%*	*4.1%*	*4.6%*	*4.6%*	*4.6%*	*4.4%*	*4.4%*	*4.4%*
Women's	Actual	4.6%	3.6%	3.9%	3.9%	4.2%	3.1%	3.7%	4.2%	4.2%	4.9%	3.6%	
Children's	*Target*	*4.0%*	*4.0%*	*4.0%*	*4.1%*	*4.1%*	*4.1%*	*4.6%*	*4.6%*	*4.6%*	*4.4%*	*4.4%*	*4.4%*
Children's	Actual	4.5%	4.3%	4.2%	4.9%	4.1%	4.2%	4.2%	4.7%	4.3%	4.5%	4.8%	

Source: HR info available after a weekend. Note: Prior month will get updated retrospectively so figures can change from one month to another.

Graph 2   **RN Vacancies**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*
Medicine	Actual	7.9%	7.7%	9.1%	8.8%	9.8%	9.6%	6.2%	6.3%	8.6%	11.1%	8.9%	
Specialised Services	*Target*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*
Specialised Services	Actual	9.0%	10.1%	9.5%	9.4%	9.1%	7.8%	6.3%	6.1%	5.1%	4.7%	5.0%	
Surgery	*Target*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*
Surgery	Actual	7.9%	8.2%	7.0%	8.8%	7.9%	8.1%	7.5%	8.5%	8.9%	8.9%	9.4%	
Women's	*Target*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*
Women's	Actual	6.1%	6.9%	7.3%	7.7%	7.2%	6.3%	3.3%	4.1%	3.1%	4.0%	3.3%	
Children's	*Target*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*
Children's	Actual	0.4%	2.4%	3.9%	4.4%	6.1%	2.0%	-1.7%	-0.2%	0.5%	2.5%	1.0%	

Source: HR

Graph 3   **RN Turnover**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*14.0%*	*14.0%*	*14.0%*	*14.0%*	*14.0%*	*14.0%*	*14.0%*	*14.0%*	*14.0%*	*14.0%*	*14.0%*	*14.0%*
Medicine	Actual	14.8%	15.5%	16.0%	16.2%	17.0%	16.6%	16.6%	16.4%	15.2%	14.0%	15.0%	
Specialised Services	*Target*	*13.5%*	*13.5%*	*13.5%*	*13.5%*	*13.5%*	*13.5%*	*13.5%*	*13.5%*	*13.5%*	*13.5%*	*13.5%*	*13.5%*
Specialised Services	Actual	18.0%	17.4%	18.2%	17.0%	17.2%	16.9%	17.1%	14.8%	14.4%	15.0%	14.4%	
Surgery	*Target*	*11.8%*	*11.8%*	*11.8%*	*11.8%*	*11.8%*	*11.8%*	*11.8%*	*11.8%*	*11.8%*	*11.8%*	*11.8%*	*11.8%*
Surgery	Actual	16.3%	16.6%	16.9%	16.7%	16.3%	16.1%	16.5%	17.0%	17.5%	17.7%	16.9%	
Women's	*Target*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*
Women's	Actual	12.0%	12.3%	13.3%	13.1%	13.5%	13.5%	13.4%	12.6%	12.1%	12.7%	12.2%	
Children's	*Target*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*	*10.1%*
Children's	Actual	13.3%	13.5%	13.4%	13.2%	13.5%	13.6%	13.5%	13.5%	13.0%	13.5%	12.5%	

Source: HR - Registered. Note: Prior month will get updated retrospectively so figures can change from one month to another.

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

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*135.2*	*113.8*	*113.8*	*95.2*	*95.2*	*95.2*	*95.2*	*113.8*	*135.2*	*135.2*	*128.0*	*113.8*
Medicine	Actual	118.0	121.6	134.8	187.0	203.5	216.0	147.2	137.4	174.0	239.9	267.6	
Specialised Services	*Target*	*50.8*	*50.8*	*50.8*	*50.8*	*50.8*	*50.8*	*36.3*	*36.3*	*36.3*	*36.3*	*36.3*	*36.3*
Specialised Services	Actual	43.0	23.4	55.4	67.2	88.2	97.6	120.0	69.7	73.5	62.9	56.9	
Surgery	*Target*	*49.7*	*54.6*	*49.7*	*54.6*	*49.7*	*39.7*	*39.7*	*39.7*	*29.8*	*39.7*	*39.7*	*39.7*
Surgery	Actual	90.2	104.0	82.4	93.8	109	162.2	139.2	78.3	97.4	173	169.9	
Women's	*Target*	*4.5*	*4.5*	*4.5*	*4.1*	*4.1*	*4.1*	*3.3*	*3.3*	*1.6*	*3.7*	*2.1*	*2.5*
Women's	Actual	0.4	6.0	2.9	4.3	3.3	1.1	0.5	1.7	1.8	1.9	2.6	
Children's	*Target*	*86.2*	*86.2*	*86.2*	*78.4*	*78.4*	*78.4*	*62.7*	*62.7*	*31.3*	*70.5*	*39.2*	*47.0*
Children's	Actual	186.1	167.5	223.2	183.5	202.4	209.3	220.1	285.8	153.1	205.2	242.0	
Trust Total	*Target*	*326.4*	*309.9*	*305.0*	*283.2*	*278.2*	*268.3*	*237.2*	*255.8*	*234.3*	*285.5*	*245.3*	*239.3*
Trust Total	Actual	437.7	422.5	498.7	535.8	606.4	686.2	627.0	572.9	499.8	682.9	739.0	-

Source: Finance GL (excludes NA 1:1)

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

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*24.6*	*21.8*	*21.8*	*19.0*	*19.0*	*19.0*	*19.0*	*21.8*	*24.6*	*24.6*	*24.6*	*21.8*
Medicine	Actual	20.1	19.1	20.7	27.9	27.2	29.6	19.9	17.9	25.7	34.2	40.7	
Specialised Services	*Target*	*5.0*	*5.0*	*5.0*	*5.0*	*5.0*	*5.0*	*3.5*	*3.5*	*3.5*	*3.5*	*2.0*	*2.0*
Specialised Services	Actual	6.5	3.2	6.9	9.0	10.3	11.1	13.4	8.1	8.4	7.9	6.4	
Surgery	*Target*	*10.0*	*11.0*	*10.0*	*11.0*	*10.0*	*8.0*	*8.0*	*8.0*	*6.0*	*8.0*	*8.0*	*8.0*
Surgery	Actual	10.1	14.5	11.6	13.6	15.4	20.3	17.4	10.4	10.5	18.7	17.5	
Women's	*Target*	*0.6*	*0.6*	*0.6*	*0.5*	*0.5*	*0.5*	*0.4*	*0.4*	*0.2*	*0.5*	*0.3*	*0.3*
Women's	Actual	0.2	0.9	0.4	0.6	0.3	0.2	0.1	0.2	0.4	0.2	0.2	
Children's	*Target*	*10.5*	*10.5*	*10.5*	*9.5*	*9.5*	*9.5*	*7.6*	*7.6*	*2.9*	*8.6*	*4.8*	*5.7*
Children's	Actual	22.7	21.1	25.2	22.7	22.4	23.7	26.1	33.2	19.5	24.9	26.7	
Trust Total	*Target*	*50.6*	*48.8*	*47.8*	*45.0*	*44.0*	*42.0*	*38.5*	*41.3*	*37.1*	*45.1*	*39.6*	*37.8*
Trust Total	Actual	59.6	58.8	64.8	73.7	75.5	84.8	76.8	69.9	64.5	85.9	91.6	-

Source: Finance GL (excludes NA 1:1)

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

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*7.4%*	*6.3%*	*6.3%*	*5.3%*	*5.3%*	*5.3%*	*5.3%*	*6.2%*	*7.3%*	*7.3%*	*7.0%*	*6.2%*
Medicine	Actual	6.3%	6.5%	7.2%	9.5%	9.7%	11.0%	7.5%	7.0%	8.9%	11.5%	12.7%	
Specialised Services	*Target*	*3.6%*	*3.6%*	*3.6%*	*3.6%*	*3.6%*	*3.6%*	*2.5%*	*2.5%*	*2.5%*	*2.5%*	*2.5%*	*2.5%*
Specialised Services	Actual	3.1%	1.6%	3.8%	4.5%	5.5%	6.3%	7.5%	4.6%	4.8%	4.0%	3.7%	
Surgery	*Target*	*2.4%*	*2.7%*	*2.4%*	*2.7%*	*2.4%*	*2.0%*	*1.9%*	*1.9%*	*1.5%*	*1.9%*	*1.9%*	*1.9%*
Surgery	Actual	5.0%	5.6%	4.4%	5.0%	5.4%	8.3%	7.0%	4.2%	5.3%	8.5%	8.5%	
Women's	*Target*	*0.1%*	*0.1%*	*0.1%*	*0.1%*	*0.1%*	*0.1%*	*0.1%*	*0.1%*	*0.0%*	*0.1%*	*0.1%*	*0.1%*
Women's	Actual	0.0%	0.2%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	
Children's	*Target*	*2.4%*	*2.4%*	*2.4%*	*2.2%*	*2.2%*	*2.2%*	*1.7%*	*1.7%*	*0.9%*	*1.9%*	*1.1%*	*1.3%*
Children's	Actual	5.2%	4.6%	6.1%	5.0%	5.1%	5.6%	5.6%	7.2%	4.0%	5.2%	6.1%	
Trust Total	Actual	5.0%	4.8%	5.6%	6.0%	6.3%	7.4%	6.6%	6.1%	5.5%	7.1%	7.7%	

Source: Finance GL (RNs only)

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Graph 7   Occupied bed days

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	Actual	9,172	8,954	8,869	9,261	8,840	9,150	9,302	8,973	9,134	9,729	8,722	
Specialised Services	Actual	4,580	4,135	4,425	4,734	4,482	4,455	4,787	4,587	4,534	4,674	4,366	
Surgery	Actual	4,493	4,456	4,144	4,475	4,477	4,363	4,468	4,515	4,460	4,728	4,136	
Women's	Actual	2,762	2,734	2,580	2,991	2,702	2,925	2,712	2,713	2,717	2,799	2,441	
Children's	Actual	3,848	3,773	3,732	3,621	3,449	3,556	3,796	4,166	3,678	3,903	3,708	
Trust Total	Actual	24,855	24,052	23,750	25,082	23,950	24,449	25,065	24,954	24,523	25,833	23,373	

Source: Info web: KPI Bed occupancy

Graph 8   ECO £000 (total temporary spend)

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	44	44	44	45	52	46	46	45	45	47	46	44
Medicine	Actual	66	69	120	139	127	114	102	136	141	115	127	
Specialised Services	*Target*	20	20	20	21	25	21	21	21	21	21	21	20
Specialised Services	Actual	29	19	26	26	14	27	40	29	35	26	15	
Surgery	*Target*	43	43	43	45	53	45	46	45	45	45	45	43
Surgery	Actual	40	69	21	27	31	49	41	28	36	35	37	
Women's	*Target*	-	-	-	-	-	-	-	-	-	-	-	-
Women's	Actual	-	-	-	-	-	-	-	-	-	-	-	
Children's	*Target*	12	12	12	12	12	12	12	12	12	47	12	12
Children's	Actual	11	19	32	50	20	29	22	77	32	64	70	
Trust Total	*Target*	119.6	119.6	119.6	123.9	141.5	124.6	125.0	124.2	124.0	160.9	124.6	119.6
Trust Total	Actual	145.6	174.6	198.5	243.2	191.8	219.4	204.5	270.7	243.3	239.9	249.4	-

Source: Service Improvement Team - Nikki

Graph 9   CIP - Nursing & Midwifery Productivity

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
Trust Total	*Target*	83	83	83	89	81	75	85	85	108	80	107	101	1,061
Trust Total	Actual	51	80	70	35	77	62	18	5	94	78	77		647

Source: Service Improvement Team - Russell/Nikki

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

Graph 1   NA Sickness

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	7.1%	7.1%	7.1%	7.9%	7.9%	7.9%	6.1%	6.1%	6.1%	5.9%	5.9%	5.9%
Medicine	Actual	6.1%	5.9%	6.6%	8.0%	7.4%	7.5%	8.3%	7.7%	8.8%	8.5%	5.8%	
Specialised Services	*Target*	6.3%	6.3%	6.3%	5.8%	5.8%	5.8%	7.6%	7.6%	7.6%	6.3%	6.3%	6.3%
Specialised Services	Actual	4.2%	3.1%	8.7%	9.1%	6.8%	4.7%	5.5%	5.5%	7.3%	6.1%	1.5%	
Surgery	*Target*	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
Surgery	Actual	6.1%	5.2%	4.1%	6.3%	6.7%	7.5%	5.7%	4.3%	4.1%	6.1%	9.0%	
Women's	*Target*	6.0%	6.0%	6.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	6.0%	6.0%	6.0%
Women's	Actual	8.3%	8.2%	10.1%	8.0%	5.1%	4.0%	7.3%	5.9%	7.2%	7.6%	11.3%	
Children's	*Target*	6.0%	6.0%	6.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	6.0%	6.0%	6.0%
Children's	Actual	9.8%	8.8%	10.7%	10.0%	10.3%	9.2%	9.0%	9.2%	11.0%	8.7%	7.8%	

Source: HR info available after a weekend. Note: Prior month will get updated retrospectively so figures can change from one month to another.

Graph 2   NA Vacancies

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
Medicine	Actual	12.5%	11.9%	9.7%	9.8%	6.3%	8.8%	4.5%	1.5%	1.1%	-0.2%	-1.1%	
Specialised Services	*Target*	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
Specialised Services	Actual	10.4%	10.9%	11.0%	10.0%	6.5%	8.7%	10.4%	10.4%	10.5%	11.7%	11.6%	
Surgery	*Target*	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
Surgery	Actual	9.1%	10.4%	9.7%	10.3%	9.6%	10.2%	9.7%	9.8%	9.4%	12.8%	16.9%	
Women's	*Target*	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
Women's	Actual	3.9%	2.6%	4.1%	6.8%	4.9%	8.2%	7.2%	9.3%	12.1%	1.5%	2.9%	
Children's	*Target*	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
Children's	Actual	2.3%	2.5%	4.6%	5.8%	3.9%	2.2%	4.3%	11.6%	10.5%	8.9%	5.2%	

Source: HR

Graph 3   NA Turnover

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	18.5%	18.5%	18.5%	18.5%	18.5%	18.5%	18.5%	18.5%	18.5%	18.5%	18.5%	18.5%
Medicine	Actual	20.2%	19.7%	19.8%	20.0%	21.2%	19.0%	19.8%	20.0%	21.6%	21.9%	22.4%	
Specialised Services	*Target*	17.0%	17.0%	17.0%	17.0%	17.0%	17.0%	17.0%	17.0%	17.0%	17.0%	17.0%	17.0%
Specialised Services	Actual	20.3%	17.7%	16.2%	14.8%	13.5%	14.5%	17.9%	17.2%	17.0%	15.6%	15.5%	
Surgery	*Target*	16.9%	16.9%	16.9%	16.9%	16.9%	16.9%	16.9%	16.9%	16.9%	16.9%	16.9%	16.9%
Surgery	Actual	16.9%	15.4%	14.8%	15.8%	14.4%	15.9%	16.5%	16.9%	19.5%	17.9%	18.3%	
Women's	*Target*	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%
Women's	Actual	9.4%	9.2%	9.3%	9.3%	9.6%	8.6%	9.6%	11.6%	13.4%	13.7%	11.9%	
Children's	*Target*	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%
Children's	Actual	20.2%	20.5%	20.2%	22.5%	26.5%	23.9%	22.8%	22.6%	22.1%	20.4%	21.5%	

Source: HR. Note: Prior month will get updated retrospectively so figures can change from one month to another.

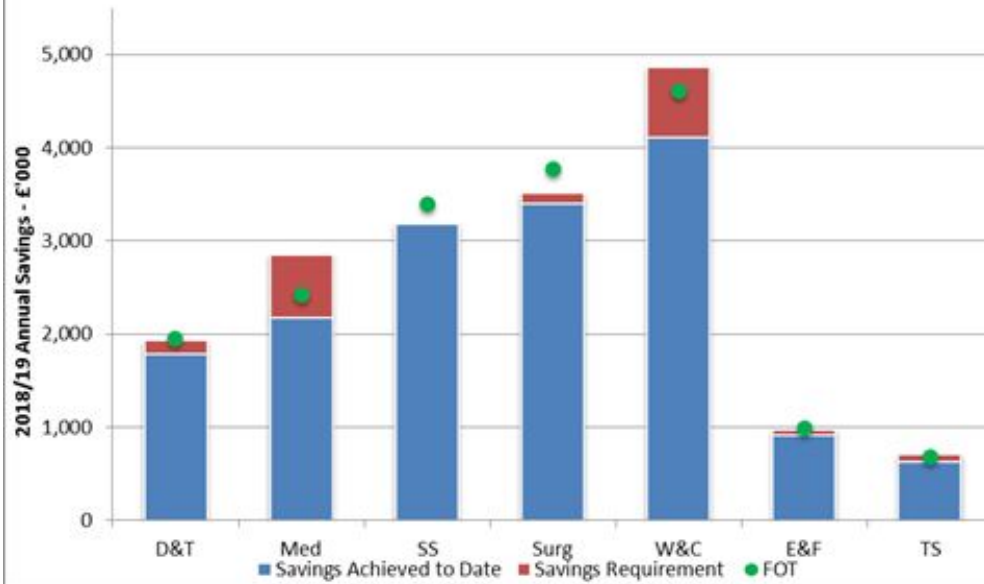Printed on 20/03/2019 at 07:26
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2018/19 Annual Plan

Legend: Plan excluding PSF; Actual excluding PSF; Plan Including PSF; Actual Including PSF

Cash Balances

Actual Spend - £'000							
Agency	In Month					Plan for Year	Straight Line Projection
	QTR 1	QTR 2	QTR 3	Jan	Feb		
Nursing & Midwifery	1,406	1,851	1,730	748	766	3,257	7,092
Medical							0
Consultants	56	185	185	66	86	184	631
Other Medical	106	112	10	24	13	276	289
Other	189	443	396	91	95	1,701	1,324
Total	1,757	2,591	2,321	929	960	5,418	9,336

YTD Variance to Budget Surplus/(Deficit) - £'000					
Division	QTR 1	QTR 2	QTR 3	Jan	Feb
Diagnostics & Therapies	156	97	192	340	359
Medicine	(449)	(1,510)	(1,835)	(1,922)	(2,016)
Specialised Services	335	210	96	242	236
Surgery	(651)	(1,634)	(2,279)	(2,580)	(3,459)
Women's & Children's	(78)	(966)	(1,383)	(1,781)	(1,898)
Estates & facilities	(18)	20	20	(9)	(60)
Trust Services	(18)	(32)	(7)	(20)	(56)
Other Corporate Services	152	187	193	168	140
Total	(571)	(3,628)	(5,003)	(5,562)	(6,754)

Variance to Budget Surplus/(Deficit) - £'000					
	In Month				
Subjective Heading	QTR 1	QTR 2	QTR 3	Jan	Feb
Nursing & Midwifery Pay	(1,015)	(1,091)	(1,403)	(717)	(801)
Medical & Dental Pay	(1,033)	(1,184)	(1,258)	(392)	(534)
Other Pay	328	537	50	(7)	194
Non Pay	(1,087)	(1,096)	(1,587)	(627)	(745)
Income from Operations	(27)	172	151	(164)	(80)
Income from Activities	2,263	(395)	2,671	1,349	774
Total	(571)	(3,057)	(1,376)	(558)	(1,192)

Performance – Finance

Savings Plans by Division

Divisional Operational Capital

Divisional Major Medical Equipment

Operational Plan	Subjective Heading	Revised Plan	Forecast Outturn	Slippage	Internal Plan	Actual spend	Variance (over)/under
		2018/19 Capital Programme			Year To Date		
Sources of Funding							
£'000		£'000	£'000	£'000	£'000	£'000	£'000
1,600	PDC	4,106	4,094	(12)	700	700	-
3,189	Borrowings	-	-	-	-	-	-
3,000	Donations - Cash	1,885	1,251	(634)	1,350	1,153	(197)
	Donations - Direct	28	28	-	77	77	-
	Cash:						
24,338	Depreciation	23,531	23,430	(101)	21,477	21,412	(65)
	Insurance Claim	1,911	2,266	355	786	786	-
14,962	Cash balances	19,552	(8,569)	(28,121)	(4,524)	(4,496)	28
47,089	**Total Funding**	**51,013**	**22,500**	**(28,513)**	**19,866**	**19,632**	**(234)**
Application/Expenditure							
(11,618)	Strategic Schemes	(10,186)	(2,845)	7,341	(2,451)	(2,054)	397
(17,620)	Medical Equipment	(20,519)	(14,801)	5,718	(8,007)	(5,039)	2,968
(16,415)	Operational Capital	(16,374)	(11,882)	4,492	(8,280)	(5,491)	2,789
(7,468)	Information Technology	(8,487)	(7,893)	250	(461)	(42)	419
-	Fire Improvement Programme	(537)	(287)	594	(6,366)	(5,269)	1,097
(2,367)	Estates Replacement	(3,309)	(3,214)	95	(1,754)	(1,737)	17
(55,488)	**Gross Expenditure**	**(59,412)**	**(40,922)**	**18,490**	**(27,319)**	**(19,632)**	**7,687**
8,399	In-Year Slippage	8,399	18,422	10,023	7,453	-	(7,453)
(47,089)	**Net Expenditure**	**(51,013)**	**(22,500)**	**28,513**	**(19,866)**	**(19,632)**	**234**

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Meeting of the Finance Committee on 26 March 2019 in the Board Room

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

For Information
The Committee received an update on the February 2019 financial position (Month 11) and noted that the plan was on track. There had been an increase in income, however there had also been an increase in spend, mainly relating to nursing pay spend. The increased pay costs would be subject to further review to understand whether this related to winter pressures or some other driver.

The Divisional financial positons were considered and it was noted that there were issues in Women's and Children's and Medicine relating to pay expenditure, and in Surgery relating to pay and non-pay. The pay issues related, in part to the issues highlighted around nursing pay. The non-pay spend in surgery was also being reviewed with support for the division to bring this back in line with plan.

There was confidence that the Cost Improvement Plan (CIP) would be delivered in 2018/19.

There had been an improvement in the capital expenditure and further work was underway to ensure that capital spend, related to fire improvement works, were being captured where they were part of other capital schemes, and would in future be recorded separately to ensure the Board and Finance Committee could see progress.

The Director of Finance and Information confirmed his confidence in being able to achieve the financial plan for 2018/19.

The detail of the Operational Plan and Resources Book were discussed and the key risks discussed. |

For Board Awareness, Action or Response
None identified.

Key Decisions and Actions
The Committee, having considered the detail of the Resources Book and Operational Plan for 2019/20 recommended their approval by the Board of Directors.

The Committee considered the Outline Business Case for the Cardiovascular Research Unit and recommended its approval by the Board of Directors.

The Committee discussed and agreed that the Trust would continue to operate as a going concern for the coming financial year. |

Additional Chair Comments
The financial risks overseen by the Committee will be updated in light of the plan for the coming financial year. These will be reviewed at the April Finance Committee.

Meeting of the Board in Public on Thursday 28 March 2019 in the Conference Room, Trust Headquarters

Report Title	Annual Review of Directors Interests
Report Author	Sophie Melton Bradley, Head of Corporate Governance
Executive Lead	Eric Sanders, Trust Secretary

1. Report Summary
The purpose of this report is to present the Register of Interests of the Directors of the Board 2019 to the Board in public, to provide assurance that the Trust is compliant with regulatory requirements to maintain an up-to-date register of all interests for its Board of Directors.

2. Key points to note *(Including decisions taken)*
All Directors of the Board have declared their interests, or confirmed they have no interests to declare via a formal nil return, for 2019.

3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
The risks associated with this report include: Risk of failure to comply with targets, statutory duties and functions, or risk of a conflict of interest which affects the Board's ability to carry out its governance function effectively and impartially.

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

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

Register of Business Interests for the Board of Directors 2019

First Name	Surname	Trust Position	Description of Interest	Remunerated	Date of last Declaration
David	Armstrong	Non-Executive Director	Nil Return	N/A	14.02.19
Madhu	Bhabuta	Non-Executive Director (Designate)	Managing Director Brinnovate Ltd	Yes	28.02.19
Julian	Dennis	Senior Independent Director	Advisor to Welsh Water (DWR Cymru)	Yes	11.02.19
Jill	Youds	Non-Executive Director and Vice Chair of the Board	Nil Return (Jill leaves the Trust on 31 March 2019)	N/A	08.02.19
Martin	Sykes	Non-Executive Director	Nil Return	N/A	28.02.19
Steve	West	Non-Executive Director	Vice-Chancellor of the University of the West of England	Yes	20.02.19
			Chair of the West of England Academic Health Service Network	Yes	20.02.19
			Chair of the Local Enterprise Partnership (LEP)	No	20.02.19
John	Moore	Non-Executive Director	Owner, Home Instead Senior Care, Bristol North	Yes	06.02.19
			Trustee of Bristol Dementia Action Alliance	No	06.02.19
Guy	Orpen	Non-Executive Director	University of Bristol: Deputy Vice-Chancellor	Yes	08.02.19
Alison	Ryan	Non-Executive Director	Nil Return (Alison leaves the Trust on 31 March 2019)	N/A	19.03.19

Jeffery	Farrar	Chair of the Board of Directors and Council of Governors	Welsh Government: Non-Executive Director	Yes	05.03.19
			Rental Property (Cardiff)	Yes	05.03.19
			Cardiff University – Cardiff Business School International Advisory Board: Non-Executive Director	No	05.03.19
Paul	Mapson	Director of Finance and Information	Nil Return	N/A	11.02.19
Carolyn	Mills	Chief Nurse	Nil Return	N/A	26.02.19
Mark	Smith	Deputy Chief Executive and Chief Operating Officer	Nil Return	N/A	28.02.19
Paula	Clarke	Director of Strategy and Transformation	Nil Return	N/A	12.02.19
Matthew	Joint	Director of People	Nil Return	N/A	20.02.19
William	Oldfield	Medical Director	Trustee of Above and Beyond Charity	No	11.02.19
Robert	Woolley	Chief Executive	Director of West of England Academic Health Science Network	No	12.02.19
			Member of governing body of Health Education England South of England Local Education and Training Board	No	12.02.19

Report Title	Governors' Log of Communications
Report Author	Kate Hanlon, Membership Engagement Manager
Executive Lead	Eric Sanders, Trust Secretary

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1. Report Summary

The purpose of this report is to provide the Council of Governors with an update on all questions on the Governors' Log of Communications and subsequent responses added or modified since the previous Board. The Governors' Log of Communications was established as a means of channelling communications between the governors and the officers of the Trust. The log is distributed to all Board members, including Non-executive Directors when new items are received and when new responses have been provided.

2. Key points to note
(Including decisions taken)

- In the period two new queries have been added to the log, both have been answered
- Item 213 (recruitment), which was reopened, has been answered.
- All three queries are awaiting a governor response.

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

The risks associated with this report include:
None

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

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

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

ID   **Governor Name**

218   **Jonathan Seymour-Williams**   ***Theme:*** Strategy   ***Source:*** Project Focus Group

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Query   **13/03/2019**

If the Trust is reliant on Interserve, are preparations being made in case Interserve goes into administration?

Division: Trust-wide   ***Executive Lead:*** *Chief Operating Officer*   ***Response requested:*** 27/03/2019

Response   **19/03/2019**

The only contract the Trust has with Interserve is for the provision of a small soft facilities management (FM) service in the Education Centre and this contract expires at the end of March. A new tender specification has been drawn up and is due to go the market soon. Advice from NHSI is that Interserve continues to trade under a new name but is otherwise operating business as usual. Our backup position, should Interserve cease to trade, is to absorb the service within our own FM services.

Status: *Awaiting Governor Response*

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19 March 2019

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

Query **24/01/2019**

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

Division: Trust-wide   *Executive Lead:* Chief Nurse   *Response requested:* 07/02/2019

Response **13/02/2019**

The Trust aims to discharge all patients where possible between the hours of 7am and 8pm. The number of patients discharged from the hospital outside of these hours is recorded and reported monthly.

The Trust records all discharges outside of the hours of 8pm and 7am via our patient information system. This is recorded by hospital and division each month.

The data does not capture whether discharge outside of these hours is due to patient choice e.g. someone picking them up after work hours or due to other reasons such as delayed hospital transport or whether the information is actually put in into the recording systems in real time.

In the event of delays to patients discharge beyond the control of the patient, meaning that the patient would be discharged out of the hours above, consideration and a risk assessment will be undertaken on the appropriateness of the discharge by the ward/site team. If appropriate, in discussion with the patient and taking into consideration other factors where relevant the discharge could be delayed to the next day

The largest number of discharges occur from the Bristol Royal Infirmary. In December 2018, 1,516 patients were discharged, 73 were discharged between the hours of 8pm and 7am.

Status: *Awaiting Governor Response*

19 March 2019

ID	Governor Name		
213	Flo Jordan	**Theme:** Recruitment	**Source:** Governor Direct

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Query   **08/11/2018**

How can staff, and potential staff, be assured that the recruitment process at the Trust (i.e. from advert to interview and offer) is being adhered to in line with Trust policies and values - and are staff adequately trained to follow the process?

Supplementary question 13/02/19: What measures does the Trust take to ensure quality control of its interviews –'Recruiting the Best' training may be offered to staff, but what evidence is there to show that staff are conducting interviews objectively and in line with this guidance? Is there any recourse for new members of staff if a job description and training offer does not reflect the reality of the role?

Division: Trust-wide   **Executive Lead:** Director of People   **Response requested:** 22/11/2018

Response   **20/11/2018**

The HR Resourcing team routinely audit the Trust's recruitment process on a monthly basis with a random selection of files across Agenda for Change, Medical & Dental, Volunteers and Work Experience Placements to ensure compliance with the Trust's Recruitment policy, which is positioned and in line with the compliance stipulations of both NHS Employers and the Care Quality Commission (CQC). The outcome of these audits are used for team shared learning within Resourcing and also reported to the Safeguarding Recruitment Group where necessary.

The Trust provides a monthly 'Recruiting the Best' training session which covers off all aspects of the Trust's Recruitment policy. It is a requirement under the Trust's Recruitment policy that at least one interview panel member has attended the 'Recruiting the Best' training. In addition the HR Resourcing team provide quarterly open days designed to provide refresher training for managers on all aspects of recruitment. The next open day will be taking place on 5 December 2018.

Furthermore, the Trust shares the core values of the organisation from outset of the recruitment process. The values are positioned in all Job Descriptions, adverts and recruitment related correspondence. All shortlisted candidates receive a document which describes the values of the Trust and at interview, Managers are trained to assess the values and attitudes of candidates to ensure we are recruiting people who can recognise and are committed to working within our values. The values are also a key session for all new starters on the Corporate Induction programme

20.02.19: With 8,700 interviews taking place across the Trust last year there is no capacity to audit the level of competence of interviewers and the appropriateness of the interviews being undertaken.

The Trust's 'Recruiting the Best' training is designed to fully equip managers in understanding the importance of getting the interview right and the critical role they play in assessing candidates. However, interviews are just part of the recruitment process in assessing the suitability of a candidate for a role. In many cases, a candidate is assessed through the use of assessment centre tests which help managers make a more informed decision about an appointment.

19 March 2019

ID   Governor Name

The recruitment process is a mutual process whereby it is the opportunity for a candidate to assess that the role and the organisation is one in which they wish to work. It is not one dimensional and so candidates are expected to come to interview having prepped on the post for which they are being interviewed and the Trust, asking questions of the appointing manager as part of the recruitment process.

Where new staff take up post and the role or training isn't what was expected, or gives reason for the new member of staff to be disappointed, early conversations through induction, objective setting for personal development and training plans will be available with their line manager very early in the person's role with the Trust.

Status: *Awaiting Governor Response*

19 March 2019

Meeting of the Board in Public on Thursday 28 March 2019 in the Conference Room, Trust Headquarters

Report Title	Quarterly Patient Experience and Real Time Patient Feedback Report
Report Author	Paul Lewis, Patient Experience and Involvement Team Manager
Executive Lead	Carolyn Mills, Chief Nurse

1. Report Summary

This report provides a summary of patient-reported feedback received via the Trust's corporate patient survey programme, up to and including Quarter 3 2018/19. It also includes an update on Patient and Public Involvement activity.

Note: the report is accompanied by a short presentation describing implementation of the first tranche of the Trust's rapid-time feedback screens in the BRI.

2. Key points to note

This report provides a summary of patient-reported feedback received via the Trust's corporate patient survey programme, up to and including Quarter 3 2018/19. It also includes an update on Patient and Public Involvement activity. The key positive messages from the report are as follows:

- 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 experience for our service-users
- The Trust held its annual "Quality Counts" event in January 2019, with a range of stakeholders and staff attending to help shape UH Bristol's improvement priorities for the next financial year
- UH Bristol currently has a corporate quality improvement objective to develop a more consistently excellent customer service at the Trust. The Transformation Team and Patient Experience and Involvement Team launched the "Here to help" programme in December 2018, which brings together the improvement initiatives being carried out within this quality objective.
- The customer service initiative has involved learning from experts in the private sector, one outcome of which has been to re-design UH Bristol's monthly outpatient survey, so that we can generate a "touch point map" of our outpatients' experience. The first tranche of data from this work is shown on page 15 of the report. As this data builds up, we will be able to gain deeper insights into the "customer journey" and identify improvement opportunities from this.

The key "negative outliers" in the report are as follows:

- Survey scores for South Bristol Community Hospital were again below target in Quarter 3. This does not correlate with other management data being reviewed by the Division of Medicine. A recent Healthwatch "enter and view" visit was very positive about the service being provided by the hospital. Building on learning from the customer service corporate quality objective, the Patient Experience and Involvement Team will carry out customer service "touchpoint mapping" at the hospital (see above), to better understand the patient experience journey and

identify potential improvement opportunities.

- Ward A605 (delayed discharge) continues to attract low survey scores. These results correlate with staffing issues on the ward that the Division of Medicine management team is working to resolve as a priority.
- Outpatient waiting times at the Bristol Haematology and Oncology Centre affected the hospital's overall outpatient experience score. The Division of Specialised Services has outlined a number of actions in the report that are being taken in response to these challenges.
- Outpatient waiting times at the Bristol Eye Hospital affected the hospital's overall outpatient experience score. This is likely to be the result of a number of staff vacancies in the department, which are currently being recruited to.

In addition, The 2018 national maternity survey results were released in Quarter 3. Of the 19 scores relating to care at UH Bristol's St Michael's Hospital during birth and on the postnatal ward, the Trust performed better than the national average, to a statistically significant degree, on the following three questions:

- Were you given a choice about where to have your baby?
- Did you have skin-to-skin contact with your baby shortly after birth?
- If you raised a concern during labour / birth, do you feel this was taken seriously?

None of the Trust's scores were below the national average to a statistically significant degree.

3. Risks
If this risk is on a formal risk register, please provide the risk ID/number.
The risks associated with this report include:
None

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

5. History of the paper
Please include details of where paper has <u>previously</u> been received.

Patient Experience Group	14 February 2019
Senior Leadership Team	20 March 2019
Quality and Outcomes Committee	26 March 2019

Quarterly Patient Experience and Involvement Report

Incorporating current Patient and Public Involvement activity and patient survey data received up to Quarter 3 2018/19

Author: **Paul Lewis, Patient Experience and Involvement Team Manager**

Patient Experience and Involvement Team

Paul Lewis, Patient Experience and Involvement Team Manager (paul.lewis@uhbristol.nhs.uk)
Tony Watkin, Patient and Public Involvement Lead (tony.watkin@uhbristol.nhs.uk)
Anna Horton, Patient Experience and Regulatory Compliance Facilitator (anna.horton@uhbristol.nhs.uk)

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1. **Overview of patient-reported experience at UH Bristol: update since the last Quarterly Report**

Successes	Priorities
• 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 experience for our service-users • The Trust held its annual "Quality Counts" event in January 2019, with a range of stakeholders and staff attending to help shape our improvement priorities for the next financial year • The Trust launched the "Here to help" programme in December 2018, which brings together a range of improvement initiatives centred on developing a more consistently excellent patient experience	In Quarter 3 the Trust's new rapid-time patient feedback system went live. This is supported by a roll out of the Trust's new "Here to help" posters in wards and departments, which signpost patients and visitors to the feedback opportunities provided by the new system. At present, people are able to give feedback via their own electronic devices or via the UH Bristol external website. Since the launch we have been receiving feedback through the system and this has been shared with the relevant services. In addition, we have also received contact requests via the system, which have generated an instant / automated email to the Patient Support and Complaints Team in order to try and rapidly resolve the issue being raised. The system also involves installing touchscreen feedback points across our hospitals. The electrical works are currently being carried out in the Bristol Royal Infirmary and this should be completed during Quarter 4 2018/19. We will then evaluate the system in this live environment, with the aim of rolling out the feedback points to the Trust's other hospital sites during 2019/20. At that point we will also be seeking to direct the real-time alerts generated through the system directly to the Trust's clinical Divisions.
Opportunities	**Risks & Threats**
UH Bristol currently has a corporate quality improvement objective around developing a more consistent customer service mind set for our service-users. Taking learning from an expert in the private sector, we re-designed our monthly outpatient survey so that we can now generate a "touch point" map of our outpatients' experience. This is shown on page 15 of the current report. As this data builds up we will be able to generate deeper insights into the "customer journey" and identify improvement opportunities from this.	• Survey scores for South Bristol Community Hospital were again below target in Quarter 3. This does not correlate with other management data being reviewed by the Division, and a recent Healthwatch "enter and view" visit was very positive about the hospital. To try and better understand the survey data, customer service "touchpoint mapping" at the hospital will be carried our as part of the Patient Experience and Involvement Team's 2019/20 work programme. • Ward A605 (delayed discharge) continues to attract low survey scores. Although it is challenging to provide a positive experience on this ward, these results do also correlate with staffing issues on the ward that the Division of Medicine management team is working to resolve as a priority. • Outpatient waiting times at the Bristol Haematology and Oncology Centre affected the hospital's overall outpatient experience score. The Division of Specialised Services has outlined a number of actions being taken in response to these challenges (see main report). • Outpatient waiting times at the Bristol Eye Hospital affected the hospital's overall outpatient experience score. This is likely to be the result of a number of staff vacancies in the department, which are currently being recruited to.

2. National benchmarks

The Care Quality Commission's national survey programme provides a comparison of patient-reported experience at UH Bristol against other English NHS hospital trusts. The results show that UH Bristol tends to perform better than the national average in these surveys (Chart 1)[1]. The results of each national survey, along with improvement actions / learning identified from them, are reviewed by the Trust's Patient Experience Group and the Quality and Outcomes Committee of the Trust Board.

Chart 1: UH Bristol's hospital based patient-reported experience relative to national benchmarks
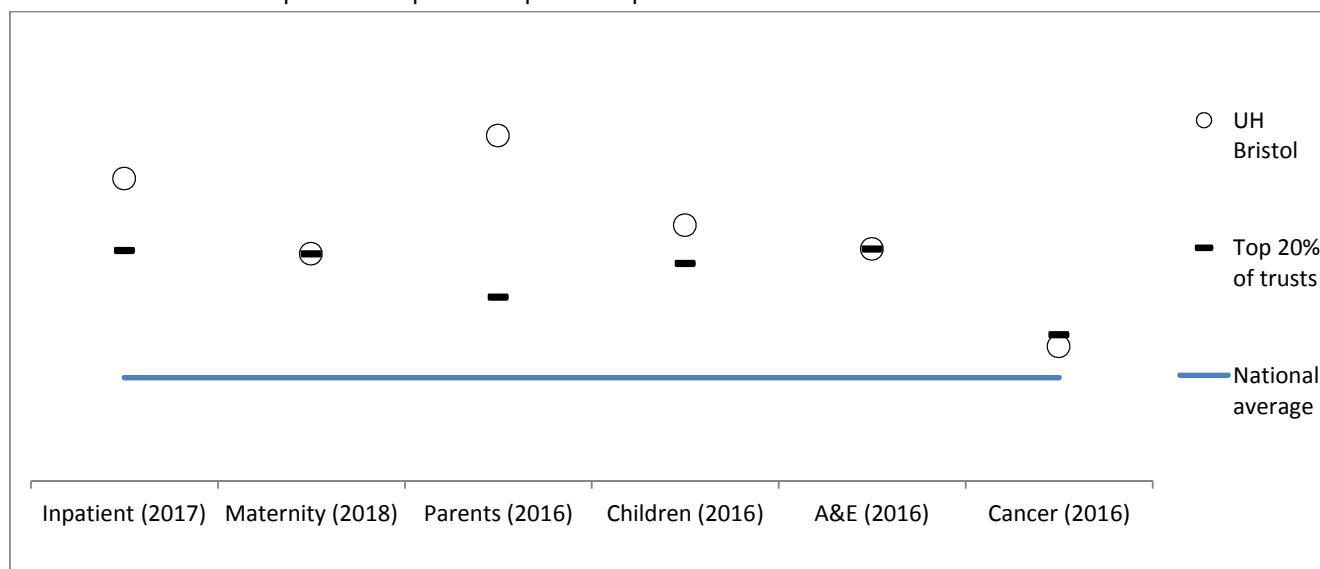
The 2018 national maternity survey results were released in late Quarter 3 2018/19. Of the 19 scores relating to care at UH Bristol's St Michael's Hospital during birth and on the postnatal ward:

- The Trust performed better than the national average, to a statistically significant degree, on the following three questions:
    - o Were you given a choice about where to have your baby?
    - o Did you have skin-to-skin contact with your baby shortly after birth?
    - o If you raised a concern during labour / birth, do you feel this was taken seriously?

- None of the Trust's scores were below the national average to a statistically significant degree.

Chart 1 suggests that the Trust's overall performance in the national maternity survey was on the threshold of being among the best 20% of performing trusts nationally[2].

A full analysis of the results will be carried out during February 2019 by the Patient Experience Team and the Maternity Services management team.

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[1] This is a theme across all of the surveys – these differences do not always reach statistical significance, which can be affected by a number of factors (e.g. sample size).
[2] Unlike the other national surveys, the national maternity survey does not have a single, overarching experience rating question. The data for this survey in Chart 1 therefore takes a mean score across all of the survey questions relating to hospital care.

3

3. Quarter 3 performance overview and exception reports

In Quarter 3, all of the Trust's headline patient-reported experience measures at Trust and Divisional level were above their target levels, indicating that patients continue to report a very positive experience at UH Bristol (Table 1).

Detailed analysis of the survey data, down to ward level, is provided in Section 4 of this report. Table 2 identifies scores that were "negative outliers" within this wider dataset and summarises action(s) undertaken in response to them[3]. Further information about the scoring used in this report, along with the methodologies adopted in the Trust's patient experience and involvement programme, can be found in Appendices A and B.

The response rate to UH Bristol's outpatient Friends and Family Test was below target in Quarter 3 (5.4% against a target of 6%). This was a result of a low response rate in December 2018, which is likely to be accounted for by the suspension of the SMS (text) message arm of the survey for two weeks over the Christmas period to avoid surveying patients during this potentially sensitive time. The survey is now fully live again and so we anticipate that the target will be met again during Quarter 4 2018/19. The decision to temporarily suspend the survey in December was based on advice from the Trust's specialist survey contractor. Given the impact on the response rate, we will review this advice with the contractor

Table 1: Quarter 3 Trust-level patient-reported experience at-a-glance

	Current Quarter (Quarter 2)	Previous Quarter (Quarter 1)
Inpatient experience tracker score	Green	Green
Inpatient kindness and understanding score	Green	Green
Inpatient Friends and Family Test score	Green	Green
Outpatient experience tracker score	Green	Green
Day case Friends and Family Test score	Green	Green
Emergency Department Friends and Family Test score	Green	Green
Inpatient / day case Friends and Family Test response rate	Green	Green
Outpatient Friends and Family Test response rate	Red	Green
Emergency Department Friends and Family Test response rate	Green	Green

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[3]The survey scores shown in this report provide an indication of how service-users rate their experience at UH Bristol. The targets set against each score provide a quality monitoring function: if a score deteriorates to a significant degree it will trigger an alert, providing an opportunity for the senior management team to intervene. The targets strike a balance between being able to detect a Trust level change (where the data is usually very stable / accurate over time), whilst also taking into account the larger margins of error when the data is broken down by hospital and ward (making it more difficult to identify genuine negative outliers at this level).

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Table 2: Patient survey data exception reports for Quarter 3 (the full data can be found in Section 4 of this report)

Issue	Description	Response / Actions
1. Survey scores at South Bristol Community Hospital (Wards 100/200)	Up to and including Quarter 1 2018/19, South Bristol Community Hospital's scores in the Trust's postal survey programme had shown three consecutive quarters of improvement. However, they declined markedly in Quarter 2 and, whilst there has been a slight improvement in Quarter 3, they are again well below target levels (Charts 16 and 17).	This result does not correlate with other inpatient management data for the hospital being reviewed by the Division. Furthermore, following a visit to the hospital in October 2016, Healthwatch Bristol carried out a follow-up "enter and view" visit at the hospital in Quarter 3 2018/19. The general feedback from both visits was very positive. To try and better understand the survey data, customer service "touchpoint mapping" at the hospital will be carried our as part of the Patient Experience and Involvement Team's 2019/20 work programme.

During Quarters 2 and 3 there have been significant issues around the introduction of a new car parking system at the hospital. However, it seems unlikely that this alone affected the inpatient survey scores.

As noted in previous Quarterly Patient Experience and Involvement reports, the lower survey scores at South Bristol Community Hospital do mirror research at a national level, where long stay patients with complex needs generally report a less positive experience. The hospital management team has recently been working with the Trust's Arts Director to explore how patients can remain engaged and mentally active during their stay. New links are also being developed with a local college to attract more students into volunteering roles at the hospital. |
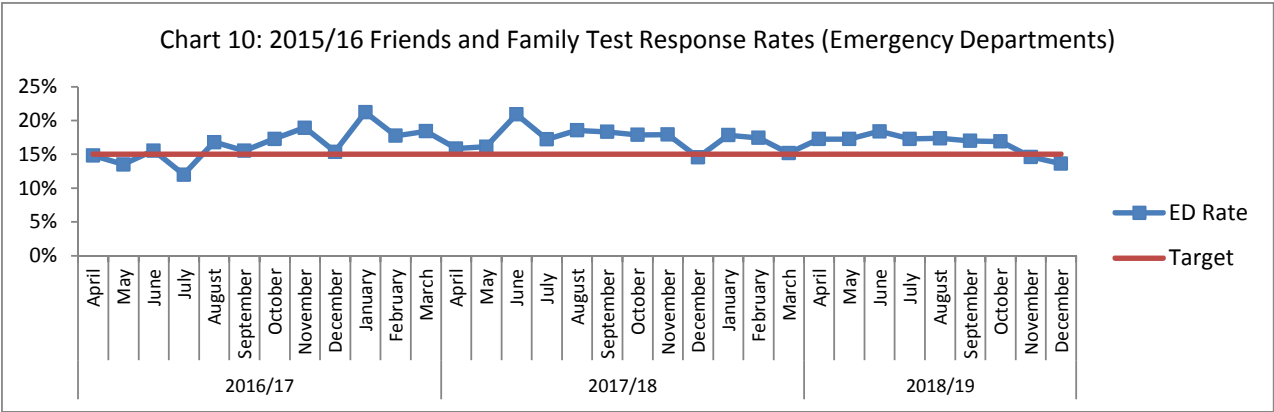| 2. Low survey scores on ward A525 | Ward A525 received the lowest "kindness and understanding" inpatient survey score in Quarter 3 (Charts 20-22). | This is an unusual result for this acute medical ward in the Division of Medicine. It appears to be due to the small sample size for the ward in Quarter 3: of the seven respondents, one stated they had not been treated with kindness and understanding. Clearly the aim is that all patients should rate the Trust's care highly in this respect, but in this case one respondent has very much skewed the *overall* result for the ward. Unfortunately, it has not been possible to determine the reason why this patient had a negative experience. |
| 3. Ward A605 Friends and Family Test | Ward A605 had the lowest inpatient Friends and Family Test score in Quarter 3. (The ward would also have received a relatively low score in the inpatient surveys, but this data could not be published in this report due to the small sample sizes). | These results correlate with staffing challenges being experienced by the ward, which are being addressed by the senior management team in the Division of Medicine. An update will be provided in the next Quarterly Patient Experience and Involvement Report. |

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Issue	Description	Response / Actions
4. Ensuring that inpatients are given information about who to contact with any concerns after leaving hospital	The Division of Medicine had a relatively low score on this survey measure in Quarter 3 (Table 3).	The Division of Medicine management team is confident that this information is provided at discharge. A key challenge is that patients in this Division often have complex / long-term clinical needs and so often leave with a significant amount of information / medication. The "discharge checklist" used by the Division has recently been amended to better ensure that key information is brought to patients' attention at discharge. The Head of Nursing will ensure that this new checklist is being used in all areas.
5. Bristol Eye Hospital "outpatient tracker" survey score	The aggregate outpatient survey tracker score was below target for the Bristol Eye Hospital in Quarter 3 (78/100 against a target of 85). This was a decline in the score compared to previous quarters and was primarily due to patients reporting longer waiting times.	The outpatient department currently has a significant number of staff vacancies, which is impacting on their ability to process patients / wait times. As the vacancies are filled we anticipate the survey scores returning to their former above-target levels.
6. Bristol Haematology and Oncology Centre "outpatient tracker" score	The outpatient tracker score was slightly below target in the Bristol Haematology and Oncology Centre (84/100 against a target of 85) – the "waiting times in clinic" element of this aggregate measure dragged down the overall score.	With increases in demand for Oncology and Haematology services, the Division of Specialised Services is working to provide more capacity and alleviate the waiting times in clinic. Plans are being finalised to create more space by opening an additional 6 outpatient clinic rooms later in 2019. The other factor that impacts waiting times is the national shortage of clinical and medical oncologists: active recruit is being carried out, and other roles are being developed to help support the service - such as the introduction of our first Advanced Clinical Practitioner. There is also now a dedicated Sister in the outpatient department (previously the Sister looked after both the Outpatient and Day Unit areas).
7. Outpatient Friends and Family Test Response Rate	The outpatient Friends and Family Test response rate was 5.4% in Quarter 3, against a target of 6%.	This was a result of a low response rate in December 2018, which is likely to be accounted for by the suspension of the SMS (text) message arm of the survey for two weeks over the Christmas period to avoid surveying patients during this potentially sensitive time. Given the impact on response rates we will review this decision with our survey contractor.

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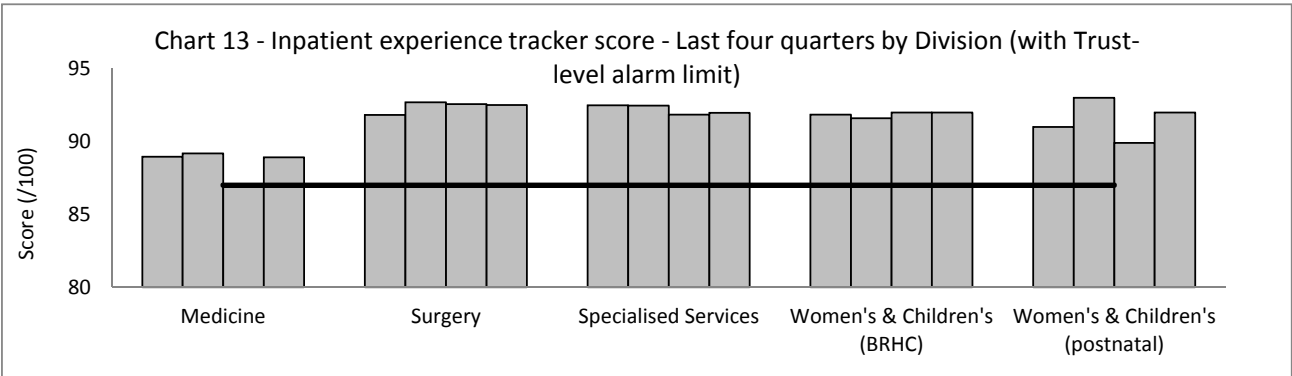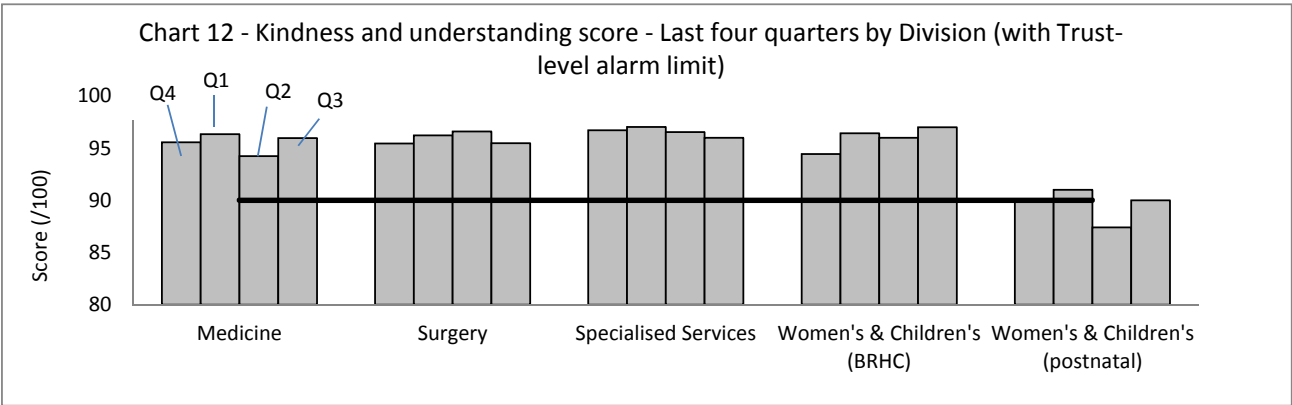## 4. Full survey data up to and including Quarter 3

This section of the report provides a full breakdown of the headline survey data to ward level. Caution is needed below Divisional level, as the margin of error becomes larger. At ward level in particular it is important to look for trends across more than one of the survey measures presented.
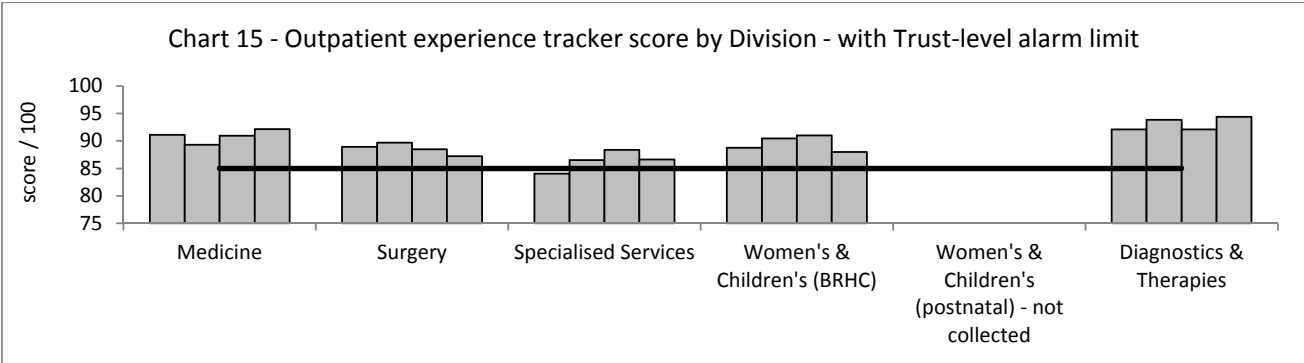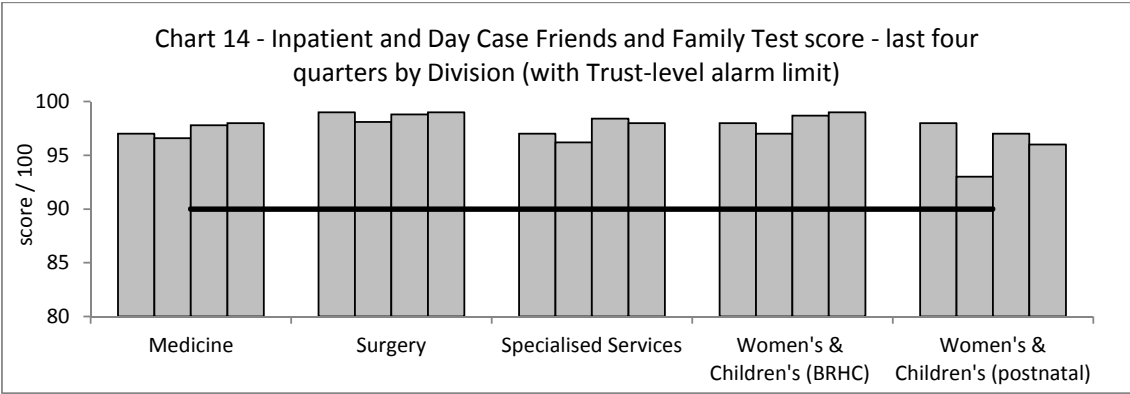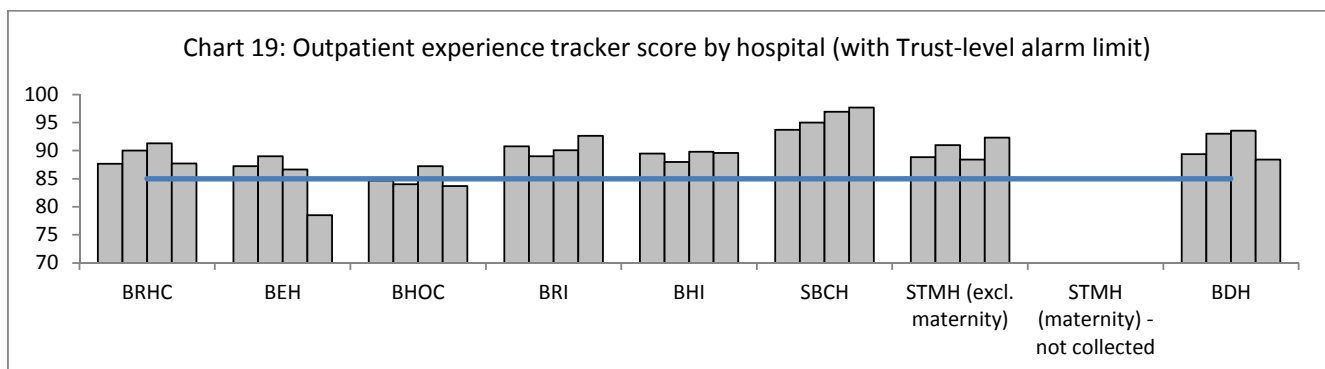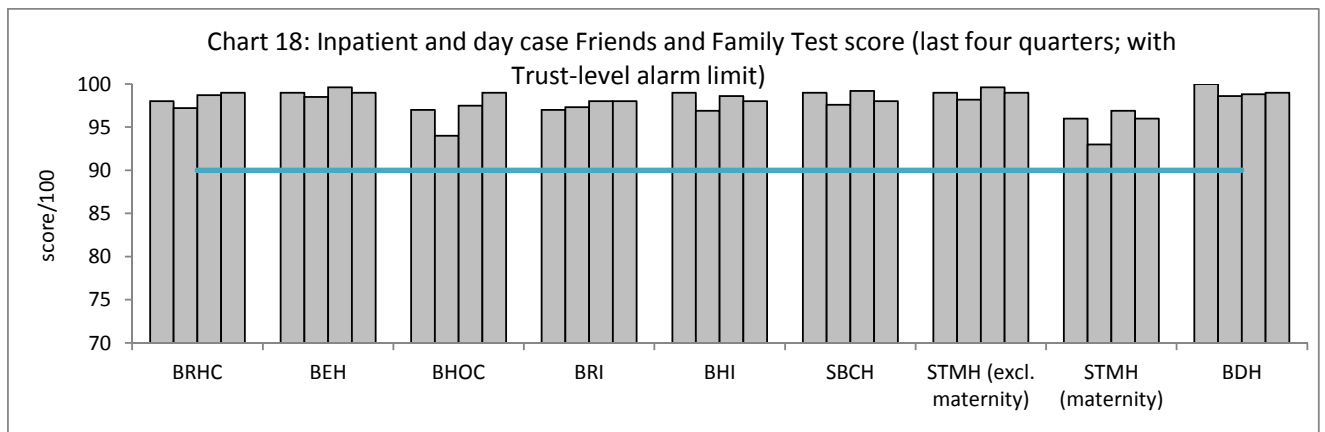

Chart 2 - Kindness and understanding on UH Bristol's wards

Chart 3 - Inpatient experience tracker score

Chart 4 - Outpatient experience tracker score

Chart 5 - Friends and Family Test Score - inpatient and day case

Chart 6 - Friends and Family Test Score - Emergency Departments

Chart 7 - Friends and Family Test Score - maternity (hospital and community)

Chart 8: Friends and Family Test Response Rates (inpatient and day case)

Chart 9: 2015 /16 Friends and Family Test Response Rates (maternity combined)

Chart 10: 2015/16 Friends and Family Test Response Rates (Emergency Departments)

Legend: ED Rate, Target

X-axis (months): April, May, June, July, August, September, October, November, December, January, February, March (2016/17), April, May, June, July, August, September, October, November, December, January, February, March (2017/18), April, May, June, July, August, September, October, November, December (2018/19)

Chart 11: UH Bristol Outpatient Friends and Family Test Response Rates 2017/18

Y-axis: % response rate (0.0 to 10.0)

Legend: Outpatient, Target

X-axis (months): April, May, June, July, August, September, October, November, December, January, February, March (2017/18), April, May, June, July, August, September, October, November, December (est.) (2018/19)

4.1 Divisional level survey results

Chart 12 - Kindness and understanding score - Last four quarters by Division (with Trust-level alarm limit)

Y-axis: Score (/100), 80 to 100

Quarters labelled: Q4, Q1, Q2, Q3

Divisions: Medicine, Surgery, Specialised Services, Women's & Children's (BRHC), Women's & Children's (postnatal)

Chart 13 - Inpatient experience tracker score - Last four quarters by Division (with Trust-level alarm limit)

Y-axis: Score (/100), 80 to 95

Divisions: Medicine, Surgery, Specialised Services, Women's & Children's (BRHC), Women's & Children's (postnatal)

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Chart 14 - Inpatient and Day Case Friends and Family Test score - last four quarters by Division (with Trust-level alarm limit)

Chart 15 - Outpatient experience tracker score by Division - with Trust-level alarm limit

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4.2 Hospital level headline survey results

Key: BRHC (Bristol Royal Hospital for Children), BEH (Bristol Eye Hospital), BHOC (Bristol Haematology and Oncology Centre), BRI (Bristol Royal Infirmary), BHI (Bristol Heart Institute), SBCH (South Bristol Community Hospital), STMH (St Michael's Hospital), BDH (Bristol Dental Hospital)

Chart 16: Kindness and understanding score by hospital (last four quarters; with Trust-level alert limit)

Chart 17: Inpatient experience tracker score by hospital (last four quarters; with Trust-level alarm limit)

Chart 18: Inpatient and day case Friends and Family Test score (last four quarters; with Trust-level alarm limit)

Chart 19: Outpatient experience tracker score by hospital (with Trust-level alarm limit)

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4.3 Ward level headline inpatient survey results

Chart 20: Kindness and understanding score by inpatient ward

X-axis wards: A400, C603, A900, C808, A528, B301, D703, E700, A414, E510, A524, E600, A518, E307, A700, A515, E406A, H304A, C705, C805, A602, D603, A609, E500, E602, C708, E702, E519, A522, A300, E512, A800, C604, A604, 73, 76, 78, 200, 100, A525

Chart 21: inpatient experience tracker score by inpatient ward

X-axis wards: E700, B301, E600, A414, D703, H304A, A700, E702, D603, A602, C604, C808, C603, E510, E519, A528, C705, A518, A524, E307, E602, 73, A609, C805, C708, A515, E406A, 76, A900, A800, E500, 100, A604, 78, A400, A300, A525, A522, E512, 200

Chart 22: Friends and Family Test score by inpatient ward

X-axis wards: E400, E406, E501, E512, E600, A400, A512, A522, A700, C603, C604, 75, E510, C805, E602, D603, A800, A524, A300, A900, A609, H304A, D703, E702, C708, Maternity, A600, C705, A602, A604, E500, 100, A515, 78, A518, 200, A525, A528, C808, E700, A605

Please note that scores are not published for wards with less than five responses as this is insufficient data to work with.

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4.4 <u>Full inpatient survey data by Division</u>

Table 3: Full Quarter 3 Divisional scores from UH Bristol's monthly **inpatient** postal survey (cells are highlighted if they are more than 10 points below the Trust score). Scores are out of 100 unless otherwise stated – see appendices for an explanation of the scoring mechanism. Note: not all inpatient questions are included in the maternity survey.

	Medicine	Specialised Services	Women's & Children's (excl. maternity)	Surgery	Maternity	TOTAL
Were you given enough privacy when discussing your condition or treatment?	93	95	91	94		93
How would you rate the hospital food?	64	60	64	60	57	62
Did you get enough help from staff to eat your meals?	89	89	82	87		87
In your opinion, how clean was the hospital room or ward that you were in?	95	96	92	95	91	95
How clean were the toilets and bathrooms that you used on the ward?	89	92	89	90	80	90
Were you ever bothered by noise at night from hospital staff?	81	82	81	88		84
Do you feel you were treated with respect and dignity by the staff on the ward?	97	97	96	97	93	97
Were you treated with kindness and understanding on the ward?	96	96	96	95	90	96
Overall, how would you rate the care you received on the ward?	88	92	90	90	94	90
When you had important questions to ask a doctor, did you get answers that you could understand?	84	90	90	91	90	89
When you had important questions to ask a nurse, did you get answers that you could understand?	89	91	90	91	94	91
If your family, or somebody close to you wanted to talk to a doctor, did they have enough opportunity to do so?	76	75	79	79	82	77
If your family, or somebody close to you wanted to talk to a nurse, did they have enough opportunity to do so?	85	87	91	88	94	87
Were you involved as much as you wanted to be in decisions about your care and treatment?	81	86	89	89	90	87
Do you feel that the medical staff had all of the information that they needed in order to care for you?	87	91	90	90		90

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	Medicine	Specialised Services	Women's & Children's (excl. maternity)	Surgery	Maternity	Trust
Did you find someone on the hospital staff to talk to about your worries or fears?	67	76	83	79	85	76
Did a member of staff explain why you needed these test(s) in a way you could understand?	85	89	94	89		89
Did hospital staff keep you informed about what would happen next in your care during your stay?	82	85	85	86		85
Were you told when this would happen?	81	81	81	83		82
Beforehand, did a member of staff explain the risks/benefits (of your operation / procedure) in a way you could understand?	n/a	94	95	95		94
Beforehand, did a member of staff explain how you could expect to feel afterwards?	71	76	84	81		79
Were staff respectful of any decisions you made about your care and treatment?	92	95	96	95		95
During your hospital stay, were you ever asked to give your views on the quality of your care?	21	33	31	24	39	27
Do you feel you were kept well informed about your expected date of discharge from hospital?	76	82	87	89		84
On the day you left hospital, was your discharge delayed for any reason?	53	54	68	63	69	60
Did a member of staff tell you about medication side effects to watch for when you went home?	53	57	59	67		60
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	64	83	92	83		82

*Not all of the inpatient survey questions are replicated in the maternity survey.

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4.5 Outpatient experience survey: touch point mapping

As part of UH Bristol's corporate quality improvement objective around developing a more consistent customer service mind set at the Trust, a freelance customer service consultant volunteered his time to help us learn from how organisations in the private sector approach this challenge. As part of these discussions the Patient Experience and Involvement Team were introduced to the concept of "touch point mapping". This is a way of collecting and presenting survey data in a way that mirrors the customer journey - helping to identify key improvement "touchpoints" and areas of strength. This led to a re-design of UH Bristol's monthly outpatient survey questionnaire, with the data collection commencing during Quarter 3 2018/19. Chart 22 presents a Trust-level outpatient touch-point map for UH Bristol. As the data set builds up over coming months we will be able to generate deeper insights from this analysis. However, these initial results suggest that issues already identified by the Trust, such as parking and waiting times in clinic, should remain an improvement priority.

Chart 22: outpatient touchpoint mapping (scores are out of 10)

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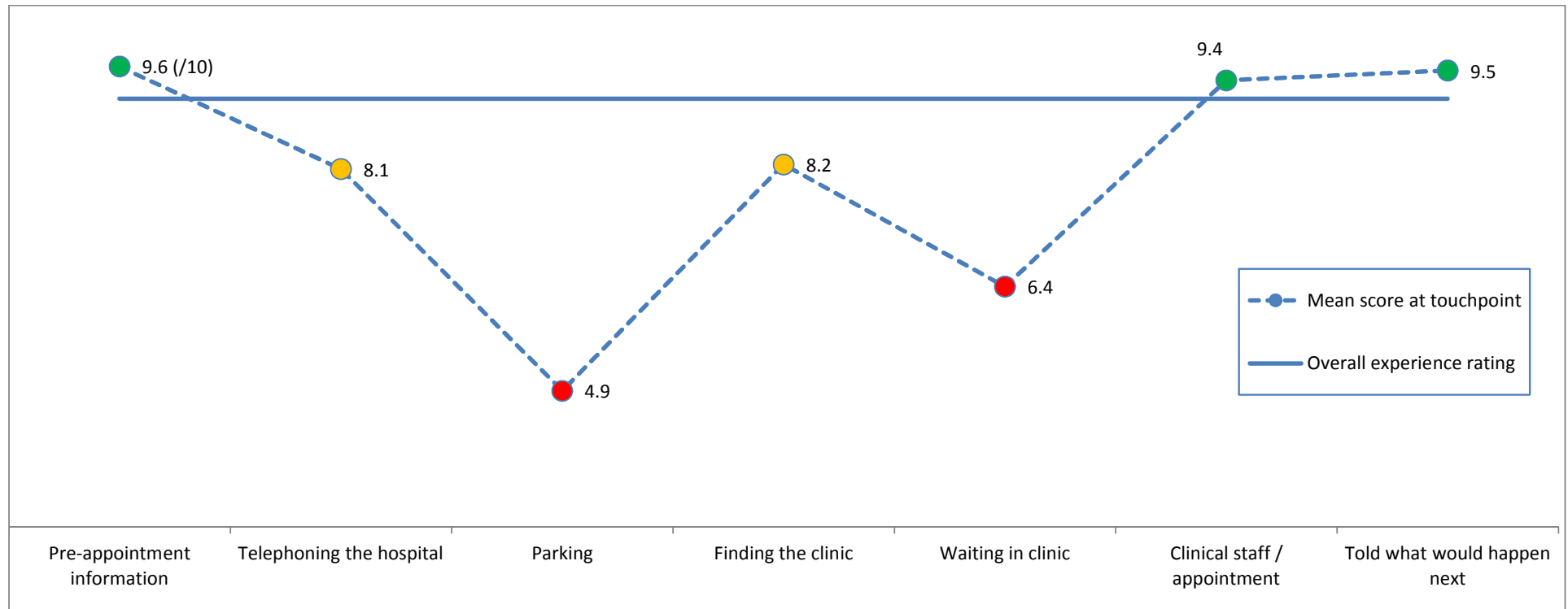
5. Themes arising from free-text comments

At the end of the Trust's postal survey questionnaires, respondents are invited to comment on any aspect of their stay. The themes from these comments are provided in Table 4. By far the most frequent type of feedback is praise for staff. Key improvement themes focus on communication, staff behaviour and waiting times. Although these categories do not directly overlap with the way that the Trust classifies complaints, there are similarities between these issues and themes seen in the complaints data (see accompanying Quarterly Complaints Report).

Table 4: Quarter 3 themes arising from free-text comments in the patient surveys (the comments are taken from the Trust's postal survey programme, unless otherwise stated)[4]

	Theme	Sentiment	Percentage of comments containing this theme
Trust (excluding maternity[5])	Staff	Positive	70%
	Communication/information	Negative	10%
	Food / catering	Negative	8%
Division of Medicine	Staff	Positive	64%
	Waiting / delays	Negative	14%
	Food / catering	Negative	10%
Division of Surgery	Staff	Positive	70%
	Communication/information	Negative	11%
	Food / catering	Negative	8%
Division of Specialised Services	Staff	Positive	68%
	Communication/information	Negative	11%
	Food / catering	Negative	8%
Women's and Children's Division (excluding Maternity)	Staff	Positive	73%
	Communication/information	Negative	12%
	Staff	Negative	10%
Maternity	Staff	Positive	89%
	Staff	Negative	19%
	Food / catering	Negative	19%
Outpatient Services	Staff	Positive	51%
	Waiting / delays	Negative	12%
	Car parking	Negative	10%

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[4] The percentages shown refer to the number of times a particular theme appears in the free-text comments. As each comment often contains several themes, the percentages in Table 1 add up to more than 100%. "Sentiment" refers to whether a comment theme relates to praise ("positive") or an improvement opportunity ("negative").

[5] The maternity inpatient comments have a slightly different coding scheme to the other areas, and maternity is not part of the outpatient survey due to the large number of highly sensitive outpatient clinics in that area of care.

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6. Specific issues raised via the Friends and Family Test

The feedback received via the Trust's Friends and Family Test is generally very positive. Table 5 provides a response from Divisions / services for the relatively small number of negative ratings, where that rating was accompanied by a specific, actionable, comment.

Table 5: Divisional response to specific issues raised via the Friends and Family Test in Quarter 3, where respondents stated that they would <u>not</u> recommend UH Bristol and a specific / actionable reason was given.

Division	Area	Comment	Response from ward / department
Surgery	Queen's Day Unit	*Disorganized. Why call patients in at 1.30 and still waiting at 4.30, over 80 years old and no food and drink. No updates were given.*	Please accept our apologies for the negative experience that this patient had of our service. The patient leaflets that are distributed do state a wait time of up to 3 hours before endoscopy procedures (the appointment time is an arrival time to the department, not the time of the procedure). However, we are currently revising our appointment letters to assist in making this clearer. It is unacceptable that this patient waited so long without any update and all staff on our unit have been reminded to inform patients of any delays. We are currently introducing a new system for alerting patients to waiting times, and anticipate this will be in place by the end of February 2019.
	Bristol Eye Hospital Emergency Department	*From the first point of contact my daughter's treatment was delayed - [unreadable comment] ophthalmologist refused to come into A&E at Bristol even though the walk-in GP wrote that he wanted her to be seen. This resulted in her not having antibiotics for 24 hours. Having a large corneal ulcer this is not acceptable. We arrived again at A&E as her vision has deteriorated - we have now waited 3 hours because the on-call ophthalmologist once again refused to see her at the BRI A&E!*	From the feedback we weren't able to determine whether the issue was with our Emergency Department (at the Bristol Eye Hospital), or if it was at the Bristol Royal Infirmary Emergency Department ("BRI ED"). The Eye Hospital Emergency Department is open until 5pm, after which patients attend the BRI ED. If the on call Ophthalmologist is required at the BRI ED then they will attend, but it is usual that the BRI team would prescribe antibiotic cream and arrange for the patient to be seen in the BEH A&E the following morning. Unfortunately, as this comment was provided anonymously, we are not able to establish why this was not the case. However, the feedback has been shared with the management team. We are very sorry that this family had a negative experience of our service.

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Division	Area	Comment	Response from ward / department
Surgery (continued)	H304	*Kitchen staff making very loud noises with cups at 4.40 am*	We have fed back to the housekeeping team regarding the noise levels in the ward kitchen in order that they are mindful of our patients sleeping.
	H304	*Staff very friendly but cold at night due to faulty windows.*	We are aware of the concerns regarding the old estate and the effects of the cold. Portable heating is provided in order to reduce the impact. We are working with our facilities team to identify the repairs required.
Medicine	A518	*Too noisy, with bright lights on all the time. Not much sleep had.*	We are very sorry to hear about the night time environment. We are currently having a Trust-wide focus to raise awareness amongst staff about this important issue. The Divisional management team is also currently reviewing the general environment on ward A518 to see if a funding bid for refurbishment is required.
	A515	*Too much noise, no TV.*	We are sorry that this patient was disturbed by the noise at night – as an acute ward we can have admissions coming in through the night but we do strive to keep disruption to a minimum. The ward Sister will remind her team to offer ear plugs to patients on the ward. *(Please note: this response did not reference the lack of a TV – this will be discussed with the Division.)*
	A413	*Toilets being deep cleaned - one after I mentioned blood all over it - had to use disabled which was filthy.*	Thank you for this feedback: there was recently a change in the type of clinical care delivered on ward A413. We will check that the cleaning rotas have been updated accordingly.
	A300	*Staff were fantastic. Nothing too much trouble. However, despite the best efforts of the staff, yet again I was forced to wear 2 small robes rather than an XXL. So much for my dignity.*	Thank you for raising this issue: access to the larger size robes should always be available for patients. We will discuss options to resolve this with our colleagues in the Facilities Department.
	A522	*Medical, food, general care: Everything 100%. Issues with toilets and showers. 1 Shower not working 5 days. 2. Excrement around w.c rim and toilet seat 3. Dirty towels around base of W.C pan.*	We are sorry that these issues occurred during this patient's stay. This feedback also came in as a formal complaint that has subsequently been investigated and resolved.

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Division	Area	Comment	Response from ward / department
Bristol Royal Hospital for Children	E510 (Caterpillar ward)	*As parents we found that if we questioned anything about the child's wellbeing with the nurse, the nurse would take offense. Very appalling atmosphere because we dared to question our child's care. We were spoken to rudely by the nurses and then it had a roller coaster effect on us where the other staff were aware that we were being victimized. The GP, consultants and other nurses were great but this experience was the worst in our life.*	Thank you for your feedback. We have informed the Matron for Caterpillar ward to ensure your comments are fed back to the wider team, for reflection on how we should always be interacting with families under these stressful situations. We are very sorry that this family did not have a positive experience in our care.
	E500	*Other parents told us about the parent's kitchen. Staff did not mention this and we were in for more than 4 days.*	We have reminded staff to ensure they inform all families on admission of the location of key facilities, especially the kitchen. Thank you for your feedback.
	E500	*There was not adequate facilities for parents eg no microwave in parents kitchen. However very friendly and professional staff.*	Thank you for your feedback. We are pleased to hear the positive comments about the staff on E500. We are sorry that the facilities were not of a high standard: unfortunately the microwave was broken has now been replaced.
	E500	*The ward was really uncomfortably hot all the time. When the window was open, it was drafty and cold on the patient's bed.*	Thank you for your feedback. It is difficult to manage the temperature of a ward that does not have individualised climate control in all rooms. We have to ensure the ward is not too cold for the small babies, and as a result unfortunately we do appreciate that some families do find it too warm on occasion.
Maternity	73	*It has been freezing, my radiator did not work properly.*	We are very sorry about this issue - there was an issue with the radiators in the induction rooms on ward 73 in December which were air locked. These were reported and the issue resolved.
Specialised Services	C705	*Noisy with bells ringing throughout the night. Bright light outside shining directly on my face.*	We are very sorry that this patient was disturbed at night and will share this feedback with the ward team as a point of learning.

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Division	Area	Comment	Response from ward / department
Specialised Services (continued)	C708	*Noisy trolleys etc., little thought of quiet for patients to sleep at night.*	We are very sorry that this patient had a disturbed night's sleep. We will remind the ward staff that it is important to keep noise to a minimum at night.
	D703	*The drainage is terrible and the shower kept blocking up and backing up. The heating / air conditioning is really bad and uncontrollable. All rooms should be individual and there should be no shared rooms when undergoing this type of treatment. I was put in a room with someone that started dying in the evening and I really should not be put through that traumatic experience.*	A full drainage survey is currently being commissioned at the Bristol Haematology and Oncology Centre to look at improvements that can be made. We do appreciate that some patients do not like shared rooms and we are sorry that this patient had a particularly traumatic experience – unfortunately we can't investigate the full circumstances surrounding this as the comment has been provided anonymously. However, we are aware that the ward would benefit from refurbishment and plans are being developed in this respect.
	D603	*Shared toilet must be checked and cleaned hourly as it is disgusting to have other patients' urine piled up in the toilet.*	We are very sorry that the toilet was not clean: there is a cleaning rota in place and it is cleaned regularly. Unfortunately this incident may have happened in-between cleans.
	D603	*It has been freezing, my radiator did not work properly.*	Thank you for this feedback – we will investigate this comment and fix the radiator if this has not already been done.

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7.   Update on recent and current Patient and Public Involvement (PPI) Activity

7.1 Quality Counts event

In January 2019 members of the UH Bristol Involvement Network joined Trust Members and representatives of the Trusts Young Person's Involvement Group in our annual Quality Counts event. The outcomes of the event will help to inform the Trust's improvement focus for the forthcoming financial year.

7.2 Maternity services "patient experience at heart" work shops

As part of a series of actions to address a dip in the "kindness and understanding" scores on maternity wards (see Quarter 2 Patient Experience and Involvement Report), a series of eight "Patient Experience at Heart" workshop discussions are currently being undertaken with a wide range of staff in maternity services. These discussions focus on enhancing the patient experience by exploring the relationship between staff experience and the experience of mothers and their partners in the maternity service.

7.3 Bristol Deaf Health Partnership

UH Bristol is a founder member of the Bristol Deaf Health Partnership. This is a forum that enables us to work together with a range of external stakeholders and partners to understand and improve the experience of Deaf, hard of hearing and deaf blind people across the health community in Bristol. The Trust is working with the Partnership and local Healthwatch to plan and deliver an event in April 2019, which will explore the experiences of people with sensory loss when they access health services.

7.4 Carer's Strategy Steering Group

The Trust's Carers' Strategy Steering Group was re-launched in October 2018/19. The Group is charged with overseeing delivery of the Trust's Carers' Strategy, which aims to ensure that carers' are treated as equal partners in hospital care. A range of stakeholders attended this event and reviewed the content of the Carers' Strategy to ensure it remains fit-for-purpose. A work plan is currently being developed with the Group, to support the delivery of the Carers' Strategy during the forthcoming year.

7.5 Patients and doctors as partners in Care

In January 2019, thirty Foundation 2 (F2) level doctors met with a group of 6 patients and parent carers to discuss the importance of the relational aspects of care. This is an annual conversation jointly run by the Patient Experience and Involvement team and Clinical Fellows working in the Trust's Medical Education team. It is part of the core training and development programme for F2 doctors. There is an emerging plan to extend the initiative into the paediatric care setting.

7.6 Bristol Dental Hospital review of the student dentist curriculum

Along with Healthwatch Bristol, the Patient and Public Involvement Team supported an event in collaboration with the Trust's Dental school, which reviewed the current student dentist curriculum. A key outcome of this work was that interpersonal-skills will be given a renewed emphasis in the curriculum alongside clinical skills.

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8. "Here to help" programme launch

During December 2018 the Patient Experience and Involvement Team and Transformation Team launched the "Here to help" programme. This brings together a number of projects going on in the Trust that aim to support our staff in delivering a consistently excellent service. The key work streams within this programme are summarised in the graphic below. We are currently installing "Here to help" posters on each ward and the Trust's new real-time feedback system is receiving feedback via peoples' own electronic devices (touchscreen feedback points are currently being installed in the Bristol Royal Infirmary with an anticipated launch in Quarter 4 2018/19). We have also launched UH Bristol's Principles of Excellent Customer Service, which are supporting a range of activities, including the development of a new advanced customer service training programme for staff in key customer-facing roles.

Patient / visitor focus

- Design marketing to promote the "*here to help*" message to patients and visitors via posters on each ward and department

- Procure and implement a new electronic patient / visitor feedback system

- Refresh UH Bristol's Welcome Guide

- Re-design the Trust's comment cards to reflect the "here to help" design

- Introduce a mystery shopping programme

- Align the Trust's outpatient surveys to customer service principles / touchpoints

Staff focus

- Communicate positive messages to celebrate UH Bristol's "here to help" culture

- Develop customer service principles for UH Bristol and embed these into key induction / recruitment programmes

- Design and introduce an advanced customer service training course for staff

- Design and implement a service-level customer service toolkit and recognition programme

- Improve service-level reporting of patient feedback

- *#takephonership* project (improving in-bound telephone call management)

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Appendix A – UH Bristol corporate patient experience programme

The Patient Experience and Involvement Team at UH Bristol manage a comprehensive programme of patient feedback and engage activities. If you would like further information about this programme, or if you would like to volunteer to participate in it, please contact Paul Lewis (paul.lewis@uhbristol.nhs.uk). The following table provides a description of the core patient experience programme, but the team also supports a large number of local (i.e. staff-led) activities across the Trust.

Purpose	Method	Description
Rapid-time feedback	The Friends & Family Test	Before, or just after leaving hospital, all adult inpatients, day case, Emergency Department patients, and maternity service users should be given the chance to state whether they would recommend the care they received to their friends and family and the reason why.
	Comments cards	Comments cards and boxes are available on wards and in clinics. Anyone can fill out a comment card at any time. This process is "ward owned", in that the wards/clinics manage the collection and use of these cards.
Robust measurement	Postal survey programme (monthly inpatient / maternity / outpatient surveys)	These surveys, which each month are sent to a random sample of approximately 2500 patients, parents and women who gave birth at St Michael's Hospital, provide systematic, robust measurement of patient experience across the Trust and down to a ward-level.
	Annual national patient surveys	These surveys are overseen by the Care Quality Commission allow us to benchmark patient experience against other Trusts. The sample sizes are relatively small and so only Trust-level data is available, and there is usually a delay of around 10 months in receiving the benchmark data.
In-depth understanding of patient experience, and Patient and Public Involvement	Face2Face interview programme	Every two months, a team of volunteers is deployed across the Trust to interview inpatients whilst they are in our care. The interview topics are related to issues that arise from the core survey programme, or any other important "topic of the day". The surveys can also be targeted at specific wards (e.g. low scoring areas) if needed.
	The 15 steps challenge	This is a structured "inspection" process, targeted at specific wards, and carried out by a team of volunteers and staff. The process aims to assess the "feel" of a ward from the patient's point of view. Whilst the 15 steps challenge and Face2Face interviews remain stand-alone methodologies, in 2017 they were merged – so that volunteers now carry out the 15 steps challenge whilst in a ward / department to interview patients.
	Involvement Network	UH Bristol has direct links with a range of patient and community groups across the city, who the Trust engages with in various activities / discussions
	Focus groups, workshops and other engagement activities	These approaches are used to gain an in-depth understanding of patient experience. They are often employed to engage with patients and the public in service design, planning and change. The events are held within our hospitals and out in the community.

Appendix B: survey scoring methodologies

Postal surveys

For survey questions with two response options, the score is calculated in the same was as a percentage (i.e. the percentage of respondents ticking the most favourable response option). However, most of the survey questions have three or more response options. Based on the approach taken by the Care Quality Commission, each one of these response options contributes to the calculation of the score (note the CQC divide the result by ten, to give a score out of ten rather than 100).

As an example: Were you treated with respect and dignity on the ward?

	Weighting	Responses	Score
Yes, definitely	1	81%	81*100 = 81
Yes, probably	0.5	18%	18*50= 9
No	0	1%	1*0 = 0
Score			*90*

Friends and Family Test Score

The inpatient and day case Friends and Family Test (FFT) is a card given to patients at the point of discharge from hospital. It contains one main question, with space to write in comments: How likely are you to recommend our ward to Friends and Family if they needed similar care or treatment? The score is calculated as the percentage of patients who tick "extremely likely" or "likely".

The Emergency Department (A&E) FFT is similar in terms of the recommend question and scoring mechanism, but at present UH Bristol operates a mixed card and touchscreen approach to data collection.

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University Hospitals Bristol
NHS Foundation Trust

Meeting of the Board in Public on Thursday 28 March 2019 in the Conference Room, Trust Headquarters

Report Title	Quarterly Patient Complaints Report Q3
Report Authors	Tanya Tofts, Patient Support and Complaints Manager Chris Swonnell, Head of Quality (Patient Experience and Clinical Effectiveness)
Executive Lead	Carolyn Mills, Chief Nurse

1. Report Summary

	Q3	
Total complaints received	463	↑
Complaints acknowledged within set timescale	99.6%	⬆
Complaints responded to within agreed timescale – formal investigation	88.1%	⬆
Complaints responded to within agreed timescale – informal investigation	80.1%	↓
Proportion of complainants dissatisfied with our response (formal investigation)	8.7%	⬇

2. Key points to note

Improvements:

- Complaints about 'clinical care' fell by 17% in Q3. The reporting period includes December, when fewer complaints tend to be received; nonetheless this marks a reversal of the increases seen during Q2.
- Complaints about Trauma and Orthopaedics and Bristol Dental Hospital both continued to fall (6 and 30 respectively in Q3), following previous reductions in Q2.
- Complaints about Adult Restorative Dentistry and Bristol Haematology and Oncology Centre also fell (9 and 17 respectively in Q3).
- In Q3, significantly fewer complaints were received about St Michael's Hospital than in Q2 (20 compared with 37).
- Examples of specific service improvements made in response to complaints in Q3 can be found in section 4 of this report.
- In December, 91% of formal complaints were responded to within the timescale agreed with the complainant (best since December 2016).
- A smaller proportion of complainants are expressing dissatisfaction with the outcome of the investigation of their concerns. A detailed review of all dissatisfied complaints received in the first five months of 2018/19 suggests that the best possible outcome the Trust could have achieved would have been between 6% and 8% dissatisfied; it is therefore proposed to re-base the current 5% target for 2019/20.

However:

- In Q3, 41 complaints were received about car parking at South Bristol Community Hospital. Action is being taken to address problems associated with the parking payment system.

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Recognising success
Working together
Our hospitals.

- Growth in patient activity in Dermatology has contributed to an increase in complaints received by the service relating to delays in follow up appointments and communication with the appointments team. An improvement plan is in place to address this; however, complaints rose again in Q3 (22 complaints received).
- During Q3, complainants were experiencing delays of up to a week to receive a call-back from a caseworker following initial timely acknowledgement of their concerns. This was due to a significant number of staff absences in the Patient Support and Complaints Team (PSCT); a situation which has continued into Q4 (at the time of writing, two complaints caseworkers remain long term absentees). Team workload and capacity continue to be closely monitored.

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

Risk 2680 - Delayed follow-up calls by Patient Support and Complaints Team to complainants. Since Q2 report, backlog of cases has re-emerged. As at 14/3/19, PSCT caseworkers are taking up to seven working days to call complainants back to discuss the details of their concerns; however the receipt of all complaints continues to be acknowledged in a timely way, according to standards.

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

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

5. History of the paper	
Please include details of where paper has previously been received.	
Patient Experience Group	14/02/19
Senior Leadership Team	20/03/19
Quality and Outcomes Committee	26/03/19

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Public Board Meeting - March 2019-28/03/19 - Page 329

Complaints Report

Quarter 3, 2018/2019

(1 October 2018 to 31 December 2018)

Author: Tanya Tofts, Patient Support and Complaints Manager

Quarter 3 Executive summary and overview

	Q3	
Total complaints received	**463**	↑
Complaints acknowledged within set timescale	**99.6%**	↑
Complaints responded to within agreed timescale – formal investigation	**88.1%**	↑
Complaints responded to within agreed timescale – informal investigation	**80.1%**	↓
Proportion of complainants dissatisfied with our response (formal investigation)	**8.7%**	↓

Successes	Priorities
• Complaints about 'clinical care' fell by 17% in Q3. The reporting period includes December, when fewer complaints tend to be received; nonetheless this marks a reversal of the increases seen during Q2. • Complaints about Trauma and Orthopaedics and Bristol Dental Hospital both continued to fall (6 and 30 respectively in Q3), following previous reductions in Q2. • Complaints about Adult Restorative Dentistry and Bristol Haematology and Oncology Centre also fell (9 and 17 respectively in Q3). • In Q3, significantly fewer complaints were received about St Michael's Hospital than in Q2 (20 compared with 37). • Examples of specific service improvements made in response to complaints in Q3 can be found in section 4 of this report. • In December, 91% of formal complaints were responded to within the timescale agreed with the complainant (best since December 2016). • A smaller proportion of complainants are expressing dissatisfaction with the outcome of the investigation of their concerns. A detailed review of all dissatisfied complaints received in the first five months of 2018/19 suggests that the best possible outcome the Trust could have achieved would have been between 6% and 8% dissatisfied; it is therefore proposed to re-base the current 5% target for 2019/20.	• The Trust's performance in responding to complaints in a timely manner is gradually improving but remains below our 95% target. During Q3, details of all breaches of timescale have continued to be reported monthly to the Clinical Quality Group. • In Q3, 41 complaints were received about car parking at South Bristol Community Hospital. Action is being taken to address problems associated with the parking payment system.
Opportunities	**Risks & Threats**
• Feedback from our complaints survey shows the importance that complainants place on timely, high quality responses. Further training sessions are being developed and rolled out to ensure staff are equipped to manage and respond to complainants, both verbally and in writing. • The Trust's Patient Support and Complaints Manager will also be working with Divisions to develop a process for consistently recording evidence that actions identified as a result of a complaint are completed.	• Growth in patient activity in Dermatology has contributed to an increase in complaints received by the service relating to delays in follow up appointments and communication with the appointments team. An improvement plan is in place to address this; however, complaints rose again in Q3 (22 complaints received). • During Q3, complainants were experiencing delays of up to a week to receive a call-back from a caseworker following initial timely acknowledgement of their concerns. This was due to a significant number of staff absences in the Patient Support and Complaints Team (PSCT); a situation which has continued into Q4 (at the time of writing, two complaints caseworkers remain long term absentees). Team workload and capacity continue to be closely monitored.

1. Complaints performance – Trust overview

The Trust is committed to supporting patients, relatives and carers in resolving their concerns. Our service is visible, accessible and impartial, with every issue taken seriously. Our aim is to provide honest and open responses in a way that can be easily understood by the recipient.

1.1 Total complaints received

The Trust received 463 complaints in quarter 3 (Q3) of 2018/19. This total includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)[1] but does not include concerns which may have been raised by patients and dealt with immediately by front line staff.

Figure 1 provides a long-term view of complaints received per month. This shows that the Trust typically receives around 150 complaints per month. In months where more complaints have been received, this has been attributable to a specific one-off issue. For example, during Q3, the Trust received a high number of complaints about car parking at South Bristol Community Hospital (see section 2 of this report). However, the Trust usually receives fewer complaints in December and this was again the case in December 2018, when 101 complaints were received.

Figure 1: Number of complaints received

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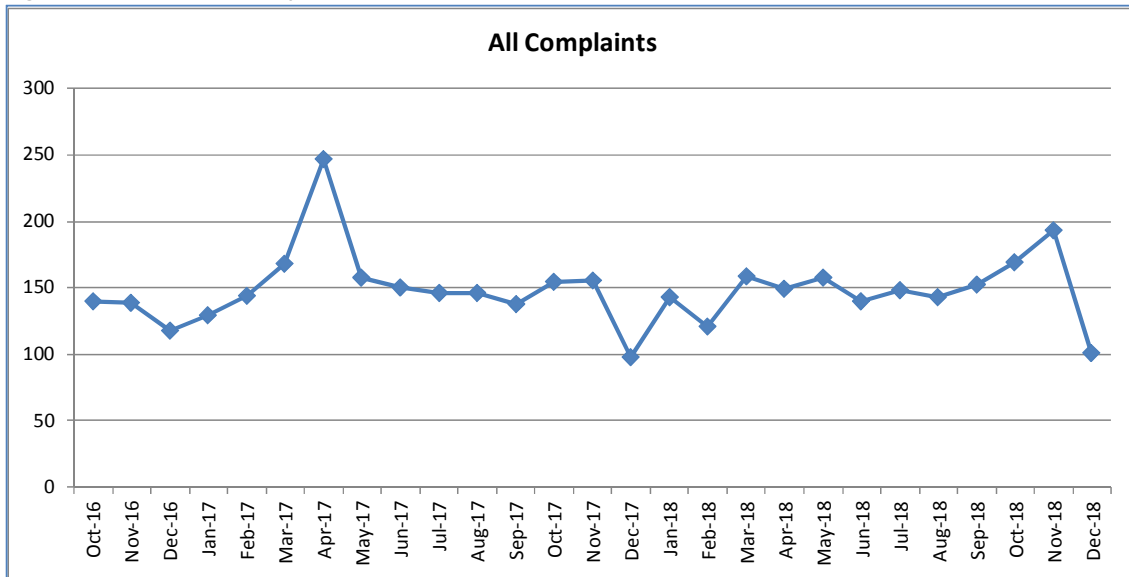
[1] Informal complaints are dealt with quickly via direct contact with the appropriate department, whereas formal complaints are dealt with by way of a formal investigation via the Division.

Figure 2: Numbers of formal v informal complaints
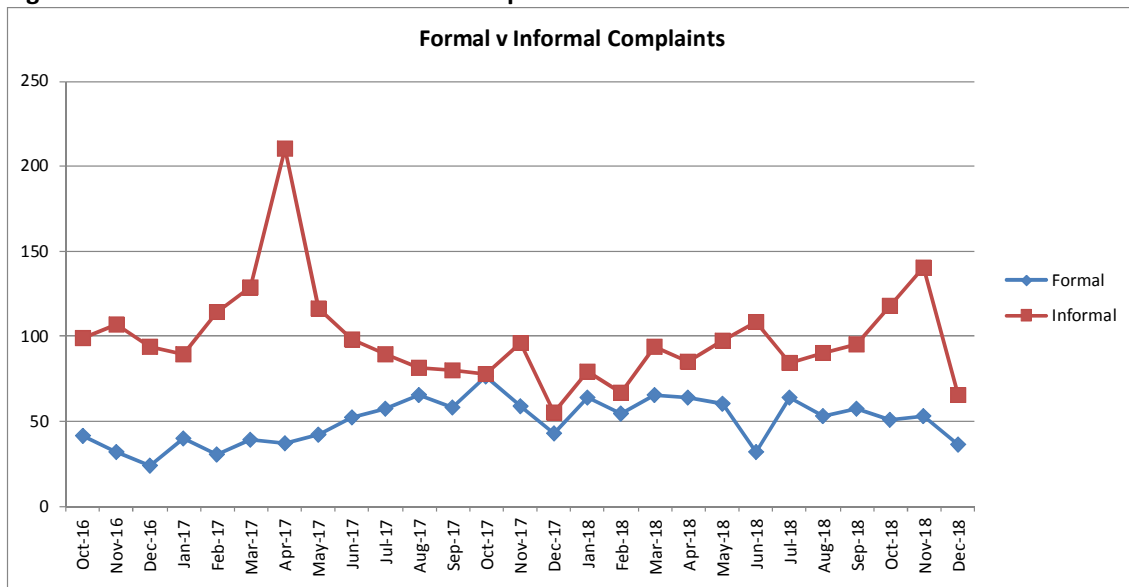
Figure 2 (above) shows complaints dealt with via the formal investigation process compared with those dealt with via the informal investigation process, over the same period. It is encouraging to see that we are consistently dealing with a higher proportion of complaints via the informal process, as this means that these issues are being dealt with as quickly as possible and by the specialty managers responsible for the service involved.

1.2 Complaints responses within agreed timescale

Whenever a complaint is managed through the formal resolution process, the Trust and the complainant agree a timescale within which we will investigate the complaint and write to the complainant with our findings, or arrange a meeting to discuss them. The timescale is agreed with the complainant upon receipt of the complaint and is usually 30 working days.

When a complaint is managed through the informal resolution process, the Trust and complainant also agree a timescale and this is usually 10 working days.

1.2.1 Formal Investigations

The Trust's target is to respond to at least 95% of complaints within the agreed timescale. The end point is measured as the date when the Trust's response is posted to the complainant. Figure 3 shows the percentage of formal complaints responded to within the agreed timescale since April 2016.

In Q3 2018/19, 88.1% of responses were posted within the agreed timescale. This represents 26 breaches out of the 217 formal complaints which received a response during the quarter[2]. This is a small improvement on Q2 when performance was 86.1%, although this remains below the Trust's target of 95%. Figure 3 shows the Trust's performance in responding to complaints since October 2016.

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[2] Note that this will be a different figure to the number of complainants who *made* a complaint in that quarter.

Figure 3: Percentage of formal complaints responded to within agreed timescale

Percentage responded to within deadline - Formal
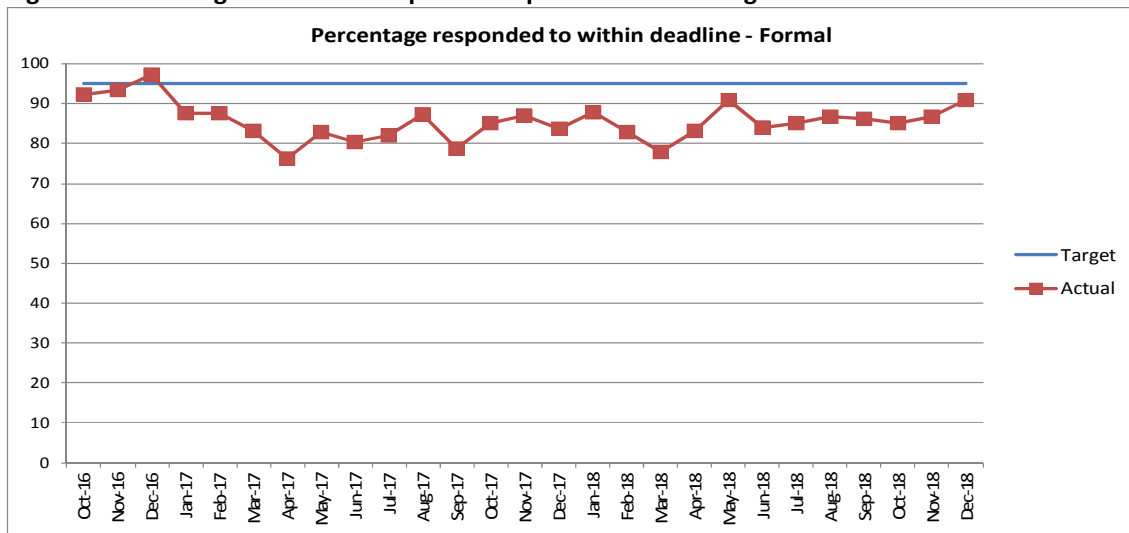
1.2.2 Informal Investigations

In Q3 2018/19, the Trust received 323 complaints that were investigated via the informal process. During this period, 292 informal complaints were responded to and 80.1% of these (234 of 292) were resolved within the time agreed with the complainant. This represents a deterioration on the 85.9% achieved in Q2. However, it is worth noting that there was a 47% increase in the number of informal responses compared with the previous quarter.

Whilst the percentage of informal complaints resolved within the agreed deadline is not currently formally reported to the Board, it is recommended that this is brought into line with the reporting of formal complaint breaches for 2019/20, given that so many complaints are now resolved informally. Figure 4 (below) shows performance since January 2018.

Figure 4: Percentage of informal complaints responded to within agreed timescale

Percentage responded to within deadline - Informal
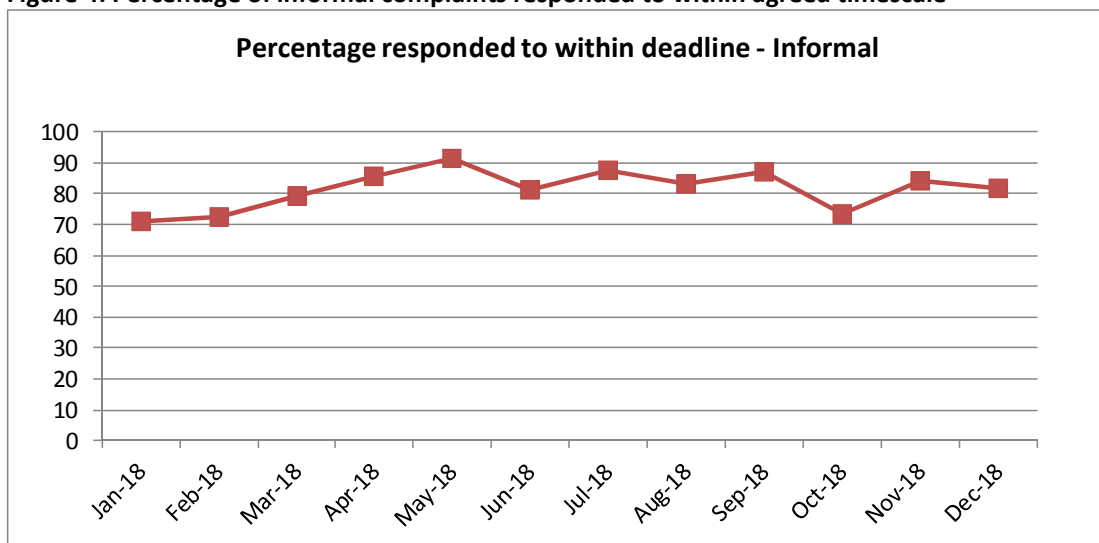
1.3 Dissatisfied complainants

Our target is for less than 5% of complainants to be dissatisfied with our [formal] response to their complaint. This data is reported **two months in arrears** in order to capture the majority of cases where, having considered the findings of our investigations, complainants tell us they are not happy with our response.

In Q3 2018/19, by the cut-off point of mid-February 2019 (the point at which dissatisfied data for Q3 was confirmed for board reporting), 15 complainants who received a first response from the Trust in October and November 2018, had contacted us to say they were dissatisfied. This represents 8.7% of the 173 first responses sent out during that period.

In view of the fact that the proportion of dissatisfied responses has remained consistently above our target, the Trust has reinstated a comprehensive monthly review of all dissatisfied cases. These reviews are carried out by the Head of Quality (Clinical Effectiveness and Patient Experience) and a nominated Divisional Head of Nursing. The objective of the reviews is to identify whether or not there were missed opportunities to achieve a more satisfactory outcome for the complainant. The findings of these reviews are reported to the Clinical Quality Group on a monthly basis (and Patient Experience Group on a quarterly basis in summary form) and shared across all Divisions.

A detailed retrospective view of all dissatisfied complaints received in the first five months of 2018/19 suggests that the best possible score the Trust could have achieved would have been between 6% and 8% (unfortunately, there are some complaints where it is not possible to achieve the outcome that the complainant is seeking); it is therefore proposed to re-base the current 5% target for 2019/20.

Figure 5 shows the monthly percentage of complainants who were dissatisfied with aspects of our complaints responses since April 2016.

Figure 5: Dissatisfied cases as a percentage of responses
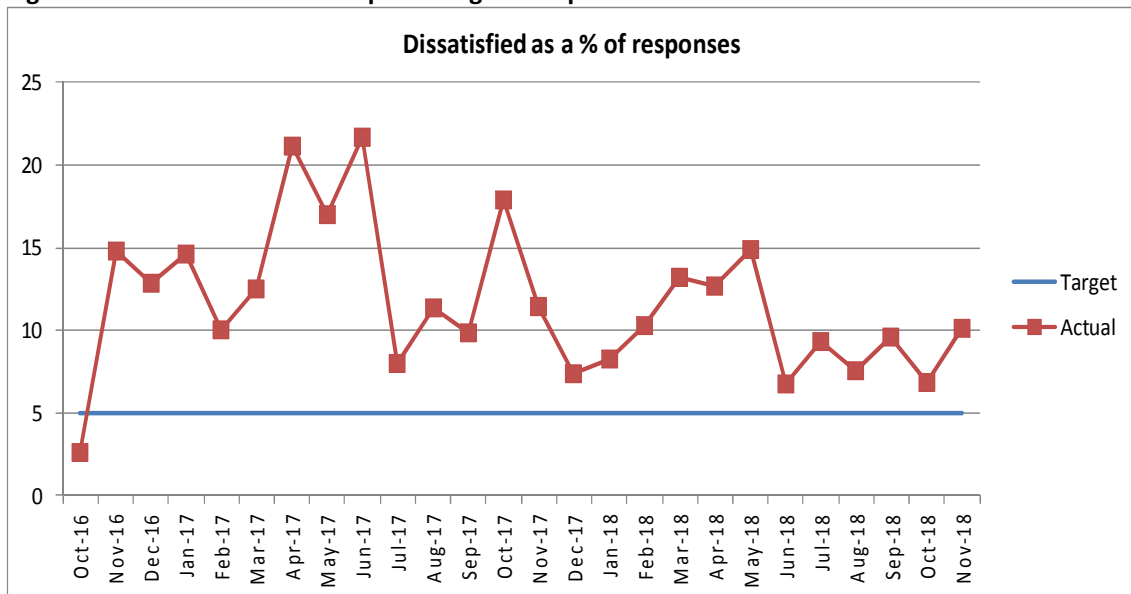
2. Complaints themes – Trust overview

Every complaint received by the Trust is allocated to one of eight major categories, or themes. Table 1 provides a breakdown of complaints received in Q3 2018/19 compared with Q2 2018/19. In Q3, there was a significant increase in the number of complaints categorised as 'facilities and environment'. These were in respect of a large number of complaints received in Q3 about car parking at South Bristol Community Hospital, which accounted for 41 of the 62 complaints received. However, complaints about 'clinical care', 'discharge/transfer/transport' and 'access' all decreased compared with Q2, with complaints about 'clinical care' falling by 17%.

Table 1: Complaints by category/theme

Category/Theme	Number of complaints received in Q3 (2018/19)	Number of complaints received in Q2 (2018/19)
Appointments & Admissions	135 (29.2% of all complaints) ↑	127 (28.7% of all complaints) ↓
Clinical Care	123 (26.6%) ↓	148 (33.4%) ↑
Attitude & Communication	90 (19.4%) ↑	85 (19.2%) ↓
Facilities & Environment	62 (13.4%) ↑	32 (7.2%) ↑
Information & Support	32 (6.9%) ↑	28 (6.3%) ↑
Documentation	13 (2.8%) ↑	7 (1.6%) =
Discharge/Transfer/Transport	8 (1.7%) ↓	11 (2.5%) ↑
Access	0 (0%) ↓	5 (1.1%) ↑
Total	**463**	**443**

Each complaint is also assigned to a more specific sub-category, of which there are over 100. Table 2 lists the ten most consistently reported sub-categories, which together accounted for 74.5% of the complaints received in Q3 (345/463). In Q2, there was an increase in the number of complaints received about car parking, which was attributed to issues with the new parking system in place at South Bristol Community Hospital (Parking Eye). At that time, it was reported that these issues had been rectified. However, this was not the case and the Trust continues to receive complaints about this. The Trust has now confirmed that new parking payment machines will be installed in the car park in February/March 2019, which should resolve the problems being experienced.

Table 2: Complaints by sub-category

Sub-category	Number of complaints received in Q3 (2018/19)	Q2 (2018/19)	Q1 (2018/19)	Q4 (2017/18)
Clinical care (Medical/Surgical)	94 (8% increase compared to Q2) ↑	87	53	52
Cancelled/delayed appointments and operations	82 (18.8% increase) ↑	69	96	73
Car Parking	46 (187.5% increase)	16	7	4
Appointment administration issues	42 (12.5% decrease) ↓	48	37	23
Attitude of medical staff	18 (20% increase) ↑	15	20	19
Attitude of admin/clerical staff	16 (60% increase) ↑	10	12	10
Failure to answer telephones/failure to respond	14 (40% increase) ↑	10	9	11

| Clinical care (Nursing/Midwifery)	13 (64.9% decrease) ↓	37	24	27
Communication with patient/relative	12 (50% decrease) ↓	24	29	19
Attitude of nursing/midwifery staff	8 (38.5% decrease) ↓	13	8	11

In summary, for the second quarter in succession, the largest proportional increase was in complaints about 'car parking' and, more specifically, parking at South Bristol Community Hospital. The largest proportional decrease was in complaints about 'clinical care (nursing/midwifery)', which saw complaints in this sub-category drop from 37 in Q2 to 13 in Q3. There were also small increases in the number of complaints received about 'attitude of admin/clerical staff' and failure to answer phone/failure to respond'.

Figures 6-9 (below) show the longer term pattern of complaints received since October 2016 for a number of the complaints sub-categories reported in Table 2. Figure 6 shows a reduction towards the end of the year in complaints about clinical care (medical/surgical), although there was an overall reduction of complaints received during the month of December. Trends in sub-categories of complaints are explored in more detail in the individual divisional details from section 3.1.1 onwards.

Figure 6: Clinical care – Medical/Surgical
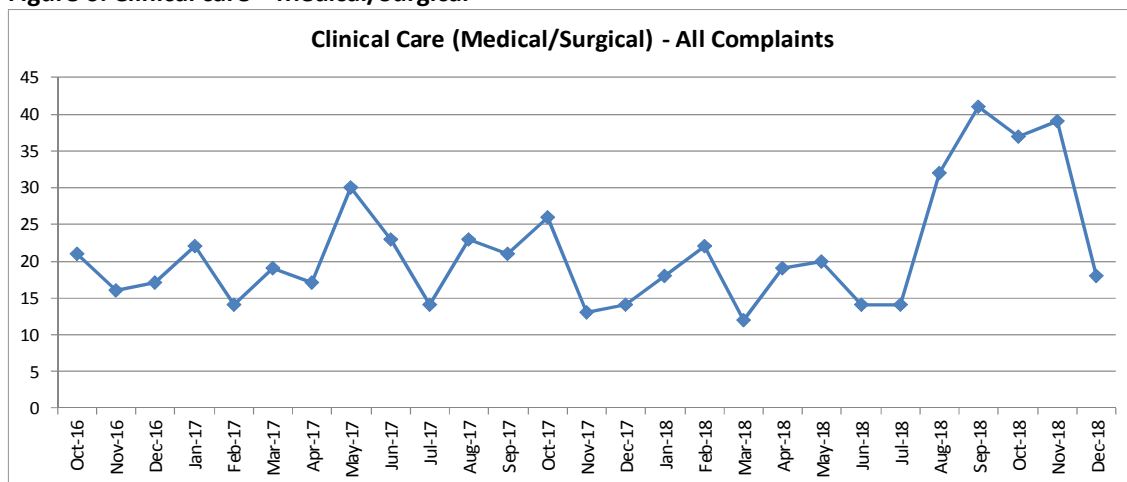
Figure 7: Cancelled or delayed appointments and operations

Cancelled/Delayed Appointments & Operations - All Complaints

Figure 8: Car Parking
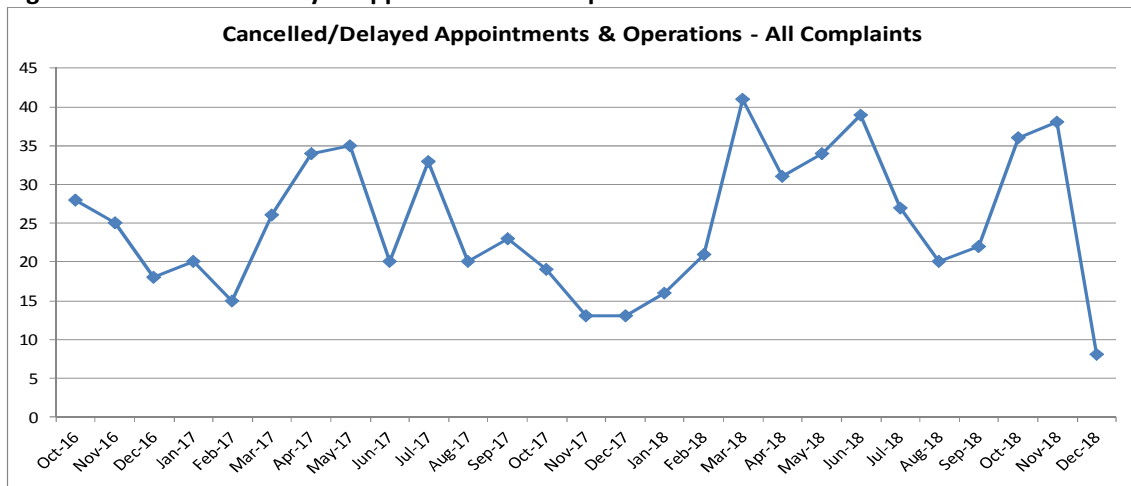
Car Parking - All Complaints
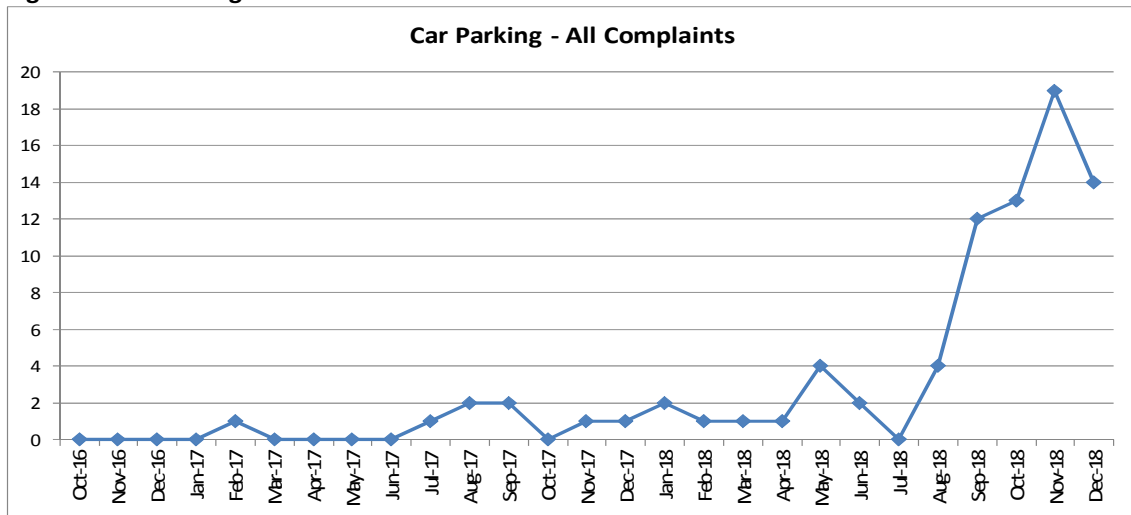
Figure 9: Appointment administration issues

Appointment Administration Issues - All Complaints
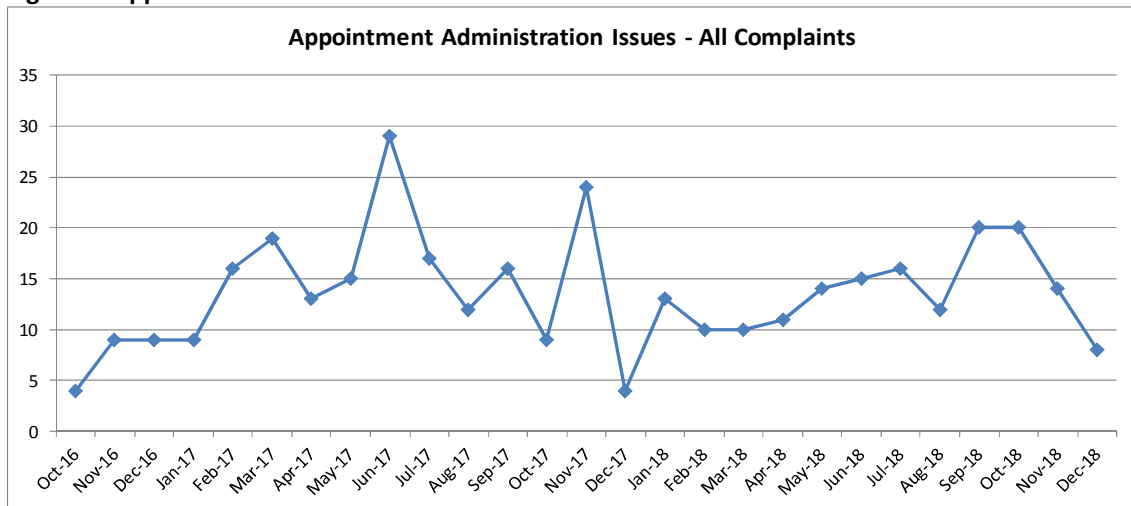
3. Divisional Performance

3.1 Divisional analysis of complaints received

Table 3 provides an analysis of Q3 complaints performance by Division. In addition to providing an overall view, the table includes data for the three most common reasons why people complain: concerns about appointments and admissions; and concerns about staff attitude and communication. Data for the Division of Trust Services is not included in this table but is summarised in section 3.1.6 of the report.

Table 3	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies
Total number of complaints received	138 (140) ↓	92 (94) ↓	59 (71) ↓	74 (83) ↓	19 (19) =
Number of complaints about appointments and admissions	66 (62) ↑	21 (24) ↓	23 (22) ↑	18 (14) ↑	4 (4) =
Number of complaints about staff attitude and communication	24 (22) ↑	30 (18) ↑	9 (12) ↓	11 (20) ↓	6 (7) ↓
Number of complaints about clinical care	34 (40) ↓	27 (36) ↓	21 (27) ↓	35 (39) ↓	6 (5) ↑
Area where the most complaints have been received in Q3	Bristol Dental Hospital (BDH) – 30 (39) Adult Restorative Dentistry (BDH) – 9 (15) Bristol Eye Hospital (BEH) – 39 (43) BEH Administration Dept – 14 (14) Trauma & Orthopaedics – 6 (11) ENT – 10 (9) Upper GI – 8 (9) QDU Endoscopy – 6 (6)	Emergency Department (BRI) – 17 (20) Dermatology – 22 (20) Unity Sexual Health – 10 (6) Sleep Unit – 6 (3)	BHI (all) – 38 (43) BHOC (all) – 17 (26) BHI Outpatients – 12 (21) Ward C708 – 9 (7) Ward C705 – 8 (2) Chemo Day Unit / Outpatients (BHOC) – 7 (16)	**BRHC (all) – 53 (45)** Paediatric Neurology & Neurosurgical – 7 (7) Children's ED (E308) – 6 (5) Paediatric Orthopaedics – 5 (3) ENT (BRHC) – 4 (0) **StMH (all) – 20 (37)** Gynaecology Outpatients (StMH) – 6 (4)	Radiology – 9 (7) Audiology – 5 (3) Physiotherapy – 3 (1)
Notable deteriorations compared with Q2	No notable deteriorations	Unity Sexual Health – 10 (6)	Ward C705 – 8 (2)	ENT (BRHC) – 4 (0)	No notable deteriorations.
Notable improvements compared with Q2	Adult Restorative Dentistry (BDH) – 9 (15) Trauma & Orthopaedics – 6 (11)	Emergency Department (BRI) – 17 (20)	BHOC (all) – 17 (26) Chemo Day Unit /Outpatients (BHOC) – 7 (16)	Ward 73 – 1 (9) Ward 78 – 2 (5) Central Delivery Suite – 2 (7)	Pharmacy – 1 (6)

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3.1.1 Division of Surgery

There was a slight reduction in the overall number of complaints received by the Division of Surgery in Q3, compared with Q2. Complaints received by Bristol Dental Hospital and Bristol Eye Hospital decreased in Q3, as did those received by Trauma & Orthopaedics. In particular, complaints about Adult Restorative Dentistry fell from 15 to 9.

Complaints about 'attitude and communication' increased slightly, after decreasing for the previous four consecutive quarters, whilst complaints in respect of 'appointments and admissions' still accounted for almost half of all complaints received by the Division. Complaints about 'clinical care (medical/surgical)' remained at the same level as reported in Q2.

Table 4: Complaints by category type

Category Type	Number and % of complaints received – Q3 2018/19	Number and % of complaints received – Q2 2018/19
Appointments & Admissions	66 (47.8% of total complaints) ↑	62 (44.3% of total complaints) ↓
Clinical Care	34 (24.6%) ↓	40 (28.6%) ↑
Attitude & Communication	24 (17.4%) ↑	22 (15.7%) ↓
Information & Support	4 (2.9%) ↑	5 (3.5%) ↓
Documentation	3 (2.2%) ↓	4 (2.9%) ↑
Discharge/Transfer/ Transport	3 (2.2%) ↑	2 (1.4%) ↑
Access	3 (2.2%) ↓	4 (2.9%) ↑
Facilities & Environment	1 (0.7%) =	1 (0.7%) ↑
Total	**138**	**140**

Table 5: Top sub-categories

Category	Number of complaints received – Q3 2018/19	Number of complaints received – Q2 2018/19
Cancelled or delayed appointments and operations	42 ↑	32 ↓
Clinical care (medical/surgical)	25 =	25 ↑
Appointment administration issues	22 ↓	24 ↑
Attitude of Medical Staff	6 ↑	2 ↓
Attitude of A&C Staff	5 ↑	4 ↑
Failure to answer telephones/ failure to respond	4 ↓	5 ↑
Discharge arrangements	3 ↑	2 ↑

Table 6: Divisional response to concerns highlighted by Q3 data

Concern	Explanation	Action
39 complaints were received by the Bristol Eye Hospital (BEH). Although this represents a small decrease compared to Q2, this needs to be read in the context of traditionally low numbers of complaints across the Trust during December. Almost half of the complaints (19 of 39) were about 'appointments and admissions'. Of these 19 complaints, nine were in respect of appointment administration issues and nine were about cancelled or delayed appointments. Nine complaints were received about 'clinical care (medical/surgical)'. 13 of these complaints related to Outpatients and 14 were for the Administration Department.	A review of the cases has not identified any worrying themes, 'hot spots' or recurring concerns about individual staff members. Complaints about clinical care tend to relate to patients' clinical pathways and their understanding of what is happening or has taken place. There was one case where a patient had complained about awareness during general anaesthesia; this has been subject to an RCA investigation.	Increasing capacity within theatres and outpatients, introducing two new twilight lists - however this is dependent on staff recruitment. All complaints are discussed with staff cited in complaints for learning.

Current divisional priorities for improving how complaints are handled and resolved

The division continues to focus on the standard of response letters in an attempt to ensure accuracy and reduce the numbers of dissatisfied complainants.

Priority issues we are seeking to address based on learning from complaints

To increase awareness of customer care training through the monthly Divisional Governance Grapevine, which is circulated across the Division.

**Figure 10: Surgery, Head & Neck – formal and informal complaints received**

Surgery - Complaints Received

Legend: All complaints, Formal, Informal
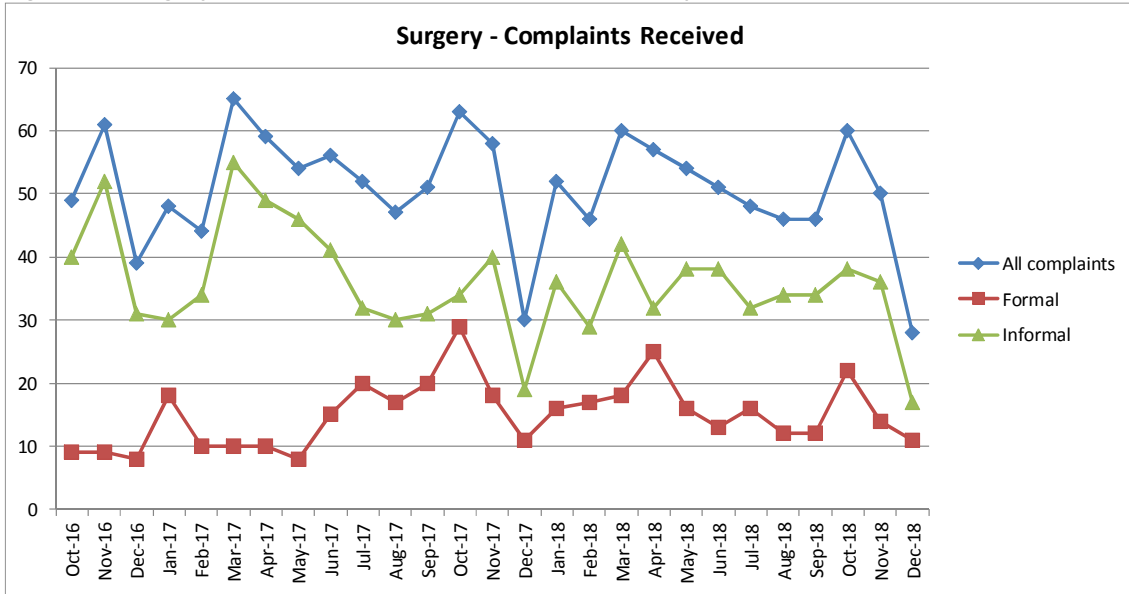
Figure 11: Complaints received by Bristol Dental Hospital

Bristol Dental Hospital - All Complaints
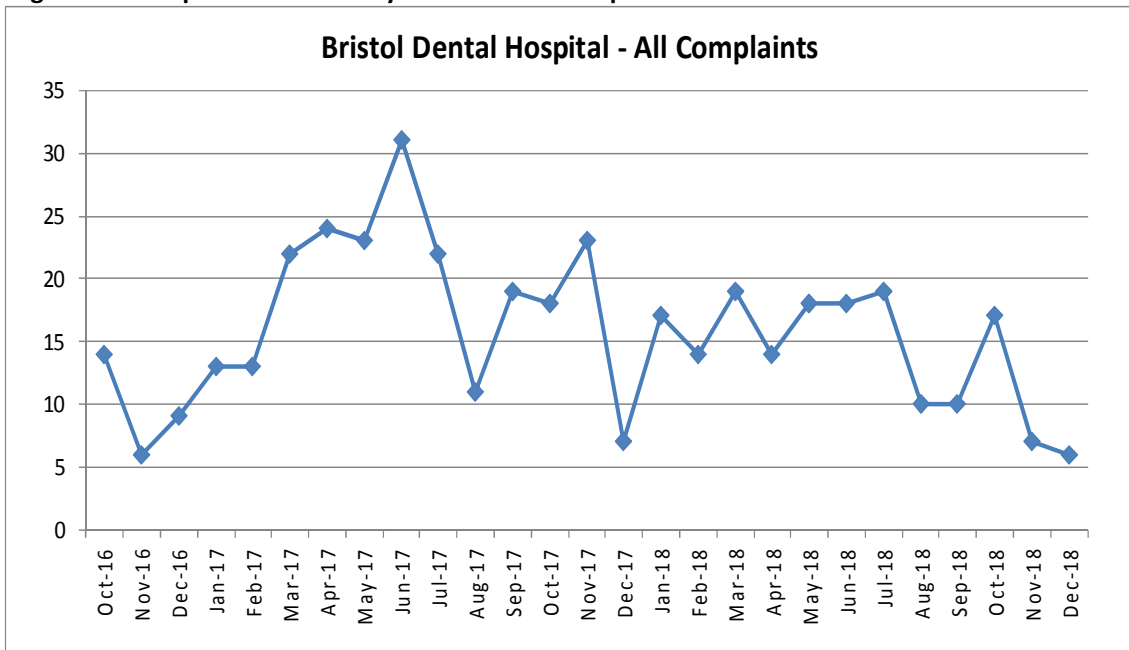
Figure 12: Complaints received by Bristol Eye Hospital

Bristol Eye Hospital - All Complaints
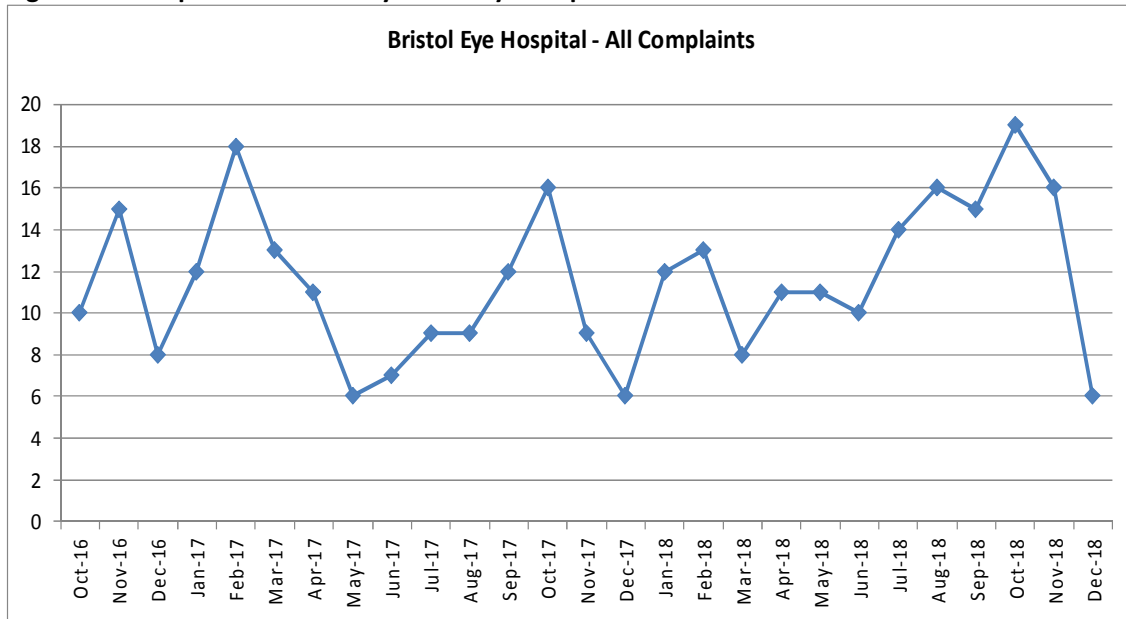
Figure 13: Complaints received about Clinical Care (Medical/Surgical)

Clinical Care (Medical/Surgical)

22
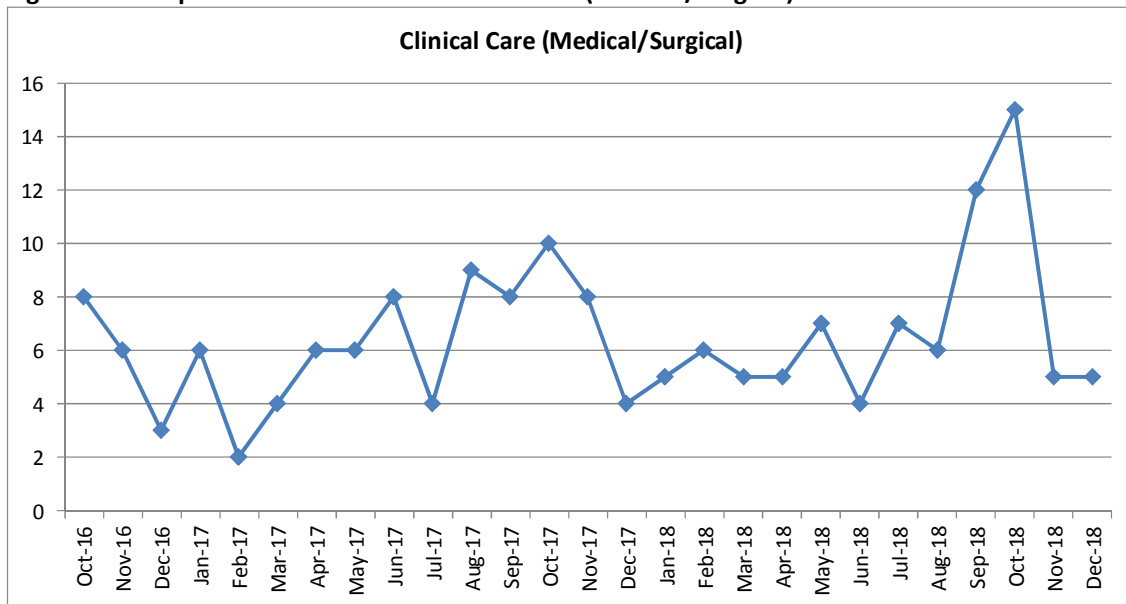
3.1.2 Division of Medicine

In Q3, the Division of Medicine received a similar total number of complaints to Q2 (92 compared with 94 in Q2). Complaints received by Dermatology increased for the fourth consecutive quarter, whilst complaints received by Unity Sexual Health increased for the third consecutive quarter.

There was a significant increase in the number of complaints received about 'attitude and communication' - up by 66%, compared with Q2. However, complaints in all other categories, with the exception of 'documentation' decreased or stayed the same.

Table 7: Complaints by category type

Category Type	Number and % of complaints received – Q3 2018/19	Number and % of complaints received – Q2 2018/19
Attitude & Communication	30 (32.6% of total complaints) ↑	18 (19.1% of total complaints) ↓
Clinical Care	27 (29.4%) ↓	36 (38.3%) ↑
Appointments & Admissions	21 (22.8%) ↓	24 (25.5%) ↑
Facilities & Environment	5 (5.4%) =	5 (5.3%) ↓
Documentation	4 (4.3%) ↑	0 (0%) ↓
Information & Support	3 (3.3%) ↓	4 (4.3%) ↓
Discharge/Transfer/ Transport	2 (2.2%) ↓	6 (6.4%) =
Access	0 (0%) ↓	1 (1.1%) ↑
Total	**92**	**94**

Table 8: Top sub-categories

Category	Number of complaints received – Q3 2018/19	Number of complaints received – Q2 2018/19
Cancelled or delayed appointments and operations	14 ↑	11 ↓
Clinical care (medical/surgical)	22 ↓	24 ↑
Attitude of medical staff	8 ↑	3 =
Attitude of A&C staff	5 ↑	3 ↓
Appointment administration issues	4 ↓	11 ↑
Failure to answer phone/Failure to respond	4 ↑	1 ↓
Personal (lost) property	4 ↑	2 ↓
Attitude of nursing staff	4 =	4 ↑
Communication with patient/relative	3 ↓	8 ↓

Table 9: Divisional response to concerns highlighted by Q3 data

Concern	Explanation	Action
Complaints received by the Dermatology service increased for the fourth quarter in succession, with 22 complaints received in Q3. Of these 22 complaints, 14 were under the category of 'appointments and admissions' and were related to cancelled or delayed appointments. Six complaints were received about 'attitude and communication' and two were in respect of 'documentation' (an incorrect letter and an incorrect entry in a patient's notes).	There is recognition within the department that the increase in volume of work has placed additional strain on process and staff morale. Significant gaps in staff cover due to additional vacancies have affected the quality of communication amongst staff, which is directly impacting on patient experience.	The Division is recruiting both substantive and temporary additional staff for the service. Bank and agency requests have also been sent to other divisions to establish staff interest. Customer service training for frontline administrators is being reviewed in light of positive feedback from Sexual Health staff.
There was an increase in the number of complaints received by Unity Sexual Health for the third successive quarter. The majority of these complaints (seven) were recorded under the category of 'attitude and communication' and included 'attitude of A&C staff', 'communication - administrative', 'confidentiality', 'discrimination' and 'failure to answer phone'.	The Division can confirm that three complaints about attitude of staff were investigated and discussed with the staff involved. One of the complaints related to a phone call which had been recorded; the recording showed that the staff member had dealt with the patient professionally and persisted until they managed to find them an appropriate appointment. There has been a specific complaint around a breach of confidentiality in the Psychosexual team. A letter with personal information was sent to the wrong patient; a member of the administrative team had queried whether the letter should be sent but did so on instruction of the clinician. The complaint has been investigated by the management team.	Some staff have recently attended Customer service training and the plan is that all reception staff will undertake this training. The plan then is to move on to the Trust training on 'Dealing with difficult conversations'. This action will be for the Psychosexual team

	The Division is aware of a complaint regarding alleged discrimination against single parents due to their difficulty in accessing an appointment. The Unity Sexual Health service offers walk-in, text appointments and pre-booked appointments across the BNSSG area. 'On the day' appointments can be booked on the phone and are available early and late on two days of the week. This is a high demand service and access is only limited by capacity.	If patients identify to the reception / telephone staff that they have tried several times to access an appointment, an attempt will usually be made to facilitate access for them.
	The phone lines have a queuing system but due to restrictions within the main Trust system, there is only the capacity for two callers to be waiting per member of staff logged into the system. The team is small and usually has a maximum of two staff on the phones, which means that only four people can join the queue. Whilst calls are usually short, callers can be cut off at peak times if all the space for queuing is occupied.	The team has asked Telecoms to allow them to have more spaces in the queue but this is not possible. Unfortunately, there is not capacity within the team to allow for more people to be put on the phones to increase the number of callers allowed to queue.

Current divisional priorities for improving how complaints are handled and resolved:

The Division aims to address complaints earlier, managing complainant's expectations more effectively, reducing their level of anxiety and reaching a conclusion or response in a more timely manner:

- More verbal conversations (telephone communication) providing a more personal voice to a complaint, rather than a letter that could be impersonal.
- Offering to discuss any specific issues/actions during face to face meetings.

Priority issues we are seeking to address based on learning from complaints:

- More frontline staff seeking customer services training (see Unity comments above).
- More frontline staff being advised/supported in how to deal with complaints so they individually understand the impact of the complaint, rather than being managed "remotely" by their manager.

- Recognition by the Division that the winter period places additional pressures on staff working in Trust. Support, recognition and thanks to be continued through the Trust's 'Thanks to you' scheme etc. so that staff feel valued as well as accountable for their professional conduct and service delivery.
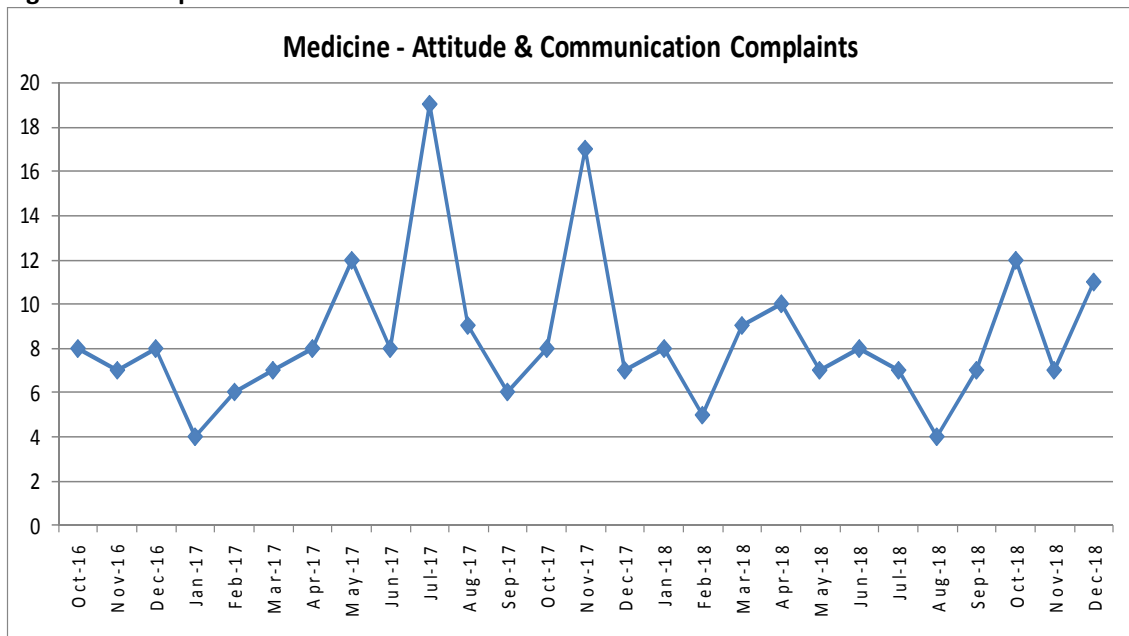
Figure 14: Medicine – formal and informal complaints received

Medicine - All Complaints

Legend: All complaints, Formal, Informal
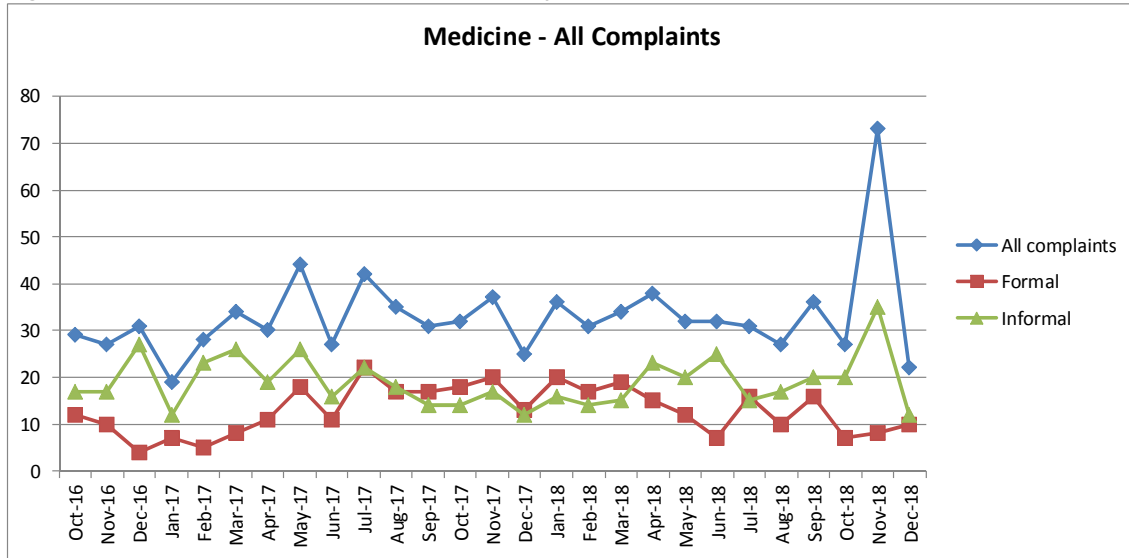
Figure 15: Complaints received by Dermatology

Dermatology - All Complaints
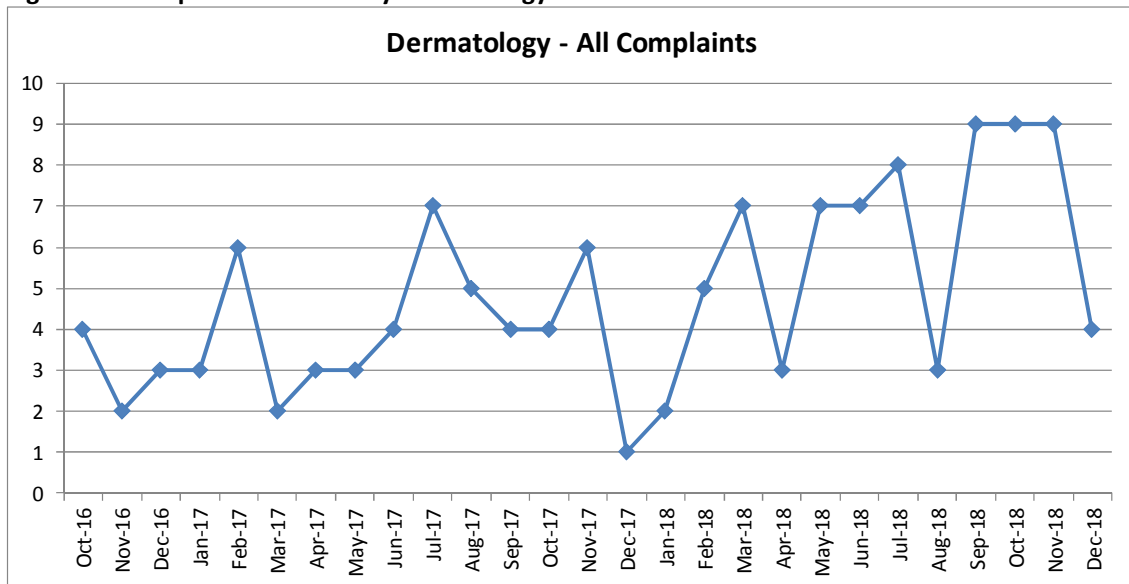
Figure 16: Complaints about attitude and communication

3.1.3 Division of Specialised Services

The Division of Specialised Services received 59 new complaints in Q3; a reduction compared with the 71 received in Q2. Of these 59 complaints, 38 were for the Bristol Heart Institute (BHI), compared with 43 in Q2, and 17 were for the Bristol Haematology & Oncology Centre (BHOC), compared with 26 in Q2.

Complaints in all categories decreased in Q3, compared with Q2, with the exception of 'appointments and admissions' and 'documentation', which only increased by one complaint each.

There were no significant increases in complaints received under any category or sub-category in Q3. The majority of complaints received were in respect of 'appointments and admissions' and 'clinical care', which accounted for 39% and 35.6% respectively of the total complaints received.

Table 10: Complaints by category type

Category Type	Number and % of complaints received – Q3 2018/19	Number and % of complaints received – Q2 2018/19
Appointments & Admissions	23 (39% of total complaints) ↑	22 (31% of total complaints) ↓
Clinical Care	21 (35.6%) ↓	27 (38%) ↓
Attitude & Communication	9 (15.3%) ↓	12 (16.9%) ↓
Information & Support	3 (5.1%) ↓	5 (7%) =
Documentation	2 (3.4%) ↑	1 (1.4%) ↑
Discharge/Transfer/Transport	1 (1.7%) ↓	3 (4.3%) ↑
Facilities & Environment	0 ↓	1 (1.4%) =
Access	0 (0%) =	0 (0%) =
Total	**59**	**71**

Table 11: Top sub-categories

Category	Number of complaints received – Q3 2018/19	Number of complaints received – Q2 2018/19
Clinical care (medical/surgical)	18 ⬇	20 ⬆
Cancelled or delayed appointments and operations	15 ⬇	17 =
Appointment administration issues	6 ⬆	5 ⬇
Communication with patient/relative	2 ⬇	4 ⬇
Failure to answer phone/ Failure to respond	2 ⬆	1 ⬇
Attitude of medical staff	1 ⬇	4 ⬆
Clinical care (nursing)	1 ⬇	3 =

Table 12: Divisional response to concerns highlighted by Q3 data

Concern	Explanation	Action
Complaints received by Ward C705 have increased from two in Q2 to eight in Q3. **Summary:** Five complaints regarding 'clinical care (medical/surgical)', Two complaints regarding 'appointments and admissions', One complaint regarding 'attitude and communication'. NB. Two of the eight complaints did not proceed, as no further contact could be made with the complainants. These two cases were therefore not sent to the Division to investigate.	**Appointments and Admissions** Procedure cancelled twice due to being a complex case requiring two operators. **Clinical Care** Resulted as breakdown in communication with the patient's daughter around multiple cancellations of her mother's procedures due to recurrent urinary tract infections and delirium. **Clinical Care** Complainant felt they were left with unanswered questions surrounding discharge. **Clinical Care** Concerns around quality of information at point of discharge and then unable to contact teams on numbers given. **Attitude and Communication** This complaints raised concerns around needing to chase a pacing appointment.	**Common themes:** - Cancellations - Discharge information - Pacing pathway Communication and access to information were also common elements within these themes. We have also opened a new area in the BHI for Day of Surgery Admissions (DoSA) with a designated member of staff to look after the patients arriving for procedures. This will also provide a central point for discussions to take place. We will also review capacity in the pacing service to ensure no ongoing issues. **Bed manager/Duty Matron** Discussion to take place around the following: - Process for cancellation. - Standard information for the cancellation using an SBAR (Situation, Background, Assessment, Recommendation) approach. - The importance of asking the

	Clinical Care (ongoing investigation) Awaiting outcome but complaint is regarding requirement of a pacemaker and concerns around not receiving one until the point of experiencing total heart block.	patient to explain back the situation and reasoning to check understanding. - Process for keeping patients updated, explaining clearly why delays have happened and apologizing for them. **Divisional Discharge Group** We have reinstated a divisional discharge and flow meeting with new BHI and BHOC divisional leads. The newly reviewed terms of reference for this group will also cover the following: - To remind all clinical areas to check discharge arrangements. - Ensure correct documentation is issued at point of discharge, i.e. discharge summaries, information leaflets of which are fit for purpose. - Ensure that follow-up arrangements have been made and are clearly communicated.

Current divisional priorities for improving how complaints are handled and resolved:

The Division is encouraged by the overall reduction in complaints but will continue to ensure the following:

- All relevant staff to attending Complaint Handling Training offered by Patient Support and Complaints Team.
- Share learning from complaints, themes and reports in a variety of formats; meetings, patient experience reports, newsletters.

Priority issues we are seeking to address based on learning from complaints.

1. Develop the bed manager and duty matron skills in communicating cancellations and reasons for this.
2. Develop the newly developed discharge meeting and comply with the terms of reference to explore the issues regarding discharge from complaints.
3. Ensuring that information given to patients/families is correct, e.g. leaflets with correct information/contact details.
4. Ensuring that follow up arrangements are instigated as appropriate.

Figure 17: Specialised Services – formal and informal complaints received

Specialised Services - All Complaints
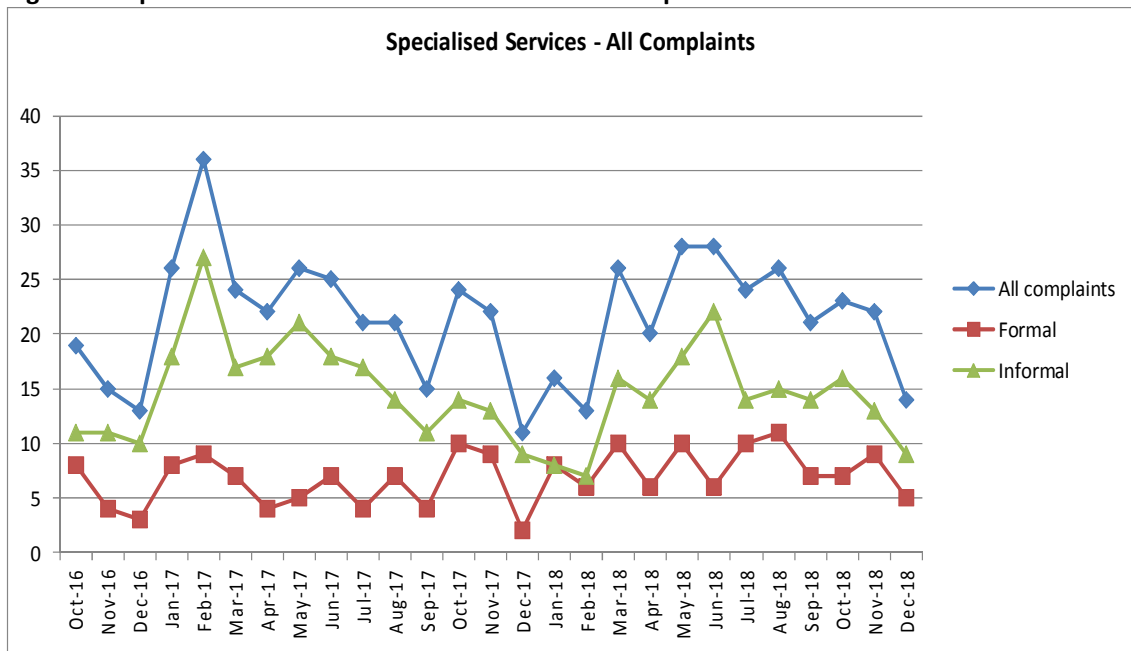
Figure 18: Complaints received by Bristol Heart Institute

Bristol Heart Institute - All Complaints (Specialised Services)

22
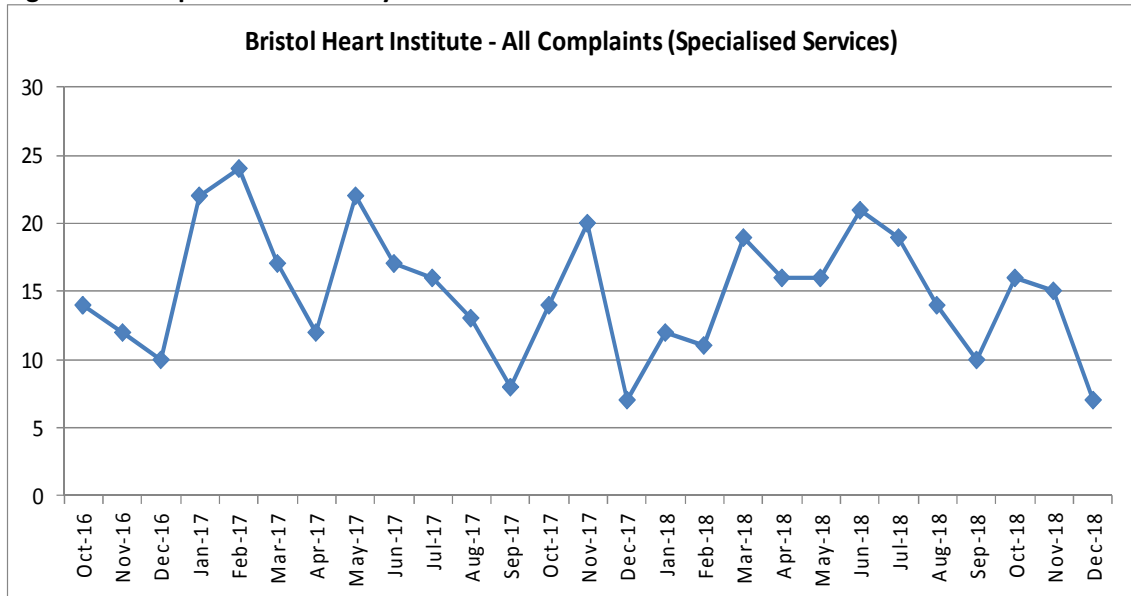
Figure 19: Complaints received by Bristol Haematology & Oncology Centre

Bristol Haematology & Concology Centre - All Complaints
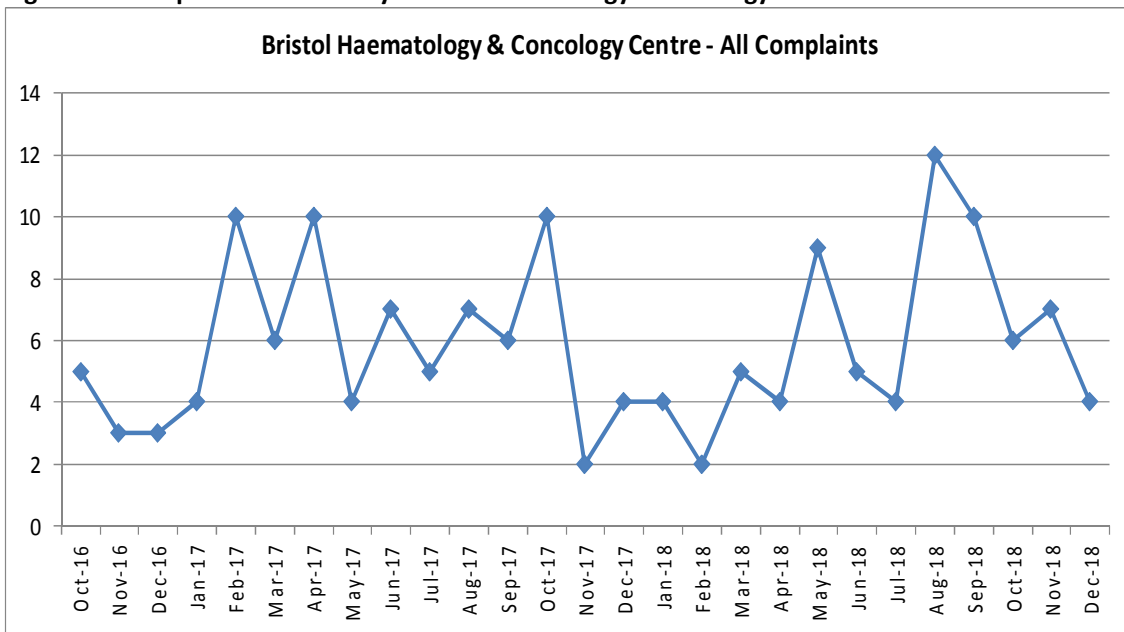
Figure 20: Complaints received by Division about Clinical Care (medical/surgical)

Complaints about Clinical Care (medical/surgical)

22
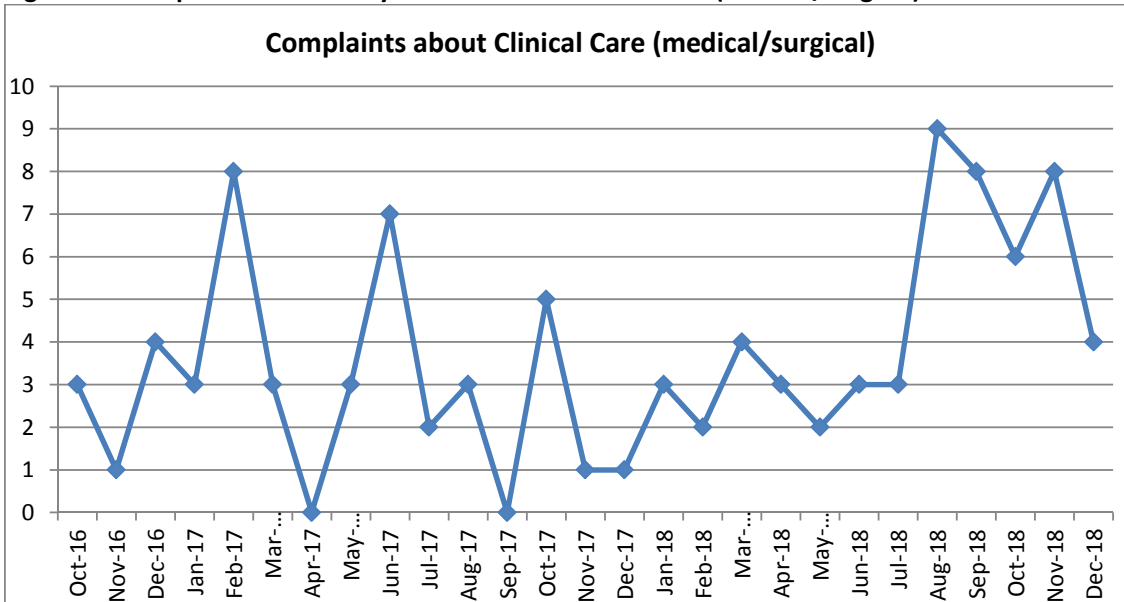
3.1.4 Division of Women's and Children's Services

The total number of complaints received by the Division decreased from 83 in Q2 to 74 in Q3. However, complaints for Bristol Royal Hospital for Children (BRHC) accounted for 53 of the 74 complaints, the fourth successive quarterly increase. Complaints received by St Michael's Hospital (StMH) deceased from 37 in Q2 to 20 in Q3. The one remaining complaint was for the Paediatric Outpatient Department at South Bristol Community Hospital.

The majority of complaints continued to be in the category of 'clinical care', which accounted for almost half of all complaints received by the Division. However, there was a notable decrease in the number of complaints received in respect of 'clinical care (nursing/midwifery)' from 21 in Q2 to 7 in Q3.

Complaints about 'attitude of medical staff' and 'attitude of nursing/midwifery' also fell in Q3.

Table 13: Complaints by category type

Category Type	Number and % of complaints received – Q3 2018/19	Number and % of complaints received – Q2 2018/19
Clinical Care	35 (47.3% of total complaints) ⬇	39 (47% of total complaints) ⬆
Appointments & Admissions	18 (24.3%) ⬆	14 (16.9%) ⬇
Attitude & Communication	11 (14.8%) ⬇	20 (24.1%) ⬆
Information & Support	6 (8.1%) ⬇	7 (8.4%) ⬆
Documentation	2 (2.7%) ⬆	1 (1.2%) =
Facilities & Environment	1 (1.4%) ⬇	2 (2.4%) =
Discharge/Transfer/Transport	1 (1.4%) ⬆	0 (0%) =
Access	0 (0%) =	0 (0%) =
Total	**74**	**83**

Table 14: Top sub-categories

Category	Number of complaints received – Q3 2018/19	Number of complaints received – Q2 2018/19
Clinical care (medical/surgical)	24 ⬆	16 ⬆
Cancelled or delayed appointments and	10 ⬆	9 =
Clinical care (nursing/midwifery)	7 ⬇	21 ⬆
Appointment administration issues	5 ⬆	4 ⬇
Communication with patient/relative	4 =	4 ⬇
Attitude of nursing/midwifery	2 ⬇	7 ⬆
Attitude of medical staff	2 ⬇	4 ⬇

Table 15: Divisional response to concerns highlighted by Q3 data

Concern	Explanation	Action
BRHC Complaints received by the paediatric ENT service increased from zero to four in Q3. Although the number of complaints is low, this is the first time the service has received a complaint since May 2018.	**BRHC** One complaint was from a patient's father, who was unhappy that he was not given equal access to his child's records and updates. However, there was a court order restricting his access. Two of the complaints were about issues related to referrals from the patient's GPs. In one case an appointment was quickly organised and, in the second, the complainant praised the actions taken by the BRHC staff involved. The final complaint was about a delay in accessing an MRI scan, which was subsequently arranged and reviewed by the ENT team.	**BRHC** An explanation was given to the father about the restrictions around the court order and an apology was given to him for not communicating more clearly at the time. No actions were necessary in respect of the other three complaints, which were quickly resolved to the satisfaction of the complainants.

Current divisional priorities for improving how complaints are handled and resolved:

StMH
Our priorities are resolving issues before they become a formal complaint; reducing extensions; and hitting deadlines.

BRHC
A new complaints standard operating procedure was launched in BRHC on 20 February 2019. Matrons and Ward Sisters are to be trained to undertake a leading role in investigating and responding to informal and formal complaints.

Priority issues we are seeking to address based on learning from complaints.

StMH
Women's services are trying to ensure that women understand their birth experience better and are working with the Local Maternity System (LMS) to try to find a way for women who require it, to receive a debrief or be given the opportunity to go through their labour notes. This is because a lot of complaints are due to women having not understood decisions made about their care, what happened to them, or because they have been traumatised by events. The maternity service is working with the LMS to raise women's awareness about what to expect when they are a patient on the maternity wards.

In addition, St Michael's Hospital held 'Patient Experience at Heart' workshops in February, to ensure that staff reflect on their communication with patients and to raise the importance of a culture of kindness and caring.

22

BRHC

Our next priority is to develop a spreadsheet to capture key themes and actions from all complaints in the BRHC. This will allow greater depth of understanding and information analysis to ensure learning from complaints is taken forward.

Figure 21: Women & Children – formal and informal complaints received
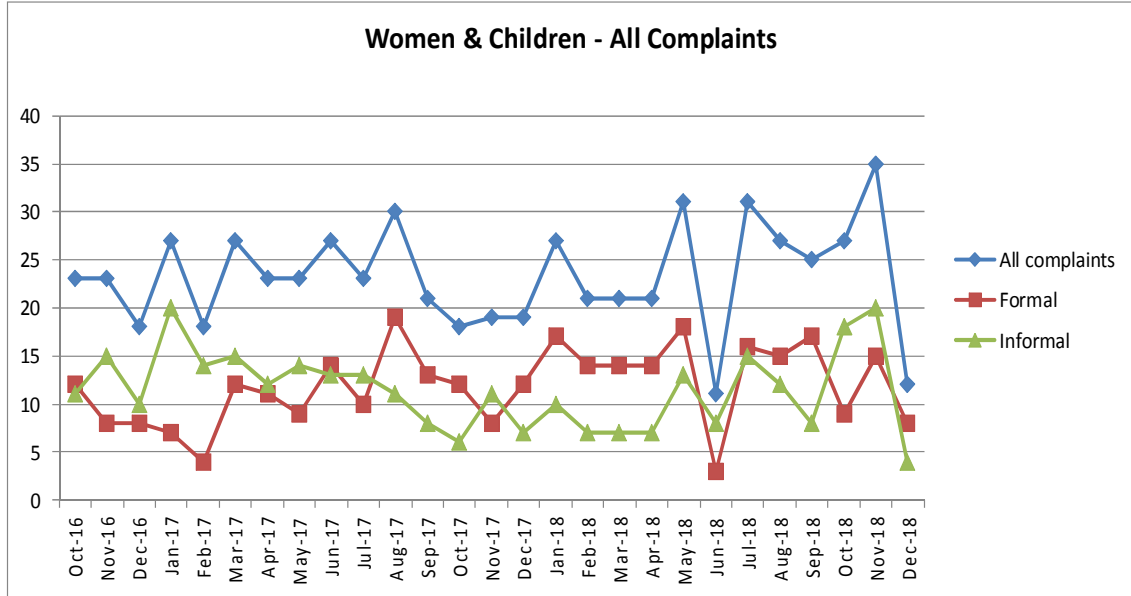
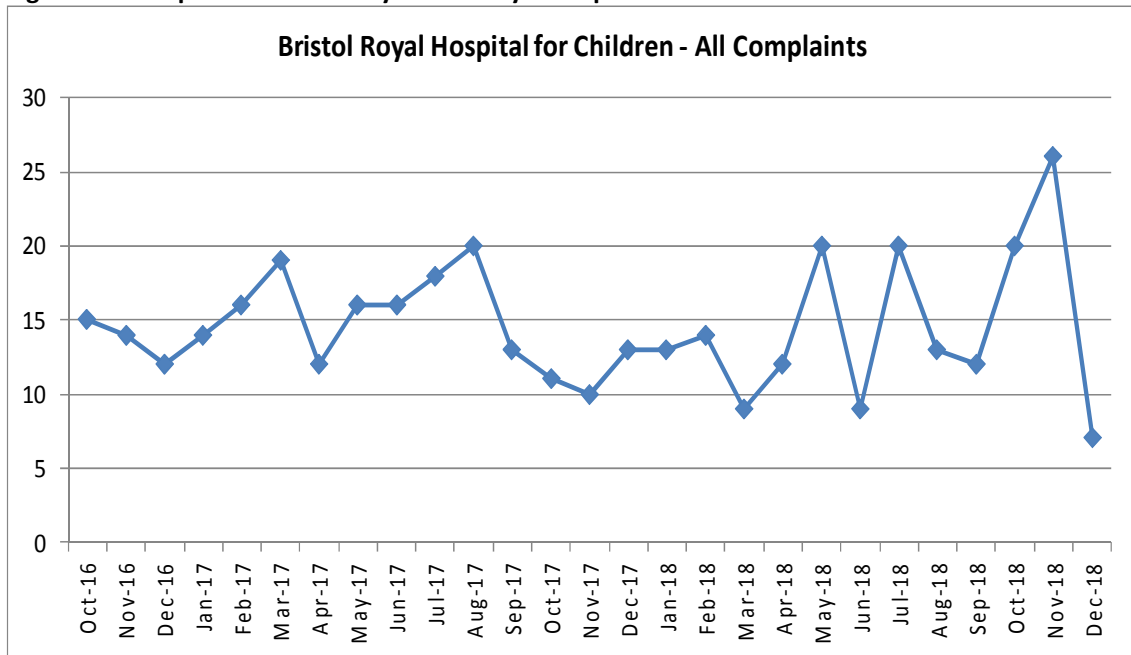**Figure 22: Complaints received by Bristol Royal Hospital for Children**

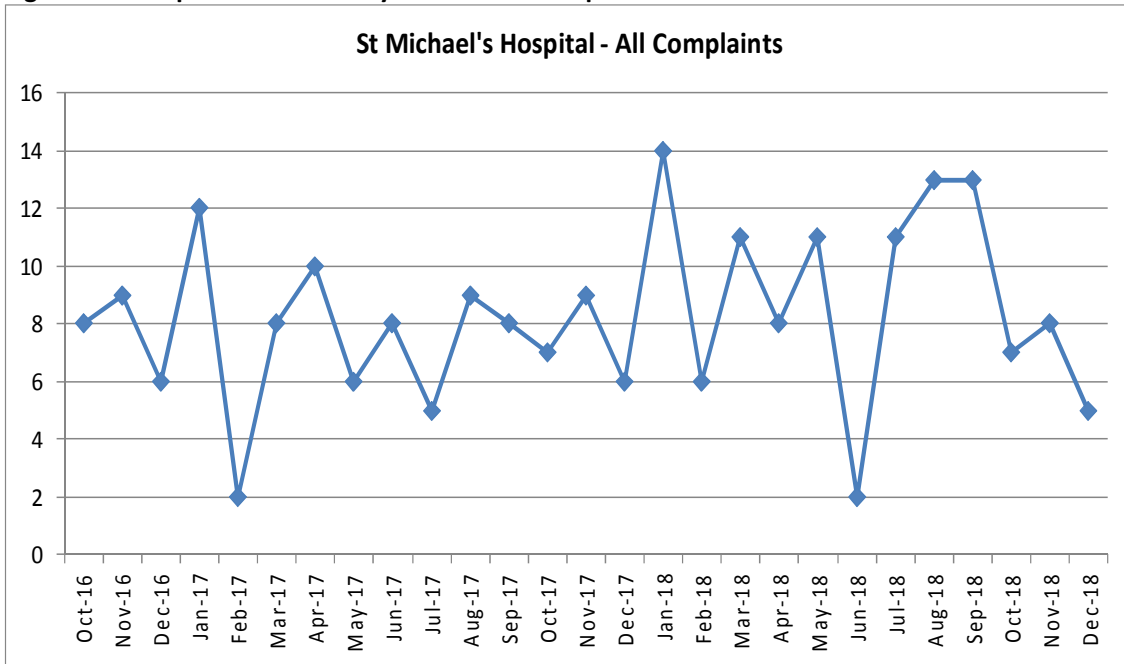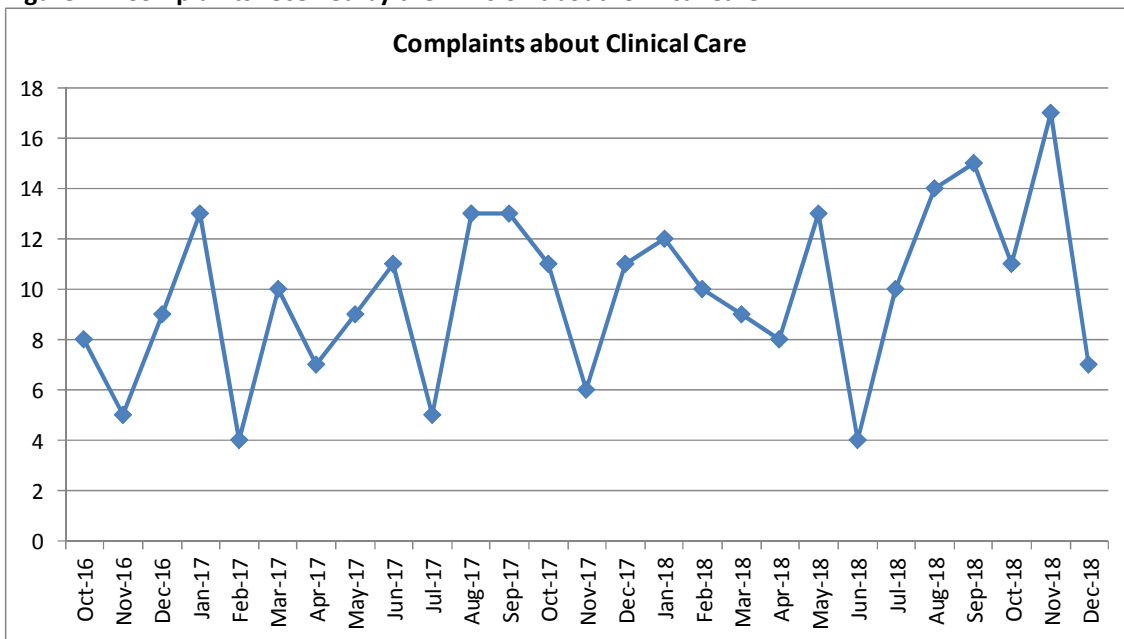**Figure 23: Complaints received by St Michael's Hospital**

St Michael's Hospital - All Complaints

Figure 24: Complaints received by the Division about 'Clinical Care'

Complaints about Clinical Care

22

3.1.5   Division of Diagnostics & Therapies

Complaints received by the Division of Diagnostics and Therapies remained the same in Q3 as in Q2, with 19 complaints received.

The majority of complaints were received for Radiology (seven) and Physiotherapy (four). In respect of complaints categories, six complaints were about 'attitude and communication' and a further six were about 'clinical care'. There was a reduction in the number of complaints received under the category of 'information and support'.

Table 16: Complaints by category type

Category Type	Number and % of complaints received – Q3 2018/19	Number and % of complaints received – Q2 2018/19
Attitude & Communication	6 (31.6% of total complaints) ↓	7 (36.8% of total complaints) =
Clinical Care	6 (31.6%) ↑	5 (26.3%) ↑
Appointments & Admissions	4 (21.1%) =	4 (21.1%) ↓
Facilities & Environment	2 (10.5%) ↑	0 (0%) =
Information & Support	1 (5.2%) ↓	3 (15.8%) ↑
Discharge/Transfer/Transport	0 (0%) =	0 (0%) =
Documentation	0 (0%) =	0 (0%) =
Access	0 (0%) =	0 (0%) =
Total	**19**	**19**

Table 17: Top sub-categories

Category	Number of complaints received – Q3 2018/19	Number of complaints received – Q2 2018/19
Clinical care (medical/AHPs)	6 ↑	2 ↑
Appointment administration issues	3 ↑	2 =
Attitude of medical staff/AHPs	3 ↑	2 =
Premises – Unfit for purpose/ maintenance required	2 ↑	0 =

Table 18: Divisional response to concerns highlighted by Q3 data

Concern	Explanation	Action
No concerns or themes were identified for the Division during Q3.	N/A	N/A

Current divisional priorities for improving how complaints are handled and resolved:

Complaints are a high priority for the division to ensure investigation timescales are consistently met; extensions to complaint deadlines are rarely requested. There is a robust divisional process in place:

- Complaints coordinator who receives and disseminates the complaints to relevant individuals;
- Input from all services involved;
- Clearly assigned leads within the divisional management team for each complaint;
- Tracking log with timescales for all complaints to ensure deadlines are met;
- Final sign off and review of all formal complaints are undertaken by the Divisional Director; and
- Bi-monthly internal analysis and report on complaints presented at the Divisional Clinical Quality Committee

Priority issues we are seeking to address based on learning from complaints.

The division undertakes regular internal analysis on complaint responses it both leads for, and contributes to. We have identified and analysed a small spike in complaints for radiology services in Q3 2018-19; however, there is no clear trend in either location or theme for these complaints. A similar spike occurred in Q3 2017-18, so this may reflect the volume of patients seen at this time in the year. This will continue to be monitored in our regular analysis presented at the Divisional Clinical Quality Committee.

Figure 25: Diagnostics and Therapies – formal and informal complaints received
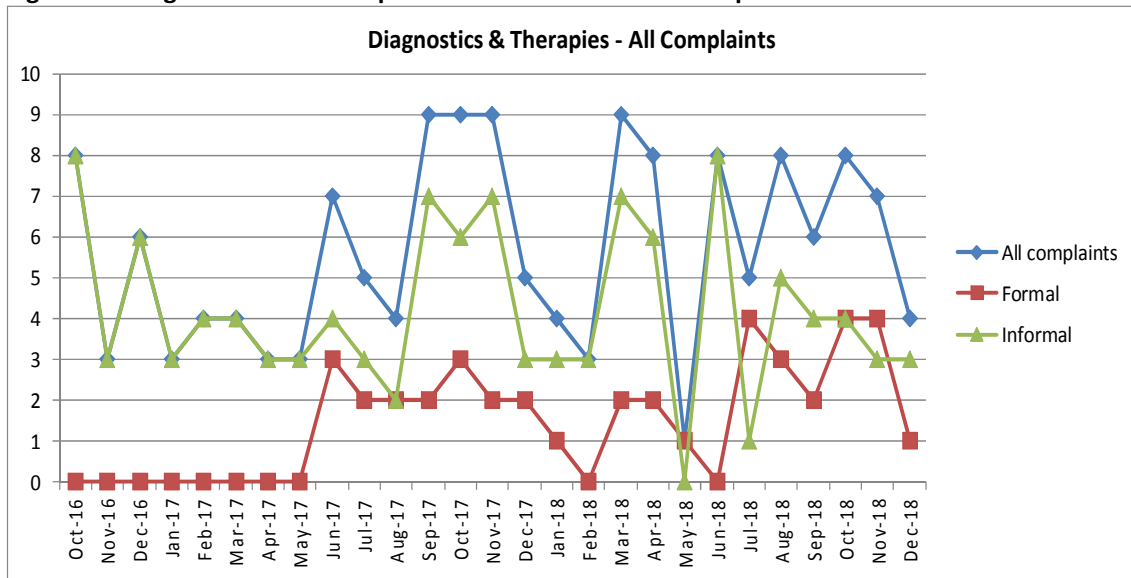
3.1.6 Division of Trust Services

The Division of Trust Services, which includes Facilities & Estates, received 81 complaints in Q3, compared with 36 in Q2 and 23 in Q1.

Of the 81 complaints received in Q3, 46 (56.8%) were related to parking, with 40 of the 46 complaints being in respect of parking at South Bristol Community Hospital. There were nine complaints received by the Private & Overseas Patients Team, which is an increase on the single complaint received by the department in the previous two quarters – six of the nine complaints were in respect of invoicing issues. There were five complaints for Medical Records and four complaints for the Welcome Centre/Reception at Bristol Royal Infirmary.

Figure 26: Trust Services – formal and informal complaints received
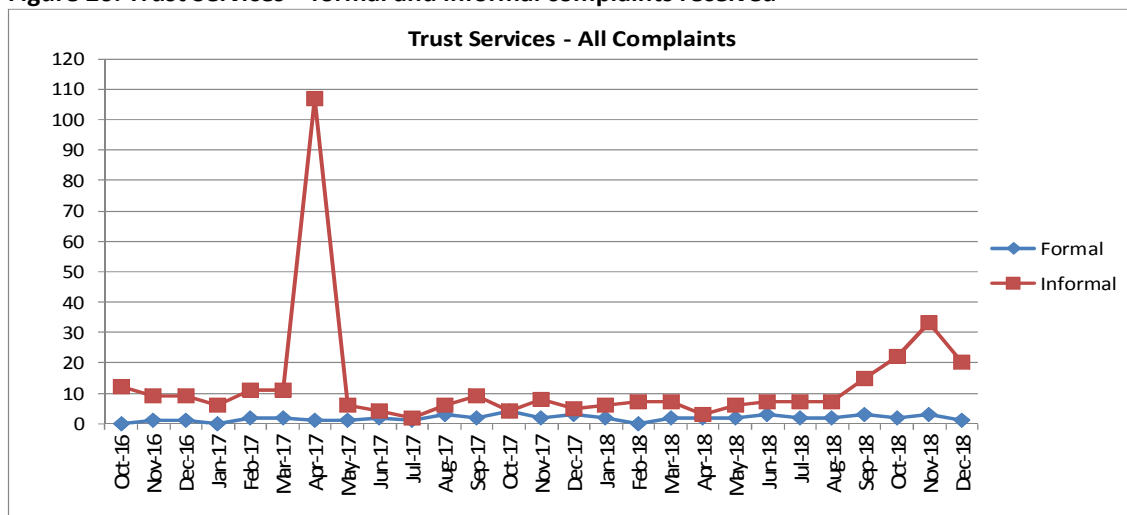
3.2 Complaints by hospital site

Table 19: Breakdown of complaints by hospital site[3]

Hospital/Site	Number and % of complaints received in Q3 2018/19	Number and % of complaints received in Q2 2018/19
Bristol Royal Infirmary	171 (36.9% of total complaints) ↑	149 (33.6%) of total complaints ↓
Bristol Royal Hospital for Children	56 (12.2%) ↑	47 (10.6%) ↑
South Bristol Community Hospital	52 (11.2%) ↑	29 (6.5%) ↑
Bristol Eye Hospital	41 (8.9%) ↓	45 (10.2%) ↑
Bristol Heart Institute	40 (8.6%) ↓	47 (10.6%) ↓
St Michael's Hospital	40 (8.6%) ↓	47 (10.6%) ↑
Bristol Dental Hospital	30 (6.5%) ↓	39 (8.8%) ↓
Bristol Haematology & Oncology Centre	18 (3.9%) ↓	28 (6.3%) ↑
Central Health Clinic	12 (2.6%) ↑	6 (1.4%) =
Adult Audiology Service	1 (0.2%) =	1 (0.2%) ↑

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[3] It should be noted that these figures will not all match complaints by Division as some divisional services take place at other sites. For example, ENT comes under the remit of the Division of Surgery but the clinic is based at St Michael's Hospital and some services that come under Diagnostics & Therapies are undertaken at the Children's Hospital.

|		
(Community)		
Estates & Facilities Building	1 (0.2%) =	1 (0.2%)
Trust Headquarters	1 (0.2%) ↓	2 (0.5%)
Southmead and Weston Hospitals (UH Bristol services)	0 (0%) ↓	2 (0.5%) ↓
TOTAL	**463**	**443**

3.2.1 Breakdown of complaints by inpatient/outpatient/ED status

In order to more clearly identify the number of complaints received by the type of service, Figure 26 below shows data differentiating between inpatient, outpatient, Emergency Department and other complaints. The category of 'other' includes complaints about non-clinical areas, such as car parking, cashiers, administration departments, etc.

In Q2, 42.9% (*49.3%) of complaints received were about outpatient services, 34.5% (30%) related to inpatient care, 5.2% (6%) were about emergency patients; and 17.4% (14.7%) were in the category of 'other' (as explained above).

Q1 percentages are shown in brackets for comparison.

Figure 27: All patient activity
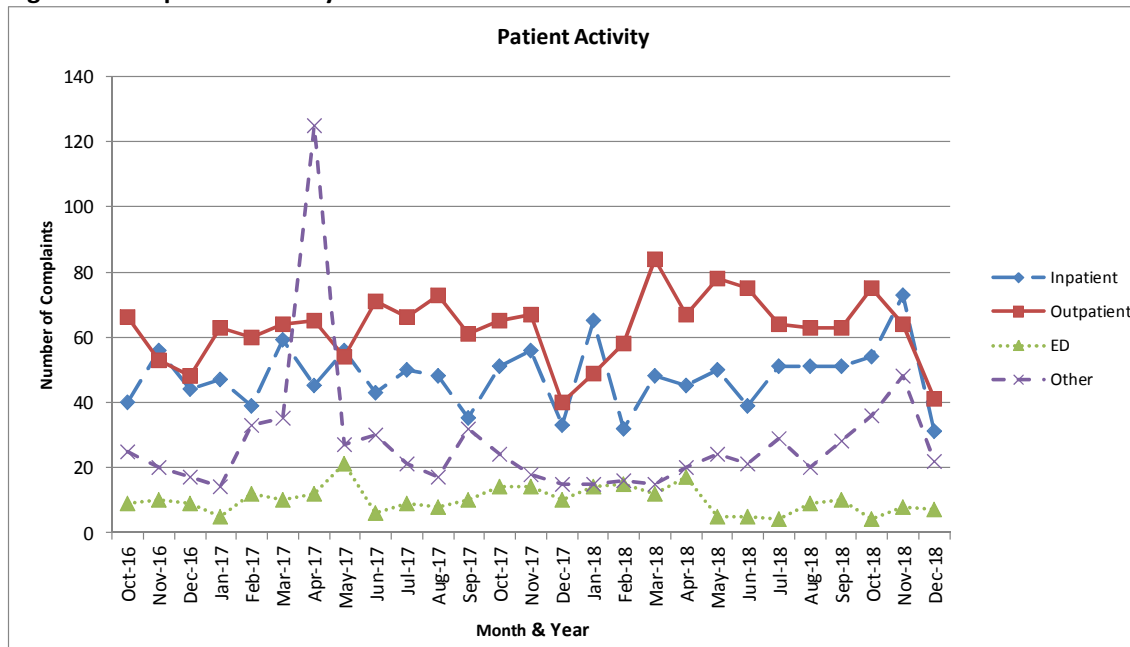
Table 20: Breakdown of Area Type

Complaints	Area Type				
Month	ED	Inpatient	Outpatient	Other	Grand Total
Jul-17	9	50	66	21	146
Aug-17	8	48	73	17	146
Sep-17	10	35	61	32	138
Oct-17	14	51	65	24	154

Nov-17	14	56	67	18	155
Dec-17	10	33	40	15	98
Jan-18	14	65	49	15	143
Feb-18	15	32	58	16	121
Mar-18	12	48	84	15	159
Apr-18	17	45	67	20	149
May-18	5	50	78	24	157
Jun-18	5	39	75	21	140
Jul-18	4	51	64	29	148
Aug-18	9	51	63	20	143
Sep-18	10	51	63	28	152
Oct-18	4	54	75	36	169
Nov-18	8	73	64	48	193
Dec-18	7	31	41	22	101
Grand Total	**175**	**863**	**1153**	**421**	**2612**

3.3   Complaints responded to within agreed timescale (for formal resolution process)

All Divisions reported breaches in Q3, totalling 26 breaches, which is a slight increase on the 25 reported in the previous two quarters.

Table 21: Breakdown of breached deadlines

Division	Q3 (2018/19)	Q2 (2018/19)	Q1 (2018/19)	Q4 (2017/18)
Surgery	6 (9.5%) ↑	4 (6.7%)	4 (5.0%)	5 (9.2%)
Women & Children	13 (25%) =	13 (27.7%)	10 (22.2%)	11 (34.4%)
Trust Services	3 (27.3%) ↑	1 (20%)	3 (33.3%)	6 (42.8%)
Medicine	3 (6.8%) ↑	2 (6.7%)	4 (7.4%)	6 (11.8%)
Specialised Services	0 (0%) ↓	5 (14.3%)	4 (20%)	2 (10.5%)
Diagnostics & Therapies	1 (8.3%) ↑	0 (0%)	0 (0%)	1 (20%)
All	**26 breaches ↑**	**25 breaches =**	**25 breaches**	**31 breaches**

(So, as an example, there were 13 breaches of timescale in the Division of Women & Children in Q3, which constituted 25% of the complaint responses which were sent out by that division in Q3.)

Breaches of timescale were caused either by late receipt of draft responses from Divisions which did not allow adequate time for Executive review and sign-off; delays in processing by the Patient Support and Complaints Team; delays during the sign-off process itself; and/or responses being returned for amendment following Executive review.

Table 22 shows a breakdown of where the delays occurred in Q3. The Divisions were responsible for 17 of the breaches, three were caused by delays in the Patient Support & Complaints Team and five breaches were attributable to delays during Executive sign-off.

Table 22: Reason for delay

Breach attributable to	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Trust Services	All
Division	3	0	0	11	0	3	**17**
Patient Support & Complaints Team	3	2	0	2	1	0	**8**
Executives/sign-off	0	1	0	0	0	0	**1**
All	**5**	**3**	**0**	**13**	**1**	**3**	**26**

3.4 Outcome of formal complaints

In Q3, the Trust responded to 217 formal complaints[4]. Tables 23 and 24 below show a breakdown, by Division, of how many of these cases were upheld, partly upheld or not upheld in Q3 and Q2 of 2018/19 respectively. A total of 81.7% of complaints were either upheld or partly upheld in Q2, compared with 75.6% in Q1 and 76% in Q4 of 2017/18.

Table 23: Outcome of formal complaints – Q3 2018/19

	Upheld	Partly Upheld	Not Upheld
Surgery	28 (44.4%) ↑	22 (34.9%) ↓	13 (20.7%) ↑
Medicine	17 (38.6%) ↑	15 (34.1%) ↑	12 (27.3%) ↑
Specialised Services	15 (42.8%) ↑	17 (48.6%) ↑	3 (8.6%) ↓
Women & Children	24 (46.2%) ↑	25 (48.1%) ↑	3 (5.7%) ↓
Diagnostics & Therapies	4 (33.3%) ↑	6 (50%) ↑	2 (16.7%) ↑
Trust Services	3 (27.2%) ↑	4 (36.4%) ↑	4 (36.4%) ↑
Total			

Table 24: Outcome of formal complaints – Q2 2018/19

	Upheld	Partly Upheld	Not Upheld
Surgery	24 (40%) ↑	24 (40%) ↓	12 (20%) ↓
Medicine	10 (33.3%) ↓	12 (40%) ↓	8 (26.7%) ↓
Specialised Services	14 (40%) ↑	16 (45.7%) ↑	5 (14.3%) ↑
Women & Children	21 (44.7%) ↑	19 (40.4%) ↓	7 (14.9%) =
Diagnostics & Therapies	0 (0%) ↓	2 (66.7%) =	1 (33.3%) =
Trust Services	2 (40%) ↓	3 (60%) ↑	0 (0%) ↓
Total	**71 (39.4%) ↑**	**76 (42.3%) ↓**	**33 (18.3%) ↓**

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[4] Note: this is different to the number of formal complaints we *received* in the quarter

4. Learning from complaints

All feedback is welcome, as it creates an opportunity to better understand, and to improve the care and treatment we provide to our service users. All complaints are investigated, learning is identified and any necessary changes to practice are made.

Actions resulting from complaints are monitored and reviewed by our Divisions; the Patient Support and Complaints Team also monitors progress.

Below are some examples of actions which have been completed during Q3 2018/19.

- Following an investigation into a complaint about a brain tumour being missed on an MRI scan by a radiologist, the issue was raised at the Divisional Clinical Governance meeting and it was agreed that two neuro-radiologists should always report on imaging in complex cases (D&T).

- The Trust checklist for patients taking oral anti-coagulants has been reviewed and consideration is being given to including more detail of who is responsible for reviewing these cases and for booking the patient's first post-discharge INR (D&T).

- A Standard Operating Procedure (SOP) has been developed for monitoring of cortisol levels. The patients who need to have these levels monitored are now being managed at their GP practice and they receive full endocrine support during admissions to the Trust (SpS).

- To address an increase in demand for capacity for BHOC patients who require blood tests, line care, etc. there is now a new side room in use for venepuncture, line care and injections and an extra chair for blood tests. Two qualified nurses and five nursing assistants are now always on duty during known "high demand days", by using bank staff to support existing staff (SpS).

- A patient attended hospital and had an enema prior to a sigmoidoscopy, only to be told he could not have the procedure that day due to the medication he had been taking. As a result of this this complaint, the medicines policy has been recirculated to all nursing staff on the ward in question to remind staff about allergies and medication that can prevent a procedure taking place (Surgery).

- In response to complaints about the main ENT reception area being closed when patients arrive for appointments, reception will now be covered during lunchtimes to ensure that patients can be booked in and directed to the correct waiting area (Surgery).

- Infant feeding coordinators at St Michael's Hospital are now reminded during staff updates about reiterating a tongue-tie diagnosis to new parents. This has also been incorporated into the launch of a training tool on this subject and in the infant feeding newsletter (W&C).

- Staff have been reminded via newsletter and training that Terbutaline should be used for its primary purpose, which is in the management of intra-uterine fetal resuscitation, and not for inhibiting normal labour contractions (W&C).

5.   Information, advice and support

In addition to dealing with complaints, the Patient Support and Complaints Team is also responsible for providing patients, relatives and carers with help and support. The team also recorded and acknowledged 58 compliments received during Q3 and shared these with the staff involved and their Divisional teams. This represents a 70% increase on compliments reported in Q2.

A total of 220 enquiries were received in Q3, an increase of 12.8% on the number received in Q2 and the latest in a consistent rise in numbers received each quarter for over a year. Table 25 below shows a breakdown of the 'Top 10' requests for advice, information and support dealt with by the team in Q3.

Table 25: Enquiries by category

Category	Enquiries in Q3 2018/19
Information about patient	70 (31.8% of total enquiries)
Hospital information request	38 (17.3%)
Medical records requested	22 (10%)
Appointment administration issues	21 (9.5%)
Clinical care	9 (4.1%)
Travel/transfer arrangements and transport	8 (3.6%)
Employment & Volunteering	6 (2.7%)
Clinical information request	5 (2.3%)
Signposting	4 (1.8%)
Bereavement/emotional support	3 (1.4%)

Most enquiries are assigned to a particular Division within the Trust; however some fall outside of these divisions. Table 26 below shows where each of the 220 enquiries is assigned.

Table 26: Enquiries by Division

Division/Area	Number of enquiries in Q3 2018/19	Number of enquiries in Q2 2018/19
Trust Services	51	38
Non-Divisional	48	56
Surgery	39	20
Specialised Services	25	24
Medicine	21	19
Women & Children	17	14
Other NHS Organisation	15	16
Diagnostics & Therapies	4	5
Non NHS	0	3
Total	**220**	**195**

In addition to the enquiries detailed above, in Q3 the Patient Support and Complaints team recorded 124 enquiries that did not proceed. This is where someone contacts the department to make a complaint or enquiry but does not leave enough information to enable the team to carry out an investigation (and the team is subsequently unable to obtain this information), or they subsequently decide that they no longer wish to proceed with the complaint.

Including complaints, requests for information or advice, requests for support, compliments and cases that did not proceed, the Patient Support and Complaints Team is dealing with a steadily increasing volume of activity, with a total of 865 separate enquiries in Q3 2018/19, compared with

841 in Q2, 819 in Q1, 741 in Q4 and 710 in Q3. This equates to a 22% increase in enquiries compared with 12 months ago.

6.   Acknowledgement of complaints by the Patient Support and Complaints Team

The NHS Complaints Procedure (2009) states that complaints must be acknowledged within three working days. This is also a requirement of the NHS Constitution. The Trust's own policy states that complaints made in writing (including emails) will be acknowledged within three working days and that complaints made orally (via the telephone or in person) will be acknowledged within two working days.

In Q3, 266 complaints were received in writing (234 by email and 32 letters/complaint forms) and 197 were received verbally (29 in person via drop-in service and 168 by telephone). Of the 463 complaints received in Q3, 99.6% (461 out of the 463 received) met the Trust's standard of being acknowledged within two working days (verbal) and three working days (written). This compares with 94.4% in Q2.

The Patient Support & Complaints Manager closely monitors cases that are not acknowledged within timescale and reports to the Head of Quality (Patient Experience & Clinical Effectiveness) if there are any concerns and/or patterns.

7.   PHSO cases

During Q3, the Trust was advised of Parliamentary and Health Service Ombudsman (PHSO) interest in nine new complaints. During the same period, two existing cases remain ongoing. Three cases were closed during Q3: one was upheld and all recommendations have been complied with; one was partly upheld and all recommendations have been complied with; and one was closed by the PHSO without investigation or further action required.

Table 27: Complaints opened by the PHSO during Q3

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
15570	JT	JT	19/07/2018 [24/12/2018]	SBCH	Day Surgery/Endoscopy (SBCH)	Surgery
We were asked by the PHSO whether the Trust would be prepared to respond further to outstanding concerns from the complainant. We advised the PHSO on 03/01/2019 that the Division would be willing to do this. On 22/01/2019, the Division emailed the complainant with advice on how to pursue a legal claim against the Trust and that the PHSO could carry out an independent review of the complaint. They asked if the complainant had any further questions or concerns that we could help with, otherwise we would consider the meeting held in November 2018 to be the Trust's final response so that the complainant could explore these other options. Nothing further heard from the complainant or the PHSO at the time of writing this report.						
13910	DR	VH	13/04/2018 [04/12/2018]	StMH	Fetal Medicine Unit	Women & Children
PHSO asked on 04/12/2018 if the Trust had exhausted final resolution. We responded on 13/12/2018 to advise that we considered we had sent our final response to the complainant and felt						

there was nothing further that we could add. At the time of writing this report, we have not heard anything further from the PHSO or the complainant.

13638	SC	LC	28/03/2018 [12/11/2018]	StMH	Central Delivery Suite	Women & Children

The PHSO contacted us on 12/11/2018 to ask for copies of the complaint file and medical records so they could consider whether they were going to investigate this complaint further. The medical records were sent to the PHSO on 23/11/2018 and a copy of the complaint file on 29/11/2018. On 05/02/2019, the PHSO contacted us to ask if some telephone conversations with the patient were recorded, which the Division are currently checking.

11659	JH	AH	06/12/2017 [14/11/2018]	BRI	Upper GI	Surgery

Initial contact from the PHSO was just an information request in respect of a complaint made by the patient's family to Weston General Hospital. This information was provided to them promptly. The PHSO then came back to us in January 2019 to advise that, following their initial enquiries, it would appear that UH Bristol never had an opportunity to respond to the concerns raised by the patient's family. The patient's widow was prepared to allow us to respond and a formal investigation is now underway. The PHSO have confirmed that they will take no further action at this point.

11619	SQ		01/12/2017 [05/10/2018]	StMH	Ward 78 - Gynaecology	Women & Children

PHSO contacted us on 05/10/2018 to request a copy of the patient's medical records and a copy of the referral letter from their GP. These records were sent to the PHSO on 07/11/2018 and we have not heard anything further from the PHSO at the time of writing this report.

11557	LG	BG	29/11/2017 [31/10/2018]	BRI	Ward A400 - OPAU	Medicine

The PHSO contacted us on 31/10/2018 requesting a copy of the complaint file and medical records. These were sent to the PHSO on 07/11/2018 and we have not heard anything from them since then.

11011	KS		02/11/2017 [14/11/2018]	StMH	Gynaecology Outpatients	Women & Children

On 14/11/2018, the PHSO contacted us to ask for a copy of the complaint file and some documents relating to the patient's care. These were sent to the PHSO on 23/11/2018. On 11/01/2019, the PHSO requested some further documentation and this was sent to them on 18/01/2019. We are currently awaiting further contact from the PHSO.

4256	MM	JM	28/10/2016 [04/10/2018]	BRI	Thoracic Surgery	Surgery

The PHSO contacted us on 04/10/2018 to advise that they were investigating all aspects of this patient's care and treatment relating to a procedure on 19/10/2016. We sent them a copy of the complaint file and the appropriate medical records on 16/10/2018 and some further medical records on 11/12/2018. The PHSO contacted us again on 25/01/2019 to ask some further questions and these were addressed and additional documentation sent to them on 04/02/2019. We are currently awaiting further contact from the PHSO.

830	SR	AW	14/03/2016 [18/10/2018]	BEH	BEH Outpatients	Surgery

PHSO contacted us on 18/10/2018 to advise that they were investigating this complaint and to request copies of the complaint file and clinic letters. They also asked why it had taken the Trust so long to arrange a local resolution meeting with the complainant and her advocate. This information was sent to the PHSO, including evidence to show that any delays arranging the meeting were due to the complainant's availability. The PHSO confirmed on 30/10/2018 that they would not be taking the case any further and that they were closing their file.

Table 28: Complaints ongoing with the PHSO during Q2

Case Number	Complainant (patient	On behalf of (patient)	Date complaint		Department	Division

	unless stated)		received by Trust [and date notified by PHSO]			
13256	MR	WR	05/03/2018 [29/09/2018]	BRI	Ward A400 - OPAU	Medicine
This case was closed by the PHSO in September 2018 as the family wished to seek compensation via the legal route. However, they were unable to secure the services of a solicitor and returned to the PHSO, who contacted us on 30/01/2019 to request further information and documentation. This was sent to the PHSO on 01/02/2019 and the medical records were sent to them on 05/02/2019. We are currently awaiting the outcome of their investigation.						
10267	SL		20/09/2017 [02/07/2018]	SBCH	Radiology (SBCH)	D&T
PHSO originally contacted us on July 2018 to ask whether we would consider financial remedy. This was declined at the time as there was no evidence of wrong-doing and the Trust had already take appropriate steps to rectify any issues that arose as a result of the complaint. On 15/10/2018, the PHSO advised they were investigating the complaint and requesting the complaint file and medical records, which were sent to them 30/10/2018. We are currently awaiting further contact from the PHSO.						
9403	LD	DM	03/08/2017 [07/09/2018]	BHOC	Ward D703 - Haematology	Specialised Services
We were contacted by the PHSO on 23/01/2019, requesting a copy of the complaint file. This was sent to them on 01/02/2019 and we are currently waiting to hear further from them.						
8853	KK		10/07/2017 [24/08/2018]	BRI	Trauma & Orthopaedics	Surgery
Copies of all correspondence sent to PHSO in August 2018. We were then given an opportunity to respond to the patient's outstanding concerns, which we did in October 2018. However, the patient remained unhappy and the PHSO advised us on 19/12/2018 of the scope of their investigation and asked whether we wished to make any further comment at this stage. The Division confirmed they had no comments to make and this was confirmed to the PHSO on 06/02/2019. At this time, we also advised the PHSO that we would not be able to share a copy of their letter with two members of staff involved in this case as they had both now left the Trust. We are now awaiting further contact from the PHSO.						
5774	JB	JB	24/01/2017 [05/07/2018]	BRI	Dermatology	Medicine
Complaint led by Weston Area Health Authority. PHSO requested copy of patient's medical records from UH Bristol; these were sent on 19/07/2018. Further records were then requested and sent to the PHSO on 06/09/2018. We have not heard anything from the PHSO since September 2018.						
3937	TR	PP	10/10/2016 [14/09/2018]	BRI	Upper GI	Surgery
The PHSO advised us on 18/01/2019 that they had completed their assessment and would be taking no further action in respect of this complaint. Case ongoing during Q3 – to be included in closed cases in Q4.						
1161	AB		07/04/2016 [06/09/2018]	BHI	Ward C708 – Cardiac Surgery	Specialised Services
The PHSO advised us on 17/01/2019 that they had closed this case and would be taking no further action in respect of this complaint. Case ongoing during Q3 – to be included in closed cases in Q4.						

Table 29: Complaints formally closed by with the PHSO during Q2

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
10655	JB/SB	JB	13/10/2017 [24/08/2018]	BHOC	Ward D603 - Oncology	Specialised Services
A copy of all complaints correspondence and a timeline of the complaint were sent to the PHSO on 17/10/2018. The PHSO confirmed on 31/10/2018 that they did not intend to investigate because they consider the Trust had already taken steps to put things right and that no further action is needed.						
3016	SR	DR	10/03/2015 [02/08/2018]	BHOC	Ward D603 - Oncology	Specialised Services
We had not heard anything from the PHSO since sending them requested documentation in August 2018, despite chasing them several times for updates. We therefore closed the case in November 2018 and can re-open it if the PHSO get back in touch.						

8. Complaint Survey

Since February 2017, the Patient Support & Complaints team has been sending out complaint surveys to all complainants six weeks after their complaint was resolved and closed. The survey responses are now monitored on a regular basis in order that improvements can be made to the way that the Patient Support & Complaints team work as a direct result of the responses received.

Table 30 below shows data from the 42 responses received during Q3, compared with those received in previous quarters. Feedback improved in a number of areas in Q3, including respondents who confirmed that they found out how to make a complaint by seeing one of our posters or leaflets and respondents who recalled that we had advised them about the availability of advocacy services. One question that scored particularly highly was the number of respondents who said they were treated with dignity and respect by the Patient Support & Complaints Team – 97.5% - which is the highest score recorded for his indicator since the survey commenced.

It is disappointing however that the number of complainants taking up the option of a complaint resolution meeting remains low, although there was an improvement on the previous quarter. This could also be affected by the number of complaints being involved via the informal complaints process, which are mainly resolved by way of a telephone call.

All complainants are provided with a deadline by which they will receive a response to their complaint. This is evidenced on the Datix record of each complaint, which shows that the Patient Support & Complaints Team caseworker has either advised them of the deadline on the telephone (for informal complaints) or by email and/or letter for formal complaints. It is therefore disappointing to see that only 67.5% of respondents could recall having a deadline confirmed to them.

Further work is required from the Patient Support & Complaints Team, and from the Divisions, in respect of reassuring complainants that things will change as a result of their complaint, keeping them up to date during the investigation into their complaint and addressing all of the issues raised in the complaint.

Table 30: Complaints Survey Data

Survey Measure/Question	Q3 2018/19	Q2 2018/19	Q1 2018/19	Q4 2017/18
Respondents who confirmed that a timescale had been agreed with them by which we would respond to their complaint.	67.5% ↓	78.8%	68.2%	66.7%
Respondents who felt that the Trust would do things differently as a result of their complaint.	15.8% ↓	22.4%	11.1%	22.2%
Respondents who found out how to make a complaint from one of our leaflets or posters.	15.8% ↑	9%	7.5%	10.3%
Respondents who confirmed we had told them about independent advocacy services.	46.2% ↑	32.8%	33.3%	35.7%
Respondents who confirmed that our complaints process made it easy for them to make a complaint.	65% ↓	69.6%	66.7%	72.4%
Respondents who felt satisfied or very satisfied with how their complaint was handled by the Patient Support & Complaints Team.	63.4% ↓	69.1%	64.5%	57.2%
Respondents who said they did not receive their response within the agreed timescale.	17.5% ↑	16.4%	18.6%	33.3%
Respondents who felt that they were treated with dignity and respect by the Patient Support & Complaints Team.	97.5% ↑	81.8%	95.5%	92.9%
Respondents who felt that their complaint was taken seriously when they first raised their concerns.	80.5% ↓	81.4%	84.5%	71.5%
Respondents who did not feel that the Patient Support & Complaints Team kept them updated on progress often enough about the progress of their complaint.	20% ↓	29.9%	31.8%	33.3%
Respondents who received the outcome of our investigation into their complaint by way of a face-to-face meeting.	2.9% ↑	1.6%	2.3%	0%
Respondents who said that our response addressed all of the issues that they had raised.	57.9% ↑	57.1%	60%	50%

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