University Hospitals Bristol
NHS Foundation Trust

Extraordinary Meeting Public Trust Board Meeting Papers

Date: 30 April 2019

Time: 12:00 – 13:00

Venue: Conference Room, Trust Headquarters

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

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

University Hospitals Bristol NHS Foundation Trust

Board of Directors (in Public)

Extraordinary Meeting of the Board of Directors to be held on Tuesday 30 April 2019 12.00 – 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.	Minutes of the Last Meeting • **28 March 2019**	Approval	Chair	
4.	Matters Arising and Action Log	Approval	Chair	
5.	Chief Executive's Report	Information	Chief Executive	
Patient Care and Clinical Outcomes				
6.	Quality and Performance Report	Assurance	Deputy Chief Executive and Chief Operating Officer, Chief Nurse, Medical Director, Director of People	
7.	Quality and Outcomes Committee - Chair's Report	Assurance	Chair of the Quality and Outcomes Committee	*To follow*
8.	People Committee – Chair's Report	Assurance	Chair of the People Committee	*To follow*
9.	Audit Committee – Chair's Report	Assurance	Chair of Audit Committee	*To follow*
Strategic Performance and Oversight				
10.	Healthier Together Sustainability and Transformation Partnership – *Verbal Update*	Information	Chief Executive	

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
11.	Embracing Change, Proud to Care: Our 2025 Vision	Approval	Director of Strategy and Transformation	
12.	Strategic Outline Case – Maggie's Centre at UH Bristol	Information	Director of Strategy and Transformation	
Financial Performance				
13.	Finance Report	Assurance	Director of Finance and Information	
14.	Finance Committee – Chair's Report	Assurance	Chair of Finance Committee	*To follow*
Governance				
15.	Governors' Log of Communications	Assurance	Chair	
Concluding Business				
16.	Any Other Urgent Business – *Verbal Update*	Information	Chair	
17.	Date and time of next meeting • **24 May 2019**	Information	Chair	

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

Thursday 28 March 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
David Armstrong	Non-Executive Director
Madhu Bhabuta	Non-Executive Director
Julian Dennis	Non-Executive Director
Matt Joint	Director of People
Paul Mapson	Director of Finance and Information
Carolyn Mills	Chief Nurse
John Moore	Non-Executive 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

In Attendance:

Name	Job Title/Position
Emma Redfern	Associate Medical Director for Patient Safety and Governance (attending in place of William Oldfield, Medical Director)
Eric Sanders	Trust Secretary
Geoff Underwood	Associate Director of Strategy and Business Planning
Matthew Thackray	Press Officer
Carole Dacombe	Public Governor
Graham Papworth	Patient/Carer Governor
Garry Williams	Patient/Carer Governor
Florene Jordan	Staff Governor
Sophie Jenkins	Appointed Governor (Joint Union Committee)
Anoushka Winton	Member of staff
Kieran Oglesby	Member of staff
Clive Hamilton	Member of the public
Tony Watkin	Patient and Public Involvement Lead (for Item 3)
Jamie Cargill	Nurse Consultant / Teenage Cancer Trust Lead Nurse (for Item 3)
Claire Lewis-Norman	Clinical Nurse Specialist (for Item 3)
Ross	Patient at the Teenage and Young Adult Cancer Unit (TYA) (Item 3)

Minutes:
Sarah Murch: Membership and Governance Administrator

The Chair opened the Meeting at 11:00

Minute Ref	Item Number	Action
Preliminary Business		
208/03/2019	**1. Welcome and Introductions/Apologies for Absence**	
	The Chair of the Board, Jeff Farrar, welcomed everyone to the meeting. Apologies had been received from William Oldfield, Medical Director (with Emma Redfern, Associate Medical Director for Patient Safety and Governance, attending in his place), Paula Clarke, Director of Strategy and Transformation, Steve West, Non-Executive Director, and Jill Youds, Non-Executive Director.	
209/03/2019	**2. Declarations of Interest**	
	There were no new declarations of interest.	
210/03/2019	**3. Patient Story**	
	The meeting began with a Patient Story, introduced by the Chief Nurse, Carolyn Mills. This month's story was about Ross, who was 25 years old. In 2017, Ross had been diagnosed with Hodgkin's Lymphoma, an uncommon cancer that develops in the lymphatic system. Ross told the Board about his patient journey from diagnosis through to treatment. He had initially received diagnosis at Southmead Hospital and began chemotherapy treatment in adult services there. He had been contacted by the Teenage Cancer Trust and was able to benefit from their additional support. He was later transferred to the Teenage and Young Adult Cancer Unit at UH Bristol. Ross reflected on how the treatment facilities at the Teenage and Young Cancer Unit (TYA) at UH Bristol had supported him through chemotherapy and transplant procedures. He had particularly valued the wider holistic approach offered by the team and its emphasis on social, emotional and practical support. He reflected on the differences between this and the adult ward at Southmead, including a personal reflection on the emotions that surface when transitioning between adult and young people's services. The most difficult part of the whole process had been his initial transition from GP to hospital consultant which had taken longer than expected and had not been a smooth journey. Biopsy results were delayed and finally he had received the results in a letter through the post before his GP had been able to speak to him in person. The Board heard that Ross was now well and had stopped treatment but was still receiving regular check-ups and continuing support from the Teenage Cancer Trust. Members of the Board discussed Ross's story. They voiced concern about the way in which he had found out his diagnosis and Non-Executive Directors requested assurance that UH Bristol had appropriate pace and	

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	delicacy of dealing with this kind of correspondence. Mark Smith, Deputy Chief Executive and Chief Operating Officer, agreed that this process would be looked into to provide assurance to Board members. Jamie Cargill, Nurse Consultant / Teenage Cancer Trust Lead Nurse, highlighted that the TYA had recently taken part in a national study on the pathways of young people through cancer diagnosis. As part of this they had audited a cohort of young patients and had identified particular challenges in the transition between primary and secondary care. The study had recently completed and had identified ways in which the process in both primary and secondary care could be improved, and learning from this now needed to be integrated into the service. Members of the Board were keen to establish that Ross and his family had received sufficient support from the TYA service. Ross responded that the team had been very supportive and had made efforts to look after his family and keep them informed as well. He felt that having a Clinical Nurse Specialist as a main point of contact had particularly helped in this regard. The Board noted that the TYA was an example of good practice and benefitted from strong collaboration with charitable partners. The Chair thanked Ross for attending and he left the meeting. **Action: Assurance to be provided to Board members about the correspondence process in relation to cancer and other significant diagnoses.**	Deputy Chief Executive /Chief Operating Officer
211/03/2019	**4. Minutes of the last meeting**	
	Board members reviewed the minutes of the meeting held on 31 January 2019. It was noted that Madhu Bhabuta had attended the meeting and that her name should be added to the list of attendees. There were no further amendments. **Members RESOLVED to:** • **Receive** the minutes of the Board of Directors meeting held in public on 31 January 2019 as a true and accurate record subject to this amendment.	
212/03/2019	**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: **195/01/2019 Patient Story** **Chair to write to the head teachers of the schools attended by the young carers to thank them for allowing them to come to the meeting.** This action was complete. **195/01/2019 Patient Story**	

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	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. The Board noted that a specific set of actions related to young career visibility had been added into the work plan for the Carers' Strategy Steering Group, and agreed as a Trust quality objective for 2019/20. **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.** This was complete. **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** This was complete. **Members RESOLVED to:** • **Note** the updates against the action log.	
213/03/2019	**6. Chief Executive's Report**	
	The Board received a summary report of the key business issues considered by the Senior Leadership Team in February and March 2019. Robert Woolley, Chief Executive, provided updates on the following matters: • The Trust's Senior Leadership Team had set four priorities for 2019/20 in the following areas: i. Patient safety and experience: with the ambitious aim of demonstrating that UH Bristol was the safest trust in England with the best patient experience ii. A continuing focus on staff wellbeing: including a new approach to diversity and inclusion and tackling bullying and harassment. iii. A focus on 'Working Smarter' to reduce waste and delays. iv. To make UH Bristol fit for the future: with the launch of a new strategic plan, capital investment plans, and workforce plans. The Trust would continue to collaborate with its system partners to make decisions about how to prioritise resources in these areas. • UH Bristol had received formal notification from the Care Quality Commission that the Well-Led Review component of the forthcoming inspection would be undertaken from 21- 23 May. This would involve meetings with Executive Directors and other senior leaders, Non-Executive Directors and governors. As part of this process, the Trust also needed to undertake a 'Use of Resources' review in April.	

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	• The Trust was submitting its response to the Data Security and Protection toolkit assessment at the end of this week. This was a national requirement that had replaced the Information Governance toolkit. The Trust was declaring compliance with 89 out of 100 standards and would be providing improvement plans for the areas that were not compliant. The Audit Committee would receive more information and this aspect of information governance would be built more regularly into the Board cycle of business. • The Trust had received a Health Service Journal Partnership award for its role in the Bristol, Weston and Bath partnership with GRI, the organisation that managed the Trust's neutral vendor arrangements with framework agencies, particularly for nursing and healthcare assistant agency workers. Across the whole partnership this had saved £2.5m in excess agency costs. • The Trust was publishing its gender pay gap information this week in line with national requirements. This would be publicly available and would also be considered by the People Committee in April in the context of the Diversity and Inclusion plan. There were no Equal Pay issues inside the Trust, but the pay gap at the median was 1%. In response to a question from John Moore, Non-Executive Director, Robert responded that the published gender pay gap information was not broken down by specific area and this could be discussed in more detail by the Board at People Committee. Madhu Bhabuta, Non-Executive Director, sought assurance as to the nature of the 11 gaps in the Data Security and Protection toolkit. Eric Sanders, Trust Secretary, responded that the gaps did not present a material impact, and that benchmarking work had revealed that UH Bristol was in a similar position to other trusts. **Members RESOLVED to:** • **Receive** the Chief Executive's Report for assurance.	
Patient Care and Clinical Outcomes		
214/032019	**7. Quality and Performance Report**	
	Mark Smith, Deputy Chief Executive and Chief Operating Officer, presented the Quality and Performance Report, the purpose of which was to enable 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 winter planning overall had been successful and performance had been steady compared with previous years, there was now a need to focus on capacity utilisation to ensure that resources were adequately deployed throughout the year. A capacity planning group had been set up to look at service development,	

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	service changes, and the balance between the elective and non-elective programme. • The percentage of Emergency Department patients seen in less than four hours was 81.1% for February, which did not achieve the national standard or the improvement trajectory target of 87%. This had reflected increasing ED attendances (3.5% in the Bristol Royal Infirmary and a 9.9% rise at Bristol Royal Hospital for Children: April 2017-Jan 2018 vs April 2018-Jan 2019). • The 62 Day Cancer standard for GP referrals had achieved 85.1% for January, meaning that the national standard of 85% had been achieved for each of the eight months since June. • The percentage of Referral-to-Treatment patients waiting under 18 weeks was 89.1% as at the end of February, achieving the improvement trajectory target (but not the national 92% standard). The Trust continued to report 52 week breaches in Paediatric Services. • Challenges were noted in meeting the six-week diagnostic standard of 99%, with the percentage of diagnostic patients waiting under 6 weeks being 96.9% at the end of February. **Quality Standards**: Carolyn Mills, Chief Nurse, reported a sustained performance on quality indicators. However, there was a deteriorating position in complaints responded to within timescale. This related to one division and there was a plan in place to improve it. Numbers of dissatisfied complainants, however, were consistently going down due to a detailed piece of work looking at each individual complaint. The Board were reassured that the rise in pressure ulcers incidence in November/December had now fallen back to within expected levels. Emma Redfern, Associate Medical Director for Patient Safety and Governance, advised the Board that winter pressures in the Emergency Department had been offset by efficient planning, which meant that patient flow had improved, the number of outlier bed-days had dramatically reduced, and staff, though weary, were in a far better position than in previous years. She added that the Trust was still not meeting its targets in relation to Fractured Neck of Femur patients due to capacity issues and this remained under review. The Trust was performing well in relation to non-purposeful omitted doses, which were virtually eradicated in those areas where the electronic prescribing system had been implemented. Mortality indicators were within the expected range. **Workforce Standards**: Matt Joint, Director of People, reported that metrics in relation to vacancies, turnover and staff sickness were moving in the right direction. National staff survey results had seen an increase in the Trust's score for a fifth year consecutively and action plans were being formulated to tackle the issues raised.	

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	The Trust was recovering from last year's failure of the e-appraisal system. There was renewed focus on the 'Happy App' which enabled real-time feedback from staff as to how they were feeling. There was strain noted among staff in Employee Services, due to the need to compensate for operational managers during the busy winter months. Members of the Board discussed the following: • David Armstrong, Non-Executive Director, welcomed the focussed work on capacity planning and enquired whether it would be matched with a piece of work on the likely changes in demand for services over time. It was agreed that it would be useful to explore the connection between demand, capacity and estate at a future Board Seminar. **Action: Connection between demand, capacity and estate to be explored at a future Board Seminar**. • Alison Ryan, Non-Executive Director, enquired whether the Trust had discussed with the ambulance service its perception that it received proportionally more ambulances than neighbouring trusts. Mark Smith explained that this issue had been examined and was not borne out in evidence. It had also now been agreed that system diverts would not be in place in winter unless there was a major incident or on grounds of patient safety. • John Moore, Non-Executive Director, and others commended the Executive Team and staff on the achievement of 50% reduction in outliers in spite of the significant increase in demand and asked that UH Bristol share its experience nationally. Paul Mapson, Director of Finance and Information noted that work would first be completed to fully understand the reasons and impact and compare it with best practice. • Martin Sykes, Non-Executive Director, sought assurance in relation to UH Bristol's position as an outlier nationally in relation to MRSA infections. Carolyn Mills responded that Bristol as a whole was an outlier, partly due to a relatively high number of intravenous drug users. She provided reassurance that each individual case at UH Bristol had been reviewed and the information from these reviews could be shared with Board members if required. **Members RESOLVED to:** • **Receive** the Quality and Performance Report for assurance.	Trust Secretary
215/032019	**8. 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 March: • The Committee had received an update on the Trust's performance against key targets and considered the key risks allocated to the committee. They had welcomed the improvement in performance on	

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	62-day cancer targets and had noted the challenges in relation to six-week diagnostic rates. • They had received the Learning from Deaths reports, and were satisfied that there were no outstanding issues. • The Committee had discussed the Patient Complaints report and had welcomed the introduction of real-time feedback points in the hospitals. • The Committee had welcomed the Trust's reduction in the use of Desflurane (anaesthetic gas) which had saved a significant amount of CO2 equivalents and also saved £50,000 in costs. They had asked that this be wider publicised. • They had requested a fuller report on how the Boots pharmacy service at the Bristol Royal Infirmary was performing against its contract and Key Performance Indicators at a future meeting. **Members RESOLVED to:** • **Receive** the Quality and Outcomes Committee Chair's report for assurance.	
216/03/2019	**9. 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 March: • The Committee had received an update on workforce performance including progress against Key Performance Indicators. They had been satisfied that these were generally moving in the right direction, though noted high vacancy rates for Nursing Assistants. • The Committee had noted changes to the framework for supporting attendance. They had requested an analysis of the impact of vacancy, turnover and sickness rates on the most essential areas in each division. • They had requested a focus on improving management training and development among the Trust's middle management. • The Committee had received and discussed extensively the Trust's first formal Education Strategy. The Committee was greatly encouraged by the clarity and coherence of the plan, and had challenged the Education Team to think boldly about the ways that education and training could be used to meet the healthcare needs of the future. It was noted that a significant amount of work would be needed to deliver the ambitions set out in the strategy. • The Committee had discussed workforce priorities for Healthier Together/Sustainability and Transformation Partnership in the region though noted that clinical input into this needed to be developed. • The Committee had received a preliminary report on the outcomes of the latest Staff Survey. The response rate to the survey had improved, and there had been a general improvement in positive outcomes, though challenges continued around wellbeing scores,	

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	appraisal completion rates, diversity and inclusion, and bullying and harassment. There was a 'You said – We did' programme of work this week to share with staff actions responding to their feedback, and Divisions were preparing their own plans to respond on local issues. • She concluded that further work was 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 had been made in the establishment of strategic frameworks for workforce and education planning. Guy Orpen, Non-Executive Director, welcomed the new Education Strategy but felt that it did not include sufficient appreciation of the Trust's responsibilities in relation to the education of the large numbers of students that were placed here and the large sums of money that the Trust received for educating them. The Board noted his interest in this item as an employee of the University of Bristol. It was agreed that this should receive a stronger emphasis in the education strategy once it was fully developed. **Members RESOLVED to:** • **Receive** the People Committee Chair's report for assurance.	
217/03/2019	**10. Six-Monthly Nurse Staffing Report**	
	Carolyn Mills, Chief Nurse, presented this report which provided assurance to the Trust Board that wards have been safely staffed over the last six months (August 2018-January 2019) Key points were as follows: • The report had been changed to reflect new guidance received from NHS Improvement in October 2018 and now included graphs on care hours per patient per day (CHPPD) and weighted activity unit (WAU). In subsequent reports the report would also include data relating to Allied Health Professionals and doctors as well as nursing and midwifery staff. • The Board were assured that there had been no significant changes in staffing levels and wards had been safely staffed. Where there had been variation, as reported to the Quality and Outcomes Committee, this had been due to unfilled staffing gaps due to short-term absence and staffing moves to deal with patients in the Emergency Department queue. There had been no requests for regulatory information in regard to nursing and midwifery staffing in the period. • In relation to 'care hours per patient per day,' there had been a minor variation in the graph from February to August, relating to issues in maternity rosters, but these had now been resolved. • The Trust was now using the Model Hospital digital tool which allowed it to benchmark against its peer group by speciality and ward	

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	and there was no significant variation in the data when compared with other Trusts. It was suggested that the Model Hospital be demonstrated to the Board. **Action: Model Hospital digital tool to be demonstrated to the Board.** **Members RESOLVED to:** • **Receive** the Six-Monthly Nurse Staffing report for assurance.	Deputy Chief Executive /Chief Operating Officer
218/03/2019	**11. Learning from Deaths Report**	
	Emma Redfern presented this report for the first three quarters of the Learning from Deaths process in 2018/2019. Key points were as follows: • All adult in patient deaths had been screened. A structured case note review occurred in between 27% of these • The majority of care provided when reviewed was good. • Three patients had been referred for further review and no avoidable death was identified. • Recent admission and subsequent readmission was a risk factor for death. Numbers were largely the same as last year. The themes were also the same: principally the timeliness of recognition of end of life. Emma outlined the key pieces of work in this area, including a change in culture to encourage conversations with patients and families about end of life before they were at that stage, and also improving the quality of information on death certificates. Deaths that occurred within 30 days of discharge from the Emergency Department were also being reviewed. Non-Executive Directors voiced support for this leading piece of work and expressed hope that it would be used to create a better experience at the end of life for patients and their relatives. In response to a question from Martin Sykes about orthopaedics, Emma Redfern responded that the Trust's model of care around frailty as a whole needed to change particularly as demographic changes meant that there were increasing numbers of frail patients with co-morbidities. **Members RESOLVED to:** • **Receive** the Learning from Deaths report for assurance.	
Strategic Performance and Oversight		
219/03/2019	**12. NHS Improvement Operational Plan**	
	Paul Mapson, Director of Finance and Information, introduced the Operational Plan which summarised the Trust's 2019/20 business plans and was before the Board for approval. A draft version had been submitted to	

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	NHS Improvement on 12 February 2019 and the final version would be submitted on 4 April. It was backed up by detailed operational plans which had been produced with the Trust's divisions and discussed with commissioners. The plan described the Trust's intention to accept the control total that it had been offered and the financial plans to deliver it. It also described a significant capital investment programme. Paul Mapson drew the Board's attention to a number of outstanding issues, particularly the divisional deficit which remained in the operating plans and he advised of ways that these could be partly mitigated. Negotiations with commissioners were also still ongoing but were getting close to agreement. He recommended the plan for approval as a reasonable and deliverable plan. The Board approved the plan, noting that there would be minor changes between the date of Board approval and submission to NHSI but that these were not anticipated to be material. **Members RESOLVED to:** • **APPROVE** the Operational Plan for 2019/20, ready for submission to NHS Improvement on 4 April 2019.	
220/03/2019	**13. Healthier Together Sustainability and Transformation Partnership Update**	
	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: • The regional health system through Healthier Together was developing a whole system plan for 2019/20. A five-year plan whole system was likely to be required by autumn. • The system was applying for formal designation as an Integrated Care System. It was not yet clear what form this would take or when it would happen but it could mean that the region would be able to access significant transformation funding. • There was now a requirement to establish primary care networks, which would sit inside the existing primary care localities, though there were still issues to be worked out in relation to funding. • A Citizens Panel had been developed with the aim of recruiting 1000 members of the public who would respond to surveys and be used as the first port of call for testing propositions for major service change. Non-Executive Directors welcomed the report and asked clarification questions around mental health provision and about the move to gathering system-level performance data.	

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	Members RESOLVED to: • **Receive** the Healthier Together STP Report for assurance.	
221/03/2019	**14. Phase 5 Strategic Capital Update**	
	Paul Mapson, Director of Finance and Information, introduced this report for approval. This paper provided an overall update on the Phase 5 programme, highlighting the status of individual schemes and setting out the agreed procurement strategy. Key points were as follows: In September 2018 Trust Board had approved a Strategic Capital Investment Programme totalling £237m to 2022/23 and agreed the indicative allocation into the proposed categories of major clinical services strategic schemes (phase 5), medical equipment and operational capital, Information Technology, Estates replacement and Estates infrastructure and compliance. The Board were now asked to approve the Phase 5 Strategic Capital programme including the approach to allow the Trust to manage all the schemes with one third party contractor through issuing a High Level information Pack to contactors on the ProCure22 framework. • David Armstrong, Non-Executive Director, asked how the programme would be influenced by the regional system plan. Paul Mapson agreed that the programme would need to remain flexible in this regard and added there could be other schemes that were not currently included that may become necessary. • David Armstrong further asked whether there was any capital expenditure planned in relation to the Bristol Dental Hospital. Paul Mapson explained that this was not part of the Strategic Capital Investment Programme, but that there were smaller schemes planned for which operational capital would be used. Board members requested more information on the Trust's strategic and operational capital plans together so that they could see the plan for improving and maintaining the Trust's infrastructure and estates in its entirety. • In response to a question from Guy Orpen Non-Executive Director, Robert Woolley confirmed that consideration was being given as to how to communicate the Phase 5 plans to staff and patients so that they were aware of planned improvements to the Trust's site. • John Moore, Non-Executive Director, requested assurance that governance procedures were in place to detect when planned building works were flagging. It was confirmed that this would be routinely monitored. Paul Mapson further flagged the importance of tackling the projects in order and securing sufficient decant space to enable these schemes to be completed in a timely way. • Madhu Bhabuta, Non-Executive Director, noted the plans to renovate	

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	the ground floor of Bristol Eye Hospital but asked that further consideration be given as to how the hospital as a whole could be improved. **Members RESOLVED to:** • **APPROVE** the Phase 5 Strategic Capital plan. • **APPROVE** the High Level information Pack (HLIP) and its issue to contactors on the ProCure22 framework. • **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.	
222/03/2019	**15. Draft Bristol, North Somerset and South Gloucestershire (BNSSG) System Plan**	
	The Board noted that for the first time, Sustainability and Transformation Partnerships (STPs) were required to submit a System Plan for the whole region. The Healthier Together Partnership had developed a draft planning narrative for Bristol, North Somerset and South Gloucestershire in collaboration between all the member organisations of the Healthier Together STP. Board members noted the plan including the opportunity to provide feedback on the draft before the plan was finalised and submitted to NHS England on 11 April. **Members RESOLVED 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.	
Financial Performance		
223/03/2019	**16. 2019/20 Resources Book**	
	Paul Mapson, Director of Finance and Information, introduced the 2019/20 Resources Book of the 2019/20 Operational Plan, which was before the Board for approval. The Resources Book was made available to the public and included 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. **Members RESOLVED to:** • **APPROVE** the 2019/20 Resources Book based on the Operating Plan for submission to NHS Improvement. • Approve the going concern status of the Trust.	
224/03/2019	**17. Finance Report**	
	Paul Mapson, Director of Finance and Information, introduced the Finance	

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	Report which informed the Board of the financial position of the Trust for February. The Trust was reporting a year to date core surplus of £2.341m against a plan of £2.315m, a favourable variance of £0.026m. He highlighted that the Trust was still on track to deliver its plan for the year, though the run rate on some of the spend issues had accelerated which meant that activity and cost levels were now running high. Additional funding was now anticipated in relation to payments for treatment of patients from Wales, and also in relation to the partnership with Weston Area Health NHS Trust. **Members RESOLVED to:** • **Receive** the Draft BNSSG System Plan for assurance.	
225/03/2019	**18. Finance Committee Chair's report**	
	Martin Sykes, Finance Committee Chair, introduced a report from the meeting of the Finance Committee in February and March, including the following key points: • The Committee, having considered the detail of the Resources Book and Operational Plan for 2019/20, had recommended their approval by the Board of Directors. Martin Sykes asked that Paul Mapson express thanks to his team on behalf of the Board for the work that had gone in to create a good plan within tight timescales. • The Committee had considered the financial position of the Trust and had discussed updating the Trust's financial risks. • The Committee had 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. **Members RESOLVED to:** • **Receive** the Finance Committee Chair's report for assurance.	
Governance		
226/03/2019	**19. Annual Review of Directors' Interests**	
	Eric Sanders, Trust Secretary, presented the Annual Review of Directors' Interests, providing assurance that the Trust was compliant with regulatory requirements to maintain an up-to-date register of all interests for its Board of Directors. All Directors of the Board had declared their interests, or confirmed they have no interests to declare via a formal nil return, for 2019. It was noted that another directorship needed to be included for Guy Orpen. In response to a question from John Moore, it was clarified that those directors who had left during the year would still be included in the report	

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	with any interests that they had declared. **Members RESOLVED to:** • **Receive** the Annual Review of Directors' Interests for information.	
Items for Information		
227/03/2019	**20. 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 governors were planning to submit an additional question in relation to patient discharges at night, which was a current area of concern for governors. Flo Jordan, Staff Governor, added that she was also intending to request further information for two of her questions. **Members RESOLVED to:** • **Receive** the Governors' Log of Communications for information.	
228/032019	**21. Quarterly Patient Experience and Real Time Patient Feedback Report**	
	Carolyn Mills, Chief Nurse, introduced this report, for information. It provided a summary of patient-reported feedback received via the Trust's corporate patient survey programme, up to and including Quarter 3 2018/19, and an update on Patient and Public Involvement activity. It was noted that this report had been received by the Quality and Outcomes Committee of the Board. David Armstrong, Non-Executive Director, requested that it be made clearer in the report which issues needed to be passed to the People Committee or the Audit Committee. Jeff Farrar agreed that this would be considered as part of the current work with committee chairs to co-ordinate their work. **Members RESOLVED to:** • **Receive** the Quarterly Patient Experience and Real-Time Patient Feedback Report	
229/03/2019	**22. Quarterly Patient Complaints Report – Q3**	
	Carolyn Mils, Chief Nurse, introduced this report summarising the complaints received by the Trust in Quarter 3, as previously received by the Quality and Outcomes Committee of the Board. **Members RESOLVED to:** • **Receive** the Quarterly Patient Complaints Report Q3	
Concluding Business		

Minute Ref	Item Number	Action
230/03/2019	**23. Any Other Urgent Business**	
	• **South Bristol Community Hospital (SBCH):** Following a question from John Moore, Paul Mapson asked the Board to note that negotiations in relation to SBCH had not concluded yet and a new agreement was not yet in place. More detail would be provided to the Board in due course. The Board noted that it was Alison Ryan's last meeting. Jeff Farrar, Trust Chair, thanked Alison on behalf of the Board for her exceptional work in her six years as Non-Executive Director. He wished her luck in her new role as Chair of Royal United Hospitals Bath NHS Foundation Trust. Alison Ryan warmly thanked members of the Board, Governors and others for their support over her time in office. There was no further business. The Chair closed the meeting at 13:05.	
231/03/2019	**24. Date and time of Next Meeting**	
	The date of the next meeting was confirmed as **11.00 – 13.00, Thursday 24 May 2019, Conference Room, Trust HQ, Marlborough Street, Bristol, BS1 3NU.**	

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

University Hospitals Bristol
NHS Foundation Trust

Public Trust Board of Directors meeting
30 April 2019
Action Tracker

Outstanding actions from the meeting held on 28 March 2019					
No.	**Minute reference**	**Detail of action required**	**Responsible officer**	**Completion date**	**Additional comments**
1.	195/01/2019	**Patient Story** Carers' Strategy Steering Group work to take account of issues raised regarding visibility of young carers. To report back to Board through the Quality and Outcomes Committee.	Chief Nurse	March 2019	Update provided 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.
2.	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	Work in Progress A review of the Committee's operation (including membership/attendance) will be undertaken once the committee has been operating for 6 months.
3.	210/03/2019	**Patient Story** Assurance to be provided to Board members about the correspondence process in relation to cancer and other significant diagnoses.	Deputy Chief Executive /Chief Operating Officer	April 2019	Work in Progress Deputy Chief Executive /Chief Operating Officer to discuss with patient.
4.	214/032019	**Quality and Performance Report** Connection between demand, capacity and estate to be explored at a future Board Seminar.	Trust Secretary	April 2019	Completed This will be included as part of the 2019/20 Board Development plan.
5.	217/03/2019	**Six-Monthly Nurse Staffing Report** Model Hospital digital tool to be demonstrated to the Board.	Trust Secretary	April 2019	Completed This will be included as part of the 2019/20 Board Development plan.
Closed actions from the meeting held on 28 March 2019					

No.	Minute reference	Detail of action required	Responsible officer	Completion date	Additional comments
6.	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	Complete This action is now closed.
7.	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	Complete This action is now closed.
8.	183/11/2018	**Research and Innovation Quarterly Report** Medical Director to review reporting lines for Research and Innovation	Medical Director	February 2019	Complete An update was circulated to the Board in February.

Extraordinary Meeting of the Board in Public on Tuesday 30 April 2019 in the Conference Room, Trust Headquarters

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

1. Report Summary

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

2. Key points to note
(Including decisions taken)

The Board will receive a verbal report of matters of topical importance to the Trust, in addition to the attached report summarising the key business issues considered by the Senior Leadership Team in April 2019.

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

N/A

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

- This report is for **INFORMATION**.
- The Board is asked to **NOTE** the report.

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

N/A

APPENDIX A

SENIOR LEADERSHIP TEAM

REPORT TO TRUST BOARD – APRIL 2019

1. INTRODUCTION

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

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.

3. STRATEGY AND BUSINESS PLANNING

The group **approved** the Education Strategy, for onward submission to the Trust Board.

The group **approved** the Diversity and Inclusion Strategy, subject to some revision, for onward submission to the People Committee.

The group **approved** the Research and Innovation Strategy, for onward submission to the Trust Board.

The group **noted** an update on the progress of the Operational Planning process and **approved** sign-off of Divisional Operating Plans for the Divisions of Women's and Children's, Diagnostics and Therapies, Specialised Services, Estates and Facilities and Trust Services.

The group **approved** sign-off of the operational capital programme for 2019/2020.

The group **accepted** assurances that the risks created through the prioritisation process with some external investment proposals that had been declined funding, were sufficiently mitigated at this point in time.

The group **approved** the Strategic Outline Case recommending that UH Bristol agrees in principle to lease an allocation of the estate to Maggie's Centre for the construction of a Maggie's Bristol Cancer Support Centre.

4. RISK, FINANCE AND GOVERNANCE

The group received an update on action taken to sustain smoke free status and **supported** next steps.

The group received highlights from the Staff Survey 2018 and **supported** the next steps for taking the results forward and key priorities for 2019/2020.

The group **approved** revised terms of reference for the Strategy Steering Group following their annual review.

The group **received** the quarterly update of the Congenital Heart Disease network.

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

The group **approved** the use of a Medway Venous Thromboembolism risk assessment as the sole system for completing inpatient VTE risk assessment, subject to confirmation of a pilot ward and assurance of realistic pilot and roll out dates.

The group **approved** the Quarter 4 Strategic Risk Report for onward submission to the Trust Board.

The group **approved** the Corporate Risk Register for onward submission to the Trust Board.

The group **received** the Quarter 4 Themed Serious Incident update report, prior to submission to the Quality and Outcomes Committee.

The group **received** the Quarter 4 Corporate Objectives update report.

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.

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
April 2019

Meeting of the Board in Public on Tuesday 30 April 2019 in the Conference Room, Trust Headquarters

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

1. Report Summary	
To review the Trust's performance on Quality, Workforce and Access standards.	
2. Key points to note *(Including decisions taken)*	
Please refer to the Executive Summary in the report.	
3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**	
N/A	
4. Advice and Recommendations *(Support and Board/Committee decisions requested)*:	
• This report is for **ASSURANCE**. • The Committee is asked to **NOTE** the report.	
5. History of the paper **Please include details of where paper has previously been received.**	
Quality and Outcomes Committee	26 April 2019
People Committee	29 April 2019

NHS
University Hospitals Bristol
NHS Foundation Trust

Quality and Performance Report

April 2019

1.1 OVERVIEW – Executive Summary

Single Oversight Framework

- The 62 Day Cancer standard for GP referrals achieved 83.5% for February, which is below the national standard of 85%. However, the national standard had been achieved for each of the previous 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 81.2% for March. This did not achieve the 95% national standard or the improvement trajectory target of 90%.
- The percentage of Referral To Treatment (RTT) patients waiting under 18 weeks was 89.2% as at end of March. 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 March was 95.5%, with 418 patients waiting 6+ weeks. This is lower than the national 99% standard. The maximum allowed breaches to achieve 99% was 92.

Headline Indicators

There was one Clostridium Difficile cases and zero MRSA cases in March. The Trust remains below the year to date tolerance for Clostridium Difficile cases. Pressure Ulcer and Patient Falls incidence remained below target levels in March. Falls rate 3.72 falls per 1000 beddays (99 falls) and Pressure Ulcers was 0.19 per 1000 beddays (5 ulcers).

The headline measures from the monthly patient surveys and the Friends and Family Test remain above their minimum target levels in March 2019. In Complaints, 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.

Last Minute Cancelled Operations (LMCs) were at 1.6% of elective activity and equated to 115 cases. There were four breaches of the 28 day standard (LMCs from last month had to be re-admitted within 28 days). NHS Improvement have set a target of 40% reduction in patients in hospital for more than 21 days (“super stranded patients”). Additional details are in the Length of Stay section, in Section 2.5.

Workforce

March 2019 compliance for Core Skills (mandatory/statutory) training increased to 90% overall across the eleven core skills programmes and so achieved the standard. There were no reductions and there were six increases from the previous month across the eleven core skill programmes. The largest increase was seen in Infection Prevention & Control increasing to 83% from 80% the previous month.

In March 2019, total staffing was at 8987 full time equivalents (FTE). Of this, 5.5% was Bank (493 FTE) and 1.4% was Agency (122 FTE). During March there had been 949 leavers over the previous 12 months giving a Turnover of 13.3%. Exit interview return rates have dropped during the first part of 2019 and so there is a focussed piece of work to promote the importance of this information with managers.

In March, 4.0% of total available FTE days were lost to staff sickness. 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 72.3% from 65.3%, with increases within all seven divisions. The largest divisional increase was seen within Diagnostics and Therapies increasing to 87.4% from 73.6% the previous month. Hotspot reporting remains a focus to support areas with low compliance.

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%	81.23%
	"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%	83.5%	
	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%	89.2%
	Trajectory	88%	88%	88.5%	88.5%	88.7%	88.5%	88.5%	88.0%	87.0%	86.0%	87.0%	87.0%
6-week wait diagnostic Standard: 99%	Actual	96.8%	97.6%	97.8%	97.9%	97.1%	98.1%	98.4%	96.9%	93.8%	93.3%	96.9%	95.5%
	Trajectory	97.9%	97.9%	97.9%	98.4%	99.0%	98.0%	98.0%	98.0%	98.0%	98.0%	99.0%	99.0%

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

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

1.3 OVERVIEW – Key Performance Indicators Summary

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

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

	Successes	Priorities
ACCESS	• Delivering the 62 day GP national standard for eight consecutive months (Jun-Jan) and in quarters 2 and 3. • Referral To Treatment (RTT) Performance trajectory has been achieved for 12 consecutive months. Month-end reported position for end of March was 89.2% against a trajectory of 88%. • We continue to achieve the RTT Wait List size trajectory, whereby the requirement is to maintain the overall waiting list size below the March 2018 level of 29,207. Waiting list size at end of March 2019 was 28,481. • 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 19,000 with monthly reductions of around 200-400 pathways which are now labelled "transitional pathways". • Outpatient standards for open referral management (including Transitional Pathways and Partial Booking) have been agreed with divisions during February to ensure wait times in outpatients are maintained. • ED 4 hour performance in Quarter 4 improved slightly (81.5% to 82.3%) despite a 9% increase in attendances. This is comparing Jan-Mar 2018 with Jan-Mar 2019. • Full integration of eRS (electronic Referral Service) referrals has led to only 24 appointments in Feb-19 being referred on paper into a consultant led service.	• Delivery of GP Cancer 62 Day national standard of 85% in quarter 4 and in March, recovering from the impact of cancellations due to critical care beds • Implement the new 28 day cancer standard and Cancer Waiting Times Guidance • The divisional focus remains on reducing Outpatient follow-ups that are overdue by more than 6 months • Continue to deliver RTT trajectory and performance above 88% in April 2019. • The work with our commissioners to review the local patient access policy is now complete. The changes to the policy will be included into an internal Standard Operating Procedure (SOP) to support staff at each step of the patient pathway. The SOP will be taken to the relevant groups during April/May 2019 with supporting communications via the medical director to all clinicians and newsbeat for all staff. Referral to Treatment (RTT) training sessions will incorporate new rules and staff re-trained accordingly. • The RTT Performance lead will represent UHB at the RTT Task and Finish Group. The purpose of the group is to have a standardised way of identifying patients who have been waiting for treatment for more than 26 weeks. This requires careful consideration prior to implementing plans to transfer patients to alternative providers where treatment could be undertaken sooner. The first task and finish meeting took place in April. • Divisions to provide assurance that their operating plans for 2019/20 deliver national compliance across all of the key metrics. • Achieve the 99% Diagnostic standard by Quarter 2 2019/20.

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

	Opportunities	Risks and Threats
ACCESS	• Opportunity to maintain/improve cancer performance with new national rules for allocation of performance between providers and pertaining to certain types of medical deferral. • Following the System C observations that have been completed, the Referral To Treatment Performance lead has met with IM&Ts Clinical Systems Manager and has put forward the requirements 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. An update from IM&T has yet to be provided (chased on 8th April) • Contact has now been made with a Medway PAS Trust in Swindon and conversations commenced between their head of Informatics with UHB RTT Performance lead and now the RTT4 Analyst. A site visit will be planned during July 2019 at which point an options paper relating to developing our Medway PAS and RTT business rules will be shared with the executives. • The local clinical commissioning group (CCG) has requested that UH Bristol consider providing peer support across RTT, Cancer and Theatres. The CCG will confirm who requires the peer support and what the timescales are. • Work is commencing to reduce follow-ups across the local health system: Bristol, North Somerset and South Gloucestershire (BNSSG). UHBristol will be working closely with North Bristol Trust and Weston to ensure pathway alignment for follow-up across BNSSG. • A tariff has been agreed for 19/20 for advice and guidance, the existing services will be developed further and new services will be proposed with the aim of reducing referrals to face to face services.	• Surgical cancellations due to lack of critical care beds during March and April have impacted on cancer standards. Recovering from the impact of these rapidly is a priority. • Diagnostic 6 week wait standard of 99% was not delivered at end of Mar-19. The recovery plan, as submitted to NHS Improvement, requires delivery by end of quarter 2 2019/20. • The Trust continues to report 52 week breaches in Paediatric Services. There has been a number of on the day cancellations from patient's parents. A revised plan has been agreed with the CCGs for UHB to ensure that we have no 52 week waiting patients by September 2019 but continue to achieve ZERO 52 week breaches as quickly as possible. Long waiters will continue to be monitored at the weekly Performance meeting to ensure this is achieved. • NHS Improvement 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. • Although the local access policy has been revised; the policy still includes a focus on allowing the patient to exercise their right to choice. This may result in difficulty in achieving ZERO long waiting patients so focus on this will continue at the weekly performance meetings chaired by the Deputy COO. • The CCG are being requested to support GP secretary training to increase the use of e-RS and reduce the number of paper referrals received.

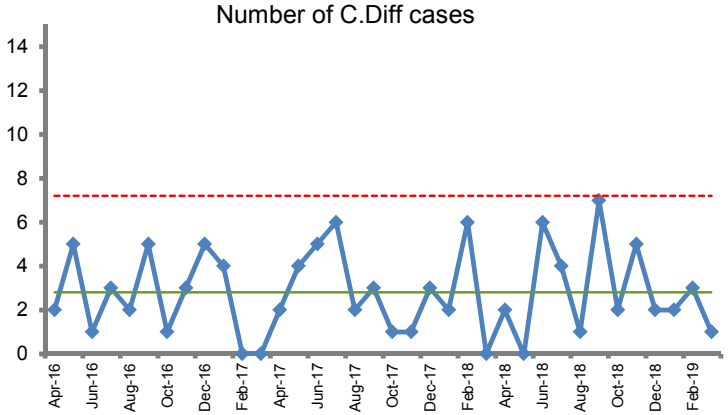
1.4 OVERVIEW – Successes, Priorities, Opportunities, Risk & Threats

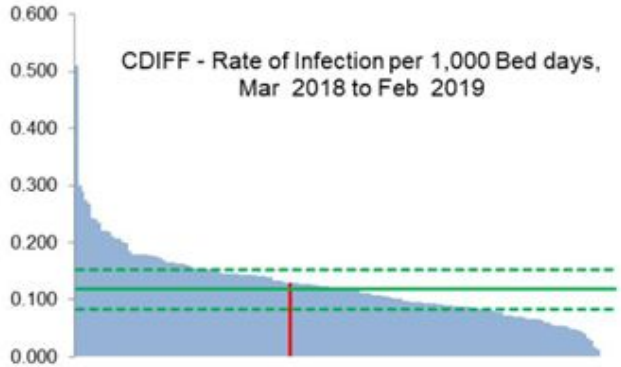
	Successes	Priorities
QUALITY	• In March 2019, we met the 90% requirement for all the sepsis measures: sepsis screening, antibiotics with-in an hour and 72 hour review of antibiotics in both the emergency department and in-patient settings. We achieved the 90% requirement for five out of six of the sepsis measures for quarter 4 as a whole. In 2019/20 we will continue quarterly sepsis audits to ensure improvements in the management of sepsis are sustained. • There were no medication incidents resulting in moderate or a higher level of harm in February and we have sustained throughout 2018/19 achievement of our target for reduction of non-purposeful omitted doses of critical medication with a full year figure of 0.37% against the 0.75% target.	• One wrong site surgery never event occurred in March, whereby an ovary was removed during a laparoscopic hysterectomy in error when the plan had been to preserve both ovaries. The incident is currently under investigation, the outcome of which will be reported to the Quality and Outcomes Committee in due course. We have participated in a never events workshop with our commissioners and colleagues in other local acute Trusts to share learning from never events and to look for opportunities for system wide approaches to support risk reduction. • There were five MSSA (Methicillin-Susceptible Staphylococcus Aureus) infection cases in March and there have been 35 MSSA cases in 2018/19 against a limit of 28 compared with 25 cases in 2017/18. A review of the cases has been undertaken and the largest proportion of MSSA blood stream infections has been within cardiac services. As a result, targeted interventions have been put in place to address areas for improvement.
	Opportunities	**Risks and Threats**
QUALITY	• There is a new falls prevention CQUIN for 2019/20 which provides opportunity to further reduce falls through focussing on additional risk reduction actions: o Implementing a revised multifactorial falls risk assessment, including a vision checklist. o Measuring lying and standing blood pressure measurement for all patients 65 and over o Ensuring no anti-psychotic, anxiolytics or hypnotics, are given during hospital stay or if required there should be documentation of rationale o Ensuring patient mobility assessment is documented within 24hrs or mobility aid provided within 24hrs	• No new risks and threats to quality above those previously reported to the Board.

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

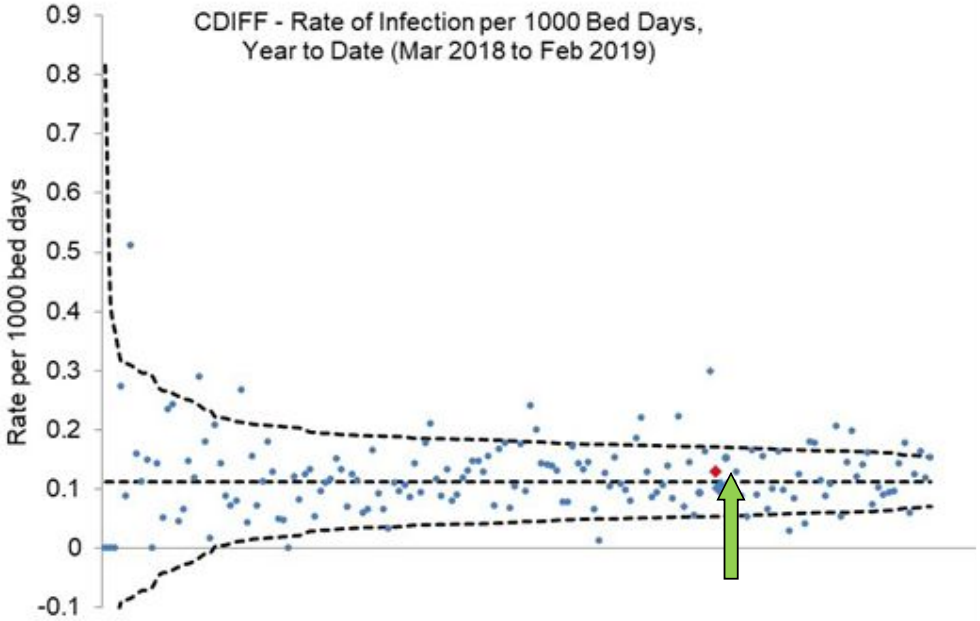
	Successes	Priorities
WORKFORCE	• Appraisal compliance increased to 72.3% from 65.3%, with increases within all seven divisions. • Infection Prevention and Control (IPC), at 83%, is continuing its recovery from a temporary drop caused by IPC level 2's transition from a 3-yearly to annual update frequency. • The development of a psychological wellbeing plan which focuses on resources and training to support staff and managers with how to self-care and decrease stress episodes in the workplace, this is being piloted in April and will roll-out in May. This further supports the 130 wellbeing advocates in the organisation. • Project Manager appointed to support the local health system collaboration to reduce high cost, off-contract nurse agency use. • Successful nurse recruitment open day held in March with 45 offers made on the day. • European Union Settlement Scheme support sessions now up and running to assist existing staff members with 46 attendees in the first 2 weeks.	• Although it improved by 1% in March, Resuscitation compliance is lowest of the Core Skills at 75%. A meeting is being held on the 23 April to produce an action plan, which will review Resus training provision. • Review of training for new managers and refresher training for existing managers to ensure best practice when supporting staff attendance and wellbeing. • Develop Exit Interview questionnaire based on recent feedback. • Promote importance of exit interviews with managers to ensure good levels of returns to enable quality reporting. • Ongoing support for European Union staff applying for settled status. • New recruitment website for all staff groups now scheduled for live date in May 2019. • Phase 1 of the new medical & dental recruitment toolkit due to go live May 2019.
	Opportunities	**Risks and Threats**
WORKFORCE	• A focus on the provision of hotspot reporting to 'team' areas in the Trust below 60% appraisal compliance to ensure targeted efforts in improving compliance which is supported by regular communications to managers. • Preparatory work was completed in March to passport training records for select clinical roles, between UHBristol, Weston Area Health Trust, and North Bristol Trust. Passporting prior to inductions, on a limited scale at first, is commencing in April.	• Staffing levels within Employee Services, to effectively support managers and staff to sustain and improve attendance levels within the organisation. • Poor Exit Interview return rates. • Ongoing threat of an 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 was one trust apportioned C.Diff cases in March 2019, giving 35 cases year-to-date. This is below the year-to-date trajectory of 44 cases
Commentary/ Actions:	The Trust apportioned cases require a review with our commissioners before determining if the cases will be attributed to the Trust. Once reviewed in April, any outstanding appropriate actions will be implemented. All cases have had an initial review to ensure there is no cross infection. To date there have been 10 attributed to the Trust out of a limit of 44.
Ownership:	Chief Nurse





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

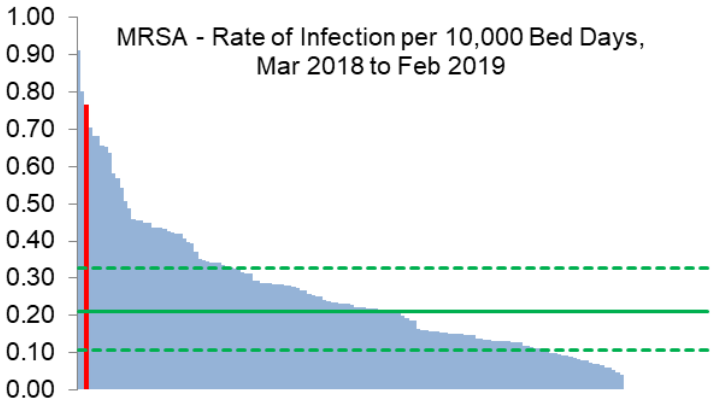


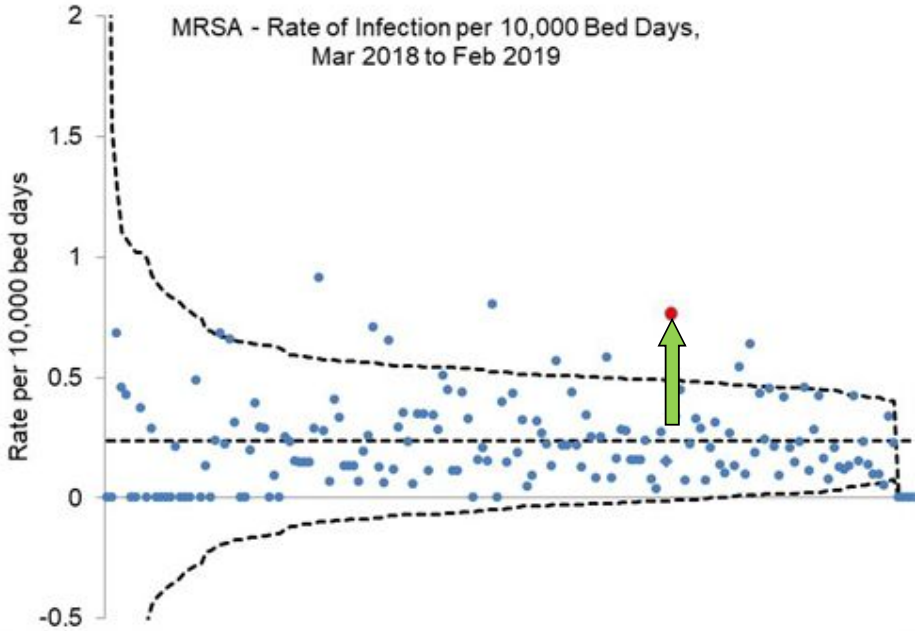
CDIFF Cases	Mar-19	2018/2019
Medicine	0	7
Specialised Services	0	13
Surgery	1	5
Women's and Children's	0	10
Grand Total	1	35

2.1 PERFORMANCE – Safe Domain

Infections – Methicillin-Resistant Staphylococcus Aureus (MRSA)	
Standards:	No Trust Apportioned MRSA cases.
Performance:	There was no trust apportioned MRSA cases in March, making six cases year-to-date.
Commentary/ Actions:	Ongoing training and reporting mechanisms are continually being reviewed.
Ownership:	Chief Nurse

MRSA	Mar-19	2018/2019
Medicine	0	2
Specialised Services	0	1
Surgery	0	3
Women's and Children's	0	0
Grand Total	0	6



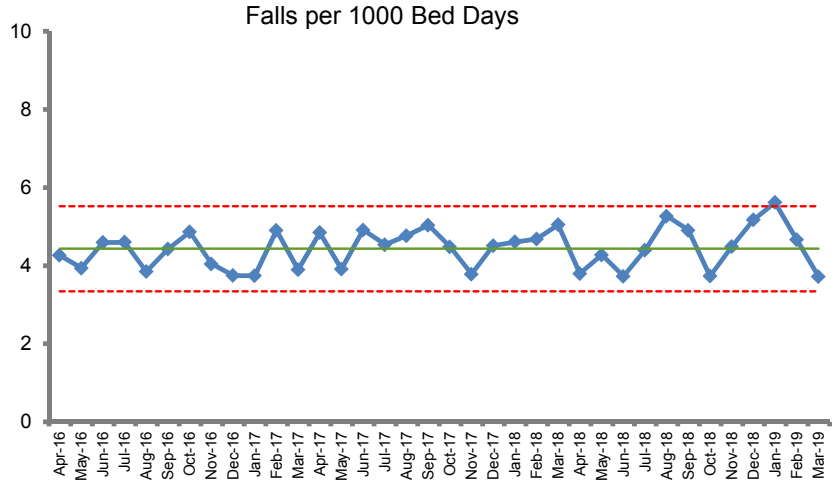


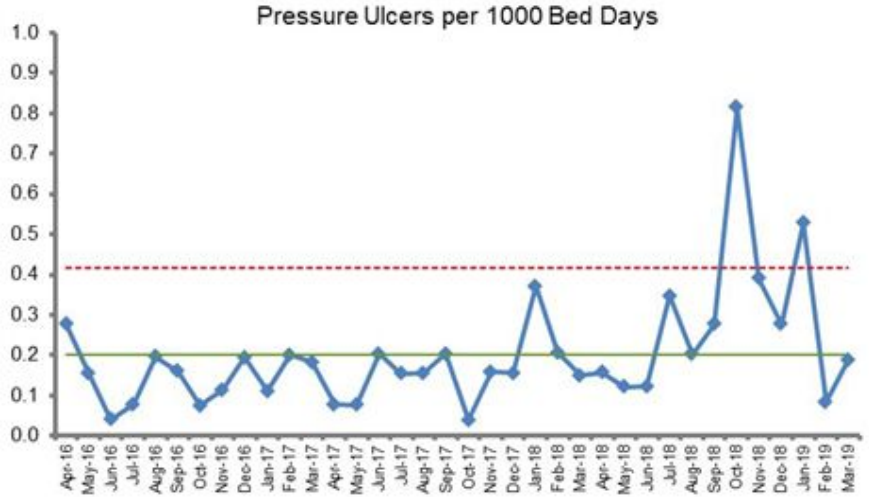
2.1 PERFORMANCE – Safe Domain

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 3.72 per 1,000 beddays. This was 99 falls with three resulting in harm. Pressure Ulcers rate for March was 0.19 per 1,000 beddays. There were five Pressure Ulcers in March, with zero at Grades 3 or 4.

Commentary/ Actions:	In March there were three **patient falls** with harm resulting in a fractured neck of femur, two of which were in the Division of Medicine and one in Specialised Services Division. All three have been reported as serious incidents and are currently under investigation, the outcomes of which will be reported into the Board Quality and Outcomes Committee. Actions being taken to reduce the risk off falls include:
	• Re-circulating the poster – Safety Trumps Privacy across divisions
	• Implementing actions required to achieve new 19/20 Falls CQUIN, which include:
	  ○ Implementing a revised multifactorial falls risk assessment, including a vision checklist.
	  ○ Measuring lying and standing blood pressure measurement for all patients 65 and over
	  ○ Ensuring no anti-psychotic, anxiolytics or hypnotics, are given during hospital stay or if required there should be documentation of rationale
	  ○ Ensuring patient mobility assessment is documented within 24hrs or mobility aid provided within 24hrs
	• Implementing a revised Datix report following a fall to ensure all relevant information is captured to maximise learning. This is due to be approved in May.
	
	Actions being taken for **Pressure Ulcers** include:
	• Re-circulate "Stop the Pressure" poster(s) to remind staff about the need for regular skin checks and preventative action to be taken.
	• Pressure ulcer prevention care plans have been revised to support improvements in implementation and documentation of care given. Wound care documentation has also been revised in conjunction with Tissue Viability champions in divisions. Both will be audited following implementation.
	• A Tissue viability champion's day will take place in May 2019 providing staff with an opportunity to network, share ideas and experiences. The focus for the day will be wound healing in all its forms – prevention / factors affecting healing/treatment options. The revised care plans will also be discussed.

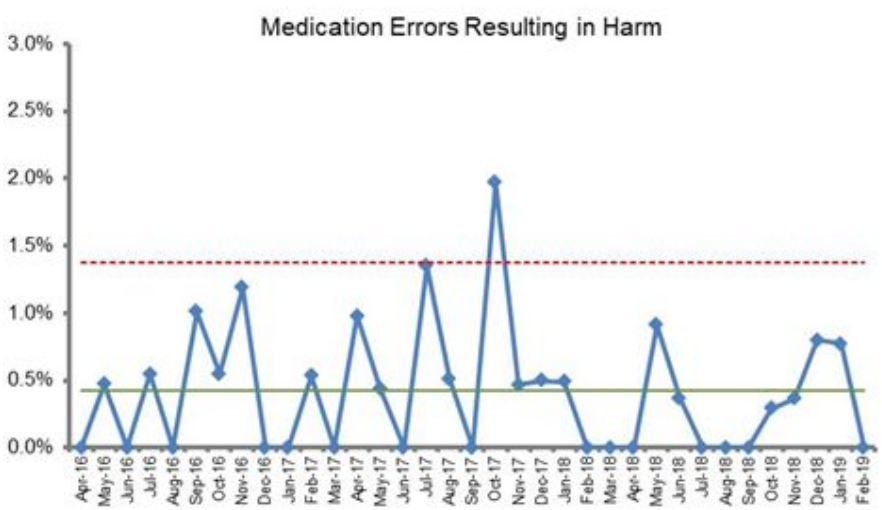
Ownership:	Chief Nurse

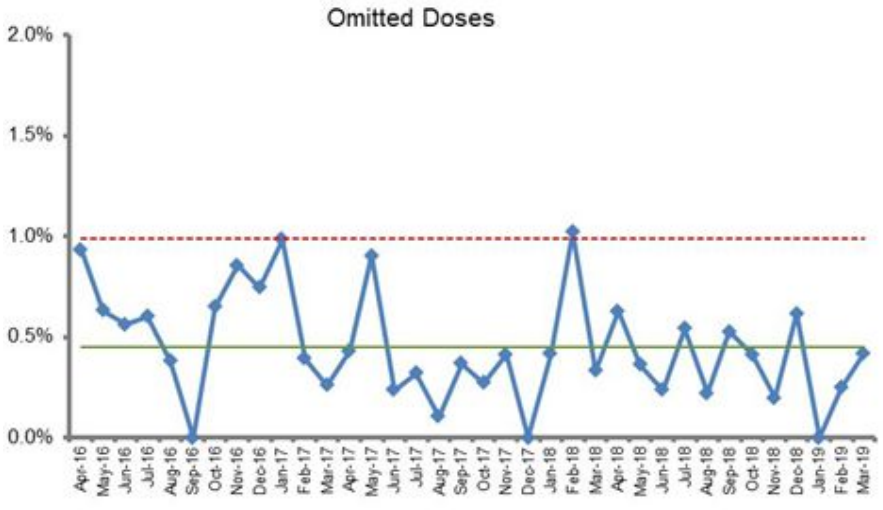




2.1 PERFORMANCE – Safe Domain

Medicines Management	
Standards:	Number of medication errors resulting in harm to be below 0.5%. Note this measure is a month in arrears. Of all the patients reviewed in a month, under 0.75% to have had a non-purposeful omitted dose of listed critical medication
Performance:	Zero moderate harm medication incidents were reported in February 2019, out of 224 cases audited. Omitted doses were at 0.42% in March (2 cases out of 477 reviewed).
Commentary/ Actions:	The non-purposeful omitted critical medicines audit in February in areas using paper drug charts revealed two unintentional omissions of medicines, returning a figure of 0.42% for March. The cumulative figure for this financial year is 0.37%, which is on target and below the threshold of 0.75%. The two unintentional omissions of medicines involved one dose of an anticonvulsant on an adult surgical ward and one does of a post-transplant immunosuppressant in a paediatric ward. It is not clear if either drug was given, not signed for or completely missed. In both cases action has been taken to remind the nursing team of the administration policy/procedure. Full data on non-purposeful omitted critical medicines in Medway e-prescribing (EPMA) wards was 0.0% for March, the seventh consecutive month there have been no omissions. The SOP for preventing delayed and omitted doses of medicines has recently been reviewed and updated The Medication Safety Subgroup of the Medicines Governance Group continues to monitor and validate the correct level of harm for all medication incidents. This group identifies themes of incidents where no harm has occurred, but the potential for harm exists, and implements actions to prevent recurrence of the incident resulting in harm to a patient.
Ownership:	Medical Director





2.1 PERFORMANCE – Safe Domain

Essential Training	
Standards:	Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%
Performance:	In March 2019 Essential Training overall compliance increased to 90% compared to 89% in the previous month (excluding Child Protection Level 3).
Commentary/ Actions:	March 2019 compliance for Core Skills (mandatory/statutory) training increased to 90% overall across the eleven core skills programmes. There were no reductions and there were six increases from the previous month across the eleven core skill programmes. The largest increase was seen in Infection Prevention & Control increasing to 83% from 80% the previous month. Compliance for all other Essential Training remained static at 94% compared with the previous month. • Infection Prevention and Control, at 83%, is continuing its recovery from a temporary drop caused by IPC level 2's transition from a 3-yearly to annual update frequency. • Although it improved by 1% in March, Resuscitation compliance is lowest of the Core Skills at 75%. A meeting is being held on the 23 April to produce an action plan, which will review Resus training provision. Preparatory work was completed in March to passport training records for select clinical roles, between UHBristol, Weston Area Health Trust, and North Bristol Trust. Passporting prior to inductions, on a limited scale at first, is commencing in April.
Ownership:	Director of People

Essential Training	Mar-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	83%	90%
Information Governance	87%	95%
Moving and Handling (formerly Manual Handling)	88%	90%
NHS Conflict Resolution Training	95%	90%
Preventing Radicalisation	94%	90%
Resuscitation	75%	90%
Safeguarding Adults	93%	90%
Safeguarding Children	92%	90%

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

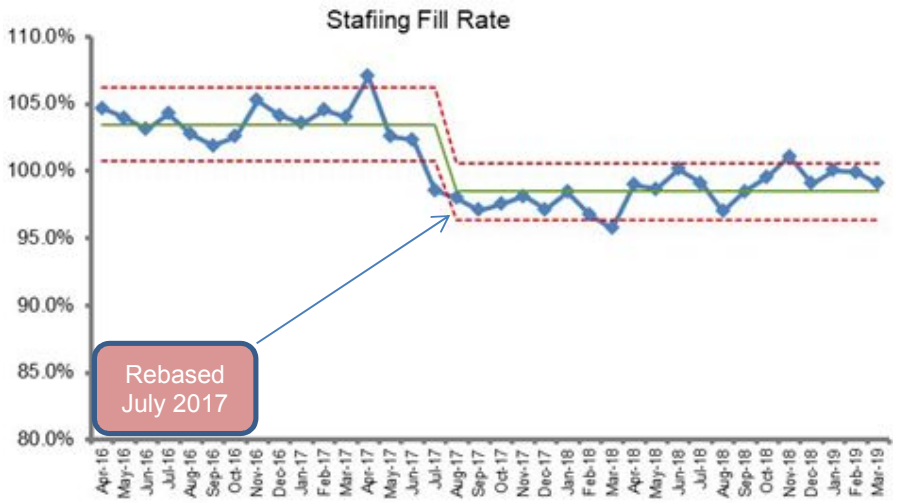
2.1 PERFORMANCE – Safe Domain

Nursing Staffing Levels	
Standards:	Staffing Fill Rate is the total hours worked divided by total hours planned. A figure over 100% indicates more hours worked than planned. No target agreed
Performance:	March's overall staffing level was at 99.1% (240,273 hours worked against 242,516 planned). Registered Nursing (RN) level was at 96.0% and Nursing Assistant (NA) level was at 106.9%
Commentary/ Actions:	Overall for the month of March 2019, the Trust had 96% cover for RN's on days and 97% RN cover for nights. The unregistered level of 102% for days and 114% for nights reflects the activity seen in March 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

MARCH 2019 DATA

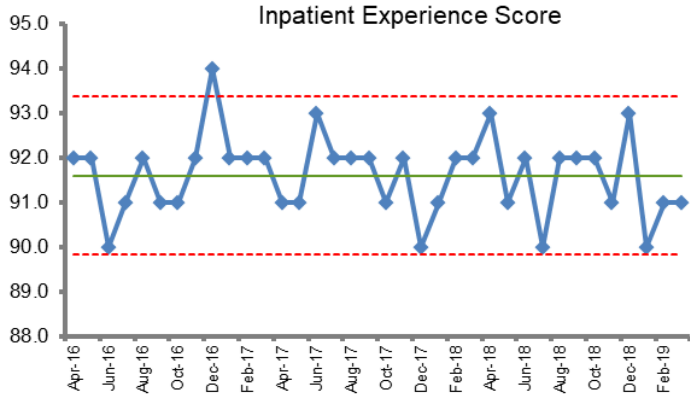
	Day	Night	TOTAL
Registered Nurses	95.6%	96.5%	96.0%
Nursing Assistants	102.2%	113.6%	106.9%
TOTAL	**97.5%**	**101.0%**	**99.1%**

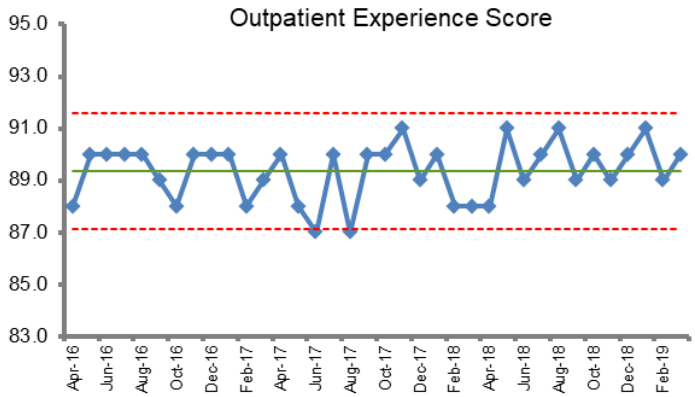
Medicine	109.8%
Specialised Services	97.7%
Surgery	100.7%
Women's and Children's	91.3%
TOTAL	**99.1%**

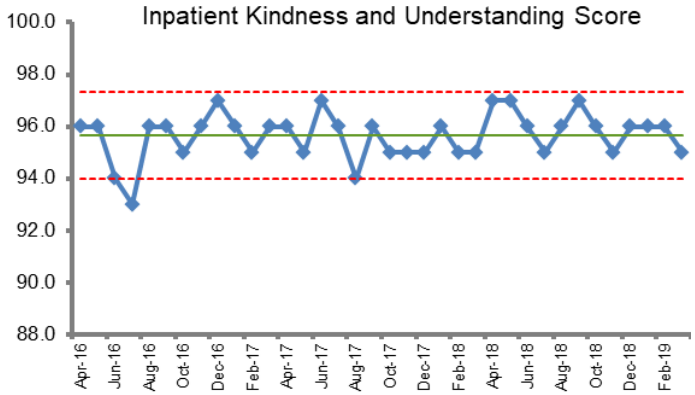


2.2 PERFORMANCE – Caring Domain

Monthly Patient Survey	
Standards:	For the inpatient and outpatient Survey, 5 questions are combined to give a score out of 100. For inpatients, the target is to achieve 87 or more. For outpatients the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target of 90 or over.
Performance:	For March 2019, the inpatient score was 91/100, for outpatients it was 90. For the kindness and understanding question it was 95.
Commentary/ Actions:	The headline measures from these surveys remained above their minimum target levels in March 2019, indicating the continued provision of a positive patient experience at UH Bristol.
Ownership:	Chief Nurse

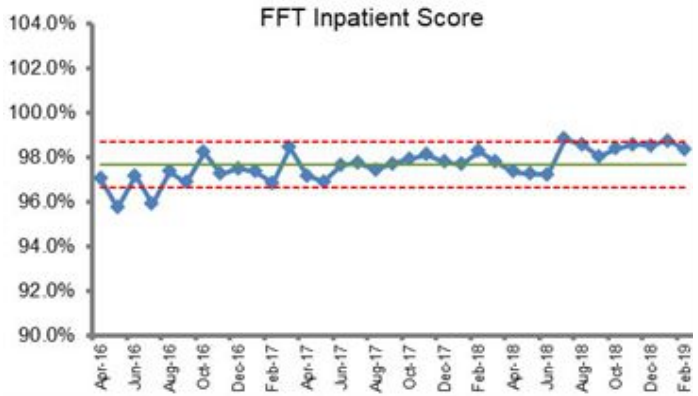


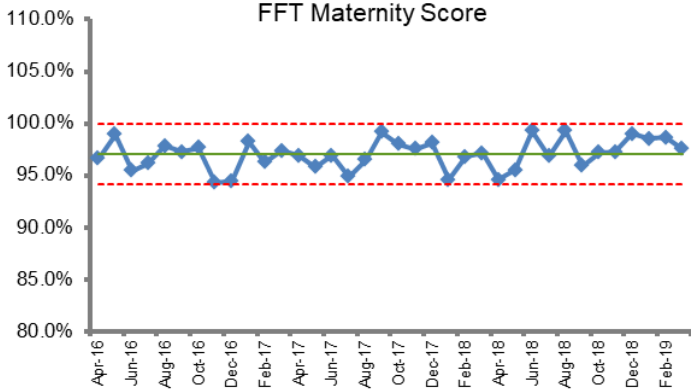


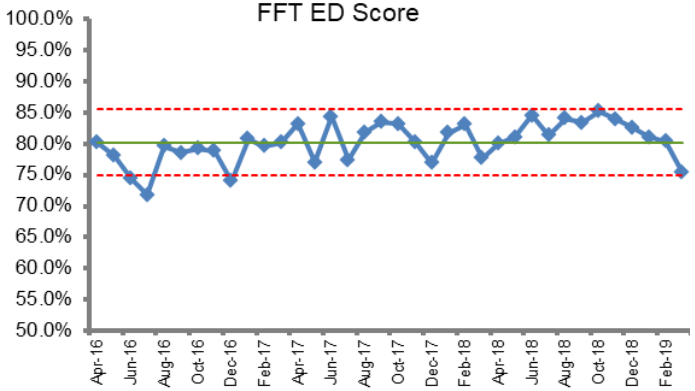


2.2 PERFORMANCE – Caring Domain

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:	March's FFT score for Inpatient services was 98.4% (2197 out of 2232 surveyed). The ED score was 75.4% (808 out of 1072 surveyed). The maternity score was 97.5% (278 out of 285 surveyed).
Commentary/ Actions:	The Trust's scores on the Friends and Family Test were above their target levels in February 2019.
Ownership:	Chief Nurse



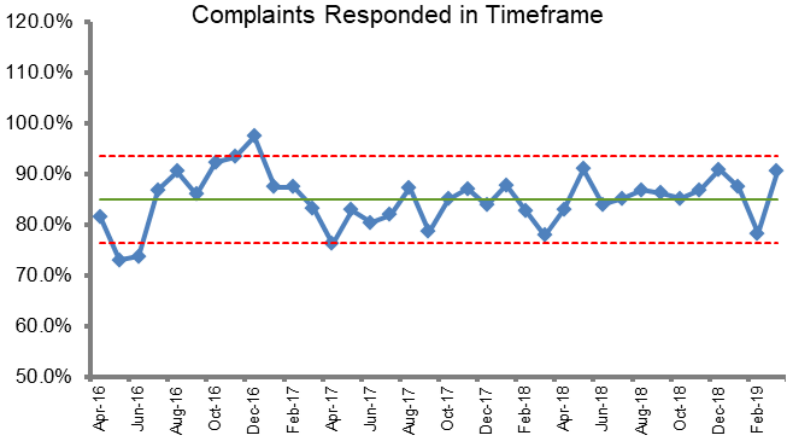


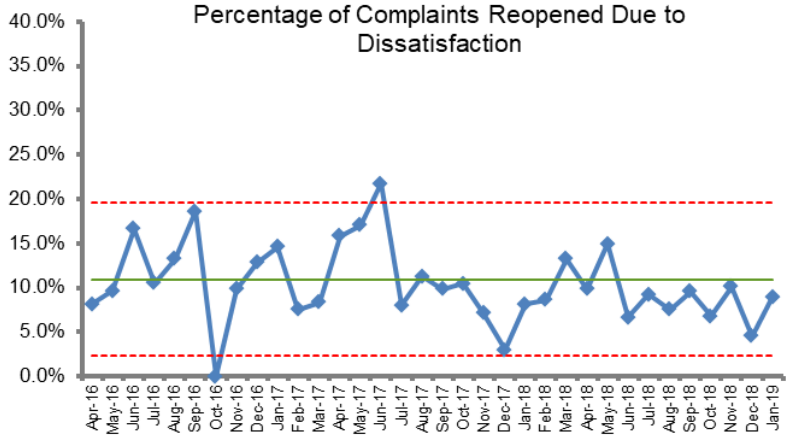


	Response Rate		Score	
	Mar-19	2018/2019	Mar-19	2018/2019
Inpatients				
Medicine	43.3%	37.9%	98.5%	97.5%
Surgery	26.5%	34.0%	98.8%	98.7%
Specialised Services	43.6%	37.6%	97.5%	98.0%
Women's and Children's	36.5%	32.9%	98.5%	98.2%
TOTAL	**34.6%**	**35.1%**	**98.4%**	**98.2%**
Emergency Department				
Bristol Royal Infirmary	10.9%	11.7%	56.7%	66.7%
Children's Hospital	14.3%	17.9%	85.6%	85.5%
Eye Hospital	8.4%	21.5%	93.1%	94.1%
TOTAL	**11.6%**	**16.0%**	**75.4%**	**82.1%**
Maternity				
TOTAL	**20.6%**	**18.3%**	**97.5%**	**97.3%**

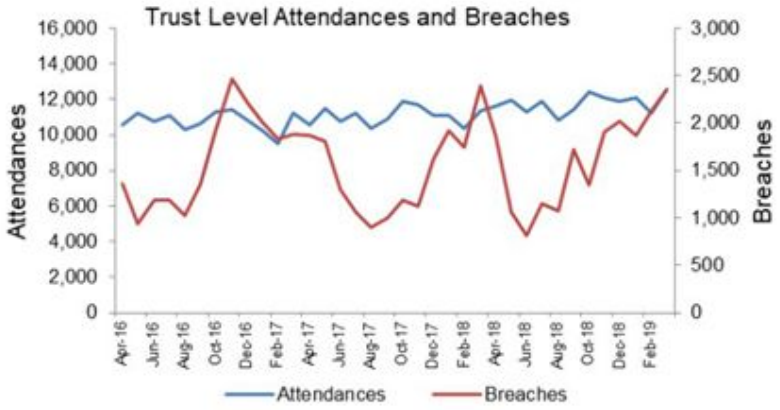
2.2 PERFORMANCE – Caring Domain

Patient Complaints 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 March, 48 out of 53 formal complaints were responded to with timeframe (90.6%) Of the 56 formal complaints responded to in January, 5 resulted in the complainant being dissatisfied with the response (8.9%)
Commentary/ Actions:	Of the five breaches of the response time standard, three were for the Division of Women's & Children's and two for the Division of Surgery. The rate of dissatisfied complaints in January (this measure is reported two months in arrears) was 8.9%. This represents five cases from the 54 first responses sent out during that month. 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





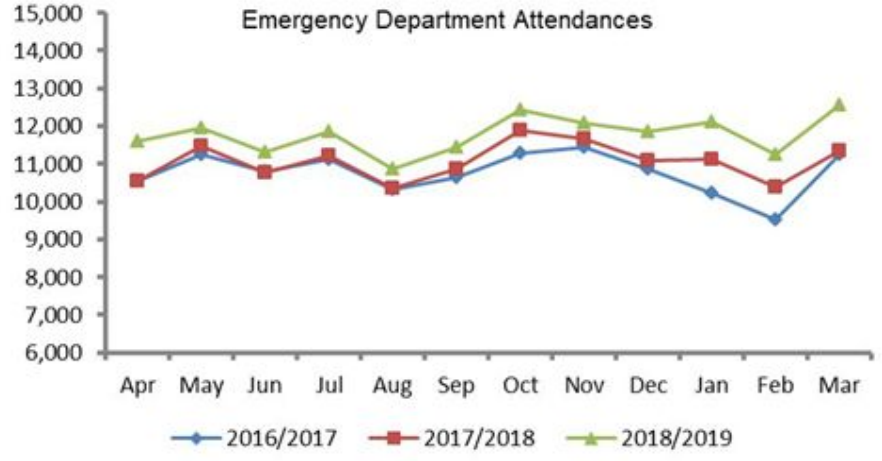
Emergency Department 4 Hour Wait	
Standards:	Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours. The Trust's improvement trajectory is 90% for March.
Performance:	Trust level performance for March was 81.23% (12561 attendances and 2358 patients waiting over 4 hours).
Commentary/ Actions:	Performance at the Children's Hospital was 89.4% in March. This is alongside a 11% rise in attendances (2017/18 vs 2018/19). The Bristol Royal Infirmary achieved 70.3% in March and the Eye Hospital achieved 97.1%. Bristol Royal Infirmary saw a 3.5% rise in attendances for the same time period. The ED Workforce Review business case has been submitted divisionally and is awaiting outcome of growth monies before decision to progress. Two ED consultants have been appointed for Sep-19 start. Other options around a diagnostic Nursing Assistant in Fast Flow, additional Extended Nurse Practitioners (ENPs) to cover Twilight shifts and a weekend night registrar are being reviewed. There is also ongoing work with the Ambulance Service. Plans are progressing for a joint front door challenge (to be known as Handover Review) in Quarter 1. The aim is to achieve real-time validation and identification of issues to achieve a jointly agreed handover sign-off process.
Ownership:	Chief Operating Officer

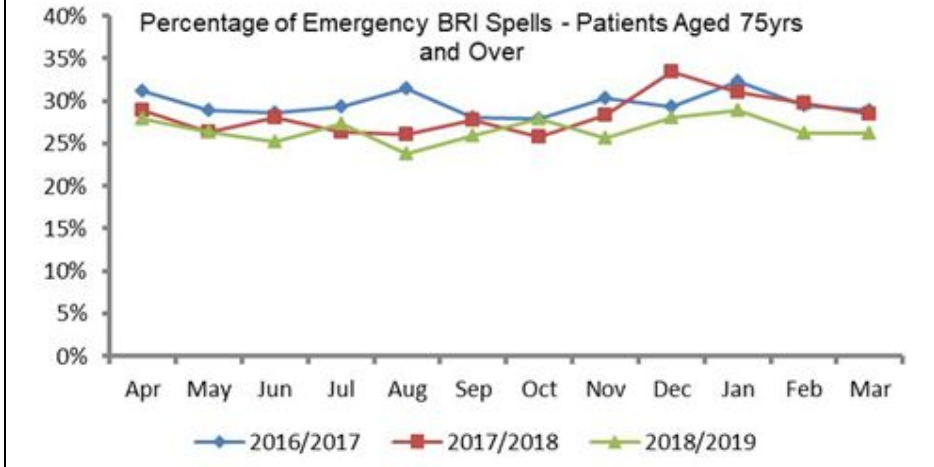


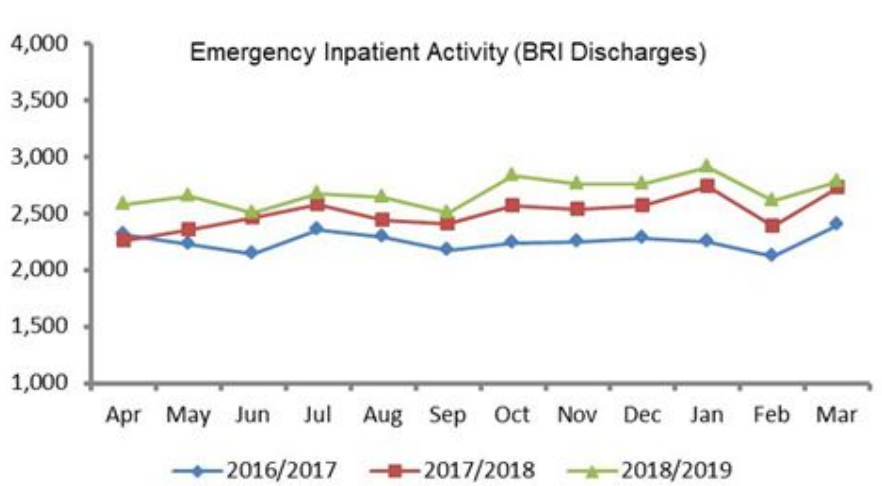
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

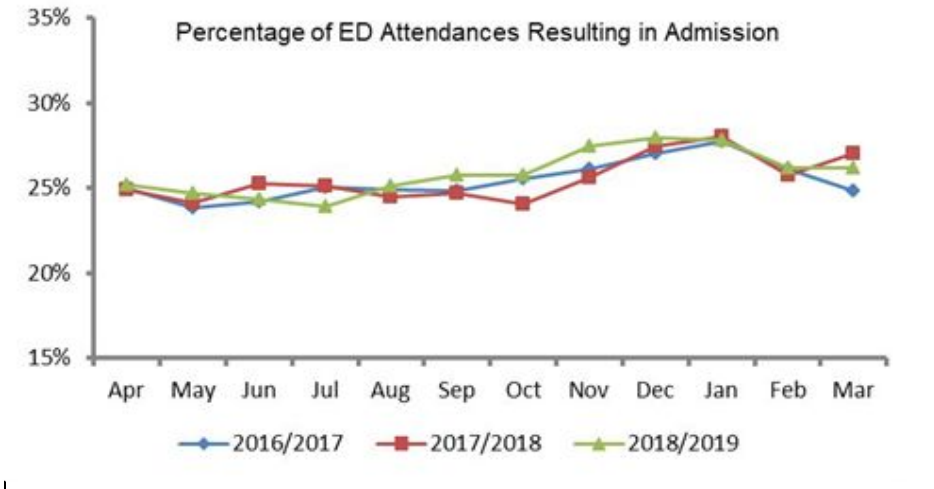
	Attendances		Under 4 Hours		Performance	
	Mar-19	2018/2019	Mar-19	2018/2019	Mar-19	2018/2019
BRI	6214	71767	4370	56261	70.33%	78.39%
Trust	12561	141315	10203	122007	81.23%	86.34%

2.3 PERFORMANCE – Responsive Domain



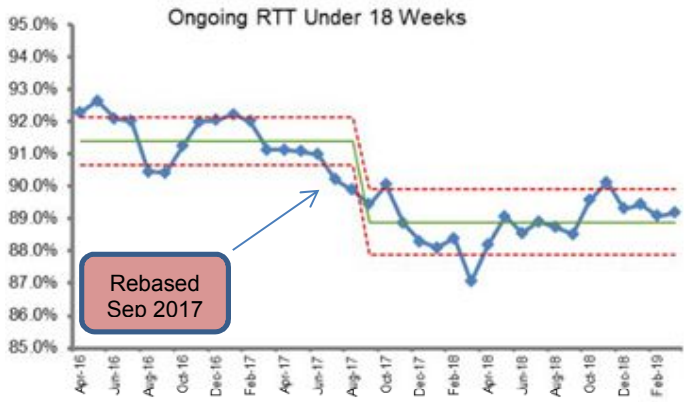


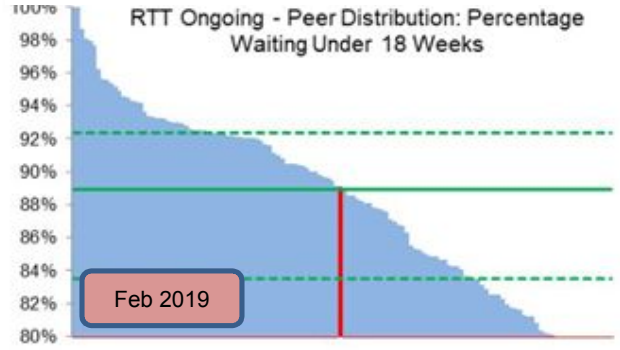




2.3 PERFORMANCE – Responsive Domain

Referral to Treatment (RTT)	
Standards:	At each month-end, the Trust reports the number of patients on an ongoing RTT pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks. The Trust's improvement trajectory has been set at 87.0% for end of March. In addition, no-one should be waiting 52 weeks or over at the end of March 2019.
Performance:	At end of March, 89.2% of patients were waiting under 18 week (25,400 out of 28,481 patients). 13 patients were waiting 52+ weeks
Commentary/ Actions:	The 92% national standard was not met at the end of March; the Trust has achieved for 12 consecutive months the RTT set recovery trajectory. Key actions for 2019/20: Achieve zero 52 week waiting patients by September 2019 and see a month on month reduction between March and September 2019. 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.
Ownership:	Chief Operating Officer





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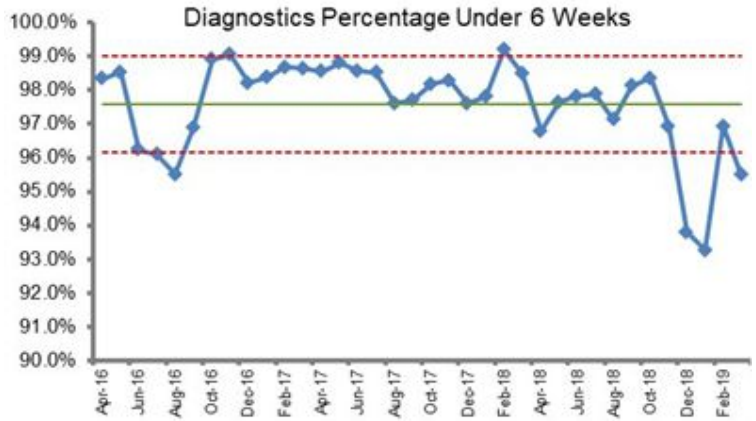
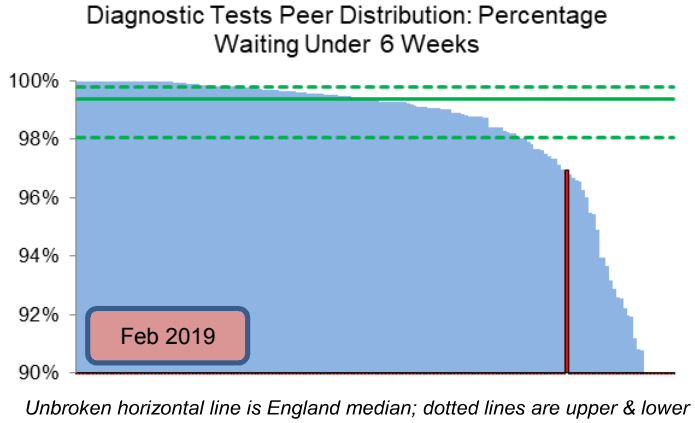
Ongoing Pathways at Mar-19

	Ongoing Pathways	Ongoing Over 18 Weeks	Ongoing Performance
Cardiology	2,213	450	79.7%
Cardiothoracic Surgery	324	84	74.1%
Dermatology	2,330	225	90.3%
ENT	2,102	109	94.8%
Gastroenterology	873	20	97.7%
General Medicine	11	0	100.0%
Geriatric Medicine	91	4	95.6%
Gynaecology	1,360	159	88.3%
Neurology	254	38	85.0%
Ophthalmology	3,400	309	90.9%
Oral Surgery	2,624	293	88.8%
Other (Clinical Genetics)	822	40	95.1%
Other (Dental)	2,220	110	95.0%
Other (General Surgery)	1,556	305	80.4%
Other (Haem/Onc)	150	1	99.3%
Other (Medicine)	634	23	96.4%
Other (Other)	575	8	98.6%
Other (Paediatric)	5,254	769	85.4%
Other (Pain Relief)	70	0	100.0%
Other (Thoracic Surgery)	107	6	94.4%
Plastic Surgery	3	1	66.7%
Rheumatology	465	22	95.3%
Thoracic Medicine	461	14	97.0%
Trauma & Orthopaedics	533	91	82.9%
TOTAL	**28,481**	**3,081**	**89.2%**

Diagnostic Waits	
Standards:	Diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is for 99% of patients referred for one of the 15 high volume tests to be carried-out within 6 weeks, as measured by waiting times at month-end. The Trust has committed to recovery by September 2019.
Performance:	At end of March, 95.5% of patients were waiting under 6 weeks (8,867 out of 9,285 patients). There were 418 breaches of the 6-week standard.
Commentary/ Actions:	The Trust did not achieve the 99% national standard at end of March. The maximum number of breaches needed to achieve 99% was 92 breaches. The areas carrying the largest volume of breaches are Echocardiography, Non-obstetric ultrasound and CT Cardiac, see table below. Additional capacity for Echos was utilised during Quarter 4 and into quarter 1 2019/20, with the service predicting a return to the 99% standard during Quarter 2. 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 predicts a return to the standard by end of Quarter 1. 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.
Ownership:	Chief Operating Officer





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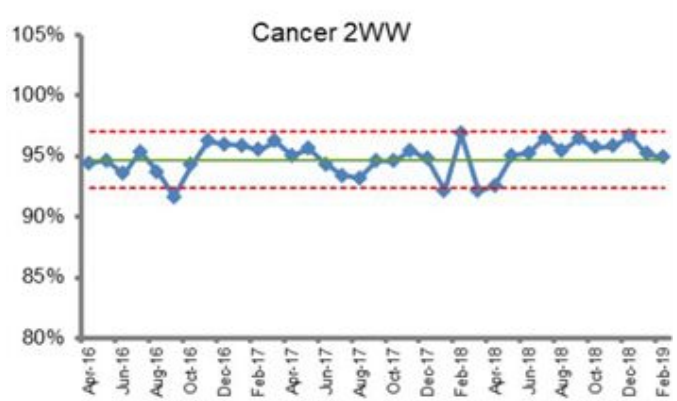
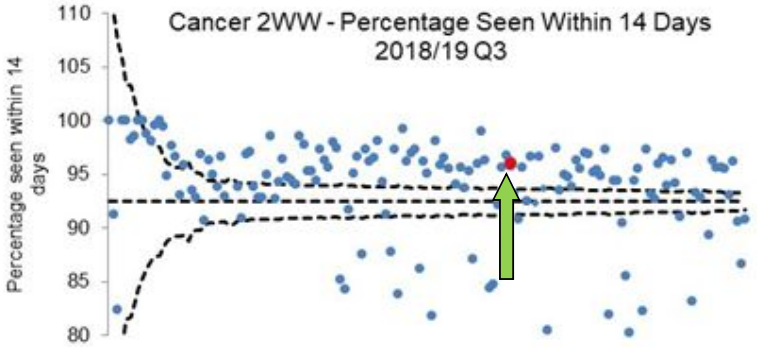
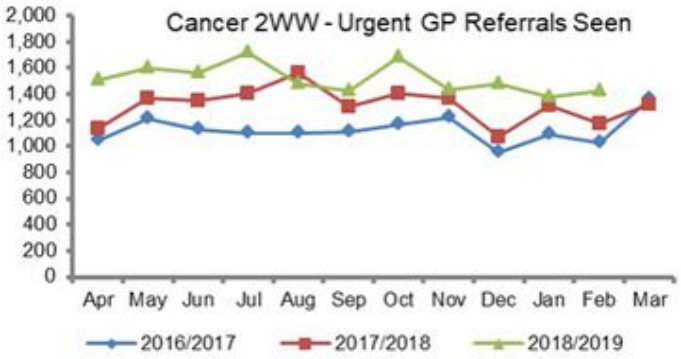
Diagnostic Tests Waiting List at Mar-19	Under 6 Weeks	6+ Weeks	Total Waiting	Percentage Under 6 Weeks
Audiology	858	0	858	100.0%
Colonoscopy	200	15	215	93.0%
CT	1,361	60	1,421	95.8%
Cystoscopy	3	0	3	100.0%
DEXA Scan	234	0	234	100.0%
Echocardiography	934	151	1,085	86.1%
Flexi Sigmoidoscopy	82	2	84	97.6%
Gastroscopy	237	12	249	95.2%
MRI	2,024	25	2,049	98.8%
Neurophysiology	174	0	174	100.0%
Sleep Studies	166	0	166	100.0%
Ultrasound	2,594	153	2,747	94.4%
Grand Total	**8,867**	**418**	**9,285**	**95.5%**

2.3 PERFORMANCE – Responsive Domain

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 February, 94.9% of patients were seen within 2 weeks (1350 out of 1423 patients). Quarter 1 overall achieved 94.3%. Quarter 2 overall achieved 96.1%. Quarter 3 overall achieved 96.0%. As at end of February, Quarter 4 is currently achieving 95.0% and is on track to achieve and exceed the standard for the quarter.
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



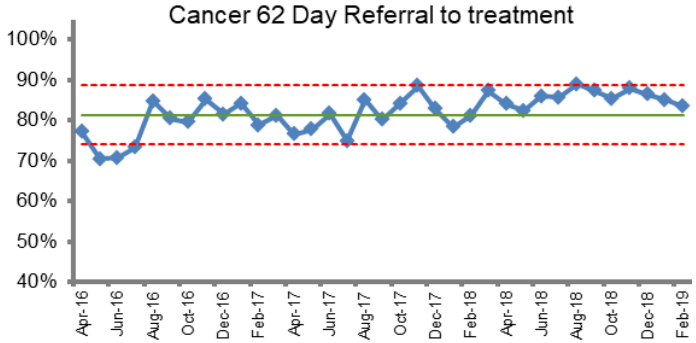


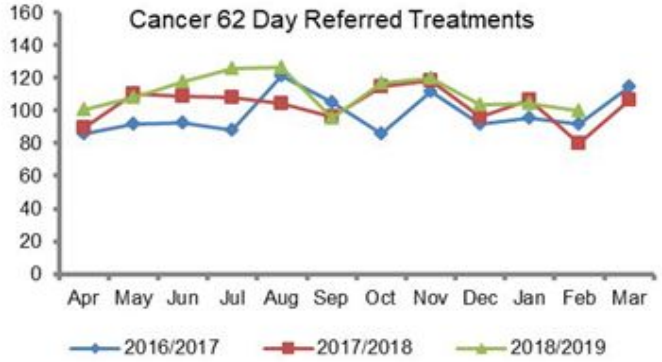


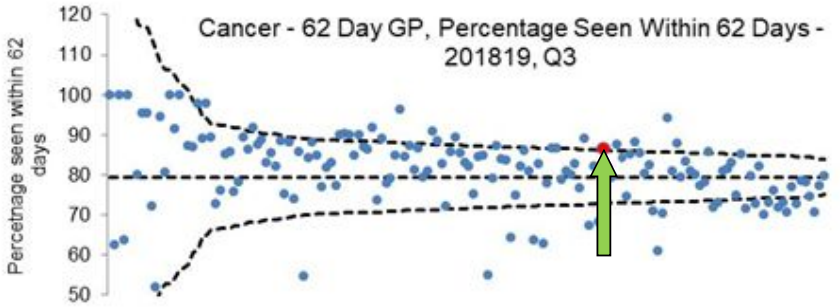
	Cancer 2WW - Feb-19		
	Under 2 Weeks	Total Pathways	Performance
Suspected children's cancer	13	14	92.9%
Suspected gynaecological cancers	97	110	88.2%
Suspected haematological malignancies e	5	5	100.0%
Suspected head and neck cancers	388	397	97.7%
Suspected lower gastrointestinal cancers	154	170	90.6%
Suspected lung cancer	29	29	100.0%
Suspected skin cancers	563	589	95.6%
Suspected upper gastrointestinal cancers	101	109	92.7%
Grand Total	**1,350**	**1,423**	**94.9%**

2.3 PERFORMANCE – Responsive Domain

Cancer Waiting Times – 62 Day	
Standards:	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. National standard is that Trusts should achieve at least 85%. The improvement trajectory is 83% for May, 82.5% for Quarter 1 and 85% (same as national standard) from Quarter 2.
Performance:	For February, 85.1% of patients were seen within 62 days (83.5 out of 100 patients). Quarter 1 finished at 84.2%, Quarter 2 finished at 87.3% and Quarter 3 finished at 86.6%.
Commentary/ Actions:	Compliance delivered for 8 consecutive months (June-Jan). February missed the 62 day standard (83.5%) due to increased late referrals. 88% breaches were unavoidable by the Trust. The Trust expects to return to compliance in Quarter 1. Quarter 1 finished at 84.2%, Quarter 2 finished at 87.3% and Quarter 3 finished at 86.6%. The national standard was achieved in quarters 2 and 3 2018/19 and for every month from June 2018-January 2019. March and quarter 4 are currently undergoing validation. New national rules come into place from April 2019 treatments which are expected to improve the Trust performance position by reducing the impact on performance of late referrals and some medical deferrals. The Trust expects to return to compliance in April and quarter 1.
Ownership:	Chief Operating Officer



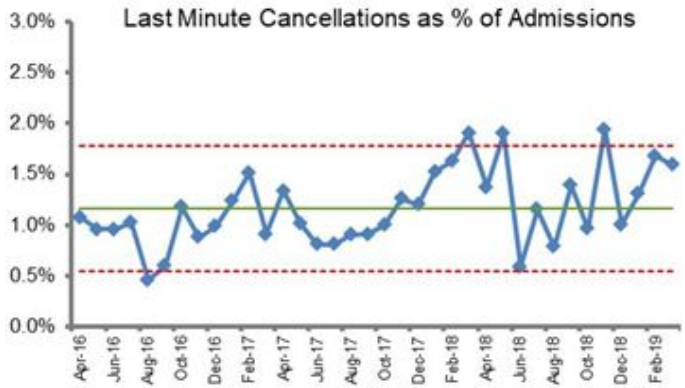


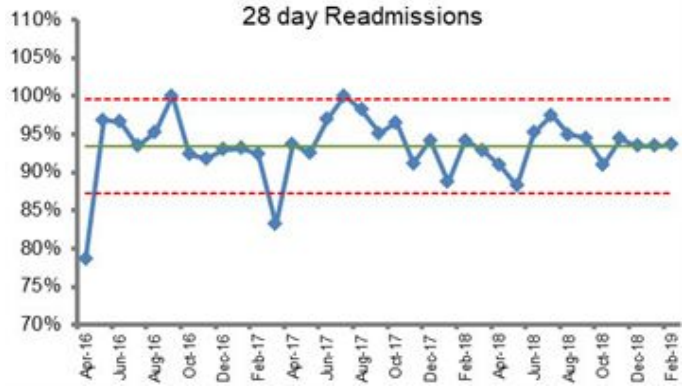


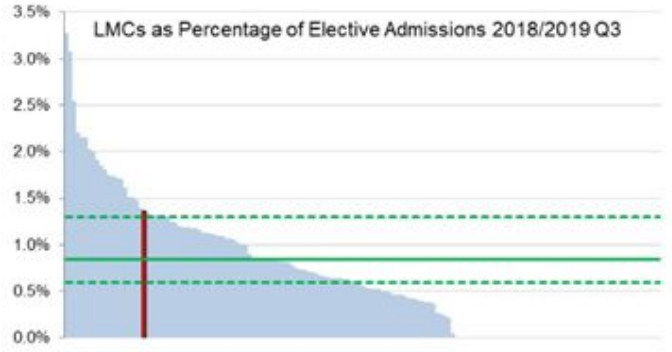
Cancer 62 Day - Feb-19

	Within Target	Total Pathways	Performance
Breast	3.0	4.0	75.0%
Childrens	1.0	2.0	50.0%
Gynaecological	5.0	8.0	62.5%
Haematological	4.5	4.5	100.0%
Head and Neck	6.5	7.5	86.7%
Lower Gastrointestinal	3.5	6.0	58.3%
Lung	10.0	14.0	71.4%
Sarcoma	3.0	3.0	100.0%
Skin	41.0	42.0	97.6%
Upper Gastrointestinal	5.5	7.5	73.3%
Urological	0.5	1.5	33.3%
Grand Total	**83.5**	**100.0**	**83.5%**

Last Minute Cancelled Operations	
Standards:	This covers elective admissions that are cancelled on the day of admission by the hospital, for non-clinical reasons. The total number for the month should be less than 0.8% of all elective admissions. Also, 95% of these cancelled patients should be re-admitted within 28 days
Performance:	In March there were 115 last minute cancellations, which was 1.6% of elective admissions. Of the 109 cancelled in February, 105 (96.3%) had been re-admitted within 28 days. This means 4 patients breached the 28 day readmission standard.
Commentary/ Actions:	The most common reason for cancellation was "No beds available" (26 cancellations). There were 33 in Cardiac Services, 10 in Medicine, 11 in Dental Services, 13 in ENT/Thoracic, 25 in General Surgery, 9 in Ophthalmology, 4 in Trauma & Orthopaedics,1 in Gynaecology and 9 in Paediatrics. Of the four 28 day breaches: 1 was Dental, 1 was General Surgery, 1 was Ophthalmology and 1 was Trauma & Orthopaedics. To assist with managing 28-day rebookings, a new Patient Tracking List (PTL) is now live which shows all LMCs and whether the patient currently has a new admission date. This will allow divisions to ensure re-bookings are delivered within the 28 day standard.
Ownership:	Chief Operating Officer





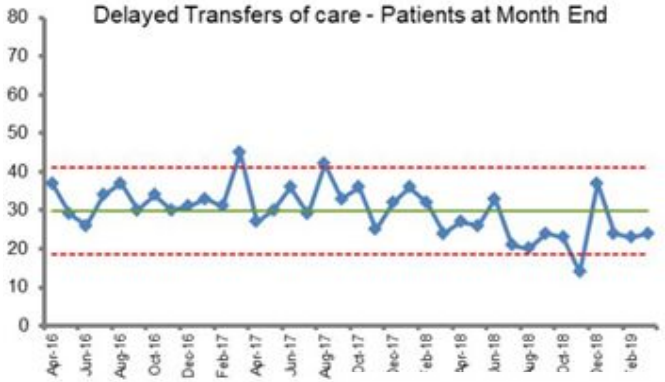


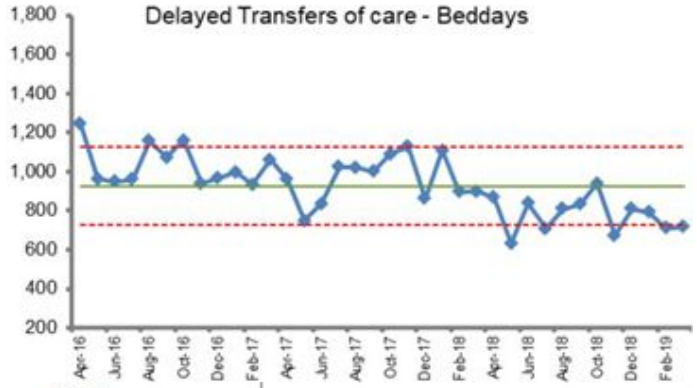
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

Cancellation Reason	Total
No Beds Available	26
Other Emergency Patient Prioritised	13
No HDU Beds	12
Booking Error	11
Surgeon Unavailable	10
AM list over-ran	9
No Theatre Staff	7
Other Non Emergency Patient Prioritised	7
Other clinically complicated Patient in theatre	6
Equipment Unavailable	5
List Overbooked	4
No ITU Beds	2
No Recovery Staff	1
Anaesthetist Ill	1
List did not start on time	1
Grand Total	**115**

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 March there were 24 Delayed Transfer of Care patients as at month-end (including 4 at South Bristol), and 717 beddays consumed by DToC patients.
Commentary/ Actions:	Following the implementation of the Single Referral Form and the Integrated Care Bureau (ICB), the Trust are identifying patients who are medically fit for discharge in real time. The triaging of patients through the ICB to ensure they are progressed on the right pathway at the right time has resulted in a significant increase in patients able to go home with HomeFirst, and a clear decrease in the number of patients requiring social work input. This in turn has improved the time it takes to allocate Social Workers and assess the patients. However, the high numbers of referrals to HomeFirst has resulted in a backlog of patients waiting for the service to be available as demand is currently above capacity. This is under review. The Clinical Utilisation Review (CUR) system continues to support the early identification of patients as the wards are now able to indicate both clinical and non-clinical reasons for delay on a daily basis. Surgical division review this report frequently and delays escalated to discharge team. DToCs are reviewed with senior partners three times per per week including the escalation of patients with a length of stay of over 21 and 50 days,
Ownership:	Chief Operating Officer

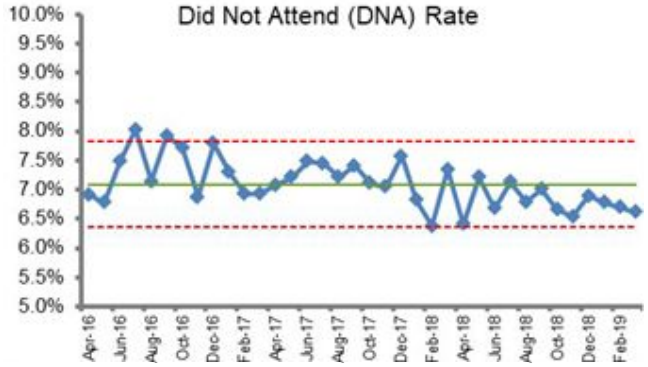


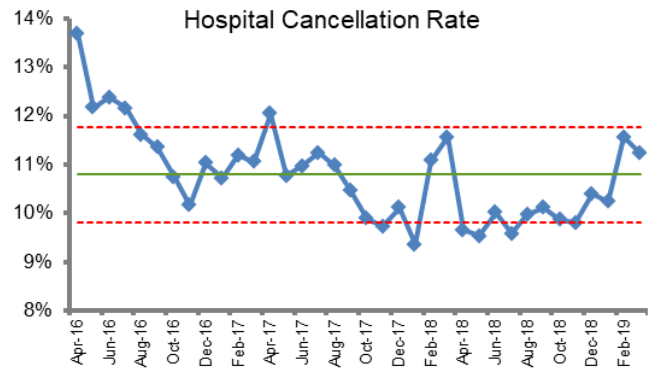


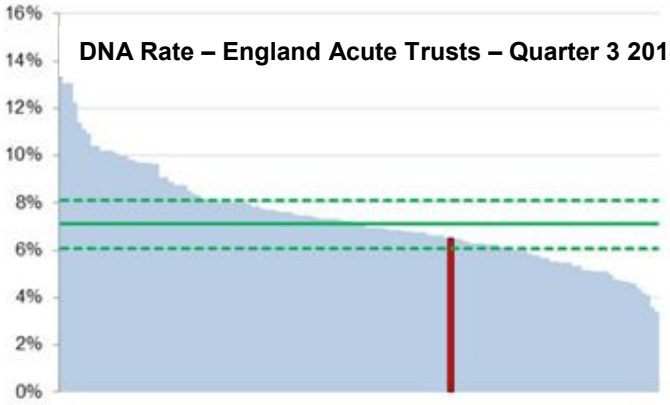
			Mar-19			
Code	Reason	Accountable	Patients (Acute)	Beddays (Acute)	Patients (Non-Acute)	Beddays (Non-Acute)
A	Completion of assessment	Both	4	64	1	14
		NHS	0	18	1	17
		Social Care	1	51	1	45
B	Public Funding	Social Care	0	0	0	2
C	Further non acute NHS Care	NHS	2	30	0	3
Di	Care Home Placement	NHS	1	5	0	0
		Social Care	1	69	0	3
Dii	Care Home Placement	NHS	1	22	0	8
		Social Care	0	13	0	19
E	Care package in own home	NHS	5	63	0	4
		Social Care	5	128	1	68
F	Community equipment / adaptions	Both	0	5	0	0
		NHS	0	0	0	3
		Social Care	0	51	0	12
TOTAL			20	519	4	198

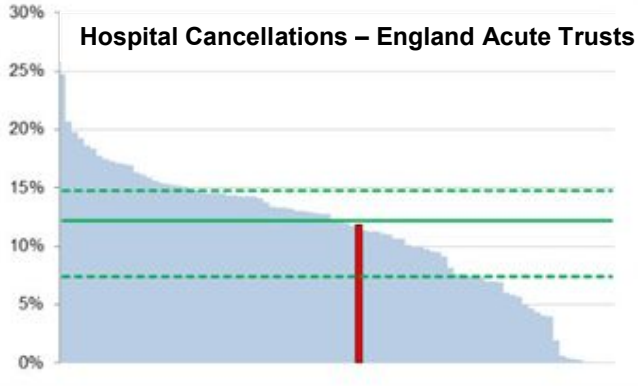
2.3 PERFORMANCE – Responsive Domain

Outpatient Measures	
Standards:	The Did Not Attend (DNA) Rate is the number of outpatient appointments where the patient did not attend, as a percentage of all attendances and DNAs The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made. DNA Target at Trust level is to be below 6.7%, with an amber tolerance of between 6.7% and 7.2%. For Hospital Cancellations, the target is to be on or below 9.7% with an amber tolerance from 10.7% to 9.7%..
Performance:	In March there were 10,079 hospital-cancelled appointments, which was 11.2% of all appointments made. There were 4233 appointments that were DNA'ed, which was 6.7% of all planned attendances.
Commentary/ Actions:	The text reminder service is now in place for 80% of clinics, work is underway to include the cost of a DNA, align all existing templates into one standard message and include the patient initials for paediatric patients. Hospital cancellations have increased due to the introduction of the national Electronic Referral Service (eRS) system, requiring appointments to be booked through eRS. Both metrics are monitored monthly at Outpatient Steering Group (OSG).
Ownership:	Chief Operating Officer









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2.3 PERFORMANCE – Responsive Domain

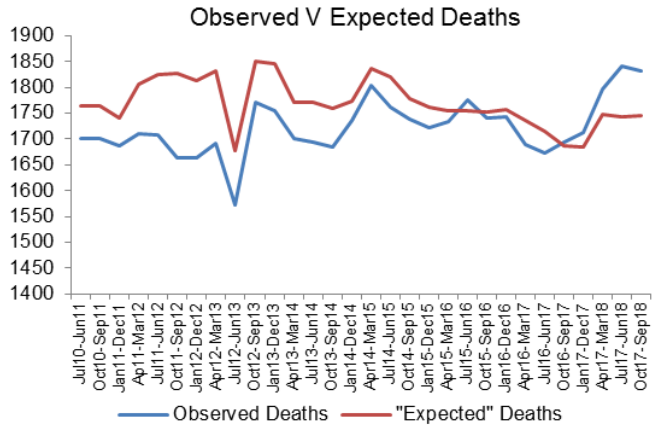
Outpatient – Overdue Follow-Ups	
Standards:	This measure looks at referrals where the patient is on a "Partial Booking List", which indicates the patient is to be seen again in Outpatients but an appointment date has not yet been booked. Each patient has a "Date To Be Seen By", from which the proportion that are overdue can be reported. The current aim is to have no-one more than 12 months overdue
Performance:	As at end of March, number overdue by 12+ months is 334 and overdue by 9+ months is 1003.
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

		Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
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
	Medicine	1,252	1,336	1,276	1,345	1,245	1,105	461	133	23	5	7	3	3	2	3	4	3	3
	Specialised Services	295	353	387	400	367	383	188	206	214	208	95	58	67	7	5	8	12	0
	Surgery	934	947	922	887	717	573	444	221	92	17	3	0	0	0	0	11	23	49
	Women's and Children's	2,381	2,398	2,299	2,330	868	888	756	526	387	387	371	375	322	323	350	351	360	282
	TRUST TOTAL 12+ months	**4,862**	**5,034**	**4,884**	**4,962**	**3,197**	**2,949**	**1,849**	**1,086**	**716**	**617**	**476**	**436**	**392**	**332**	**358**	**374**	**398**	**334**
Outpatients Overdue by 9+ Months	Diagnostics and Therapies														3	2	0	0	0
	Medicine														20	4	4	3	4
	Specialised Services														125	95	142	247	253
	Surgery														125	124	108	146	216
	Women's and Children's														565	620	640	629	530
	TRUST TOTAL 9+ months														**838**	**845**	**894**	**1025**	**1003**

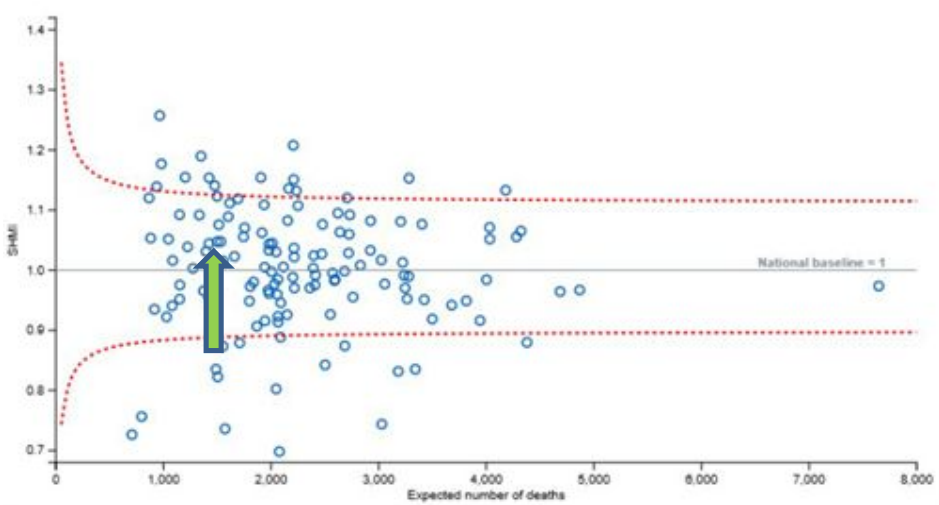
2.4 PERFORMANCE – Effective Domain

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 Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required. Please also see narrative for HSMR below.
Ownership:	Medical Director

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

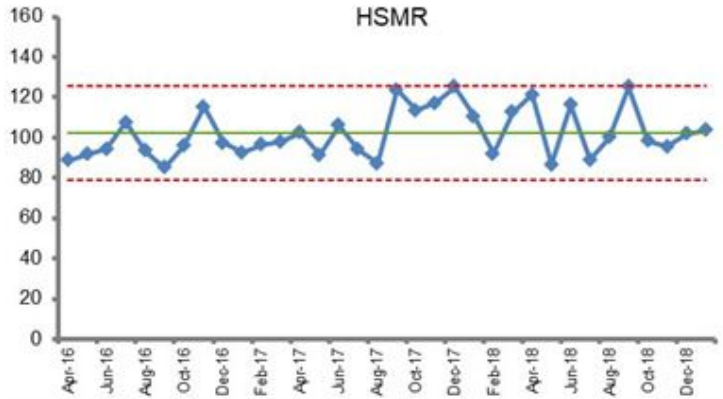


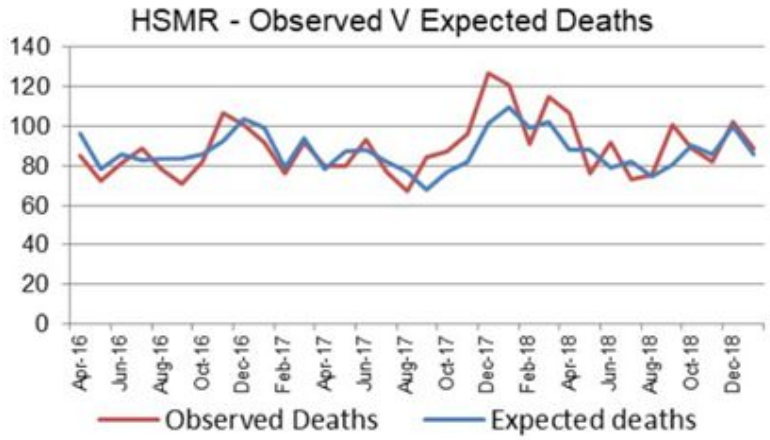
October 2017 to September2018



2.4 PERFORMANCE – Effective Domain

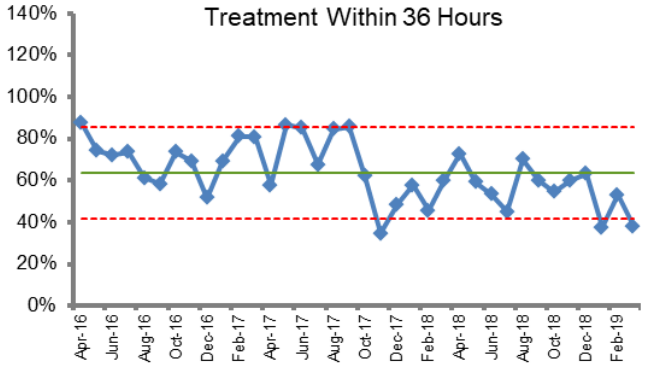
Mortality – Hospital Standardised Mortality Ratio (HSMR)	
Standards:	This is the national measure published by Dr Foster .It is the number of actual deaths divided by "expected" deaths, multiplied by 100. The Hospital Standardised Mortality Ratio (HSMR) is in-hospital deaths for conditions that account for 80% of hospital deaths
Performance:	Latest HSMR data is for January 2019. The HSMR was 103.5 (89 deaths and 86 "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. In response to these investigations actions were identified to improve identification of patients receiving palliative care and improve palliative care coding. This action plan is to be monitored by the Trust's Quality Intelligence Group and the impact of actions is expected to be seen in HSMR from June 2019 onwards.
Ownership:	Medical Director

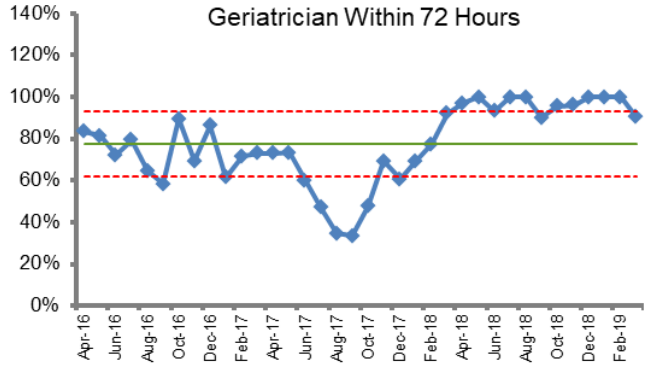


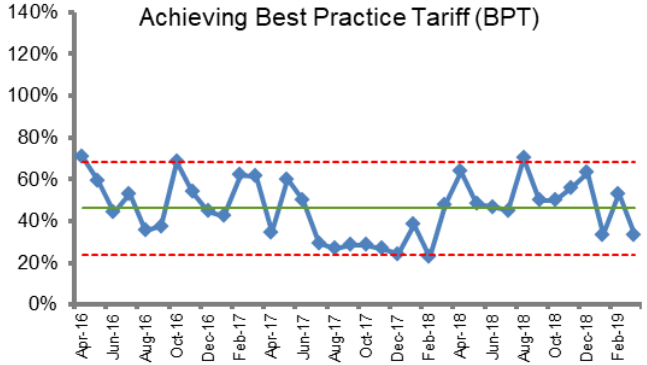


2.4 PERFORMANCE – Effective Domain

Fracture Neck of Femur	
Standards:	Best Practice Tariff (BPT), is a basket of indicators covering eight elements of what is considered to be best practice in the care of patients that have fractured their hip. 90% of patients should achieve Best Practice Tariff. Two key measures are being treated within 36 hours and seeing an orthogeriatrician within 72 hours. Both these measures should achieve 90%.
Performance:	In March, there were 21 patients discharged following an admission for fractured neck of femur, and all 21 were eligible for Best Practice Tariff (BPT). For the 36 hour target, 38% (8 patients) were seen with target. For the 72 hour target, 91% (19 patients) were seen within target. 7 patients (33%) achieved all elements of the Best Practice Tariff.
Commentary/ Actions:	Thirteen 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 the delay to their procedure was due to theatre capacity issues. Actions being taken include : • Reviewing ability to provide full day trauma operating to allow for prioritisation of fractured neck of femur on trauma lists • Reviewing ability to accommodate trauma overruns as required • Continue to create additional capacity for trauma as possible by taking down other lists or using vacant theatre sessions • Silver Trauma Business case finalised and submitted for consideration which will help flow of patients through the wards • Refresh of orthopaedic consultant job plans to provide more resilience to the team and cover for the orthopaedic on-call trauma service
Ownership:	Medical Director

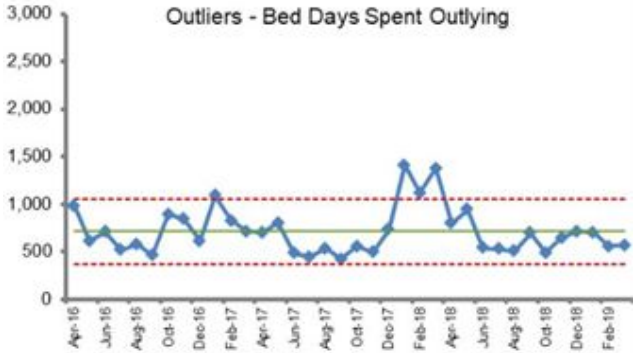


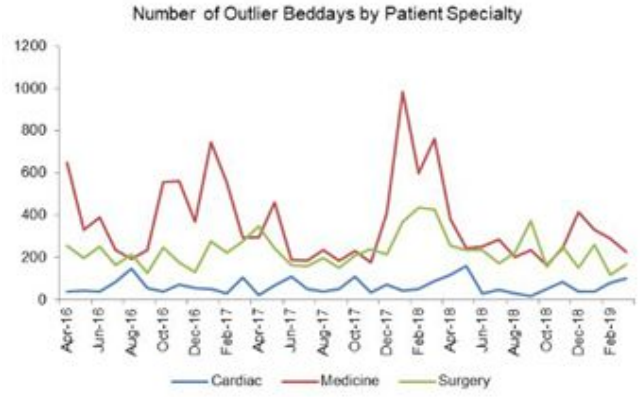


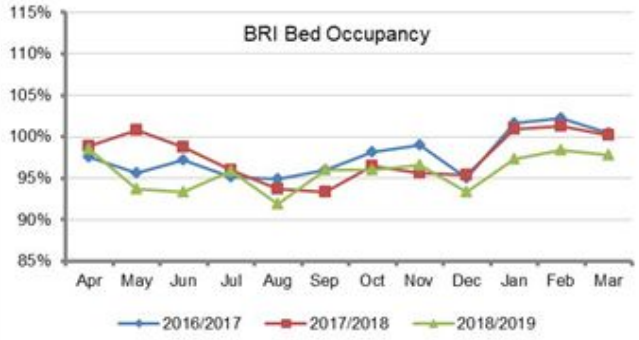


2.4 PERFORMANCE – Effective Domain

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 March there were 567 outlying beddays (1 bedday = 1 patient in a bed at 12 midnight).
Commentary/ Actions:	The March target of no more than 928 beddays was achieved. Of all the outlying beddays 227 were Medicine patients, 152 were Specialised Services patients and 168 were Surgery patients. There has been pressure within cardiac services both with internal outliers and external outliers at other hospitals Medical outliers continue to be down on last year's numbers. The division are following through substantive recruitment of our "Winter Consultant" who has left for his summer job but would like to return next winter. We are reviewing the model delivered so we can take the learning into next winter, but delivery of the additional short stay medical ward contributed towards Medicine's improved position this year. The short stay ward model has concluded now and the space has reverted back to additional capacity as per the Trust Escalation Procedure. Within Specialised Services, Standard Operating Procedure has been developed for pre-emptive boarding into the Heart Institute. Consultants are trialling a new ward round model to determine whether this supports flow; initial data looks positive there is now a longer trial for a period of 13 weeks. The Surgery division continues to progress the urgent care model, emergency care pathways and ambulatory care. Plan to look at a process to validate outliers, for example, patients admitted under endoscopy listed as surgical patients when in fact are medical.
Ownership:	Chief Operating Officer

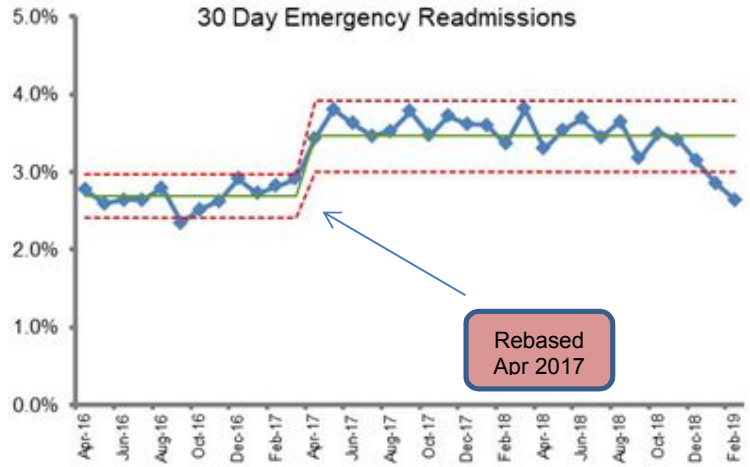






2.4 PERFORMANCE – Effective Domain

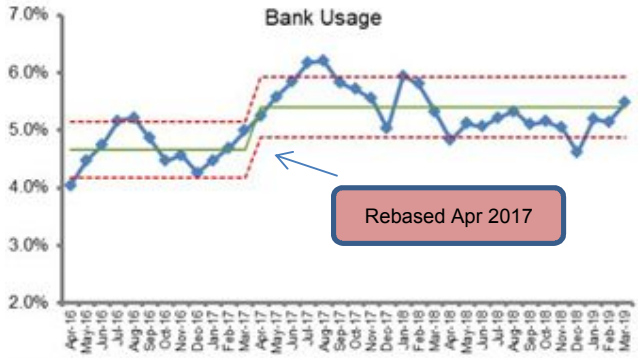
30 Day Emergency Readmissions	
Standards:	This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. This uses Payment By Results (PbR) rules, which excludes certain pathways such as Cancer and Maternity. The target for the Trust is to remain below 2017/18 total of 3.62%, with a 10% amber tolerance down to 3.26%.
Performance:	In February, there were 12,071 discharges, of which 319 (2.64%) had an emergency re-admission within 30 days.
Commentary/ Actions:	6.6% of Medicine division discharges were re-admitted within 30 days as an emergency, 3.0% from Surgery and 1.2% from Specialised Services. Data is monitored on a regular basis through divisional performance reviews and is included on the speciality performance reports. The Colorectal team have recently undertaken an audit looking at Surgical Site Infections (SSIs) and plan to develop a business case which should see a reduction in length of stay and readmission rates. Plans within the emergency care pathway should prevent readmissions, for example, nurse led follow-up telephone calls 24 hours post discharge.
Ownership:	Chief Operating Officer



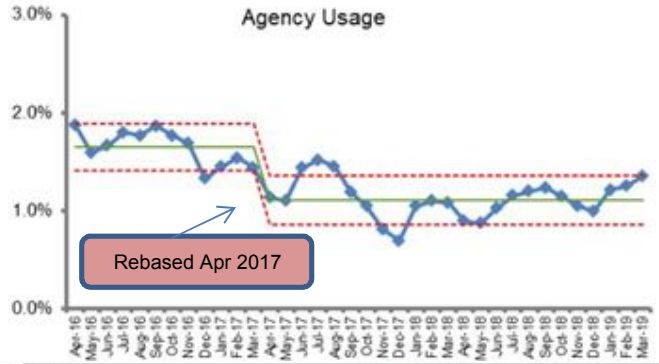
Discharges in February 2019

	Emergency Readmissions	Total Discharges	% Readmissions
Diagnostics and Therapies	0	24	0.00%
Medicine	162	2,443	6.63%
Specialised Services	32	2,634	1.21%
Surgery	89	3,011	2.96%
Women's and Children's	35	3,646	0.96%
TRUST TOTAL	**319**	**12,071**	**2.64%**

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 March 2019, total staffing was at 8987 FTE. Of this, 5.5% was Bank (493 FTE) and 1.4% was Agency (122 FTE)
Commentary/ Actions:	**Agency usage** increased by 9.6 FTE. The largest reduction was seen in the division of Women's and Children's, decreasing to 29.3 FTE from 32.0 FTE the previous month. The largest increase was seen in the division of Surgery with 26.5 FTE compared to 17.9 FTE in the previous month. Trust Services remained with 0 FTE. The largest staff group increase was within Nursing & Midwifery increasing to 103.4 FTE from 97.5 FTE in the previous month. The staff group Admin & Clerical remains at 0 FTE. **Bank usage** increased by 32.8 FTE. The largest increase was seen in the division of Medicine, increasing to141.8 FTE from 130.1 FTE the previous month. The largest reduction was seen in Trust Services, decreasing to 20.6 FTE from 26.1 FTE the previous month. The largest staff group increase was within Nursing and Midwifery increasing to 321.1 FTE from 300.3 FTE the previous month. • Joint project management now appointed by the BNSSG partnership and our neutral vendor to drive down high cost, off-contract nurse agency supply. Work now taking place to drive through actions. • Phase 1 of the 'Get Set For Summer' Bank recruitment campaign to go live in April to increase the Trust's own bank pool across all staff groups. • Following testing, direct booking for Ancillary staff will now go live on 1st May, to make it easier to fill shifts.
Ownership:	Director of People



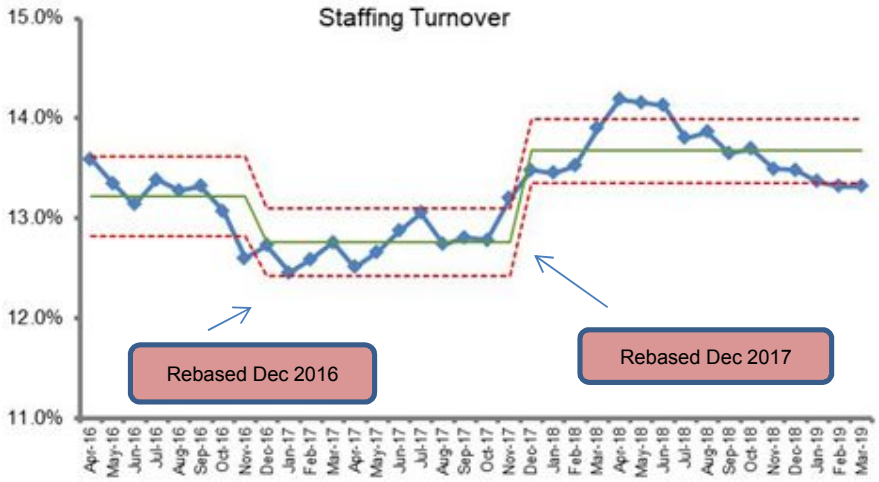
Bank	Mar FTE	Mar Actual %	KPI
UH Bristol NHS Foundation Trust	**492.7**	**5.5%**	**3.9%**
Diagnostics & Therapies	11.2	1.1%	1.2%
Medicine	141.8	10.4%	11.0%
Specialised Services	67.7	6.4%	5.5%
Surgery	103.4	5.6%	1.8%
Women's & Children's	87.0	4.2%	0.9%
Trust Services	20.6	2.5%	3.3%
Facilities & Estates	61.1	8.0%	6.9%



Agency	Mar FTE	Mar Actual %	KPI
UH Bristol NHS Foundation Trust	**121.6**	**1.4%**	**0.8%**
Diagnostics & Therapies	10.3	1.0%	1.1%
Medicine	42.2	3.1%	1.8%
Specialised Services	12.5	1.2%	0.6%
Surgery	26.5	1.4%	0.6%
Women's & Children's	29.3	1.4%	0.4%
Trust Services	0.0	0.0%	0.4%
Facilities & Estates	0.8	0.1%	0.7%

2.5 PERFORMANCE – Efficient Domain

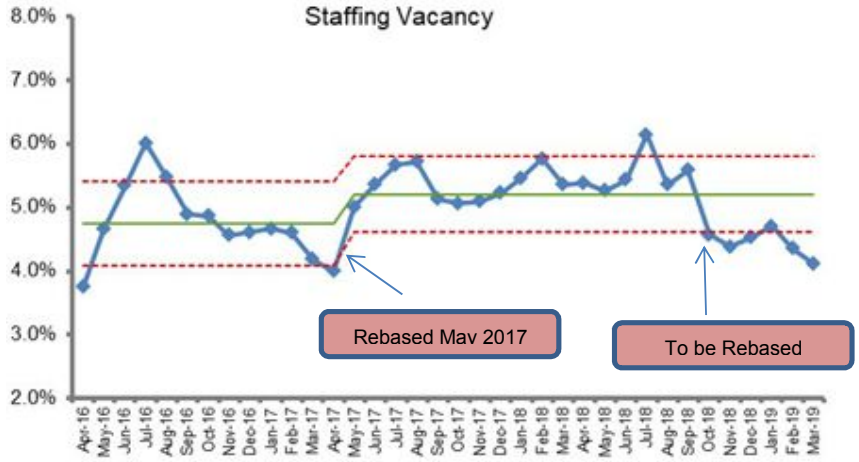
Staffing Levels (Turnover)	
Standards:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 12.3% by the end of 2018/19. The red threshold is 10% above monthly trajectory.
Performance:	In March 2019, there had been 949 leavers over the previous 12 months with 7127 FTE staff in post on average over that period; giving a Turnover of 949 / 7127 = 13.3%
Commentary/ Actions:	Turnover has remained static at 13.3% from the previous month, however, with fluctuations across four divisions – Medicine, Specialised Services, Surgery, and Women's and Children's. The largest divisional reduction was seen within Diagnostics and Therapies reducing to 10.3% from 11.0% the previous month. The largest divisional increase was seen within Medicine increasing to 14.9% from 14.3% the previous month. The biggest reduction in staff group was seen within Estates and Ancillary (0.6 percentage points). The largest increase in staff group was seen within Medical and Dental (0.6 percentage points). ▪ Exit interview return rates have dropped during the first part of 2019 and so there is a focussed piece of work to promote the importance of this information with managers. Employee Services are working closely with Divisional Recruitment & Retention Leads and Divisional HRBP's to address this.
Ownership:	Director of People



Turnover	Mar-19	KPI
UH Bristol NHS Foundation Trust	13.3%	**12.4%**
Diagnostics & Therapies	10.3%	12.0%
Medicine	14.9%	14.0%
Specialised Services	15.5%	13.1%
Surgery	13.8%	11.9%
Women's & Children's	11.9%	10.6%
Trust Services	14.0%	12.5%
Facilities & Estates	14.5%	15.2%

2.5 PERFORMANCE – Efficient Domain

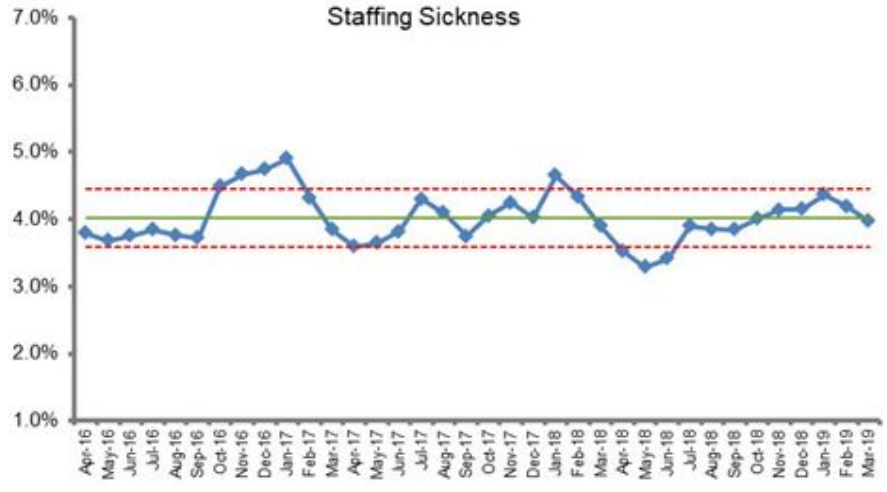
Staffing Levels (Vacancy)	
Standards:	Vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a Trust-wide target of 5%.
Performance:	In March 2019, funded establishment was 8733 FTE, with 360 FTE as vacancies (4.1%).
Commentary/ Actions:	Overall vacancies reduced to 4.1% compared to 4.4% in the previous month. The only staff group increase was within Admin & Clerical increasing to 82.9 FTE from 81.2 FTE. The largest staff group vacancy reduction was seen within Nursing staff reducing to 164.3 FTE from 180.7 FTE the previous month. Women's and Children's had the largest Divisional reduction to 13.1 FTE from 25.3 FTE the previous month. • Successful adult nurse open day held in March with 45 offers made on the day – planned start dates between August 2019 and February 2020. Open day planned for May and then bi-monthly to capitalise on the newly qualified market. • New recruitment website for all staff groups scheduled for go live in May 2019. • Plans in place to use head hunters to assist with hard to fill nursing posts. Newly created clinical recruitment manager role due to go out to advert in April. This role will target hard to recruit posts across the medical and dental, nursing and allied health professional workforces.
Ownership:	Director of People



Vacancy	Mar-19	KPI
UH Bristol	4.1%	5.0%
Diagnostics & Therapies	6.1%	5.0%
Medicine	4.6%	5.0%
Specialised Services	4.7%	5.0%
Surgery	4.7%	5.0%
Women's & Children's	0.7%	5.0%
Trust Services	2.8%	5.0%
Facilities & Estates	8.7%	5.0%

2.5 PERFORMANCE – Efficient Domain

Staff Sickness	
Standards:	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2018/19. The red threshold is 0.5% over the monthly target.
Performance:	In March, total available FTE days were 262587 of which 10424 (4.0%) were lost to staff sickness
Commentary/ Actions:	The largest divisional reduction was seen in Surgery reducing to 4.3% from 5.0% the previous month. Specialised Services saw the largest divisional increase to 3.6% from 3.3% the previous month. The largest staff group increase was seen in Unregistered Nursing & Midwifery, rising to 8.5% from 7.4% the previous month. The largest staff group reduction was seen within Healthcare Scientists reducing to 2.6% from 3.5% 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, including guidance on supporting staff with mental health issues and making the most of occupational health services support. • 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



Sickness	Mar-19	KPI
UH Bristol	4.0%	3.9%
Diagnostics & Therapies	2.8%	3.1%
Medicine	3.7%	4.3%
Specialised Services	3.6%	3.6%
Surgery	4.3%	3.6%
Women's & Children's	4.01%	3.8%
Trust Services	3.8%	3.0%
Facilities & Estates	6.0%	6.2%

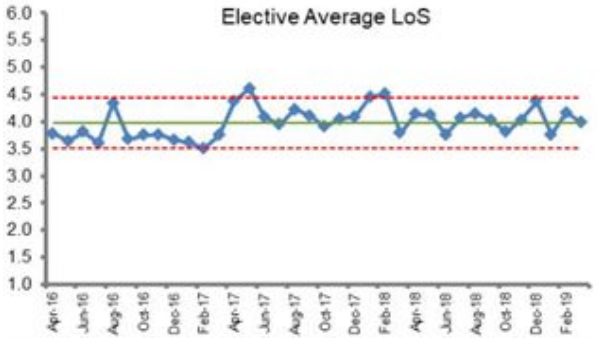
2.5 PERFORMANCE – Efficient Domain

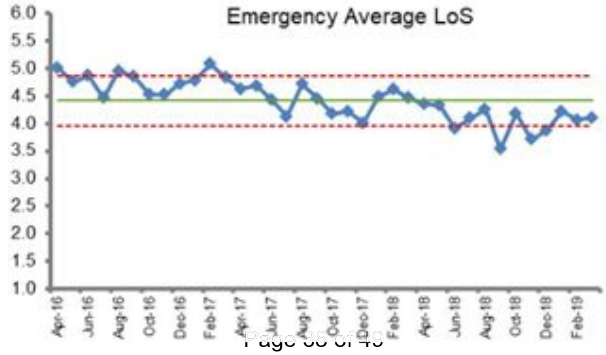
Staff Appraisal	
Standards:	Staff Appraisal in measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 85% Trust-wide.
Performance:	In March 2019, 5,990 members of staff were compliant out of 8,280 (72.3%)
Commentary/ Actions:	Appraisal compliance increased to 72.3% from 65.3%, with increases within all seven divisions. The largest divisional increase was seen within Diagnostics and Therapies increasing to 87.4% from 73.6% the previous month. • Regular communications, training, support videos and face to face guidance continue as part of the ongoing focus to increase user confidence in the e-appraisal system and, ensure quality appraisals are being undertaken. • Hotspot reporting remains a focus to support areas with low compliance.
Ownership:	Director of People

Appraisal (Non-Consultant)	Mar-19	KPI
UH Bristol NHS Foundation Trust	72.3%	**85.0%**
Diagnostics & Therapies	87.4%	85.0%
Medicine	64.1%	85.0%
Specialised Services	82.4%	85.0%
Surgery	65.9%	85.0%
Women's & Children's	67.8%	85.0%
Trust Services	67.9%	85.0%
Facilities & Estates	87.4%	85.0%

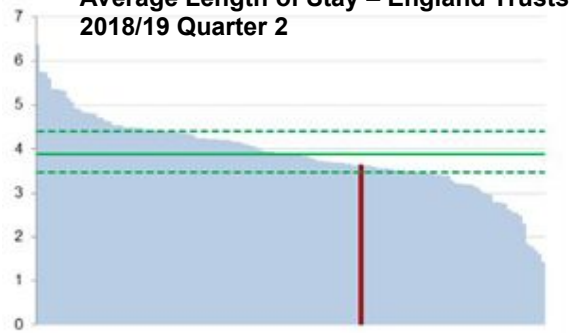
2.5 PERFORMANCE – Efficient Domain

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 March there were 6886 discharges that consumed 26,053 beddays, giving an overall average length of stay of 3.78 days.
Commentary/ Actions:	Within Medicine division, a length of stay reduction plan has been developed to support NHS Improvement's target of reducing "super stranded" patients (i.e. patients with a length of stay of 21 days or more) by 40%. This plan includes a variety of actions for colleagues within the Trust, for example: • Using our Clinical Utilisation Review (CUR) data to identify and escalate delays in internal processes • Changing the admission pathway for patients requiring bedded rehabilitation, including those going to South Bristol Community Hospital for their onward care. This new pathway involves sending referrals through a clinical navigation meeting so that all community options can be considered for the patient. The working hypothesis is that we can increase the proportion of patients who are able to return to their own homes with the appropriate package of support, rather than going on to another bedded setting. • Working with commissioners to improve the pathway for patients requiring specialist brain injury rehabilitation The Silver Trauma pilot took place over 5 weeks in February which showed a positive impact on length of stay and staff and patient experience. Business Case has been submitted to executive team to consider implementing this model on a permanent basis. The division have also implemented weekly meeting led by DHON to review any patients with a length of stay over 21 days; linking in with Integrated Discharge Service team to escalate any external delays. In Specialised Services: • Work is ongoing to implement the Day of Surgery Model for Cardiac Surgery patients and to also improve the pre-op element of the patient journey • New joint patient flow group has been established to review patient flow within the Heart Institute and Oncology Centre • Transformation project underway looking at inpatient echocardiography processes • Reviewing the process for the transfer of patients and looking to make the process electronic to improve the flow of information. The Children's Hospital use of Criteria Led Discharge has been shortlisted for a Health Services Journal award. Length of stay has reduced in 2018/2019 particularly increasing the number of patients discharged between 0-2 days. The Children's Hospital routinely reviews, on a weekly basis, all patients with a length of stay of greater than 14 days. Currently there is a higher acuity of patients in the hospital with a number of long term complex patients in PICU. Projects are progressing on reviewing community support for nasogastric patients; eating disorder pathways and mental health – which has just received some funding to support an improved inpatient model. These are intended to impact on reducing length of stay. The Hospital is also reviewing the proportion of day surgery and identifying options for increasing this in surgical specialities.
Ownership:	Chief Operating Officer





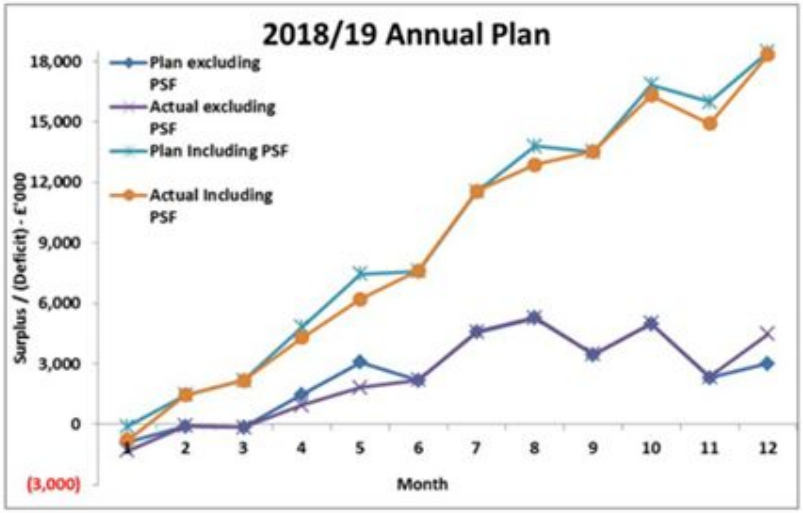
Average Length of Stay – England Trusts 2018/19 Quarter 2

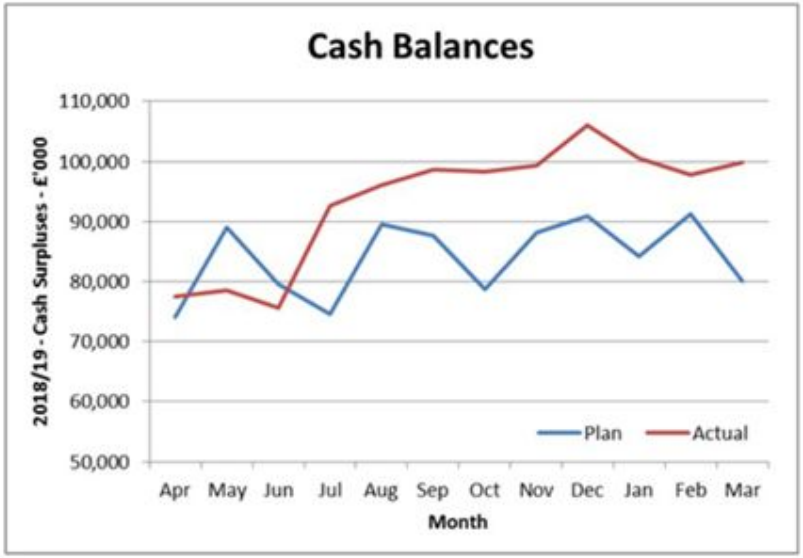


Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

Length of Stay of Inpatients at month-end

Mar-19	7+ Days	14+ Days	21+ Days	28+ Days
Bristol Children's Hospital	58	36	27	17
Bristol Haematology & Oncology Centre	22	14	8	4
Bristol Royal Infirmary	211	110	68	43
South Bristol Hospital	50	41	33	21
St Michael's Hospital	28	20	16	12
TRUST TOTAL	**371**	**222**	**152**	**97**
Bristol Royal Infirmary Divisional Breakdown:				
Medicine	120	63	43	28
Specialised Services	43	18	9	4
Surgery, Head & Neck	48	29	16	11

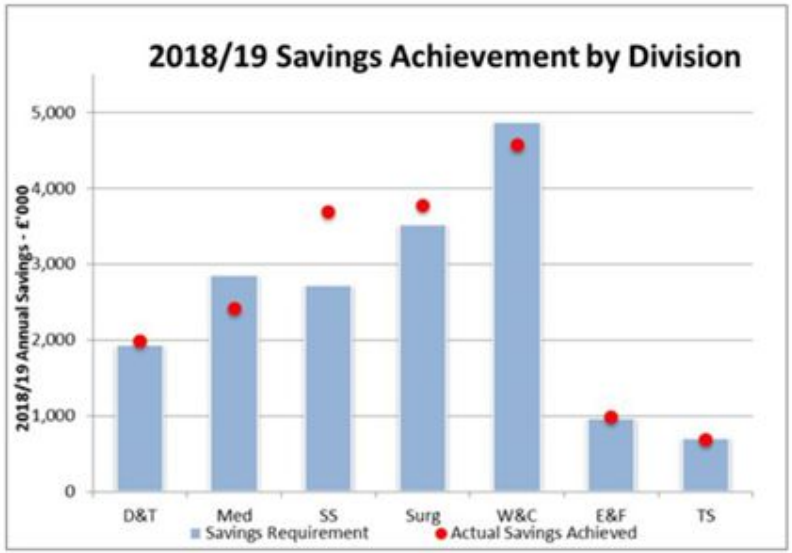




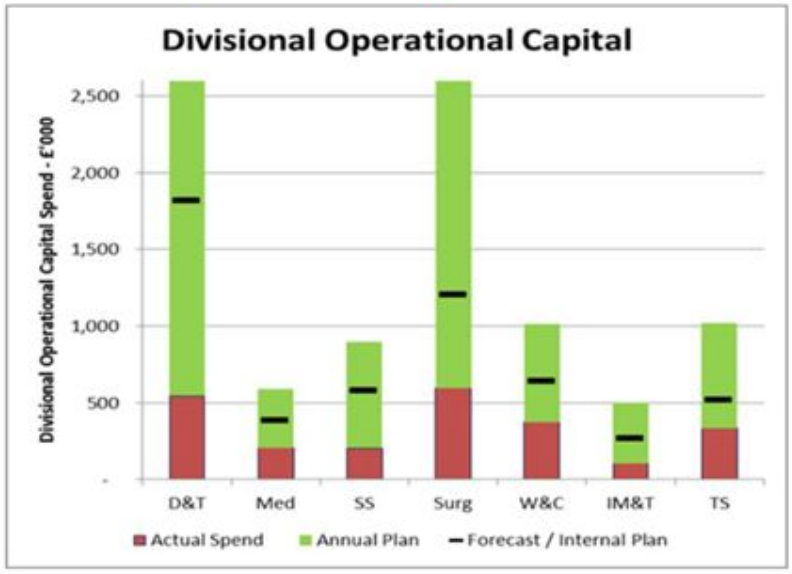
Divisional Actual Spend - £'000						
Divisional Agency	In Month				Plan for Year	Actual Outturn
	QTR 1	QTR 2	QTR 3	QTR 4		
Nursing & Midwifery	1,406	1,851	1,730	2,324	**3,257**	**7,311**
Medical						**0**
Consultants	56	185	185	218	**184**	**644**
Other Medical	106	112	10	84	**276**	**312**
Other	189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

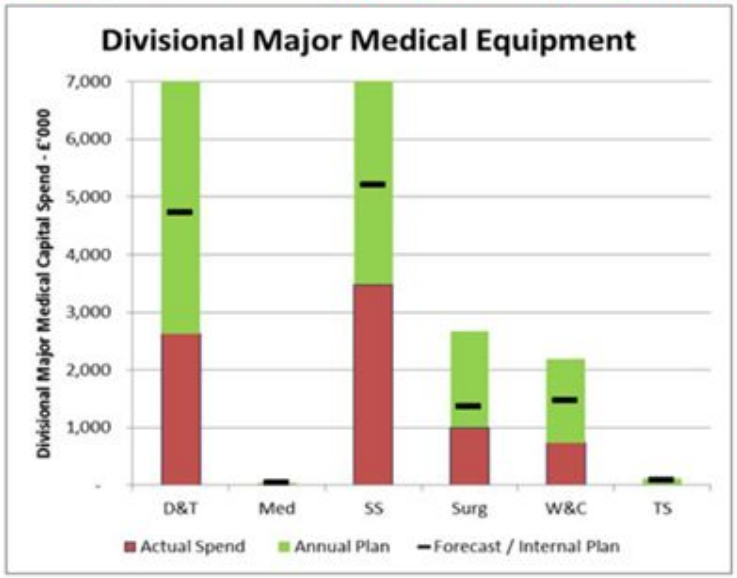
YTD Variance to Budget Surplus/(Deficit) - £'000				
Division	QTR 1	QTR 2	QTR 3	QTR 4
Diagnostics & Therapies	156	97	192	481
Medicine	(449)	(1,510)	(1,835)	(2,207)
Specialised Services	335	210	96	349
Surgery	(651)	(1,634)	(2,279)	(3,954)
Women's & Children's	(78)	(966)	(1,383)	(1,773)
Estates & facilities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

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



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

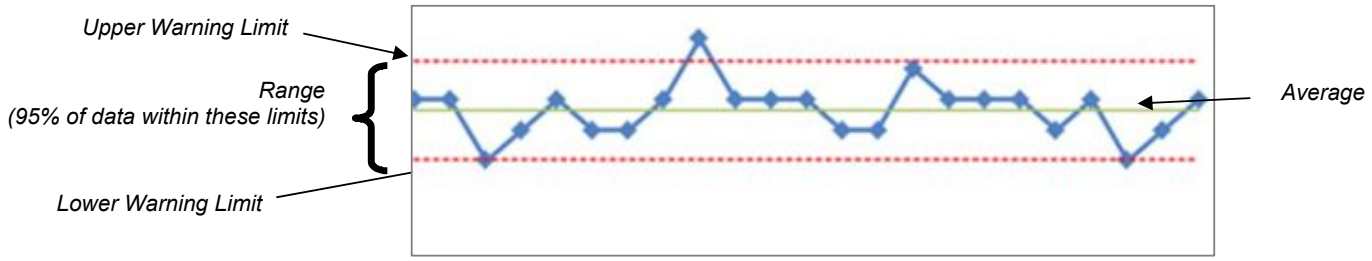




A1 APPENDIX 1 – Explanation of SPC Charts

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

An example chart is shown below:



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

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

A2 APPENDIX 2 External Views of the Trust

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

Care Quality Commission

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

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

NHS Choices

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

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

Stars – maximum 5
OK = Within expected range
✓ = Among the best (top 20%)
! = Among the worst
Please refer to appendix 1 for our site abbreviations.

SAFE, CARING & EFFECTIVE

Topic	ID	Title	Annual 17/18	Annual 18/19 YTD	Monthly Totals Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Quarterly Totals 18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4
Patient Safety																				
Infections	DA01	MRSA Trust Apportioned Cases	4	6	1	0	2	0	0	1	1	0	0	0	1	0	3	1	1	1
	DA02	MSSA Trust Apportioned Cases	25	35	3	5	4	2	3	1	1	3	3	3	2	5	12	6	7	10
	DA03	CDiff Trust Apportioned Cases	35	35	2	0	6	4	1	7	2	5	2	2	3	1	8	12	9	6
C.Diff "Avoidables"	DA03B	CDiff Trust Apportioned Cases - Lapse in Care	7	2	1	0	0	1	0	0	0	0	0	0	0	0	1	1	0	0
	DA03D	CDiff Trust Apportioned Cases - Still Under Review	12	26	0	0	1	2	1	7	2	5	2	2	3	1	1	10	9	6
Infection Checklists	DB01	Hand Hygiene Audit Compliance	97.6%	97%	96.8%	97.8%	97.4%	97.7%	97.2%	98%	97%	96.5%	96.8%	96.3%	96.6%	96.7%	97.3%	97.6%	96.8%	96.6%
	DB02	Antibiotic Compliance	86.4%	78.9%	82.8%	81.3%	83%	84.6%	77.4%	75.1%	76.7%	75.7%	85%	79.1%	66.3%	68%	82.5%	79.6%	77.6%	72.2%
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	-	-	95%	96%	95%	95%	95%	95%	95%	96%	95%	96%	96%	95%	-	-	-	-
	DC02	Cleanliness Monitoring - Very High Risk Areas	-	-	97%	97%	98%	97%	97%	97%	98%	98%	97%	97%	98%	98%	-	-	-	-
	DC03	Cleanliness Monitoring - High Risk Areas	-	-	96%	95%	96%	96%	95%	95%	96%	96%	96%	96%	97%	97%	-	-	-	-
Serious Incidents	S02	Number of Serious Incidents Reported	57	70	3	10	4	4	8	8	4	10	4	3	7	5	17	20	18	15
	S02a	Number of Confirmed Serious Incidents	53	51	3	10	4	4	8	7	4	8	3	-	-	-	17	19	15	-
	S02b	Number of Serious Incidents Still Open	-	18	-	-	-	-	-	1	0	2	0	3	7	5	-	1	2	15
	S03	Serious Incidents Reported Within 48 Hours	100%	98.6%	100%	100%	100%	100%	100%	100%	100%	90%	100%	100%	100%	100%	100%	100%	94.4%	100%
	S03a	Serious Incidents - 72 Hour Report Completed Within Timescale	94.7%	94.3%	100%	100%	100%	75%	100%	100%	100%	80%	75%	100%	100%	100%	100%	95%	83.3%	100%
	S04	Serious Incident Investigations Completed Within Timescale	96.2%	96.8%	100%	75%	100%	100%	100%	100%	100%	100%	100%	100%	80%	100%	92.9%	100%	100%	93.8%
	S04a	Overdue Exec Commissioned Non-SI Investigations	19	10	2	2	1	2	2	0	0	0	0	1	0	0	5	4	0	1
Never Events	S01	Total Never Events	8	5	0	0	0	0	1	0	0	1	2	0	0	1	0	1	3	1
Patient Safety Incidents	S06	Number of Patient Safety Incidents Reported	15656	17839	1428	1311	1445	1566	1539	1510	1517	1511	1371	1520	1551	1570	4184	4615	4399	4641
	S06b	Patient Safety Incidents Per 1000 Beddays	50.86	58.56	55.84	52.85	59.13	60.39	62.35	59.72	58.92	58.92	54.11	57.27	64.61	58.94	55.92	60.81	57.33	60.13
	S07	Number of Patient Safety Incidents - Severe Harm	92	88	6	13	10	5	3	9	9	7	5	7	4	10	29	17	21	21
Patient Falls	AB01	Falls Per 1,000 Beddays	4.59	4.48	3.79	4.27	3.72	4.4	5.27	4.9	3.73	4.48	5.17	5.61	4.67	3.72	3.93	4.85	4.46	4.66
	AB06a	Total Number of Patient Falls Resulting in Harm	25	27	2	4	1	1	5	2	2	1	2	3	1	3	7	8	5	7
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.162	0.295	0.156	0.121	0.123	0.347	0.203	0.277	0.816	0.39	0.276	0.527	0.083	0.188	0.134	0.277	0.495	0.272
	DE02	Pressure Ulcers - Grade 2	45	80	2	3	3	8	4	7	18	8	7	13	2	5	8	19	33	20
	DE04A	Pressure Ulcers - Grade 3 or 4	5	10	2	0	0	1	1	0	3	2	0	1	0	0	2	2	5	1
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	98.4%	98.3%	98.1%	98.4%	98.5%	98.3%	98.7%	98.4%	98.4%	98%	98.3%	98.2%	98%	98.7%	98.3%	98.5%	98.2%	98.3%
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	95%	92.6%	93.8%	96.1%	91.1%	95%	93.4%	89.6%	87.8%	92.2%	95.5%	91.4%	88.6%	94.5%	93.8%	92.9%	91.1%	91.9%
	N04	Number of Hospital Associated VTEs	50	40	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	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	1	0	0	3	2	1	2	1	6	7	-	-	1	6	9	7
Nutrition Audit	WB10	Fully and Accurately Completed Screening within 24 Hours	89.9%	91.1%	-	-	92%	-	-	90.4%	-	-	92.1%	-	-	89.9%	92%	90.4%	92.1%	89.9%
Safety	Y01	WHO Surgical Checklist Compliance	99.7%	99.8%	99.9%	99.7%	99.7%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.9%	99.7%	99.8%	99.8%	99.8%

Topic	ID	Title	Annual 17/18	Annual 18/19 YTD	Monthly Totals Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Quarterly Totals 18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4
Medicines	WA01	Medication Incidents Resulting in Harm	0.55%	0.31%	0%	0.91%	0.37%	0%	0%	0%	0.29%	0.36%	0.8%	0.77%	0%	-	0.42%	0%	0.46%	0.41%
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	0.4%	0.37%	0.63%	0.36%	0.24%	0.54%	0.22%	0.53%	0.41%	0.2%	0.62%	0%	0.25%	0.42%	0.43%	0.4%	0.39%	0.24%
Deteriorating Patient	AR03	National Early Warning Scores (NEWS) Acted Upon	96.0%	86.5%	87.2%	75.7%	87.0%	90.2%	82.9%	82.6%	87.1%	94.0%	87.5%	-	-	-	83.6%	85.7%	90.3%	-
Out of Hours	TD05	Out of Hours Discharges (8pm-7am)	8.7%	8.7%	10.2%	8.8%	8.9%	10.3%	9.5%	9.4%	9.2%	8.7%	8.7%	7.9%	6.4%	7%	9.3%	9.7%	8.9%	7.1%
Timely Discharges	TD03	Percentage of Patients With Timely Discharge (7am-12Noon)	22.4%	20.9%	20.3%	22.4%	21.7%	21.4%	21.4%	21.4%	20.8%	21.9%	20.4%	19.8%	19.7%	20%	21.5%	21.4%	21%	19.8%
	TD03D	Number of Patients With Timely Discharge (7am-12Noon)	11138	10784	834	963	875	902	912	916	908	992	913	883	766	920	2672	2730	2813	2569
Staffing Levels	RP01	Staffing Fill Rate - Combined	98.9%	99.3%	99%	98.7%	100.1%	99.1%	97%	98.5%	99.6%	101.1%	99.1%	100.1%	99.9%	99.1%	99.2%	98.2%	99.9%	99.7%
Clinical Effectiveness																				
Mortality	X04	Summary Hospital Mortality Indicator (SHMI) - National Data	100.6	105.3	-	-	105.6	-	-	105	-	-	-	-	-	-	105.6	105	-	-
	X02	Hospital Standardised Mortality Ratio (HSMR)	106.4	103.6	121.3	86.5	116.3	89.1	100.1	125.1	98.4	95.7	101.7	103.5	-	-	107.8	104.8	98.8	103.5
Readmissions	C01	Emergency Readmissions Percentage	3.62%	3.32%	3.31%	3.55%	3.78%	3.45%	3.65%	3.17%	3.49%	3.42%	3.15%	2.85%	2.64%	-	3.55%	3.43%	3.36%	2.75%
Sepsis (Inpatients)	AG02a	Percentage of Patients Meeting Criteria Screened for Sepsis (Inpatients)	51.1%	99.3%	87.1%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95.7%	100%	100%	100%
	AG03a	Sepsis Patients Percentage Commencing Antibiotics Within 1 Hour (Inpatient	77.4%	71.4%	75%	-	33.3%	100%	-	-	100%	-	-	0%	100%	-	57.1%	100%	100%	50%
	AG04a	Sepsis Patients Percentage with a 72 Hour Review (Inpatients)	93.3%	100%	100%	-	-	100%	-	-	100%	-	-	-	100%	-	100%	100%	100%	100%
		For months where there is some data, a "-" (dash) indicates no applicable data. It does not indicate data is missing.																		
Sepsis (Emergency Department)	AG02b	Percentage of Patients Meeting Criteria Screened for Sepsis (ED)	83.4%	94.8%	88%	90%	90%	98%	100%	96%	94%	96%	98%	98%	94%	96%	89.3%	98%	96%	96%
	AG03b	Sepsis Patients Percentage Commencing Antibiotics Within 1 Hour (ED)	85.5%	86.8%	82.6%	89.7%	68.2%	80%	94.3%	82.8%	82.8%	91.3%	87.1%	93.1%	89.7%	92.6%	81.1%	86.9%	86.7%	91.8%
	AG04b	Sepsis Patients Percentage with a 72 Hour Review (ED)	93.1%	98.2%	100%	95.7%	86.7%	100%	100%	96.6%	100%	100%	100%	100%	100%	100%	94.9%	98.8%	100%	100%
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	64.2%	56.3%	72.7%	59.3%	53.3%	45%	70%	60%	54.5%	60%	63.2%	37.5%	52.9%	38.1%	64%	58.3%	59.1%	41.9%
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	61.6%	97%	97%	100%	93.3%	100%	100%	90%	95.5%	96%	100%	100%	100%	90.5%	97.3%	96.7%	97%	96.8%
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	34.8%	51.3%	63.6%	48.1%	46.7%	45%	70%	50%	50%	56%	63.2%	33.3%	52.9%	33.3%	54.7%	55%	56.1%	38.7%
	U05	Fracture Neck of Femur - Time To Treatment 90th Percentile (Hours)	-	-	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%	49.4%	57.1%	31.6%	66.7%	34.3%	48.3%	51.9%	53.8%	51.3%	45.7%	51.1%	48.3%	-	52.1%	44%	50.4%	50%
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	85.8%	84.4%	81%	76.3%	89.7%	82.9%	89.7%	92.6%	66.7%	92.3%	85.7%	80%	100%	-	82.4%	87.9%	81.4%	87.8%
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	54.6%	58.6%	15.4%	54.5%	63.2%	30.8%	66.7%	46.7%	55.6%	73.3%	50%	50%	84.6%	90%	46.5%	47.5%	63.3%	75.5%
Dementia	AC01	Dementia - FAIR Question 1 - Case Finding Applied	89.3%	83%	87.3%	84.8%	77.6%	74.7%	80.2%	79.8%	79%	89%	86.8%	88.2%	86.4%	81.5%	83.6%	78%	84.7%	85.4%
	AC02	Dementia - FAIR Question 2 - Appropriately Assessed	96.2%	94.3%	95%	91.9%	89.5%	94.9%	97.7%	91.2%	93.6%	92.6%	89.1%	98%	95.9%	100%	92.2%	94.9%	91.8%	97.9%
	AC03	Dementia - FAIR Question 3 - Referred for Follow Up	92.9%	85.7%	-	0%	100%	100%	100%	100%	100%	100%	100%	100%	50%	71.4%	50%	100%	100%	75%
	AC04	Percentage of Dementia Carers Feeling Supported	60%	100%	-	-	100%	-	-	-	-	-	-	-	-	-	100%	-	-	-
Outliers	J05	Ward Outliers - Beddays Spent Outlying.	9098	7708	800	945	543	531	507	697	492	649	716	702	559	567	2288	1735	1857	1828

APPENDIX 3 – Trust Scorecards

Topic	ID	Title	Annual 17/18	Annual 18/19 YTD	Monthly Totals Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Quarterly Totals 18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4
Patient Experience																				
Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	93	91	92	90	92	92	92	91	93	90	91	91	92	91	92	91
	P01g	Patient Survey - Kindness and Understanding	-	-	97	97	96	95	96	97	96	95	96	96	96	95	96	96	96	96
	P01h	Patient Survey - Outpatient Tracker Score	-	-	88	91	89	90	91	89	90	89	90	91	89	90	89	90	90	90
Friends and Family Test Coverage	P03a	Friends and Family Test Inpatient Coverage	35%	35.1%	40.7%	37.6%	33.7%	35.6%	35.4%	29.1%	36.5%	27.8%	38.7%	32.2%	40.5%	34.6%	37.2%	33.5%	34.1%	35.5%
	P03b	Friends and Family Test ED Coverage	17.3%	16%	17.3%	17.2%	18.4%	17.3%	17.4%	17%	16.9%	14.6%	13.6%	16%	15.2%	11.6%	17.6%	17.2%	15.1%	14.2%
	P03c	Friends and Family Test MAT Coverage	19%	18.3%	19.8%	13.2%	11.2%	14%	9.8%	23.1%	31.4%	19.2%	14.1%	20.2%	23%	20.6%	14.8%	15.6%	21.6%	21.2%
Friends and Family Test Score	P04a	Friends and Family Test Score - Inpatients	97.7%	98.2%	97.4%	97.3%	97.3%	98.8%	98.6%	98.1%	98.4%	98.6%	98.5%	98.7%	98.4%	98.4%	97.3%	98.5%	98.5%	98.5%
	P04b	Friends and Family Test Score - ED	81%	82.1%	80.1%	81.1%	84.6%	81.4%	84.1%	83.4%	85.2%	84%	82.6%	81.1%	80.4%	75.4%	81.9%	82.9%	84.1%	79.2%
	P04c	Friends and Family Test Score - Maternity	96.9%	97.3%	94.6%	95.5%	99.3%	96.8%	99.3%	95.9%	97.2%	97.3%	99%	98.5%	98.7%	97.5%	96%	96.9%	97.6%	98.3%
Patient Complaints	T01	Number of Patient Complaints	1815	1845	149	157	140	148	143	152	169	193	101	167	155	171	446	443	463	493
	T01a	Patient Complaints as a Proportion of Activity	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	T03a	Complaints Responded To Within Trust Timeframe	83%	86.1%	83.1%	91%	84%	85.2%	86.8%	86.3%	85.1%	86.9%	90.9%	87.5%	78.3%	90.6%	85.9%	86.1%	87.1%	85.2%
	T03b	Complaints Responded To Within Divisional Timeframe	83.8%	85.5%	85.9%	82.1%	78.7%	85.2%	86.8%	82.2%	90.5%	84.8%	88.6%	87.5%	85%	92.5%	82.2%	84.4%	87.6%	88.2%
	T04c	Percentage of Responses where Complainant is Dissatisfied	10.68%	9.01%	9.86%	14.92%	6.67%	9.26%	7.55%	9.59%	6.76%	10.1%	4.54%	8.93%	-	-	10.33%	8.89%	7.83%	8.93%
Cancelled Operations	F01q	Percentage of Last Minute Cancelled Operations (Quality Objective)	1.19%	1.31%	1.37%	1.9%	0.59%	1.15%	0.79%	1.39%	0.97%	1.94%	1%	1.31%	1.68%	1.59%	1.29%	1.1%	1.31%	1.52%
	F01a	Number of Last Minute Cancelled Operations	919	1059	85	125	39	79	54	89	71	138	61	94	109	115	249	222	270	318

RESPONSIVE

Topic	ID	Title	Annual Target Green	Annual Target Red	Annual 17/18	Annual 18/19 YTD	Monthly Totals Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Quarterly Totals 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%	88.2%	89.1%	88.6%	88.9%	88.7%	88.5%	89.6%	90.1%	89.3%	89.4%	89.1%	89.2%	88.6%	88.7%	89.7%	89.2%
	A03a	Referral To Treatment Number of Ongoing Pathways Over 18 Weeks	-	-	-	-	3510	3244	3377	3208	3290	3354	3000	2810	2975	2915	3100	3081	-	-	-	-
Referral to Treatment (RTT) Wait Times	A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	0	1	209	144	15	12	9	11	7	10	9	14	7	16	21	13	36	28	30	50
	A07	Referral To Treatment Ongoing Pathways 40+ Weeks	-	-	-	-	154	141	129	126	119	113	113	111	139	147	161	119	-	-	-	-
Cancer (2 Week Wait)	E01a	Cancer - Urgent Referrals Seen In Under 2 Weeks	93%	93%	94.3%	95.4%	92.6%	95.1%	95.3%	96.5%	95.5%	96.4%	95.7%	95.8%	96.6%	95.2%	94.9%	-	94.3%	96.1%	96%	95%
	E01c	Cancer - Urgent Referrals Stretch Target	80%	80%	58.9%	57.2%	41.3%	53.1%	56.7%	60.6%	66.4%	68.8%	57%	62.8%	54.2%	63.7%	46.5%	-	50.6%	65.2%	58%	54.8%
Cancer (31 Day)	E02a	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	96%	96%	95.8%	97.1%	94.4%	95%	94.7%	97.4%	99.2%	99.1%	98.8%	98.5%	98.6%	97%	96.5%	-	94.7%	98.5%	98.6%	96.8%
	E02b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98%	98%	98.6%	98.2%	97.6%	96.6%	97.6%	96.1%	100%	99.1%	99.4%	97.2%	99%	99.2%	99.1%	-	97.2%	98.4%	98.6%	99.2%
	E02c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	94%	94%	92%	96%	93%	85%	95.6%	98.2%	96.2%	98.1%	100%	98.3%	96.2%	95%	96.3%	-	91.4%	97.5%	98.2%	95.6%
	E02d	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	94%	94%	96.3%	95.9%	98.5%	85.4%	91.6%	97.1%	97.4%	95.6%	97.6%	98.1%	98.2%	95.7%	98%	-	92.2%	96.8%	97.9%	96.8%
Cancer (62 Day)	E03a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85%	85%	81.7%	85.8%	84.1%	82.4%	86%	85.7%	88.9%	87.4%	85.5%	87.9%	86.5%	85.1%	83.5%	-	84.2%	87.3%	86.6%	84.3%
	E03b	Cancer 62 Day Referral To Treatment (Screenings)	90%	90%	74.8%	66.7%	66.7%	37.5%	41.7%	100%	60%	100%	100%	100%	90%	35.7%	75%	-	43.5%	83.3%	96%	44.4%
	E03c	Cancer 62 Day Referral To Treatment (Upgrades)	85%	85%	85.4%	83.2%	79.3%	77.9%	84.4%	77.7%	84.7%	86.8%	85.6%	91.3%	88.5%	86.8%	74.7%	-	80.4%	82.6%	88.4%	81.9%
	E03f	Cancer Urgent GP Referrals - Numbers Treated after Day 103	-	-	47.5	47	3	5	5.5	2	5.5	4	7.5	3.5	4	4	3	-	13.5	11.5	15	7
Cancelled Operations	F01	Last Minute Cancelled Operations - Percentage of Admissions	0.8%	1.2%	1.19%	1.31%	1.37%	1.9%	0.59%	1.15%	0.79%	1.39%	0.97%	1.94%	1%	1.31%	1.68%	1.59%	1.29%	1.1%	1.31%	1.52%
	F01a	Number of Last Minute Cancelled Operations	-	-	919	1059	85	125	39	79	54	89	71	138	61	94	109	115	249	222	270	318
	F02	Cancelled Operations Re-admitted Within 28 Days	95%	85%	94.2%	93.4%	90.9%	88.2%	95.2%	97.4%	94.9%	94.4%	91%	94.4%	93.5%	93.4%	93.6%	96.3%	91.8%	95.3%	93%	94.7%
Admissions Cancelled Day Before	F07	Percentage of Admissions Cancelled Day Before	-	-	1.61%	1.67%	2.26%	2.36%	1.67%	0.41%	1.53%	2.05%	1.82%	1.91%	1.37%	1.75%	2.17%	0.82%	2.1%	1.31%	1.72%	1.56%
	F07a	Number of Admissions Cancelled Day Before	-	-	1244	1348	140	155	110	28	105	131	134	136	83	126	141	59	405	264	353	326
Primary PCI	H02	Primary PCI - 150 Minutes Call to Balloon Time	90%	70%	76.1%	74.1%	86.2%	80%	81.8%	70.6%	79.3%	72%	69%	71.1%	62.5%	71.4%	76.7%	-	82.4%	73.9%	67.5%	73.8%
	H03a	Primary PCI - 90 Minutes Door to Balloon Time	90%	90%	93.2%	92.5%	93.1%	92.5%	100%	91.2%	93.1%	96%	92.9%	89.5%	90%	88.6%	93.3%	-	95.1%	93.2%	90.8%	90.8%
Diagnostic Waits	A05	Diagnostics 6 Week Wait (15 Key Tests)	99%	99%	98.29%	96.72%	96.8%	97.64%	97.83%	97.88%	97.13%	98.13%	98.36%	96.94%	93.81%	93.28%	96.93%	95.5%	97.41%	97.72%	96.43%	95.26%
Outpatients	R03	Outpatient Hospital Cancellation Rate	9.7%	11.7%	10.7%	10.1%	9.7%	9.5%	10%	9.6%	10%	10.1%	9.9%	9.8%	10.4%	10.2%	11.6%	11.2%	9.7%	9.9%	10%	11%
	R05	Outpatient DNA Rate	5%	10%	7.2%	6.8%	6.4%	7.2%	6.7%	7.1%	6.8%	7%	6.7%	6.5%	6.9%	6.8%	6.7%	6.6%	6.8%	7%	6.7%	6.7%
Outpatient Ratio	R01	Follow-Up To New Ratio	2.03	2.03	2.19	2.12	2.06	1.99	2.05	2.1	2.11	2.13	2.14	2.17	2.14	2.2	2.25	2.13	2.03	2.11	2.15	2.19
ERS	BC01	ERS - Available Slot Issues Percentage	-	-	20.2%	16.5%	18.6%	21.5%	23.8%	22.9%	22.1%	15.5%	10.9%	13.8%	13.5%	12.5%	16.8%	17.3%	21.4%	19.9%	12.6%	15.5%

APPENDIX 3 – Trust Scorecards

Topic	ID	Title	Annual Target Green	Annual Target Red	Annual 17/18	Annual 18/19 YTD	Monthly Totals Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Quarterly Totals 18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4
Delayed Discharges	Q01A	Acute Delayed Transfers of Care - Patients	-	-	279	216	22	18	25	17	11	16	18	10	26	20	13	20	65	44	54	53
	Q02A	Non-Acute Delayed Transfers of Care - Patients	-	-	103	80	5	8	8	4	9	8	5	4	11	4	10	4	21	21	20	18
	Q01B	Acute Delayed Transfers of Care - Beddays	-	-	8466	6744	576	471	632	503	586	513	691	482	568	653	550	519	1679	1602	1741	1722
	Q02B	Non-Acute Delayed Transfers of Care - Beddays	-	-	3106	2590	291	161	207	204	225	321	250	191	243	138	161	198	659	750	684	497
Green To Go List	AQ06A	Green To Go List - Number of Patients (Acute)	-	-	-	-	59	56	60	54	42	55	39	47	51	48	65	62	-	-	-	-
	AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	-	-	18	14	21	17	19	24	21	14	26	7	30	19	-	-	-	-
	AQ07A	Green To Go List - Beddays (Acute)	-	-	-	-	1832	1574	1836	1571	1621	1562	1608	1620	1693	1814	1894	1962	-	-	-	-
	AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	-	-	614	451	459	618	570	753	681	580	616	463	631	819	-	-	-	-
Length of Stay	J03	Average Length of Stay (Spell)	-	-	4.05	3.79	4.01	3.93	3.66	3.8	3.92	3.52	3.87	3.62	3.76	3.83	3.74	3.78	3.87	3.75	3.75	3.79
	J04D	Percentage Length of Stay 14+ Days	-	-	6.8%	6.3%	6.5%	6.4%	6.3%	6.5%	6.5%	5.8%	6.9%	6%	6%	6.6%	6.4%	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	-	-	-	-	234	207	243	234	211	233	224	212	200	221	234	222	-	-	-	-
AMU	J35	Percentage of Cardiac AMU Wardstays	-	-	4.2%	3.6%	7.1%	6%	2%	1.3%	0.5%	0%	3.4%	4.1%	3.7%	4%	6.3%	5.6%	5.1%	0.6%	3.8%	5.2%
	J35A	Percentage of Cardiac AMU Wardstays Under 24 Hours	-	-	47%	36.1%	32.2%	38.5%	50%	25%	25%	-	23.3%	45.9%	52.9%	55.6%	24.5%	24%	37%	25%	41.6%	32.6%

Emergency Department Indicators

ED - Time In Department	B01	ED Total Time in Department - Under 4 Hours	95%	90%	86.48%	86.34%	83.95%	91.14%	92.84%	90.26%	90.07%	85%	89.16%	84.24%	83.05%	84.5%	81.05%	81.23%	89.3%	88.44%	85.53%	82.27%
	This is measured against the national standard of 95%																					
ED - Time in Department (Differentials)	B814	ED Total Time in Department - Under 4 Hours (STP)	-	-	86.48%	86.34%	83.95%	91.14%	92.84%	90.26%	90.07%	85%	89.16%	84.24%	83.05%	84.5%	81.05%	81.23%	89.3%	88.44%	85.53%	82.27%
	B807	BRI ED - Percentage Within 4 Hours	-	-	78.35%	78.39%	73.92%	85.56%	89.08%	84.8%	83.37%	75.44%	81.79%	78.89%	73.49%	74.67%	69.23%	70.33%	82.81%	81.27%	78.07%	71.46%
	B803	BCH ED - Percentage Within 4 Hours	-	-	94.89%	93.05%	94.45%	96.25%	96.26%	96.39%	97.9%	94.16%	95.05%	85.39%	91.02%	92.92%	90.46%	89.39%	95.67%	96.02%	90.38%	90.9%
	B804	BEH ED - Percentage Within 4 Hours	99%	99%	96.26%	97.38%	94.4%	98.11%	97.66%	96.19%	98.75%	97.46%	98.67%	97.34%	97.12%	97.7%	98.02%	97.07%	96.7%	97.49%	97.76%	97.58%
	This is measured against the trajectories created to deliver the Sustainability and Transformation Fund targets																					
Trolley Waits	B06	ED 12 Hour Trolley Waits	0	1	8	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0
Time to Initial Assessment	B02	ED Time to Initial Assessment - Under 15 Minutes	95%	95%	97.7%	95.6%	96.2%	94.6%	98%	94.8%	95.3%	96.2%	95.4%	93.4%	92.1%	97.7%	97.9%	96.5%	96.3%	95.4%	93.6%	97.3%
	B02b	ED Time to Initial Assessment - Data Completness	95%	95%	98.1%	97.2%	97.9%	96.4%	99.1%	97.2%	96.1%	97.3%	97.2%	97.6%	95.2%	96.5%	97.4%	99%	97.8%	96.9%	96.6%	97.6%
Time to Start of Treatment	B03	ED Time to Start of Treatment - Under 60 Minutes	50%	50%	52.2%	49.3%	49.5%	53.8%	51.3%	50.8%	55.6%	48%	53.1%	44.8%	46.9%	48.9%	45.2%	43.9%	51.6%	51.4%	48.3%	46%
	B03b	ED Time to Start of Treatment - Data Completeness	95%	95%	97.4%	96.9%	96.5%	96.7%	97.3%	96.8%	97.1%	96.6%	97.1%	97%	97%	97.5%	96.7%	96.4%	96.8%	96.8%	97.1%	96.9%
Others	B04	ED Unplanned Re-attendance Rate	5%	5%	2.8%	3.3%	3%	3%	2.8%	2.9%	2.7%	3.2%	3.9%	4.4%	3.8%	3.2%	3.3%	3.6%	2.9%	2.9%	4%	3.3%
	B05	ED Left Without Being Seen Rate	5%	5%	1.9%	1.7%	1.4%	1.6%	1.7%	1.9%	1.6%	2.2%	2.1%	1.8%	1.6%	1.3%	1.6%	2.1%	1.5%	1.9%	1.8%	1.7%
Ambulance Handovers	BA09	Ambulance Handovers - Over 30 Minutes	-	-	840	698	75	48	54	45	58	71	74	65	59	42	57	50	177	174	198	149
Acute Medical Unit (AMU)	J35	Percentage of Cardiac AMU Wardstays	-	-	4.2%	3.6%	7.1%	6%	2%	1.3%	0.5%	0%	3.4%	4.1%	3.7%	4%	6.3%	5.6%	5.1%	0.6%	3.8%	5.2%
	J35a	Percentage of Cardiac AMU Wardstays Under 24 Hours	-	-	47%	36.1%	32.2%	38.5%	50%	25%	25%	-	23.3%	45.9%	52.9%	55.6%	24.5%	24%	37%	25%	41.6%	32.6%

FINANCIAL MEASURES

Topic	Title	Monthly Totals												Quarterly Totals			
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Q1	Q2	Q3	Q4
Year To Date Annual Plan Surplus / (Deficit)	Annual Plan excluding PSF	(890)	(102)	(151)	1,468	3,081	2,181	4,569	5,276	4,983	4,983	2,315	3,000	(151)	2,181	4,983	3,000
	Actual excluding PSF	(1,320)	(93)	(141)	950	1,832	2,202	4,596	5,300	3,475	5,003	2,341	4,482	(141)	2,202	3,475	4,482
	Annual Plan including PSF	(116)	1,446	2,171	4,823	7,467	7,599	11,535	13,792	13,516	16,851	15,989	18,480	2,171	7,599	13,516	18,480
	Actual Plan including PSF	(778)	1,455	2,181	4,304	6,218	7,620	11,562	12,885	13,537	16,329	14,931	18,337	2,181	7,620	13,537	18,337
Year to Date Variance Divisional Position Favourable / (Adverse)	Diagnostics & Therapies	12	71	156	161	160	97	149	171	192	340	359	481	156	97	192	481
	Medicine	(72)	(145)	(449)	(844)	(1,285)	(1,510)	(1,562)	(1,753)	(1,835)	(1,922)	(2,016)	(2,207)	(449)	(1,510)	(1,835)	(2,207)
	Specialised Services	(175)	65	335	275	204	210	116	58	96	242	236	349	335	210	96	349
	Surgery	(75)	(191)	(651)	(995)	(1,436)	(1,634)	(1,888)	(2,124)	(2,279)	(2,580)	(3,459)	(3,954)	(651)	(1,634)	(2,279)	(3,954)
	Women's & Children's	(145)	(332)	(78)	(121)	(617)	(966)	(1,056)	(996)	(1,383)	(1,781)	(1,898)	(1,773)	(78)	(966)	(1,383)	(1,773)
	Estates & facilities	3	(6)	(18)	16	28	20	(10)	9	20	(9)	(60)	(47)	(18)	20	20	(47)
	Trust Services	(8)	(10)	(18)	(18)	(36)	(32)	(28)	(18)	(7)	(20)	(56)	(31)	(18)	(32)	(7)	(31)
	Other Corporate Services	18	127	152	246	162	187	131	154	193	168	140	251	152	187	193	251
	Total	**(442)**	**(421)**	**(571)**	**(1,280)**	**(2,820)**	**(3,628)**	**(4,148)**	**(4,499)**	**(5,003)**	**(5,562)**	**(6,754)**	**(6,931)**	**(571)**	**(3,628)**	**(5,003)**	**(6,931)**
Year To Date Savings Actuals	Diagnostics & Therapies	153	278	426	578	770	927	1,109	1,266	1,437	1,599	1,788	1,987	426	927	1,437	1,987
	Medicine	148	335	479	614	813	944	1,151	1,367	1,579	1,842	2,177	2,420	479	944	1,579	2,420
	Specialised Services	182	398	623	989	1,270	1,519	1,923	2,265	2,567	2,897	3,191	3,685	623	1,519	2,567	3,685
	Surgery	226	438	719	1,014	1,295	1,632	1,995	2,371	2,645	3,048	3,408	3,773	719	1,632	2,645	3,773
	Women's & Children's	224	467	725	1,082	1,429	1,817	2,192	2,738	3,244	3,675	4,115	4,571	725	1,817	3,244	4,571
	Estates & facilities	92	180	270	362	466	537	608	693	772	844	918	987	270	537	772	987
	Trust Services	63	124	182	242	299	357	412	469	523	579	632	686	182	357	523	686
	Other Corporate Services	656	1,312	1,969	2,625	3,281	3,937	4,593	5,249	5,906	6,562	7,218	7,874	1,969	3,937	5,906	7,874
	Total	**1,743**	**3,532**	**5,393**	**7,507**	**9,622**	**11,670**	**13,983**	**16,418**	**18,672**	**21,045**	**23,447**	**25,983**	**5,393**	**11,670**	**18,672**	**25,983**
In Month Variance Subjective Analysis Favourable / (Adverse)	Nursing & Midwifery Pay	(256)	(329)	(430)	(338)	(288)	(465)	(639)	(543)	(354)	(717)	(801)	(1,025)	(1,015)	(1,091)	(1,536)	(2,543)
	Medical & Dental Pay	(358)	(322)	(353)	(340)	(395)	(449)	(376)	(520)	(362)	(392)	(534)	(462)	(1,033)	(1,184)	(1,258)	(1,388)
	Other Pay	128	74	126	260	80	197	121	62	0	(7)	194	106	328	537	183	293
	Non Pay	2	(728)	(361)	(475)	(464)	(157)	(173)	(807)	(607)	(627)	(745)	(723)	(1,087)	(1,096)	(1,587)	(2,095)
	Income from Operations	(69)	0	42	75	17	80	(139)	188	102	(164)	(80)	33	(27)	172	151	(211)
	Income from Activities	111	1,327	825	109	(490)	(14)	688	1,270	713	1,349	774	1,894	2,263	(395)	2,671	4,017
	Total	**(442)**	**22**	**(151)**	**(709)**	**(1,540)**	**(808)**	**(518)**	**(350)**	**(508)**	**(558)**	**(1,192)**	**(177)**	**(571)**	**(3,057)**	**(1,376)**	**(1,927)**
In Month Agency Expenditure Actuals	Nursing & Midwifery	448	443	515	549	618	684	623	587	520	748	766	810	1,406	1,851	1,730	2324
	Medical													0	0	0	
	Consultants	17	25	14	71	61	53	48	75	62	66	86	66	56	185	185	218
	Other Medical	17	35	54	71	24	17	1	0	9	24	13	47	106	112	10	84
	Other	31	85	73	126	188	129	175	109	112	91	95	136	189	443	396	322
	Total	**513**	**588**	**656**	**817**	**891**	**883**	**847**	**771**	**703**	**929**	**960**	**1,059**	**1,757**	**2,591**	**2,321**	**2,948**
Cash	Actual Cash	**77,562**	**78,472**	**75,537**	**92,633**	**96,144**	**98,620**	**98,367**	**99,265**	**105,963**	**100,590**	**97,773**	**99,855**	**75,537**	**98,620**	**105,963**	**99,855**
Capital Spend	Actual Capital Expenditure	**660**	**2,314**	**3,759**	**6,362**	**7,061**	**9,774**	**10,760**	**12,364**	**13,735**	**16,244**	**19,632**	**25,662**	**3,759**	**9,774**	**13,735**	**25,662**

University Hospitals Bristol
NHS Foundation Trust

Item to follow:

Agenda item 07

Chair's Report for the Quality and Outcomes Committee

University Hospitals Bristol
NHS Foundation Trust

Item to follow:

Agenda item 08

Chair's Report for the People Committee

8

University Hospitals Bristol
NHS Foundation Trust

Item to follow:

Agenda item 09

Chair's Report for the Audit Committee

University Hospitals Bristol
NHS Foundation Trust

Item to follow:

Agenda item 11

Embracing Change, Proud to Care: Our 2025 Vision

Meeting of the Board in Public on Tuesday 30 April 2019 in the Conference Room, Trust Headquarters

Report Title	**Strategic Outline Case – Maggie's Centre at UH Bristol**
Report Author	**Ruth Hendy, Trust Lead Cancer Nurse** **Geoff Underwood, Associate Director of Strategy & Business Planning**
Executive Lead	**Paula Clarke, Director of Strategy and Transformation**

1. Report Summary

This Strategic Outline Case is the first stage in the business case approval process for the provision of a Maggie's Centre at UH Bristol to provide holistic wellbeing support for cancer patients initially and patients with other conditions in the future.

In early 2016, the Board discussed and agreed the vision for such a centre on-site at UHBristol, to enable a step-change towards achieving our aspiration for a higher level cancer patient experience. Following significant patient engagement and discussion with stakeholders, we are now on the cusp of realising that vision.

Maggie's will fundraise to provide the capital required for design and construction of a centre and will fund the services provided in the centre on an ongoing basis. To enable this, UH Bristol will be required to lease a plot of land to Maggie's on a long-term basis at a peppercorn rent. The location is yet to be confirmed and will be considered in the context of our new 2025 Estates Strategy (to be approved by September 2019).

Over the last 18 months, there have also been extensive concurrent discussions to explore partnership working options and Maggie's have also agreed to work in partnership with Penny Brohn UK to enable delivery of some holistic services in the Maggie's Centre.

2. Key points to note

(Including decisions taken)

This Strategic Outline Case has been approved by the UHBristol Phase 5 Programme Board, the Capital Programme Steering Group and the Senior Leadership Team (dates below).

Support for this Strategic Outline Case by the Board at UH Bristol will be followed by approval at the Board of Maggie's in May 2019. Maggie's will then release funds for the next stage of business case development which will include appointing an architect to work on building location and design.

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 ID 1749, Trust-wide risk register (opened 30/08/16):

Risk of poorer cancer patient experience due to lack of a standalone support centre

for cancer patients - this has been identified as one of the factors leading to below average performance of the Trust in the National Cancer Patient Experience Survey.

Quality risk, monitored by Cancer Steering Group.
Current risk rating: 8, Current risk level: High Risk.

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

- This report is for **INFORMATION and SUPPORT.**
- The Board is asked to **NOTE and SUPPORT** the next steps as agreed by SLT on 17 April 2019 to :
  - agree in principle to lease an allocation of UH Bristol estate to Maggie's (for peppercorn rent) for the construction of a Maggie's Centre
  - support the next stage of the business case process for this scheme which will be the development of an Outline Business Case
  - support the negotiation of Heads Of Terms between UH Bristol and Maggie's to be agreed as this scheme progresses

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

Phase 5 Programme Board	2 April 2019
Capital Programme Steering Group	15 April 2019
Senior Leadership Team	17 April 2019

University Hospitals Bristol
NHS Foundation Trust

Strategic Outline Case

Phase 5 Capital Programme

Maggie's Centre – Holistic Cancer and Wellbeing Centre at UH Bristol

Version	Version notes	Author/ Updated by	Approved by	Date
0.1	Draft circulated for comment	Ruth Hendy		November 2018
0.2	Final draft for approval	Geoff Underwood		28 March 2019
1.0	Approved with title change to "Holistic Cancer and Wellbeing Centre".	Geoff Underwood	Phase 5 Programme Board	2 April 2019
			Capital Programme Steering Group	15 April 2019
			Senior Leadership Team	17 April 2019

Executive Summary

This business case supports a modest allocation of UH Bristol estate to be leased on a long-term basis to enable a Maggie's Centre to be built in reasonable walking distance of Bristol Haematology and Oncology Centre.

Following repeatedly evidenced poor UH Bristol cancer patient experience and benchmarking with other cancer centres, UH Bristol was found to be an outlier in not having such a facility on-site, accessible to all patients and their supporters throughout their ongoing cancer experience. UH Bristol recognised that to enable a genuine step-change in the improvement of local cancer patient experience, the need to establish such a local facility was key.

Maggie's, Penny Brohn UK and Above and Beyond have all shown genuine interest in supporting the capital build of this project through charitable funding. In September 2017, senior representatives from 'Maggie's' visited UH Bristol and walked the UH Bristol site with the Director of Facilities and Estates, Assistant Director of Estates and Lead Cancer Nurse, identifying nine potential build locations. Over the last 18 months there has also been extensive concurrent discussions to explore partnership working options, latterly focused on the feasibility of 'Maggie's' being able to work in partnership with Penny Brohn UK, building a bespoke 'Maggie's Bristol' with Penny Brohn UK delivering some holistic services. This has now been agreed. Maggie's are offering to fundraise and build a 'Maggie's Bristol' (working in partnership with Penny Brohn UK to deliver the local services) and Maggie's would maintain all services (staff and building) in perpetuity, for peppercorn rent of the allocated UH Bristol estate. Maggie's have also agreed to explore developing 'Maggie's Bristol' as a pilot site for the concept of offering holistic support for a 'wider than just cancer' patient population. This would be a first for Maggie's nationally.

This Strategic Outline Case recommends that:

- UH Bristol agrees in principle to lease an allocation of UH Bristol estate to Maggie's for the construction of a Maggie's Centre
- UH Bristol supports the next stage of the business case process for this scheme which will be the development of an Outline Business Case
- UH Bristol supports the negotiation of Heads Of Terms between UH Bristol and Maggie's to be agreed as this scheme progresses

1. Introduction

This business case supports the agreement in principle for a modest allocation of UH Bristol estate to enable the establishment of a stand-alone 'Maggie's Bristol' Cancer Support Centre sized at approximately 450m² plus garden (see Appendix 1 for information about 'Maggie's Centres'.) There will be 100% charitable funding available, raised from targeted fundraising by Maggie's to finance the build and support the delivery of services in perpetuity. Maggie's Bristol would be sited close enough to Bristol Haematology and Oncology Centre (BHOC) and the Main Bristol Royal Infirmary site (as per patient feedback in an initial scoping exercise), allowing patients and all those impacted by a cancer diagnosis to readily access these additional support services. Importantly, reflecting on feedback from recent patients, the Maggie's Centre will be a modest separate building with a separate front door to the rest of the hospital. It would be located centrally, close enough for all people impacted by cancer attending UH Bristol services (eg. diagnostics, surgery, oncology etc), to walk from the hospital sites and call in for additional advice, support and signposting (without having to make an separate journey, unless they chose to).

No capital funding is requested. Estate allocation is required, with a peppercorn rent charged to Maggie's.

2. Background

Over the last five years, UH Bristol has received disappointing National Cancer Patient Experience Survey (NCPES) results, drawing attention to the fact that UH Bristol cancer patients are receiving a below the national average cancer patient experience. In 2015 UH Bristol took part in a national NHS Improvement cancer patient experience 'buddy' scheme. Through this programme and a significant amount of local patient engagement and service improvement work in 2016, it became obvious that UH Bristol was a national outlier, being a Cancer Centre (proving local and regional cancer services), but not having a Cancer Support Centre on site (eg. a Macmillan Centre, Maggie's Centre or local Trust Holistic Centre.)

Through local discussion at that time (including Cancer Steering Group, Trust Board, Patient Experience Group and Senior Leadership Team), there was an agreed organisational aspiration to work towards realising this vision. To facilitate an overall step-change in the cancer patient experience, UH Bristol aspires to provide a welcoming space 'on-site' for people impacted by a cancer diagnosis to walk into, for practical, emotional and social support and advice.

3. Strategic Fit & Case for Change

This proposal is in line with national policy guidance to develop services to support the expanding population of people who are living with and beyond their cancer diagnosis (2 million 2015, growing to 4 million by 2030). People are now living with their cancer diagnosis as a 'long term condition' and learning to live with the consequences of their diagnosis and treatment. The provision of these additional support services, encouraging people to proactively self-manage their ongoing health will support an improvement in people's quality of life and reduce the potential demand on existing healthcare resources.

This proposal is also linked to the UH Bristol clinical strategy for Cancer Services.

It is also linked to the 'Healthier Together' objectives to increase support for self-care.

4. Scheme Description

Building of a stand-alone 'Maggie's Centre', on-site at UH Bristol to provide additional holistic advice, support and sign-posting for people impacted by a cancer diagnosis.

Approx. 450m² (minimum) of estate to be identified and allocated for the build. The capital cost of the build will be met through Maggie's charitable funding. Maggie's will establish a bespoke fundraising campaign, as it does to support each New Centre development, to cover the costs of the build, the delivery of the campaign and the first years revenue needs. Once the centre is built, Maggie's will take responsibility for fundraising sufficient revenue resources to maintain the centre in perpetuity. It's likely that Maggie's will look to establish a £6m fundraising campaign.

5. Development Plan

Options	Description	Risks	Benefits
Do nothing	Continue with support services as they are today with only incremental improvements over time.	UH Bristol would continue to be a national outlier as a specialist centre for cancer with no independent support centre. Patient experience would not improve.	UH Bristol would not lease any land for the building of a support centre and the organisation would retain more flexibility in future site development plans – although all potential site locations identified so far have no known impact on other schemes in the Phase 5 Capital Programme (see section 9).
Maggie's Bristol	Whole project (design, build, service delivery) fundraised for and delivered by Maggie's Centres in collaboration with local staff. Estate allocation given to Maggie's for peppercorn rent. Option for A&B to contribute to project.	Local significant fundraising project – could be collaborative between Maggie's, Penny Brohn UK and Above and Beyond. Potential impact on other local charities. Eg. Macmillan.	All services maintained and delivered (in collaboration with local clinical staff) by Maggie's Centre's in perpetuity. Initially starting as a 'Cancer Centre' but option to review and consider expanding to provision for other long term conditions (beyond cancer). This would be a first for 'Maggie's', but an option they are open to exploring with Bristol as a pilot site. Positive impact on the well-being of significant additional groups of (non-cancer) patients.

The position of other potential stakeholders is described below:

- **Above and Beyond** – have been very supportive of the concept and shared a willingness to be involved (in what capacity still to be determined). Any charitable donation from Above and Beyond would be welcomed by Maggie's, this would expedite meeting the required financial target to start the build.
- **Macmillan Cancer Support** - UH Bristol already has a close working relationship with Macmillan Cancer Support which will continue. At the start of this 'Cancer support centre scoping process' Macmillan were not in a position to put themselves forward for a specific 'Macmillan Support Centre' build at UH Bristol at that time, having financial commitments to local projects elsewhere.
- **The Friends of BHOC** were invited to be involved in the initial discussions but declined, citing their support for encouraging on-going sign-posting to existing services at Penny Brohn UK. Plan to re-engage with the Friends of BHOC now that Penny Brohn UK has agreed partnership working with Maggie's on this venture.

6. Procurement

Estate allocation is required, at a peppercorn rent, in line with Heads of Terms and subsequent Development Agreement and Lease which will be agreed in due course. Maggie's will agree the preferred site in collaboration with UH Bristol, and in line with UH Bristol's Estates Strategy and Site Development Plan.

Once a preferred site is formally approved by UH Bristol and Maggie's, Maggie's will appoint an architect and establish a fundraising campaign to deliver the project (which is likely to be in the region of £6m see section 4).

No capital funding is required from the Trust. Charitable funding will be raised by Maggie's.

UH Bristol will plan to include a 2.5% charge to cover project management.

7. Non-Financial Benefits Appraisal

Issue	Do Nothing No Cancer Support Centre on-site	Maggie's Centre Cancer Support Centre on-site
Cancer patient experience	Continued poor cancer patient experience	Increased / improved cancer patient experience The supportive care services available to patients at UH Bristol will match (or actually exceed) that which is available at other Cancer Centres and Units. Support services will match the high calibre of clinical diagnostic and treatment services available at UH Bristol.
Increasing number of cancer patients, resulting in increasing demand on cancer services (eg. treatments, clinical nurse specialists, diagnostics, surgery)	Increasing waiting times for cancer treatment, potential breach of national cancer targets. Clinic slots being filled by people who potentially could be self-managing at home with the right support / education and access to 'rapid access' as required.	Ability to fully implement the 'cancer recovery package' for all appropriate cancer patients, crucially enabling patients to be educated and supported to 'self-manage' following completion of their cancer treatment, thus resulting in a reduction in those attending for routine cancer follow-up in BHOC or surgery. Better experience for the patients.
Implement and sustain service developments eg. support sessions, group pre-chemo and pre-immunotherapy sessions.	Reduced compliance with treatment and supportive medications.	Improve compliance with treatment (and outcomes). Deliver group information and support sessions in the Cancer Support Centre. Reduce the need for these group sessions to be delivered in BHOC. Prehabilitation: Implement pre-treatment support / information sessions to enable all patients to maximise their health and fitness to cope with cancer treatments and recover in a timely way afterwards. Less complications from treatment, quicker return to normality.

Issue	Do Nothing No Cancer Support Centre on-site	Maggie's Centre Cancer Support Centre on-site
Staff recruitment, retention and morale	Staff frustration at continues lower than national average patient experience and lack of support facilities (compared with NBT and Weston and the Aztec West Spire Oncology Centre), will continue to impact staff recruitment / retention / morale.	It will add to the appeal of working in cancer services at UH Bristol. Allow for expansion of breadth of expertise, knowledge and skills by practitioners currently focused on diagnostics and treatment delivery.
Organisational reputation	UH Bristol remain an outlier by not providing such a facility and resource to support patients	In line with expected provision for cancer centres If a 'wider than cancer' patient 'support' / wellbeing centre is created, this could be held as example nationally and put UH Bristol ahead of the curve.

8. Financial Appraisal and Funding Source

Since its inception in 1996, Maggie's has been operating consistently throughout the UK, developing unique cancer information and support facilities alongside major NHS cancer centres. Maggie's will take full responsibility for generating sufficient capital and revenue resources to build and sustain the centre in perpetuity. As at March 2019, there are 20 centres throughout the UK (and two overseas) all of which have been successfully funded and maintained.

Maggie's would require the following support from UH Bristol:

- Managerial and clinical support for the value the Maggie's Centre will bring to the local population
- Land leased at a peppercorn rent to build the Centre
- Evidence that there is sufficient demand for the centre, including the number of new cancer diagnosis per annum – so that an appropriately sized centre can be created

In return, Maggie's will provide the following:

- A comprehensive, high quality programme of cancer information and support that is provided free of charge (funded by Maggie's)
- A building of significant architectural merit (funded by Maggie's)
- A commitment to working in partnership with UH Bristol to create a bespoke pilot project to support those beyond a cancer diagnosis, once the centre is fully established

See section 5 and 6.

9. Planning

In September 2017 Maggie's Business Development Director (Sarah Beard) and Property Director (Chris Watson) visited UH Bristol and walked the whole site with the Director of Facilities and Estates (Andy Headdon), Assistant Director of Estates – Capital Projects (Carly Palmer) and Lead Cancer Nurse (Ruth Hendy).

Maggie's identified up to nine potential build locations. See Appendix 2 for potential locations and descriptions. Since then two site options have become unavailable but seven remain for consideration.

No plans, applications or detailed service development designs have been drawn up at this stage. Maggie's are awaiting the approval of this Strategic Outline Case by UH Bristol to confirm estate allocation in principle before proceeding to commit funds to appoint architects and pursue the detail of plans and location discussions.

10. Consultation

Face to face discussions were held between October 2015 and January 2016 with potential stakeholders, facilitated by Deborah Lee (Chief Operating Officer and Executive Lead for Cancer at that time) to determine potential realistic options. These discussions included senior organisational representation from Macmillan Cancer Support, Penny Brohn UK, Above and Beyond, Bristol Clinical Commissioning Group and Maggie's.

In January 2016 a strategic Trust Board meeting was held at the Penny Brohn UK national centre, Pill, enabling Trust Board members to have a tour and gain insight into the facilities available there. Aspiration for a 'Cancer Support Centre' was presented to Board and supported in principle. In the same month, Cancer Steering Group patient representatives visited Penny Brohn UK, Pill, and Maggie's Centre, Cheltenham and fed back their impressions and observations.

In April 2016 Ruth Hendy (Lead Cancer Nurse), Paula Clarke (Director of Strategy and Transformation) and Sarah Talbot-Williams (Chief Executive Above and Beyond) visited Maggie's Centre, Cheltenham, and met with Sarah Beard (Business Development Director at Maggie's). A 'Big Conversation @ BHOC' patient engagement exercise was held. Amongst other topics, patient views on the potential provision of a 'cancer support centre' were gathered from nearly 70 patients. The overarching themes that patients / supporters fed back are summarised below:

- Needs to be close to BHOC, walking distance, you could just drop in, wouldn't make an extra journey
- To be able to talk to someone, get more support, get information, meet people in the same boat
- Provide support for carers / supporters, not just the person with cancer
- A quiet calm space, not hospitalised, not in the hospital, but close by

11. Risk Management

Risk	Score	Mitigation action taken	Name of lead for mitigation	Score post mitigation	Next Steps
Raising expectations (Over-promise, under deliver)	3x3=9	Clearly defined scope from outset. Phased initial development and future planned expansion. Informed by patient involvement and engagement form the outset.	Project manager (tbc)	3x2=6	Following the go-ahead for this project: start patient engagement activity. Agree staged implementation process with partners.
Delay in raising the charitable money required – competitive fundraising	4x3=12	Realistic timeframes to be set from outset. Phased approach.	Lead for Charitable partner	4x2=8	Following the go-ahead for this project: follow due internal process to work with charitable partners and follow their advice on fund raising approach and timescales.
Wrong location (under used facility)	4x3=12	Be informed by patient involvement and engagement from the outset.	Project lead (tbc)	4x2=8	Following the go-ahead for this project: start patient engagement activity.
Risk of alienating other providers / local charities	3x3=9	Clear communications with local partners. Pursue continues collaborative working options.	Project manager (tbc) / Lead for charitable partner	2x2=4	Following the go-ahead for this project: continue transparent / realistic communications with partners

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12. Project Management

A Project Manager would need to be assigned for a fixed term (with Executive and senior Divisional support) to work closely with Maggie's to oversee this build and new service development set-up.

The estimated project build has included a 2.5% charge for project management fees which would provide cover from design to construction completion and occupancy.

Although the Maggie's Bristol Centre will be a Trust-wide facility (accessible for cancer patients from across the Trust, not just from BHOC), it is recommended that this Project Manager post sit within Division of Specialised Services to enable close alignment with ongoing service developments within BHOC and potential impact on BHOC capacity and movement of services.

13. Equality Impact Assessment

Through the early discussion stages a small number of recurring equality impact concerns were raised and should be acknowledged here:

Concern raised	Mitigation to date
Any facility would need to be accessible and made to feel inclusive to all cancer patients, irrespective of diagnosis, age, culture, social class etc.	A full equality impact assessment would be completed and further extensive public / patient / professional consultation undertaken to ensure equality of access to the centre and services provided. Maggie's has a strong history of an inclusive approach to service delivery. For example, services are offered free of charge and there are no dietary restrictions in their centres.
Is it right to consider establishing such a facility just to support those impacted by a cancer diagnosis, and therefore potentially discriminate against those that have other long term conditions (eg. dementia, MS, heart disease), who could also benefit from such provision.	This 'cancer support centre' vision is being driven by the aspiration and need to improve the experience for cancer patients. However, Maggie's have agreed to use 'Maggie's Bristol as a discreet pilot to explore expanding service for those with other long term conditions diagnoses. The terms for the pilot will be jointly agreed by Maggie's and UH Bristol once the centre is operational.

A full Equality Impact Assessment will be completed prior to agreeing and developing the final partnership arrangement and service delivery model.

14. Programme & Interface with Trust Activities

Assuming a build in relatively close proximity to BHOC, a number of BHOC based cancer support services / patient activities could potentially be relocated out of BHOC, into the new 'cancer support centre'. This could release much needed space for additional clinical activity. Some of the support activities which may be able to relocate to a support centre would include:

- some aspects of the Cancer Information and Support Centre (leaving a reasonable information presence in BHOC)
- Cancer Wellbeing workshops
- support group activity

- Look Good Feel Better
- new patient chemotherapy / oncology / haematology group talks
- new patient immunotherapy group talks

15. Conclusions

This business case supports the agreement in principle for a modest allocation (approx. 450m²) of UH Bristol estate, in relative proximity to BHOC, for the building of a stand-alone Maggie's Centre 'Cancer Support Centre'. This supports the organisational aspiration to develop such a facility on-site to provide additional advice and support for local people impacted by a cancer diagnosis. There is agreement that this is needed to facilitate a step-change in improving the cancer patient experience at UH Bristol and to bring UH Bristol cancer services in line with that of other cancer centres nationally. There are several potential options for this development on site and the development can move to the next stage with approval of this Strategic Outline Case.

16. Recommendation

This Strategic Outline Case recommends that:

- UH Bristol agrees in principle to lease an allocation of UH Bristol estate to Maggie's for the construction of a Maggie's Centre
- UH Bristol supports the next stage of the business case process for this scheme which will be the development of an Outline Business Case
- UH Bristol supports the negotiation of Heads Of Terms between UH Bristol and Maggie's to be agreed as this scheme progresses

Following approval of this Strategic Outline Case by UH Bristol, the Board Of Directors at Maggie's will move to approve the next stage of development which will include the allocation of resources from Maggie's to work with UH Bristol on location choice and building design. This will then inform the next stage business case.

Appendix 1 – About Maggie's

Detailed information is available online at **www.maggiescentres.org** – a summary of information from the website is presented here.

Maggie's provides free practical, emotional and social support to people with cancer and their family and friends, following the ideas about cancer care originally laid out by Maggie Keswick Jencks.

Built in the grounds of NHS cancer hospitals, Maggie's Centres are places with professional staff on hand to offer the support people need.

Our Centres are places to find practical advice about benefits and eating well; places where qualified experts provide emotional support; places to meet other people; places where you can simply sit quietly with a cup of tea.

The first Maggie's Centre opened in Edinburgh in 1996 and since then Maggie's has continued to grow, with 21 Centres at major NHS cancer hospitals in the UK and abroad. Maggie's also has an Online Centre.

Despite the appearance of some of our Centre images, the majority of Maggie's Centres are constructed on congested hospital sites.

We are fortunate to work with extremely talented architects who help us overcome the challenges that busy hospital sites present.

Appendix 2 – Potential site options

A. Small Car park area: Pros: Closest to main entrance of hospital. Back of children's ward and little garden. Cons: Small site about 20m x 25m. Adjacent to busy access road. **This option is no longer available as the site will be needed for developments at BHOC.**
B. Church and Big Steeple: Pro: Prominent and large site Cons: Huge site + 1500m$^{2.}$ Burnt out, walls remain; being re-roofed currently, access via crossing busy road. Would need additional usage/occupation by other services (possibly commercial). Not on hospital site. **This option is no longer available as the site has been sold.**
C. Old Pub: Pro: Prominent location (Pub would need demolition). Cons: Occupants living on top floor, not in hospital ownership or on hospital site.
D. Very sloping site in front of St Michael's hospital. Pro: Prominent location Con: Large reinforced structures needed.
E. Start of Woodland Walk: Pro: Prominent and accessible location. Con: Would need to either remove a row of car parking spaces bridge over them
F. Wider section of Woodland Walk: Pro: Secluded but accessible and interesting location.
G. Staff Car Park (off Alfred Hill): Pro: Accessible through woodland walk or via Alfred Hill. Small but adequate site at approx. 30m x 20m. Secluded site. Planning Department likely to be supportive. Cons: 5 min walk from oncology through woodland walk (500m) – which would need adequate lighting and safe surface. There would be a loss of car parking capacity and associated revenue if this option was chosen.
H. Steep site between hairpin: Pro: Prominent Site Cons: Extremely steep site (10m side to side) with 45° slope with trees & services & heavy traffic
I. Porta Cabins site (Behind ED) : Pro: Potentially prominent and accessible site Cons: Would need specialist design based on location. This site may not be available if porta cabins need to remain for a longer period.

Extraordinary Meeting of the Board in Public on Tuesday 30 April 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 March
- 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's year end position is a reported surplus of £18.337m excluding technical items, which is £0.143m lower than plan.
- The Trust delivered a £4.482m core surplus (excluding PSF), £1.482m higher than plan. This included £0.593m additional income received on 16th April in respect of Wales HRG4+. The favourable variance is due to:
    - Divisional and Corporate overspends of £6.932m, offset by
    - Corporate income over performance of £3.336m which includes £1.525m relating to Wales HRG4+ received in March
    - Use of Corporate Reserves of £3.861m, primarily the use of the strategic reserve
    - Financing underspends of £1.217m
- PSF performance funding was achieved for quarters one to three but not in quarter four. Therefore, an adverse variance of £1.625m is reported for the year end. In late March the Trust was notified that the ED performance target for quarter 4 was being reduced from 95% to 90%. The Trust delivered 86.88% in the quarter and 89.84% year to date.

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

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

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

- This report is for information

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

Finance Committee	***26 April 2019***

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	621.638	621.638	624.974	3.336
Divisions & Corporate Services	(579.185)	(579.185)	(586.117)	(6.932)
Financing	(35.592)	(35.592)	(34.375)	1.217
Reserves	(3.861)	(3.861)	-	3.861
Surplus/(deficit) excl PSF	**3.000**	**3.000**	**4.482**	**1.482**
PSF Core Funding	10.836	10.836	10.836	-
PSF Performance Funding	4.644	4.644	3.019	(1.625)
Surplus/(deficit) incl PSF	**18.480**	**18.480**	**18.337**	**(0.143)**

The financial plan has been delivered through increased income from activities and non-recurring items covering the continuing level of operational costs. Funding of £1.525m (£0.932m from Wales and £0.593m from NHS England) has now been received in relation to the Wales HRG4+ issue. This included £0.593m notified on the 15th April.

The Trust will be notified on the 18th April of any bonus and incentive PSF money as a result of exceeding the core control total by £1.482m. This will be included in our annual accounts due for submission on the 24th April 2019.

The reported position is draft subject to external audit.

- 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's year end position is a reported surplus of £18.337m excluding technical items, which is £0.143m lower than plan.
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    - Divisional and Corporate overspends of £6.932m, offset by
    - Corporate income over performance of £3.336m which includes £1.525m relating to Wales HRG4+ received in March
    - Use of Corporate Reserves of £3.861m, primarily the use of the strategic reserve
    - Financing underspends of £1.217m
- PSF performance funding was achieved for quarters one to three but not in quarter four. Therefore, an adverse variance of £1.625m is reported for the year end. In late March the Trust was notified that the ED performance target for quarter 4 was being reduced from 95% to 90%. The Trust delivered 86.88% in the quarter and 89.84% year to date.
- The Clinical Divisional deficit in March is £7.104m, compared to £6.778m last month, a deterioration of £0.326m. Surgery deteriorated significantly within the month with an adverse variance of £0.495m. Medicine was £0.191m adverse. Women's and Children's was £0.125m favourable in month.
- The Divisional position has significantly exceeded the forecast year-end Control Totals of £5.3m.

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 28 Feb £m	March £m	To 31 Mar £m		To 31 Mar £m	Variance £m		To 31 Mar £m	Variance £m	£m
Diagnostic & Therapies	0.359	0.122	0.481		0.303	0.178		0.219	0.262	0.200
Medicine	(2.016)	(0.191)	(2.207)		(0.491)	(1.716)		(1.833)	(0.374)	(1.800)
Specialised Services	0.236	0.113	0.349		0.028	0.321		0.028	0.321	0.200
Surgery	(3.459)	(0.495)	(3.954)		(0.020)	(3.974)		(2.614)	(1.340)	(2.500)
Women's & Children's	(1.898)	0.125	(1.773)		0.085	(1.858)		(1.296)	(0.477)	(1.400)
Estates & Facilities	(0.060)	0.013	(0.047)		-	(0.047)		-	(0.047)	-
Trust Services	(0.056)	0.025	(0.031)		-	(0.031)		(0.048)	0.017	-
Other Corporate Services	0.141	0.109	0.250		-	0.250		-	0.250	-
Total	**(6.753)**	**(0.179)**	**(6.932)**		**(0.055)**	**(6.877)**		**(5.544)**	**(1.388)**	**(5.300)**

- The position deteriorated by £0.179m in March to give a year to date adverse variance of £6.932m. The year end adverse variance comprises an adverse variance of £0.572m in the first quarter, £3.057m in the second quarter, £1.374m in the third quarter and £1.929m in the fourth quarter. The run rate for the second half of the year has been c£0.550m per month.
- Surgery adverse variance in month of £0.495m is £0.384m lower than last month (which included a retrospective adjustment to income covering a three month period). The over performance in income from activities was £0.402m in the month, non-pay was £0.399m adverse in month and pay deteriorated by £0.523m in month.
- Medicine was £0.191m adverse in month compared to £0.094m last month and £0.087m in January. The over performance in income from activities was £0.227m in the month, pay deteriorated by £0.465m in month
- Women's and Children's were £0.125m favourable in month compared to £0.117m adverse last month and £0.398m adverse in January. The over performance in income from activities was £0.506m in the month, pay deteriorated by £0.400m in month
- Divisions ended the year £6.877m adverse to their Operating Plan trajectory.
- The Divisional year end control totals equated to a £5.3m deficit. Surgery was significantly adverse to their recovery plan with a year end deficit of £3.954m compared to their control total of £2.5m deficit. Medicine and Women's and Children's Divisions were adverse to their control totals by £0.407m and £0.359m respectively.

(monthly trend analysis is shown in appendix 4)

Diagnostic and Therapies
A favourable variance of £0.481m, £0.178m higher than the Operating Plan trajectory.

Medicine
An adverse variance in month of £0.191m resulting in a cumulative adverse variance of £2.207m. Pay was £0.465m adverse in month, of which £0.363m relates to nursing and £0.094m to medical pay. Income from activities over performed this month by £0.227m, of which £0.101 related to emergency inpatients, increasing the cumulative over performance to £1.554m.

The Division is £1.716m adverse to its Operating Plan trajectory. Income is £1.052m ahead of planned trajectory following a strong performance in recent months. Nursing pay is £1.436m adverse to trajectory, due to higher than expected enhanced care costs, increased capacity over the winter months, increased agency usage in ED and higher than planned levels of vacancies and sickness requiring higher than planned agency costs. Medical pay is £0.832m adverse to the operating plan trajectory, (£0.291m on consultants and £0.541m 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 £0.084m due to a number of factors including the Division's current shortfall on it savings programme.

The Division is £0.374m adverse to its recovery plan trajectory.

Specialised Services
A favourable variance in month of £0.113m resulting in a cumulative favourable variance of £0.349m. Income from activities is £1.254m above plan and pay is £0.882m adverse to plan.

The Division is £0.321m favourable to its Operating Plan trajectory

Surgery
An adverse variance in month £0.495m resulting in a cumulative adverse variance of £3.954m. Pay deteriorated by £0.523m in March (and is £3.023m adverse to date. Significant historic medical pay arrears (c£100k) in February and further continued on call cover payments contributed to a £0.314m medical and dental adverse variance. Nursing was £0.172m adverse in month. Non pay deteriorated by £0.399m and is £3.779m adverse to date. In month additional costs of £0.159m were incurred relating to BEH outsourcing. Income from activities reported a favourable variance in month of £0.402m resulting in a cumulative over performance at £2.941m.

Ophthalmology continued to deliver a favourable variance, £0.260m in month.

The Division is £3.974m adverse to its Operating Plan trajectory. Income is £0.555m ahead of operating plan trajectory within cardiac surgery, ophthalmology, ENT and Women's and Children's (gynaecology and paediatric ENT). Nursing pay is £0.768m 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 £0.662m. 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 £2.696m, clinical supplies being £0.781m 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 £1.340 adverse to its recovery plan trajectory

Women's and Children's
A favourable variance of £0.125m in month resulting in a cumulative favourable variance of £1.773m. In month income from activities was above plan by £0.506m increasing the cumulative over performance to £1.700m above plan. Pay deteriorated by £0.400m in March, of which £0.258m related to nursing and £0.145m to medical staff, and is £3.415m adverse to date.

The Division is £1.858m adverse to its Operating Plan trajectory. Income Is £0.316 favourable to the operating plan trajectory, Medical pay is significantly adverse to the operating plan trajectory by £0.980m due to significantly higher levels of sickness and maternity cover being required particularly within other medical staff. Nursing pay is adverse to plan by £0.605m. Non pay is adverse to the operating plan trajectory by £0.646m with adverse variances on drugs £0.218m and clinical supplies £0.184m as well as under delivery of non pay savings.

The Division is £0.477m adverse to its recovery plan trajectory

Section 3 – Division and Corporate Services Performance continued

Performance by subjective heading:

	Monthly Average 2017/18 £m	2017/18 Outturn £m	Month average Q1 & Q2 £m	Month average Q3 £m	Jan 18/19 £m	Feb 18/19 £m	Mar 18/19 £m	2018/19 To date £m
Nursing & midwifery pay	(0.328)	(3.941)	(0.349)	(0.514)	(0.717)	(0.801)	(0.900)	(6.052)
Medical & dental pay	(0.353)	(4.233)	(0.370)	(0.419)	(0.392)	(0.534)	(0.462)	(4.863)
Other pay	0.076	0.912	0.142	0.063	(0.007)	0.194	(0.019)	1.208
Non-pay	(0.388)	(4.655)	(0.364)	(0.529)	(0.627)	(0.745)	(0.723)	(5.865)
Income from operations	(0.003)	(0.030)	0.024	0.050	(0.164)	(0.080)	0.033	0.085
Income from activities	0.396	4.753	0.311	0.891	1.349	0.774	1.893	8.555
Total	**(0.600)**	**(7.195)**	**(0.605)**	**(0.458)**	**(0.558)**	**(1.192)**	**(0.178)**	**(6.932)**

- Nursing pay overspend worsened slightly compared to February making March the largest overspend of the year, with the closing annual variance being £6.052. This is predominately from Medicine (£2.450m), Women's and Children's (£1.713) and Surgery (£1.449), including theatre ODP's. The recent worsening run-rate is of real concern in terms of the operational delivery of the 2019/20 plan.
- Medical and dental pay variances were £0.462m in March, slightly better than February. Of the £4.863m cumulative adverse variance, £1.611m is within Women's and Children's, £1.804m in Surgery and £1.293m 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 £3.778m, 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 £1.893m, taking the year to date position to £8.555m 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 a significant over performance, with the benefit of this seen mainly in Specialised Division.

Section 4 – Subjective Analysis Detail

a) Nursing (including ODP) and Midwifery Pay

Favourable/ (Adverse)	Monthly Average 2017/18	17/18 Outturn £m	Month average Q1 & Q2 £m	Month average Q3 £m	Jan 2019 £m	Feb 2019 £m	Mar 2019 £m	2018/19 To date £m
Substantive	0.837	10.046	0.935	**0.797**	0.749	1.096	0.866	10.713
Bank	(0.666)	(7.997)	(0.758)	**(0.750)**	(0.808)	(1.183)	(1.001)	(9.788)
Agency	(0.999)	(5.988)	(0.526)	**(0.561)**	(0.658)	(0.714)	(0.765)	(6.978)
Total	**(0.328)**	**(3.939)**	**(0.349)**	**(0.514)**	**(0.717)**	**(0.801)**	**(0.900)**	**(6.053)**

- Nursing pay variance (including ODP's) was £0.866m adverse in the month. The largest in month overspend was once again in Medicine Division taking their cumulative position to £2.450m adverse. This continues to be driven by additional beds in wards and additional ED shifts both linked to winter pressures and activity levels, as well as high levels of Enhanced Supervision, particularly in AMU. Women's and Children's have the next largest overspend at £1.713m including ODP's, the position remains at a higher run rate in the final quarter of the year than the first nine months. 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 also through the final quarter taking the cumulative position to £1.449m 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 March the nursing lost time percentage for staff numbers (i.e. wte/hours worked) was 128%, which is 7% over the 121% allowance. All divisions were above the 121% allowance in M12. The highest levels were in Women's (133%), Medicine (131%) and Children's (126%).

- Sickness for registered staff remained similar to levels in February with the exception of Medicine which had a lower level and went beneath plan. Unregistered staff sickness was above plan in all areas with a significant increase in Specialised compared to March.

- 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 again, with Specialised having high levels of unregistered staff vacancies.

- Total enhanced observation costs for March were £0.248m. Pressure is predominately seen in Medicine where the run rate for the year has averaged £0.117m against a plan of £0.046m, with levels increasing in the latter half of the year. Children's Division reduced in month to £0.054m from £0.070m in February.

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 & Q2 £m	Month average Q3 £m	Jan 2019 £m	Feb 2019 £m	Mar 2019 £m	2018/19 To date £m
Consultant								
– substantive	0.064	0.768	0.085	0.090	0.039	0.094	0.201	1.117
– add. hours	(0.179)	(2.143)	(0.189)	(0.181)	(0.220)	(0.257)	(0.225)	(2.378)
– locum	(0.061)	(0.736)	(0.084)	(0.056)	(0.030)	(0.026)	(0.050)	(0.778)
– agency	(0.016)	(0.190)	(0.023)	(0.039)	(0.045)	(0.065)	(0.023)	(0.389)
Other								
– substantive	0.078	0.932	0.166	0.072	0.117	0.040	0.014	1.381
– add. hours	(0.131)	(1.575)	(0.143)	(0.135)	(0.124)	(0.207)	(0.129)	(1.720)
– penalty exception	-	(0.007)	(0.001)	(0.002)	(0.001)	(0.001)	0.000	(0.013)
– locum	(0.088)	(1.059)	(0.145)	(0.166)	(0.104)	(0.099)	(0.201)	(1.772)
– agency	(0.019)	(0.224)	(0.036)	(0.003)	(0.024)	(0.013)	(0.049)	(0.311)
Total	**(0.353)**	**(4.234)**	**(0.370)**	**(0.419)**	**(0.392)**	**(0.534)**	**(0.462)**	**(4.863)**

- 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 March £0.462m is a continuation of the high run rates through the year. The improvement from February is due to funding for clinical excellence awards. Surgery Division position is the most adverse variance in the year to date.
- Surgery had an adverse variance of £0.315m in March compared to £0.294m for February. 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 £1.804m adverse.
- Women's and Children's have an adverse variance of £1.611m 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 £0.093m which is similar to the monthly run rate since December. 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 £0.043m adverse in the month, leading to cumulative position of £0.218m year to date, which predominately relates to additional payments to Consultants.

Section 4 – Subjective Analysis Detail continued

b) Non pay

Favourable/ (Adverse)	Monthly Average £m	2017/18 Outturn £m	Month Ave Q1& Q2 £m	Month Ave Q3 £m	Jan 2019 £m	Feb 2019 £m	Mar 2019 £m	2018/19 To date £m
Blood	(0.021)	(0.248)	(0.015)	(0.030)	(0.078)	0.033	(0.023)	(0.249)
Clinical supplies & services	(0.079)	(0.950)	(0.214)	(0.244)	(0.416)	(0.202)	(0.345)	(2.977)
Drugs	(0.080)	(0.961)	(0.060)	(0.114)	(0.105)	(0.228)	0.280	(0.753)
Establishment	(0.014)	(0.166)	0.016	(0.013)	(0.038)	(0.015)	(0.178)	(0.173)
General supplies & services	0.001	0.007	0.014	(0.008)	(0.040)	0.017	(0.024)	0.014
Outsourcing	(0.093)	(1.117)	(0.031)	0.013	0.013	(0.139)	(0.215)	(0.488)
Premises	(0.006)	(0.067)	(0.005)	(0.058)	0.064	(0.134)	(0.076)	(0.348)
Services from other bodies	(0.086)	(1.031)	(0.059)	(0.129)	(0.014)	(0.357)	(0.095)	(1.204)
Research	0.003	0.034	0.013	(0.020)	0.010	(0.112)	(0.022)	(0.106)
Other non-pay expenditure	(0.127)	(1.526)	(0.025)	0.074	(0.023)	0.392	(0.025)	0.419
Tranche 1 Winter Funding	0.114	1.370						
Total inc CIP	**(0.388)**	**(4.655)**	**(0.366)**	**(0.529)**	**(0.627)**	**(0.745)**	**(0.723)**	**(5.865)**

- The adverse position of £0.723m adverse in March is similar to the position in February and a continuation of a significant adverse variance since November 2018.
- Of the £5.865m cumulative overspend, 68% relates to blood, drugs and clinical supplies expenditure.
- Surgery Division accounts for 64% of the year to date adverse position, with an adverse variance of £3.778m. Of the Surgery overspend, £1.734m is within blood, drugs and clinical supplies and therefore links directly with activity.
- Outsourcing was particularly high in February and March 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 £1.204m year to date. The in-month position being £0.095m adverse. The areas of adverse variance include bowel scoping, send away testing and BMT donor charges which are mostly offset by income increases.

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	0.177	18.640	19.805	1.165
Bone Marrow Transplants	(0.113)	8.028	7.574	(0.453)
Critical Care Beddays	(0.246)	44.748	44.716	(0.032)
Day Cases	0.434	39.900	40.048	0.148
Elective Inpatients	0.820	57.427	59.435	2.007
Emergency Inpatients	1.282	94.782	100.783	6.001
Excess Beddays	0.049	5.527	5.132	(0.395)
Non-Elective Inpatients	(0.184)	32.165	32.108	(0.058)
Other	0.056	62.849	63.830	0.981
Outpatients	(0.021)	80.713	81.664	0.951
Total Activity Based	2.254	444.780	455.096	10.317
Contract Penalties	(0.016)	(2.137)	(2.489)	(0.352)
Contract Rewards	0.110	9.879	10.949	1.070
Pass through payments	(1.127)	93.938	88.314	(5.624)
Prior Year Income	0.028	-	0.331	0.331
Other	1.286	36.757	37.448	0.691
Work in progress	0.192	-	0.192	0.192
PSF Funding	(0.542)	15.480	13.855	(1.625)
2018/19 Total	2.184	598.697	603.695	4.998

The level of un-coded spells reduced in March to 18% (31% in February).

- Activity based income was £2.254m favourable in March, resulting in a £10.317m year end over performance.
- Urgent care income to date was significantly above plan. A&E is £1.165m above plan of which £0.740m is adult and £0.425m paediatric. Emergency inpatients is £6.001m above plan of which £1.892m is within Surgery, £0.908m in Medicine, £0.948m in Specialised Services and £0.589m in Women's and Children's.
- Elective inpatients was £0.820m favourable in month, with a year end over performance of £2.007m.
- Bone Marrow Transplants were £0.113m adverse to plan in March, with an under performance of £0.051m in specialised services and £0.062m in paediatrics. At the year end the paediatric service is £0.080m ahead of plan, the adult service is £0.534m adverse.
- Outpatients is £0.951m above the plan for the year.
- Other includes the £1.525m HRG4+ income received in March.
- The Trust has received penalties of £2.489m, £0.352 greater than planned. Cancelled operations account for £0.33m, marginal rate emergency tariff £1.62 and avoidable emergency readmissions £0.45m.
- CQUIN performance is £1.070m above plan, which is an achievement of 90.27%.
- Income relating to pass through payments was £1.127m below plan in March, increasing the adverse year end variance to £5.624m. Of this £3.658m relates to excluded drugs, £1.805 excluded devices and £0.760m blood, offset by a favourable variance of £0.757m for isotopes.

Section 6 – Savings Programme

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

	2018/19 Annual Plan £m	Year to date		
		Plan £m	Actual £m	Variance fav/(adv) £m
Allied Healthcare Professionals	0.779	0.779	0.767	(0.012)
Blood	0.046	0.046	0.042	(0.004)
Diagnostic Testing	0.156	0.156	0.000	(0.156)
Estates & Facilities	0.746	0.746	0.791	0.046
Healthcare Scientists Productivity	0.120	0.120	0.108	(0.012)
HR Pay and Productivity	0.097	0.097	0.067	(0.030)
Income, Fines and External	2.290	2.290	2.280	(0.009)
Medical Pay	0.625	0.625	0.311	(0.313)
Medicines	0.751	0.751	1.244	0.493
Non Pay	5.020	5.019	5.042	0.023
Nursing Pay	1.061	1.061	0.722	(0.338)
Other / Corporate	7.874	7.874	7.874	-
Productivity	3.267	3.267	4.155	0.888
Support Funding	1.936	1.936	1.936	-
Trust Services	0.653	0.653	0.643	(0.010)
Unidentified	0.055	0.055	0.000	(0.055)
Total	25.474	25.474	25.983	0.509

Analysis by Division:

	2018/19 Annual Plan £m	Year to date		
		Plan £m	Actual £m	Variance fav/(adv) £m
Diagnostics &	1.934	1.934	1.987	0.053
Medicine	2.858	2.858	2.420	(0.438)
Specialised Services	2.727	2.727	3.685	0.958
Surgery	3.521	3.521	3.773	0.252
Women's & Children's	4.869	4.869	4.571	(0.298)
Facilities &Estates	0.976	0.976	0.987	0.011
Finance	0.186	0.186	0.186	-
Human Resources	0.126	0.126	0.120	(0.006)
IM&T	0.201	0.201	0.194	(0.007)
Trust HQ	0.203	0.203	0.187	(0.016)
Corporate	7.874	7.874	7.874	-
Total	25.474	25.474	25.983	0.509

- The Trust delivered savings of £25.983m in the year, 102% of plan.

- The savings requirement for 2018/19 was £25.474m. The Trust has achieved savings of £25.983m. This includes the Divisional support funding of £1.936m. The overachievement of £0.509m includes a shortfall of £0.313m for Medical Pay, and £0.338m for Nursing pay offset by additional productivity savings of £0.888m and medicines of £0.493m.
- Medicine was £0.438m behind plan, in line with its forecast, which included £0.491m of unidentified savings.
- Women's and Children's was £0.298m behind plan of which £0.245m is within nursing pay.
- Specialised Services and Surgery delivered savings above plan.

Section 7 – Use of Resources Rating

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

		Year to date	
	Weighting	Plan	Actual
Liquidity			
Metric Result – days		22.9	34.3
Metric Rating	20%	1	1
Capital servicing capacity			
Metric Result – times		3.0	3.0
Metric Rating	20%	1	1
Income & expenditure margin			
Metric Result		2.7%	2.8%
Metric Rating	20%	1	1
Distance from financial plan			
Metric Result		0.0%	0.1%
Metric Rating	20%	0	2
Variance from agency ceiling			
Metric Result		56.13%	23.55%
Metric Rating	20%	1	1
Overall URR (unrounded)		**1**	**1**
Overall URR (rounded)		**1**	**1**
Overall URR (subject to override)		**1**	**1**

- The Trust's Use of Resources Rating for the financial year to the 31st March 2019 is a 1 against a plan of 1.
- The key driver of the overall UoR of 1 is the financial plan surplus of £4.482m and a strong working capital balance of £61.4m.
- The retention of a Use of Resources Risk Rating of 1 (the highest possible) is an excellent result.

Section 8 – Capital Programme

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

Operational Plan £m	Subjective Heading	Year-End Actuals			Variance against Forecast	
		Revised Plan £m	Actual spend £m	Variance £m	Revised Plan £m	Variance £m
	Sources of Funding					
1.600	PDC	4.105	4.105	-	4.094	0.011
3.189	Borrowings	-	-	-	-	-
3.000	Donations - Cash	3.198	1.178	(2.020)	1.251	(0.073)
-	Donations - Direct	0.101	0.101	-	0.028	0.073
	Cash:					
24.338	Depreciation	23.430	23.323	(0.107)	23.430	(0.107)
-	Insurance Claim	1.999	1.315	(0.684)	2.266	(0.951)
14.962	Cash balances	18.341	(4.360)	(22.701)	(8.569)	4.209
47.089	**Total Funding**	**51.174**	**25.662**	**(25.512)**	**22.500**	**3.162**
	Application/Expenditure					
(13.143)	Strategic Schemes	(10.186)	(2.306)	7.880	(2.845)	0.539
(17.620)	Medical Equipment	(20.593)	(7.953)	12.640	(14.801)	6.848
(14.093)	Operational Capital	(15.491)	(6.789)	8.702	(11.882)	5.093
(0.772)	Fire Improvement Programme	(2.058)	(0.267)	1.791	(0.287)	0.020
(7.493)	Information Technology	(8.375)	(6.026)	2.349	(7.893)	1.867
(2.367)	Estates Replacement	(2.870)	(2.321)	0.549	(3.214)	0.893
(55.488)	**Gross Expenditure**	**(59.573)**	**(25.662)**	**33.911**	**(40.922)**	**15.260**
8.399	Planned Slippage	8.399	-	(8.399)	18.422	(18.422)
(47.089)	**Net Expenditure**	**(51.174)**	**(25.662)**	**25.512**	**(22.500)**	**(3.162)**

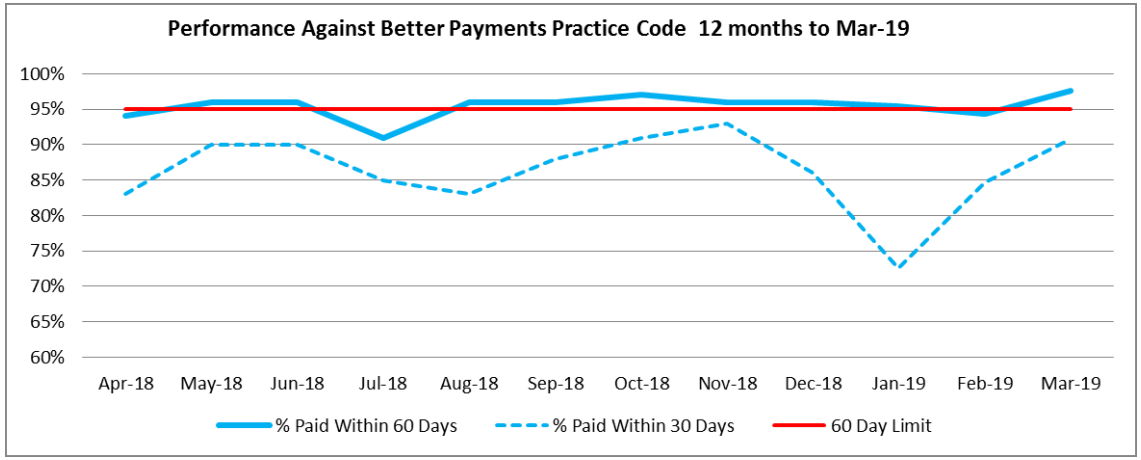
- Capital expenditure to 31st March was £25.662m against a revised plan of £51.174m and a forecast of £22.5m.
- The Strategic scheme variance relates to planned slippage of the phase 5 programme.
- The variance on medical equipment primarily relates to procurement delays due to resources at Bristol and Weston Purchasing Consortium (BWPC). The Trust Capital Group (TCG) has prioritised schemes to be delivered by BWPC. The Capital Programme Steering Group (CPSG) are reviewing BWPC resources for 2019/20.
- The Fire Improvement Programme variance relates to planned slippage attributable to the complexities in designing a detailed work programme.
- 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.
- The Estate Replacement variance relates to planned slippage of the infrastructure funding to be prioritised via the 2019/20 bidding process.

The quinquennial revaluation resulted in a £16.213m increase in the value of land and buildings with £15.698m charged to the revaluation reserve and £0.515m to the SOCI.

Section 9 – Statement of Financial Position and Cashflow

	Plan as at 31 Mar £m	Actual as at 31 Mar £m	Variance £m
Inventories	13.690	11.406	(2.284)
Receivables	36.257	34.782	(1.475)
Accrued Income	10.567	22.029	11.462
Debt Provision	(10.112)	(7.292)	2.820
Cash	79.998	99.855	19.857
Other assets	3.052	2.440	(0.612)
Total Current Assets	133.452	163.220	29.768
Payables	(41.070)	(51.136)	(10.066)
Accruals	(23.422)	(25.731)	(2.309)
Borrowings	(6.191)	(6.167)	0.024
Deferred Income	(6.481)	(5.311)	1.170
Other Liabilities	(2.770)	(2.075)	0.695
Total Current Liabilities	(79.934)	(90.420)	(10.486)
Net Current Assets/(Liabilities)	53.518	72.800	19.282

Payment Performance:



- Net current assets at 31 March 2019 were £72.800m, £19.282m higher than the Operational Plan. Current assets are higher than plan by £29.768m and current liabilities lower by £10.486m.

- Inventories were £11.406m, £2.284m 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 £99.855m. This is £19.857m 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 £37.928m (£23.954m SLA and £14.974m non-SLA). This represents an increase in the month of £11.470m (£6.995m SLA and £4.475m non-SLA). Debts over 60 days old increased by £4.546m (£5.502m SLA increase and £0.956m non-SLA decrease) to £11.851m (£8.348m SLA and £3.503m non-SLA).

- In March, 98% of invoices were paid within the 60 day target set by the Prompt Payments Code and 91% were paid within the 30 day target set by the Better Payment Practice Code.

Appendix 1

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

Finance Report March 2019– Summary Income & Expenditure Statement

Approved Budget / Plan 2018/19	Heading	Position as at 31st March			Actual to 28th February
		Plan	Actual	Variance Fav / (Adv)	
£'000		£'000	£'000	£'000	£'000
	Income				
580,252	From Activities	580,252	591,126	10,874	539,406
100,742	Other Operating Income (excluding Provider Sustainability Funding)	100,742	100,856	114	90,242
680,994	**Sub totals income**	**680,994**	**691,982**	**10,988**	**629,648**
	Expenditure				
(399,043)	Staffing	(399,043)	(408,751)	(9,708)	(373,929)
(239,498)	Supplies and Services	(239,498)	(244,374)	(4,876)	(221,844)
(638,541)	**Sub totals expenditure**	**(638,541)**	**(653,125)**	**(14,584)**	**(595,773)**
(3,861)	Reserves	(3,861)	–	3,861	–
–	NHS Improvement Plan Profile		–	–	–
38,592	Earnings before Interest,Tax,Depreciation and Amortisation	**38,592**	**38,857**	**265**	**33,875**
5.67	**EBITDA Margin – %**		**5.62**		**5.38**
	Financing				
(23,703)	Depreciation & Amortisation – Owned	(23,703)	(23,324)	379	(21,411)
244	Interest Receivable	244	598	354	537
(242)	Interest Payable on Leases	(242)	(242)	–	(222)
(2,507)	Interest Payable on Loans	(2,507)	(2,490)	17	(2,286)
(9,384)	PDC Dividend	(9,384)	(8,917)	467	(8,152)
(35,592)	**Sub totals financing**	**(35,592)**	**(34,375)**	**1,217**	**(31,534)**
3,000	NET SURPLUS / (DEFICIT) before Technical Items excluding Provider Sustainability Funding	**3,000**	**4,482**	**1,482**	**2,341**
4,644	Provider Sustainability Funding – Performance	4,644	3,019	(1,625)	3,018
10,836	Provider Sustainability Funding – Core	10,836	10,836	–	9,572
18,480	SURPLUS / (DEFICIT) before Technical Items including Provider Sustainability Funding	**18,480**	**18,337**	**(143)**	**14,931**
	Technical Items				
3,000	Donations & Grants (PPE/Intangible Assets)	3,000	1,279	(1,721)	1,228
–	Impairments	629	515	(114)	–
629	Reversal of Impairments	–	–	–	–
(1,519)	Depreciation & Amortisation – Donated	(1,519)	(1,580)	(61)	(1,448)
20,590	SURPLUS / (DEFICIT) after Technical Items including Provider Sustainability Funding	**20,590**	**18,551**	**(2,039)**	**14,711**

Appendix 2

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 28th February	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)											
577,425	Contract Income	577,425	579,051	-	-	-	-	-	-			
5,792	Pay Award Funding	5,792	5,792	-	-	-	-	-	-			
-	Penalties	-	-	-	-	-	70	70	65			
-	Contract Rewards	-	-	-	-	-	1,070	1,070	960			
1,848	Overhead share of income variance	1,848	3,558	-	984	-	1,212	2,196	465			
36,573	NHSE Income	36,573	36,573	-	-	-	-	-	-			
621,638	**Sub Total Corporate Income**	**621,638**	**624,974**	-	**984**	**-**	**2,352**	**3,336**	**1,490**			
	Clinical Divisions											
(57,512)	Diagnostic & Therapies	(57,512)	(57,031)	389	(862)	107	847	481	359	303	178	53
(88,854)	Medicine	(88,854)	(91,061)	(3,727)	(27)	(7)	1,554	(2,207)	(2,016)	(491)	(1,716)	(438)
(114,579)	Specialised Services	(114,579)	(114,230)	(882)	(182)	159	1,254	349	236	28	321	958
(113,419)	Surgery	(113,419)	(117,373)	(3,023)	(3,779)	(93)	2,941	(3,954)	(3,459)	20	(3,974)	252
(131,760)	Women's & Children's	(131,760)	(133,533)	(3,415)	(128)	70	1,700	(1,773)	(1,898)	85	(1,858)	(298)
(506,124)	**Sub Total - Clinical Divisions**	**(506,124)**	**(513,228)**	**(10,658)**	**(4,978)**	**236**	**8,296**	**(7,104)**	**(6,778)**	**(55)**	**(7,049)**	**527**
	Corporate Services											
(40,144)	Estates and Facilities	(40,144)	(40,191)	175	(329)	16	91	(47)	(60)	-	(47)	11
(29,277)	Trust Services	(29,277)	(29,308)	501	(473)	(59)	-	(31)	(56)	-	(31)	(29)
(3,640)	Other	(3,640)	(3,390)	275	(85)	(108)	168	250	140	-	250	-
(73,061)	**Sub Totals - Corporate Services**	**(73,061)**	**(72,889)**	**951**	**(887)**	**(151)**	**259**	**172**	**24**	**0**	**172**	**(18)**
(579,185)	**Sub Total (Clinical Divisions & Corporate Services)**	**(579,185)**	**(586,117)**	**(9,707)**	**(5,865)**	**85**	**8,555**	**(6,932)**	**(6,754)**	**(55)**	**(6,877)**	**509**
(3,861)	Reserves	(3,861)	-	-	3,861	-	-	3,861	4,211			
-	NHS Improvement Plan Profile	-	-	-	-	-	-	-	-			
(3,861)	**Sub Total Reserves**	**(3,861)**	-	-	3,861	-	-	3,861	4,211			
38,592	**Earnings before Interest,Tax,Depreciation and Amortisation**	**38,592**	**38,857**	**(9,707)**	**(1,020)**	**85**	**10,907**	**265**	**(1,053)**			
	Financing											
(23,703)	Depreciation & Amortisation - Owned	(23,703)	(23,324)	-	379	-	-	379	316			
244	Interest Receivable	244	598	-	354	-	-	354	313			
(242)	Interest Payable on Leases	(242)	(242)	-	-	-	-	-	-			
(2,507)	Interest Payable on Loans	(2,507)	(2,490)	-	17	-	-	17	-			
(9,384)	PDC Dividend	(9,384)	(8,917)	-	467	-	-	467	450			
(35,592)	**Sub Total Financing**	**(35,592)**	**(34,375)**	-	**1,217**	-	-	**1,217**	**1,079**			
3,000	**NET SURPLUS / (DEFICIT) before Technical Items excluding Provider Sustainability Funding**	**3,000**	**4,482**	**(9,707)**	**197**	**85**	**10,907**	**1,482**	**26**			
4,644	Provider Sustainability Funding - Performance	4,644	3,019			(1,625)		(1,625)	(1,084)			
10,836	Provider Sustainability Funding - Core	10,836	10,836									
15,480	**Sub Total Provider Sustainability Funding**	**15,480**	**13,855**			**(1,625)**		**(1,625)**	**(1,084)**			
18,480	**SURPLUS / (DEFICIT) before Technical Items including Provider Sustainability Funding**	**18,480**	**18,337**	**(9,707)**	**197**	**(1,540)**	**10,907**	**(143)**	**(1,058)**			
	Technical Items											
3,000	Donations & Grants (PPE/Intangible Assets)	3,000	1,279	-	-	(1,721)	-	(1,721)	(1,661)			
629	Impairments	629	515	-	(114)	-	-	(114)	-			
-	Reversal of Impairments	-	-	-	-	-	-	-	-			
(1,519)	Depreciation & Amortisation - Donated	(1,519)	(1,580)	-	(61)	-	-	(61)	(59)			
2,110	**Sub Total Technical Items**	**2,110**	**214**	-	**(175)**	**(1,721)**	-	**(1,896)**	**(1,720)**			
20,590	**SURPLUS / (DEFICIT) after Technical Items including Provider Sustainability Funding**	**20,590**	**18,551**	**(9,707)**	**22**	**(3,261)**	**10,907**	**(2,039)**	**(2,778)**			

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%	3.6%	2.8%	3.2%	4.0%	3.9%	3.1%	1.9%
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%	2.3%	3.6%	2.9%	3.1%	3.6%	3.4%	4.3%	5.6%	4.3%	4.7%
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	3.3%	3.4%	4.3%	4.2%	3.5%	3.8%	4.2%	4.0%	3.6%	4.1%	4.5%	3.7%
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%	3.9%	4.0%
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%	4.9%	4.0%

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%	9.4%
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%	4.4%
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%	8.1%
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%	1.3%
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%	0.4%

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%	16.0%
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%	17.2%	14.8%	14.4%	15.0%	14.3%	15.5%
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%	16.9%	17.5%	17.9%	17.1%	15.9%
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%	13.4%	13.4%	12.6%	12.1%	12.8%	12.2%	11.8%
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%	13.4%	13.4%	13.0%	12.9%	12.4%	12.7%

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	299.0
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	67.4
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	210.3
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	2.1
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	203.0
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	781.8

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	39.5
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	7.9
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	26.0
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	0.4
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	23.4
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	97.1

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%	14.0%
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%	4.3%
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%	10.3%
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%	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%	5.1%
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%	8.0%

Source: Finance GL (RNs only)

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	9,647
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	4,714
Surgery	Actual	4,493	4,456	4,144	4,475	4,477	4,363	4,468	4,515	4,460	4,728	4,136	4,523
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	2,792
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	4,218
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	25,894

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*	*45*
Medicine	Actual	66	69	120	139	127	114	102	136	141	115	127	148
Specialised Services	*Target*	*20*	*20*	*20*	*21*	*25*	*21*	*21*	*21*	*21*	*21*	*21*	*21*
Specialised Services	Actual	29	19	26	26	14	27	40	29	35	26	15	12
Surgery	*Target*	*43*	*43*	*43*	*45*	*53*	*45*	*46*	*45*	*45*	*45*	*45*	*45*
Surgery	Actual	40	69	21	27	31	49	41	28	36	35	37	34
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	54
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	123.7
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	248.3

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	77	**724**

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%	7.2%	7.3%	8.3%	7.7%	8.8%	8.5%	5.9%	7.1%
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	3.9%	2.9%	8.2%	8.7%	6.5%	5.0%	5.2%	5.3%	7.1%	5.9%	3.2%	6.8%
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%	5.1%	4.1%	6.0%	6.5%	7.2%	5.6%	4.3%	4.0%	6.0%	9.4%	8.8%
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%	7.2%	5.8%	7.2%	7.6%	13.2%	14.8%
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%	9.1%	9.3%	11.0%	8.7%	7.9%	8.8%

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%	2.1%
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%	8.3%
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%	13.2%
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%	6.8%
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%	7.2%

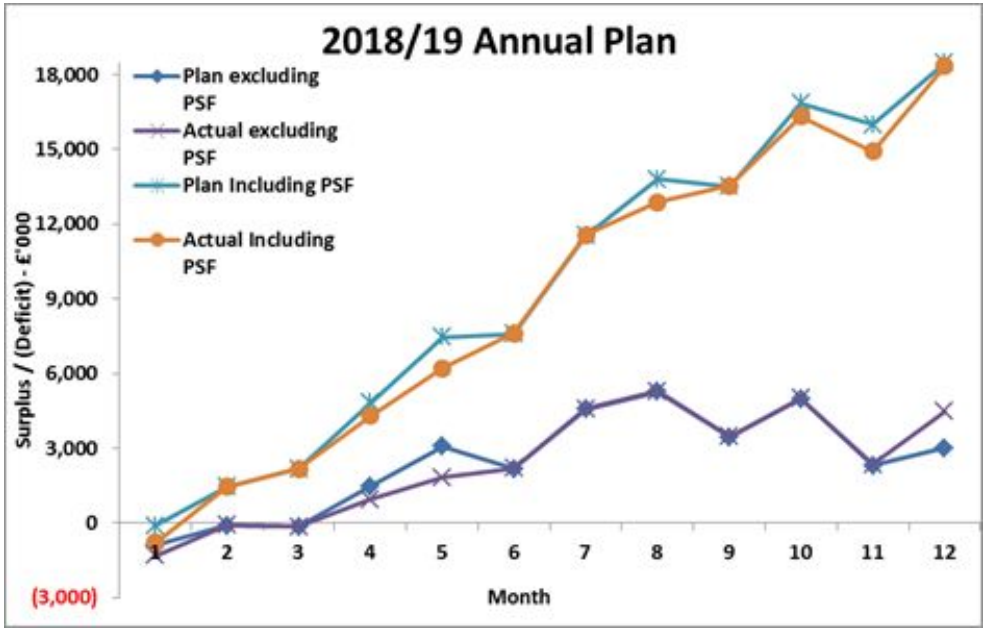
Source: HR

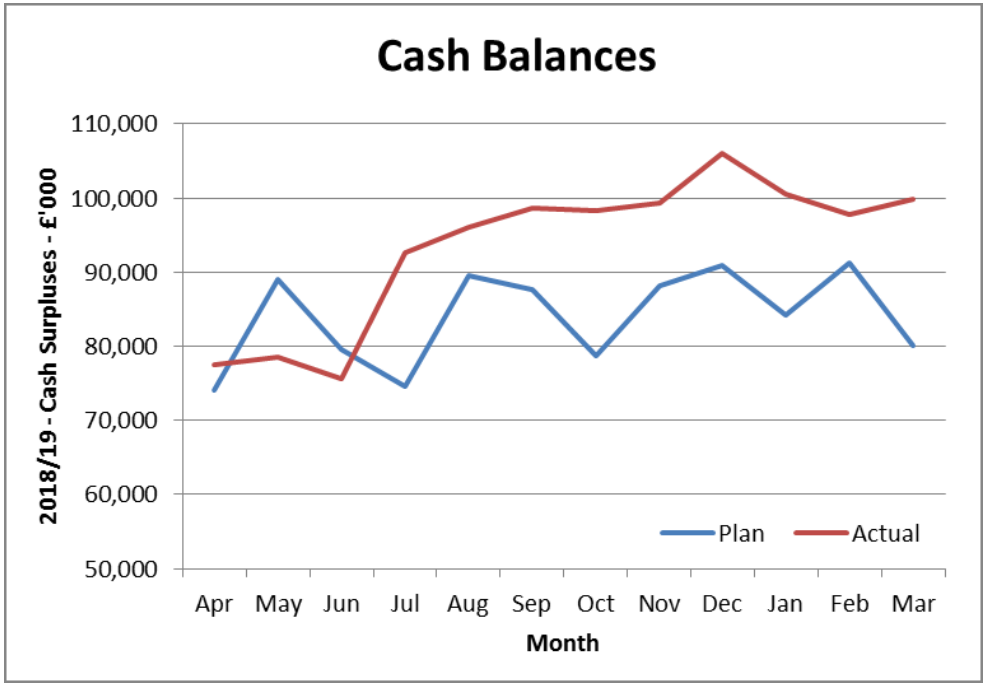
Graph 3 **NA Turnover**

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%	19.9%	21.6%	21.9%	22.5%	23.0%
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%	15.8%	13.1%
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%	19.0%
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%	14.1%
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%	22.3%	21.4%	21.5%	17.2%

Source: HR. Note: Prior month will get updated retrospectively so figures can change from one month to another.

Performance – Finance



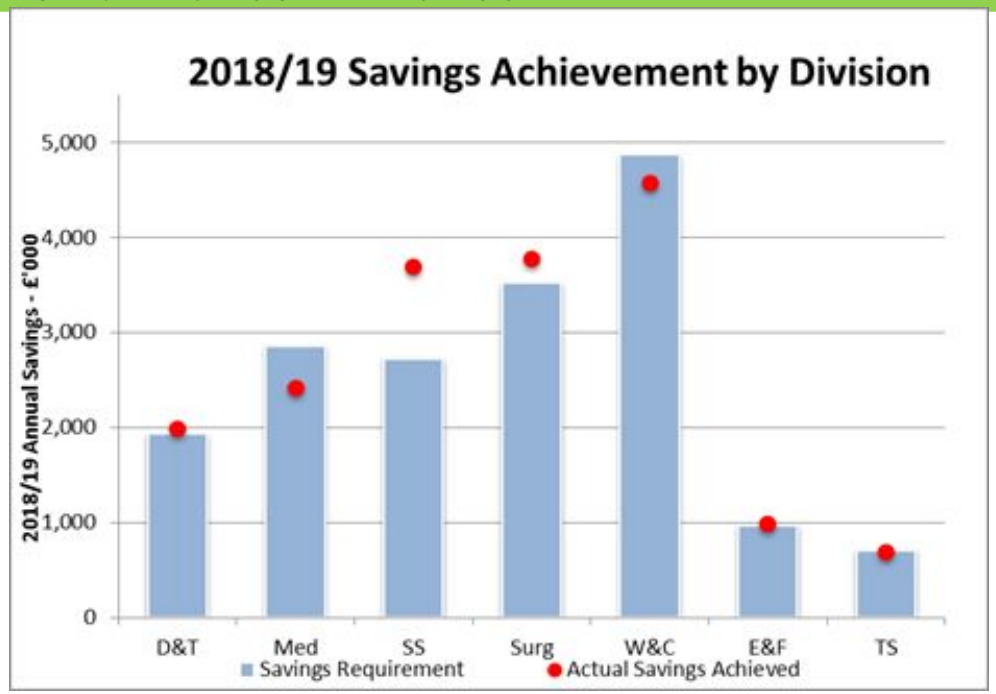


Divisional Actual Spend - £'000						
Divisional Agency	In Month				Plan for Year	Actual Outturn
	QTR 1	QTR 2	QTR 3	QTR 4		
Nursing & Midwifery	1,406	1,851	1,730	2,324	**3,257**	**7,311**
Medical						**0**
Consultants	56	185	185	218	**184**	**644**
Other Medical	106	112	10	84	**276**	**312**
Other	189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

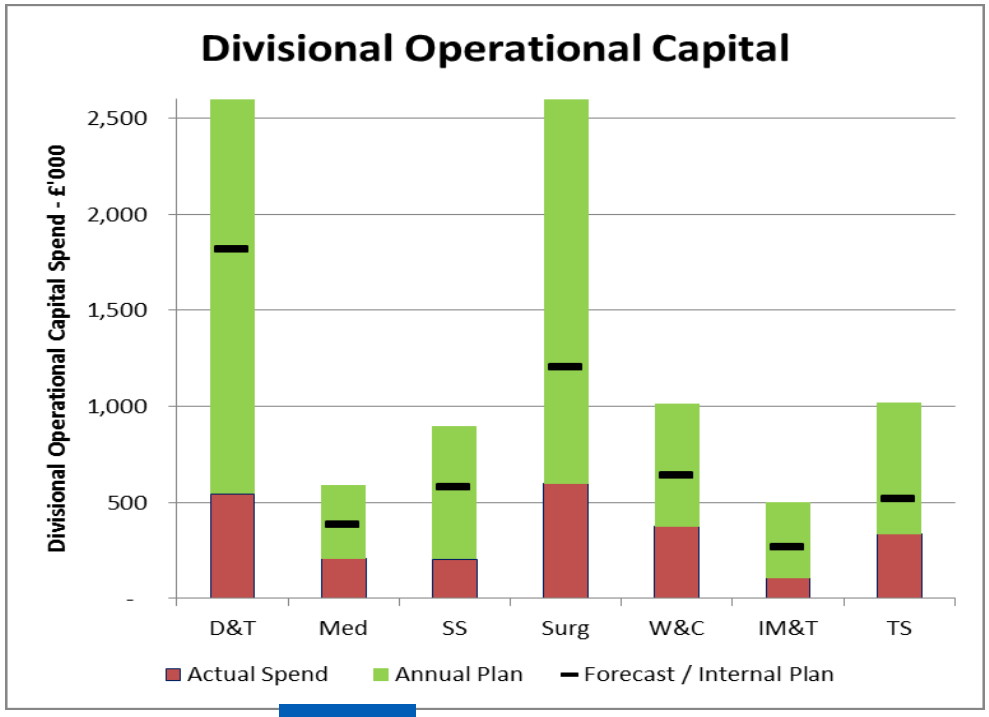
YTD Variance to Budget Surplus/(Deficit) - £'000				
Division	QTR 1	QTR 2	QTR 3	QTR 4
Diagnostics & Therapies	156	97	192	481
Medicine	(449)	(1,510)	(1,835)	(2,207)
Specialised Services	335	210	96	349
Surgery	(651)	(1,634)	(2,279)	(3,954)
Women's & Children's	(78)	(966)	(1,383)	(1,773)
Estates & facilities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

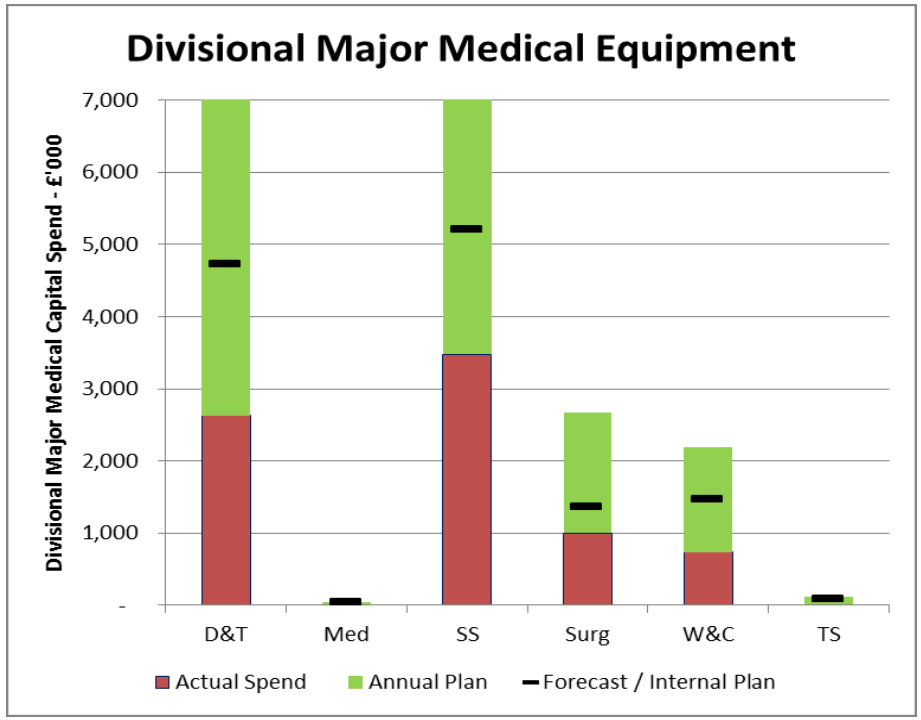
Variance to Budget Surplus/(Deficit) - £'000					
	In Month				YTD
Subjective Heading	QTR 1	QTR 2	QTR 3	QTR 4	Actual Outturn
Nursing & Midwifery Pay	(1,015)	(1,091)	(1,403)	(2,543)	(6,052)
Medical & Dental Pay	(1,033)	(1,184)	(1,258)	(1,388)	(4,863)
Other Pay	328	537	50	293	1,208
Non Pay	(1,087)	(1,096)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

Performance – Finance



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





University Hospitals Bristol
NHS Foundation Trust

Item to follow:

Agenda item 14

Chair's Report for the Finance Committee

Extraordinary Meeting of the Board in Public on Tuesday 30 April 2019 in the Conference Room, Trust Headquarters

Report Title	**Governors' Log of Communications**
Report Author	**Sarah Murch, Acting Membership Engagement Manager**
Executive Lead	**Chair**

1. Report Summary

The purpose of this report is to provide the Council of Governors with an update on all questions on the Governors' Log of Communications and subsequent responses added or modified since the previous Board. The Governors' Log of Communications was established as a means of channelling communications between the governors and the officers of the Trust.

2. Key points to note

(Including decisions taken)

- In the period two new queries have been added to the log, and both have been answered.
- Item 206 *(fire safety training and policy implementation)* was re-opened and further questions were submitted. These have been answered and are awaiting governor response.
- Item 217 *(discharging patients at night*) was also re-opened with further supplementary questions. These are awaiting response from the Executive Lead.

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.

Governors' Log of Communications

23 April 2019

ID	Governor Name				
221	John Chablo	***Theme***	Fire safety - Helipad	***Source:***	Governor Direct

Query **08/04/2019**

1. Governors would like to seek assurance that the fire safety systems in place on the helipad are as effective as possible. For instance, if a helicopter tried to land but did not land in the middle of the pad, or partially missed the platform, would the current automatic fire systems be sufficient to provide the necessary protection?

2. Governors understand that there used to be hose pipes available, which the team were trained in using, which would seem to give a much wider opportunity to assist in the event of a fire anywhere on the helideck roof space. If these are no longer available, what are the implications in relation to fire prevention?

Division: Trust-wide ***Executive Lead:*** *Chief Operating Officer* ***Response requested:*** 08/04/2019

Response **10/04/2019**

1. Deck Integrated Fire Fighting System (DIFFS) installed on the UHB Elevated Helideck complies with Civil Aviation Authority (CAA) CAP 1264 standards for Helicopter landing areas at hospitals and has been approved by the CAA. The CAA "encourages the consideration of the provision of a Deck Integrated Fire Fighting System" as per Civil Aviation Publication (CAP) 1264 5.9 on any new installation, and this is now the industry norm.
The system employed at UHB covers the whole of the landing area and is the responsibility of the pilot to ensure he lands the aircraft on the designated landing area if the aircraft suffers any failure of systems and has to be disabled then it is the responsibility of the aircraft owners to attend site to affect any repair to the aircraft and the pilots responsibility to secure the aircraft to the deck by securing the aircraft to tie down points located in the centre of the helideck only. If the aircraft should land on any other part of the hospital estate the normal process of engaging the emergency services would be activated.

2. The fire fighting system in place as per CAP 1264 recommendation that in the event of an incident then the delivery of the principal agent (foam) should be achieved in the quickest possible time , the CAA recommends a delay of no more than 15 seconds from when the system is activated to delivery of the fire extinguishing media at the required application rate.
This objective can be achieved by a single action undertaken by a responsible person trained for the task with the operational objective being to sufficiently suppress , so as to bring under control a fire , ideally within 30 seconds of initial application as per CAP 1264 5.7
The Deck Integrated Fire Fighting Systems achieves this objective and also gives the trust the following additional benefits.

- Improve staff safety of helideck operatives by negating the need for them to be in close proximity of any fire condition on the helideck.
- Helimed crews trained in self rescue from aircraft and have inbuilt fire fighting system.
- Improved staffing resilience of the helideck
- Removes the requirement for short notice closures thus undermining the Trust capability to perform as the Major Paediatric Trauma Centre for South west

ID **Governor Name**

- Removes any major disruption to air ambulance services as delays and short notice closures can effect patient outcomes.

Status: *Awaiting Governor Response*

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219 **Kathy Baxter** ***Theme*** Boots Pharmacy contract ***Source:*** Governor Direct

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Query **08/04/2019**

Boots pharmacy chain has recently announced store closures. Will this have any impact on UH Bristol's contract with Boots for the provision of pharmacy services, and if so, is the Trust prepared for this?

Division: Trust-wide ***Executive Lead:*** *Director of Finance* ***Response requested:*** 08/04/2019

Response **08/04/2019**

The announcement by Boots relating to store closures is not anticipated at present to have any impact on UH Bristol's contract with Boots for the provision of pharmacy services.

Status: *Closed*

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

Query **24/01/2019**

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

Supplementary question added 8/4/19 from Sophie Jenkins, John Sibley and Kathy Baxter on behalf of all governors:
The Governors thank you for the response regarding discharges late into the evening / night. This quoted December 2018 figures for these discharges – of 1,516 discharges, 73 were between the hours of 20:00-07:00. This equates to 5% of all discharges in December 2018, which is not insignificant.

There is clearly a difference between discharging a 50yr old fit and healthy person at 02:00 and a frail elderly dementia patient at 02:00. We are interested in whether this is left to the clinical judgement of staff or whether there is a risk assessment process in place?

Do we record for example:
- The reason for discharge
- The time of discharge
- The age of the patient
- The criteria for these discharges
- How many of these patients were dementia patients or in other high-risk categories?

We are also seeking assurance that staff do not feel under pressure to discharge patients late into the night during periods of high demand. Do the numbers increase during high demand times and does the risk assessment change depending on bed capacity? Where is the risk assessment, or where are staff documenting this, particularly in relation to the discharge of high risk patients?

The data that we have seen so far is not sufficient for us to be reassured that patient care and dignity is not compromised. We are therefore requesting more robust data to give us greater clarity on this important issue and be reassured that night time discharges are appropriate, safe and do not detract from our patients' dignity or experience of outstanding care.

Division: Trust-wide ***Executive Lead:*** *Chief Nurse* ***Response requested:*** 08/04/2019

Response **13/02/2019**

Response not yet received to supplementary questions April 2019.

Response to original question (Feb 2019): The Trust aims to discharge all patients where possible between the hours of 7am and 8pm. The number of patients discharged from the hospital outside of these hours is recorded and reported monthly.

ID **Governor Name**

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: *Re-opened*

ID	Governor Name				
206	Flo Jordan	***Theme***	Fire safety training and policy implementation	***Source:***	From Constituency/ Members

Query **05/09/2018**

After the recent fire at BHOC, what assurance can staff (and patients) be given that fire safety policies are being followed and that any breaches (e.g. blocking of fire exits) are reported and acted on? And how do we ensure that staff, particularly in surgical areas such as theatres, are adequately trained to safely evacuate patients who may require ongoing complex care in the event of a fire?

Follow-up questions submitted 8/4/19:
1. Can governors be assured that the twice-cancelled theatre evacuation training in Bristol Royal Hospital for Children will take place as soon as possible? Are these training sessions being provided in all the Trust's other theatres, and what efforts are being made to ensure that they are being adequately promoted and communicated to ensure that all theatre staff are aware that they need to attend them?
2. Governors would like to seek further reassurance that fire exit blockages are being resolved in a timely way. Is this process audited to ensure that locations and causes of blockages and the length of time to resolution are being monitored? What follow-up is there to ascertain whether a non-compliant area has learnt from the event and how are the managers of these areas supported to maintain compliance in the future?

Division: Trust-wide ***Executive Lead:*** *Chief Operating Officer* ***Response requested:*** 19/09/2018

Response **24/09/2018**

Response to follow-up questions received 10/4/19:
1. Theatre evacuation training: In order to successfully conduct this type of training it requires a period when the theatres are not in use, during the normal working day, and a high level of staff availability. The ideal time for this exercise is on an theatre audit day. This was arranged for the 25th January but had to be cancelled at short notice due to the theatres being in use and the unavailability of theatre staff. Attempts are being made to establish a new date. This will require close co-ordination between the Fire Officer and theatre staff. The intention will be to roll out this exercise to the adult theatres once completed.

2. Fire Exit Blockages: Fire exits are subject to routine checks and monitored through the Fire Safety Committee on a monthly basis. Any blockages are either immediately dealt with or reported to Fire Officer who will if necessary, issue a non–compliance notice to the department concerned , detailing the action required and the timescale for completion. This is again monitored through the Fire Safety Committee on a monthly basis.

Responses to original questions 24/9/18:
In terms of the Trust Fire Policies, these are independently audited on an annual basis by an externally appointed Authorised Engineer for Fire who is directly accountable to the Director of Estates and Facilities. This ensures that our policies remain up to date and are being appropriately implemented. With regard to any breaches and ensuring that all fire exits remain clear, a monthly check is carried out by members of the Estates and Facilities Directorate and by trained fire wardens. Any blockages are reported to the Manager of the area concerned, and if the matter is not resolved it is reported to the Fire Safety Advisor who will visit and issue a Non-Compliance Notice if required. The status of the fire escape checklist and of any breaches are reported monthly to the Division of Estates and

ID **Governor Name**

Facilities Risk Management Group and the Divisional Management Board. Any material breaches are reported to the Deputy Chief Operating Officer.

The Trust has a good record of meeting the essential training targets for Fire Safety and consistently achieves over 85% compliance. Training is available for all staff to book themselves onto for Fire Warden, Ward Evacuation and Theatre Evacuation training courses at our Fire Training Centre at Tyndalls Park. We have made 38 courses available to staff over the last eight months.

Update 7 December 2018: Additional theatre evacuation training is due to take place on site in Children's Theatres in January 2019, and in all remaining theatres within the next six months, dates to be confirmed.

Status: *Re-opened*