PUBLIC TRUST BOARD

Meeting to be held on Tuesday 28th February 2017, 11:00 am - 1:00pm, Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

AGENDA

NO.	AGENDA ITEM	PURPOSE	SPONSOR	PAGE NO.
Preliminary Business				
1	Apologies for absence	Information	*Chairman*	**Verbal**
2	Declarations of Interest	Information	*Chairman*	**Verbal**
3	Patient Experience Story	Information	*Chief Nurse*	**Verbal** / 3
4	Minutes of the last meetings	Approval	*Chairman*	6
5	Matters arising and Action Log	Approval	*Chairman*	19
6	Chief Executive Report	Information	*Chief Executive*	20
Care and Quality				
7	Quality and Performance Report To receive and consider the report for assurance: a) Performance Overview b) Board Review – Quality, Workforce, Access	Assurance	*Chief Operating Officer Đ Deputy Chief Executive*	24
8	Independent Review of Children's Cardiac Services progress report	Assurance	*Chief Nurse*	80
9	Quality and Outcomes Committee Chair's Report	Assurance	*Quality & Outcomes Committee Chair*	**To be tabled**
10	6 Monthly Safe Nursing Levels Report	Assurance	*Chief Nurse*	111
Financial Performance				
11	Finance Report	Assurance	*Director of Finance & Information*	121
12	Finance Committee Chair's Report	Assurance	*Finance Committee Chair*	**To be tabled**

NO.	AGENDA ITEM	PURPOSE	SPONSOR	PAGE NO.
13	Quarterly update on Capital Projects (Quarter 2)	Assurance	*Chief Operating OfficerĐ Deputy Chief Executive*	150
Items for Information				
14	Governors' Log of Communications	Information	Chairman	154
Concluding Business				
15	Any Other Urgent Business	Information	*Chairman*	**Verbal**
16	Date and time of next meeting **Thursday 30th March 2017, 11:00am -1:00pm, Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU**		*Chairman*	**Verbal**

Cover report to the Public Trust Board meeting to be held on Tuesday, 28 February 2017 at 11.00 am -1.00 pm in the Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

		Agenda Item	3
Meeting Title	Public Trust Board	**Meeting Date**	Tuesday, 28 February 2017
Report Title	Patient Story		
Author	Tony Watkin, Patient and Public Involvement Lead		
Executive Lead	Carolyn Mills, Chief Nurse		
Freedom of Information Status		Open	

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

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

Executive Summary

Purpose

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

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

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

Key issues to note

The adult congenital heart service is an integral part of the lifespan service in the South West and South Wales Congenital Heart Centre, which includes fetal and paediatric cardiology. The Bristol Heart Institute (BHI) is the hub for the regional adult congenital heart service for the South West and South Wales. All invasive cardiology and cardiac surgery for congenital heart disease is undertaken here with some outpatient clinical care provided in partnership with district hospitals in the region. The team consists of five cardiologists, three cardiac surgeons, two registrars, two cardiac radiologists and three specialist nurses.

With developments in paediatric heart surgery, around 90% of children survive into adulthood and there are now more adults than children in the UK living with congenital heart disease. This area of cardiology is therefore growing rapidly as a sub-specialisation for both cardiologists and cardiac surgeons.

In this story, Sheena Vernon (lead nurse for the Congenital Heart Disease Network) and Rais Hyder (one of the Trust adult in-patient Face2Face interview volunteers), will reflect on the feedback patients have shared about the quality of care they receive as part of a service improvement initiative. This includes insights on their experiences of waiting to come into hospital, the hospital and ward environment, the care and treatment they receive and of the people who provide care. The quality of the feedback suggests that patients are very engaged in understanding their condition and have high expectations of the care and treatment provided. Patients want to be in control of their journey and expect excellent levels of information about their condition and the treatment options available. The feedback suggests this is achieved and notes the importance this patient group place on good relationships and communication with the clinical team.

Recommendations

Members are asked to:

- **Note** the patient story

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

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

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

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

Corporate Impact Assessment (please tick any which are impacted on / relevant to this paper)							
Quality	☐	Equality	☒	Legal	☐	Workforce	☐

Impact Upon Corporate Risk
N/A

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

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

Minutes of the Public Trust Board Meeting

Held on 31 January 2017 11:00-13:00, Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

Present
Board Members

Member Name	Job Title/Position
John Savage	Chairman
Emma Woollett	Non-Executive Director / Vice- Chair
Julian Dennis	Non-Executive Director
Alison Ryan	Non-Executive Director
Jill Youds	Non-Executive Director
Lisa Gardner	Non-Executive Director
David Armstrong	Non-Executive Director
Guy Orpen	Non-Executive Director
John Moore	Non-Executive Director
Robert Woolley	Chief Executive
Sean O'Kelly	Medical Director
Carolyn Mills	Chief Nurse
Owen Ainsley	Interim Chief Operating Officer
Alex Nestor	Acting Director of Workforce and Organisational Development
Paula Clarke	Director of Strategy and Transformation
Paul Mapson	Director of Finance and Information

In Attendance

Name	Job Title/Position
Pam Wenger	Trust Secretary
Fiona Reid	Head of Communications
Graham Briscoe	Public Governor
Tony Watkin	Patient and Public Involvement Lead (for Item 3)
Trish Vallance	Deaf Health Promotion Officer for Bristol City Council (for Item 3)
Frank Tily	Interpreter (for Item 3)
Anna Horton	Patient Experience and Regulatory Compliance Facilitator (Item 3)
Florene Jordan	Staff Governor
Kathy Baxter	Patient Governor
Sue Milestone	Patient/Carer Governor
Hussein Amiri	Public Governor
Malcolm Watson	Public Governor
Bob Bennett	Public Governor
Carole Dacombe	Public Governor
Clive Hamilton	Public Governor
Graham Briscoe	Public Governor
Jeanette Jones	Appointed Governor
Sheena Vernon	Lead Nurse – Congenital Heart Disease Network
Lynn Fenner	Member of the public

DRAFT

Rebecca Leslie	Member of the public
Simon Curtis	Member of the public
Rajeka Lazarus	Member of the public
Jennifer Pollock	Member of staff
Sid Ryan	Bristol Cable

Minutes:

Sarah Murch	Membership and Governance Administrator

The Chair opened the Meeting at 11:00

Minute Ref	Item Number	Action
01/01/17	**1. Welcome and Introductions**	
	The Chairman welcomed everyone to the meeting. There were no apologies.	
02/01/17	**2. Declarations of Interest**	
	In accordance with Trust standing orders, all Board members present were required to declare any conflicts of interest with items on the meeting agenda. There were no new declarations made.	
03/01/17	**3. Patient Experience Story**	
	The meeting began with a patient story, introduced by Carolyn Mills Chief Nurse. Trish Vallance, deaf health promotion officer for Bristol City Council, told the story in British Sign Language (BSL) through an interpreter. She told the story of “Anne” – a parent of a child with complex needs. Anne was profoundly deaf and a BSL user. Anne had needed to attend several hospital assessments to establish whether her child required brain surgery, and at these she had experienced repeated problems with the interpreters sent by Sign Solutions, the interpreting agency used by the Trust. Anne had been frustrated that on several occasions, interpreters had lacked both the relevant experience and sufficient information about the case to adequately explain the issues involved. This had led to her feeling excluded and had exacerbated an already stressful situation. Carolyn Mills confirmed that the Trust had entered into a contract with Sign Solutions at the end of last year. Non-executive directors discussed the case and in particular highlighted that information	

DRAFT

Minute Ref	Item Number	Action
	governance concerns should not prevent families from sharing information with trusted individuals; that the Trust should provide written summaries or notes to families at the end of a consultation; and that the Trust should be aware of the risks around people giving consent without a complete understanding of the information provided. Carolyn responded that the Trust was aware of these issues and would seek to improve communication with Sign Solutions as a result of this case. The Chairman and Chief Executive thanked Trish for attending and confirmed that the Trust would reconsider how it specified services appropriately when contracting them in, and also how it educated staff to recognise additional communication and information needs of patients. **Members RESOLVED to:** • **Receive** the patient story.	
04/01/17	**4. Minutes of the last meeting**	
	The minutes of the meetings held on 29 November 2016 and the extraordinary meeting held on 22 December 2016 were agreed as a true and accurate record, subject to the following amendments: 131/11/16 (Matters Arising and Action Log) – 'beefing' should read 'briefing' 133/11/16 (Independent investigation into the management response to allegations about staff behaviours related to the death of a baby at Bristol Children's Hospital) – third paragraph to be amended to reflect that Alan Bryan and Sue Dolby had met with the family on four occasions, and not Professor Mike Stevens as stated. **Members RESOLVED to:** • **Approve** the minutes from the meeting held on 29 November 2016 and 22 December 2016 as a true and accurate record subject to the amendments above.	

DRAFT

05/01/17	**5. Matters arising and Action Log**	
	Members received and reviewed the action log. The progress against the outstanding actions was noted. In relation to Action 4 (minute ref 114/10/16) it was noted that evaluation on the benefits experienced from the use of the Happy App would be received by the Board in February instead of January. Members **RESOLVED** to: • **Note** the update against the action log.	
06/01/17	**6. Chief Executive's Report**	
	Robert Woolley, Chief Executive, discussed the highlights from the Chief Executive's report and updated the Board on several further matters which were not covered in the report: <u>New Chief Operating Office/Deputy Chief Executive</u> The new Chief Operating Officer and Deputy Chief Executive, Mark Smith was due to start with the Trust on 13 February. He would be undertaking a handover with Owen Ainsley into the Chief Operating Officer role. Subject to agreement by the relevant committee chairs, Owen and Mark may both attend February's Board and committee meetings. <u>Operating Plan</u> Following the Board's approval of the Trust's 2-year operating plan at the Extraordinary Meeting on 22 December 2016, it had been submitted to NHS Improvement. As the Board was aware, a deficit plan had been set for 2017/18. The Board was now working with the Divisions to take assurance about the deliverability of the plans. <u>Sustainability and Transformation Plan (STP)</u> The Sustainability and Transformation for Bristol, North Somerset and South Gloucestershire was now in its initial engagement phase, with a review of the programme architecture and appointments being made to some key project management posts. More information would be published to staff and the public in due course. Commissioners had advised that there was a significant deficit showing in the region for 2017/18 of up to £85-90m. Robert warned that this could limit the STP's aspirations for transformation. <u>Independent Review of Children's Cardiac Services in Bristol</u> The Trust would be attending a joint scrutiny meeting on 27 February 2016 to report to councillors on the progress of the plan to address the recommendations of this review. Robert invited questions on his report. David Armstrong, Non-executive Director, requested assurance that the Senior Leadership Team had	

DRAFT

	sufficient insight into the Trust's technology strategy. Robert responded that the Senior Leadership Team had in recent weeks received a presentation on the Clinical Systems Implementation Plan and the Trust's new status as a digital exemplar. He added that the Senior Leadership Team was meeting on 1 February 2017 tomorrow to consider the operating plan and transformation priorities for the coming year, and that this would include the implications of the technology strategy. Emma Woollett, Non-executive Director, enquired about the progress of the junior doctor contract implementation. Sean O'Kelly, Medical Director, responded that the Trust's Divisions were working to implement the contract and were adopting a risk-based approach to ensure that patient safety was maintained. Clive Hamilton, Public Governor, referred to the Chief Executive's report and requested further information about the proposal for additional discharge capacity. Paula Clarke, Director of Strategy, explained that this was an opportunity to increase capacity by working with Bristol Clinical Commissioning Group and Bristol City Council to test out a model through which the Trust would purchase capacity directly with a domiciliary care provider. It would be likely to cost the Trust around £50,000 and it would be evaluated after a five month trial period. **Members RESOLVED to:** • **Receive** the Chief Executive report for information.	
07/01/17	**7. Board Assurance Framework 2016/17 (Quarter 3)**	
	Members received the Board Assurance Framework setting out the key risks to delivery of the Trust's strategic objectives. There were no changes of significance to note. Jill Youds, Non-executive Director, noted that the risk rating given to Principal Risk 1 (Failure to maintain the quality of patient services) had been a topic of debate by non-executive directors at a recent Quality and Outcomes Committee meeting, in the light of the current pressures on the Bristol Royal Infirmary A&E Department (i.e. ambulance queues, more people waiting over 4 hours, delayed discharge). They had however agreed after some discussion that the current risk rating of nine was fairly reflective of the whole Trust position. John Moore, Non-executive Director and Chair of the Audit Committee, reported that the Audit Committee had welcomed the new structure of the corporate risk register and board assurance framework and the links between them as an effective way to manage risk.	

DRAFT

	Members RESOLVED to: • **Receive** progress on the report for assurance.	
08/01/17	**8. Independent Review of Cardiac Services in Bristol**	
	Members received the report on the progress of the plan to address the recommendations for UH Bristol and South West and Wales Congenital Heart Network, as set out in the Independent Review of the children's cardiac service at the Bristol Royal Hospital for Children. Carolyn Mills, Chief Nurse, asked the Board to note that parent representatives had been appointed and attended their first steering group meeting in January. The Cardiac Families Reference Group had also begun to actively review the work to meet the recommendations, prior to these actions being submitted to the Steering Group for closure. Julian Dennis, Non-executive Director, enquired as to why certain recommendations appeared to be delayed due to engagement with University Hospitals Wales. Carolyn explained that she understood that this had been mainly due to a delay in appointing a clinical lead, but confirmed that they were now in the process of appointing one. Jill Youds, Non-executive Director, requested assurance that the appearance of amber ratings in the progress review for the first time did not mean that momentum was slowing. Carolyn confirmed that the amber ratings posed no risk to delivery, and provided assurance that The key reason for this is the rigour of the assurance process prior to recommending actions for closure. Robert Woolley welcomed the efforts that were being made to engage parents and young people in the process. He reaffirmed the Trust's commitment to publishing progress on the recommendations publicly on its website. **Members RESOLVED to:** • **Receive** progress on the report for assurance.	
09/01/17	**9. Quality and Performance Report**	
	Owen Ainsley, Interim Chief Operating Officer, provided an overview of the performance against national access standards for December 2016. The Board noted that the most challenging area remained A&E performance. Performance against the A&E 4-hour standard (the percentage of patients discharged, admitted or transferred within four hours of arrival) continued to be significantly below trajectory. Owen outlined some of the mitigating actions that the Trust was taking.	

	Medically expected patients would be managed via the newly-established Acute Care Unit (ACU) to avoid adding to the Emergency Department queue. The Trust was continuing to use the ORLA virtual ward model, there were three additional consultant-led discharge teams, and two acute physicians commencing in post whose focus would be on turnaround of patients at the front door. The Trust was also making flexible use of domiciliary care packages. The Board also noted that performance against the 99% national standard for the percentage of patients waiting under 6 weeks for a diagnostic test had dipped below target. However, the Trust had again achieved the 92% national standard for the percentage of patients waiting under 18 weeks from Referral to Treatment (RTT), and also the 85% standard for the percentage of patients receiving cancer treatment within 62 days of urgent referral by their GP. The Trust also continued to perform well against the majority of the core quality indicators including the rate of inpatient falls and pressure ulcers. Particularly noteworthy this month were the improvements in performance against the 72-hour food chart review, nutrition screening within 24 hours of admission, and the number of complainants dissatisfied with the Trust's responses (0% for the first month since April 2015). **Members RESOLVED to**: • **Receive** the Quality and Performance Report for assurance.	
12/01/17	**Item 12 Quality and Outcomes Committee Chair's Report** It was agreed to take Item 12 before Items 10 and 11.	
	Members received a written report following the meeting of the Quality and Outcomes Committee held on 22 December 2016. Members also received a verbal account of the meeting held on 27 January 2017 from Alison Ryan, Non-executive Director and Chair of the Quality and Outcomes Committee, covering the following key areas. There had been continued focus on A&E pressures and waiting times, particularly in relation to the effect on staff. The committee had considered the recent serious incidents reported in the Trust, and had sought assurance that improvements were being made as a result of the issues that these had identified. The committee had welcomed the Trust's achievement of referral-to-treatment times and cancer waiting times targets, and had noted that, while performance against the metrics related to the management of patients who have sustained a fractured neck of femur was still not	

DRAFT

	improving, it was showing some encouraging signs. Members had received the results of two external reviews by NHS Improvement of the Trust's infection control procedures and of its complaints processes, and discussed the areas of improvement that had been identified. The committee had also reviewed the Trust's progress in meeting its quality objectives, and there had been a lively discussion about the Board Assurance Framework scoring of principal risks to the Trust's strategic objectives. Clive Hamilton, Public Governor, referred to the Trust's non-achievement of the target related to the management of patients who have sustained a fractured neck of femur, and commented that governors were not yet assured that this was set to improve. Alison Ryan explained that while progress was slow, significant changes would depend on investment. Emma Woollett, Vice-Chair, enquired about the Trust's red rating for Level 3 essential training in safeguarding adults. Carolyn explained that this level of training had only been brought in recently. The target for level 3 child protection training was, however, still a challenge. **Members RESOLVED to:** • **Receive the Quality and Outcomes Committee Chair's Report for assurance.**	
10/01/17	**10. Quarterly Complaints Report (Quarter 2)**	
	Carolyn Mills, Chief Nurse, introduced the report, the purpose of which was to summarise complaints data for Quarter 2 (July-September 2016) and to share learning from the issues raised in the complaints. Members noted that the total number of complaints in relation to the proportion of activity was broadly the same. The main themes were access to appointments and admissions. The proportion of complainants who were dissatisfied with the Trust's formal complaint investigation response had deteriorated during the quarter, and this had since been reviewed to identify any themes and learning. The team was intending to establish a new complaint review panel for reviewing dissatisfied complaints for learning. NHS Improvement had carried out an external review of the Trust's complaints service, and there had been positive feedback/assurance about the service. Julian Dennis referred to the report's findings that Bristol Royal Infirmary and the Bristol Heart Institute had received a disproportionate number of complaints, and asked for assurance that action was being taken. Carolyn suggested that this might have a direct correlation to cancelled operations but she offered to find out further detail and	

DRAFT

	provide it to the Board after the meeting. **Members RESOLVED to:** • **Receive** the Quarterly Complaints Report for assurance; and • **Receive** a further report on the disproportionate number of complaints received in relation to the BRI in this quarter.	
11/01/17	**11. Quarterly Patient Experience and Involvement Report (Quarter 2)**	
	Carolyn Mills, Chief Nurse, introduced this report, the purpose of which was to advise the Board on insight and learning from patient-reported experience generated from patient surveys and patient and public involvement activities in Quarter 2 Members noted that, at the invitation of the Trust, Healthwatch had carried out an 'enter and view' of South Bristol Community Hospital inpatient areas, primarily in response to relatively low survey scores. The findings of the report were very positive about the care being provided at South Bristol Community Hospital. A number of suggestions were put forward by Healthwatch to enhance patient experience, in particular recognising that many patients had a longer stay than might be expected and therefore greater efforts should be made to provide adequate support for patients who were there for a prolonged period of time. The Board welcomed this review and noted that they would receive a summary of the Trust's response to these recommendations in the next Quarterly Patient Experience and Involvement Report (due at Trust Board in March 2017). Jill Youds referred to the relatively low survey scores received in outpatient settings in respect of ensuring patients were kept informed about any delays in clinic. She expressed slight concern that the solution was to be the installation of new, standardised clinic information boards, rather than improvements in face-to-face customer-service training. Carolyn noted this and added that next year's quality objectives were likely to include a strong emphasis on customer service provision. Lisa Gardner referred to the findings that Ward C808 (care of the elderly) had received relatively low 'inpatient tracker' survey scores for several quarters. She asked the Trust to consider some means of ensuring that the carers of elderly patients with cognitive problems were able to have access to relevant medical personnel and information outside office hours. This was noted.	

DRAFT

	Members RESOLVED to: • **Receive** the Quarterly Complaints Report for assurance; and • **Receive** a report on the Trust's response to the Healthwatch review of South Bristol Community Hospital inpatient areas (March Trust Board meeting)	
	12. Quality and Outcomes Committee Chair's Report	
	This item had been discussed earlier in the meeting.	
13/01/17	**13. Transforming Care Programme Board**	
	Members received the report, introduced by Robert Woolley, updating the Board on progress with Trust-wide programmes of work under the Transforming Care programme. In particular he highlighted the electronic whiteboards which were currently being piloted as part of the Operating Model project, and their potential in enabling the hospitals to assess the state of patient flow from the front of the hospital through to the discharge lounge. He also drew the Board's attention to the continued rollout of the HappyApp, a method to capture real-time staff feedback, for which the Trust had received an award from the Health Services Journal. The Board welcomed the news that the next phase of the Trust's staff engagement work was to improve the consistency of leadership behaviours among line mangers. In the following discussion, the Board welcomed the progress made and noted that the Transformation priorities for the Trust were in the process of being re-set for 2017-18 to take into account the priorities and resources available. Non-executive directors particularly requested assurance that consideration was given to how transformation programmes were embedded to ensure that all staff were adequately informed and supported to implement them effectively. Robert responded that this was one of the key areas under consideration by the Executive Team. **Members RESOLVED to:** • **Receive** the Transforming Care Programme Board report for assurance.	
14/01/17	**14. Finance Report**	
	Members received the report on the Trust's current financial position from Paul Mapson, Director of Finance and Information. Members noted that Trust was reporting a surplus of £10.929m (before technical items) at the end of December. However, there had been a significant surge in non-pay spending over recent months. The Trust	

DRAFT

	was therefore not meeting its trajectories and was likely to decline by around £1.7m by year-end. The Trust was therefore currently forecasting a year end net surplus of around £14.1m. In relation to the Trust's capital programme: there had been a further small amount of slippage but it was largely on track. **Members RESOLVED to:** • **Receive** the Finance Report for assurance.	
15/01/17	**15. Finance Committee Chair's Report**	
	Members received reports from the meetings of the Finance Committee held on 22 December 2016 and 27 January 2017. Lisa Gardner, Non-executive Director and Chair of the Finance Committee, highlighted that there had been a lengthy discussion about the increase in non-pay expenditure, and they had been reassured that the Trust was looking into the areas of concern. The committee had also discussed the increase in debts over 60 days old, and had been satisfied with the explanations received for these. Owen Ainsley asked the Board to note that, contrary to the assertion in the Finance Report, the Trust had in fact achieved its referral-to-treatment time trajectories in December. The Board noted the revised NHS Improvement protocol for revising financial forecasts and approved the Board Assurance Statement on making adverse change to an in-year forecast. **Members RESOLVED to:** • **Receive** the Finance Committee Chair's report for assurance • **Approve** the Board Assurance Statement on the changes to the forecast.	
16/01/17	**16. Audit Committee Chair's Report**	
	Members received the report from the meeting of the Audit Committee held on 16 January. John Moore, Non-executive Director and Chair of the Audit Committee, added that the key issues discussed by the committee had included the implementation and rollout of the DATIX risk management system. The committee had been assured by the revisions to the Corporate Risk Register and particularly by its links with the Board Assurance Framework. Members had also received and discussed the Gifts and Hospitality Register and the Register of Interests.	

DRAFT

	John also reported that the process for appointing new External Auditors had begun and would be concluded by the end of the financial year. **Members RESOLVED to:** • **Receive** the report for assurance.	
17/01/17	**17. Register of Seals**	
	Members received the report of all applications of the Trust Seal since the previous report on October 2016. There were no comments or questions. **Members RESOLVED to:** • **Receive** the report.	
18/01/17	**18. Fit and Proper Persons Policy**	
	Members received the report for approval. The purpose of this report was to seek approval of the Fit and Proper Persons Policy following consideration and recommendation by the Remuneration, Nominations and Appointments Committee in December 2016. **Members RESOLVED to:** • **Receive** and **approve** the Fit and Proper Persons Policy.	
19/01/17	**19. Research and Innovation Quarterly Update Report**	
	Members received this report which was introduced by Sean O'Kelly, Medical Director. Performance in the area of research and innovation was generally good. The Trust was focussing its efforts on increasing the percentage of commercial and non-commercial trials that recruit to time and target. The Trust was anticipating a slight reduction in NIHR funding, and contingency planning was underway, with areas for potential of increased recruitment identified. Following the award of the Biomedical Research Centre, the Bristol BRC Chief Operating Officer would commence in post on 20 February, ahead of the Centre start date of 1 April. Julian Dennis requested whether it would be possible to include more comparisons against other Trusts in the Research and Innovation report. Sean responded that the Trust was working with others to establish whether there was a suite of indicators that could be used to make reliable comparisons. David Armstrong requested that the Trust consider how governance of this area could be improved, in terms of the flow from its top-level	

DRAFT

	primary purpose and strategy, through to its objectives and reporting. **Members RESOLVED to:** • **Receive** the report.	
20/01/17	**20. West of England Academic Health Science Network Board Report**	
	Members received the report, which aimed to update the Boards of the member organisations of the West of England Academic Health Science Network of the decisions, discussions and activities of the Network Board. **Members RESOLVED to:** • **Receive** the report	
21/01/17	**21. Governors' Log of Communications**	
	The report provided the Board with an update on governors' questions and responses from Executive Directors. **Members RESOLVED to:** • **Note** the Governors' Log of Communications.	
22/01/17	**22. Any Other Business**	
	The Board had no other urgent business.	
23/01/17	**23. Date of Next Meeting**	
	Tuesday 28 February 2017, 11am-1pm, Conference Room, Trust HQ, Marlborough Street, Bristol, BS1 3NU.	

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

DRAFT

Trust Board of Directors meeting held in Public 31 January 2017

Action tracker

Outstanding actions following meeting held 31 January 2017					
No.	**Minute reference**	**Detail of action required**	**Responsible officer**	**Completion date**	**Additional comments**
1	**10/01/17**	**Item 10 – Quarter 2 Complaints Report** Receive a further report on the disproportionate number of complaints received in relation to the BRI in this quarter.	Chief Nurse	February 2017	**Work in progress.** This will be addressed as part of the Quarter 3 Complaints Report to the Quality and Outcomes Committee.
2	**11/01/17**	**Item 11 – Quarter 2 Patient Experience and Involvement Report** Receive a report on the Trust's response to the Healthwatch review of South Bristol Community Hospital inpatient areas (March Trust Board meeting)	Chief Nurse	March 2017	**Work in progress.** The update will be incorporated into the Quarter 3 Patient Experience Report for March 2017.
3	**114/10/16**	**Transforming Care Programme Board** Receive an evaluation on the benefits experienced from use of the Happy App.	Chief Executive	February 2017	**Work in progress.** The evaluation has been approved by the Senior Leadership Team in February 2017, and will be considered at the Quality and Outcomes Committee in March 2017.

Cover report to the Public Trust Board meeting to be held on Tuesday, 28 February 2017 at 11.00 am -1.00 pm in the Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

		Agenda Item	6
Meeting Title	Trust Board	**Meeting Date**	Tuesday, 28 February 2017
Report Title	Chief Executive Report		
Author	Robert Woolley, Chief Executive		
Executive Lead	Robert Woolley, Chief Executive		
Freedom of Information Status		Open	

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

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

Executive Summary

Purpose

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

Key issues to note

The Board will receive a verbal report of matters of topical importance to the Trust, in addition to the attached report summarising the key business issues considered by the Senior Leadership Team in February 2017.

Recommendations
The Trust Board is recommended to note the key issues addressed by the Senior Leadership Team in the month and to seek further information and assurance as appropriate about those items not covered elsewhere on the Board agenda. Members are asked to: • **Note** the report.

Intended Audience (please select any which are relevant to this paper)									
Board/Committee Members	☒	Regulators	☐	Governors	☐	Staff	☐	Public	☐

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

Corporate Impact Assessment (please tick any which are impacted on / relevant to this paper)							
Quality	☐	Equality	☐	Legal	☐	Workforce	☐

Impact Upon Corporate Risk
N/A

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

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

APPENDIX A

SENIOR LEADERSHIP TEAM

REPORT TO TRUST BOARD – FEBRUARY 2017

DRAFT

1. INTRODUCTION

This report summarises the key business issues addressed by the Senior Leadership Team in February 2017.

2. QUALITY, PERFORMANCE AND COMPLIANCE

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

The group **received** updates on the current financial position for 2016/2017.

3. STRATEGY AND BUSINESS PLANNING

The group **noted** an update on the Operating Plan 2016/2017 and forward look for 2017/2018.

The group **supported** further development and risk assessment of a proposal around the management of surge capacity when operational pressures were beyond extreme escalation.

4. RISK, FINANCE AND GOVERNANCE

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

The group **approved** the Pandemic Influenza Plan, which had been revised to reflect new national guidance.

The group **received** an update on the evaluation of the Happy App.

The group **received** two medium impact Internal Audit Reports in relation to Mortality and Morbidity Reviews and Information Governance Toolkit.

The group **received** an update on the Register of External Visits.

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

Sean O'Kelly
Medical Director
February 2017

Cover report to the Public Trust Board meeting to be held on Tuesday, 28 February 2017 at 11.00 am -1.00 pm in the Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

		Agenda Item	7
Meeting Title	Trust Board	**Meeting Date**	Tuesday, 28 February 2017
Report Title	Quality and Performance Report		
Author	• Xanthe Whittaker, Associate Director of Performance/Deputy Chief Operating Officer • Anne Reader, Head of Quality (Patient Safety) • Heather Toyne, Head of Workforce Strategy & Planning		
Executive Lead	Owen Ainsley, Interim Chief Operating Officer		
Freedom of Information Status		Open	

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

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

Executive Summary

Purpose

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

Key issues to note

Please refer to the Executive Summary in the report.

Recommendations

Members are asked to: • **Note** the performance report for assurance

Intended Audience (please select any which are relevant to this paper)									
Board/Committee Members	☒	Regulators	☐	Governors	☐	Staff	☐	Public	☐

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

Corporate Impact Assessment (please tick any which are impacted on / relevant to this paper)							
Quality	☐	Equality	☐	Legal	☐	Workforce	☐

Impact Upon Corporate Risk
N/A

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

Date papers were previously submitted to other committees				
Audit Committee	**Finance Committee**	**Quality and Outcomes Committee**	**Remuneration & Nomination Committee**	**Other (specify)**
		24 February 2017		

Quality & Performance Report

February 2017

Executive Summary

Despite ongoing emergency pressures performance against the national access standards in January remained similar to that of last month. The 92% national standard for the percentage of patients waiting under 18 weeks from Referral to Treatment (RTT) was achieved for a third consecutive month. Whilst performance against the 6-week diagnostic waiting times standard continued to be below the 99% standard, there was a small reduction in the number of long waiters. Performance against the 62-day GP cancer standard fell below the 85% national standard in December, following achievement in November. However, performance against the standard for quarter 3 as a whole at 82.4% was above the national average of 82.1%. Disappointingly, performance against the A&E 4-hour standard continued to be below the in-month performance trajectory, although there was an improvement in performance between December and January. The Overview page of this report provides further details of the priorities, risks and threats for the coming months, to access, quality and workforce standards, along with noteworthy successes in the period.

The number of patients on the new outpatient waiting list stayed similar to last month despite a significant increase in outpatient referrals in the period. This increase in demand was offset by a planned increase in outpatient attendances, as part of the RTT recovery plan. However, the increase in attendances led to an increase in the number of additions to the elective waiting list. The rise in the elective waiting list poses a risk to continued achievement of the 92% RTT national standard unless this additional demand can be matched by an increase in activity of a similar scale. Although the number of patients waiting over 18 weeks on an admitted (elective) pathway decreased in January relative to February, bed pressures remain high with higher than normal levels of occupancy resulting in a higher level of cancellations of operations. There are also ongoing risks to restoring achievement of the 6-week wait for a diagnostic test due to specific capacity constraints in in Sleep Studies, which will take some time to address.

The overall level of emergency admissions into the Bristol Children's Hospital in January was marginally above the same period last year, but significantly down on December's levels. This led to an improvement in 4-hour performance, although the 95% national standard was not met. Although the number of emergency admissions via the Bristol Royal Infirmary was down by 3.3% on the same period last year, the total number of emergency admissions into the BRI was up by 4.7%, and similar to the levels seen in December 2016. The percentage of emergency admissions for patients aged 75 years and over increased significantly. The number of over 14 day stays in hospital increased to the highest level in more than three years, and bed-days consumed by Green to Go (delayed discharge) continued to rise. Bed occupancy increased and remained above the 2015/16 seasonal norm as a result, impacting on patient flow and 4-hour performance. In addition to increasing the number of operations cancelled at last-minute, this also led to a significant increase in the number of days patients spent outlying from their correct specialty ward. This level of outlying will increase length of stay and will continue to drive heightened levels of occupancy.

There were few changes in performance against the headline measures of quality that sit within the Trust Summary Scorecard, or other core measures of the quality of care provided by wards, despite the evident pressure from high levels of bed occupancy and a higher proportion of patients outlying from their specialty ward . Particularly noteworthy this month for other measures of quality was the 100% compliance for each of the three measures of Serious Incident management, the Friends & Family Test coverage for the Emergency Departments meeting the 20% standard for the first time since March 2015, and the second consecutive month of achievement of the 72-hour food chart review standard. Performance

against the metrics related to the management of patients who have sustained a fractured neck of femur continues to be disappointing, and the focus of significant attention.

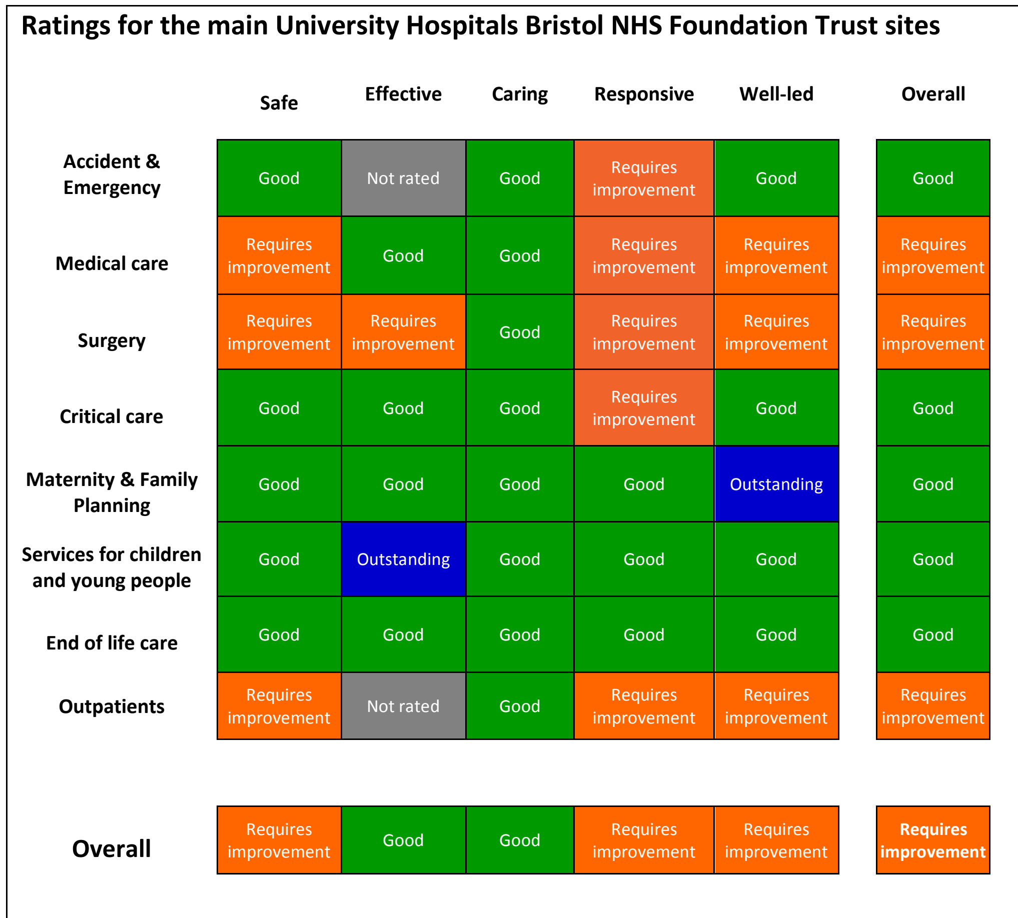
System pressures continue to provide context to the ongoing workforce challenges, especially bank and agency usage. Levels of staff sickness have shown a further increase, and pose risks to sustained recovery of access standards and further bank and agency spend. Turn-over rates continue to fall, and vacancy rates remain Green rated, reflecting the continued strong internal focus on recruitment and retention of staff. We continue to work in partnership with other organisations within the community to mitigate these system risks, and improve the responsiveness of the Trust's services.

Performance Overview

External views of the Trust

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

Care Quality Commission



Ratings for the main University Hospitals Bristol NHS Foundation Trust sites

	Safe	Effective	Caring	Responsive	Well-led	Overall
Accident & Emergency	Good	Not rated	Good	Requires improvement	Good	Good
Medical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
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	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	**Requires improvement**

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	4.5 stars (4 stars)	OK	OK	✓ 98.4%
BRI	3.5 stars	OK	OK	✓ 96.5%
BDH	3 stars	OK	OK	Not avail
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.
Last month's ratings shown in brackets where these have changed

NHS Improvement Single Oversight Framework

For the latest month reported (i.e. January for A&E, RTT and 6-weeks and December for 62-day GP) the Trust failed to achieve the trajectory for three of the four access standards in the Single Oversight Framework (SOF). The 92% Referral to Treatment (RTT) was achieved for a third consecutive month. However, the 62-day GP cancer standard failed to be met following achievement in the previous month. The 6-week wait diagnostic and A&E 4-hour standards also failed to be met in the period.

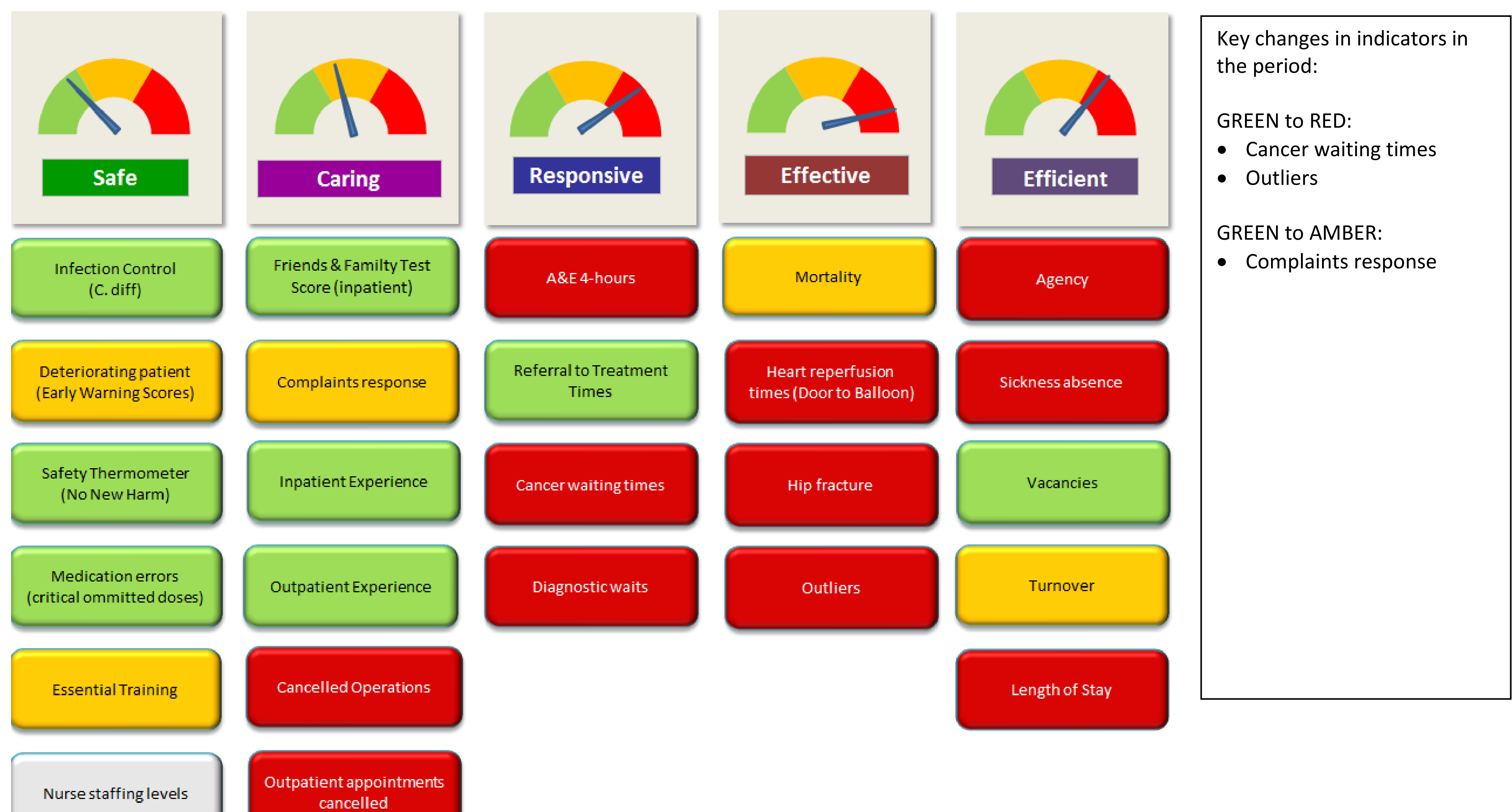
The Trust has been off trajectory for the A&E 4-hour standard for greater than two consecutive months. Under the rules of the SOF this means that NHS Improvement (NHSI) may consider providing additional support to the Trust to recover performance. NHSI has recently undertaken a Critical Friend visit, for which the Trust is expecting a written report after the follow-up visit planned for the 28th February.

Access Key Performance Indicator		Quarter 2			Quarter 3			Quarter 4		
		Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
A&E 4-hours	Actual	89.3%	90.0%	87.3%	82.9%	78.5%	79.6%	80.4%		
	STF trajectory	87.6%	88.4%	92.2%	93.3%	90.0%	89.3%	88.5%	87.4%	91.0%
62-day GP cancer	Actual	72.9%	84.5%	80.5%	79.5%	85.2%	81.5%	TBC		
	STF trajectory*	84.7%	81.7%	85.0%	85.0%	85.1%	86.9%	85.7%	83.6%	85.9%
Referral to Treatment Time (RTT)	Actual	92.0%	90.5%	90.4%	91.2%	92.0%	92.0%	92.2%		
	STF trajectory*	93.2%	93.2%	93.4%	93.4%	93.4%	92.8%	92.8%	92.8%	93.0%
6-week wait diagnostic	Actual	96.1%	95.5%	96.9%	98.9%	99.0%	98.2%	98.4%		
	STF trajectory*	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%

*minimum requirement is achievement of the national standard

Summary Scorecard

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



Key changes in indicators in the period:

GREEN to RED:

- Cancer waiting times
- Outliers

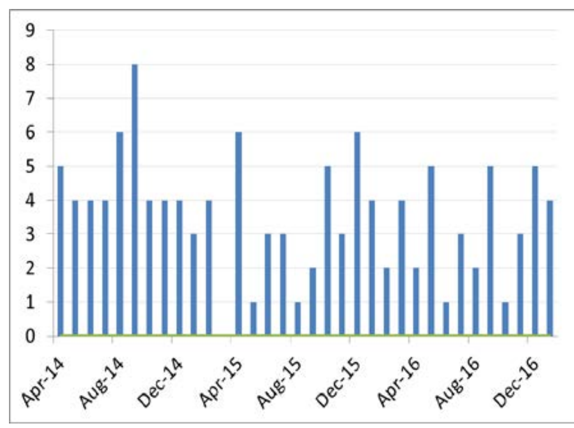
GREEN to AMBER:

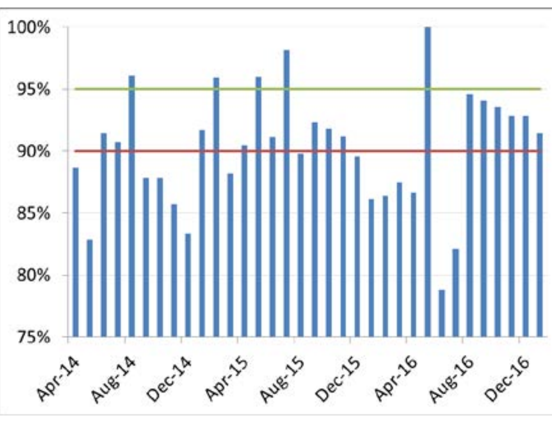
- Complaints response

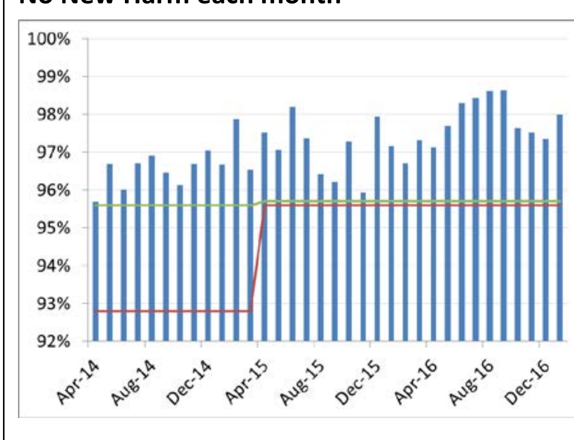
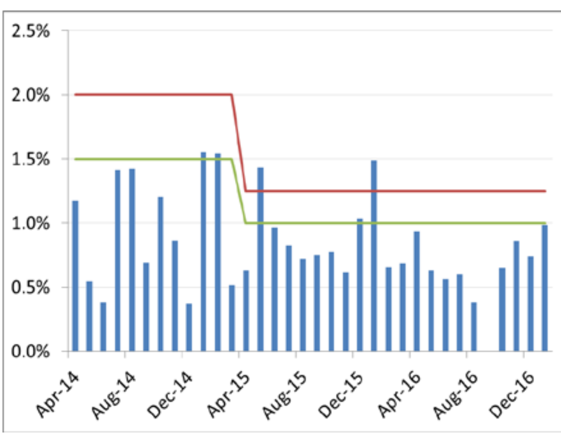
Overview

The following summarises the key successes in January 2017, along with the priorities, opportunities, risks and threats to achievement of the quality, access and workforce standards in quarter 4 2016/17.

Successes	Priorities
• In January 2017, the Friends and Family Test coverage for the Emergency Department was 21.2%, meeting the 20% target for the first time since March 2015; • Award from NHS Employers for "exciting and effective" use of communications for the flu campaign; • Essential training, whilst still below target, has achieved 89% compliance which is the highest level since the change in reporting and compliance requirements in April 2016; • Performance against the 62-day GP cancer standard was above the national average for quarter 3 as a whole; • The 92% national standard for the percentage of patients waiting under 18 weeks from Referral to Treatment was met for a third consecutive month.	• Improvement in care of patients with fractured neck of femur, including timeliness to theatre; • There is a continued focus on the reduction of agency usage and sickness absence, and this will be an ongoing priority in the operating plans which are being developed for 2017/18; • Further reduction in the number of patients waiting over 18 weeks Referral to Treatment (RTT), by delivering additional activity in each month in quarter 4; • Sustained improvement in performance against the 62-day GP cancer waiting times standard during quarter 4.
Opportunities	**Risks & Threats**
• Piloting and training has commenced on the new Rostering system, which goes live in April, bringing the opportunity for improved booking and rostering; • The E-Appraisal system which will go live in April 2017; this is in response to feedback from the staff survey and our commitment to ensuring appraisals are of real value and quality.	• Sickness absence continues to be significantly above target at 5%. It is likely that our average sickness for 2016/17 will be in the region of 4.2% compared with a target of 3.9%; • In January 2017, there was deterioration in the number of outlier bed days, 372 more than the figure for December 2016. This is due to operational pressures on the hospital which have increased the number of medical patients who outlie into other wards; • Ongoing emergency pressures could make sustained achievement of the 92% RTT national waiting times standard challenging, especially in the context of a rising elective waiting list following increased outpatient attendances; • Late referrals from other providers continue to impact on achievement of the 62-day GP cancer waiting times standard.

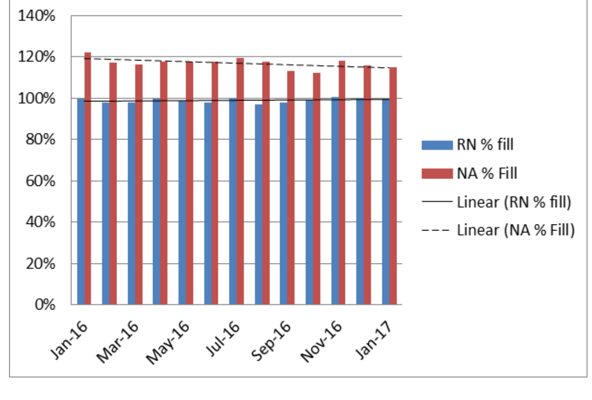
<table>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th><th>Comments</th></tr>
<tr>
<td>Infection control
The number of hospital-apportioned cases of Clostridium difficile infections. The Trust limit for 2016/17 is 45 avoidable cases of clostridium difficile (the same as 2015/16).</td>
<td>There were four case of Clostridium difficile (C. diff) attributed to the Trust in January 2017. This was attributed to divisions as shown in the table below.
<table>
<tr><th></th><th>C. difficile</th></tr>
<tr><td>Medicine</td><td>4</td></tr>
</table>
</td>
<td>Total number of C. diff cases


A total of 31 cases (unavoidable + avoidable) have been reported in the year to date against a limit of 45 for April 2016 to March 2017.</td>
<td>The annual limit for the Trust for 2016/17 is 45 avoidable cases. The monthly assessment of cases continues with the Clinical Commissioning Group. The total number of cases to date attributed to the Trust is thirty one. Fourteen cases have been assessed as unavoidable, and eight cases assessed as avoidable. The cases for December and January are still to be assessed.</td>
</tr>
<tr>
<td>Deteriorating patient
National early warning scores (NEWS) acted upon in accordance with the escalation protocol (excluding paediatrics). This is an area of focus for our Sign up to Safety Patient Safety Improvement Programme. Our three year goal is sustained improvement above 95%.</td>
<td>Performance in January 2017 was 91% (three breaches) against a three-year improvement goal of 95%. This is a slight deterioration from December’s position of 93 % (two breaches). Of the three breaches which occurred, two were in the Division of Surgery, Head & Neck and one in the Division of Medicine. One breach was due to a patient with a NEWS of 3 in one parameter not being escalated to a Registered Nurse in the first instance by a Nurse Assistant. The second breach was due to a failure to escalate a patient with a revised trigger in place. The final breach was a patient who was appropriately escalated to the Registrar, but the Registrar was unable to attend within the prescribed timeframe. None of the patients came to harm.</td>
<td>Deteriorating patient: percentage of early warning scores acted upon

</td>
<td>This is measured by a monthly point prevalence audit. Work continues in the deteriorating patient work stream of our patient Safety Improvement Programme and is reported in detail to the Programme Board.
Details of the actions being taken are described in the actions section (Actions 1A to 1G).</td>
</tr>
</table>

Description	Current Performance	Trend	Comments
Safety Thermometer – No new harm. The NHS Safety Thermometer comprises a monthly audit of all eligible inpatients for 4 types of harm: pressure ulcers, falls, venous-thromboembolism and catheter associated urinary tract infections. New harms are those which are evident after admission to hospital.	In January 2017, the percentage of patients with no new harms was 98.6% (11 patients had new harms), against an upper quartile target of 98.26% (GREEN threshold) of the NHS Improvement patient safety peer group of Trusts.	**The percentage of patients surveyed showing No New Harm each month** 	The January 2017 Safety Thermometer point prevalence audit showed six new catheter associated urinary tract infections, no falls with harm, no new pressure ulcers and five new venous thrombo-emboli
Non-purposeful omitted doses of listed critical medicines Monthly audits by pharmacy incorporate a review of administration of critical medicines: insulin, anti-coagulants, Parkinson's medicines, injected anti—infectives, anti-convulsants, short acting bronchodilators and 'stat' doses.	In January 2017, 0.98% of patients reviewed (9 out of 916) had one or more omitted critical medications in the past three days. The target for omitted doses is no more than 1.25%, the average for the year to date is 0.65%. The 0.98% for January 2017 is a slight deterioration from the December 2016 figure of 0.74% (7 out of 941). Causal analysis of reported incidents shows a high proportion of omitted medications were available at the time from other wards or the Pharmacy Emergency Drug Cupboards.	**Percentage of omitted doses of listed critical medicines** 	Month-on-month performance has remained consistently below the target for omitted doses of no more than 1.25%. Actions being taken are described in the actions section (Actions 2A and 2B)

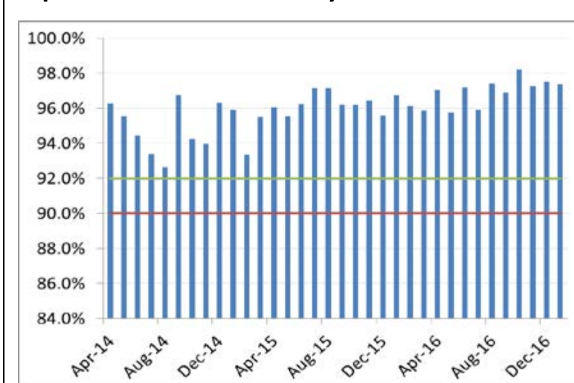
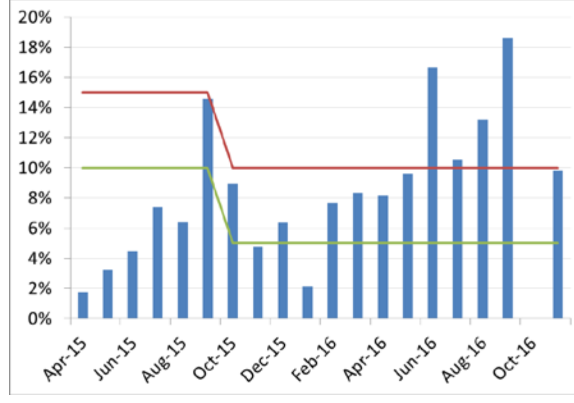
<table>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th><th>Comments</th></tr>
<tr>
<td>Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%</td>
<td>Overall compliance is 89% (excluding Child Protection Level 3), up from 88% last month. Compliance with each of the reporting categories is provided below:
<table>
<tr><th>January 2017</th><th>UH Bristol</th></tr>
<tr><td>Total</td><td>89%</td></tr>
<tr><td>Three Yearly (14 topics)</td><td>89%</td></tr>
<tr><td>Annual (Fire)</td><td>82%</td></tr>
<tr><td>Annual (IG)</td><td>76%</td></tr>
<tr><td>Induction</td><td>96%</td></tr>
<tr><td>Resuscitation</td><td>85%</td></tr>
<tr><td>Safeguarding</td><td>90%</td></tr>
</table>
</td>
<td>There are four graphs which are included in the appendix which show performance against trajectory for fire and information governance, which are the most challenged topics.</td>
<td>Action plan 3 provides details of the ongoing work to achieve compliance across all topics.

Achievement of the Green threshold depends on all categories of Essential Training achieving 90%, and Information Governance achieving 95%.</td>
</tr>
<tr>
<td>Nurse staffing levels unfilled shifts reports the level of registered nurses and nursing assistant staffing levels against the planned.</td>
<td>The report shows that in January 2017 the Trust had rostered 223,591 expected nursing hours, with the number of actual hours worked of 231,534.

This gave a fill rate of 103.6%
<table>
<tr><th>Division</th><th>Actual Hours</th><th>Expected Hours</th><th>Difference</th></tr>
<tr><td>Medicine</td><td>62,025</td><td>58,065</td><td>+3,960</td></tr>
<tr><td>Specialised Services</td><td>40,635</td><td>40,641</td><td>-6</td></tr>
<tr><td>Surgery Head & Neck</td><td>44,466</td><td>42,519</td><td>+1,947</td></tr>
<tr><td>Women's & Children's</td><td>84,408</td><td>82,366</td><td>+2042</td></tr>
<tr><td>Trust - overall</td><td>231,534</td><td>223,591</td><td>+7,943</td></tr>
</table>
</td>
<td>The percentage overall staffing fill rate by month


</td>
<td>Overall for the month of January 2017, the Trust had 99% cover for Registered Nurses (RN) on days and 100% RN cover for nights. The unregistered level of 113% for days and 118% for nights reflects the activity seen in January. This was due primarily to Nurse Assistant specialist assignments to safely care for confused or mentally unwell patients in adults particularly at night.

See also Action 4.</td>
</tr>
</table>

Description	Current Performance	Trend	Comments
Friends & Family Test inpatient score is a measure of how many patients said they were 'very likely' to recommend a friend or family to come to the Trust if they needed similar treatment. The scores are calculated as per the national definition, and summarised at Division and individual ward level.	Performance for January 2017 was 97.4%. This metric combines Friends & Family Test scores from inpatient and day-case areas of the Trust, for both adult and paediatric services. Division and hospital-level data is provided to the Trust Board on a quarterly basis in the quarterly Patient Experience and Involvement report.	**Inpatient Friends & Family scores each month** 	The scores for the Trust are in line with national norms. A very high proportion of the Trust's patients would recommend the care that they receive to their friends and family. These results are shared with ward staff and are displayed publically on the wards. Division and hospital-level data is provided to the Trust Board and is explored within the Quarterly Patient Experience report.
Dissatisfied Complainants. By October 2015 we are aiming for less than 5% of complainants to report that they are dissatisfied with our response to their complaint by the end of the month following the month in which their complaint response was sent.	Following an agreed change, dissatisfied cases are now measured as a proportion of complaints responses and reported two months in arrears. This means that the latest data in the board dashboard is for the month of November 2016. Performance for November was 9.8% against a green target of 5%. As of 14th January 2017, 6 of the 61 responses sent out in November had resulted in dissatisfied replies.	**Percentage of compliantaints dissatisfied with the complaint response each month** 	Our year to date performance for 2016/17 is 10.9%, compared with 6.2% for 2015/16 and 11.1% reported in the Trust's 2014/15 Quality Report. Informal Benchmarking with other NHS Trusts suggests that the rates of dissatisfied complainants are typically in the range of 8% to 10%. Actions continue as previously reported to the Board (Actions 5A to 5E).

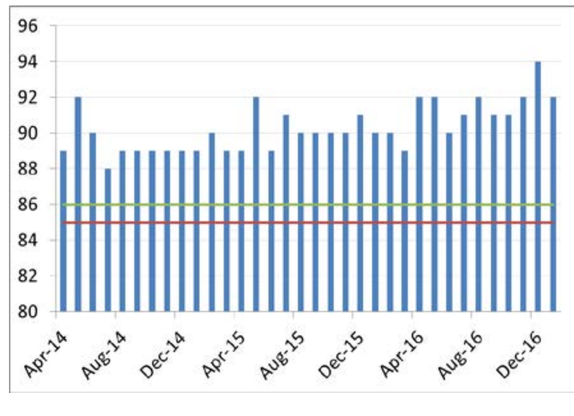
Description	Current Performance	Trend	Comments

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

Current Performance: For the month of January 2016, the score was 92 out of a possible score of 100, and 92 for Q3 as a whole. Divisional level scores are provided on a quarterly basis to ensure sample sizes are sufficiently reliable.

	Q2 2016/2017	Q3 2016/2017
Trust	91	92
Medicine	88	90
Surgery, Head & Neck	92	92
Specialised Services	92	92
Women's & Children's (Bristol Royal Hospital for Children)	92	94
Women's & Children's Division (Postnatal wards)	92	91

Trend: **Inpatient patient experience scores (maximum score 100) each month**



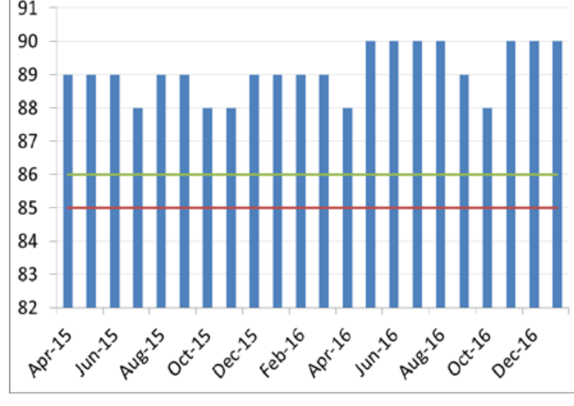
Comments: UH Bristol performs in line with national norms in terms of patient-reported experience. This metric would turn red if patient experience at the Trust began to deteriorate to a statistically significant degree – alerting the Trust Board and senior management that remedial action was required.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

Description: **Outpatient experience tracker** comprises four scores from the Trust’s monthly survey of outpatients (or parents of 0-11 year olds):
1) Cleanliness
2) Being seen within 15 minutes of appointment time
3) Being treated with respect and dignity
4) Receiving understandable answers to questions.

Current Performance: The score for the Trust as whole was 90 in January 2017 (out of score of 100). Divisional scores for quarter 3 are provided as numbers of responses each month are not sufficient for a monthly divisional breakdown to be meaningful.

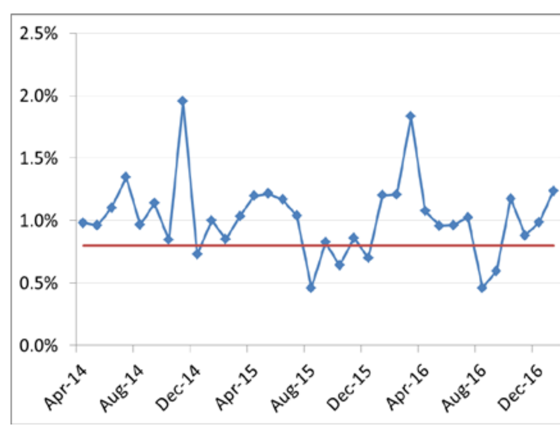
	Q2 2016/2017	Q3 2016/2017
Trust	90	90
Medicine	89	89
Specialised Services	87	89
Surgery, Head & Neck	92	88
Women's & Children's (Bristol Royal Hospital for Children)	89	85
Diagnostics & Therapies	94	96

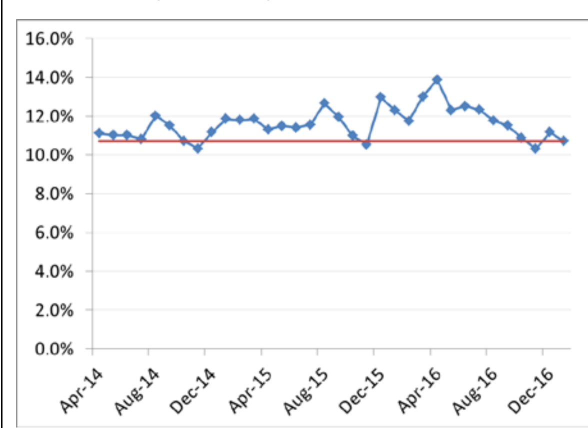
Trend: **Outpatient Experience Scores (maximum score 100) each month**



Comments: The Trust’s performance is in line with national norms in terms of patient-reported experience.

This metric would turn red if outpatient experience at UH Bristol began to deteriorate to a statistically significant degree – alerting the Trust Board and senior management that remedial action was required. In the year to date the Trust score remains green. Divisional scores are examined in detail in the Trust’s Quarterly Patient Experience Report.

<table>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th><th>Comments</th></tr>
<tr>
<td>Last Minute Cancellation is a measure of the percentage of operations cancelled at last minute for non-clinical reasons. The national standard is for less than 0.8% of operations to be cancelled at last minute for reasons unrelated to clinical management of the patient.</td>
<td>In January the Trust cancelled 79 (1.24% of) operations at last-minute for non-clinical reasons. The reasons for the cancellations are shown below:
<table>
<tr><th>Cancellation reason</th><th></th></tr>
<tr><td>No ward bed available</td><td>21 (27%)</td></tr>
<tr><td>Emergency patient prioritised</td><td>16 (20%)</td></tr>
<tr><td>No HDU/ITU bed available</td><td>11 (14%)</td></tr>
<tr><td>Surgeon/anaesthetist ill/unavailable</td><td>12 (15%)</td></tr>
<tr><td>Clinically complicated patient in theatre</td><td>4 (5%)</td></tr>
<tr><td>Other causes (8 different breach reasons - no themes)</td><td>15 (19%)</td></tr>
</table>
Four patients cancelled in December were readmitted outside of 28 days. This equates to 93.1% of cancellations being readmitted within 28 days, which is below the former national standard of 95%.</td>
<td>Percentage of operations cancelled at last-minute


The national 0.8% standard is currently not forecast to be met in February due to continued high bed occupancy levels.</td>
<td>Emergency pressures continues to be the predominant cause of cancellations this month, with ward bed availability, emergency patients needing to be prioritised, and a lack of High Dependency / Intensive Therapy Unit beds (due to these being occupied by emergency patients), making-up 61% of all cancellations. An action plan to reduce elective cancellations continues to be implemented (Actions 6A and 6B). However, please also see actions detailed under A&E 4 hours (8A to H) and outlier bed-days (13).</td>
</tr>
<tr>
<td>Outpatient appointments cancelled is a measure of the percentage of outpatient appointments that were cancelled by the hospital. This includes appointments cancelled to be brought forward, to enable us to see the patient more quickly.</td>
<td>In January 10.72% of outpatient appointments were cancelled by the hospital, which is marginally above the Red threshold of 10.7%. This is a 0.5% reduction on last month.</td>
<td>Percentage of outpatient appointments cancelled by the hospital

</td>
<td>Ensuring outpatient capacity is effectively managed on a day-to-day basis is a core part of the improvement work overseen by the Outpatients Steering Group. The improvement plan for this key performance indicator is prioritising those actions that are likely to reduce the current underlying rate of cancellation by the hospital (Actions 7A to C).</td>
</tr>
</table>

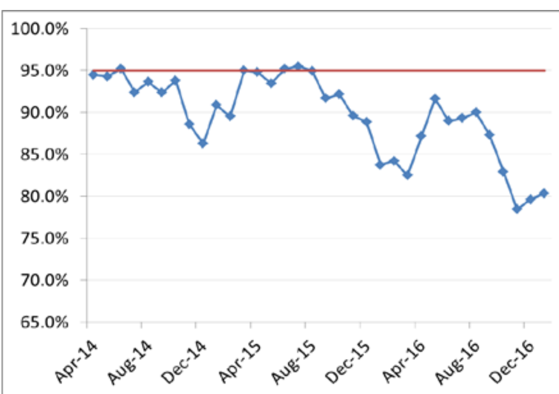
Description	Current Performance	Trend	Comments

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

The 95% national standard was not achieved in January. Trust-level performance improved to 80.4% but was below the in-month trajectory (88.5%). Performance and activity levels for the BRI and BCH Emergency Departments are shown below.

BRI	Jan 2016	Dec 2016	Jan 2017
Attendances	5,697	5,439	5,366
Emergency Admissions	2,015	1,957	1,948
Patients managed < 4 hours	4314 75.7%	3996 73.5%	3695 68.9%
BCH	**Jan 2016**	**Dec 2016**	**Jan 2017**
Attendances	3,346	3,652	3,200
Emergency Admissions	862	963	872
Patients managed < 4 hours	2982 89.1%	2899 79.4%	2886 90.2%

Performance of patients waiting under 4 hours in the Emergency Departments



The trajectory of 87.4% is not forecast to be met in February.

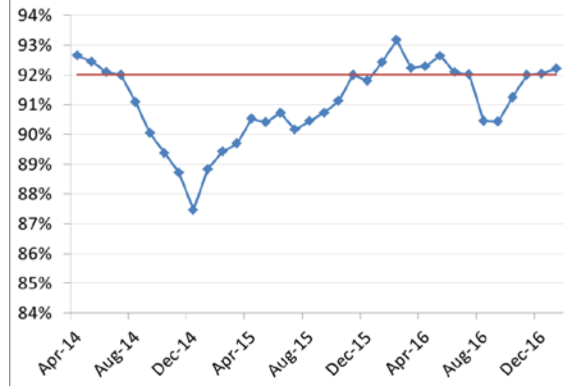
Levels of emergency admissions via the BRI ED were 3.3% down on the same period last year, although total emergency admissions into the BRI were up by 4.7%. The number of over 14 day stays and the number of bed-days consumed by Green to Go (Delayed Discharge) patients has increased, resulting in a rise in BRI bed occupancy above the 2015/16 seasonal norm. Actions continue to be taken to manage demand and reduce length of stay (Actions 8A to 8H).

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

The 92% national standard was met at the end of January, with reported performance of 92.2% against the recovery forecast of 92.0% (see Appendix 3). The number of patients waiting over 40 weeks RTT at month-end decreased in January but remained high, mainly due to continued theatre capacity pressures in the Division of Women's & Children's. There were three over 52-week waiters, two (paediatric) due to patient choice and one (cardiology) due to an administrative error.

	Nov	Dec	Jan
Numbers waiting > 40 weeks RTT	78	93	86
Numbers waiting > 52 weeks RTT	1	1	3

Percentage of patients waiting under 18 weeks RTT by month



Recovery forecast for February is for the 92% standard to be achieved.

The number of patients waiting over 18 weeks on a non-admitted (outpatient) pathway has decreased. There has also been a decrease in the number of patients waiting over 18 weeks on admitted (elective) pathways, despite an increase in the overall size of the elective waiting list. The increase the size of the elective waiting list poses a risk to continued achievement of the 92% standard. The RTT recovery plan continues to be monitored through fortnightly meetings with Divisions (Action 9).

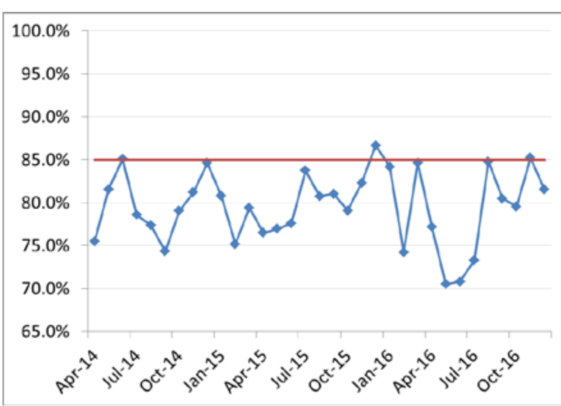
Description	Current Performance	Trend	Comments

Cancer Waiting Times are measured through eight national standards. These cover a 2-week wait to see a specialist, a 31 day wait from diagnosis to treatment, and a 62-day wait from referral to treatment. There are different standards for different types of referrals, and first and subsequent treatments.

December's performance was 81.5% against the 85% 62-day GP standard, and a trajectory of 85.1%. Unusually, the 85% standard was not met for internal pathways with performance at 82.8%. The main reasons for failure to achieve the 85% 62-day GP standard for individual patients is shown below.

Breach reason	Dec 16
Late referral by/delays at other provider	5.5
Medical deferral/clinical complexity	4.0
Patient choice	4.0
Insufficient surgical capacity	1.5
Delayed radiology diagnostic	1.0
Delayed admitted diagnostic	1.0
TOTAL	**17.0**

Percentage of patients treated within 62 days of GP referral



Performance against the 90% 62-day screening standard in December was 100%.

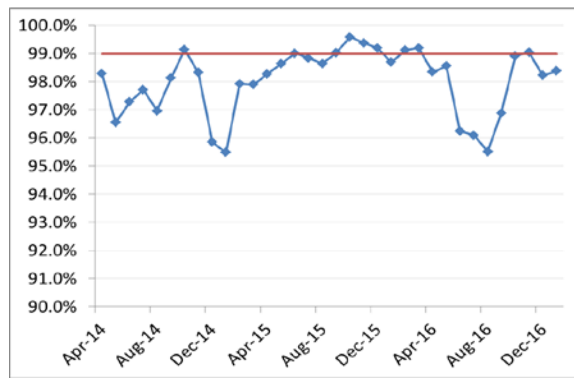
Performance for quarter 3 as a whole was above the national average of 82.1%. Performance continues to be impacted by factors outside of the control of the Trust, including late referrals and medical deferrals. A CQUIN came into effect on the 1st October, along with a national policy for 'automatic' breach reallocation of late referrals. Adjusted performance based upon the reallocation rules would have been 84.4%. An improvement plan continues to be implemented to minimise avoidable delays (Action 10).

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

Performance against the 99% national standard was 98.4% in January. The number and percentage of over 6-week waiters at month-end, is shown below:

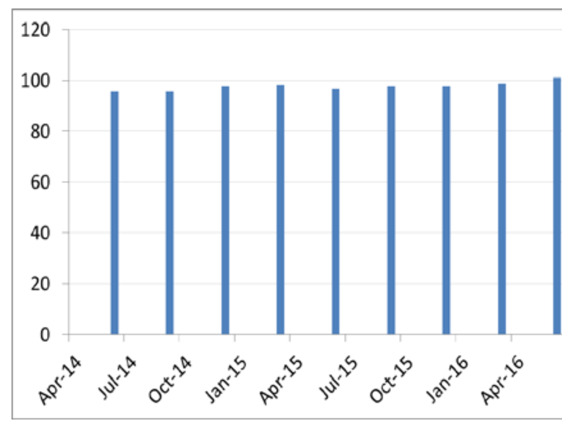
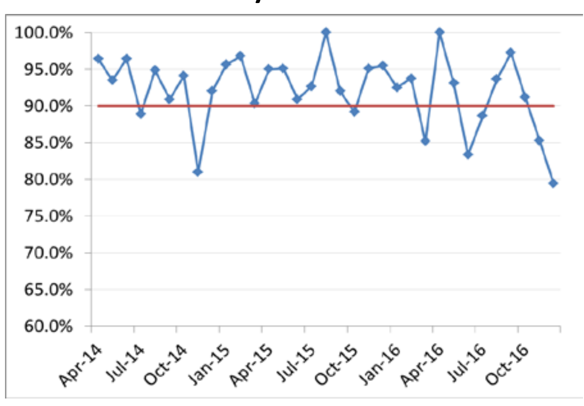
Diagnostic test	Nov	Dec	Jan
MRI	2	1	16
Ultrasound	0	1	0
Sleep	1	9	51
Endoscopies	42	30	19
CT	29	22	36
Echo	4	63	0
Other	1	10	4
TOTAL	**79**	**136**	**126**
Percentage	**99.0%**	**98.2%**	**98.4%**
Recovery trajectory	99.0%	99.0%	99.0%

Percentage of patients waiting under 6 weeks at month-end



Achievement of the 99% at the end of February is not forecast due to the time required to clear the Sleep Studies backlog.

Although the backlog of routine echocardiography scans was addressed in January, the number of patients waiting over 6 weeks for a Sleep Studies test increased significantly. This was a result of service capacity lost due to the physical move of the service and associated 'snagging' issues with the new facility, along with sessions having to be cancelled to free-up physicians to undertake additional ward rounds. Additional sessions are being undertaken reduce the number of long waiters (Action 11A to 11C).

Description	Current Performance	Trend	Comments
Summary Hospital Mortality Indicator is the ratio of the actual number of patients who died in hospital or within 30 days of discharge and the number that were 'expected' to die, calculated from the patient case-mix, age, gender, type of admission and other risk factors. This is nationally published quarterly, six months in arrears.	Summary Hospital Mortality Indicator (SHMI) for June 2016 was 101.2. This statistical approach estimates that 21 more actual deaths than expected deaths in the 12 month period up to June 2016. The lower confidence limit of this indicator for the Trust is below 100 and the Trust is in the "As expected" category for SHMI. The Hospitalised Standardised Mortality Ratio (HSMR) remains well below 100 with a statistical estimate of 152 fewer actual deaths than expected deaths within the 12 month period up to June 2016.	**Summary Hospital Mortality Indicator (SHMI) for in hospital deaths each month**  	This latest SHMI data will be reviewed in detail to understand the reasons for the increase and identify any action the Trust needs to take.
Door to balloon times measures the percentage of patients receiving cardiac reperfusion (inflation of a balloon in a blood vessel feeding the heart to clear a blockage) within 90 minutes of arriving at the Bristol Heart Institute.	In December (latest data), 27 out of 34 patients (79.4%) were treated within 90 minutes of arrival in the hospital. Performance for the year as a whole remains above the 90% standard at 90.5%. The seven breaches of standard each breached for different reasons including the Catheter laboratory already being in use for an emergency patient, clinical complications, and diagnostic tests carried-out by the ambulance crew being non-diagnostic.	**Percentage of patients with a Door to Balloon Time < 90 minutes by month**  	Routine monthly analysis of the causes of delays in patients being treated within 90 minutes continues. There were no emerging themes in December.

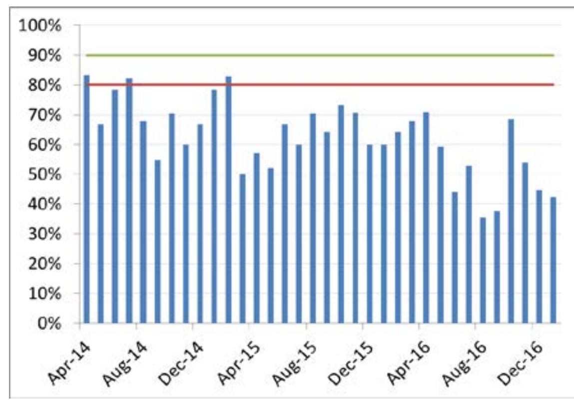
Description	Current Performance	Trend	Comments

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

In January 2017 we achieved 42.3% (11/ 26 patients) overall performance in Best Practice Tariff (BPT), against the national standard of 90%. The time to theatre within 36 hours performance was 69.2% (18/26 patients).

Reason for not going to theatre within 36 hours	Number
Lack of theatre capacity.	Seven patients - lack of theatre capacity.
Medically unfit for surgery.	One patient - medically unfit

Percentage of patients with fracture neck of femur whose care met best practice tariff standards.



Seven patients did not receive any ortho-geriatrician review due to sickness and the clinician having to cover Older Person Assessment Unit. One patient died post operatively and therefore was not reviewed by an ortho-geriatrician.

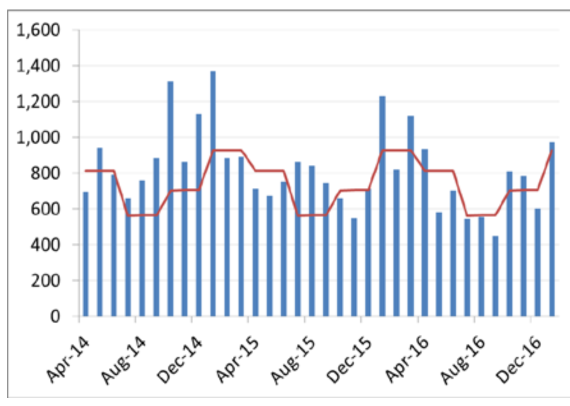
Actions are being taken to establish a future service model across Trauma & Orthopaedics, and ensure that consistent, sustainable cover is provided (Actions 12A to 12E).

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

In January 2017 there were 972 outlier bed-days against a target of 927 outlier bed days. Performance showed deterioration in January with an increase of 370 bed-days over December's figure of (602). Due to operational pressures the number of outlying medical patients increased by 302 bed days from last month, with a slight increase in surgical patients and a slight reduction in specialised services.

Outlier bed-days	Jan 2017
Medicine	689
Surgery, Head & Neck	210
Specialised Services	60
Women's & Children's Division	11
Diagnostics and Therapies	2
Total	**972**

Number of days patients spent outlying from their specialty wards



In quarter 4 the target is set at 927 a month and actual outlier bed days was 45 bed days more than this. In December there were 103 bed days fewer than the set target (704).

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

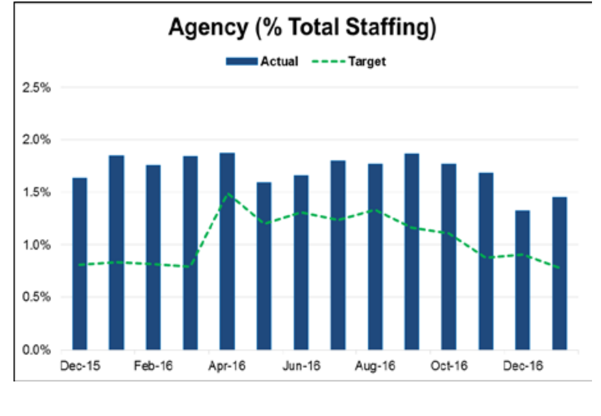
Description	Current Performance	Trend	Comments

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

Agency usage increased by 11 FTE, up from 1.3% to 1.4% of total staffing. Nursing agency usage increased by 8.9 FTE, associated with increased escalation, extra capacity beds, and staffing the Emergency Department queue, together with higher requirements for vacancy and sickness cover.

January 2017	FTE	Actual %	KPI
UH Bristol	**122.5**	**1.4%**	**0.8%**
Diagnostics & Therapies	6.8	0.7%	0.6%
Medicine	46.0	3.6%	0.9%
Specialised Services	9.7	1.0%	1.2%
Surgery, Head & Neck	17.9	1.0%	0.4%
Women's & Children's	16.1	0.8%	0.4%
Trust Services	14.2	1.9%	2.1%
Facilities & Estates	11.8	1.5%	1.0%

Agency usage as a percentage of total staffing by month



The agency action plans continue to be implemented and the headlines are in the improvement plan (Action 14).

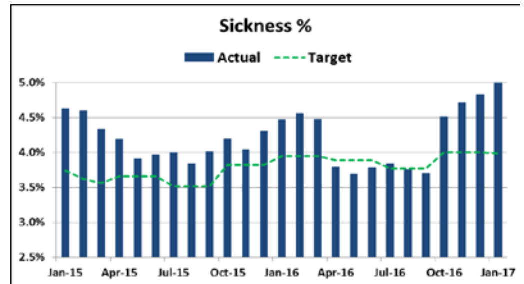
A summary of compliance with agency caps is attached in Appendix 2.

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

Sickness absence increased from 4.9% to 5% (interim data). There has been a 38% increase in days lost to colds and flu compared with the previous month, and a 15% reduction in days lost for psychological reasons. The biggest increases were in Surgery Head and Neck and Estates and Facilities.

January 2017	Actual	KPI
UH Bristol	**5.0%**	**4.0%**
Diagnostics & Therapies	4.3%	2.9%
Medicine	5.0%	4.5%
Specialised Services	3.7%	3.6%
Surgery, Head & Neck	5.2%	3.7%
Women's & Children's	4.7%	4.2%
Trust Services	4.4%	3.1%
Facilities & Estates	8.7%	5.9%

Sickness absence as a percentage of full time equivalents by month

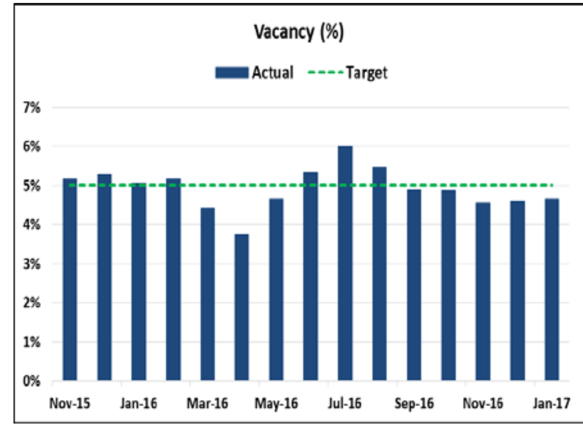


Please note: Sickness data is refreshed retrospectively to capture late data entry, and to ensure the data are consistent with what we finally submit for national publication

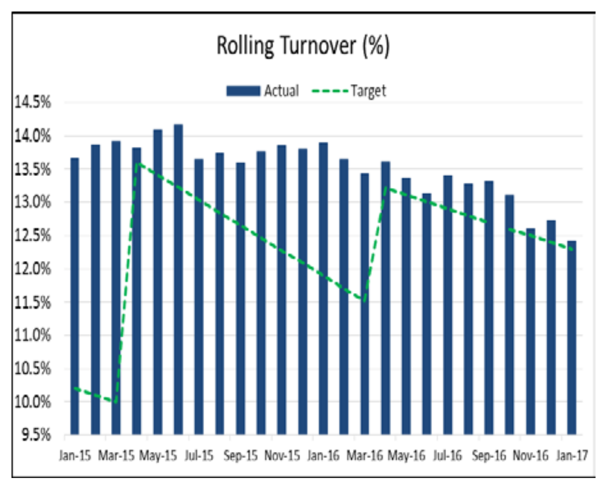
It should be noted that sickness data is not complete for January and so is reported as an interim figure. Due to the transition from Rosterpro to Allocate, nursing data for the last two days of the month was not available.

Average monthly sickness absence for the year to date stands at 4.1%.

Action 15 describes the ongoing programme of work to address sickness absence.

Description	Current Performance	Trend	Comments
Vacancies - vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a Trust-wide target of 5%.	Vacancies increased from 4.6% to 4.7%. Registered nursing vacancies increased from 4.6% (89.4 FTE) to 5.3% (111 FTE). The increase in registered nursing vacancies is spread across all bed holding Divisions. Ancillary vacancies increased from 5.9% (50.1 FTE) to 7% (60.4 FTE).	**Vacancies rate by month** 	The recruitment action plan is summarised in Action 16. Appendix 2 details progress in reducing specialist nursing vacancies hotspots.

January 2017	Rate
UH Bristol	**4.7%**
Diagnostics & Therapies	5.4%
Medicine	5.5%
Specialised Services	5.0%
Surgery, Head & Neck	4.6%
Women's & Children's	2.4%
Trust Services	5.3%
Facilities & Estates	7.0%

Description	Current Performance	Trend	Comments
Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 12.1% by the end of 2016/17. The red threshold is 10% above monthly trajectory.	Turnover has reduced from 12.7% last month, to 12.4%. Registered nurse turnover reduced from 12.3% to 12.0%.	**Staff turnover rate by month** 	Programmes to support staff recruitment remain a key priority for the Divisions and the Trust (Action 17).

January 2017	Actual	Target
UH Bristol	**12.4%**	**12.3%**
Diagnostics & Therap.	11.5%	12.6%
Medicine	14.6%	13.4%
Specialised Services	12.3%	12.7%
Surgery, Head & Neck	11.4%	12.4%
Women's & Children's	11.5%	10.8%
Trust Services	12.7%	11.9%
Facilities & Estates	14.7%	13.6%

Description	Current Performance	Trend	Comments
Length of Stay (LOS) measures the number of days inpatients on average spent in hospital. This measure excludes day-cases. LOS is measured at the point at which patients are discharged from hospital.	In January the average length of stay for inpatients was 4.21 days, which is above the quarter 3 RED threshold of 3.90 days. This is similar to the Length of Stay reported in December. The percentage of patients discharged in January who were long-stay stay patients decreased to below the 2015/16 monthly average. The number of long stay patients in hospital at month-end increased significantly, and is now at the highest reported level for more than three years.	**Average length of stay (days)** 4.8 4.6 4.4 4.2 4.0 3.8 3.6 3.4 Apr-14 Aug-14 Dec-14 Apr-15 Aug-15 Dec-15 Apr-16 Aug-16 Dec-16 Length of stay is forecast to remain above the RED threshold in February and to materially increase when the existing large cohort of long-stay patients are discahrged.	The number of bed-days consumed by Green to Go (delayed discharges) increased in January. The total number of Green to Go patients in hospital remains more than double the jointly agreed planning assumption of 30 patients. The number of 14-day plus stays is currently at a very high level. The percentage of emergency patients admitted aged 80 years and over continues to be higher than last winter. Work to reduce delayed discharges and over 14 days stays continues as part of the emergency access community-wide resilience plan and additional exceptional actions being taken (Actions 8A to 8H and 13).

Improvement Plan

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
Safe					
Deteriorating patient Early warning scores for acted upon.	1A	Further targeted teaching for areas where NEWS incidents have occurred.	On-going	Monthly progress reviewed in the deteriorating patient work stream and quarterly by the Patient Safety Improvement Programme Board, Clinical Quality Group and Quality and Outcomes Committee	Sustained improvement to 95% by 2018.
	1B	Accessing doctor education opportunities to assist with resetting triggers safely.	On-going	As above	Sustained improvement to 95% by 2018.
	1C	Conduct 1:1 debriefs to further understand the reasons why nurses and doctors are unable to escalate or respond to escalation and address these accordingly. Also please see 1E below.	Underway aiming for completion March 2017	As above	Sustained improvement to 95% by 2018.
	1D	Spreading point of care simulation training in adult general ward areas to address human factors elements of escalating deteriorating patients and use of structured communication.	On-going	As above	Sustained improvement to 95% by 2018.
	1E	Additional time allocated for patient safety in doctors' induction to train new appointees on resetting triggers safely and	Ongoing	As above	Sustained improvement to 95% by 2018.

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		human factors awareness of escalation conversations.			
	1F	Review and response to outputs of mapping exercise of coverage of responders to escalation calls out of hours actions.	April 2017	As above	Sustained improvement to 95% by 2018.
	1G	Procurement of e observations system to enable automatic calculation of NEWS and notification of elevated NEWS to responder.	TBC	As above	Sustained improvement to 95% by 2018.
Non-purposeful omitted doses of critical medication	2A	Datix dashboard being developed to capture omitted doses, to allow detailed thematic analysis.	Commenced February 2017 and ongoing	Improvement under development	Maintain current improvement and sustain performance below 1%
	2B	Teaching session to be run for new Pharmacists on data collection and background	Commenced February 2017 and ongoing	Teaching session under development	Maintain current improvement and sustain performance below 1%
Essential Training	3	Continue to drive compliance including increasing e-learning.	Ongoing	Oversight by the Education Group via the Essential Training Steering Group	Divisional Trajectories show compliance by the end of March 2017. Information Governance is required to achieve 95%. The target for all other essential training is 90%.
		Detailed plans and trajectories focus on improving the compliance of Safeguarding Resuscitation, Information Governance and Fire Safety.	Education Group	Oversight of safeguarding training compliance by Safeguarding Board /Education Group Monthly and quarterly Divisional Performance Reviews.	
Monthly Staffing	4	Continue to validate temporary	Ongoing	Monitored through agency	Action plan available on

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
levels		staffing assignments against agreed criteria.		controls and action plan.	request.

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
Caring					
Dissatisfied complainants	5A	Response writing training continues to be rolled-out to Divisions	Ongoing	Completion of training signed-off by Patient Support & Complaints Team and Divisions.	Achieve and maintain a green RAG rating for this indicator.
	5B	Upon receipt of written response letters from the Divisions, there is a thorough checking process, whereby all letters are firstly checked by the case-worker handling the complaint, then by the Patient Support & Complaints Manager. The Head of Quality for Patient Experience & Clinical Effectiveness also checks a selection of response letters each week. All responses are then sent to the Executives for final approval and sign-off.	Ongoing	Senior Managers responsible for drafting and signing off response letters before they leave the Division are named on a Response Letter Checklist that is sent to the Executives with the letter. Any concerns over the quality of these letters can then be discussed individually with the manager concerned and further training provided if necessary.	Achieve and maintain a green RAG rating for this indicator
	5C	Dissatisfied responses are now routinely checked by the Head of Quality (Patient Experience & Clinical Effectiveness) to identify learning where appropriate. All cases where a complaint is dissatisfied for a second time are escalated to and reviewed by the Chief Nurse. In early January 2017, the Head of Quality and Acting Patient Support and Complaints Manager will	Implemented September 2015 and ongoing January 2017 - findings to be discussed by the	 Learning identified and shared with Divisions	Achieve and maintain a green RAG rating for this indicator

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		conduct a detailed review of the 15 dissatisfied cases from July and August to identify any themes and learning.	Patient Experience Group on 23rd February		
	5D	The Trust will be establishing a new complaints review panel in 2017.	Terms of Reference established March 2017	Evidence that the panel is in place and learning identified and shared with Divisions	Achieve and maintain a green RAG rating for this indicator
	5E	The Trust is involved in exploratory conversations with the Patients' Association about developing an on-going model of collaborative working based on learning from dissatisfied complainants	Focus Group to take place March 2017	TBC	Achieve and maintain a green RAG rating for this indicator
Last minute cancelled operations	6A	Continued focus on recruitment and retention of staff to enable all adult BRI ITU beds to be kept open, at all times. Training package developed to support staff retention. Staff recruited and in post. Development and implementation of a strategy for managing ITU/HDU beds across general adult and cardiac units, to improve ability to manage peaks in demand.	Ongoing To be confirmed – expected to be by quarter 4, when virtual ward up to full impact, relieving ward bed pressures	Monthly Divisional Review Meetings; Relevant Steering Group to be confirmed, but likely to be Clinical Strategy Group.	Improvement to be evidenced by a reduction in cancellations in Q4. Achievement of quality objective on a quarterly basis.
	6B	Specialty specific actions to reduce the likelihood of cancellations.	Ongoing	Monthly review of plan with Divisions by Associate Director of Operations.	As above.

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
Outpatient appointments cancelled by hospital	7A	Produce summary analysis of first month's use of the new cancellation codes, and test the reasonableness of the target thresholds currently set. This analysis will include a break-down of the reasons for cancellation, and the percentage of cancellations that relate to patients being able to book on the national Electronic Referral Service, beyond the period of notification for annual leave.	Complete	Report provided for Outpatient Steering Group;	Outpatient Steering Group to identify any new actions arising from this analysis, which may alter performance trajectory.
	7B	Select six highest hospital cancellation specialities and investigate reasons for cancellations with frontline staff and Performance & Operations Managers. Share learning with all over specialities via the Outpatient Steering Group.	Ongoing	Report provided for Outpatient Steering Group	Amber threshold expected to be achieved again by the end of March.
	7C	Confirm that no leave is being agreed within six weeks (or timescale locally agreed).	Ongoing	Report provided for Outpatient Steering Group	See action 7B

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
Responsive					
A&E 4-hours	8A	Medically expected patients managed via Acute Care Unit (ACU) to avoid adding to ED queue	Ongoing	Actions expected to reduce and/or smooth demand. Monitoring of expected improvement in relevant KPI through the Emergency Access Improvement Group (AEPIG)	Improvement expected in Q4 performance, relative to monthly trajectory.
	8B	Additional medical Senior Registrar cover for twilight shifts to support ED	Ongoing		
	8C	Extended escalation capacity (A518) likely to end of quarter 4, and continued use of ORLA	Ongoing		
	8D	Three additional consultant-led discharge teams on the ground	Ongoing		
	8E	Two Acute physicians commencing in post	Complete – in post		
	8F	Flexible use of community beds via system partners	Duration of quarter 4 2016/17	Progress monitored through daily ALAMAC calls.	
	8G	Additional GPSU and Urgent care capacity	Duration of quarter 4 2016/17		
	8H	Alternative transport to smooth flow of medically expected patients	Ongoing		
Referral to Treatment Time (RTT)	9	Weekly monitoring of reduction in RTT over 18 week backlogs against trajectory. Continued weekly review of	Ongoing	Oversight by RTT Steering Group; routine in-month escalation and discussion at monthly Divisional Review	Achievement of 92% in each month in quarter 4.

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		management of longest waiting patients through RTT Operations Group.		meetings.	
Cancer waiting times	10	Implementation of Cancer Performance Improvement Plan, including ideal timescale pathways, and reduced waits for 2-week wait appointments.	Ongoing	Oversight of implementation by Cancer Performance Improvement Group, with escalation to Cancer Steering Group.	Achieve 85% for internally managed pathways and 85% with application of CQUIN.
Diagnostic waits	11A	Increase adult endoscopy capacity by recruiting to the Nurse Endoscopist post, completing the in-house training of a nurse endoscopist, booking additional waiting list initiatives and sessions through Glanso, and outsourcing as much routine work as possible to a private provider through the contract which has recently been agreed.	Ongoing	Weekly monitoring by Associate Director of Performance, with escalation to month Divisional Review meetings as required.	Recovery of 99% standard for endoscopy by end of January (revised from October).
	11B	Additional Sleep Studies waiting list sessions being undertaken to help address the bulge in demand;	End February	Weekly monitoring by Associate Director of Performance, with escalation to month Divisional Review meetings as required.	Recovery of 99% standard by end of October - achieved for October and November, but not in December. Additional sessions now being booked in February, March and April, with achievement expected by end of April.
	11C	Additional echocardiography sessions to be established to catch-up on capacity lost in December.	End January	Weekly monitoring by Associate Director of Performance, with escalation to month Divisional Review	Achievement of 99% standard again for this diagnostic modality by the end of January

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
				meetings as required.	(achieved).

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
Effective					
Fracture neck of femur Best Practice Tariff (BPT)	12A	Build and submit case for middle grade medical ortho-geriatric support (1.0 WTE 1-year fixed term with focus on quality/pathway work relating to Fractured Neck of Femur). This will enable consistent and regular ortho-geriatric cover across orthopaedic wards, and avoid breaches due to annual leave etc.	September 2016	Successful funding bid and subsequent recruitment to post.	Post on hold pending completion of business case of investment to service following British Orthopaedic Association (BOA) report and recommendations
	12B	Build and submit case for specialist acute fracture nurse support (Band 6 permanent).	April 2017	Successful funding bid and subsequent recruitment to post.	Expected to form part of investment proposal for the 2017/18 operating plan.
	12C	Review the ward structure to see whether separate wards with protected beds and capacity for fractured neck of femurs will allow additional focus to meet patients' needs	April 2017	Focussed care consolidated in each ward, suitable to meet the patients' needs. Improved recruitment and retention of ward staff.	Proposals have been submitted to split the wards into one elderly trauma and fractured neck of femur ward (A604), and one young trauma and elective ward (A602). Awaiting full feedback, but the initial reaction was positive.
	12D	Review and make the case to increase physiotherapy services to support fractured neck of femurs patients on the trauma and orthopaedic wards across seven days	April 2017	Earlier physiotherapy and nutritional support, earlier mobilisation and better chest management.	Post on hold pending completion of business case of investment to service following BOA report and recommendations.

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
Outlier bed-days	13	Ward processes to increase early utilisation of discharge lounge to facilitate patients from Acute Medical Unit getting into the correct speciality at point of first transfer.	Ongoing	Oversight in Ward Processes Project Group	Linked to increased and timely use of discharge lounge

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
Efficient					
Agency Usage	14	**Effective rostering**: 'Allocate' rostering to provide improved rostering, booking and data.	Allocate system Go live April 2017	Nursing agency: oversight by Savings Board through its sub group (Nursing Controls Cost Improvement Group). Medical agency: oversight through the Medical Efficiencies Group.	January performance is in line with the mid-year review forecast out turn for March 2017 of 1.5% compared with the 2016/17 KPI of 1.1% as a percentage of total staffing. Divisional Performance against plan is monitored at monthly and quarterly Divisional Performance reviews.
		Controls and efficiency: • Rigorous escalation process; • Nurse and AHP agency supplier contracts - awarded in April 2017; • Operating plan agency trajectories monitored by divisional reviews	Ongoing Monthly/ quarterly reviews		
		Enhancing bank provision: • Ongoing marketing drive; • Bank shifts on Allocate, allowing shifts to be viewed from home; • Pilot to extend opening hours of the Temporary Staffing Bureau.	Ongoing End January onwards		
Sickness Absence	15	**Supporting Attendance Policy:** Policy Group February; implementation and training from April 2017	Dec 2016 – April 2017	Oversight by Workforce and Organisational Development (OD) Group via the Staff Health and Well Being Sub Group	A KPI for 2016/17 of 3.9% has been set through the operating planning process. In view of the performance in the last four months, it is likely that out turn will be in the region of 4.2%.
		Supporting Attendance Surgeries: To expedite cases where possible	Ongoing		
		Musculo-skeletal: Interventions by Occupational Health, Physio Direct,	Ongoing	Workplace Wellbeing Steering Group (quarterly) /CQUIN	

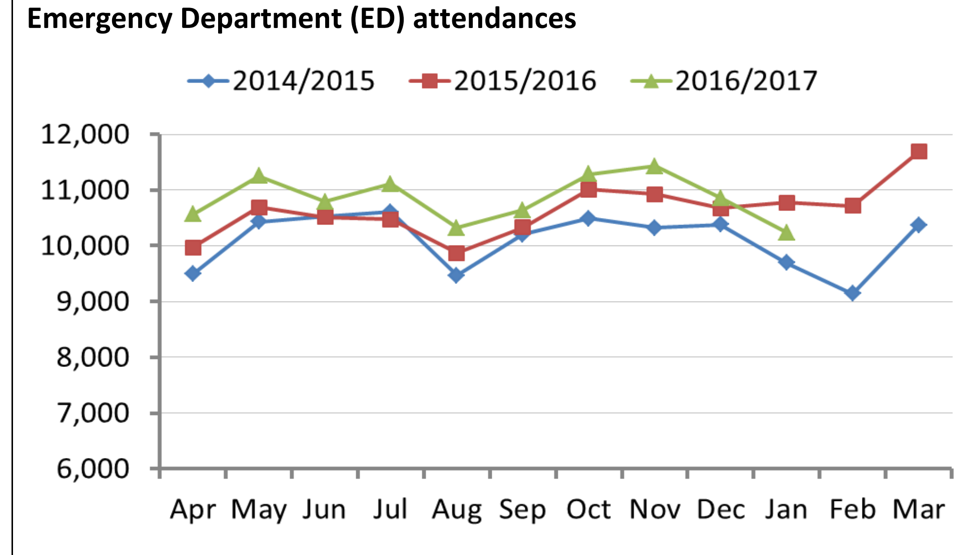
Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		and Manual Handling Team		Delivery Group	
		Mental health: Draft Stress management strategy framework	Senior Leadership May 2017		
		Staff Health and Well Being: Trust review of model for well-being including healthy food and beverages	January 2017 to January 2018		
Vacancies	16	**Recruitment Performance:** • Divisional Performance and Operations Meetings monitor vacancies and performance against KPI of 45 days to recruit.	Review quarterly	Workforce and OD Group /Recruitment Sub Group.	Detailed trajectories are in place for key recruitment hotspots, including theatres; critical care, haematology and ancillary staff
		Marketing and advertising: • Nursing recruitment website supported by digital and social media advertising campaigns	Ongoing		
		Support for recruitment and retention initiatives in specialist areas: • Heygroves Theatres and CICU. Trajectories (see Appendix 2)	Reviewed monthly	Divisional Performance and Operational Reviews	
Turnover	17	**Complete review of appraisal**: Including: • Revised policy; • E-Appraisal; • Engaging staff.	March 2017	Transformation Board	The KPI for 2016/17 has been set at 12.1%. The forecast out turn for March 2017, based on the mid-year review, was 12.4%.

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		Future actions include: • Communication plan; • Further pilots for improved E appraisal system in 2017.	Communication plan launched January 2017		
		Complete review of appraisal: Including: • Updated policy; • E-Appraisal; • Revised Training.	April 2017	Transformation Board	
		Team building and local decision making: Senior Leadership Team update March 2017	March 2017	Senior Leadership Team	
		Engagement Plans: Detailed action plans and milestones incorporated into Divisional operating plans.	November 2015 - March 2017	Divisional Boards/ Senior Leadership Team/Workforce and OD Group.	
		Transformational Engagement and retention: Leadership Behaviours workshops complete, update to Senior Leadership Team March 2017	Workshops December 2016 to January 2017.	Senior Leadership Team/Board	
		Staff Survey: Staff survey closed December 2017, results available in March/April.	March/April 2017	Workforce and OD Group	

Operational context

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

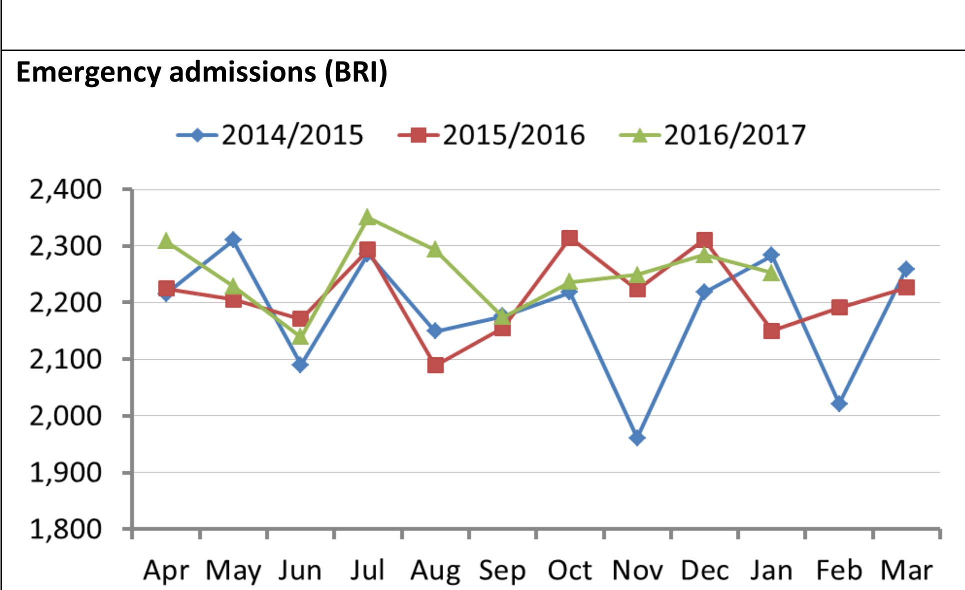
Emergency Department (ED) attendances



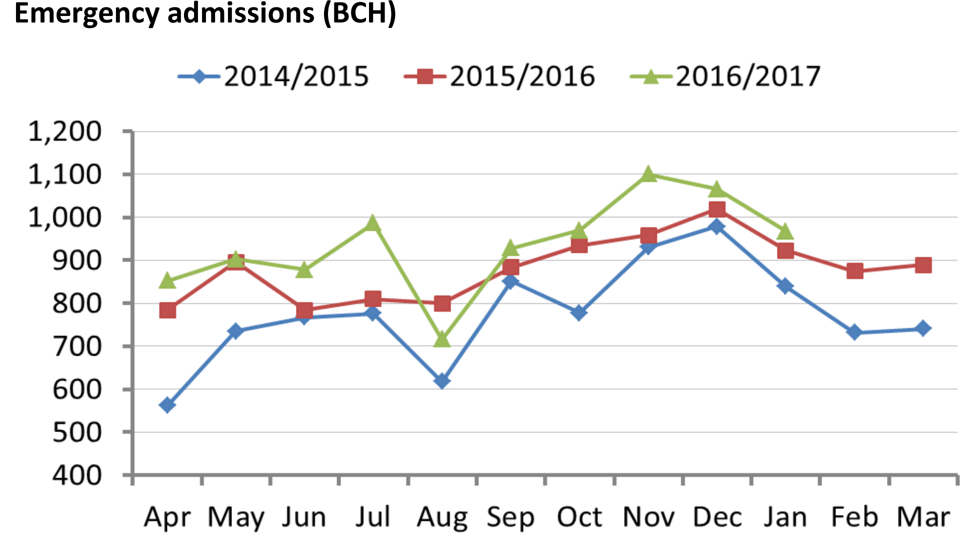
Summary points:

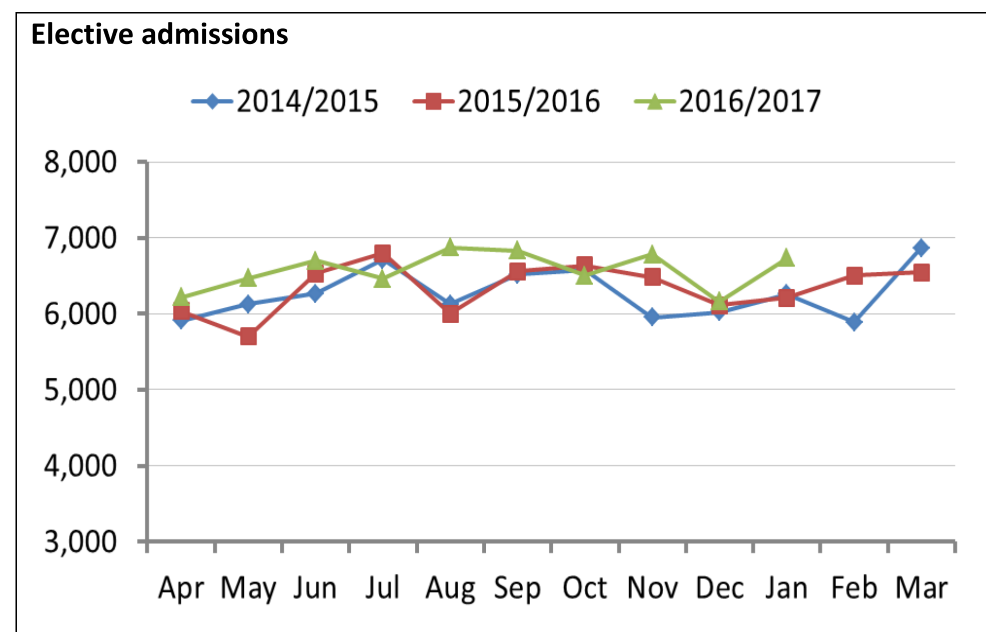
- Emergency attendances have fallen to below last year's levels;
- The total number of emergency admissions into the BRI increased above the 2015/16 seasonal norm; the number of emergency admissions into the BCH continued to be above the same period last year;
- The number of new outpatient attendances has increased above the seasonal norm as part of the plan to improve RTT performance;
- The number of elective admissions also increased above the level of the seasonal norm, despite a higher level of cancellations due to emergency pressures;
- The number of patients waiting over 18 weeks for treatment has decreased as a result of the additional activity in the month; however the rise in the elective waiting list means there is a 'bulge' in the waiting list that will need to be met to prevent an increase in over 18 week waiters in future months (see Assurance and Leading Indicators section).

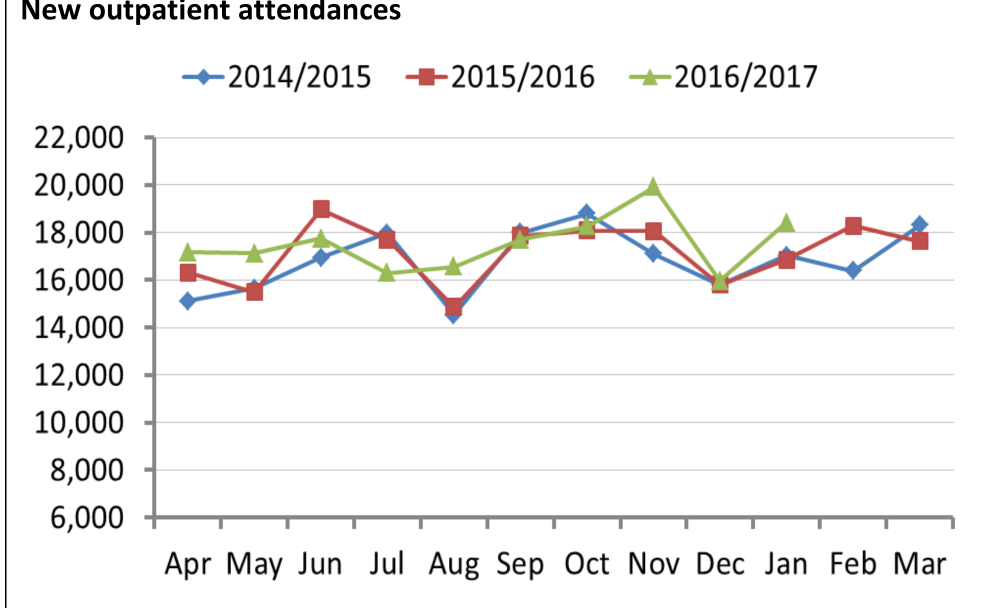
Emergency admissions (BRI)



Emergency admissions (BCH)



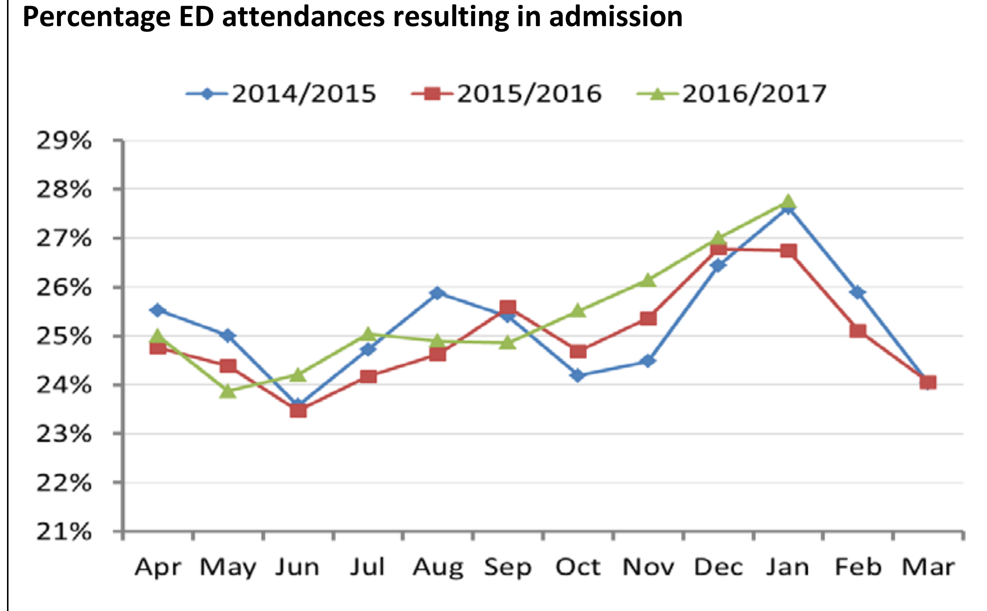

Elective admissions
2014/2015
2015/2016
2016/2017
8,000
7,000
6,000
5,000
4,000
3,000
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar


New outpatient attendances
2014/2015
2015/2016
2016/2017
22,000
20,000
18,000
16,000
14,000
12,000
10,000
8,000
6,000
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar

Assurance and Leading Indicators

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

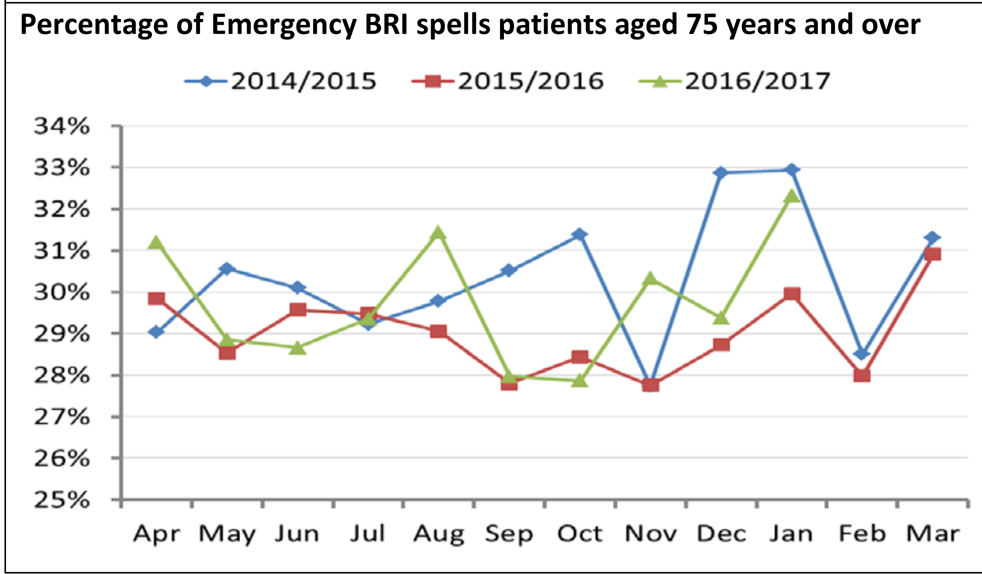
Percentage ED attendances resulting in admission



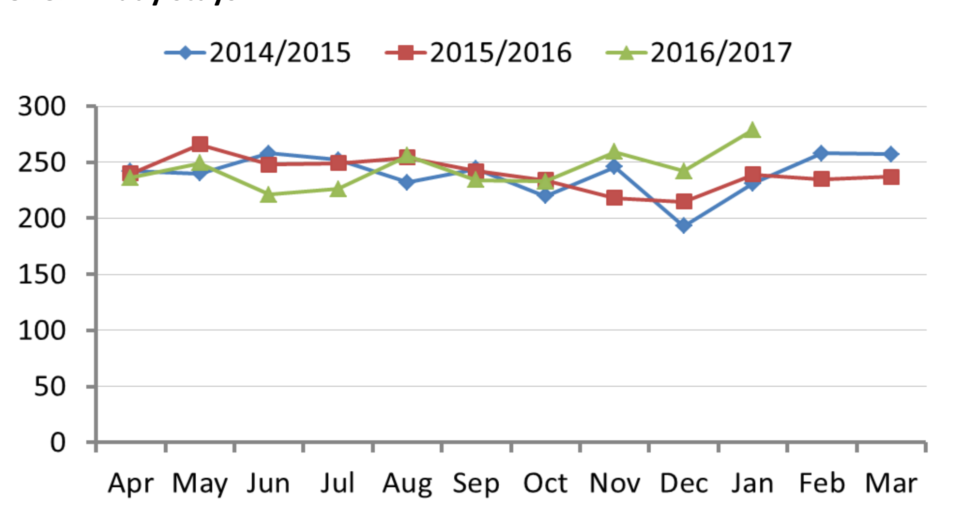
Summary points:

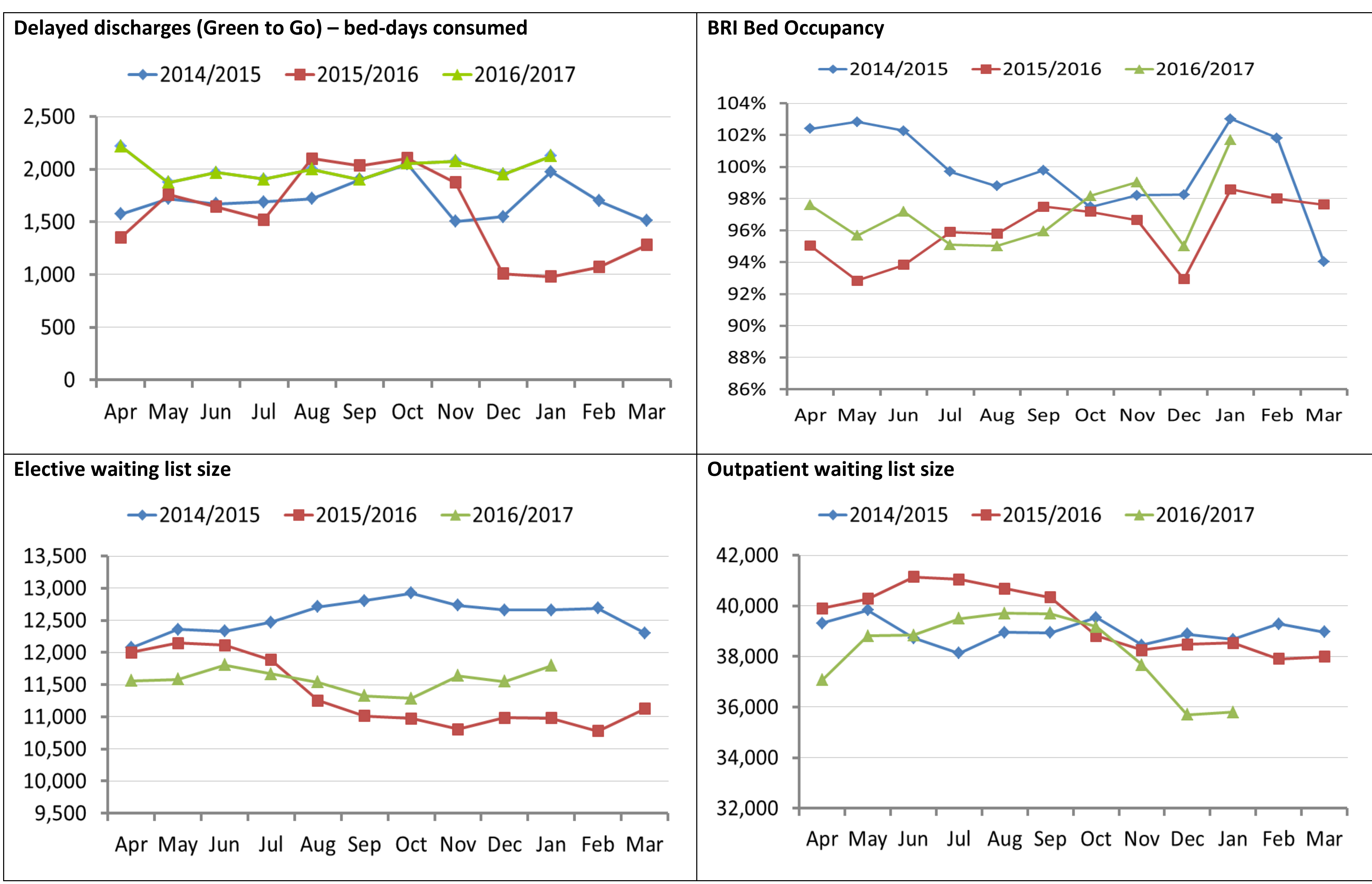
- The percentage of patients arriving in our Emergency Departments and converting to an admission continues to show the usual seasonal rise, and is similar to the very high levels seen in 2014/15; the percentage of patients admitted aged 75 years and over is significantly above the same period last year;
- The number of over 14 days stays and bed-days consumed by delayed discharges remains significantly above last year's level, which has contributed to a rise in BRI bed occupancy;
- The number of patients on the outpatient waiting list has remained stable, with a high level of referrals in January being offset by an increase in outpatient attendances; consistent with the increase in outpatient attendances, the elective waiting list has risen, with more patients being added to the list than treated in the month;
- The number of patients referred by their GP with a suspected cancer (2-week waits) fell to seasonal levels for the first time in 2016/17.

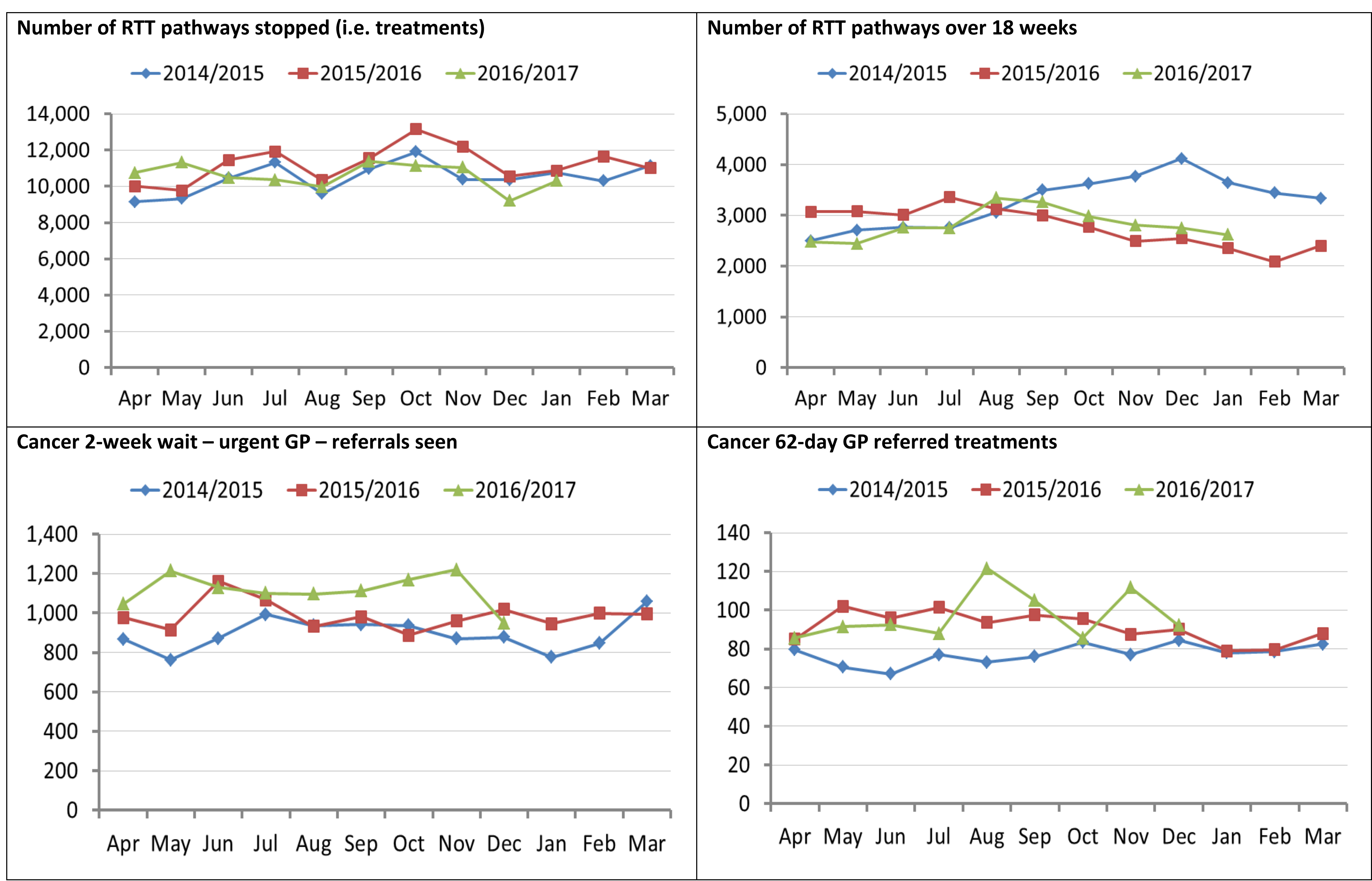
Percentage of Emergency BRI spells patients aged 75 years and over



Over 14 day stays




Delayed discharges (Green to Go) – bed-days consumed
2014/2015
2015/2016
2016/2017
2,500
2,000
1,500
1,000
500
0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
BRI Bed Occupancy
2014/2015
2015/2016
2016/2017
104%
102%
100%
98%
96%
94%
92%
90%
88%
86%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Elective waiting list size
2014/2015
2015/2016
2016/2017
13,500
13,000
12,500
12,000
11,500
11,000
10,500
10,000
9,500
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Outpatient waiting list size
2014/2015
2015/2016
2016/2017
42,000
40,000
38,000
36,000
34,000
32,000
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar


Number of RTT pathways stopped (i.e. treatments)
2014/2015
2015/2016
2016/2017
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Number of RTT pathways over 18 weeks
2014/2015
2015/2016
2016/2017
5,000
4,000
3,000
2,000
1,000
0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Cancer 2-week wait – urgent GP – referrals seen
2014/2015
2015/2016
2016/2017
1,400
1,200
1,000
800
600
400
200
0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Cancer 62-day GP referred treatments
2014/2015
2015/2016
2016/2017
140
120
100
80
60
40
20
0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

Trust Scorecards

SAFE, CARING & EFFECTIVE

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			15/16	16/17 YTD	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
Patient Safety																				
Infections	DA01a	MRSA Bloodstream Cases - Cumulative Totals	-	-	3	3	0	0	0	0	0	0	0	1	1	1	-	-	-	-
	DA01	MRSA Bloodstream Cases - Monthly Totals	3	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0
	DA03	C.Diff Cases - Monthly Totals	40	31	2	4	2	5	1	3	2	5	1	3	5	4	8	10	9	4
	DA02	MSSA Cases - Monthly Totals	26	32	1	0	2	3	3	7	4	2	0	6	2	3	8	13	8	3
C.Diff "Avoidables"	DA03c	C.Diff Avoidable Cases - Cumulative Totals	-	-	14	17	0	1	2	3	4	5	5	8	-	-	-	-	-	-
Infection Checklists	DB01	Hand Hygiene Audit Compliance	97.3%	96.7%	97.7%	96.8%	96.6%	97.3%	98%	96.9%	98.4%	94.9%	97%	96.5%	95.7%	95.5%	97.3%	96.8%	96.4%	95.5%
	DB02	Antibiotic Compliance	87.6%	88%	88.2%	86.1%	84.4%	85.3%	83.9%	88.2%	86.5%	86.8%	90.9%	90.3%	91.2%	91.7%	84.5%	87.4%	90.8%	91.7%
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	-	-	95%	94%	95%	95%	95%	96%	97%	95%	95%	96%	96%	96%	-	-	-	-
	DC02	Cleanliness Monitoring - Very High Risk Areas	-	-	98%	98%	98%	98%	98%	98%	98%	98%	97%	97%	97%	98%	-	-	-	-
	DC03	Cleanliness Monitoring - High Risk Areas	-	-	96%	95%	96%	96%	96%	96%	97%	97%	96%	96%	97%	96%	-	-	-	-
Serious Incidents	S02	Number of Serious Incidents Reported	69	45	4	10	3	8	2	6	8	1	4	5	3	5	13	15	12	5
	S02a	Number of Confirmed Serious Incidents	55	31	4	5	3	7	2	5	7	1	4	2	-	-	12	13	6	-
	S02b	Number of Serious Incidents Still Open	5	12	0	0	0	1	0	0	0	0	0	3	3	5	1	0	6	5
	S03	Serious Incidents Reported Within 48 Hours	84.1%	93.3%	100%	100%	66.7%	100%	100%	83.3%	87.5%	100%	100%	100%	100%	100%	92.3%	86.7%	100%	100%
	S03a	Serious Incidents - 72 Hour Report Completed Within Timescale	-	88.9%	-	-	66.7%	100%	100%	100%	87.5%	100%	75%	80%	66.7%	100%	92.3%	93.3%	75%	100%
	S04	Serious Incident Investigations Completed Within Timescale	74.1%	97.6%	63.6%	100%	100%	100%	100%	100%	100%	100%	100%	100%	75%	100%	100%	100%	93.3%	100%
Never Events	S01	Total Never Events	3	2	0	0	0	0	0	1	0	0	1	0	0	0	0	1	1	0
Patient Safety Incidents	S06	Number of Patient Safety Incidents Reported	13787	10988	1196	1226	1145	1216	1258	1173	1139	1263	1220	1389	1185	-	3619	3575	3794	-
	S06b	Patient Safety Incidents Per 1000 Beddays	44.75	47.52	48.26	46.78	45.19	46.88	50.22	45.32	44.67	50.77	45.61	52.93	46.21	-	47.41	46.88	48.25	-
	S07	Number of Patient Safety Incidents - Severe Harm	97	73	6	3	2	8	9	10	10	2	10	12	10	-	19	22	32	-
Patient Falls	AB01	Falls Per 1,000 Beddays	3.95	4.2	3.59	4.16	4.26	3.93	4.59	4.6	3.84	4.42	4.86	4.04	3.74	3.74	4.26	4.29	4.22	3.74
	AB06a	Total Number of Patient Falls Resulting in Harm	30	28	3	5	1	4	3	3	3	3	2	2	4	3	8	9	8	3
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.221	0.139	0.242	0.114	0.276	0.154	0.04	0.077	0.196	0.161	0.075	0.114	0.195	0.11	0.157	0.144	0.127	0.11
	DE02	Pressure Ulcers - Grade 2	61	34	6	3	7	3	1	2	5	4	1	3	5	3	11	11	9	3
	DE03	Pressure Ulcers - Grade 3	7	2	0	0	0	1	0	0	0	0	1	0	0	0	1	0	1	0
	DE04	Pressure Ulcers - Grade 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	98.2%	99.1%	95.6%	96.9%	99.3%	99.1%	99%	99.1%	99.1%	99%	99%	99.4%	99%	99.1%	99.2%	99.1%	99.1%	99.1%
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	94.6%	96.2%	96%	94.5%	94.8%	96.3%	96.6%	97.3%	95.7%	94.1%	97%	96.5%	97%	97.8%	95.8%	95.8%	96.8%	97.8%
Nutrition	WB03	Nutrition: 72 Hour Food Chart Review	90.4%	89.5%	89.9%	91.4%	83.6%	94%	86.3%	89.4%	89.8%	89.7%	86.5%	87.1%	94.3%	92.7%	88.5%	89.6%	89.4%	92.7%
Nutrition Audit	WB10	Fully and Accurately Completed Screening within 24 Hours	-	86.6%	-	-	-	-	80.8%	-	-	88%	-	-	91.2%	-	80.8%	88%	91.2%	-
Safety	Y01	WHO Surgical Checklist Compliance	99.9%	99.4%	99.9%	100%	99.8%	100%	98.9%	99.6%	99.9%	100%	99.6%	-	97.7%	98.4%	99.6%	99.9%	98.7%	98.4%

SAFE, CARING & EFFECTIVE (continued)

Topic	ID	Title	Annual 15/16	Annual 16/17 YTD	Monthly Totals Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Quarterly Totals 16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
Patient Safety																				
Medicines	WA01	Medication Incidents Resulting in Harm	0.8%	0.49%	0.42%	0.41%	0%	0.51%	0%	0.55%	0%	1.01%	0.55%	1.19%	0.53%	-	0.16%	0.51%	0.8%	-
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	0.87%	0.65%	0.66%	0.69%	0.93%	0.63%	0.56%	0.6%	0.38%	0%	0.65%	0.86%	0.74%	0.98%	0.73%	0.33%	0.75%	0.98%
Safety Thermometer	AK03	Safety Thermometer - Harm Free Care	97.1%	97.9%	96.7%	97.3%	97.1%	97.7%	98.3%	98.4%	98.6%	98.6%	97.6%	97.5%	97.4%	98%	97.7%	98.6%	97.5%	98%
	AK04	Safety Thermometer - No New Harms	98.6%	98.9%	98.9%	99.4%	98.9%	98.7%	98.7%	99.2%	99.2%	99.2%	98.4%	99.3%	98.5%	98.6%	98.8%	99.2%	98.7%	98.6%
Deteriorating Patient	AR03	National Early Warning Scores (NEWS) Acted Upon	90%	91%	86%	88%	87%	100%	79%	82%	95%	94%	94%	93%	93%	91%	89%	90%	93%	91%
Out of Hours	TD05	Out of Hours Departures	10.7%	7.7%	9.6%	9.6%	8.1%	7.5%	7.2%	7.8%	8.7%	7.3%	7.1%	7.6%	7.9%	8.3%	7.6%	7.9%	7.5%	8.3%
Timely Discharges	TD03	Percentage of Patients With Timely Discharge (7am-12Noon)	20.3%	22.4%	22.4%	23.3%	23%	22.3%	23.4%	23.1%	21.1%	22.3%	21.9%	22.3%	22.3%	22.1%	22.9%	22.1%	22.2%	22.1%
	TD03D	Number of Patients With Timely Discharge (7am-12Noon)	10444	9583	926	990	970	952	989	1004	909	939	978	971	943	928	2911	2852	2892	928
Staffing Levels	RP01	Staffing Fill Rate - Combined	103.1%	103.6%	103.2%	103.1%	104.7%	104%	103.1%	104.3%	102.7%	101.9%	102.6%	105.3%	104.2%	103.6%	103.9%	103%	104%	103.6%
Clinical Effectiveness																				
Mortality	X04	Summary Hospital Mortality Indicator (SHMI) - National Data	97.7	101.2	-	98.7	-	-	101.2	-	-	-	-	-	-	-	101.2	-	-	-
	X02	Hospital Standardised Mortality Ratio (HSMR)	90	88	97	95.9	85.1	86.7	90	100	88.5	81.6	83.1	-	-	-	87.2	90.1	83.1	-
Readmissions	C01	Emergency Readmissions Percentage	2.74%	1.8%	2.66%	1.5%	1.74%	1.56%	1.7%	1.76%	2%	2.29%	1.48%	1.7%	1.93%	-	1.67%	2.01%	1.7%	-
Maternity	G04	Percentage of Spontaneous Vaginal Deliveries	62.1%	60.7%	60.1%	62.5%	66.6%	60.9%	56.4%	62.1%	61.5%	59.4%	58.8%	62.8%	58.3%	60%	61.2%	61%	60%	60%
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	75.9%	68.7%	78.6%	80%	87.5%	74.1%	72%	73.5%	61.3%	58.3%	73.7%	69.2%	51.7%	69.2%	77.6%	65.2%	63.5%	69.2%
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	82.5%	74.3%	78.6%	84%	83.3%	81.5%	72%	79.4%	64.5%	58.3%	89.5%	69.2%	86.2%	61.5%	78.9%	68.5%	81.1%	61.5%
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	63.5%	50.2%	64.3%	68%	70.8%	59.3%	44%	52.9%	35.5%	37.5%	68.4%	53.8%	44.8%	42.3%	57.9%	42.7%	54.1%	42.3%
	U05	Fracture Neck of Femur - Time To Treatment 90th Percentile (Hours)	-	-	47.5	40.5	35.8	61.4	44.1	44.4	72.2	53.5	49.4	51.7	53.2	48.8	-	-	-	-
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	61.5%	59.7%	77.4%	60.6%	69.2%	67.6%	65.9%	59%	51.4%	63.4%	56.8%	61.8%	35.3%	-	67.7%	58.3%	51.4%	-
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	93.5%	91.1%	96.8%	84.8%	88.5%	88.2%	93.2%	92.3%	85.7%	92.7%	97.3%	88.2%	94.1%	-	90%	90.4%	93.3%	-
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	66.4%	69.9%	80%	80%	58.3%	68.8%	61.5%	76.5%	71.4%	80%	60%	65.2%	81.8%	-	63.4%	76.5%	68.2%	-
Dementia	AC01	Dementia - FAIR Question 1 - Case Finding Applied	91.6%	92.2%	94.7%	96.7%	94.5%	95.8%	94.1%	98%	96.3%	93.2%	93.1%	88.9%	89.1%	80.8%	94.8%	96%	90.2%	80.8%
	AC02	Dementia - FAIR Question 2 - Appropriately Assessed	95.8%	97.8%	96.3%	96.8%	96.8%	97.8%	98.1%	98.1%	97.8%	100%	96.8%	94.1%	97.6%	100%	97.5%	98.6%	96.3%	100%
	AC03	Dementia - FAIR Question 3 - Referred for Follow Up	92.3%	93%	100%	100%	95.2%	100%	100%	100%	100%	85.7%	100%	100%	71.4%	80%	97.2%	92.3%	88.2%	80%
	AC04	Percentage of Dementia Carers Feeling Supported	88.3%	77.8%	93.8%	100%	75%	-	-	-	-	-	-	-	-	100%	75%	-	-	100%
Outliers	J05	Ward Outliers - Beddays Spent Outlying.	9666	6933	822	1117	933	583	702	545	554	447	811	784	602	972	2218	1546	2197	972

SAFE, CARING & EFFECTIVE (continued)

Topic	ID	Title	Annual 15/16	Annual 16/17 YTD	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
Patient Experience																				
Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	90	89	92	92	90	91	92	91	91	92	94	92	91	91	92	92
Monthly Patient Surveys	P01g	Patient Survey - Kindness and Understanding	-	-	94	93	96	96	94	93	96	96	95	96	97	96	95	95	95	96
Monthly Patient Surveys	P01h	Patient Survey - Outpatient Tracker Score	-	-	89	89	88	90	90	90	90	89	88	90	90	90	89	90	90	90
Friends and Family Test Coverage	P03a	Friends and Family Test Inpatient Coverage	19.5%	35.4%	22%	26.3%	35.2%	42.4%	40.5%	36.5%	36.8%	30.7%	33.7%	35.9%	30.6%	31.7%	39.4%	34.6%	33.5%	31.7%
Friends and Family Test Coverage	P03b	Friends and Family Test ED Coverage	13%	16%	16.7%	12.3%	14.8%	13.5%	15.5%	12%	16.8%	15.5%	17.3%	18.9%	15.4%	21.2%	14.6%	14.7%	17.2%	21.2%
Friends and Family Test Coverage	P03c	Friends and Family Test MAT Coverage	22.7%	21.6%	24%	33.7%	16.2%	26.3%	19%	24.4%	20.4%	21.1%	22.6%	22.1%	19.8%	24.6%	20.5%	21.9%	21.6%	24.6%
Friends and Family Test Score	P04a	Friends and Family Test Score - Inpatients	96.3%	97%	96.1%	95.9%	97.1%	95.8%	97.2%	95.9%	97.4%	96.9%	98.2%	97.3%	97.5%	97.4%	96.6%	96.7%	97.7%	97.4%
Friends and Family Test Score	P04b	Friends and Family Test Score - ED	75.4%	77.8%	73.7%	71.5%	80.2%	78.1%	74.4%	71.8%	79.6%	78.6%	79.3%	78.9%	74.1%	80.8%	77.5%	77.1%	77.6%	80.8%
Friends and Family Test Score	P04c	Friends and Family Test Score - Maternity	96.6%	96.8%	97.6%	95.8%	96.6%	98.9%	95.5%	96.2%	97.8%	97.3%	97.7%	94.3%	94.5%	98.2%	97.2%	97%	95.6%	98.2%
Patient Complaints	T01	Number of Patient Complaints	1941	1563	183	150	176	146	198	200	155	162	140	139	118	129	520	517	397	129
Patient Complaints	T01a	Patient Complaints as a Proportion of Activity	0.252%	0.235%	0.268%	0.221%	0.272%	0.218%	0.296%	0.315%	0.246%	0.24%	0.204%	0.19%	0.19%	0.186%	0.262%	0.266%	0.195%	0.186%
Patient Complaints	T03a	Complaints Responded To Within Trust Timeframe	75.2%	86.2%	71.8%	86.1%	81.6%	73.1%	73.8%	86.8%	90.6%	86%	92.3%	93.4%	97.4%	87.5%	76.2%	88.1%	94.2%	87.5%
Patient Complaints	T03b	Complaints Responded To Within Divisional Timeframe	91.3%	88.1%	84.6%	100%	87.8%	92.3%	95.2%	89.5%	94.3%	81.4%	92.3%	85.2%	76.9%	85.4%	91.6%	88.8%	84.9%	85.4%
Patient Complaints	T04c	Percentage of Responses where Complainant is Dissatisfied	6.15%	10.88%	7.69%	8.33%	8.16%	9.62%	16.67%	10.53%	13.21%	18.61%	0%	9.83%	-	-	11.19%	14.18%	9%	-
Cancelled Operations	F01q	Percentage of Last Minute Cancelled Operations (Quality Objective)	1.03%	0.93%	1.21%	1.84%	1.08%	0.96%	0.96%	1.03%	0.46%	0.6%	1.18%	0.88%	0.99%	1.24%	1%	0.69%	1.01%	1.24%
Cancelled Operations	F01a	Number of Last Minute Cancelled Operations	713	582	71	108	63	59	61	63	30	39	73	57	58	79	183	132	188	79

Please note: *The reduction in the WHO checklist compliance is a recording issue following the switch to the new BlueSpier theatre system in November. The new system allows staff to override a warning that a mandatory field has not been completed, and save the theatre episode even if the WHO checklist field remains incomplete. This is being addressed via the "Key Training Messages" for staff who use the BlueSpier system. A development for the system is already planned to flag an incomplete mandatory WHO checklist field at the end of the theatre list to the person reviewing. Clinical staff report they are confident that the previous high level of use of the WHO checklist in theatres continues in practice.*

RESPONSIVE

Topic	ID	Title	Annual Target Green	Annual Target Red	Annual 15/16	Annual 16/17 YTD	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
Referral to Treatment (RTT) Performance	A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	92%	92%	91.3%	91.7%	93.2%	92.2%	92.3%	92.6%	92.1%	92%	90.5%	90.4%	91.2%	92%	92%	92.2%	92.3%	91%	91.8%	-
	A03a	Referral To Treatment Number of Ongoing Pathways Over 18 Weeks	-	-	-	-	2083	2397	2480	2442	2753	2749	3344	3256	2978	2805	2751	2619	-	-	-	-
Referral to Treatment (RTT) Wait Times	A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	0	1	8	3	0	0	0	0	0	0	0	1	0	1	1	3	0	1	2	-
	A07	Referral To Treatment Ongoing Pathways 40+ Weeks	-	-	471	371	14	26	24	22	14	27	33	27	53	78	93	86	60	87	224	-
	A09	Referral To Treatment Ongoing Pathways 35+ Weeks	-	-	1738	1303	68	77	80	80	85	117	113	179	209	188	252	277	245	409	649	-
Cancer (2 Week Wait)	E01a	Cancer - Urgent Referrals Seen In Under 2 Weeks	93%	93%	95.9%	94.4%	98%	96.6%	94.5%	94.6%	93.5%	95.4%	93.7%	91.6%	94.3%	96.2%	96%	-	94.2%	93.6%	95.5%	-
	E01c	Cancer - Urgent Referrals Stretch Target	93%	93%	-	65.4%	-	-	64.8%	68%	65.3%	67.6%	68.4%	67%	55.1%	71%	60.8%	-	66.1%	67.6%	62.4%	-
Cancer (31 Day)	E02a	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	96%	96%	97.5%	96.6%	97%	97.7%	91.5%	96.2%	96.7%	99.1%	96.5%	97.4%	97.8%	98.3%	96.1%	-	94.9%	97.6%	97.4%	-
	E02b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98%	98%	98.9%	98.4%	100%	99%	97.7%	100%	97.3%	97.5%	97.7%	99.1%	97.5%	100%	99.1%	-	98.3%	98.1%	98.9%	-
	E02c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	94%	94%	96.8%	94.4%	97.9%	95%	80%	94%	97.7%	97.1%	92.6%	98.4%	96.4%	98%	95.9%	-	90.2%	96.1%	96.8%	-
	E02d	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	94%	94%	97.1%	96.5%	96.7%	98.6%	97.9%	98.4%	96.8%	96.7%	95.2%	92%	95.4%	98.1%	98.2%	-	97.7%	94.5%	97.3%	-
Cancer (62 Day)	E03a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85%	85%	80.6%	78.6%	74.2%	84.7%	77.2%	70.5%	70.8%	73.3%	84.8%	80.5%	79.5%	85.2%	81.5%	-	72.7%	80.1%	82.4%	-
	E03b	Cancer 62 Day Referral To Treatment (Screenings)	90%	90%	68.6%	66.3%	60%	70%	41.7%	35.3%	85.7%	66.7%	55.6%	44.4%	100%	83.3%	100%	-	47.2%	55.6%	94.3%	-
	E03c	Cancer 62 Day Referral To Treatment (Upgrades)	85%	85%	91.1%	88.3%	92.9%	100%	75.9%	86.6%	96.9%	89.3%	91.1%	92.5%	88%	90.1%	82.1%	-	86.8%	90.8%	86.5%	-
Cancelled Operations	F01	Last Minute Cancelled Operations - Percentage of Admissions	0.8%	0.8%	1.03%	0.93%	1.21%	1.84%	1.08%	0.96%	0.96%	1.03%	0.46%	0.6%	1.18%	0.88%	0.99%	1.24%	1%	0.69%	1.01%	1.24%
	F01a	Number of Last Minute Cancelled Operations	-	-	713	582	71	108	63	59	61	63	30	39	73	57	58	79	183	132	188	79
	F02c	Number of LMCs Not Re-admitted Within 28 Days	30	30	76	51	6	12	23	2	2	4	3	0	3	6	4	4	27	7	13	4
Admissions Cancelled Day Before	F07	Percentage of Admissions Cancelled Day Before	-	-	1.28%	1.4%	1.36%	1.68%	1.35%	1.82%	1.14%	1.5%	1.12%	1.33%	2.11%	1.61%	1.38%	0.67%	1.43%	1.31%	1.7%	0.67%
	F07a	Number of Admissions Cancelled Day Before	-	-	887	874	80	99	79	112	72	92	73	87	131	104	81	43	263	252	316	43
Primary PCI	H02	Primary PCI - 150 Minutes Call to Balloon Time	90%	70%	75.4%	70.2%	59.4%	63%	83.8%	55.2%	66.7%	70.5%	76.6%	75%	73.5%	58.8%	64.7%	-	69.8%	74%	65.7%	-
	H03a	Primary PCI - 90 Minutes Door to Balloon Time	90%	90%	93.3%	90.5%	93.8%	85.2%	100%	93.1%	83.3%	88.6%	93.6%	97.2%	91.2%	85.3%	79.4%	-	92.7%	92.9%	85.3%	-
Diagnostic Waits	A05	Diagnostics 6 Week Wait (15 Key Tests)	99%	99%	98.97%	97.6%	99.11%	99.2%	98.34%	98.55%	96.25%	96.09%	95.51%	96.88%	98.91%	99.05%	98.23%	98.38%	97.68%	96.17%	98.74%	98.38%
Outpatients	R03	Outpatient Hospital Cancellation Rate	6%	10.7%	11.8%	11.7%	11.8%	13%	13.9%	12.3%	12.5%	12.3%	11.8%	11.5%	10.9%	10.3%	11.2%	10.7%	12.9%	11.9%	10.8%	10.7%
Delayed Discharges	Q01A	Acute Delayed Transfers of Care - Patients	-	-	-	-	33	31	34	23	22	29	31	25	30	28	28	6	-	-	-	-
	Q02A	Non-Acute Delayed Transfers of Care - Patients	-	-	-	-	5	10	3	6	4	5	6	5	4	2	3	1	-	-	-	-
Green To Go List	AQ01	Numbers on the Green to Go List (Acute)	-	-	-	-	49	48	59	48	50	46	60	45	56	56	51	59	-	-	-	-
	AQ02	Numbers on the Green to Go List (Non-Acute)	-	-	-	-	9	16	8	10	10	6	9	15	6	7	8	6	-	-	-	-
Length of Stay	J03	Average Length of Stay (Spell)	-	-	4.16	4.13	4.03	4.31	4.23	4.16	4.13	3.89	4.24	4.2	3.99	4.09	4.19	4.21	4.17	4.11	4.09	4.21

RESPONSIVE (continued)

Topic	ID	Title	Annual Target Green	Annual Target Red	Annual 15/16	Annual 16/17 YTD	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
Emergency Department Indicators																						
ED - Time In Department	B01	ED Total Time in Department - Under 4 Hours	95%	95%	90.43%	85.57%	84.23%	82.49%	87.17%	91.66%	88.99%	89.33%	90.01%	87.33%	82.94%	78.45%	79.64%	80.37%	89.32%	88.89%	80.35%	80.37%
	This is measured against the national standard of 95%																					
ED - Time in Department (Differentials)	BB14	ED Total Time in Department - Under 4 Hours (STP)	-	-	90.43%	85.57%	84.23%	82.49%	87.17%	91.66%	88.99%	89.33%	90.01%	87.33%	82.94%	78.45%	79.64%	80.37%	89.32%	88.89%	80.35%	80.37%
	BB07	BRI ED - Percentage Within 4 Hours	-	-	87.4%	78.59%	79.13%	75.11%	79.8%	87.73%	81.8%	83.73%	83.71%	80.78%	73.39%	71.69%	73.47%	68.86%	83.17%	82.77%	72.85%	68.86%
	BB03	BCH ED - Percentage Within 4 Hours	-	-	90.56%	89.81%	84.67%	85.59%	93.02%	93.84%	95.11%	93.58%	97.29%	91.57%	90.65%	78.6%	79.38%	90.19%	94.01%	93.94%	82.63%	90.19%
	BB04	BEH ED - Percentage Within 4 Hours	99.5%	99.5%	99.48%	98.95%	99.6%	98.94%	99.33%	99.54%	99.24%	98.65%	98.61%	99.26%	98.06%	99.06%	99.15%	98.56%	99.37%	98.84%	98.74%	98.56%
	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	12	35	0	6	0	1	0	0	0	1	2	1	11	19	1	1	14	19
Time to Initial Assessment	B02c	ED Time to Initial Assessment - Under 15 Minutes (Excludes BCH)	95%	95%	99%	97.4%	99.3%	97.5%	96.2%	98.2%	94.7%	97%	97.9%	97.3%	98.3%	97.9%	97.9%	98%	96.4%	97.4%	98%	98%
	B02b	ED Time to Initial Assessment - Data Completness	95%	95%	93%	92.6%	92.9%	94.1%	93.3%	94.2%	92.1%	91.7%	91.8%	91.2%	91.8%	92.7%	93.7%	93.6%	93.2%	91.6%	92.7%	93.6%
Time to Start of Treatment	B03	ED Time to Start of Treatment - Under 60 Minutes	50%	50%	52.8%	52.6%	45.3%	45.8%	55.2%	51.7%	51.7%	51.1%	56.5%	55.2%	52.8%	48.2%	50.5%	53.3%	52.8%	54.2%	50.5%	53.3%
	B03b	ED Time to Start of Treatment - Data Completeness	95%	95%	98.9%	98.5%	98.6%	98.6%	98.8%	98.9%	98.5%	98.3%	98.9%	98.5%	98%	98.5%	98.3%	98.7%	98.7%	98.6%	98.3%	98.7%
Others	B04	ED Unplanned Re-attendance Rate	5%	5%	3%	2.5%	3.7%	3.1%	3%	2.4%	2.3%	2.2%	2.2%	2.3%	2.4%	2.5%	3.3%	2.5%	2.6%	2.3%	2.7%	2.5%
	B05	ED Left Without Being Seen Rate	5%	5%	2.4%	2.2%	2.7%	2.5%	2.1%	2%	2.5%	2.9%	1.8%	2.2%	2.6%	2.2%	2.4%	1.4%	2.2%	2.3%	2.4%	1.4%
Ambulance Handovers	BA09	Ambulance Handovers - Over 30 Minutes	-	-	1102	1122	153	140	62	72	114	77	125	140	161	119	114	138	248	342	394	138
Acute Medical Unit (AMU)	J35	Percentage of Cardiac AMU Wardstays	-	-	4.1%	4.3%	2.8%	2.6%	2.1%	4.2%	3.1%	6.2%	5.1%	6.2%	4.8%	5.6%	2.8%	2.8%	3.1%	5.8%	4.4%	2.8%
	J35a	Percentage of Cardiac AMU Wardstays Under 24 Hours	-	-	49.5%	37.6%	55%	63.2%	56.3%	29%	52.4%	29.2%	25%	37.2%	30.3%	52.6%	33.3%	55%	42.6%	30.5%	40.2%	55%

EFFICIENT

Topic	ID	Title	Annual 15/16	Annual 16/17 YTD	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
Sickness	AF02	Sickness Rate	4.2%	4.2%	4.6%	4.5%	3.9%	3.7%	3.8%	3.8%	3.8%	3.7%	4.6%	4.8%	4.8%	5%	3.8%	3.7%	4.8%	

For 2015/16, the Trust target for the year is 3.7%. Divisional targets are: 3.0% (DAT), 5.5% (FAE), 4.1% (MDC), 3.7% (SPS), 3.5% (SHN), 3.9% (WAC), 2.6% (Trust Services, excl FAE)

Different targets were in place in previous years. There is an amber threshold of 0.5 percentage points above the target. These annual targets vary each quarter.

Topic	ID	Title	Annual 15/16	Annual 16/17 YTD	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
Staffing Numbers	AF08	Funded Establishment FTE	8258.8	8434.2	8229.4	8258.8	8241.7	8239	8304	8334.2	8364.5	8364.5	8393.1	8402.2	8407.6	8434.2	8304	8364.5	8407.6	
	AF09A	Actual Staff FTE (Including Bank & Agency)	8319.4	8458.1	8246.6	8319.4	8339.7	8277.5	8315.7	8322.1	8398.3	8436.4	8427.7	8468.8	8412.7	8458.1	8315.7	8436.4	8412.7	
	AF13	Percentage Over Funded Establishment	0.7%	0.3%	0.2%	0.7%	1.2%	0.5%	0.1%	-0.1%	0.4%	0.9%	0.4%	0.8%	0.1%	0.3%	0.1%	0.9%	0.1%	

Green is below 0.5%. Amber is 0.5% to below 1% and Red is 1% or above

Topic	ID	Title	Annual 15/16	Annual 16/17 YTD	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
Bank Usage	AF04	Workforce Bank Usage	350.9	378.3	361.7	350.9	337.2	370	394.7	429.9	437.9	410.7	376.3	387	358.5	378.3	394.7	410.7	358.5	
	AF11A	Percentage Bank Usage	4.2%	4.5%	4.4%	4.2%	4%	4.5%	4.7%	5.2%	5.2%	4.9%	4.5%	4.6%	4.3%	4.5%	4.7%	4.9%	4.3%	

Bank Percentage is Bank usage as a percentage of total staff (bank+agency+substantive). Target is an improvement trajectory going from 4.7% in Apr-15 to 2.7% in Mar-16

Topic	ID	Title	Annual 15/16	Annual 16/17 YTD	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
Agency Usage	AF05	Workforce Agency Usage	153.4	122.5	144.9	153.4	156.4	131.9	138.3	149.8	148.5	157.4	149.1	142.7	111.5	122.5	138.3	157.4	111.5	
	AF11B	Percentage Agency Usage	1.8%	1.4%	1.8%	1.8%	1.9%	1.6%	1.7%	1.8%	1.8%	1.9%	1.8%	1.7%	1.3%	1.4%	1.7%	1.9%	1.3%	

Agency Percentage is Agency usage as a percentage of total staff (bank+agency+substantive). Target is an improvement trajectory going from 1.6% in Apr-15 to 0.8% in Mar-16

Topic	ID	Title	Annual 15/16	Annual 16/17 YTD	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
Vacancy	AF06	Vacancy FTE (Funded minus Actual)	361	389.4	422.3	361	305.8	380	439.2	494.8	452.7	404.5	404.5	379.6	383.7	389.4	439.2	404.5	383.7	
	AF07	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	4.4%	4.7%	5.2%	4.4%	3.8%	4.7%	5.3%	6%	5.5%	4.9%	4.9%	4.6%	4.6%	4.7%	5.3%	4.9%	4.6%	

For 2015/16, target is below 5% for Green, 5% or above for Red

Topic	ID	Title	Annual 15/16	Annual 16/17 YTD	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
Turnover	AF10A	Workforce - Number of Leavers (Permanent Staff)	148	152	154	148	229	191	137	169	367	205	128	109	133	152	137	205	133	
	AF10	Workforce Turnover Rate	13.4%	12.4%	13.6%	13.4%	13.6%	13.3%	13.1%	13.4%	13.3%	13.3%	13.1%	12.6%	12.7%	12.4%	13.1%	13.3%	12.7%	

Turnover is a rolling 12 months. It's number of permanent leavers over the 12 month period, divided by average staff in post over the same period. Average staff in post is staff in post at start PLUS stafff in post at end, divided by 2.

Green Target is an improvement trajectory going from 13.6% in Apr-15 to 11.5% in Mar-16.There is an Amber threshold of 10% of the Green threshold (i.e. 15% in Apr-15, falling to 12.7% in Mar-16)

Topic	ID	Title	Annual 15/16	Annual 16/17 YTD	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
Training	AF20	Essential Training Compliance	91%	-	92%	91%	-	-	-	-	-	-	-	-	-	-	-	-	-	

Green is above 90%, Red is below 85%, Amber is 85% to 90%

Topic	ID	Title	Annual 15/16	Annual 16/17 YTD	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
Essential Training 2016/17	AF21a	Essential Training Compliance - Three Yearly Training	-	89%	-	-	-	88%	88%	88%	85%	88%	88%	88%	89%	89%	88%	88%	89%	
	AF21b	Essential Training Compliance - Annual Training (Fire & IG)	-	-	-	-	-	56%	63%	66%	67%	73%	75%	-	-	-	63%	73%	-	
	AF21f	Essential Training Compliance - Fire Safety		82%	-	-	-	-	-	-	-	-	-	80%	81%	82%	-	-	81%	
	AF21g	Essential Training Compliance - Information Governance		76%	-	-	-	-	-	-	-	-	-	76%	76%	76%	-	-	76%	
	AF21c	Essential Training Compliance - Induction	-	96%	-	-	-	96%	95%	96%	94%	96%	96%	96%	96%	96%	95%	96%	96%	
	AF21d	Essential Training Compliance - Resuscitation Training	-	85%	-	-	-	78%	79%	79%	77%	81%	81%	81%	83%	85%	79%	81%	83%	
	AF21e	Essential Training Compliance - Safeguarding Training	-	90%	-	-	-	88%	88%	89%	86%	88%	89%	90%	90%	90%	88%	88%	90%	

Green is above 90%, Red is below 85%, Amber is 85% to 90%

Appendix 1

Glossary of useful abbreviations, terms and standards

Abbreviation, term or standard	Definition
AHP	Allied Health Professional
BCH	Bristol Children's Hospital – or full title, the Royal Bristol Hospital for Children
BDH	Bristol Dental Hospital
BEH	Bristol Eye Hospital
BHI	Bristol Heart Institute
BOA	British Orthopaedic Association
BRI	Bristol Royal Infirmary
CQC	Care Quality Commission
DNA	Did Not Attend – a national term used in the NHS for a patient failing to attend for their appointment or admission
DVLA	Driver and Vehicle Licensing Agency
FFT	Friends & Family Test This is a national survey of whether patients said they were 'very likely' to recommend a friend or family to come to the Trust if they needed similar treatment. There is a similar survey for members of staff.
Fracture neck of femur Best Practice Tariff (BPT)	There are eight elements of the Fracture Neck of Femur Best Practice Tariff, which are as follows: 1. Surgery within 36 hours from admission to hospital 2. Multi-disciplinary Team rehabilitation led by an Ortho-geriatrician 3. Ortho-geriatric review within 72 hours of admission 4. Falls Assessment 5. Joint care of patients under Trauma & Orthopaedic and Ortho-geriatric Consultants 6. Bone Health Assessment

	7. Completion of a Joint Assessment 8. Abbreviated Mental Test done on admission and pre-discharge
GI	Gastrointestinal – often used as an abbreviation in the form of Upper GI or Lower GI as a specialty or tumour site relating to that part of the gastrointestinal tract
ICU / ITU	Intensive Care Unit / Intensive Therapy Unit
LMC	Last-Minute Cancellation of an operation for non-clinical reasons
NA	Nursing Assistant
NBT	North Bristol Trust
NICU	Neonatal Intensive Care Unit
NOF	Abbreviation used for Neck of Femur
NRLS	National Learning & Reporting System
PICU	Paediatric Intensive Care Unit
RAG	Red, Amber Green – the different ratings applied to categorise performance for a Key Performance Indicator
RCA	Root Cause Analysis
RN	Registered Nurse
RTT	Referral to Treatment Time – which measures the number of weeks from referral through to start of treatment. This is a national measure of waiting times.
STM	St Michael's Hospital

Appendix 2

Breakdown of Essential Training Compliance for January 2017:

All Essential Training

	UH Bristol	Diagnostics & Therapies	Facilities & Estates	Medicine	Specialised Services	Surgery Head & Neck	Trust Services	Women's & Children's
Three Yearly	**89%**	91%	90%	89%	90%	90%	87%	87%
Annual Fire	**82%**	86%	83%	78%	86%	79%	88%	82%
Annual IG	**76%**	83%	77%	74%	79%	68%	83%	77%
Induction & Orientation	**96%**	98%	99%	95%	97%	96%	97%	95%
Resuscitation	**85%**	78%	N/A	86%	83%	86%	86%	83%
Safeguarding	**90%**	93%	89%	92%	91%	89%	90%	86%

Safeguarding Adults and Children

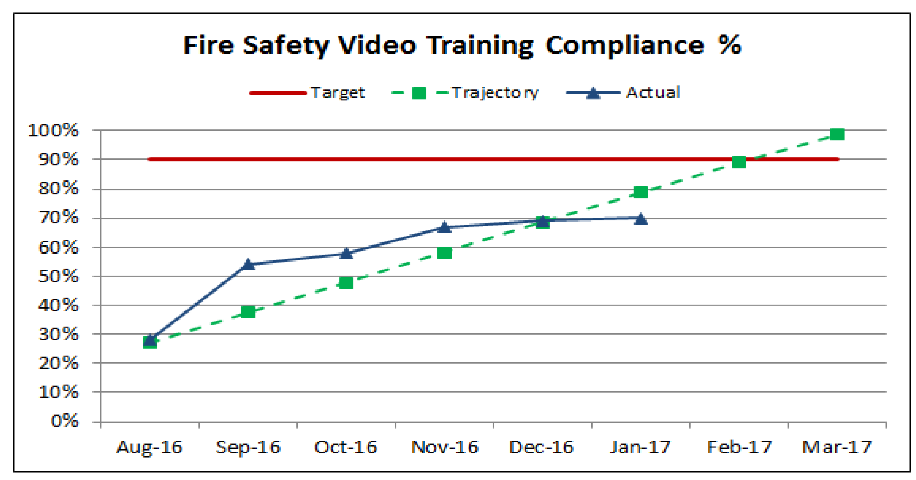
	UH Bristol	Diagnostics & Therapies	Facilities & Estates	Medicine	Specialised Services	Surgery Head & Neck	Trust Services	Women's & Children's
Safeguarding Adults L1	**90%**	94%	91%	91%	90%	84%	90%	90%
Safeguarding Adults L2	**90%**	93%	79%	93%	93%	91%	87%	85%
Safeguarding Adults L3	**71%**	75%	-	72%	83%	62%	88%	36%
Safeguarding Children L1	**91%**	94%	89%	93%	92%	86%	92%	
Safeguarding Children L2	**90%**	91%	83%	92%	88%	89%	85%	93%

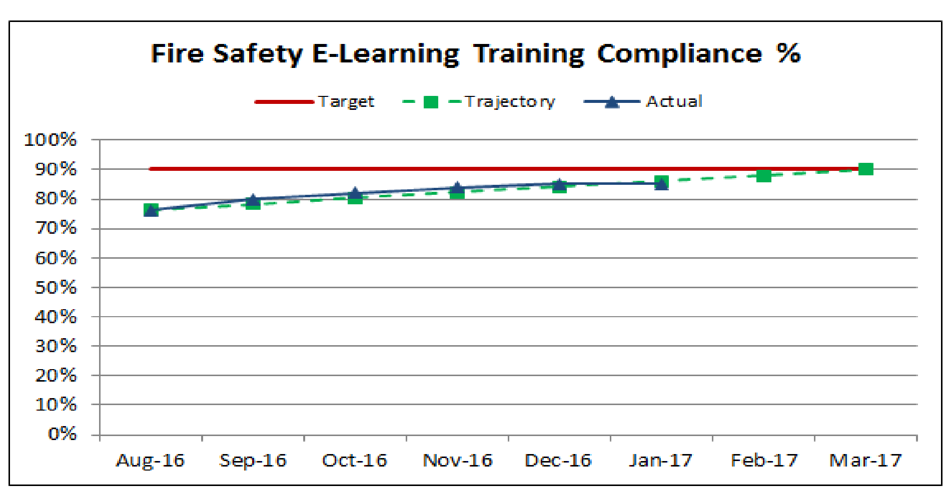
Child Protection Level 3

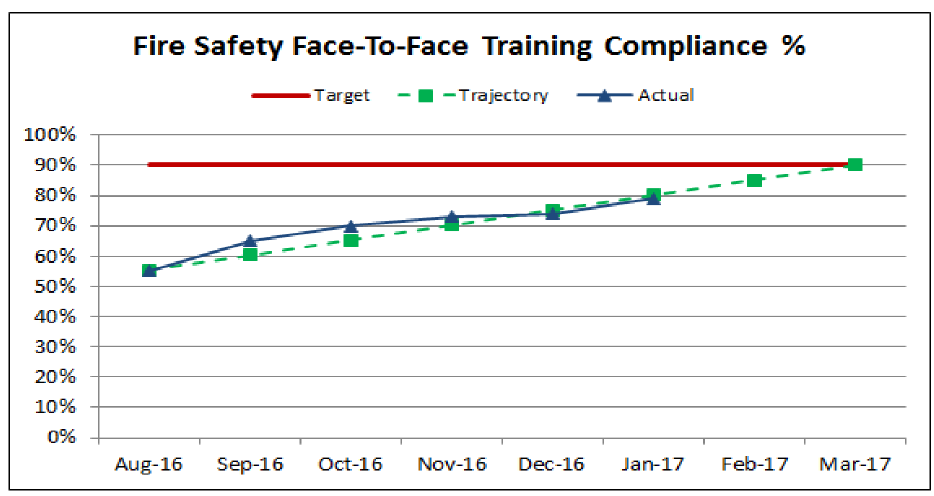
	UH Bristol	Diagnostic & Therapies	Medicine	Specialised Services	Surgery Head & Neck	Trust Services	Women`s & Children`s
Core	**77%**	92%	63%	57-	56%	100%	79%
Specialist	**72%**	-	-	-	-	100%	71%

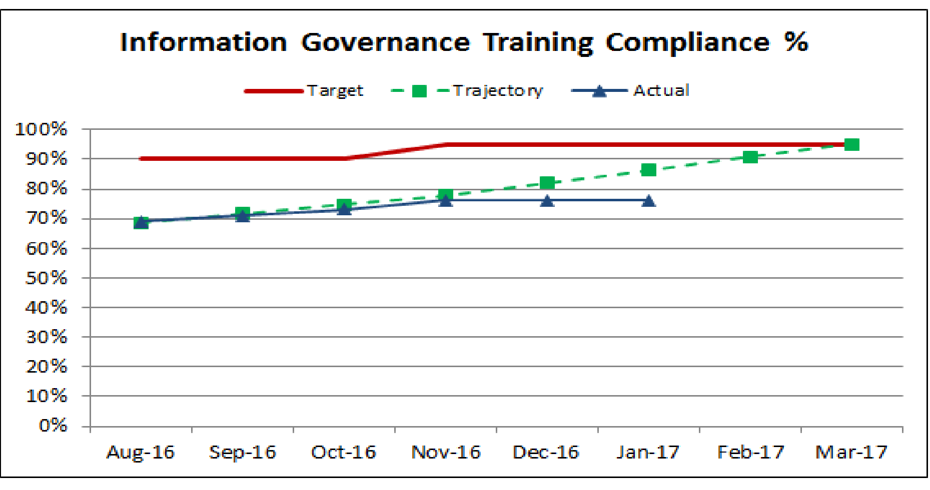
Appendix 2 (continued)

Performance against Trajectory for Fire and Information Governance









Please note: there are two types of fire training represented in these trajectories, two yearly and annual fire training, with different target audiences. In addition, there are a fixed number of staff who require an additional training video under the previous fire training requirements. This will not be a requirement in the future once all are trained. The starting point for the trajectories is the same as the actual compliance figure for August 2016. The agreed Trust target for all essential training continues to be 90%, except Information Governance, which has a national target of 95%.

Appendix 2 (continued)

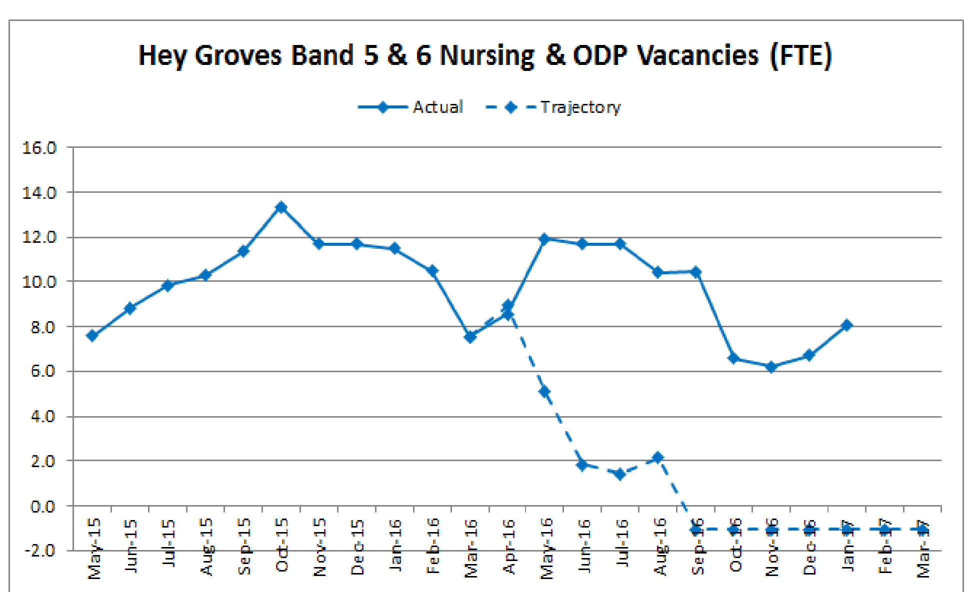
Agency shifts by staff group for 19th December to 15th January 2017

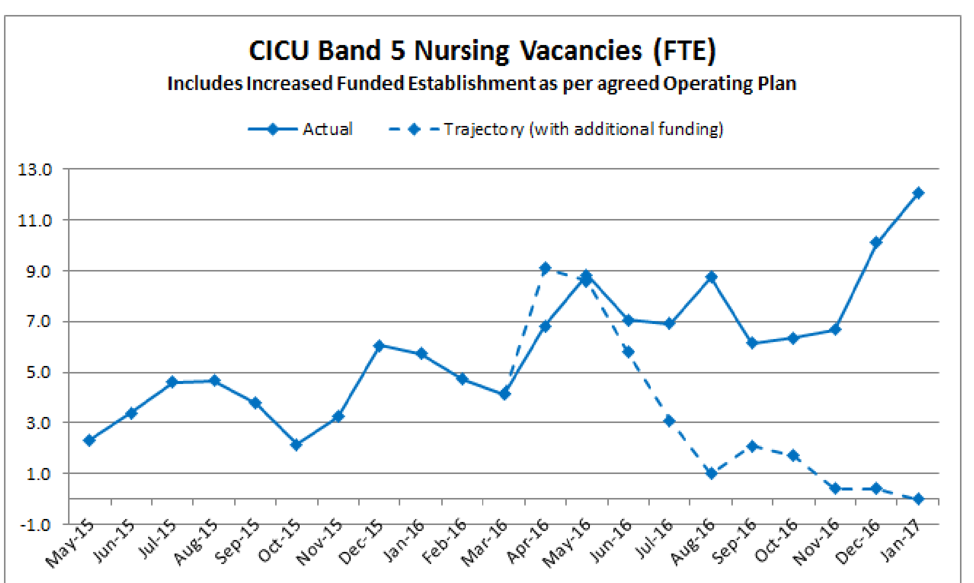
This report provides the Trust with an opportunity to do a retrospective submission to NHS Improvement of all our agency activity for the preceding four calendar week period, confirming over-rides with agency rates, worker wage rates and frameworks.

Staff Group	Within framework and price cap	Exceeds price cap	Exceeds wage cap	Non framework and above both price and wage cap	Exceeds price and wage cap	Total
Nursing and Midwifery	3	21	0	117	608	**749**
Health Care Assistant & other Support	18	27	90	3	25	**163**
Medical & Dental	0	0	4	0	17	**21**
Scientific, therapeutic / technical Allied Health Professional (AHP) & Healthcare Science	0	0	0	0	6	**6**
Administrative & Clerical and Estates	600	0	0	0	0	**600**

Appendix 2 (continued)

Recruitment compared with trajectory for Heygroves Theatres and CICU





Heygroves have 4 new starters before April, and recent starters not yet showing in the above data, leaving 1 vacancy. CICU is off trajectory as a result of 8 leavers during December and January. Retention measures including teaching practice facilitators are in place in CICU, and assuming there are no further leavers, vacancy levels should halve by April.

Appendix 3

Access standards – further breakdown of figures

A) 62-day GP standard – performance against the 85% standard at a tumour-site level for quarter 3 as a whole, including national average performance for the same tumour site

Tumour Site	UH Bristol	Internal operational target	National
Brain	-	-	-
Breast†	100	-	95.5
Gynaecology	62.3	85%	77.4
Haematology (excluding acute leukaemia)	73.0	85%	78.4
Head and Neck	77.8	79%	68.1
Lower Gastrointestinal	73.5	79%	70.8
Lung	66.2	79%	72.7
Other*	75.0	-	71.2
Sarcoma*	88.9	-	66.0
Skin	97.9	96%	95.2
Upper Gastrointestinal	75.4	79%	75.8
Urology*†	100	-	77.5
Total (all tumour sites)	**82.4%**	**85.0%**	**82.1%**
Improvement trajectory	**85.0%**		
Performance for internally managed pathways	**86.9%**		
Performance for shared care pathways	**69.3%**		
Performance with breach reallocation/CQUIN applied	**86.4%**		

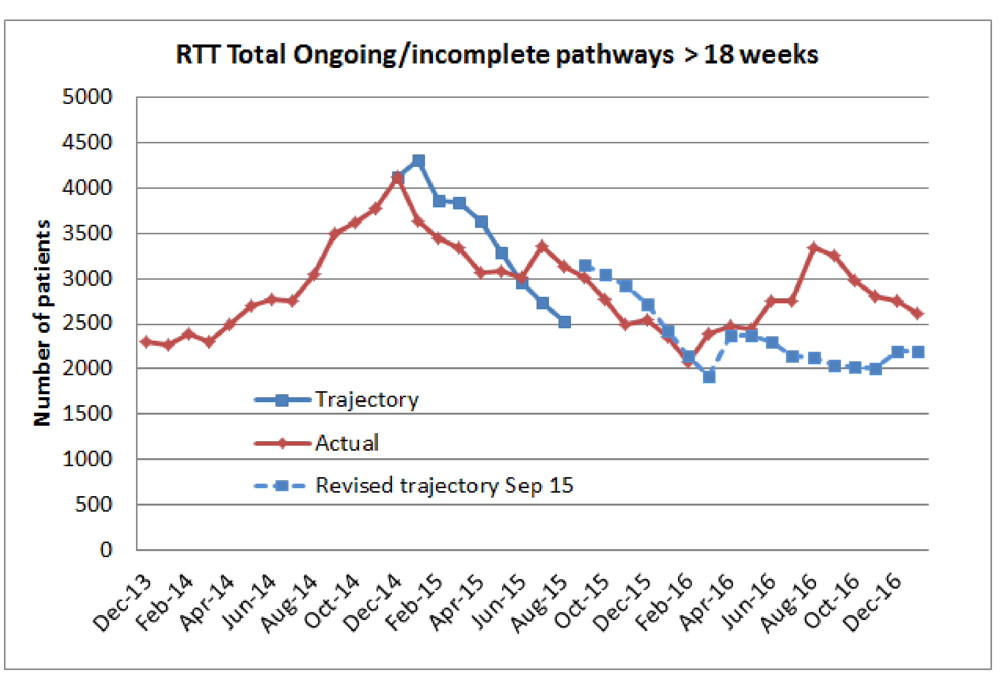
*10 or fewer patients treated in accountability terms
†Tertiary pathways only (i.e. no internally managed pathways), with management of waiting times to a great extent outside of the control of the Trust

Appendix 3 (continued)

Access standards – further breakdown of figures

B) RTT Incomplete/Ongoing pathways standard – numbers and percentage waiting over 18 weeks by national RTT specialty in January 2017

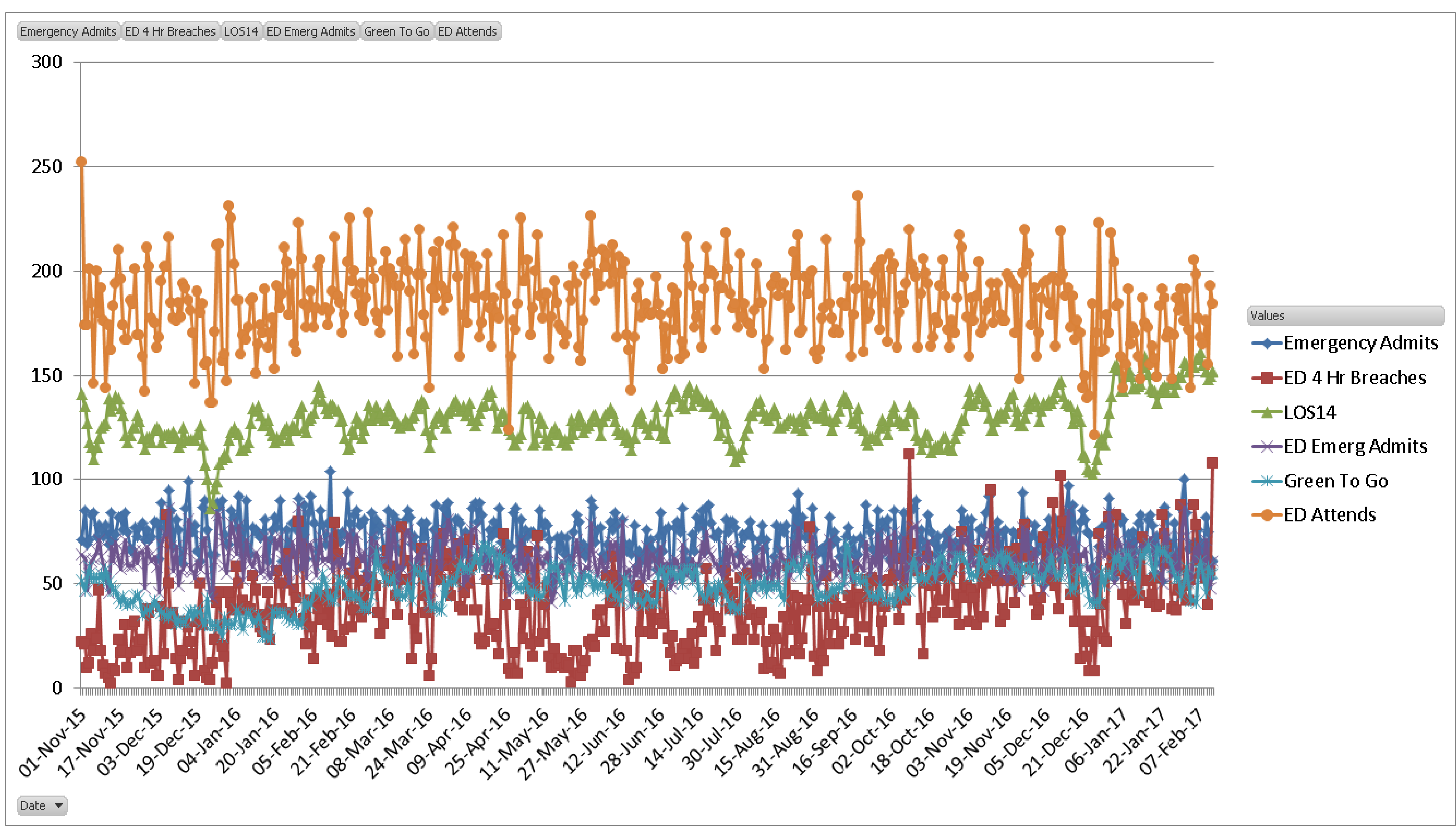
RTT Specialty	Ongoing Over 18 Weeks	Ongoing Pathways	Ongoing Performance
Cardiology	202	2057	90.2%
Cardiothoracic Surgery	15	265	94.3%
Dermatology	129	2,109	93.9%
E.N.T.	31	2,292	98.6%
Gastroenterology	19	411	95.4%
General Medicine	0	55	100.0%
Geriatric Medicine	6	179	96.6%
Gynaecology	115	1,478	92.2%
Neurology	122	464	73.7%
Ophthalmology	166	5,093	96.7%
Oral Surgery	159	1,948	91.8%
Other	1,554	14,829	89.5%
Rheumatology	15	541	97.2%
Thoracic Medicine	2	796	99.7%
Trauma & Orthopaedics	84	1,128	92.6%
Grand Total	**2,619**	**33,645**	**92.2%**



	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17
Non-admitted pathways (target/actual)	1364/1796	1202/1741	1185/2189	1106/2060	1140/1852	1123/1677	1306/1594	1306/1528
Admitted pathways (target/actual)	940/957	940/1008	940/1155	940/1196	890/1126	890/1128	890/1157	890/1091
Total pathways (target/actual)	2304/2753	2142/2749	2125/3344	2046/3256	2030/2978	2013/2805	2196/2751	2196/2619
Target % incomplete < 18 weeks	92.8%	93.2%	93.2%	93.4%	93.4%	93.4%	92.8%	92.8%
Actual target % incomplete < 18 weeks	92.1%	92.0%	90.5%	90.4%	91.2%	92.0%	92.0%	92.2%
Recovery forecast	N/A	N/A	N/A	N/A	90.8%	91.4%	91.6%	92.0%

Appendix 3 (continued)

BRI Flow metrics



Cover report to the Public Trust Board meeting to be held on Tuesday, 28 February 2017 at 11.00 am -1.00 pm in the Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

		Agenda Item	8
Meeting Title	Trust Board	**Meeting Date**	Tuesday, 28 February 2017
Report Title	Independent Review of Children's Cardiac Services at the Bristol Royal Hospital for Children (BRCH)		
Author	Carolyn Mills, Chief Nurse		
Executive Lead	Carolyn Mills, Chief Nurse		
Freedom of Information Status			Open

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

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

Executive Summary

Purpose

This paper provides an update to Board members on development of the programme plan to address the recommendations for University Hospitals Bristol NHS Foundation Trust and South West and Wales Congenital Heart Network as set out in the Independent Review of the children's cardiac service at the Bristol Royal Hospital for Children and a CQC expert review of clinical outcomes of the children cardiac service published on 30 June 2016. It also provides and update on work to ensure that clinical leaders and service users (young people and family members) are engaged and involved in the development and delivery of the actions within the programme plan.

Key issues to note

- Five recommendations have been confirmed as complete
- Two risks, on the project delivery risk register, identified as risk to the delivery of specific recommendations within the defined timescales have been closed.
- Parent representatives are now an established part of the steering group.
- The Virtual Parents Reference Group continues with its review work of actions to deliver the recommendations of the Independent Cardiac Review, prior to these actions being submitted to the Steering Group for closure
- The young person's involvement consultation has been completed and a proposed programme of activity has been approved by the delivery group
- The completion of actions to support closure of all the recommendations should be complete by June 2017.

Recommendations

Members are asked to:

- **Note** the report.

Intended Audience (please select any which are relevant to this paper)									
Board/Committee Members	☒	Regulators	☐	Governors	☐	Staff	☐	Public	☐

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

Corporate Impact Assessment (please tick any which are impacted on / relevant to this paper)							
Quality	☐	Equality	☐	Legal	☐	Workforce	☐

Impact Upon Corporate Risk
N/A

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

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

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

Independent Review of Children's Cardiac Services at the Bristol Royal Hospital for Children (BRCH)

1.0 Introduction

This paper provides an update to Board members on development of the programme plan to address the recommendations for University Hospitals Bristol NHS Foundation Trust and South West and Wales Congenital Heart Network as set out in the Independent Review of the children's cardiac service at the Bristol Royal Hospital for Children and a CQC expert review of clinical outcomes of the children cardiac service published on 30 June 2016. It also provides and update on work to ensure that clinical leaders and service users (young people and family members) are engaged and involved in the development and delivery of the actions within the programme plan.

2.0 Programme management

The tables below details a high level progress update for the whole programme and for the three of the delivery groups. The plan shows that all actions will be complete by 30th June 2017. Reporting is a month in arrears this is to allow for validation and sign off of the action plans by the Steering Group each month before submission to the Trust Board.

Table 1: Status all actions

	← Actions in Progress →						Recommendations Closed by Steering Group
MONTH	**Red**	**Amber**	**Blue- on target**	**Green- completed**	**TBC**	**Not started**	
Sept '16	0	0	16	1	11	4	**0 of 32**
Oct '16	0	0	26	5	1	0	**0 of 32**
Nov'16	0	5	19	8	0	0	**0 of 32**
Dec'16	0	5	19	8	0	0	**2 of 32**
Jan'17	0	18	6	8	0	0	**5 of 32**

Table 2: Status Women's & Children's Delivery Group (total= 18)

	← Actions in Progress →						Recommendations Closed by Steering Group
MONTH	**Red**	**Amber**	**Blue- on target**	**Green- completed**	**TBC**	**Not started**	
Sept '16	0	0	13	1	4	0	**0 of 32**
Oct '16	0	0	15	3	0	0	**0 of 32**
Nov'16	0	3	9	6	0	0	**0 of 32**
Dec'16	0	3	9	6	0	0	**2 of 32**
Jan'17	0	9	3	6	0	0	**5 of 32**

Table 3: Status Consent Delivery Group (total= 5)

	Actions in Progress						Recommendations Closed by Steering Group
MONTH	**Red**	**Amber**	**Blue- on target**	**Green- completed**	**TBC**	**Not started**	
Sept '16	0	0	1	0	1	3	**0 of 32**
Oct '16	0	0	5	0	0	0	**0 of 32**
Nov'16	0	0	5	0	0	0	**0 of 32**
Dec'16	0	0	5	0	0	0	**0 of 32**
Jan'17	0	4	1	0	0	0	**0 of 32**

Table 4: Status Incident and Complaints Delivery Group (total= 5)

	Actions in Progress						Recommendations Closed by Steering Group
MONTH	**Red**	**Amber**	**Blue- on target**	**Green- completed**	**TBC**	**Not started**	
Sept '16	0	0	1	0	4	0	**0 of 32**
Oct '16	0	0	5	0	0	0	**0 of 32**
Nov'16	0	2	3	0	0	0	**0 of 32**
Dec'16	0	2	3	0	0	0	**0 of 32**
Jan'17	0	3	2	0	0	0	**0 of 32**

Table 5: Status Other Actions governed by Steering Group (total=4)

	Actions in Progress						Recommendations Closed by Steering Group
MONTH	**Red**	**Amber**	**Blue- on target**	**Green- completed**	**TBC**	**Not started**	
Sept '16	0	0	1	0	2	1	**0 of 32**
Oct '16	0	0	1	2	1	0	**0 of 32**
Nov'16	0	0	2	2	0	0	**0 of 32**
Dec'16	0	0	2	2	0	0	**0 of 32**
Jan'17	0	2	0	2	0	0	**0 of 32**

3.0 Risks to Delivery

There are no new risks to the delivery of the action plans to report to the Board.

At the steering group meeting on Tuesday 7th February 2017 the group agreed to close two risks to delivery of the recommendations:

- The lack of paediatric cardiology lead in University Hospital Wales A lead has now been appointed and a joint working group set up to focus on progressing the cross hospital actions.
- An inability to obtain benchmarking data from other sites; information has now been received from 4 centres with a further one due to provide data within the week.

4.0 Assurance Framework

- The parent representatives are now an established part of the steering group with meetings alternating between day and evening times in order to maximise opportunities for parents to attend.

- The Virtual Parents Reference Group continues with its review work of actions to deliver the recommendations of the Independent Cardiac Review, prior to these actions being submitted to the Steering Group for closure. The group will also receive the draft 6 month progress review paper to enable them to comment on content and readability prior to publication in March 2017.

5.0 Parent and young person's reference group and family involvement activities

- Two parent representatives attended the steering group meeting on 7th February 2017 and provided robust challenge, advice and assurance around the progress of the review actions and the recommendations made to the steering group to close. .
- The Virtual Parents Reference Group is functioning well with the group contributing to the assurance process. Other issues are being raised by this group as part of their feedback and these are s is being fed into the appropriate BRHC groups to be addressed.
- Three further listening events are planned for Gloucester, Exeter and Cardiff; parent groups in both Gloucester and Exeter are working with the Liaise service to put together a programme that will encourage attendance; communication is ongoing with the team at University Hospital Wales and the Cardiac Network to identify families and staff who may wish to support the Cardiff event.
- The young person's involvement consultation has been completed and, on the basis of the results, a proposed programme of activity has been approved by the delivery group; this will include email, postal and face to face options. The overwhelming response was that young people wanted to understand their condition particularly in relation to transition to adulthood and therefore adult services; they also wanted the opportunity to talk to other young people with cardiac conditions. Finally the respondents wanted support in advising other people about their condition, e.g. school or friends. These subjects will form the basis for the communications with our interested young people over the next 12 months.
- A submission has been made to the Trust's Information Management Group to approve the establishment of a close Facebook group to encourage a different group of people to be involved in our feedback process. Outcome expected April 2017 after the group has met.

6.0 Wider Communications

- To help fulfil our commitment to openness and transparency the Independent Review page on the trust website has been updated with links to the monthly Trust Board paper which includes the detailed action plan. We are currently developing the webpage further to include more details on the BRCH activities to date to support delivery of the plan and further information on how patients and families can get involved.

- A 6-month review document is being drafted to provide a simple overview of progress to date for staff, families and members of the public; prior to publication this paper will be shared with the Virtual Parents Reference Group for comment.

7.0 Recommendations closed

The February 2017 Steering Group approved Recommendations 20, 23 and CQC Action 6 for closure. The recommendations related to improving the process of recording patient safety incidents accurately which will be addressed by the roll out of a bespoke training programme running from January 2017onwards; the involvement of the entire multi-disciplinary team in the process of discharge planning and the management of end of life and bereavement services.

In order to ensure that the changes put in place become embedded in practice a number of closed actions will be subject to ongoing review or audit. The planned follow up for these elements is recorded as part of the closure process alongside a record of the group responsible for the process.

The Trust Board is recommended to:

- Receive the progress report

Appendix 1

PROGRESS REPORT AGAINST UH BRISTOL RECOMMENDATIONS FROM THE INDEPENDENT REVIEW OF CHILDREN'S CARDIAC SERVICES – January 2017

1. Women's and Children's Delivery Group Action Plan

W&C Recommendation's delivery timeframe

MONTH	Oct '16	Nov '16	Dec '16	Jan '17	Feb '17	Mar '17	Apr' 17	May '17	Jun '17
Recommendations	**8-** Outpatients experience **Approved as closed by Steering Group (09/01/17)**	**18-** Cancelled Operations risk assessment - timescale change request to Feb'17	**16-** communication with families about team working/ involvement of other operators timescale change request to Feb'17	**7-** periodic audit of follow up care timescale change request to Feb'17		**21-** (Commissioner) -provision of a comprehensive service of Psychological support, Trust- Expression of Interest submission **(green- provider actions)**	**2-** NCHDA data team staffing		
		20- End of life care and bereavement support **(approved by WC 24/01)**	**23-** reporting and grading of patient safety issues **(approved by WC 24/01)**	**9 &11-** Benchmarking exercise (gaps/actions/implement plan) timescale change request to Feb'17			**3& CQC 5-** review and access to information – diagnosis and pathway of care		
		CQC 3- Pain and comfort scores **Approved as closed by Steering Group**	**CQC 4** CNS recording of discussions with families in notes timescale change request	**CQC 6-** Discharge planning to include AHP advice **(approved by WC 24/01)**			**4-** Support for women accessing fetal services between Wales and Bristol – *timescale change request*		

		(06/12/16)	to Feb'17				*to Jun '17*		
		CQC 2 Formal ECHO report during surgery – *timescale change request to Mar'17 to allow re-audit*					**5-** Improved pathways of care paed. cardiology services between Wales and Bristol – *timescale change request to May '17*		

	Progress overview						Detailed actions				
No.	**Recommendation**	**Lead Officer**	**Completion date**	**Status**	**Delivery Risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
2	That the Trust should review the adequacy of staffing to support NCHDA's audit and collection of data.	Deputy Divisional Director	Apr '17	**Blue- on target**	None		Review of staffing	Assistant General Manager for Paediatric Cardiac Services	Sept '17	**Green- complete**	Staffing review report
							Results and recommendations reported at Women's and Children's Delivery Group in Sept. '16.	Assistant General Manager for Paediatric Cardiac Services	Sept '17	**Green- complete**	Women's and Children's Delivery Group Agenda and minutes 20.09.16
							Requirement for additional staff will feed into business round 2016-17	Assistant General Manager for Paediatric Cardiac Services	Apr' 17	**Blue- on target**	Expression of interest form and Women's and Children's Operating Plan

No.	Progress overview						Detailed actions				
No.	Recommendation	Lead Officer	Completion date	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
3	That the Trust should review the information given to families at the point of diagnosis (whether antenatal or post-natal), to ensure that it covers not only diagnosis but also the proposed pathway of care. Attention should be paid to the means by which such information is conveyed, and the use of internet and electronic resources to supplement leaflets and letters.	Specialist Clinical Psychologist	Apr '17	**Blue- on target**			Information given to families at the point of diagnosis reviewed by the clinical team and the cardiac families – remaining information for Catheter Procedures and Discharge leaflet. Website and leaflets updated to reflect improvements	Clinical Team & Cardiac Families	Jan' 16	**Green- complete**	Revised patient information leaflets
							Links to access relevant information to be added to the bottom of clinic letters for patients.	Specialist Clinical Psychologist	Dec '16	**Blue- on target**	Clinic letter with links
							Review and amendment of Catheter and Discharge leaflet	Cardiac CNS team	Feb' 17	**Blue- on target**	Revised Catheter and Discharge leaflet
							Enhance existing information with a visual diagram displaying pathways of care (FI).	Specialist Clinical Psychologist	Apr' 17	**Blue- on target**	Pathway of Care accessible visual
							Website proposal to be written for new Children's website including cardiac information similar to Evelina to improve accessibility of our information. *This will be additional and not essential for delivery of the recommendation* (FI).	LIAISE Team Manager and Specialist Clinical Psychologist	tbc	**Started**	
							Smart phone App proposal to be written for Cardiac Services to enable patient/families to access information electronically (FI). *This will be additional and not essential for delivery of the recommendation*	LIAISE Team Manager and Specialist Clinical Psychologist	tbc	**Not started**	
4	That the Commissioners and providers of fetal cardiology services in Wales should review the availability of support for women, including	CHD Network Clinical Director	Apr '17	**Amber – behind plan**	Risk that we are unable to get commitment / agreement on the changes that are required	Jun 17 due to delay in engagement with UHW and the operationa	Meeting arranged for 18th November with English and Welsh commissioners as well as Bristol and Cardiff trusts to establish: 1. Commissioner oversight of network 2. Commissioner support for IR actions (4,5 &11) 3. Establishment of working group(s) to address the specific changes in practices	CHD Network Clinical Director and Network Manager	Nov '16	**Green - complete**	Agreed pathway of care in line with new CHD standards and in line with patient feedback

	Progress overview						Detailed actions				
No.	Recommendation	Lead Officer	Completion date	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
	for any transition to Bristol or other specialist tertiary centres. For example, women whose fetus is diagnosed with a cardiac anomaly and are delivering their baby in Wales should be offered the opportunity, and be supported to visit the centre in Bristol, if there is an expectation that their baby will be transferred to Bristol at some point following the birth				across the two hospitals / commissioning bodies Risk that operational challenges in delivery of the fetal cardiology service in UHW prevent focus on the achievement of this recommendation business plan	l challenges in their fetal cardiology service	required				
							Ahead of the meeting: define specifics of recommendation (e.g. approaches to diagnosis and counselling); options for patient involvement (survey then focus group); CHD standards that relate to this recommendation; examples of practice from other centres	CHD Network Clinical Director and Network Manager	Nov '16	**Green-complete**	
							University Hospital Wales to define how additional fetal sessions will be delivered and who from fetal cardiology will lead the recommendation implementation and collaborate with Bristol to set up working group in January	Clinical Director for Acute Child Health, university hospital wales	~~Dec '16~~ Revised to Mar '17. UHW have appointed lead, but have not yet resolved operational issues	**Amber – behind plan**	
							Fetal working group to define changes / new pathways, taking account of patient feedback	Working group	~~Jan '17~~ Revised to Feb '17. Working group established, but struggling to coordinate diaries for	**Amber – behind plan**	

No.	Recommendation	Lead Officer	Completion date	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
	Progress overview						**Detailed actions**				
									meeting		
							Undertake patient survey and focus groups (FI).	CHD Network Manager	~~Jan '17~~ Revised to Feb 17 due to delay in engagement with UHW and the operational challenges in their fetal service	**Amber – behind plan**	
							Co-design the offer with patient representatives for women whose fetus has been diagnosed with cardiac anomaly and deliver agreed model.	CHD Network Manager	Apr 17	**Blue- on target**	
							New pathways in place	CHD Network Clinical Director and Network Manager	~~Apr '17~~ Revised to Jun 17	**Amber – behind plan**	Summary paper showing previous and new ways of working, detailing an assessment of the benefits
5	The South West and Wales Network should regard it as a	CHD Network Clinical	Apr '17	**Amber – behind plan**	Risk that we are unable to get	Final completion delayed to	Network Manager and Network Clinical Director to contact Welsh Commissioners and University of Hospital of Wales to meet to discuss and agree	CHD Network Manager	Nov 16	**Green- complete**	

No.	Progress overview						Detailed actions				
No.	Recommendation	Lead Officer	Completion date	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
	priority in its development to achieve better co-ordination between the paediatric cardiology service in Wales and the paediatric cardiac services in Bristol.	Director			commitment / agreement on the changes that are required across the two hospitals / commissioning bodies Risk that lack of paediatric cardiology lead in UHW delays the ability to undertake actions	May 17 due to initial delay getting engagement from UHW	process including method of monitoring its implementation				
							Set up joint working group set up with Network Team facilitating. UHB, UHW and commissioners to deliver the relevant actions and improvements required for service.	CHD Network Manager	Dec 16	**Green-complete**	Minutes of meeting and action plan
							To define the opportunities for improvement in coordination and the actions to achieve this	CHD Network Manager	Dec 16	**Green-complete**	Action plan
							To undertake a patient engagement exercise (e.g. focus group, survey, online reference group) to test the proposed options for improvement	CHD Network Manager	Jan 17	**Blue- on target**	
							Deliver actions to improve coordination	CHD Network Manager	May 17	**Blue- on target**	
7	The paediatric cardiac service in Bristol should carry out periodic audit of follow-up care to ensure that the care is in line with the intended treatment plan, including with regards to the timing of follow-up appointments.	Deputy Divisional Director	Jan '17	**Amber – behind plan**	None	Timescale change request to Feb'17 to provide assurance about backlog validation	Audit proposal submitted to the audit facilitator for inclusion on the Children's annual audit plan	Patient Safety Manager	Aug '16	**Green-complete**	Audit proposal
							Conduct 1st annual audit into follow up care for cardiac patients as per recommendation	Patient Safety Manager	Nov '16	**Green-complete**	Audit report
							Report findings of the audit	Patient Safety Manager	Jan '17	**Green-complete**	Audit presentation and W&C delivery group Agenda and minutes November meeting
							System developed for the regular reporting and review of follow up waiting lists at monthly Cardiac Business meeting.	Assistant General Manager for Paediatric Cardiac	Aug '16	**Green-complete**	Follow up backlog report, Cardiac Monthly Business meeting standard agenda

No.	Progress overview Recommendation	Lead Officer	Completion date	Status	Delivery Risks	Revised timescale & reason	Detailed actions Actions to deliver recommendations	By	When	Status	Evidence
								Services			
8	The Trust should monitor the experience of children and families to ensure that improvements in the organisation of outpatient clinics have been effective.	Nurse Project Lead	Oct '16	**Approved as closed by Steering Group (09/01/17)** **22/11/16- approved for closure by W&C delivery group**			Baseline assessment (monthly outpatient survey) of current experience of children and families in outpatients reviewed)	Outpatients Experience working group	Aug '16	**Green- complete**	1.Outpatients and Clinical Investigations Unit Service Delivery Terms of Reference 2. Outpatients and Clinical Investigations Unit Service Delivery Group Agenda(3.10.16) 3. Outpatients and Clinical Investigations Unit Service Delivery minutes of meeting (3.10.16) 4. OPD Patient Experience Report (October 2016) 5. Paediatric Cardiology – Non-Admitted RTT Recovery (Appendix 1) 6. Cardiology
							Gap analysis of current monitoring vs monitoring required to understand patients experience of the organisation of outpatient's completed	Outpatients Experience working group	Sept '16	**Green- complete**	
							Systems in place for regular and specific monitoring, and reviewing and acting on results (FI)	Outpatients & CIU Service Delivery Group	Oct '16	**Green- complete**	

No.	Progress overview						Detailed actions				
No.	Recommendation	Lead Officer	Completion date	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
											Follow-Up backlog update (Appendix 7. Project on a Page: Outpatient Productivity at BRHC (Appendix 7)
9	In the light of concerns about the continuing pressure on cardiologists and the facilities and resources available, the Children's Hospital should benchmark itself against comparable centres and make the necessary changes which such an exercise demonstrates as being necessary.	Divisional Director	Jan'17	**Amber – behind plan**	Risk that other sites are unable to share data required to complete a comprehensive benchmarking exercise Dependent on the action required to address the gaps it may not be possible to have implemented all the changes in the timescale.	Request to delay to Feb '17 due to late return of benchmarking	Undertake benchmarking exercise with other CHD Networks, reviewing a defined list of criteria including aspects such as: job planning, IT and imaging links, information governance. To include site visits as appropriate	CHD Network Manager	Jan '17	**Blue- on target**	
							Identification of actions required to address the gaps	CHD Network Manager	Jan '17	**Blue- on target**	
							Progress to implementing any changes in practice that are deemed necessary	CHD Network Manager and Divisional Director	Jan '17 Revised to Feb '17. Delayed responses from other centres	**Amber – behind plan**	
11	That the paediatric cardiac service benchmarks its current arrangements against other	CHD Network Clinical Director	Jan'17	**Amber – behind plan**	Linked to recommendation no.9. Actions detailed under recommendation no. 9 will also achieve recommendation no. 11. Risks to delivery, timescales, progress against delivery and evidence will be the same as per recommendation no. 9						

No.	Recommendation	Lead Officer	Completion date	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
	Progress overview						**Detailed actions**				
	comparable centres, to ensure that its ability, as a tertiary 'Level 1' centre under the NCHD Standards, to communicate with a 'Level 2' centre, are adequate and sufficiently resourced. Benchmarking would require a study both of the technical resources underpinning good communication, and the physical capacity of clinicians to attend planning meetings such as the JCC (Links to recommendation no. 5)										
16	As an interim measure pending any national guidance, that the paediatric cardiac service in the Trust reviews its practice to ensure that there is consistency of approach in the information provided to parents about the involvement of other operators or team members.	Clinical Lead for Cardiac Services and Consultant Paediatric Cardiac Surgeon	Dec '16	**Amber – behind plan**		Request delay to Feb'17 to allow update of catheter leaflets in line with surgery ones	Enhance existing guidance to describe team working and in particular the involvement of other operators and team members in patient care. Review by the Trust wide consent group and Cardiac Clinical Governance for approval and then implement.	Consultant Paediatric Surgeon and Specialist Clinical Psychologist	Dec '16	**Green-complete**	Revised 'Preparing for Surgery' leaflet and email to surgeons about new guidance

	Progress overview						Detailed actions				
No.	**Recommendation**	**Lead Officer**	**Completion date**	**Status**	**Delivery Risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
18	That steps be taken by the Trust to review the adequacy of the procedures for assessing risk in in relation to reviewing cancellations and the timing of re-scheduled procedures within paediatric cardiac services.	Deputy Divisional Director	Nov '16	**Amber – behind plan**		Request delay to Feb'17 to allow implementation of new cancellation policy	Assessment of current process of risk assessing patients who have been cancelled and the timing of their rescheduled procedure	Cardiac Review Programme Manager	Aug '16	**Green-complete**	Current process review report
							Develop new and improved process for risk assessing cancelled patients ensuring outcomes of this are documented	Consultant Paediatric Surgeon and Cardiac Review Programme Manager	Nov '16	**Green-complete**	JCC performance review meeting agenda and cancelled operations report
20	That the Trust should set out a timetable for the establishment of appropriate services for end-of-life care and bereavement support.	Deputy Divisional Director	Nov '16	**Green-complete**	None		End-of-life care and bereavement support pathway developed (FI)	Deputy Divisional Director	Sept '16	**Green-complete**	End-of-life and bereavement support pathway
							Implementation and roll out of new pathway	Deputy Divisional Director	Nov '16	**Green-complete**	Communication and presentations to roll out
21	Commissioners should give priority to the need to provide adequate funds for the provision of a comprehensive service of psychological support	Commissioners		**Green-complete (provider actions)**			Previous submission to commissioners for psychological support updated	Head of Psychology Services	Sept '16	**Green-complete**	Submission to Commissions
							Expression of Interest for increased resource to be submitted as part of business planning	Head of Psychology Services / Deputy Divisional Director	Mar'17	**Green-complete**	Expression of interest and W&C Business plan
23	That the BRHC confirm, by audit or other suitable means of review, that	Deputy Divisional Director	Dec '16	**Green-complete**	None		Review results of Trust wide Manchester Patient Safety (MAPSAF) to understand current baseline for both team level and divisional staff views on patient safety incident reporting and management	Deputy Divisional Director	Sept '16	**Green-complete**	

	Progress overview						Detailed actions				
No.	**Recommendation**	**Lead Officer**	**Completion date**	**Status**	**Delivery Risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
	effective action has been taken to ensure that staff possess a shared understanding of the nature of patient safety incidents and how they should be ranked.						Annual programme- Targeted approach to all staff groups to be developed with implementation of bespoke training and regular updates to clinical staff	Deputy Divisional Director	Dec '16	**Green-complete**	Training plan and log of attendance
CQ C.2	Provision of a formal report of transoesophageal or epicardial echocardiography performed during surgery	Clinical Lead for Cardiac Services	Nov '16	**Amber-behind target**		Mar '17 Delayed to allow audit to demonstrate improvement	ECHO form for reporting in theatres implemented	Consultant Paediatric Cardiologist	Aug '16	**Green-complete**	
							Audit to assess implementation (Nov'16) and request to Steering Group to close	Patient Safety Manager	Nov '16	**Amber-behind target**	
CQ C. 3	Recording pain and comfort scores in line with planned care and when pain relief is changed to evaluate practice	Ward 32 Manager	Aug '16	**Green-complete** **22/11/16-approved for closure by W&C delivery group**			Documentation developed to record pain scores more easily	Ward 32 Manager	Jan'16	**Green-complete**	Nursing documentation
							Complete an audit on existing practise and report findings	Ward 32 Manager	Aug '16	**Green-complete**	Audit of nursing documentation
CQ C. 4	Ensuring all discussions with parents are recorded to avoid inconsistency in communication. This includes communications with the Cardiac Liaison Nurses, who should record contacts with families in the patient records (links with review recommendation 12)	Head of Nursing	Dec '16	**Amber-behind target**		Request delay to Feb'17 to ensure process is robust	Work with Cardiac Nurse Specialists to improve recording communication in the patients' medical records and review option of Medway proforma's to support recording in notes	Head of Nursing	Dec '16	**Green-complete**	Examples of stickers in notes and Heartsuite entries

No.	Progress overview						Detailed actions				
No.	Recommendation	Lead Officer	Completion date	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
CQ C. 5	Providing written material to families relating to diagnosis and recording this in the records. (links to review recommendation 3)	Clinical Lead for Cardiac Services	Apr '17	**Blue- on target**	Linked to recommendation no. 3. Actions detailed under recommendation no. 3 will also achieve CQC recommendation no. 5						
CQ C.6	Ensuring that advice from all professionals involved with individual children is included in discharge planning to ensure that all needs are addressed.	Head of Allied Health Professionals and Clinical Lead for Cardiac Services	Jan '17	**Green-complete**		Agreed mechanism for including AHP advice into discharge planning for children within Cardiac Services	Assessment of current Allied Health Professionals input into discharge planning for Cardiac Services Audit completed and results to be formulated 27th October 2016.	Head of Allied Health Professionals	Oct '16	**Green-complete**	Assessment documentation
							Agree with Cardiac Services Team an effective mechanism for including Allied Health Professionals into discharge planning for Cardiac Services. Meeting setup for 4th November.	Head of Allied Health Professionals and Clinical Lead for Cardiac Services	Nov'16	**Green-complete**	Agreed mechanism for including AHP advice into discharge planning for children within Cardiac Services
							Implement agreed mechanism for including Allied Health Professionals into discharging planning for Cardiac Services	Head of Allied Health Professionals and Clinical Lead for Cardiac Services	Jan 17	**Blue – on target**	Implementation plan delivery report

PROGRESS REPORT AGAINST UH BRISTOL RECOMMENDATIONS FROM THE INDEPENDENT REVIEW OF CHILDREN'S CARDIAC SERVICES – January 2017

Trust wide Consent Delivery Group Action Plan – Senior Responsible Officer: Jane Luker, Deputy Medical Director

TW Consent delivery timeframe

MONTH	Oct '16	Nov '16	Dec '16	Jan '17	Feb '17	Mar '17	Apr' 17	May '17	Jun '17
Recommendations			**12-** That clinicians encourage an open and transparent dialogue with patients and families upon the option of recording conversations when a diagnosis, course of treatment, or prognosis is being discussed.	**13-** Review of Consent Policy and the training of staff, to ensure that any questions regarding the capacity of parents or carers to give consent to treatment on behalf of their children are identified and appropriate advice sought				**17-**That the Trust carry out a review or audit of (I) its policy concerning obtaining consent to anaesthesia, and its implementation; and (ii) the implementation of the changes to its processes and procedures relating to consent	
				14- Review of Consent Policy to take account of recent developments in the law in this area, emphasising the rights of patients to be treated as partners by doctors, and to be properly informed about material risks					
				CQC1- Recording the percentage risk of mortality or other major complications discussed with parent/carers on consent forms					

No.	Progress overview						Detailed actions				
No.	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
12	That clinicians encourage an open and transparent dialogue with patients and families upon the option of recording conversations when a diagnosis, course of treatment, or prognosis is being discussed.	Medical Director	Dec '16	**Amber – behind plan**		Request to delay to Feb '17 to enable new guidance to be incorporated into cardiac surgery leaflet	**12.1** Guidance developed to medical staff to ensure patients and families are given the option to record conversations when a diagnosis, course of treatment, or prognosis is being discussed	Medical Director	Aug '16	**Green-completed**	Medical Staff Guidance
							12.2 Review of new existing guidance to reflect the recommendation and include recommendation in updated consent policy , guidance notes and e-learning	Deputy Medical Director	Nov '16	**Green-Completed**	Consent policy Guidance on consent policy e-learning for consent
							12.3 Incorporate new guidance into existing Children's Consent pathway (existing letter that goes to families before their surgical appointment) (FI)	Consultant Paediatric Cardiac Surgeon	Dec '16	**Amber**	Parent/Patient information booklet to be sent with letter to families
13	That the Trust review its Consent Policy and the training of staff, to ensure that any questions regarding the capacity of parents or carers to give consent to treatment on behalf of their children are identified and appropriate advice sought	Deputy Medical Director	Jan '17	**Amber – behind plan**	E-learning lead is currently on learn term sick which has led to a delay in updating e-learning material	Request to delay to Feb '17. Actions are complete, but need to be reviewed and signed off by Delivery Group.	**13.1** Trust wide Consent delivery group set up	Deputy Medical Director	Sept '17	**Green-Completed**	Terms of reference for Trust Wide Consent Group Minutes and actions from meetings
							13.2 Review the consent policy and agree a re-write policy or amend existing policy to ensure patients and clinicians are supported to make decisions together	Consent Group	Nov'16	**Green Completed**	Revised consent policy ratified by CQC December 2016
							13.3 Develop training and communication plan	Deputy Medical Director	Dec '16	**Green Completed**	Training and communications plan Multi professional Consent workshop 6th April 2017

	Progress overview						Detailed actions				
No.	**Recommendation**	**Lead Officer**	**Completion date of recommendation**	**Status**	**Delivery Risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
							13.4 Advice from legal team and safeguarding on revised consent policy and e-learning	Deputy Medical Director	Nov '16	**Green Completed**	Legal and safeguarding agreement and comments on consent policy and e-learning
							13.5 Update e-learning for any changes to consent policy and process	Deputy Medical Director	Jan '17	**Green Completed**	Updated E-learning package for consent
14	That the Trust reviews its Consent Policy to take account of recent developments in the law in this area, emphasising the rights of patients to be treated as partners by doctors, and to be properly informed about material risks	Deputy Medical Director	**Linked to recommendation no. 13, actions, timescales and status as detailed under this recommendation – Blue on target, date completion scheduled Jan '17**								
17	That the Trust carry out a review or audit of (I) its policy concerning obtaining consent to anaesthesia, and its implementation; and (ii) the implementation of the changes to its	Deputy Medical Director	May'17	**Blue-on target**			**17.1** Anaesthetic group to be set up to review current practise in pre-op assessment in relation to consent for anaesthesia and how they can implement a consent for anaesthesia process trust wide (FI)	Consultant Paediatric Cardiac Anaesthetist	Dec '16	**Blue on target**	Minutes and actions from meeting
							17.2 Liaise with Royal College of Anaesthesia and other appropriate professional bodies with regarding national policy	Paediatric Anaesthesia consent group	Jan' 17	**Green Completed**	Correspondence with Royal College of Anaesthetists and Associations AAGBNI Guidance on Consent January 2017

	Progress overview						Detailed actions				
No.	**Recommendation**	**Lead Officer**	**Completion date of recommendation**	**Status**	**Delivery Risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
	processes and procedures relating to consent						**17.3** Implementation plan for trust wide consent process	Paediatric Anaesthesia consent group	May '17	**Blue on Track**	Business case for paediatric pre-op assessment
CQC. 1	Recording the percentage risk of mortality or other major complications discussed with parents or carers on consent forms	Deputy Medical Director	Jan' 17	**Amber – behind plan**		Request to delay to Feb '17. Actions have been completed, but there was insufficient time to get new consent forms printed in time for January sign off.	**1.1** Review trust wide consent form in use to agree whether they should be amended to improve recording of risk	Consent Group	Dec '17	**Amber**	Updated / amended trust consent forms
							1.2 Paediatric Cardiac Services to agree whether service would benefit from a bespoke cardiac consent form that includes percentage risk	Consultant Paediatric Cardiac Surgeon	Nov '16	**Green**	Agreement of Paediatric Consent Group to utilise bespoke consent forms where appropriate
							1.3 Cardiac Services- agree and implement process for discussing percentage risk with families (FI)	Consultant Paediatric Cardiac Surgeon	Nov '16	**Green**	Information and consent forms available to parents

Trust wide Incidents and Complaints Delivery Group Action Plan – Senior Responsible Officer; Helen Morgan, Deputy Chief Nurse

TW Incidents and complaints delivery timeframe

MONTH	Oct '16	Nov '16	Dec '16	Jan '17	Feb '17	Mar '17	Apr' 17	May '17	Jun '17
Recommendations			**28**-That guidance be drawn up which identifies when, and if so, how, an 'independent element' can be introduced into the handling of those complaints or investigations which require it. *Request to delay to Feb ' 17*	**26**- Development of an integrated process for the management of complaints and all related investigations- *timescale changed from Jan '17 to Jun '17*			**29 -** Options for more effective handling of complaints, including the introduction of an independent element, serious consideration be given to offering as early as possible, alternative forms of dispute resolution, such as medical mediation.		**27-** Design of the processes (26) should take account also of the need for guidance and training for clinical staff as regards liaising with families and enabling effective dialogue
			30 - Review its procedures to ensure that patients or families are offered not only information about any changes in practice, seek feedback on its effectiveness, but also the opportunity to be involved in designing those changes and overseeing their implementation- *timescale changed from Dec '16 to Apr'16*						

	Progress overview						Detailed actions				
No	**Recommendation**	**Lead Officer**	**Completion date of recommendation**	**Status**	**Delivery risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
26.	That the Trust should explore urgently the development of an integrated process for the management of complaints and all related investigations following either a death of a child or a serious incident, taking account of the work of the NHS England's Medical Directorate on this matter. Clear guidance should be given to patients or parents about the function and purpose of each element of an investigation, how they may contribute if they so choose, and how their contributions will be reflected in reports. Such guidance should also draw attention to any sources of support which they may draw upon.	Chief Nurse	Jan '17	**Amber- behind target**		Jun'17 additional and amended actions to fulfil recommendation	**26.1** Develop an appendix to the Serious Incident (SI) policy defining "link" between Child Death Review (CDR), complaints and SI investigations / reporting, includes adults and children.	Women and Children's Head of Governance	July '16	**Green- Complete** ***Approved by delivery group 15.11.16***	Link between serious incidents and other investigatory procedures (e.g. Complaints and Child Death Review) July 2016
							26.2 Develop and implement guidance for staff in **children's services** on standards procedures / practices that need to be followed to provide a high quality and equitable service for all patients / families in the event of bereavement.	Women and Children's Head of Governance	Dec '16	**Green – complete. Audit planned April 17 10.01.17 5/8 members approved, rest virtually.**	Document approved within the Division via Quality Assurance Group. Monitored weekly at the Bereavement Group.
							26.3 Develop and implement guidance for staff in **adult services** on standards procedures / practices that need to be followed to provide a high quality and equitable service for all patients / families in the event of bereavement.	Head of Quality (Patient Safety)	Jul '16	**Green- Complete**	Guidance for Supporting and Working with patients/families after unexpected death of an adult or a serious incident involving an adult, July 2016 (latest version)
							26.4 Develop 'guidance' / information for **families** in **children's services** how the x3 processes of Child Death Review (CDR) / Serious Investigation (SI) / Root Cause Analysis (RCA) investigation inquests and complaints are initiated / managed and integrate *(FI)*	Women and Children's Head of Governance	April '17	**Blue- on target**	
							26.5 Develop 'guidance' / information for **staff** in **children's services** on how the x3 processes of	Women and	Dec '16	**Amber behind target.**	

	Progress overview						Detailed actions				
No	**Recommendation**	**Lead Officer**	**Completion date of recommendation**	**Status**	**Delivery risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
							CDR / SI / RCA investigation inquests and complaints are initiated / managed and integrate.	Children's Head of Governance		**Due for presentation at February 17 meeting**	
							26.6 Develop the above **staff** guidance for **adult** patients and families (minus CDR)	Head of Quality (Patient Safety)	Dec '16	**Amber behind target. Due for presentation at February 17 meeting**	
							26.7 Develop the above **family** guidance for **adult** patients and families (minus CDR) **(FI).**	Head of Quality (Patient Safety)	Apr '17	**Blue- on target**	
							26.8 Review options for how patients / families can participate (if they want to) with the SI RCA process implement preferred options **(FI).**	Head of Quality (Patient Safety)	Jun '17	**Blue- on target**	
							26.9 Implement a process for gaining regular feedback from patients / families involved in a SI RCAs process to understand what it felt like for them and how we can improve the process for them **(FI)**	Head of Quality (Patient Safety)	Jun '17	**Blue- on target**	
27	That the design of the processes we refer to should take account also of the need for guidance and training for clinical staff as regards liaising with families and enabling effective dialogue.	Chief Nurse	Jun '17	**Blue- on target**			**27.1** Guidance developed for staff for the preparation and conduct of meetings with parents/families to discuss concerns and/or adverse event feedback	Medical Director	Jun '16	**Green- complete Action approved 10.01.17 pending any further comments within 1 week.**	Guidance for the Preparation and Conduct of Meetings with Parents/Families to discuss concerns and/or adverse event feedback, June 2016
							As per actions 26.4 and 26.5, included in recommendation no. 26 to develop guidance for staff				

	Progress overview					Detailed actions				
No	**Recommendation**	**Lead Officer**	**Completion date of recommendation**	**Status**	**Delivery risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
							27.2 Develop a framework for training staff to support them to effectively and sensitively manage processes relating to CDR/SI's and complaints. Develop and pilot session. Existing complaints training materials to be reviewed and updated to include guidance on supporting families in circumstances where a complaint is being investigated alongside a CDR or SI. January 2017. Other bespoke training opportunities to be considered in light of development of staff guidance by Children's Services (see 26.5), due April 2017.	Head of Quality (Patient Experience and Clinical Effectiveness) And Head of Quality (Patient Safety)	Jun '17	**Blue- on target**	
28	That guidance be drawn up which identifies when, and if so, how, an 'independent element' can be introduced into the handling of those complaints or investigations which require it.	Chief Nurse	Dec '16	**Amber – behind target.**		Request to delay to Feb ' 17	**28.1** To review UHBristol's previous use of independent review / benchmarking from other trusts to inform above. - Complaints - RCA's	Patient Support and Complaints Manager and Patient Safety Manager	 Nov '16 Nov '16	**Green- complete Action approved 10.01.17**	Reports of the Reviews undertaken and available in evidence folder
							28.2 Develop guidance for when to access 'independent advise / review' for - Complaints - SI RCAs	Head of Quality (Patient Experience and Clinical Effectiveness) And Head of Quality (Patient Safety)	Oct '16 Dec '16	**Amber – behind target. Actions to be reviewed at February meeting**	Complaints policy Serious Incident Policy (appendix 9, pg. 33)
A							**28.3** The Trust has entered into exploratory discussions with the Patients Association about developing a model for exceptional independent investigation/review. This work will commence with a focus group of previous dissatisfied complainants in February 2017.	Head of Quality (Patient Experience and Clinical	Mar '17	**Blue – on target**	

	Progress overview						Detailed actions				
No	**Recommendation**	**Lead Officer**	**Completion date of recommendation**	**Status**	**Delivery risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
								Effectiveness			
29	That as part of the process of exploring the options for more effective handling of complaints, including the introduction of an independent element, serious consideration be given to offering as early as possible, alternative forms of dispute resolution, such as medical mediation.	Chief Nurse	Apr '17	**Blue- on target**			**29.0** Consider how an independent review can be introduced for 2nd time dissatisfied complainants / involve users in developing a solution.	Head of Quality (Patient Experience and Clinical Effectiveness)	Oct '16	**Green- complete**	Complaints policy
							29.1 Visit the Evelina to understand their model for mediation and possible replication at UHBristol. A report will be presented following the visit to consider next steps and possible resource implications.		Feb 17	**Blue – on target**	
30	That the Trust should review its procedures to ensure that patients or families are offered not only information about any changes in practice introduced as a result of a complaint or incident involving them or their families and seek feedback on its effectiveness, but also the opportunity to be involved in designing those changes and	Chief Nurse	Dec '16	**Amber- behind target**		Apr '17 Revised to allow for family involvement	**30.1** Develop a clear process with timescales trust-wide for feedback to families / patients outcomes involved in SI panels / review and actions ongoing from this and staff (FI).	Head of Quality (Patient Safety) and Clinical Effectiveness)	Apr '17	**Blue- on target**	
							30.2 Ensure complainants are routinely asked whether and how they would like to be involved in designing changes in practice in response to the concerns they have raised (FI)	Head of Quality (Patient Experience and Clinical Effectiveness)	Oct '16	**Green- complete**	Agreed audit of compliance would be required before closing this this action

	Progress overview						Detailed actions				
No	**Recommendation**	**Lead Officer**	**Completion date of recommendation**	**Status**	**Delivery risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
	overseeing their implementation.										
							30.3 Use of process for asking patients how they would like to be involved in designing changes in practice in response to the concerns they have raised to be audited at the end of February 2017, including review of survey replies.	Head of Quality (Patient Experience and Clinical Effectiveness)	Feb '17	**Blue – on target**	
							30.4 Regular complainant focus groups to be held from April 2017 onwards as part of routine follow-up of people's experience of the complaints system. Ambition is for these focus groups to eventually be facilitated by previous complainants.	Head of Quality (Patient Experience and Clinical Effectiveness)	April '17	**Blue – on target**	

2. Other Actions Plan – governed by the Independent Review of Childrens Cardiac Services Steering Group

	Progress overview						Detailed actions				
No.	**Recommendation**	**Lead Officer**	**Completion date of recommendation**	**Status**	**Delivery Risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
22	That the Trust review the implementation of the recommendation of the Kennedy Report that a member of the Trust's Executive, sitting on the Board, has responsibility to ensure that the interests of children are preserved and protected, and should routinely report on this matter to the Board.	Trust Secretary	Sept '16	**Green-complete**			Review of current arrangements and processes (Sept '16)	Trust Secretary	Sept '16	**Green-complete**	Executive Lead Role description
24	That urgent attention be given to developing more effective mechanisms for maintaining dialogue in the future in situations such as these, at the level of both the provider and commissioning organisations.	Commissioners and Trust	Jan '16	**Amber**			Discussion with commissioners about the issues and agreement to mitigate a similar occurrence	Commissioners and Trust	Jan '16	**Amber**	
31	That the Trust should review the history of recent events and the contents of this report, with a view to acknowledging publically the role which parents have played in bringing about significant	Chief Nurse	Oct '16	**Green-complete**			Trust board paper presented in July acknowledging the role which parents have played in bring about significant changes in practice and in improving the provision of care	Chief Executive	July '16	**Green-complete**	Trust Board Paper and Trust Board Agenda, July '16
							Presentation to Health and Overview Scrutiny Committee	Chief Executive, Medical Director, Chief Nurse and	Aug '16	**Green-complete**	

	Progress overview						Detailed actions				
No.	**Recommendation**	**Lead Officer**	**Completion date of recommendation**	**Status**	**Delivery Risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
	changes in practice and in improving the provision of care.							Women's and Children's Divisional Director			
							Presentation to the Bristol Safeguarding Children's Board	Chief Nurse	Oct '16	Green-complete	
32	That the Trust redesignate its activities regarding the safety of patients so as to replace the notion of "patient safety" with the reference to the safety of patients, thereby placing patients at the centre of its concern for safe care.	Medical Director	Dec '16	Amber		Feb 17 Governance approval of Terms of Reference and Role descriptions required	Adoption of the term "Safety of Patients" in place of "Patient Safety" going forward and communication of preferred term Trust wide . Terms of Reference of Patient Safety Group Revised and approved by CCG Feb 2, 2017 Role descriptions for Patient safety staff revised and to be approved by end Feb 2017	Medical Director	Feb '17	Amber	

	Key
R	Red - Milestone behind plan, impact on recommendation delivery date and/or benefits delivery
A	Amber - Milestone behind plan, no impact on recommendation delivery date and benefits delivery
B	Blue - Activities on plan to achieve milestone
TBC	To be confirmed
G	Complete / Closed
FI	Indicates family involvement in the action(s)

Cover report to the Public Trust Board meeting to be held on Tuesday, 28 February 2017 at 11.00 am -1.00 pm in the Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

		Agenda Item	10
Meeting Title	Trust Board	**Meeting Date**	Tuesday, 28 February 2017
Report Title	6 Monthly Safe Nursing Levels Report		
Author	Carolyn Mills, Chief Nurse		
Executive Lead	Carolyn Mills, Chief Nurse		
Freedom of Information Status		Open	

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

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

Executive Summary

Purpose

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

Key issues to note

Increased staffing levels have been agreed in a number of areas, with a clear rationale for the changes, all with the aim of providing safe and efficient staffing numbers and skill mix

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

effective/patient experience). This paper can assure the Board of Directors that UHBristol has safe staffing levels.

Recommendations
Members are asked to: • Note the report.

Intended Audience (please select any which are relevant to this paper)									
Board/Committee Members	☒	Regulators	☐	Governors	☐	Staff	☐	Public	☐

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

Corporate Impact Assessment (please tick any which are impacted on / relevant to this paper)							
Quality	☒	Equality	☐	Legal	☐	Workforce	☒

Impact Upon Corporate Risk
N/A

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

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

Report on Staffing Levels for UHBristol Adult Inpatient Wards, Midwifery and Bristol Children's Hospital (August 16-January 17).
February 2017 Trust Board

1.0 Introduction

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

This report details:

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

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

As detailed in appendix 2 there are a number of triggers that indicate when a staffing review is required. These would be in addition to the annual divisional reviews of nursing establishments and skill mix with the Chief Nurse. All the annual divisional staffing reviews have been undertaken in the last six months, with one for Women's Services scheduled for March 2017 following an externally facilitated review of staffing levels in maternity services using the Birth Rate Plus staffing model.

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

The table below describes the changes to nurse staffing levels over the last six months within divisions, together with the rationale for the changes

Division	Ward/Unit	Rationale for change
Medicine	A524	Following a number of ward relocations, and an increase in patient acuity and dependency, a skill mix review was conducted in September 2016. An increase to the Registered Nurse numbers on night duty was made.

	A518	A518 was opened as an extra capacity area in November 2016. This area is staffed based on the agreed day and night ratio for registered nurses in UHBristol; staffing levels are flexed depending on the number of beds open (between 8-17). Whilst there is no substantive nursing team for this area, substantive staff are moved to ensure the ward is safely and appropriately staffed together with the use of temporary staff.
	Ward 700	A skill mix review triggered by increased activity was undertaken and an additional Registered Nurse has been added to the weekend night duty roster and on three mornings a week.
Specialised Services	D603	A skill mix review was triggered by increased activity was completed and an additional three twilight shifts were added to the roster to support the work of the 24 hour Acute Oncology Assessment Unit.

3.0 Care Quality Commission (CQC) Requests for staffing information

No requests for staffing information from the CQC were received during this time. The Trust however did receive a CQC inspection in November 2016. The report is expected to be published at the end of February 2017.

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

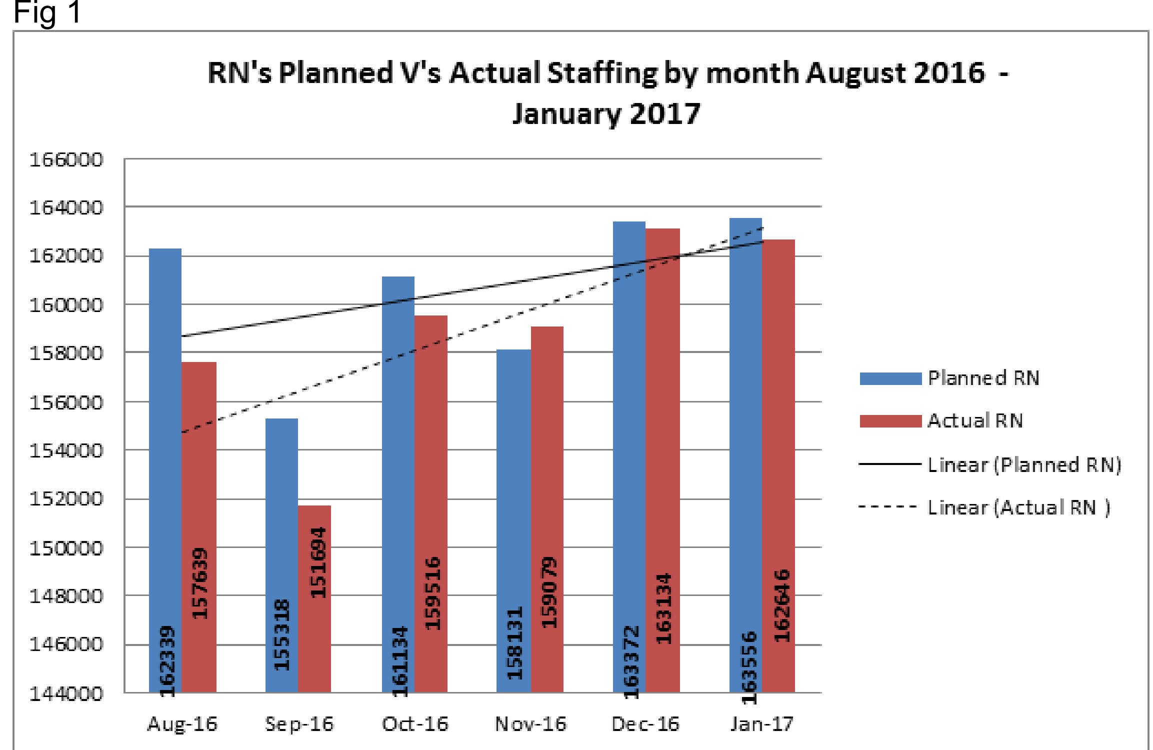
4.1. Monthly Staffing Reports to Quality and Outcomes Committee.

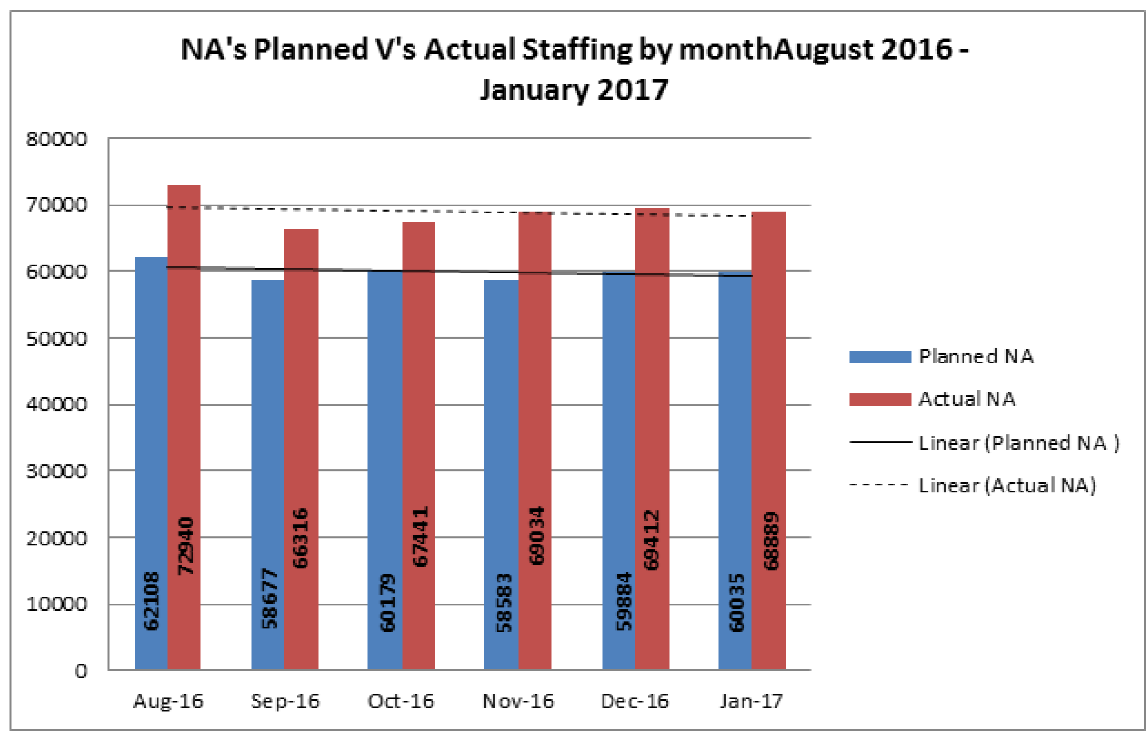
The Trust continues to submit monthly returns of the Department of Health via the NHS national staffing return. This return details the overall Trust position on actual hours worked versus expected hours worked for all inpatient areas, the percentage fill rate for Registered Nurses (RN) and Nursing Assistants (NA) for day and night shifts, together with the overall Trust percentage fill rate. This includes care hours per patient per day (CHPPD). There have been no risks to patient safety identified through these reports in the last six months.

A monthly detailed report is received and reviewed at the monthly at the Quality and Outcomes Committee a Non-Executive sub-committee of the Board. This report gives a detailed breakdown of any variances by Division. The report has been further developed to include information regarding NICE staffing red flags. The number of red flags triggered remains small (18 over six months) with actions taken to mitigate any issues identified.

The average level of actual RN Staffing (see fig 1) remains slightly lower than the expected staffing level for the trust over the period. This equates to an average fill rate of 99% across both days and nights. The actual staffing levels for unregistered nurses continues to be above planned staffing levels across days and nights (see fig 1)

Fig 1





4.2 Nurse Staffing Risks held on risk registers

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

4.3 Quality metrics

The Trust level quality performance dashboard for the last six months indicates that overall the standard of patient care during this period was of good quality (safety/clinically effective/patient experience), with a decrease in the overall numbers of falls and pressure ulcers per 1000 bed days seen in Q2 and Q3.

Over the last six months, the number of falls with harm and hospital acquired grade 3 pressure ulcers (1 grade 3 in October) has remained static. Reviews of RCAs to identify good practice, themes and areas requiring improvement continue to be undertaken for both falls and hospital acquired grade 3 pressure ulcers with actions incorporated into both work plans.

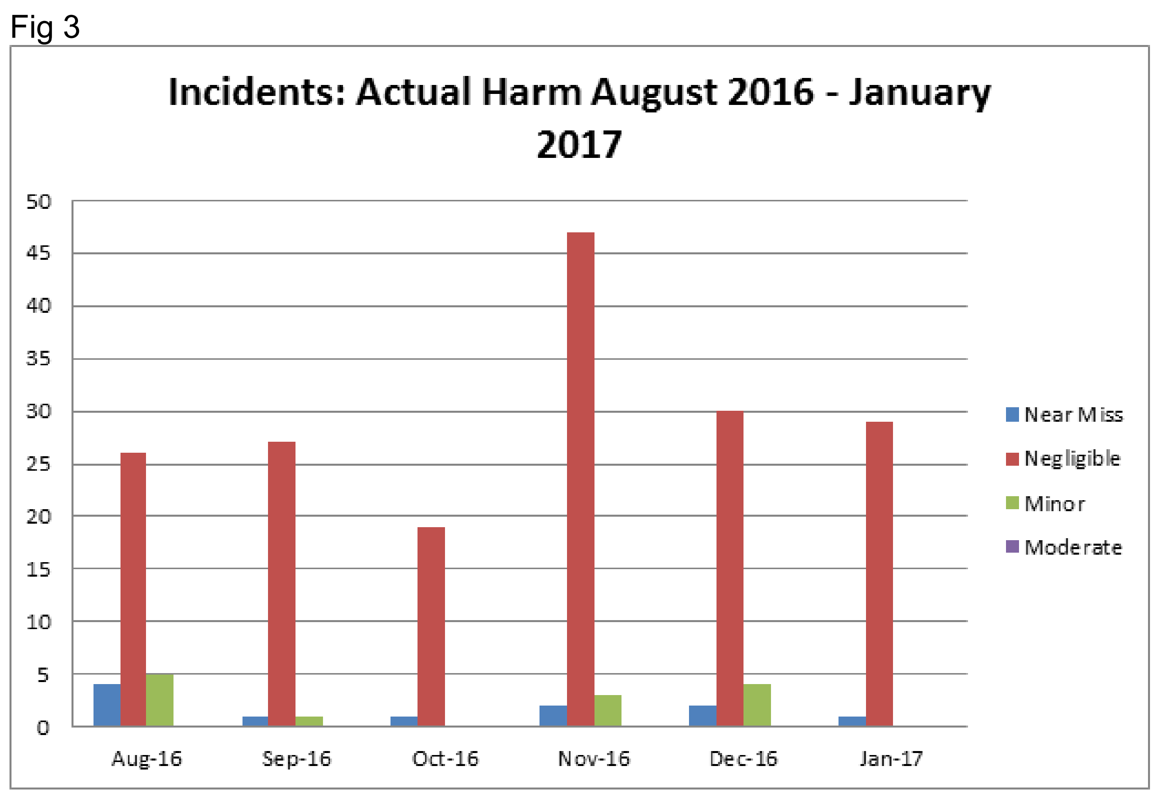
4.4 Staffing incidents

The number, content and any themes arising staffing incidents related to staffing levels are reviewed and discussed monthly and quarterly via Divisional Performance and Ops Reviews.   A peak of reported incidents from Specialised Services was noted in November 2016. All 24 incidents related to staffing out of hours and came from the same area, The Acute Oncology Assessment Unit. A risk assessment and skill mix review has been carried out, with three twilight shifts implemented to support the increased workload of the 24 hour Acute Oncology Assessment Unit. (See fig 2).

Fig 2

Where lower than expected staffing forms are submitted, the actual harm continues to be assessed as near miss to minor, with no moderate actual harm impact seen over the last six months (see fig 3).

Fig 3



5.0 National Updates

- In July 2016 the National Quality Board (NQB) published Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time. This document builds on the NQB 2013 guidance to provide an updated safe staffing resource.

- In December 2016 the NQB published Safe, Sustainable and Productive Staffing, an improvement resource for acute adult inpatient wards in acute hospitals and for learning disability services in draft format. Consultation closed on 3rd February, 2017.

- The current model of Midwifery Supervision will cease at the end of March 2017 and the new EQUIP (advocating for education and quality improvement) model will be introduced. There will not be a need for 24 hour access to a Supervisor of Midwives; however the Division intends to replace this with a senior Midwife on call to continue to provide support to the service.

- Nursing Associate roles. The NMC has confirmed that they will regulate these new roles. A thousand people have started in these roles in January 2017 across the UK. UHBristol is not part of the first or second wave pilot sites.

6.0 Conclusion

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

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

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

Appendix 1:

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

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

OR when there is:

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

Appendix 2:

Principles of Safe Staffing for General Inpatient Wards

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

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

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

Cover report to the Public Trust Board meeting to be held on Tuesday, 28 February 2017 at 11.00 am -1.00 pm in the Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

		Agenda Item	11
Meeting Title	Trust Board	**Meeting Date**	Tuesday, 28 February 2017
Report Title	Finance Report		
Author	Paul Mapson, Director of Finance and Information		
Executive Lead	Paul Mapson, Director of Finance and Information		
Freedom of Information Status		Open	

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

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

Executive Summary
<u>Purpose</u> To report to the Board on the Trust's financial position and related financial matters which require the Board's review. <u>Key issues to note</u> The Trust is reporting a surplus of £12.272m (before technical items) at the end of January. The Operational Plan to date requires a surplus of £13.387m and therefore the Trust is £1.115m behind plan. The adverse position is due to the loss of Sustainability and Transformation (S&T) funding reflecting the Trust's failure to achieve the access performance standard trajectories and the rejection of the Trust's appeal by NHS Improvement relating to quarter two access performance.

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

Recommendations
Members are asked to: • **Note**

Intended Audience (please select any which are relevant to this paper)									
Board/Committee Members	☒	Regulators	☐	Governors	☐	Staff	☐	Public	☐

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

Corporate Impact Assessment (please tick any which are impacted on / relevant to this paper)							
Quality	☐	Equality	☐	Legal	☐	Workforce	☐

Impact Upon Corporate Risk
N/A

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

Date papers were previously submitted to other committees

Audit Committee	Finance Committee	Quality and Outcomes Committee	Remuneration & Nomination Committee	Other (specify)
	24 February 2017			

REPORT OF THE FINANCE DIRECTOR

1. Overview

The Trust is reporting a surplus of £12.272m (before technical items) at the end of January. The Operational Plan to date requires a surplus of £13.387m and therefore the Trust is £1.115m behind plan. The adverse position is due to the loss of Sustainability and Transformation (S&T) funding reflecting the Trust's failure to achieve the access performance standard trajectories and the rejection of the Trust's appeal by NHS Improvement relating to quarter two access performance.

The Trust receives S&T funding as follows:

- S&T core funding – this represents £10.075m of the total of £13.000m and is dependent on meeting the plan excluding S&T funding. The surplus excluding S&T funding has been achieved in January, the surplus being £0.104m above plan excluding S&T funding. This metric is often referred to as the 'underlying position'.
- S&T performance funding – this represents £2.925m of the total £13.000m and is dependent on meeting the control total and then delivery of cumulative performance trajectories for RTT, Cancer and A&E targets.

The position to date is summarised in the table below:

Excluding technical items: Surplus/(deficit)	Operational Plan £m	Plan to date £m	Actual to date £m	Variance Fav/(adv) £m	Forecast outturn £m
Net surplus including S&T core funding	12.975	11.112	11.216	0.104	12.975
S&T performance funding	2.925	2.275	1.056	(1.219)	1.325
Net surplus including S&T funding	15.900	13.387	12.272	(1.115)	14.300

The plan to date, excluding S&T performance funding (i.e. the underlying position) has been achieved and is forecast to be achieved at year end. The S&T performance funding is however £1.219m behind plan year to date and is forecast to be £1.600m behind plan at year end. This is an improvement on last month reflecting the achievement of December's RTT performance which was not validated until after the completion of last month's report.

The overspend in Clinical Divisions and Corporate Services for January increased this month by £0.861m. The year to date overspend is now £10.896m compared with the operating plan trajectory to date of £2.702m. It also needs to be compared with the control totals set for the Division (based on their month 6 forecast out-turn) which is £9.740m for the year end.

The table below summarises the financial performance in January for each of the Trust's management divisions against their budget, Operating Plan trajectory and control total.

	Budget Variance favourable/(adverse)			Operating Plan Trajectory favourable/(adverse)		Control Total
	To 31 Dec £m	January £m	To 31 Jan £m	Trajectory To Jan £m	Variance £m	£m
Diagnostic & Therapies	0.379	0.103	0.482	(0.021)	0.503	-
Medicine	(3.137)	(0.412)	(3.549)	(0.808)	(2.741)	(2.480)
Specialised Services	(1.368)	(0.076)	(1.444)	(0.135)	(1.309)	(1.060)
Surgery, Head & Neck	(3.045)	(0.329)	(3.374)	(0.841)	(2.533)	(3.700)
Women's & Children's	(3.228)	(0.208)	(3.436)	(0.889)	(2.547)	(2.500)
Estates & Facilities	0.022	0.008	0.030	(0.019)	0.049	-
Trust Services	(0.026)	(0.013)	(0.039)	0.011	(0.050)	-
Other corporate services	0.368	0.066	0.434	-	0.434	-
Totals	**(10.035)**	**(0.861)**	**(10.896)**	**(2.702)**	**(8.194)**	**(9.740)**

The adverse variance of £0.861m in January compares with £1.544m in December, £1.234m in November and £0.530m in October. Analysis of the variances by subjective heading is shown below:

(Adverse)/Favourable	Jan £m	Dec £m	Quarter 3 £m	Quarter 2 £m	Quarter 1 £m	2016/17 to date £m
Nursing & midwifery pay	(0.541)	(0.172)	(1.151)	(0.963)	(1.154)	(3.809)
Medical & dental staff pay	(0.104)	(0.112)	(0.347)	(0.453)	(0.419)	(1.323)
Other pay	0.135	0.283	0.629	0.506	0.630	1.902
Non-pay	(0.829)	(1.091)	(3.222)	(0.938)	(0.926)	(5.915)
Income	0.478	(0.452)	0.783	(2.179)	(0.832)	(1.750)
Totals	**(0.861)**	**(1.544)**	**(3.308)**	**(4.027)**	**(2.701)**	**(10.896)**

The nursing pay overspend increased this month, primarily within Women's and Children's (£0.148m) and Medicine (£0.291m). Of this £0.2m can be attributed to winter escalation capacity. The year to date overspend of £3.809m compares with the 2015/16 outturn overspend of £2.8m (after £1.4m of 1:1 costs were funded).

The other pay underspend reduced this month reflecting increases in substantive staff and additional costs of covering sickness and maternity leave in non-clinical areas.

The non-pay overspend which increased significantly to over £1m a month in the previous two months reduced this month to £0.829m. This is discussed further in section 3.

There was an improvement in income with a favourable variance in month of £0.478m, of which £0.421m related to income from activities. The cumulative income under-performance on activity based SLA lines is £2.034m, of which £1.39m relates to elective activity, an improvement of £0.28m in the month which is encouraging given the operational pressures. As part of the improvement is in respect of emergency activity a rebate due to the Emergency Marginal Tariff may be due – this is being reviewed.

2. Forecast outturn assessment

The forecast outturn has been assessed in line with the protocol introduced by NHS Improvement.

The loss of S&T performance funding continues to be a significant risk to delivering the Trust's Control Total of £15.9m surplus. To achieve the control total, the loss of S&T performance funding would need to be met by equivalent surpluses on Trust clinical services, which is unrealistic given the operational and financial challenges faced by Divisions. Therefore, any loss of S&T funding due to the Trust's failure to achieve the access performance trajectories, will go straight to the Trust's bottom line.

The Trust is currently forecasting delivery of the RTT performance trajectory and failure of the A&E and Cancer performance trajectories in the last two months of the year. Based on this forecast and taking into account RTT performance achieved in December but not validated until after last months report, the total S&T performance funding loss for the year is forecast as £1.600m. Therefore the Trust's revised forecast at year end is a net surplus of £14.3m, a reduction of £1.6m against the Control Total surplus of £15.9m. It should be noted, however, that January RTT is not yet confirmed and hence remains a risk.

It is important to note, that the Trust is forecasting delivery of a £12.975m surplus before the receipt of S&T performance funding in line with the Operational Plan.

3. Key Financial Drivers

The key financial drivers to controlling the Trust's financial position to achieve the 2016/17 financial plan requiring further consideration in this report are:

a) Sustainability funding;
b) Nursing and midwifery pay;
c) Non pay;
d) Clinical activity; and
e) Savings programme.

These are described in the following sections.

a) <u>Sustainability Funding</u>

The Trust's financial position to date includes £9.615m of sustainability funding, £1.219m behind the plan to date of £10.834m.

The Trust failed to achieve A&E and Cancer standards but is assumed to have achieved the RTT standard in January, losing S&T funding of £0.190m available in January. The position is summarised in the following table. Further detail is provided in Appendix 9.

	Q1	July	Aug	Sept	Oct	Nov	Dec	Jan	Total YTD
Control Total achieved	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
STF earned £m	3.250	0.758	0.758	0.759	0.758	0.759	0.759	0.759	8.560
A&E trajectory achieved		Yes	Yes	Yes	No	No	No	No	
STF earned £m		0.135	0.135	0.135	0.000	0.000	0.000	0.000	0.405
Cancer trajectory achieved		No**	Yes	No**	No	Yes	No	No	
STF earned £m		0.000	0.055	0.000	0.000	0.055	0.000	0.000	0.110
RTT National target achieved		Yes	No**	No**	No	Yes	Yes	Query/ Yes	
STF earned £m		0.135	0.000	0.000	0.000	0.135	0.135	0.135	0.540
Total STF £m	3.250	1.028	0.948	0.894	0.758	0.949	0.894	0.894	9.615

** appeal rejected by NHS Improvement

Of the £13.0m S&T funding, £2.925m is available for the delivery of the Trust's access performance trajectories. The current forecast performance assumes that only RTT will be achieved in quarter four resulting in a potential loss of S&T performance funding of £1.600m for the year. If RTT is not achieved in February and March, the loss of S&T funding for the year could be as high as £1.870m.

b) Nursing & Midwifery Pay

The nursing and midwifery pay variance for the month is £0.541m adverse. The table below shows the analysis between substantive, bank and agency for the last three months, previous quarters and year to date. The 2015/16 position is shown for comparison.

	Jan £m	Dec £m	Nov £m	Quarter 3 £m	Quarter 2 £m	Quarter 1 £m	2016/17 to date £m	2015/16 Outturn exc. 1:1 funding £m
Substantive	0.581	0.759	0.862	2.236	2.466	2.23	6.932	10.099
Bank	-0.553	-0.475	-0.565	-1.551	-1.599	-1.44	-4.59	-5.684
Agency	-0.569	-0.456	-0.664	-1.836	-1.83	-1.945	-5.611	-7.268
Total	**-0.541**	**-0.172**	**-0.367**	**-1.151**	**-0.963**	**-1.155**	**-3.269**	**-2.853**
Restated for agency accrual					-0.387	-	-0.387	
Reversal of 15/16 accrual					0.387		0.387	
Total	**-0.541**	**-0.172**	**-0.367**	**-1.151**	**-0.963**	**-1.155**	**-3.269**	**-2.853**

The adverse variance on nursing continues to be driven by high bank and agency usage, offset by a favourable variance on substantive posts due to vacancies. The variance in January was significantly worse than December. The deterioration reflects a return to normal activity levels following the Christmas period and is largely due to increases in bank and agency expenditure. The effect is particularly noticeable in the divisions of Medicine and Women's and Children's. Medicine carries the additional costs of escalation

capacity (c£0.2m) and although Women’s and Children’s has recruited to vacant posts its agency expenditure remains high.

The improvements in permanent staffing from recruitment and retention initiatives is not being matched by the expected equivalent reduction in bank and agency spend.

The Nursing and ODP price and volume variance for January is shown at appendix 3. Nursing and ODPs were £0.579m adverse with a £0.277m adverse variance due to volume above the funded establishment and a £0.302m adverse variance due to price. The individual authorisation for non-framework agency has had less impact than in previous months.

The nursing control dashboard is attached at appendix 4. The improvements made by Medicine during the last three months were reversed and the division recorded a sickness rate of 4.6% against a target of 4.1%. Surgery Head and Neck’s sickness rate increased by 0.6% to 5.7%, against a target of 3.8%. Whilst Women’s and Children’s rate improved by 0.6% to 5.2% it was still above its 4.5% target. The position regarding sickness levels is a real cause for concern and is probably the main reason for the failure to reduce bank and agency spend.

Every Division is above their Operating Plan position for nursing agency wte and expenditure, with most Division’s showing an increase from December to January. Although Surgery Head and Neck’s performance against its plan is adverse, it is worth noting there has been a consistent improvement since August. Medicine spent £0.271m on agency in January compared to £0.166m in December and a plan of £0.075m. Specialised Services and Women’s and Children’s spent £0.047m and £0.099m more than their plans.

In addition to the pressure caused by escalation capacity and increased sickness the Division of Medicine’s expenditure on NA 1:1's and RMN's remained much higher than planned at £0.088m against a target of £0.044m. Specialised Services and Women’s and Children’s exceeded their plans by £0.011m and £0.008m, with Surgery Head and Neck spending less by £0.015m.

Vacancy rates increased across all Divisions by varying amounts with only Women’s and Children’s below its target.

c) ***Non Pay***

The non pay variance in the month was £0.839m adverse, and compares with an adverse variance in December of £1.091m and November of £1.539m. This is analysed between categories of non pay expenditure in the following table.

(Adverse)/Favourable	Jan £m	Dec £m	Nov £m	2016/17 to date £m
Blood	(0.138)	0.070	(0.104)	(0.255)
Clinical supplies & services	0.258	(0.565)	(0.473)	(0.946)
Drugs	0.032	(0.165)	(0.143)	(0.370)
Establishment	(0.021)	(0.001)	(0.024)	0.037
General supplies & services	(0.004)	(0.059)	(0.044)	(0.096)
Premises	0.047	0.019	(0.051)	0.256
Services from other bodies				
- Excluding research	(0.167)	(0.314)	(0.242)	(1.851)
- Research	(0.082)	0.104	(0.208)	(0.296)
Other non pay expenditure	(0.433)	0.089	0.016	0.694
Unidentified savings	(0.321)	(0.269)	(0.266)	(3.088)
Totals	**(0.829)**	**(1.091)**	**(1.539)**	**(5.915)**

The variance on blood expenditure improved in December reflecting lower activity levels increased activity in January continued the overspend which was exacerbated by high cost patients in Specialised Services.

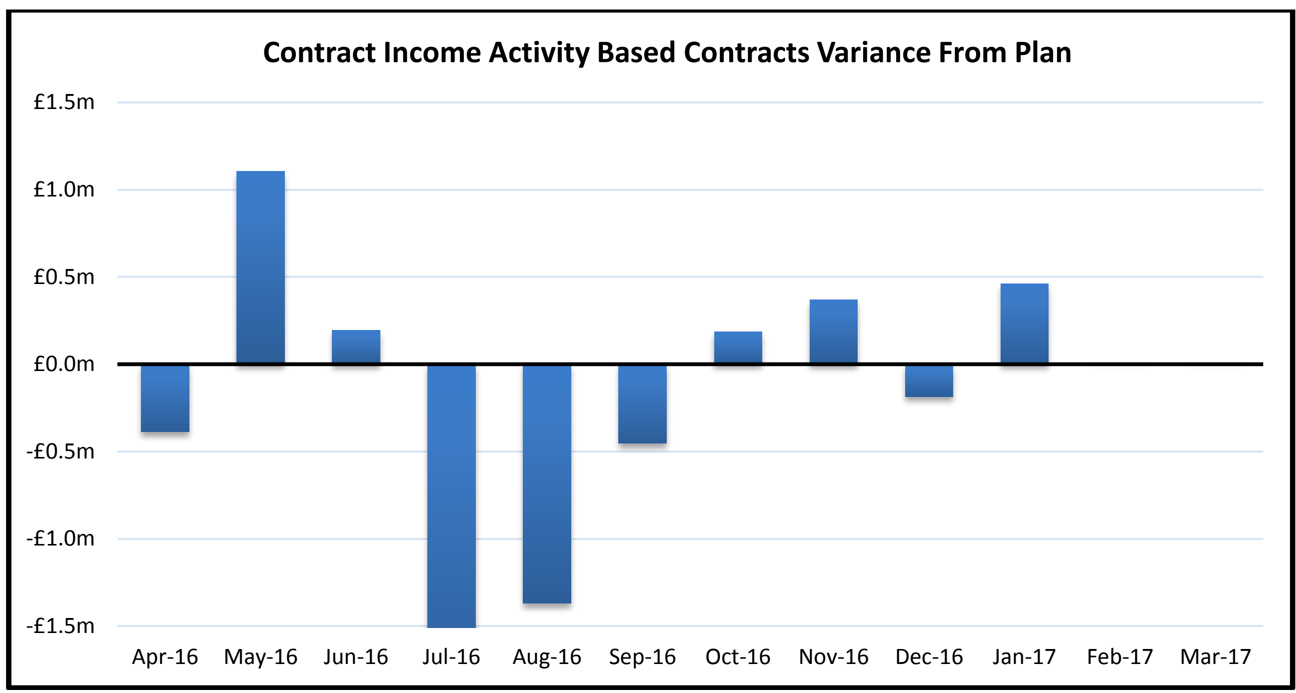
Clinical supplies overspends in November were the result of invoice processing issues regarding consignment stock and NHS supply chain invoice accruals as well as increased spend relating to increased activity. In December the increased spend continued although activity fell which resulted in additional stocks used in January. In December resolution of supplier queries also required settlement of aged invoices relating to spinal implants. In January there were no further processing issues and a review of activity and clinical supplies budgets led to an allocation of contract transfer funding (see below). The controls issues identified relating to invoice processing are being incorporated into the wider non pay controls assurance work.

The variance on services from other bodies within research has been separately identified as it can vary significantly over the year and is offset by changes in income. Outside of research, the deterioration in December related to invoices received from RUH in respect of maternity services backdated to the start of April.

Other non pay expenditure includes unallocated funding relating to contract transfers. Following a review of activity and the link with income and non pay budgets, various allocations were made in January. In particular Women's and Children's allocated £0.329m of which £0.228m went to clinical supplies, the remainder to pay and income from activities.

d) Clinical Activity

Activity based contract performance increased by £0.461m in January to give a cumulative under performance of £2.0.4m. Specialised Services improved in the month by £0.217m, Diagnostic and Therapies by £0.121m and Medicine by £0.051m. Performance at Clinical Divisional level is shown at appendix 5a. The graph below shows the monthly performance for all activity based contracts.



The table below summarises the overall clinical income by work type, which is described in more detail under 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	(0.065)	13.135	13.373	0.238
Bone Marrow Transplants	(0.290)	6.872	6.064	(0.808)
Critical Care Bed days	0.060	36.858	36.830	(0.028)
Day Cases	0.484	32.221	32.569	0.348
Elective Inpatients	(0.622)	42.397	40.825	(1.572)
Emergency Inpatients	0.435	65.178	68.172	2.994
Excess Bed days	0.061	5.811	5.903	0.092
Non – Elective Inpatients	(0.069)	22.890	20.106	(2.784)
Other	0.051	67.652	67.309	(0.343)
Outpatients	0.415	68.759	68.588	(0.171)
Sub Totals	**0.460**	**361.773**	**359.739**	**(2.034)**
Contract Penalties	(0.229)	(0.798)	(1.487)	(0.689)
Contract Rewards	0.006	6.781	7.368	0.587
Pass through payments	(0.268)	72.585	70.320	(2.265)
Sustainability and Transformation Funding	(0.054)	10.833	9.615	(1.218)
2016/17 Totals	**(0.085)**	**451.174**	**445.555**	**(5.619)**
Prior year income	0.335	-	3.352	3.352
Overall Totals	**0.250**	**451.174**	**448.907**	**(2.267)**

Outpatient activity improved in the month by £0.415m and reflects ongoing increased activity across a number of specialties, in particular clinical genetics and cardiology. The cumulative underperformance has reduced to £0.171m.

Elective inpatients and day cases together were £0.138m below plan. Activity in the Children's Hospital was £0.373m below plan, particularly paediatric cardiac and spinal surgery. Surgery Head and Neck was above plan by £0.118m largely due to ophthalmology. Specialised Services was above plan by £0.197m due to cardiology and haematology/oncology.

Bone Marrow Transplants were £0.290m below plan, of which £0.171m related to adults and £0.119m to paediatrics. The cumulative underperformance is £0.808m, (£0.530m adult and £0.278m paediatric).

Emergency inpatients, offset by non-electives, was £0.366m above plan reflecting the high volume of emergency activity particularly within General Medicine and Cardiology.

Performance against CQUIN continues higher than plan. The year to date assessment shows an overachievement against plan of £0.587m. The planning assumption was to achieve 75% however delivery of 90% at year end is considered achievable.

Performance against penalties was £0.229m below plan this month, increasing the cumulative performance to £0.689m below plan. Of this £0.56m relates to emergency marginal tariff.

Pass through payments were £0.268m lower than plan in January, increasing the adverse cumulative position to £2.265m. The year to date adverse variance relates to excluded drugs (£1.270m), excluded devices (£0.760m) and blood products (£0.530m).

e) Savings Programme

The savings requirement for 2016/17 is £17.420m. Savings of £10.697m have been realised to date, a shortfall of £3.822m against divisional plan. The shortfall is a combination of unidentified schemes of £2.646m and a further £1.176m for scheme slippage. The $1/12^{th}$ phasing adjustment reduces the shortfall to date by £0.002m.

The year-end forecast outturn has decreased this month by £0.300m. Diagnostics & Therapies decreased by £0.042m, Specialised Services by £0.034m, Surgery Head & Neck by £0.027m, Medicine by £0.020m and Women's & Children's increased by £0.003m.The revised outturn is now £13.494m, a shortfall of £3.926m against plan, which represents delivery of 77%. mainly due to deterioration in income schemes of £0.172m and a deterioration of £0.138m relating to a reassessment of growth in spinal surgery. The revised outturn is now £13.195m, a shortfall of £4.225m against plan, which represents delivery of 76%.

The fundamental driver for savings delivery is that the unidentified sum of £2.6m at the start of the year has never moved and remains unidentified in January. This suggests that progress has not been made in-year by Divisions.

A summary of progress against the Savings Programme for 2016/17 is summarised in the following table. A more detailed report is given under item 2.4 on this month's agenda.

	Savings Programme to 31st January 2016				
	Plan £m	Actual £m	Variance fav / (adv) £m	Phasing adjustment fav/(adv) £m	Total variance Fav/(adv) £m
Diagnostics & Therapies	1.347	1.336	(0.011)	(0.021)	(0.032)
Medicine	1.397	1.121	(0.276)	(0.006)	(0.282)
Specialised Services	1.259	1.020	(0.239)	-	(0.239)
Surgery, Head and Neck	4.080	2.359	(1.721)	(0.051)	(1.772)
Women's and Children's	3.906	2.112	(1.794)	0.041	(1.753)
Estates and Facilities	0.636	0.690	0.054	(0.018)	0.036
Trust Services	0.654	0.599	(0.055)	0.057	0.002
Corporate Services	1.240	1.460	0.220	-	0.220
Totals	**14.519**	**10.697**	**(3.822)**	**0.002**	**(3.820)**

The performance for the year by category is also shown in the following table.

	Year to Date			Variance Against Adjusted Plan £m	Forecast Outturn		
	Plan £m	Actual £m	Variance £m		Plan £m	Actual £m	Variance £m
Pay	2.159	1.815	(0.344)	(0.349)	2.597	2.200	(0.397)
Drugs	0.904	0.986	0.082	0.116	1.044	1.195	0.151
Clinical Supplies	2.571	2.858	0.287	0.297	3.073	3.518	0.445
Non Clinical Supplies	3.490	2.963	(0.527)	(0.571)	4.241	3.655	(0.586)
Other Non Pay	0.048	0.048	-	-	0.057	0.057	-
Income	2.126	1.452	(0.674)	(0.667)	2.543	1.880	(0.663)
Capital Charges	0.575	0.575	-	-	0.690	0.690	-
Unidentified	2.646	-	(2.646)	(2.646)	3.175	-	(3.175)
Totals	**14.519**	**10.697**	**(3.822)**	**(3.820)**	**17.420**	**13.195**	**(4.225)**

4. Divisional Financial Position

Clinical Divisions and Corporate Services overspend against budget increased by £0.861m in January to a cumulative position of £10.896m adverse to plan. The following table shows the Clinical Divisions and Corporate Services budget variances against the four main income and expenditure headings.

	Budget Variance favourable/(adverse)		
	To 31 Dec £m	January £m	To 31 Jan £m
Pay	(2.403)	(0.478)	(2.881)
Non Pay	(2.594)	(0.522)	(3.116)
Operating Income	(0.152)	0.081	(0.071)
Income from Activities	(1.461)	0.453	(1.008)
Sub Total	(6.610)	(0.466)	(7.076)
Savings programme	(3.425)	(0.395)	(3.820)
Totals	**(10.035)**	**(0.861)**	**(10.896)**

Analysis of the subjective movements by Division is summarised in the following table, with further detail given under agenda item 2.3 in the Finance Committee papers.

Variance in month favourable/(adverse)	Pay £m	Non Pay £m	Operating Income £m	Income from activities £m	Savings £m	Total £m
Diagnostic & Therapies						
– To 31 December	1.165	(0.940)	0.052	0.128	(0.026)	0.379
– January	0.132	(0.130)	0.018	0.089	(0.006)	0.103
– To 31 January	1.297	(1.070)	0.070	0.217	(0.032)	0.482
Medicine						
– To 31 December	(1.474)	(0.584)	0.030	(0.830)	(0.279)	(3.137)
– January	(0.369)	(0.041)	0.012	(0.011)	(0.003)	(0.412)
– To 31 January	(1.843)	(0.625)	0.042	(0.841)	(0.282)	(3.549)
Specialised Services						
– To 31 December	(0.663)	(0.590)	0.125	0.033	(0.273)	(1.368)
– January	(0.048)	(0.136)	(0.010)	0.084	0.034	(0.076)
– To 31 January	(0.711)	(0.726)	0.115	0.117	(0.239)	(1.444)
Surgery, Head & Neck						
– To 31 December	(0.118)	(1.446)	0.009	0.136	(1.626)	(3.045)
– January	0.027	(0.230)	(0.031)	0.051	(0.146)	(0.329)
– To 31 January	(0.091)	(1.676)	(0.022)	0.187	(1.772)	(3.374)
Women's & Children's						
– To 31 December	(1.993)	1.154	0.060	(0.981)	(1.468)	(3.228)
– January	(0.196)	0.081	0.000	0.192	(0.285)	(0.208)
– To 31 January	(2.189)	1.235	0.060	(0.789)	(1.753)	(3.436)
Corporate Services						
– To 31 December	0.680	(0.188)	(0.428)	0.053	0.247	0.364
– January	(0.024)	(0.066)	0.092	0.048	0.011	0.061
– To 31 January	0.656	(0.254)	(0.336)	0.101	0.258	0.425

The significant adverse pay variances in month were again within Medicine and Women's and Children's. Medicine continued to incur additional costs associated with 1:1 nursing and staffing the ED queue and other escalation capacity. Women's and Children's nursing pay overspend relates to continued over establishment on wards and use of premium rate

agency staff particularly within theatres. Medical pay in the Division continues to overspend primarily due to high levels of maternity leave.

The £0.522m adverse variance in month on non pay expenditure represents a further significant deterioration, although at a lower level than the previous two months. Surgery Head and Neck relates to increased outsourcing costs as well as clinical supplies in theatres. Specialised Services incurred significantly high costs in month for blood products relating to two patients as well as increased clinical supplies costs reflecting increased cardiology activity.

The £0.453m favourable variance on income from activities was across all Divisions, as described in section 3d.

The £0.395m adverse savings variance in month was predominantly in Surgery, Head and Neck and Women's and Children's as described in section 3e.

5. Use of Resources Rating

The Use of Resources Rating (URR) for the Trust to date is 1, the highest rating and in line with the plan to date of 1.The table below summarises the position.

		31 January 2017		31 March 2017	
	Weighting	Plan	Actual	Plan	Forecast
Liquidity					
Metric Result – days		11.40	13.86	11.96	11.87
Metric Rating	20%	1	1	1	1
Capital Servicing Capacity					
Metric Result – times		2.67	2.53	2.77	2.64
Metric Rating	20%	1	1	1	1
Income & expenditure margin					
Metric Result		2.55%	2.33%	2.53%	2.25%
Metric Rating	20%	1	1	1	1
Variance in I&E margin					
Metric Result		0.00%	(0.22)%	0.00%	(0.28)%
Metric Rating	20%	1	2	1	2
Variance from agency ceiling					
Metric Result		0.00%	16.5%	0.00%	21.8%
Metric Rating	20%	1	2	1	2
Overall URR		**1.0**	**1.4**	**1.0**	**1.4**
Overall URR (rounded)		**1**	**1**	**1**	**1**

The agency ceiling set by NHSI of £12.793m is based on data submitted in 2015/16 which included medical locums. Following the change in NHSI definition the Trust has split out the locum costs and whilst NHSI support this approach they have yet to confirm whether this requires an adjustment to the ceiling. The recently communicated target for 2017/18 remains unchanged.

At the end of January the Trust is £1.817m adverse against the NHSI ceiling, deterioration in the month of £0.282m. The following table summarises this position:

	Current month position (January)			Year to date position		
Staff category	NHS I Ceiling £m	Actual £m	Variance fav/(adv) £m	NHS I Ceiling £m	Actual £m	Variance fav/(adv) £m
Medical Agency	-	0.026	-	-	1.078	-
Medical Locum – Zero Hours		0.118			0.947	
Medical Locum – Fixed Term		0.225			2.354	
Nursing Agency (RNs and NAs)	-	0.609	-	-	6.884	-
Other Agency	-	0.188	-	-	1.59	-
Totals	**0.884**	**1.166**	**(0.282)**	**11.036**	**12.853**	**(1.817)**

6. Capital Programme

A summary of income and expenditure for the ten months ending 31 January 2017 is provided in the following table. The Operational Plan of £35.0m shows profiled planned expenditure to date of £29.591m. The internal plan reflects the Trust's re-profiled plan.

Original Operational Plan £m	Subjective Heading	Period ended 31 January 2017				
		Original Operational Plan to Date £m	Revised Internal Plan £m	Actual £m	Variance £m	Forecast Out-turn £m
	Sources of Funding					
0.273	PDC	0.273	0.273	0.272	(0.001)	2.068
2.732	Donations	2.270	2.270	2.202	(0.068)	2.732
	Cash:					
22.054	Depreciation	16.277	17.687	17.717	0.030	21.273
9.941	Cash balances	10.771	3.624	2.332	(1.292)	5.933
35.000	**Total Funding**	**29.591**	**23.854**	**22.523**	**(1.331)**	**32.006**
	Expenditure					
(14.244)	Strategic Schemes	(9.936)	(11.080)	(11.525)	(0.445)	(12.052)
(11.142)	Medical Equipment	(8.048)	(3.189)	(2.440)	0.749	(10.184)
(4.659)	Information Technology	(3.453)	(2.747)	(2.631)	0.116	(3.369)
(2.815)	Estates Replacement	(2.284)	(1.635)	(1.647)	(0.012)	(2.535)
(13.191)	Operational Capital	(8.370)	(5.204)	(4.281)	0.923	(5.082)
(46.051)	**Gross Expenditure**	**(32.091)**	**(23.854)**	**(22.523)**	**1.331**	**(33.222)**
2.706	Planned Slippage	2.500	-	-	-	1.216
8.345	I&E Variation from Plan		-	-	-	-
(35.000)	**Net Expenditure**	**(29.591)**	**(23.854)**	**(22.523)**	**1.331**	**(32.006)**

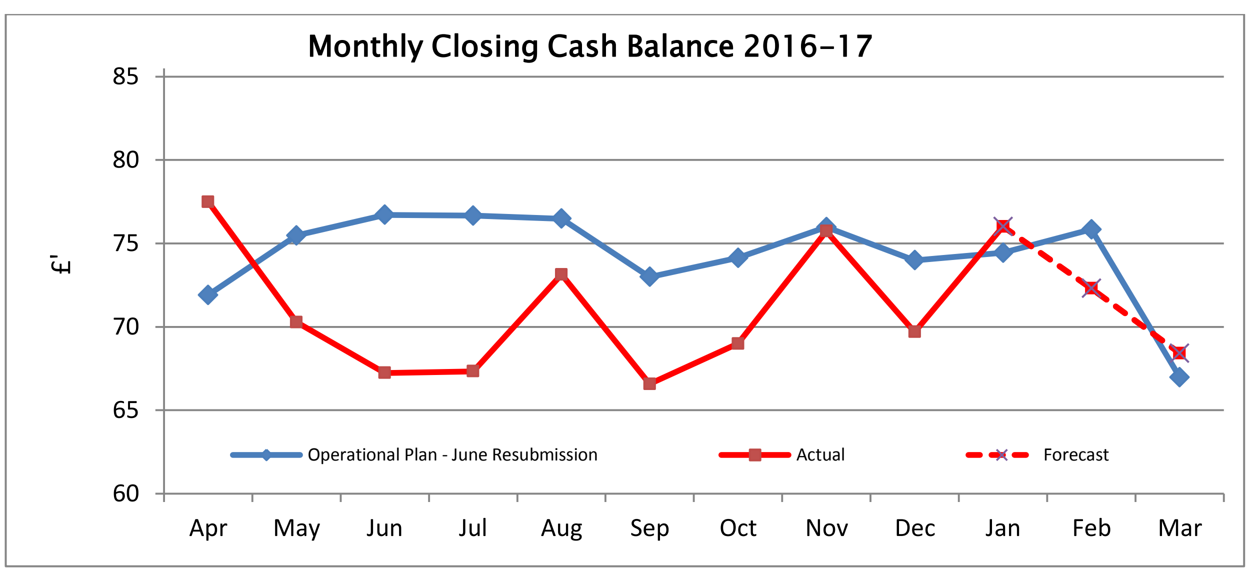
Capital expenditure for the period is £22.523m against an internal plan of £23.854m, £1.331m behind plan. Following a review the forecast out-turn has been reduced to £32.006m. Further information is provided under agenda item 3.1.

7. Statement of Financial Position and Cashflow

Overall, the Trust had a strong statement of financial position as at 31 January 2017 with net current assets of £34.433m, £5.270m higher than the Operational Plan.

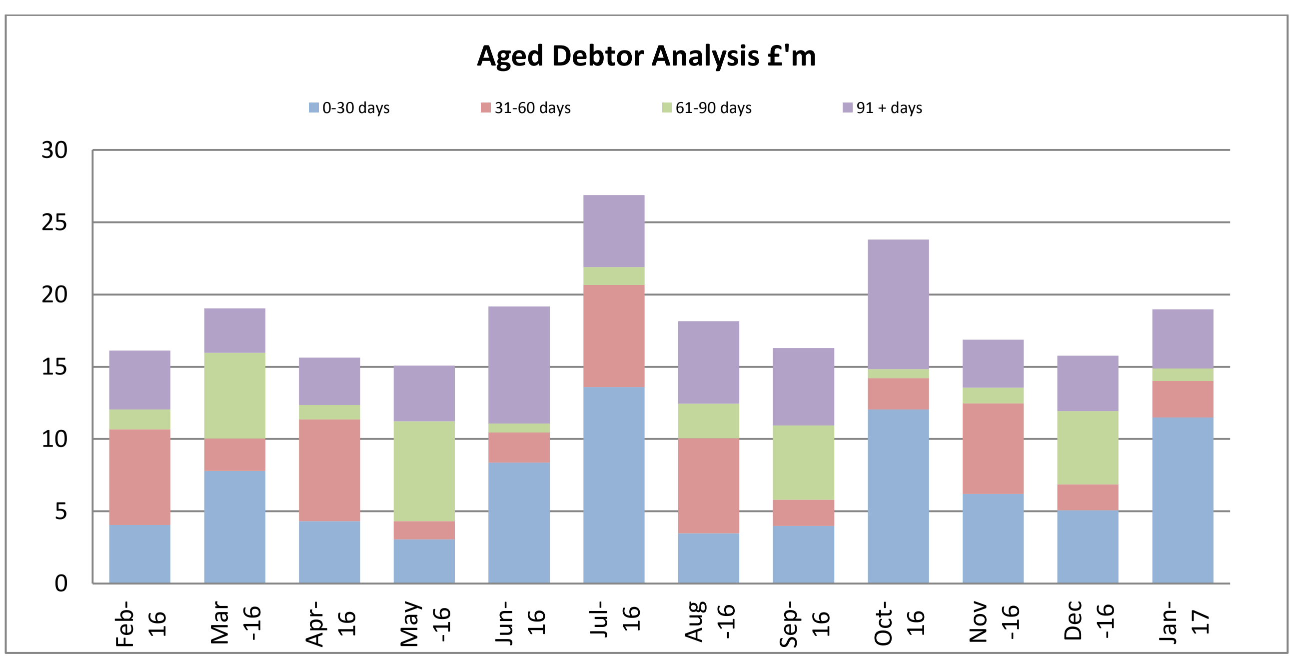
The Trust held cash and cash equivalents of £76.136m at the end of January, £1.696m higher than plan mainly due to slippage on the Trust's capital programme.

The forecast year end cash balance is £71.409m. The following graph shows the month end cash balance trajectory for the financial year.

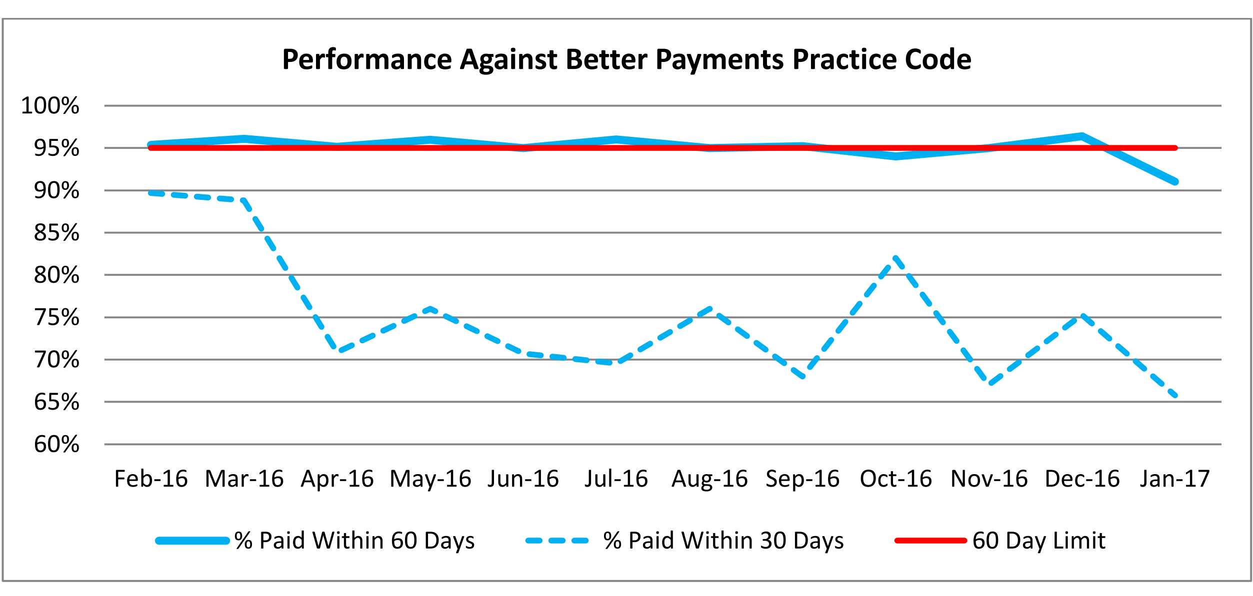


The total value of debtors was £18.894m (£9.150m SLA and £9.834m non-SLA). This represents an increase in the month of £3.222m (£1.963m SLA increase and £1.259m non-SLA increase).

Debts over 60 days old have decreased by £3.946m (£3.819m SLA increase and £0.127m non-SLA decrease) to £4.966m (£2.336m SLA and £2.630m non-SLA). The SLA decrease reflects the receipt of outstanding debt at the beginning of January as reported last month.The position is summarised in the following chart. Further details are provided in agenda item 4.1.



In January the Trust's performance against the 60 day target was 91% reflecting the continued focus on clearing older invoices and resolving supplier queries.



Attachments *Appendix 1 – Summary Income and Expenditure Statement*
Appendix 2 – Divisional Income and Expenditure Statement
Appendix 3 – Nursing & ODP variances
Appendix 4 – Nursing KPIs
Appendix 5 – Key Financial Metrics
Appendix 6 – Financial Risk Matrix
Appendix 7 – Monthly Analysis of Pay Expenditure
Appendix 8 - Release of Reserves
Appendix 9 – Sustainability funding and access performance trajectories

Appendix 1

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST
Finance Report January 2017- Summary Income & Expenditure Statement

Approved Budget / Plan 2016/17	Heading	Position as at 31st January Plan	Actual	Variance Fav / (Adv)	Actual to 31st December	Forecast Outturn
£'000		£'000	£'000	£'000	£'000	£'000
	Income					
540,185	From Activities	450,378	449,865	(513)	404,018	538,691
92,385	Other Operating Income	76,958	76,653	(305)	68,767	91,951
632,570	**Sub totals income**	**527,336**	**526,518**	**(818)**	**472,785**	**630,642**
	Expenditure					
(365,377)	Staffing	(304,060)	(307,289)	(3,229)	(275,817)	(367,813)
(209,562)	Supplies and Services	(173,961)	(179,643)	(5,682)	(161,455)	(215,903)
(574,939)	**Sub totals expenditure**	**(478,021)**	**(486,932)**	**(8,911)**	**(437,272)**	**(583,716)**
(7,580)	Reserves	(6,667)	-	6,667	-	
	NHS Improvement Plan Profile	(823)		823		
50,051	**EBITDA**	**41,825**	**39,586**	**(2,239)**	**35,513**	**46,926**
7.91	**EBITDA Margin - %**		**7.52**		**7.51**	**7.44**
	Financing					
(22,472)	Depreciation & Amortisation - Owned	(18,706)	(17,717)	989	(15,946)	(21,273)
244	Interest Receivable	203	167	(36)	155	197
(290)	Interest Payable on Leases	(241)	(245)	(4)	(220)	(300)
(3,124)	Interest Payable on Loans	(2,604)	(2,432)	172	(2,195)	(2,884)
(8,509)	PDC Dividend	(7,090)	(7,087)	3	(6,378)	(8,501)
(34,151)	**Sub totals financing**	**(28,438)**	**(27,314)**	**1,124**	**(24,584)**	**(32,761)**
15,900	**NET SURPLUS / (DEFICIT) before Technical Items**	**13,387**	**12,272**	**(1,115)**	**10,929**	**14,165**
	Technical Items					
-	Profit/(Loss) on Sale of Asset	-	(30)	(30)	(30)	(30)
2,732	Donations & Grants (PPE/Intangible Assets)	2,270	2,202	(68)	2,202	2,732
(6,436)	Impairments	(6,436)	(1,362)	5,074	(1,362)	(6,436)
385	Reversal of Impairments	-	-	-	-	385
(1,610)	Depreciation & Amortisation - Donated	(1,344)	(1,322)	22	(1,192)	(1,612)
10,971	**SURPLUS / (DEFICIT) after Technical Items**	**7,877**	**11,760**	**3,883**	**10,547**	**9,204**

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

Finance Report January 2017– Divisional Income & Expenditure Statement

Approved Budget / Plan 2016/17	Division	Total Budget to Date	Total Net Expenditure / Income to Date	Variance [Favourable / (Adverse)]					Total Variance to date	Total Variance to 31 st December	Operating Plan Trajectory Year to Date	Variance from Operating Plan Year to Date
				Pay	Non Pay	Operating Income	Income from Activities	CIP				
£'000		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	Corporate Income											
540,682	Contract Income	451,175	451,175	–	–	(37)	37	–	0	0		
–	Sustainability and Transformation Funding Variance	–	–	–	–	–	(1,218)	–	(1,218)	(1,165)		
–	Fines & Rewards	–	–	–	–	–	(456)	–	(456)	(242)		
1,071	Overheads	1,071	2,238	–	240	–	2,601	–	2,841	2,423		
37,104	NHSE Income	30,899	30,899	–	–	–	–	–	–	–		
578,857	**Sub Total Corporate Income**	**483,145**	**484,312**	**–**	**240**	**(37)**	**964**	**–**	**1,167**	**1,016**		
	Clinical Divisions											
(51,780)	Diagnostic & Therapies	(43,062)	(42,580)	1,297	(1,070)	70	217	(32)	482	379	(21)	503
(76,820)	Medicine	(64,224)	(67,773)	(1,843)	(625)	42	(841)	(282)	(3,549)	(3,137)	(808)	(2,741)
(102,928)	Specialised Services	(85,800)	(87,244)	(711)	(726)	115	117	(239)	(1,444)	(1,368)	(135)	(1,309)
(105,867)	Surgery Head & Neck	(88,239)	(91,613)	(91)	(1,676)	(22)	187	(1,772)	(3,374)	(3,045)	(841)	(2,533)
(120,633)	Women's & Children's	(100,148)	(103,584)	(2,189)	1,235	60	(789)	(1,753)	(3,436)	(3,228)	(889)	(2,547)
(458,028)	**Sub Total – Clinical Divisions**	**(381,473)**	**(392,794)**	**(3,537)**	**(2,862)**	**265**	**(1,109)**	**(4,078)**	**(11,321)**	**(10,399)**	**(2,694)**	**(8,627)**
	Corporate Services											
(36,519)	Facilities And Estates	(30,107)	(30,077)	57	(39)	(41)	17	36	30	22	(19)	49
(26,243)	Trust Services	(22,140)	(22,179)	545	(447)	(170)	31	2	(39)	(26)	11	(50)
(436)	Other	(110)	324	54	232	(125)	53	220	434	368	–	434
(63,198)	**Sub Totals – Corporate Services**	**(52,357)**	**(51,932)**	**656**	**(254)**	**(336)**	**101**	**258**	**425**	**364**	**(8)**	**433**
(521,226)	**Sub Total (Clinical Divisions & Corporate Services)**	**(433,830)**	**(444,726)**	**(2,881)**	**(3,116)**	**(71)**	**(1,008)**	**(3,820)**	**(10,896)**	**(10,035)**	**(2,702)**	**(8,194)**
(7,580)	Reserves	(6,667)	–	–	6,667	–	–	–	6,667	6,000		
–	Reserves profiling	(823)	–	–	823	–	–	–	823	892		
(7,580)	**Sub Total Reserves**	**(7,490)**	**–**	**–**	**7,490**	**–**	**–**	**–**	**7,490**	**6,892**		
50,051	**Trust Totals Unprofiled**	**41,825**	**39,586**	**(2,881)**	**4,614**	**(108)**	**(44)**	**(3,820)**	**(2,239)**	**(2,127)**		
	Financing											
(22,472)	Depreciation & Amortisation – Owned	(18,706)	(17,717)	–	989	–	–	–	989	847		
244	Interest Receivable	203	167	–	(36)	–	–	–	(36)	(28)		
(290)	Interest Payable on Leases	(241)	(245)	–	(4)	–	–	–	(4)	(2)		
(3,124)	Interest Payable on Loans	(2,604)	(2,432)	–	172	–	–	–	172	148		
(8,509)	PDC Dividend	(7,090)	(7,087)	–	3	–	–	–	3	3		
(34,151)	**Sub Total Financing**	**(28,438)**	**(27,314)**	**–**	**1,124**	**–**	**–**	**–**	**1,124**	**968**		
15,900	**NET SURPLUS / (DEFICIT) before Technical Items**	**13,387**	**12,272**	**(2,881)**	**5,738**	**(108)**	**(44)**	**(3,820)**	**(1,115)**	**(1,159)**		
	Technical Items											
–	Profit/(Loss) on Sale of Asset	–	(30)	–	(30)	–	–	–	(30)	(30)		
2,732	Donations & Grants (PPE/Intangible Assets)	2,270	2,202	–	–	(68)	–	–	(68)	(68)		
(6,436)	Impairments	(6,436)	(1,362)	–	5,074	–	–	–	5,074	5,074		
385	Reversal of Impairments	–	–	–	–	–	–	–	–	–		
(1,610)	Depreciation & Amortisation – Donated	(1,344)	(1,322)	–	22	–	–	–	22	20		
(4,929)	**Sub Total Technical Items**	**(5,510)**	**(512)**	**–**	**5,066**	**(68)**	**–**	**–**	**4,998**	**4,996**		
10,971	**SURPLUS / (DEFICIT) after Technical Items Unprofiled**	**7,877**	**11,760**	**(2,881)**	**10,804**	**(176)**	**(44)**	**(3,820)**	**3,883**	**3,837**		

Nursing & ODP Variance – January 2017

Division	Nursing Category	Price Variance fav/ (adv) £'000	Volume Variance fav/ (adv) £'000	Total Variance fav/ (adv) £'000	Lost Time % (Wards/ED/Theatres)
Medicine	Ward	(31)	(73)	(104)	
	Other	(11)	(159)	(170)	
	ED	(19)	(10)	(29)	
Medicine Total		**(61)**	**(242)**	**(303)**	**131%**
Surgery, Head & Neck	Ward	11	(101)	(90)	
	Theatres	11	34	45	
	Other	(62)	55	(7)	
	ED	1	3	3	
Surgery, Head & Neck Total		**(39)**	**(9)**	**(48)**	**124%**
Specialised Services	Ward	(58)	11	(47)	
	Other	16	9	25	
Specialised Services Total		**(42)**	**20**	**(23)**	**127%**
Women's & Children's Services	Ward	(128)	(60)	(188)	
	Theatres	(48)	18	(31)	
	Other	73	(1)	72	
	ED	(12)	9	(3)	
Women's & Children's Services Total		**(115)**	**(35)**	**(150)**	**132%**
Clinical Division Total	Ward	(205)	(224)	(430)	
	Theatres	(37)	52	15	
	Other	13	(92)	(80)	
	ED	(31)	2	(29)	
CLINICAL DIVISIONS TOTAL		**(261)**	**(263)**	**(524)**	**129%**
NON CLINICAL DIVISIONS	Other	(41)	(14)	(56)	
NON CLINICAL DIVISIONS TOTAL		**(41)**	**(14)**	**(56)**	
TRUST TOTAL		**(302)**	**(277)**	**(579)**	**129%**

REGISTERED NURSING - NURSING CONTROL GROUP AND HR KPIs

Graph 1 **Sickness**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*3.9%*	*3.9%*	*3.9%*	*4.3%*	*4.3%*	*4.3%*	*4.2%*	*4.2%*	*4.2%*	*4.1%*	*4.1%*	*4.1%*
Medicine	Actual	3.1%	1.9%	2.2%	3.1%	4.5%	4.2%	5.4%	4.0%	3.6%	4.6%		
Specialised Services	*Target*	*4.0%*	*4.0%*	*4.0%*	*4.0%*	*4.0%*	*4.0%*	*4.2%*	*4.2%*	*4.2%*	*4.0%*	*4.0%*	*4.0%*
Specialised Services	Actual	3.2%	3.5%	3.0%	2.7%	3.2%	2.5%	4.1%	3.7%	3.7%	4.1%		
Surgery, Head & Neck	*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, Head & Neck	Actual	3.8%	3.9%	5.1%	4.9%	4.1%	4.2%	4.7%	4.5%	5.1%	5.7%		
Women's & Children's	*Target*	*3.4%*	*3.4%*	*3.4%*	*3.7%*	*3.7%*	*3.7%*	*4.5%*	*4.5%*	*4.5%*	*4.5%*	*4.5%*	*4.5%*
Women's & Children's	Actual	3.8%	3.9%	3.4%	3.7%	4.0%	4.0%	4.9%	5.7%	5.8%	5.2%		

Source: HR info available after a weekend

Graph 2 **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	7.5%	8.7%	8.3%	9.4%	10.6%	7.3%	6.1%	5.3%	5.8%	7.4%		
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	6.5%	7.7%	7.0%	7.0%	6.8%	5.4%	5.6%	5.2%	5.9%	6.9%		
Surgery, Head & Neck	*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, Head & Neck	Actual	3.9%	5.9%	8.1%	8.2%	8.1%	6.6%	5.4%	4.8%	4.9%	5.6%		
Women's & 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%*
Women's & Children's	Actual	1.5%	2.6%	3.0%	4.8%	2.5%	2.0%	0.5%	0.3%	1.4%	2.0%		

Source: HR

Graph 3 **Turnover**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*15.1%*	*15.1%*	*15.1%*	*15.1%*	*15.1%*	*15.1%*	*15.1%*	*15.1%*	*15.1%*	*15.1%*	*15.1%*	*15.1%*
Medicine	Actual	16.9%	16.7%	16.0%	17.4%	15.8%	15.2%	15.2%	15.5%	16.7%	16.1%		
Specialised Services	*Target*	*13.3%*	*13.3%*	*13.3%*	*13.3%*	*13.3%*	*13.3%*	*13.3%*	*13.3%*	*13.3%*	*13.3%*	*13.3%*	*13.3%*
Specialised Services	Actual	15.6%	14.2%	13.2%	13.2%	12.9%	13.2%	12.5%	12.9%	13.0%	13.4%		
Surgery, Head & Neck	*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%*
Surgery, Head & Neck	Actual	14.6%	13.6%	13.3%	13.9%	11.9%	11.8%	11.0%	10.2%	10.2%	9.2%		
Women's & Children's	*Target*	*10.6%*	*10.6%*	*10.6%*	*10.6%*	*10.6%*	*10.6%*	*10.6%*	*10.6%*	*10.6%*	*10.6%*	*10.6%*	*10.6%*
Women's & Children's	Actual	9.3%	10.0%	10.5%	10.9%	11.6%	11.2%	10.9%	10.7%	11.1%	11.2%		

Source: HR - Registered

Note: M4 figs restated

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*	*145.0*	*115.0*	*131.0*	*140.0*	*150.0*	*150.0*	*80.0*	*90.0*	*90.0*	*75.0*	*80.0*	*75.0*
Medicine	Actual	244.6	132.0	169.6	203.8	265.4	179.6	245.8	197.9	166.2	271.4		
Specialised Services	*Target*	*54.7*	*54.7*	*54.7*	*36.7*	*36.7*	*32.1*	*32.1*	*27.5*	*18.3*	*18.3*	*18.3*	*18.3*
Specialised Services	Actual	95.0	108.4	107.8	85.2	135.7	129.2	119.5	99.5	52.3	65.2		
Surgery, Head & Neck	*Target*	*38.6*	*38.3*	*54.6*	*56.9*	*53.6*	*25.8*	*12.5*	*12.5*	*12.5*	*12.5*	*12.5*	*12.5*
Surgery, Head & Neck	Actual	215.0	201.7	183.4	182.8	245.2	247.3	187.9	179.3	109.2	117.2		
Women's & Children's	*Target*	*36.9*	*50.8*	*71.8*	*37.7*	*50.7*	*79.5*	*122.1*	*29.1*	*29.1*	*25.3*	*25.3*	*25.3*
Women's & Children's	Actual	158.8	134.0	109.2	219.1	179.2	173.3	176.3	186.7	141.0	124.0		

Source: Finance GL (excludes NA 1:1)

Graph 5 **Operating plan for nursing agency wte**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*28.5*	*18.5*	*20.5*	*21.3*	*26.3*	*15.7*	*10.5*	*11.3*	*18.5*	*8.4*	*9.4*	*8.4*
Medicine	Actual	31.3	18.8	24.9	27.9	32.4	27.2	31.1	27.9	24.6	36.4		
Specialised Services	*Target*	*8.0*	*8.0*	*8.0*	*8.0*	*8.0*	*7.0*	*7.0*	*6.0*	*4.0*	*4.0*	*4.0*	*4.0*
Specialised Services	Actual	10.6	13.2	13.6	11.7	14.7	14.4	14.1	12.7	8.0	5.9		
Surgery, Head & Neck	*Target*	*6.0*	*6.1*	*8.6*	*9.1*	*8.6*	*4.1*	*2.0*	*2.0*	*2.0*	*2.0*	*2.0*	*2.0*
Surgery, Head & Neck	Actual	27.5	29.6	25.9	27.1	30.2	28.8	26.0	23.8	17.6	15.7		
Women's & Children's	*Target*	*7.8*	*10.8*	*15.3*	*7.8*	*10.6*	*16.8*	*25.8*	*5.8*	*5.8*	*4.8*	*4.8*	*4.8*
Women's & Children's	Actual	15.4	11.3	10.7	19.7	15.4	19.1	16.8	18.9	11.7	11.1		

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*	*7.9%*	*6.4%*	*7.2%*	*7.7%*	*8.3%*	*8.1%*	*4.6%*	*5.1%*	*5.2%*	*4.4%*	*4.6%*	*4.4%*
Medicine	Actual	13.4%	7.1%	9.5%	11.4%	14.6%	9.3%	13.0%	10.7%	9.3%	13.8%		
Specialised Services	*Target*	*4.3%*	*4.3%*	*4.3%*	*2.9%*	*2.9%*	*2.5%*	*2.5%*	*2.1%*	*1.4%*	*1.4%*	*1.4%*	*1.4%*
Specialised Services	Actual	7.3%	7.7%	7.9%	6.4%	9.8%	8.9%	8.2%	7.2%	3.9%	4.7%		
Surgery, Head & Neck	*Target*	*1.8%*	*1.8%*	*2.6%*	*2.7%*	*2.5%*	*1.2%*	*0.6%*	*0.6%*	*0.6%*	*0.6%*	*0.6%*	*0.6%*
Surgery, Head & Neck	Actual	11.5%	10.5%	10.0%	10.2%	13.2%	12.3%	9.9%	9.9%	6.3%	6.4%		
Women's & Children's	*Target*	*1.2%*	*1.6%*	*2.3%*	*1.2%*	*1.6%*	*2.5%*	*3.7%*	*0.9%*	*0.9%*	*0.8%*	*0.8%*	*0.8%*
Women's & Children's	Actual	4.7%	3.8%	3.2%	6.4%	5.1%	4.9%	4.9%	5.2%	4.0%	3.4%		

Source: Finance GL (RNs only)

Graph 7 **Funded bed days vs occupied bed days**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*9,270*	*9,579*	*9,270*	*9,579*	*9,579*	*9,270*	*9,579*	*9,270*	*9,579*	*9,579*	*8,652*	*9,579*
Medicine	Actual	9,235	9,359	9,250	9,543	9,238	8,621	9,394	8,944	8,983	9,581		
Specialised Services	*Target*	*4,800*	*4,960*	*4,800*	*4,960*	*4,960*	*4,800*	*4,960*	*4,800*	*4,960*	*4,960*	*4,480*	*4,960*
Specialised Services	Actual	4,507	4,639	4,523	4,729	4,829	4,499	4,665	4,556	4,476	4,685		
Surgery, Head & Neck	*Target*	*4,740*	*4,898*	*4,740*	*4,898*	*4,898*	*4,740*	*4,898*	*4,740*	*4,898*	*4,898*	*4,424*	*4,898*
Surgery, Head & Neck	Actual	4,657	4,556	4,452	4,431	4,537	4,392	4,643	4,442	4,394	4,744		
Women's & Children's	*Target*	*8,790*	*9,083*	*8,790*	*9,083*	*9,083*	*8,790*	*9,083*	*8,790*	*9,083*	*9,083*	*8,204*	*9,083*
Women's & Children's	Actual	7,087	7,399	6,957	6,548	6,070	6,470	7,243	6,891	6,435	6,738		

Source: Info web: KPI Bed occupancy

Graph 8 **NA 1:1 and RMN £000 (total temporary spend)**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*44*	*44*	*44*	*44*	*44*	*44*	*44*	*44*	*44*	*44*	*44*	*44*
Medicine	Actual	70	66	78	82	83	113	91	90	89	88		
Specialised Services	*Target*	*20*	*20*	*20*	*20*	*20*	*20*	*20*	*20*	*20*	*20*	*20*	*20*
Specialised Services	Actual	23	27	14	24	30	15	24	32	24	31		
Surgery, Head & Neck	*Target*	*43*	*43*	*43*	*43*	*43*	*43*	*43*	*43*	*43*	*43*	*43*	*43*
Surgery, Head & Neck	Actual	25	20	31	34	30	26	21	33	21	28		
Women's & Children's	*Target*	*12*	*12*	*12*	*12*	*12*	*12*	*12*	*12*	*12*	*12*	*12*	*12*
Women's & Children's	Actual	87	31	10	28	10	20	19	18	18	20		

Source: Finance temp staffing graphs (history changes)

Key Financial Metrics -January 2017

Appendix 5

	Diagnostic & Therapies	Medicine	Specialised Services	Surgery, Head & Neck	Women's & Children's	Facilities & Estates	Trust Services	Corporate	Totals
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Contract Income - Activity Based									
Current Month									
Budget	3,347	4,394	5,003	6,911	8,784	348		7,569	36,356
Actual	3,468	4,445	5,221	6,900	8,779	351		7,654	36,818
Variance Fav / (Adv)	121	51	218	(11)	(5)	3	-	85	462
Year to date									
Budget	33,215	43,655	50,086	68,982	87,151	3,458		75,226	361,773
Actual	33,462	43,146	50,259	68,724	86,008	3,422		74,717	359,738
Variance Fav / (Adv)	247	(509)	173	(258)	(1,143)	(36)	-	(509)	(2,035)
Contract Income - Penalties									
Current Month									
Plan	-	(17)	(2)	(8)	(4)			(48)	(79)
Actual	-	(21)	(2)	(17)	(6)			(263)	(309)
Variance Fav / (Adv)	-	(4)	0	(9)	(2)	-	-	(215)	(230)
Year to date									
Plan	(1)	(164)	(24)	(73)	(32)			(505)	(799)
Actual	(1)	(170)	(20)	(191)	(144)			(961)	(1,487)
Variance Fav / (Adv)	0	(6)	4	(118)	(112)	-	-	(456)	(688)

Information shows the financial performance against the planned penalties as per agenda item 5.2

	Diagnostic & Therapies	Medicine	Specialised Services	Surgery, Head & Neck	Women's & Children's	Facilities & Estates	Trust Services	Corporate	Totals
Contract Income - Rewards									
Current Month									
Plan	68	101	136	140	159	82	-	0	686
Actual	69	102	138	141	160	83	-	0	693
Variance Fav / (Adv)	1	1	2	1	1	1	-	-	7
Year to date									
Plan	676	999	1,345	1,383	1,566	812	-	0	6,781
Actual	734	1,085	1,462	1,502	1,702	883	-	0	7,368
Variance Fav / (Adv)	58	86	117	119	136	71	-	-	587

Information shows the financial performance against the planned rewards as per agenda item 5.2

	Diagnostic & Therapies	Medicine	Specialised Services	Surgery, Head & Neck	Women's & Children's	Facilities & Estates	Trust Services	Corporate	Totals
Cost Improvement Programme									
Current Month									
Plan	145	143	130	414	366	74	32	124	1,428
Actual	130	137	160	267	102	81	26	154	1,057
Variance Fav / (Adv)	(15)	(6)	30	(147)	(264)	7	(6)	30	(371)
Year to date									
Plan	1,347	1,397	1,259	4,080	3,906	636	654	1,240	14,519
Actual	1,336	1,121	1,020	2,358	2,112	690	599	1,461	10,697
Variance Fav / (Adv)	(11)	(276)	(239)	(1,722)	(1,794)	54	(55)	221	(3,822)

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

Finance Report January 2017 - Risk Matrix

Datix Risk Register Ref.	Description of Risk	Inherent Risk (if no action taken)		Action to be taken to mitigate risk	Lead	Current Risk		Target Risk	
		Risk Score & Level	Financial Value			Risk Score & Level	Financial Value	Risk Score & Level	Financial Value
1843	Failure to deliver the Trust's Operating Plan Control Total surplus of £15.9m based on the Divisions run rate of overspend to the end of September (month 6).	16 - Very High	£5.0m	Divisions have been given a control total deficit which cannot be exceeded. Recovery plans to deliver the control totals have been agreed.	PM	12 - High	£2.0m	4 - Moderate	£0.0m
959	Risk that Trust does not deliver future years financial plan due to under delivery of recurrent savings in year. Only 76% of the required savings have been identified at 31st January 2017, leaving a savings gap of £4.2m.	16 - Very High	£4.2m	Trust is working to develop savings plans to meet 2016/17 target of £17.4m and close the current savings gap of £4.2m. Divisions, Corporate and transformation team are actively working to promote the pipelines schemes into deliverable savings schemes.	OA	12 - High	£4.2m	4 - Moderate	£0.0m
416	Risk that the Trust's Financial Strategy may not be deliverable in changing national economic climate.	9 - High	-	Maintenance of long term financial model and in year monitoring on financial performance through monthly divisional operating reviews and Finance Committee and Trust Board.	PM	9 - High	-	9 - High	-
951	Risk of national contract mandates financial penalties and loss of Sustainability & Transformation Funding due to under-performance against key indicators.	9 - High	£3.0m	30% of the agreed Sustainability & Transformation Funding is subject to forfeit if core targets are not delivered. The current risk of loss is high.	PM	15 - Very High	£1.6m	3 - Low	£0.0m
50	Risk of Commissioner Income challenges	6 - Moderate	£3.0m	The Trust has strong controls of the SLA management arrangements.	PM	6 - Moderate	£2.0m	3 - Low	£0.0m
408	Risk to UH Bristol of fraudulent activity.	3 - Low	-	Local Counter Fraud Service in place. Pro active counter fraud work. Reports to Audit Committee.	PM	3 - Low	-	3 - Low	-

Analysis of pay spend 2015/16 and 2016/17

Division		2015/16							2016/17															
		Q1 £'000	Q2 £'000	Q3 £'000	Q4 £'000	Total £'000	Mthly Average £'000	Mthly Average %	Apr £'000	May £'000	Jun £'000	Q1 £'000	Jul £'000	Aug £'000	Sep £'000	Q2 £'000	Oct £'000	Nov £'000	Dec £'000	Q3 £'000	Jan £'000	Total £'000	Mthly Average £'000	Mthly Average %
Diagnostic & Therapies	Pay budget	10,357	10,483	10,432	10,413	41,686	3,474		3,580	3,350	3,370	10,299	3,365	3,491	3,449	10,305	3,476	3,473	3,497	10,446	3,526	31,050	3,105	
	Bank	82	109	93	88	371	31	0.9%	20	21	25	66	29	32	31	92	23	21	27	72	12	242	24	0.7%
	Agency	377	242	186	168	972	81	2.4%	36	(11)	18	42	39	32	35	106	24	24	40	88	61	297	30	0.9%
	Waiting List initiative	98	54	95	95	342	29	0.8%	62	35	53	150	72	35	27	134	30	27	6	63	23	370	37	1.1%
	Overtime	147	94	100	110	450	38	1.1%	47	37	36	120	30	33	41	104	40	46	31	117	30	372	37	1.1%
	Other pay	9,572	9,648	9,788	9,920	38,927	3,244	94.8%	3,310	3,119	3,049	9,478	3,082	3,244	3,200	9,526	3,247	3,202	3,236	9,685	3,270	31,960	3,196	96.1%
	Total Pay expenditure	10,276	10,146	10,261	10,382	41,063	3,422	100.0%	3,475	3,201	3,181	9,857	3,253	3,376	3,334	9,963	3,364	3,320	3,341	10,025	3,396	33,241	3,324	100.0%
	Variance Fav / (Adverse)	82	337	172	31	623	52		105	149	189	443	112	115	115	342	112	152	156	421	130	(2,191)	(219)	
Medicine	Pay budget	12,841	12,458	12,400	12,606	50,305	4,192		4,306	4,290	4,258	12,853	4,244	4,388	4,191	12,824	4,185	4,176	4,198	12,559	4,066	42,301	4,230	
	Bank	897	935	905	1,039	3,775	315	7.2%	243	319	318	880	338	358	290	986	277	293	292	861	312	3,039	304	6.8%
	Agency	826	875	814	1,119	3,634	303	7.0%	333	239	290	861	274	320	265	858	250	291	212	752	328	2,800	280	6.3%
	Waiting List initiative	51	45	56	42	194	16	0.4%	30	30	17	77	3	16	13	32	4	6	6	16	3	128	13	0.3%
	Overtime	16	21	35	32	105	9	0.2%	8	9	7	23	8	5	5	18	6	5	3	15	6	62	6	0.1%
	Other pay	11,212	10,941	10,982	11,308	44,443	3,704	85.2%	3,789	3,850	3,796	11,435	3,701	3,784	4,001	11,486	3,919	3,895	3,926	11,741	4,034	38,697	3,870	86.5%
	Total Pay expenditure	13,002	12,817	12,792	13,539	52,151	4,346	100.0%	4,403	4,447	4,428	13,278	4,324	4,483	4,574	13,380	4,456	4,490	4,439	13,385	4,683	44,725	4,472	100.0%
	Variance Fav / (Adverse)	(161)	(359)	(391)	(933)	(1,846)	(154)		(97)	(157)	(170)	(424)	(80)	(95)	(383)	(557)	(272)	(314)	(240)	(827)	(616)	(2,424)	(242)	
Specialised Services	Pay budget	10,135	10,245	10,342	10,557	41,279	3,440		3,657	3,968	3,834	11,459	3,829	3,886	3,812	11,526	3,901	3,885	3,886	11,672	3,828	38,485	3,849	
	Bank	402	404	352	423	1,581	132	3.7%	94	159	172	425	151	176	122	449	139	155	131	425	104	1,403	140	3.6%
	Agency	671	710	582	689	2,651	221	6.3%	182	196	177	555	166	206	219	591	173	125	95	393	84	1,623	162	4.1%
	Waiting List initiative	125	144	156	103	528	44	1.2%	42	58	36	136	21	45	20	86	42	40	71	153	31	406	41	1.0%
	Overtime	29	29	30	25	114	9	0.3%	8	11	13	32	16	11	9	36	10	12	13	36	12	115	11	0.3%
	Other pay	9,189	9,222	9,395	9,674	37,480	3,123	88.5%	3,329	3,644	3,515	10,487	3,522	3,587	3,619	10,728	3,593	3,642	3,596	10,831	3,732	35,779	3,578	91.0%
	Total Pay expenditure	10,415	10,510	10,516	10,913	42,354	3,529	100.0%	3,654	4,068	3,913	11,635	3,876	4,025	3,989	11,889	3,958	3,974	3,906	11,838	3,962	39,325	3,932	100.0%
	Variance Fav / (Adverse)	(280)	(265)	(174)	(356)	(1,075)	(90)		3	(100)	(79)	(176)	(47)	(139)	(177)	(363)	(57)	(89)	(20)	(167)	(134)	(840)	(84)	
Surgery Head and Neck	Pay budget	19,366	19,669	19,708	19,855	78,598	6,550		6,588	6,629	6,673	19,890	6,739	6,846	6,785	20,371	6,804	6,743	6,817	20,364	6,830	67,455	6,745	
	Bank	559	683	488	624	2,355	196	3.0%	172	176	194	542	229	261	216	706	209	214	184	607	212	2,067	207	3.1%
	Agency	603	908	738	752	3,000	250	3.8%	262	251	193	707	238	242	256	736	217	205	123	545	133	2,121	212	3.1%
	Waiting List initiative	407	387	371	249	1,414	118	1.8%	98	154	130	382	90	71	45	206	12	58	97	167	84	839	84	1.2%
	Overtime	38	47	45	41	171	14	0.2%	11	12	9	33	8	11	7	26	10	10	7	27	10	96	10	0.1%
	Other pay	17,853	17,860	18,200	18,209	72,122	6,010	91.2%	6,144	6,165	6,159	18,467	6,040	6,202	6,389	18,631	6,381	6,271	6,283	18,935	6,466	62,498	6,250	92.4%
	Total Pay expenditure	19,461	19,885	19,844	19,875	79,062	6,589	100.0%	6,687	6,758	6,685	20,130	6,605	6,786	6,913	20,304	6,829	6,758	6,693	20,280	6,905	67,621	6,762	100.0%
	Variance Fav / (Adverse)	(95)	(215)	(136)	(20)	(466)	(39)		(99)	(129)	(12)	(240)	134	60	(128)	66	(25)	(15)	124	84	(76)	(166)	(17)	

Analysis of pay spend 2015/16 and 2016/17

Division		2015/16							2016/17															
		Q1 £'000	Q2 £'000	Q3 £'000	Q4 £'000	Total £'000	Mthly Average £'000	Mthly Average %	Apr £'000	May £'000	Jun £'000	Q1 £'000	Jul £'000	Aug £'000	Sep £'000	Q2 £'000	Oct £'000	Nov £'000	Dec £'000	Q3 £'000	Jan £'000	Total £'000	Mthly Average £'000	Mthly Average %
Women's and Children's	Pay budget	22,562	22,828	23,290	23,780	92,460	7,705		7,944	7,602	7,919	23,465	7,899	7,950	7,870	23,718	7,954	7,981	7,958	23,892	7,423	78,499	7,850	
	Bank	533	582	487	611	2,213	184	2.3%	141	185	172	498	181	194	173	549	119	176	131	426	169	1,642	164	2.0%
	Agency	703	840	866	719	3,128	261	3.3%	255	162	131	548	269	204	238	711	194	191	120	505	133	1,898	190	2.3%
	Waiting List initiative	205	169	203	206	783	65	0.8%	33	73	40	146	48	30	62	140	29	38	49	116	26	428	43	0.5%
	Overtime	23	19	26	35	102	9	0.1%	9	15	17	42	13	11	11	35	17	14	9	40	10	127	13	0.2%
	Other pay	21,492	21,695	22,409	22,958	88,554	7,379	93.4%	7,749	7,623	7,575	22,947	7,530	7,698	7,735	22,963	7,776	7,808	7,812	23,395	7,991	77,297	7,730	95.0%
	Total Pay expenditure	22,956	23,305	23,991	24,530	94,780	7,898	100.0%	8,188	8,058	7,935	24,181	8,041	8,137	8,219	24,398	8,135	8,227	8,121	24,483	8,329	81,392	8,139	100.0%
	Variance Fav / (Adverse)	(393)	(477)	(701)	(750)	(2,320)	(193)		(244)	(456)	(16)	(716)	(142)	(187)	(349)	(679)	(181)	(246)	(163)	(591)	(907)	(2,893)	(289)	
Facilities & Estates	Pay budget	5,057	5,113	5,142	5,070	20,382	1,699		1,708	1,788	1,744	5,239	1,740	1,770	1,780	5,291	1,739	1,705	1,732	5,175	1,735	17,439	1,744	
	Bank	296	320	278	246	1,140	95	5.6%	45	78	72	195	82	107	80	269	80	80	99	260	59	782	78	4.5%
	Agency	145	189	249	154	738	62	3.6%	32	27	37	96	26	29	28	84	33	27	33	93	36	309	31	1.8%
	Waiting List initiative	0	0	0	0	0	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
	Overtime	225	244	207	200	876	73	4.3%	68	68	65	201	66	82	66	213	80	64	62	206	66	686	69	3.9%
	Other pay	4,406	4,373	4,371	4,499	17,649	1,471	86.5%	1,572	1,609	1,592	4,773	1,546	1,567	1,580	4,693	1,532	1,537	1,527	4,596	1,574	15,636	1,564	89.8%
	Total Pay expenditure	5,072	5,126	5,106	5,100	20,403	1,700	100.0%	1,717	1,782	1,766	5,265	1,720	1,785	1,754	5,259	1,726	1,708	1,721	5,155	1,735	17,414	1,741	100.0%
	Variance Fav / (Adverse)	(16)	(12)	36	(30)	(21)	(2)		(9)	6	(22)	(26)	20	(16)	26	31	13	(3)	10	20	(0)	26	3	
(Including R&I and (Incl R&I and Support Services)	Pay budget	6,487	6,496	6,977	7,438	27,398	2,283		2,327	2,532	2,398	7,257	2,382	2,218	2,431	7,030	2,420	2,523	2,519	7,462	2,531	24,279	2,428	
	Bank	179	211	232	223	846	70	3.2%	60	61	92	213	70	71	43	184	84	63	39	185	79	662	66	2.8%
	Agency	69	177	390	367	1,002	83	3.7%	26	98	116	239	35	44	23	102	37	43	34	114	48	504	50	2.1%
	Waiting List initiative	0	0	0	0	0	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
	Overtime	22	23	20	16	81	7	0.3%	4	5	3	13	5	9	7	21	5	5	9	19	2	55	5	0.2%
	Other pay	6,029	5,967	6,201	6,662	24,859	2,072	92.8%	2,190	2,213	2,191	6,594	2,194	1,997	2,283	6,474	2,288	2,360	2,305	6,953	2,333	22,353	2,235	94.8%
	Total Pay expenditure	6,299	6,378	6,843	7,268	26,788	2,232	100.0%	2,280	2,377	2,403	7,059	2,305	2,120	2,356	6,781	2,414	2,470	2,387	7,271	2,462	23,573	2,357	100.0%
	Variance Fav / (Adverse)	188	118	134	169	610	51		47	155	(5)	197	77	97	75	249	6	53	132	190	69	706	71	
Trust Total	Pay budget	86,805	87,293	88,292	89,718	352,109	29,342		30,109	30,158	30,194	90,462	30,198	30,548	30,319	91,065	30,478	30,485	30,607	91,570	29,938	299,508	29,951	
	Bank	2,949	3,244	2,834	3,254	12,281	1,023	3.4%	774	998	1,046	2,818	1,080	1,199	955	3,235	931	1,002	903	2,836	946	9,836	984	3.2%
	Agency	3,393	3,941	3,824	3,967	15,126	1,260	4.2%	1,127	961	961	3,049	1,047	1,078	1,064	3,188	929	904	657	2,491	823	9,551	955	3.1%
	Waiting List initiative	886	799	881	695	3,261	272	0.9%	265	350	276	891	234	197	167	598	117	169	229	515	167	2,171	217	0.7%
	Overtime	499	478	463	460	1,899	158	0.5%	156	157	150	463	146	160	148	454	168	157	134	459	136	1,512	151	0.5%
	Other pay	79,752	79,705	81,348	83,230	324,035	27,003	90.9%	28,083	28,223	27,876	84,183	27,616	28,078	28,805	84,500	28,737	28,715	28,685	86,136	29,400	284,219	28,422	92.5%
	Total Pay expenditure	87,480	88,166	89,352	91,607	356,602	29,717	100.0%	30,405	30,690	30,310	91,404	30,123	30,712	31,139	91,975	30,882	30,947	30,608	92,438	31,472	307,289	30,729	100.0%
	Variance Fav / (Adverse)	(674)	(873)	(1,058)	(1,889)	(4,493)	(374)		(296)	(532)	(115)	(942)	74	(164)	(821)	(911)	(404)	(463)	(1)	(868)	(1,535)	(7,781)	(778)	

NOTE: Other Pay includes all employer's oncosts.

Release of Reserves 2016/17 **Appendix 8**

	Significant Reserve Movements							Divisional Analysis								
	Contingency Reserve	Inflation Reserve	Operating Plan	Savings Programme	Other Reserves	Non Recurring	Totals	Diagnostic & Therapies	Medicine	Specialised Services	Surgery, Head & Neck	Women's & Children's	Estates & Facilities	Trust Services	Other including income	Totals
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Resources Book	700	11,709	38,455	(690)	2,426	3,194	55,794									
April movements	(120)	(8,993)	(31,315)	-	166	(208)	(40,470)	3,694	9,102	8,756	7,388	9,590	1,238	1,749	(1,047)	40,470
May movements	(28)	(6)	(3,529)	7	(588)	(217)	(4,361)	(119)	(22)	1	1,914	47	26	194	2,320	4,361
June movements	97	(9)	87	-	(160)	(366)	(351)	10	165	28	40	83	99	141	(215)	351
July movements	(20)	(45)	447		(119)	(207)	56	9	91	45	27	103	98	218	(647)	(56)
August Movements		(6)	234		(80)	(118)	30	58	31	42	42	59	37	122	(421)	(30)
September movements	(17)	(9)	(120)		(165)	(105)	(416)	8	24	57	43	131	24	160	(31)	416
October movements	(53)	(529)	(1,532)		(143)	(98)	(2,355)	46	79	110	192	477	40	139	1,272	2,355
November movements	(34)	(22)	(294)		(122)	(171)	(643)	55	219	43	80	81	57	207	(99)	643
December movements	(31)	(31)	(104)		(122)	(145)	(433)	9	98	27	21	46	37	195	-	433
January																
Strategic Scheme Costs					(34)	(61)	(95)						72	23		95
Spend to Save						(4)	(4)			4						4
CQUINs			(24)				(24)							24		24
Developments			(115)				(115)		86					29		115
CSIP						(39)	(39)							39		39
EWTD					(128)		(128)	8	27	18	23	49	2	1		128
Other	(2)	(39)			(48)	(26)	(115)		18				6	10	81	115
Month 10 balances	492	2,020	2,190	(683)	883	1,429	6,331	3,778	9,918	9,131	9,770	10,666	1,736	3,251	1,213	49,463

2016/17 Sustainability & Transformation Funding – December trajectory performance

In order for the Trust to be eligible for Sustainability & Transformation Funding (STF), first it must deliver the monthly net surplus Control Total excluding STF. Delivery of the Control Total entitles the Trust to 70% of the STF from July onwards.

Net surplus Control Total

The cumulative net surplus Control Total (excluding STF) was achieved for the period to January with an actual cumulative net surplus excluding STF of £2.657m against a plan of £2.554m. Please see table one below.

Table one: Net surplus Control Total and performance to date

Control Total	Q1 £m	July £m	August £m	Sept £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m
Planned net surplus	3.858	5.258	6.719	8.135	9.486	10.853	12.088	13.387	14.475	15.900
Less planned STF	(3.250)	(4.333)	(5.416)	(6.500)	(7.583)	(8.667)	(9.750)	(10.833)	(11.916)	(13.000)
Planned net surplus exc STF	**0.608**	**0.925**	**1.303**	**1.635**	**1.903**	**2.186**	**2.338**	**2.554**	**2.559**	**2.900**
Actual reported net surplus	3.871	5.275	6.722	8.170	9.086	10.062	10.929	12.272		
Less STF	(3.250)	(4.279)	(5.308)	(6.337)	(7.014)	(7.773)	(8.585)	(9.615)		
Actual net surplus exc STF	**0.621**	**0.996**	**1.414**	**1.833**	**2.072**	**2.289**	**2.344**	**2.657**		
Control Total delivered / Eligible for STF?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		

A&E waiting times

The Trust did not achieve the A&E waiting times standard trajectory in January with performance of 80.4% against the in-month trajectory of 88.5%. The cumulative performance was 85.6% behind the agreed trajectory of 87.8%. Therefore, the Trust was not eligible for A&E STF of £0.135m for January.

The Trust is currently forecasting failure of the in-month and cumulative trajectory for February and March. Failure to achieve the A&E trajectory for the last two months of the financial year would mean a further loss of A&E STF of £0.270m, giving a likely total loss of £0.810m for the year. Table two summarises the position to date below.

Table two: A&E waiting times trajectories and performance to date

	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar
National standard	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Agreed in month trajectory	81.9%	84.4%	85.9%	86.6%	88.4%	92.2%	93.3%	90.0%	89.3%	88.5%	87.4%	91.0%
Actual performance	87.2%	91.7%	89.0%	89.3%	90.0%	87.3%	82.9%	78.5%	79.6%	80.4%		
Agreed cumulative trajectory	81.9%	83.2%	84.1%	84.7%	85.2%	86.2%	87.2%	87.5%	87.7%	87.8%	87.7%	88.1%
Actual - cumulative performance	87.2%	89.5%	89.3%	89.3%	89.5%	89.1%	88.2%	86.9%	86.1%	85.6%		
Tolerance	N/A	N/A	N/A	1%	1%	1%	0.5%	0.5%	0.5%	0.0%	0.0%	0.0%
Trajectory agreed/delivered	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No		
STF due	*£135k*	*£135k*	*£135k*	£135k	£135k	£135k	£0k	£0k	£0k	£0k		

Italics represent notional values relating to the agreement of trajectories only for quarter 1.

Cancer waiting times

December's performance against the 62-day GP standard has been subsequently confirmed as 81.5% compared with a trajectory of 86.9%, meaning no STF funds for the month.

A formal appeal was submitted for securing funds for the second quarter due to the number of breaches outside of the control of the Trust. The appeal has been rejected by NHS Improvement. The issue has been raised with the Finance Director of NHS Improvement. A further appeal has been submitted for the third quarter (i.e. months October and December).

The draft performance for January is 82.1% which is below the trajectory of 83.6%. With adjustments to performance taking into account breach reallocations that apply under the new national and local CQUIN rules which came into effect on the 1 October 2016, performance for the month is expected to be above 85%, meeting both the trajectory and the national standard. However, the Trust will need to make a formal appeal in order to attempt secure funds based on adjusted performance, and confidence of success in securing funds via this route is low.

The likely failure to achieve the Cancer access trajectory for the last two months of the financial year would mean a loss of Cancer STF of £0.110m in addition to the £0.275m forfeited to date in July, September, October, December and January. The total forecast loss of Cancer STF for the year is £0.385m out of the £0.495m available. Table three summarises the position to date below.

Table three: Cancer waiting times trajectories and performance to date

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
National standard	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
Agreed in month trajectory	72.7%	73.2%	81.8%	84.7%	81.7%	85.0%	85.2%	85.1%	86.9%	83.6%	85.7%	85.9%
Actual performance	77.2%	70.5%	70.8%	73.3%	84.8%	80.5%	79.5%	85.2%	81.5%	82.1%		
Agreed cumulative trajectory	72.7%	73.0%	76.0%	83.7%	82.3%	82.8%	84.7%	84.6%	85.0%	83.6%	84.7%	85.0%
Actual - cumulative performance	77.2%	73.7%	72.7%	73.3%	80.0%	80.1%	79.5%	82.7%	82.4%	82.1%		
Tolerance	N/A	N/A	N/A	1%	1%	1%	0.5%	0.5%	0.5%	0.0%	0.0%	0.0%
Trajectory agreed/ delivered	Yes	Yes	Yes	No*	Yes	No*	No*	Yes	No*	No		
STF due	*£55k*	*£55k*	*£55k*	£0k	£55k	£0k	£0k	£55k	£0k	£0k		

Italics represent notional values relating to the agreement of trajectories only for quarter 1.
** Subject to appeal*
Please note: January figures are still subject to final reporting

Referral to Treatment Time (RTT)

At the time of closing the financial position for December, achievement of the RTT performance trajectory in December was not assumed. However, achievement of the RTT trajectory in December was subsequently confirmed. RTT is currently assumed as achieved in January as previously forecast. Recovery plans are expected to continue to support achievement in the last two months of the financial year. But, this will not be sufficient to earn back the quarter two and three STF due to the scale of performance already lost.

An appeal has been made to attempt to secure the RTT funding for quarter two. The appeal has been rejected by NHS Improvement. On this basis, the Trust has forfeited RTT STF of £0.270m for August and September. A further appeal has been made for quarter three (i.e. for the month of October). The forecast for the remainder of the year suggests the Trust will achieve the trajectory for February and March, earning RTT STF of £0.270m bringing the total RTT STF loss for the year of £0.405m. The worst case scenario would be failure to achieve the RTT requirement in February and March meaning a further loss of £0.270m taking the total worst case RTT STF loss for the year to £0.675m of the £1.215m available. Table four summarises the position to date below.

Table four: RTT waiting times trajectories and performance to date

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
National standard	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%
Agreed in month trajectory	92.6%	92.6%	92.8%	93.2%	93.2%	93.4%	93.4%	93.4%	92.8%	92.8%	92.8%	93.0%
Actual performance	92.3%	92.6%	92.1%	92.0%	90.5%	90.4%	91.2%	92.0%	92.0%	92.0%		
Agreed cumulative trajectory	92.6%	92.6%	92.7%	92.8%	92.9%	93.0%	93.0%	93.1%	93.0%	93.0%	93.0%	93.0%
Actual - cumulative performance	92.3%	92.5%	92.3%	92.3%	91.9%	91.6%	91.6%	91.6%	91.7%	91.7%		
Tolerance	N/A	N/A	N/A	1%	1%	1%	0.5%	0.5%	0.5%	0.0%	0.0%	0.0%
Trajectory / national standard agreed/ delivered	Yes	Yes	Yes	Yes	No*	No*	No*	Yes	Yes	Yes**		
STF due	*£135k*	*£135k*	*£135k*	£135k	£0k	£0k	£0k	£135k	£135k	£135k		

Italics represent notional values relating to the agreement of trajectories only for quarter 1.
**Subject to appeal*
*** At financial close, achievement is assumed. Figures for January are still subject to final reporting.*

Diagnostics
The Diagnostics access trajectory does not attract STF and is not therefore considered here.

Summary
The Trust's Operational Plan Control Total surplus of £15.9m assumed full receipt of the STF at £13.0m of which £2.925m relates to the delivery of the Trust's access performance trajectories. The current assessment of performance against the access standard trajectories indicates a potential loss of funding of £1.600m, the most likely scenario, assuming RTT is achieved in February and March.

Cover report to the Public Trust Board meeting to be held on Tuesday, 28 February 2017 at 11.00 am -1.00 pm in the Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

		Agenda Item	13
Meeting Title	Trust Board	**Meeting Date**	Tuesday, 28 February 2017
Report Title	Quarterly update on Capital Projects (Quarter 2)		
Author	Andy Headdon, Strategic Development Programme Director		
Executive Lead	Mark Smith, Chief Operating Officer		
Freedom of Information Status		Open	

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

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

Executive Summary

<u>Purpose</u>

The purpose of this report is to update the Board on the progress, issues and risks' arising from the Trust's remaining major capital developments which are governed through the Estates Capital Project Team and associated programme infrastructure.

<u>Key issues to note</u>

The Old Building is now fully vacated and handed back to Unite. All services to the building have been decommissioned.

The King Edward Building project completed in December 2016 and all areas are now fully occupied.

Agreement has now been reached with Bristol City Council on the scope of remedial works to the pavement outside the new façade. Work will be commissioned in March / April 2017.

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

Public Health England (PHE) vacated site on the 21st November as planned thus allowing the Level 8&9 works to proceed to their revised programme.
Recommendations
Members are asked to : • **Note** the report and receive **assurance** that the strategic development is on track and being effectively governed.

Intended Audience (please select any which are relevant to this paper)									
Board/Committee Members	☒	Regulators	☐	Governors	☐	Staff	☐	Public	☐

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

Corporate Impact Assessment (please tick any which are impacted on / relevant to this paper)							
Quality	☐	Equality	☐	Legal	☐	Workforce	☐

Impact Upon Corporate Risk
Programme is not delivered to time or cost with resulting operational impacts for both King Edward Building and level 8&9 Queens Building.

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

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

STRATEGIC DEVELOPMENT QUARTERLY STATUS REPORT
Quarter 3
28th February 2016, Trust Board

1. Introduction

This status report provides a summary update for Quarter 3 on the Trust's strategic capital schemes, all of which are managed through their respective project boards, which in turn report to the Senior Leadership Team.

2. Project Updates

BRISTOL ROYAL INFIRMARY Phase 4 & Queens Facade		
1	**Decisions required**	None
2	**Progress**	**Old Building** The Old Building site has now been fully vacated and decommissioned, having been formally handed back to Unite on 9th January 2017. **Office accommodation** Works to level 9 have largely been completed which has resulted in the successful relocation of part of the HR team previously in managed desks in Whitefriars, clinical coders from the Old Building and D&T and Medicine management teams from the site village. The only remaining area for completion on level 9 is the second phase of MEMO workshop which is on track for completion at the end of February. Once MEMO have relocated work will be undertaken to make the vacated space on level 3 fit-for-purpose as offices and a control room for Clinical Site Team and patient transport services. Public Health England (PHE) departed from level 8 on the 21st November 2016 as planned which has enabled demolition works to commence. Construction work is scheduled in 2 phases; the first phase is planned for completion in May 2017 and the second in September 2017. Once completed this will result in the full vacation of the Site Village. **BRI Phase 4** Refurbishment of the King Edward Building is now completed with all areas fully occupied. An agreed process has been established for any defect reporting. **Queens Façade** A specification for works to the pavement, bus stops and tree pits has been agreed with the Bristol City Council Highways officer and a certificate of authority has been issued to allow works to commence. This work is currently being costed and will be commissioned imminently.

<table>
<tr><td>3</td><td>Budget</td><td colspan="2">A total capital allocation for Phase 4 and the Façade of £28.944m is in the capital programme which includes funding for façade and assumes charitable funding support of £2m.</td></tr>
<tr><td>4</td><td>Programme</td><td colspan="2">The phase 4 programme has some slippage on completion of works to level 8 & 9 as a result of the delayed PHE departure.</td></tr>
<tr><td rowspan="2">5</td><td rowspan="2">Risks</td><td>Risk</td><td>Mitigation Actions</td></tr>
<tr><td>Programme is not delivered to time or cost with resulting operational impacts for level 8 and 9 Queens</td><td>Additional senior level project management support is being given to this scheme to mitigate any delays and cost overrun.

The Strategic Development Programme Director continues to hold temporary management responsibility for all capital works, supporting the Director of Facilities and Estates.</td></tr>
</table>

3. Conclusion

The Trust Board is requested to receive this report for information, noting the risks that have been identified and the mitigation/contingency plans that have been developed.

Author: Andy Headdon, Strategic Development Programme Director
Date updated: 20.02.2017

Cover report to the Trust Board meeting to be held on 28 February 2017 at 11.00 am -1.00 pm in the Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

		Agenda Item	14
Meeting Title	Trust Board	**Meeting Date**	Tuesday, 28 February 2017
Report Title	Trust Constitution		
Author	Kate Hanlon, Interim Head of Governance and Membership		
Executive Lead	Pam Wenger, Trust Secretary		
Freedom of Information Status		Open	

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

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

Executive Summary

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

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

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

Recommendations
Members are asked to: • **Receive** the report.

Intended Audience (please select any which are relevant to this paper)									
Board/Committee Members	☒	Regulators	☐	Governors	☒	Staff	☐	Public	☒

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

Corporate Impact Assessment (please tick any which are impacted on / relevant to this paper)							
Quality	☐	Equality	☐	Legal	☐	Workforce	☐

Impact Upon Corporate Risk
N/A

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

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

ID **Governor Name**

178 **Bob Bennett** ***Theme:*** Transgender patients ***Source:*** From Constituency/ Members

Query **26/01/2017**

How quickly is a transgender patient placed in an appropriate ward?

Division: Trust-wide ***Executive Lead:*** *Chief Nurse* ***Response requested:***

Response **06/02/2017**

Our focus is always on ensuring privacy and dignity and is facilitated in line with patients wishes. Transgender patients are accommodated according to their presentation i.e. the way they dress and how they are addressed e.g. Miss, Ms or Mr, this may not always accord with their physical appearance. There should be no delay in admitting transgender patients to an appropriate ward for their treatment.

Status: *Awaiting Governor Response*

177 **Mo Schiller** ***Theme:*** Uniforms and infection control ***Source:*** Other

Query **08/02/2017**

We have received a query from a member of the public who has noticed that nurses from our hospitals frequently travel to and from work in their uniforms. Does this constitute a breach of infection control protocol, and if so, what measures are the Trust putting in place to discourage this?

Division: Trust-wide ***Executive Lead:*** *Chief Nurse* ***Response requested:***

Response

Status: *Assigned to Executive Lead*

ID **Governor Name**

176 **Sue Milestone** ***Theme:*** Patient advocate ***Source:*** From Constituency/ Members

---

Query **16/01/2017**

Who is the Patient advocate at UH Bristol? Where can the Advocate be found in the Trust hospitals?

Division: Trust-wide ***Executive Lead:*** *Chief Nurse* ***Response requested:***

Response

Status: *Assigned to Executive Lead*

ID **Governor Name**

175 **Sue Milestone** ***Theme:*** Orthopaedic surgery at BRHC ***Source:*** From Constituency/ Members

Query **10/01/2017**

I understand there are delays to orthopaedic surgery for children with acute spinal conditions e.g. scoliosis. What are the current waiting times for children listed for surgery with acute spinal conditions and can you give reasons for any delays?

Division: Women's & Children's Services ***Executive Lead:*** *Medical Director* ***Response requested:***

Response **15/02/2017**

Our current waiting times for children listed for surgery with acute spinal conditions are generally in line with other units (approximately 4-5 months), however we do have some patients listed who have waited slightly longer mainly the following reasons:

- Patient choice – many of our adolescent patients choose to tailor their admission around their educational exam schedule.
- Availability of consultants able to treat the most complex spinal repairs. We currently have four consultant surgeons in this speciality that we sub contract from North Bristol NHS Trust, and they rotate on a weekly basis so attend BRHC approximately once a month for a full day's clinic followed by a full day's operating. However gaps in availability (due to annual leave/study leave) present a challenge to the management of waiting times for complex patients who must be operated on by a specific surgeon. We are working with NBT to see whether we can accommodate any additional sessions to bring down these longer waits.

We have also invited an external panel to review this speciality service and we will be asking them to benchmark our waiting times specifically among other quality indicators. We will be happy to share this outcome of this review with the governors as soon as it is completed.

Status: *Assigned to Executive Lead*

ID **Governor Name**

174 **Kathy Baxter** ***Theme:*** Carers ***Source:*** From Constituency/ Members

---

Query **20/12/2016**

What provision is there for the paid carers of a child patient to remain with the patient to attend to their general, rather than medical needs, while they are in hospital – in particular where the patient has complex needs?

Division: Trust-wide ***Executive Lead:*** *Chief Nurse* ***Response requested:***

Response **06/02/2017**

The Trust supports paid carers to come into the BRCH, in discussion with the family, to attend to general needs and some medical of the patient in line with the paid carers knowledge, skills and competency. The payment for paid carers to attend their patients whilst they are in hospital is not always supported by the agency providing the funding as they are paying twice for the episode of care; for the carer and then acute care episode of care on top.

Status: *Awaiting Governor Response*