University Hospitals Bristol
NHS Foundation Trust

Public Trust Board Meeting Papers

Date: 26 April 2018

Time: 11:00 – 13:00

Venue: Conference Room, Trust Headquarters

NHS
University Hospitals Bristol
NHS Foundation Trust

PUBLIC TRUST BOARD

Meeting to be held on Thursday 26 April 2018, 11.00 – 13.00
Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU
AGENDA

NO.	AGENDA ITEM	PURPOSE	SPONSOR	PAGE NO.
Preliminary Business				
1.	Apologies for absence	Information	Chair	Verbal
2.	Declarations of interest	Information	Chair	Verbal
3.	Patient Story	Information	Chief Executive	1
4.	Minutes of the last meeting • **26 March 2018**	Approval	Chair	5
5.	Matters arising and action log	Approval	Chair	20
6.	Chief Executive's Report	Information	Chief Executive	21
7.	Board Assurance Framework – Q4	Assurance	Chief Executive	25
Care and Quality				
8.	Quality and Performance Report	Assurance	Deputy Chief Executive and Chief Operating Officer; Chief Nurse; Director of People **C**	Click Here
9.	Quality and Outcomes Committee - Chair's Report	Assurance	Quality & Outcomes Committee Chair	Click Here
10.	National Staff Survey Results - 2017	Assurance	Director of People	46
Organisational and System Strategy and Transformation				
11.	Operational Plan 2018/19	Assurance	Director of Strategy and Transformation	Click Here
12.	Transforming Care Programme Board Report – Q4	Assurance	Director of Strategy and Transformation	51

NO.	AGENDA ITEM	PURPOSE	SPONSOR	PAGE NO.
Research and Innovation				
13.	Research and Innovation Report – Q3	Assurance	Acting Medical Director	63
Financial Performance				
14.	Finance Report	Assurance	Director of Finance and Information	70
15.	Finance Committee Chair's Report	Assurance	Chair of Finance Committee	Click Here
Governance				
16.	Audit Committee Chair's Report	Assurance	Audit Committee Chair	Click Here
17.	Annual Review of Directors' Interests	Information	Trust Secretary	90
18.	Register of Seals – Q4	Information	Trust Secretary	96
Items for Information				
19.	Governors' Log of Communications	Assurance	Chief Executive	99
Concluding Business				
20.	Any Other Urgent Business		Chair	Verbal
21.	Date and time of next meeting **24 May 2018, Conference Room, THQ**		Chair	Verbal

Cover report to the Public Trust Board. Meeting to be held on 26 April 2018 at 11:00-13:00 in the Conference Room, Trust Headquarters

		Agenda Item	3
Meeting Title	Trust Board	**Meeting Date**	Thursday, 26 April 2018
Report Title	**Patient Story**		
Author	Tony Watkin, Patient and Public Involvement Lead		
Executive Lead	Carolyn Mills, Chief Nurse		
Freedom of Information Status		Open	

Strategic Priorities (please choose any which are impacted on / relevant to this paper)			
Strategic Priority 1: We will consistently deliver high quality individual care, delivered with compassion.	☒	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>

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

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

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

Key issues to note
In this story we hear from a patient who has experienced treatment from many of the trust's services and hospitals. The story starts 2½ years ago, when the patient was admitted for a variety of conditions. She will describe how, with the onset of her neurological symptoms, she has travelled a long and complicated journey which has most recently culminated in the registering of a new charity "FND Friends" (Functional Neurological Disorder). The patient will describe how her past experiences, ongoing care and recent treatment has impacted on her, and how it has shaped the development of this new organisation, created mainly to support others going through similar experiences.
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 recruit, train and sustain an engaged and effective workforce.	☒	Failure to comply with targets, statutory duties and functions.	☐
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.	☐		

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 Thursday 29 March 2018, 11:00-13:00, Conference Room, Trust Headquarters

Present

Board Members

Member Name	Job Title/Position
Jeff Farrar	**Chair** of the Board
David Armstrong	Non-Executive Director
Madhu Bhabuta	Non-Executive Director (Designate)
Mark Callaway	Acting Medical Director
Paula Clarke	Director of Strategy and Transformation
Julian Dennis	Non-Executive Director
Matt Joint	Director of People
Paul Mapson	Director of Finance and Information
Carolyn Mills	Chief Nurse
Guy Orpen	Non-Executive Director
Mark Smith	Chief Operating Officer and Deputy Chief Executive
Martin Sykes	Non-Executive Director
Steve West	Non-Executive Director
Robert Woolley	Chief Executive
Jill Youds	Non-Executive Director

In Attendance

Name	Job Title/Position
Eric Sanders	Trust Secretary
Sophie Melton Bradley	Deputy Trust Secretary
Anna Garbar	Member of the Public
Jack Pitts	Press
Flo Jordan	Staff Governor
Ray Phipps	Patient Governor
Clive Hamilton	Member of the Public
Fiona Reid	Head of Communications
Lisa Gardner	Member of the Public
Carole Dacombe	Public Governor

Minutes:

Sophie Melton Bradley	Deputy Trust Secretary

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The Chair opened the Meeting at 11.00

Minute Ref	Item Number	Action
Preliminary Business		
38/03/2018	**1. Welcome and Introductions/Apologies for Absence**	
	The Chair welcomed everyone to the meeting. Apologies were received from Non-Executive Directors John Moore and Emma Woollett.	
39/03/2018	**2. Declarations of Interest**	
	There were no declarations of interest.	
40/03/2018	**3. Patient Story**	
	The meeting began with a patient story, introduced by the Chief Nurse, Carolyn Mills. The Board was introduced to Alex, a patient with long-term acute eczema, who was receiving treatment from the Trust's Dermatology Service. • Alex discussed how the condition, which could be extremely painful and uncomfortable, had profoundly affected his health, but also his concentration and self-esteem, both professionally and personally. The treatment he had received from the Dermatology Team had brought considerable relief, and enabled him to feel more relaxed, and wanting to 'make up for lost time'. He had regular appointments with the team, especially the specialist nurses, who provided him with ongoing support and treatment as well as guidance on habit reversal (e.g. learning how to avoid scratching and exacerbating the condition). He had felt supported throughout the treatment process. Members of the Board discussed the following: • Members expressed their gratitude to Alex for sharing his story, and his experience of the Trust. Alex was asked what the interface had been like between his GP and the Trust: Alex noted that he had been referred to the service quickly by his GP, and that letters from the Dermatology Service regarding his condition also copied in his GP's practice. Medication he had initially been prescribed by the service was now on prescription from his GP as well. He also noted that he received text reminders for appointments with the service, which was good. • Members asked why he had struggled to receive effective treatment for so long. He noted that 20-30 years ago GPs perhaps did not fully appreciate the severity of this sort of condition, and did not know where to refer him or what options were available. Previous	

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	treatments he had tried had not helped – it was noted that his current medication, which had had some positive impact, was less available/known in the past. He felt that GPs nowadays were more aware of who they could engage with and refer patients to for cases like his. Specialist Nurse Heather Savage noted that these sorts of conditions were often treated in the community, so it could take a while for the right referrals to be made. • Members asked whether he felt that receiving ongoing support from the specialist nurses (following an initial consultant intervention), was the right approach for someone with his condition. Alex agreed that he particularly valued the ongoing support he had received, and knowing there was somewhere he could turn to when he was struggling with his condition was hugely helpful. • Members noted that they were aware dermatology services across the country were under huge resourcing pressures, so it was really good to hear the Trust's Dermatology Service had been able to provide Alex with the support he needed. • Members asked whether anything could have been done differently or better. Alex noted that it would be nice to be able to book appointments online, and that there were other medications not available through the service for his condition that he would like to try, to find out whether they could be more effective, but overall he was very satisfied and happy with his experience. **Members RESOLVED to:** • **Receive** the patient story	
41/03/2018	**4. Minutes of the last meeting**	
	The minutes of the meeting held on the 28 February 2018 were agreed as a true and accurate record with no amendments. **Members RESOLVED to:** • **Receive** the minutes of the meeting held on the 28 February 2018 as a true and accurate record.	
42/03/2018	**5. Matters arising and Action Log**	
	Members received and reviewed the action log. **Min reference 06/01/2018:** Chief Executive's Report: *Update on the Digital Transformation Programme to come to a future Board meeting.* It was noted that there would be a further update on this item at the May 2018 Board meeting. **This action was ongoing.** **Min reference 08/01/18:** Quality and Performance Report: *Acting Medical Director to share the annual report on the genomics project with the Board.* The Acting Medical Director noted that the genomics team had submitted their Q4 report and were finalising their annual report currently. This would be circulated to the Board as soon as it was available. **This action was ongoing.** **Min reference 22/01/18:** Governors' Log of Communications: *Board to receive*	

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	an update on a governor question regarding the Trust's interactions and involvement with Carillion, in the light of recent news stories. **This action was closed.** **Min reference 31/02/18:** Chief Executive's Report *Trust Secretariat to incorporate opportunities for visits to the Sexual Assault Referral service into NED visit planning.* This action would be incorporated into NED visit planning later in the year. **This action was ongoing.** **Min reference 31/02/18:** Quality and Performance Report**:** *Review of Quality and Performance Report content to look at whether the RTT performance table showing the percentage of patients waiting under 18 weeks could be changed to include a second axis showing volume*. **This action was closed.** **Min reference 32/02/18:** Quality and Outcome's Committee Chair's report *Director of People Matt Joint to liaise with governor Professor Astrid Linthorst on the issue of staff stress and resilience.* The Director of People confirmed that there was now a psychological wellbeing working group set up to co-ordinate action around this issue, and he would be engaging with Professor Linthorst for her input/advice. **This action was closed.** **Members RESOLVED to:** • **Note** the action log, including completed actions.	
43/03/2018	**6. Chief Executive's Report**	
	Chief Executive Robert Woolley discussed highlights from the Chief Executive's Report and updated the Board on several further matters which were not covered in the report, including the following: • The Chief Executive noted the significant toll the winter had taken on UH Bristol's staff, due to the snow, outbreaks of flu, Norovirus and so on. The Executive Team were thinking hard about how their commitment through a very challenging period could be recognised: for example, via cards of appreciation from the Executive Team. It was good to see that the Trust's quality indicators had not suffered unduly, and UH Bristol was still performing well, and felt confident it would close this month on plan, which was excellent especially in the context of the whole NHS struggling during a very difficult winter (something Government had recently shown some public recognition of). He welcomed the commitment from the regulators to look at funding models going forward, however noting that this was unlikely to happen in the short term. • The recently published NHS Staff Survey results show that staff engagement scores had improved yet again, including scores against manager/team communications, and staff's ability to contribute to positive improvements at work. There were still some areas for improvement, which the Director of People's team were looking at in greater depth, and it was concerning to see that staff were struggling with motivation, which might be symptomatic of the broader strains on	

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	the NHS. • There had been a lot of work to prepare the 2018/19 Operational Plan, which would be brought to the Board for final sign off in April 2018. UH Bristol welcomed the pay deal between NHS employers and unions, to increase pay by an average of 6% - though this still needed to go through union consultation with their members - and the Trust would be seeking to understand how this pay deal would be funded. • The Chief Executive had led an open staff meeting the previous day (27 March 2018) announcing the four key priorities for UH Bristol: staff experience, well-being and development; continued improvements in patient care quality; improved productivity and elimination of waste and delays; and mitigating winter pressures. • There were continued discussions with the Clinical Commissioning Group (CCG) and other partners as to how emergency growth funding would be invested. UH Bristol was working with the CCG also on aligning the current productivity and viability assessment activity happening at Weston Area Health NHS Trust (WAHT) with their work on Healthy Weston. • Work on the partnership with WAHT was progressing well, including on identifying opportunities to support WAHT and build a mutual partnership. For example, the partnership was looking at developing joint appointments in respiratory care, which would recruit individuals mostly working at WAHT, but with some activity at UH Bristol as well (there might be further opportunities to use similar models in elderly care and even A&E). UH Bristol's Head of Communications Fiona Reid would additionally be taking on the equivalent role in WAHT for a year from 1 April 2018, to provide support to WAHT's communications function. • UH Bristol had appointed a new Medical Director: Dr William Oldfield, currently the Interim Medical Director of Imperial College Healthcare NHS Trust. His start date was due to be confirmed, hopefully by the time of the April 2018 Board meeting. The Trust was also recruiting a new Arts Programme Director, and would be interviewing for this role in April 2018 (again, the Board would be updated in due course). Members of the Board discussed the following: • Members asked for clarity on what was meant within the update on strategy/business planning by 'the approval of the prioritisation of the internal cost pressures 2018/19'. The Chief Executive clarified that this was a short summary of a long, thorough process of identifying where priorities for funding lay, finding opportunities for strategic investment, and making difficult choices on what to take forward, given limitations on available funding. The outcome of this decision-making process would come through to the Board in the final Operational Plan for 2018/19. The Chief Nurse Carolyn Mills also noted that the quality impact assessments for the selected priorities came through to the Quality and Outcomes Committee for consideration.	

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	• Members asked how this prioritisation process for funding was communicated to staff. It was noted there was no centralised mechanism for communicating with staff on this but there were open, honest conversations about the external pressures which impacted upon decision-making. The Director of Finance and Information noted that the process was done as fairly and openly as possible, and assessment of bids was focused on savings but also risk assessment. • Members of the Board echoed the Executive Team in thanking staff for going above and beyond for patients in a very difficult climate. Members asked the Executive Team to ensure staff were aware how much the Board valued and appreciated their commitment and efforts, and the Trust would continue to fight for stable NHS funding to support that commitment. The Chief Executive would continue to communicate the Board's thanks and support as visibly as possible. • The Board also commended the leadership team for sustaining morale during a difficult period, as reflected in the NHS Staff Survey outcomes. • The Chair of the Board also congratulated the Chief Executive for his recognition by the Health Service Journal as one of the top fifteen Chief Executives in 2018. **Members RESOLVED to:** • **Receive** the Chief Executive's Report.	
Care and Quality		
44/03/2018	**7. Quality and Performance Report**	
	The Chief Operating Officer and Deputy Chief Executive Mark Smith presented the Quality and Performance Report. It was noted that: • Mark Smith had recently met with NHS Improvement (NHS I) to discuss issues including access, quality and HR issues, and so on: NHS I had now written back to the Trust confirming it had no major concerns with the Trust's performance. • Following recent winter pressures – as noted in the Chief Executive's update - performance was slowly starting to recover. The Trust was now planning for next winter, under the heading of seasonal planning. There had been a lot of recent prioritisation of emergency work, therefore the elective programme had become unbalanced, and it was felt that a more refined approach was needed next year. It was noted that the Trust had been in escalation during winter pressures. CCG and Healthier Together colleagues were also looking at developing schemes to help reduce demand before it reached hospitals (admission avoidance schemes). • The Trust achieved 83.2% against the 4 hour A&E waiting target in February 2018, though it was noted that March 2018 was likely to be a challenging month.	

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	• The Clinical Utilisation Review (CUR), which had been discussed at the Quality and Outcomes Committee (QoC), was helping the Trust understand at a granular level the reasons for patient flow stalling: this work had been very informative and would help UH Bristol prepare for next winter. • Performance against the referral to treatment (RTT) target remained stable at 88.4%, with some incremental improvement expected, helped by successful repatriation of some activity from Surgery. • The backlog of patients 'on-hold', previously discussed by the Board, was being worked through to reduce the numbers. The Trust was in discussions with the CQC, CCG and NHS I, and although this piece of work was a huge undertaking, good progress was being made, and QoC was receiving regular updates. • Performance against the 62 day cancer treatment target had dropped, again due in large part to winter pressures, and the Trust did not expect to hit Q4 target, although it remained above the national average. It expected to make improvements as theatre productivity schemes came into effect, and elective and non-elective work was rebalanced as discussed in the report. • The Trust hit the Diagnostics standard of 99.2% for the first time since 2014, which was great news. However, it still needed to be ensured that capacity was in place to sustain performance at this level. Chief Nurse Carolyn Mills noted the following points on Quality: • The Trust continued to demonstrate high performance against the quality indicators. • An issue had arisen with five patients testing positive for MRSA bacteraemia, against a national standard of 0. New guidance had been issued that day, and the issue was being explored. • NHS I would be visiting the Dental Hospital on 3 April 2018, following a request for an external review by UH Bristol to help understand some ongoing issues within the Dental Hospital, including a number of never events in-year and some poor patient complaint/experience feedback. • The Trust had seen improved sepsis rates, due to increased reliability in processes. Audit evidence showed that previously people were getting the right sepsis treatment, but the right paperwork was not always being completed. Recording processes were now improving. • As noted, winter pressures had led to high numbers of patients in escalation areas – whilst the Trust were confident these were safe for patients, they were not the ideal environment for patients to be treated, and did not support the quality of the patient experience. The Director of People Matt Joint noted the following on Workforce:- • As noted, UH Bristol's National Staff Survey results were excellent, especially when so many Trust results were declining. There had been focus on specific areas such as improving communications with staff,	

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	and improvements in the survey which showed these were working. • The Trust had now hit the 90% target for staff completion of Essential Training, which was great news, especially as most Trusts were still not hitting this target. • Following earlier issues with the e-appraisal system (Kallidus), these had now been addressed, and use of the system was picking back up. • Sickness rates, particularly around stress, were reducing, although there was still plenty to do to improve them further. The Acting Medical Director Mark Callaway noted the following: • In seeking to address fractured neck of femur (NOF) results, the Trust had been trying to recruit the relevant staff. There was now a middle grade orthogeriatrician in post, and the focus was on helping understand the issue from a surgical point of view. With the right team in place there was confidence these rates could be improved. • The Trust's stroke service was under strain, with a stroke physician vacancy impacting on the service, and challenges recruiting to fill the position, reflecting national challenges in this area. Members of the Board discussed the following:- • Members noted favourably that the Trust seemed to be focusing more on future planning, rather than just firefighting present problems, than had been the case in previous years. The Chair noted that reports were encouraging and that he had sat in on a 'Silver' meeting this week, which had showed there was good Executive grip on understanding the issues that needed addressing. • Members noted it was important that the Trust continued to look at capacity, not just in terms of bed numbers, but estates, staff support, use of the right technology and so on. The proactivity of work around improving productivity, and using measurements to enable more effective working, was very encouraging, and the Trust should keep building on this. • Members noted that it was great to hear the Trust had hit some key targets, some for the first time in a few years. • On the issue of stroke care, members would welcome further updates on what thinking was going on around attracting the right individuals in this area, especially given the national lack of qualified candidates wanting to work in this area. **Action:** The Acting Medical Director to update the Board on progress to attract candidates to stroke care at UH Bristol. • Public Governor Carole Dacombe noted that the lack of improvement in fractured NOF performance remained a concern for Governors, particularly the Quality Focus Group (of which she was Chair), and noted this issue had been a topic of concern for some time for the	

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	Trust. Non-Executive Director and Chair of QoC Julian Dennis added that this issue was under close and continuing review at QoC, who had expressed similar disappointment and concern that despite good interventions from the Acting Medical Director, and actions taken by the Clinical Chair, performance had not improved. The issue seemed to be around the peripheral medical input going into supporting these patients. • The Acting Medical Director noted that the Governors' and Non-Executive Directors' challenge on this was reasonable, but was hopeful that improvements would be seen by the time the Quality Focus Group met again in June 2018. • Public Governor Carole Dacombe also noted that it was great to hear problems with the e-appraisal system had been addressed, as staff had previously fed back to Governors their disappointment with problems in the system. **Members RESOLVED to:** • **Receive** the Quality and Performance Report for assurance.	
45/03/2018	**8. Patient Complaints and Experience Reports**	
	Members received the Patient Complaints and Experience Reports for Q3. The Chief Nurse Carolyn Mills noted the following: • There had been good progress in developing joint work with the Patients Association on a toolkit for managing complaints, which would now probably become a national toolkit. • It was noted that times for responses to patient complaints had deteriorated in particular hotspots, and the team were drilling down to try and understand the reasons for this. There was also focus on ensuring the tone and focus of responses to patient complaints was right. • There had been a slight rise in complaints related to clinical care, but no clear themes around the increase: there had been a marginal decrease in complaints relating to the Dental Hospital. • There had been a move to try and decrease the number of formal complaints by seeking to resolve more issues informally, but the Trust had actually seen an increase in formal complaints for the period, and was seeking to understand why. • With regard to the Patient Experience Report, there was lots of internal reflection on challenges with scores at South Bristol Community Hospital: it was recognised that care of the elderly scores in particular were going to be difficult to raise. Members of the Board discussed the following:- • The Chair of the Board noted that the 2016 National Children's Survey	

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	put UH Bristol in the top 10 Trusts in country for engaging parents, which was another great indicator of positive patient experience. **Members RESOLVED to:** • **Receive** the Patient and Experience Reports for quarter 3 for assurance.	
46/03/2018	**9. Six-Monthly Nurse Staffing Report**	
	Carolyn Mills presented the Six-monthly Nurse Staffing Report, and noted the following: • The Six-monthly Nurse Staffing Report was for both registered and unregistered nursing and midwifery staff. It was a regulatory requirement that it was shared with the Board, to provide assurance that staffing levels at UH Bristol and South Bristol Community Hospital had been maintained at safe levels: the report had already been reviewed in greater detail by the Quality and Outcomes Committee. • There were no significant changes in staffing rates since the previous reports, and the Trust had not fallen below national rates, with good scoring (green and amber) across the board. **Members RESOLVED to:** • **Receive** the Six-Monthly Nurse Staffing Report for assurance**.**	
47/03/2018	**10. Quality and Outcomes Committee - Chair's Report**	
	Members received a written report of the meeting of the Quality and Outcomes Committee on 26 February 2018. The Chair of the Quality and Outcomes Committee (QoC), Non-Executive Director Julian Dennis, also noted the following: • The Committee received an update from the Associate Director of HR Operations Deborah Tunnell on the Trust's recruitment strategy, which had showed the depth of thinking and effort that had been put into this issue, including on the use of technology, social media and so on to promote the Trust and recruit high performing staff. • The Committee had received a presentation on the Clinical Utilisation Review (CUR), which had been impressive – enabling the Trust to drill down into the data to a very granular level, to help understand whether patients were in the right treatment environment, and if not, for what reasons. Access to this kind of understanding was good for the patients and the Trust; the Committee looked forward to further updates on this work. • The Committee had received a further update on the 'on-hold' patients backlog, and were pleased to note that, thanks to the hard work of Mark Smith and his team, the number of patients on the list was now significantly reduced (from over 80,000 to 49,000), and no significant harm had been identified.	

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	• It was noted that the Patient Experience Report showed that UH Bristol was 'up there with the best', but there was still work to do around patient complaints to get responses right. **Members RESOLVED to:** • **Receive** the Report of the Quality and Outcomes Committee for assurance.	
Financial Performance		
48/03/2018	**11. Finance Report**	
	The Director of Finance and Information Paul Mapson presented the Finance Report on the 2017/18 financial position to the Board. It was noted that:- • Year end was in the current week (31 March 2018). • UH Bristol had achieved two quarters of Sustainability Funding, but missed the other two, which would be shown in the year end position. • The divisional position now showed a much better run rate position than at the start of the financial year. • Winter pressures funding had helped the Trust in coping financially, with some spent on specific additional schemes to manage its position, however it was important to bear in mind this was one-off funding, and not recurrent. • The Board had previously discussed the HRG4+ issues, related to tariff -based funding with NHS Wales. The money still sat with NHS England, and the issue did not seem likely to be resolved between them in the near future: this meant that the position would be much tighter for UH Bristol at year end than had been hoped. • Nursing controls had improved significantly in-year (though with some residual issues still to resolve), which had helped the financial position. The major issues remained around medical pay: some to address consultant sickness rates, but the majority due to the junior doctors costs. There was unprecedented national overspending on medical pay, partly due to the implications of the new junior doctors' contract, and partly due to difficulties in filling rotas, among other issues. **Members RESOLVED to:** • **Receive** the Finance Report for Assurance.	
49/03/2018	**12. Finance Committee Chair's Report**	
	Members received a written report of the meeting of the Finance Committee of 26 March 2018. Members also received a verbal account of the meetings from Martin Sykes, Non-executive Director and Chair of the Finance Committee.	

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	It was noted that: • The Committee had reviewed this year's financial position. The Committee were pleased with the Trust's performance against the 2017/18 plan, which would hopefully be achieved by year end. The Committee had also addressed those areas of this year's performance against plan which would need further consideration in 2018/19, such as medical pay costs. • The Committee discussed the 2018/19 Operational Plan at length, questioning whether the overspend seen in divisions this year would be repeated in 2018/19. • The Committee accepted the Director of Finance and Information's view that it was possible for the Trust to break even in 2018/19 if this year's control total was maintained, but not if the control total increased. NHS Improvement (NHS I) had set a 2018/19 control total asking the Trust to save another £6.5million, to achieve STF funding. The Trust was clear this was not achievable, and was entering into discussions with the regulator about reasonableness of that target, especially as UH Bristol was already 4% below average costs. If NHS I did not accept this approach, the Trust would have to factor in a deficit reflecting a fine for not meeting the new control total, and penalties in terms of STF funding as well. • The Committee had commented on the significant underspend on capital in 2017/18, and had sought reassurance that this would not be repeated in 2018/19. It was expected that the spending profile for strategic capital might still be somewhat 'lumpy', but operational capital and equipment spending should go ahead as forecast. • It was noted that the Board needed to agree that UH Bristol remained a going concern. Therefore, the Chair noted that the Committee was happy to commend the Director of Finance and Information's Report to the Board, and recommend that the Board agree that the Trust remained a going concern, factoring in the considerations discussed (e.g. around the impact of the control total). **Members RESOLVED to:** • **Receive** the report of the Finance Committee for assurance. • **Agree** that University Hospitals Bristol NHS Foundation Trust remained a going concern.	
50/03/2018	**13. Draft Operational Plan 2018/19**	
	Director of Strategy and Transformation Paula Clarke presented the Draft Operational Plan for 2018/19. It was noted that:- • This was a draft plan only, and the final plan would come back to the	

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Minute Ref	Item Number	Action
	Board on 26 April 2018. It also represents year 2 of a two year national planning process with NHSI guidance clearly indicating that plans are only required to be refreshed for 2018/19. • The Operational Plan sets out how the Trust was planning to deliver on performance, workforce, quality and financial key priorities. It also demonstrates the current status of contract negotiations with commissioners. • The plan also includes objectives for continued improvements, such as in productivity, and how to capitalise on the Trusts' Digital Exemplar status. • The Director of Finance and Information noted he would provide detail on the proposed financial approach in the Financial Resources Book item on the agenda. In brief, the current position required the Trust to reject the 2018/19 Control Total and unfortunately therefore, to indicate a deficit plan. Discussions continue with NHSI and commissioners to seek to improve this position in the final plan. Members of the Board discussed the following:- • The Chair of the Board noted that the plan had been discussed at some length at the last Board Seminar. • It was noted that the plan did not explicitly reference the four priorities that the Chief Executive had been highlighting to staff. It was noted that the plan had largely been drafted before these four priorities had been crystallised, and the plan was not specifically written for staff communication. However, it was agreed it would be important to further develop corporate objectives that reflect these four priorities in the final plan. • Members asked whether the NHS pay deal, once finalised, would need to be reflected in the plan. The Director of Finance and Information noted that Trusts had been advised that anything beyond a 1% increase would be paid for by the Treasury (Trust would have to absorb 1% of the increase) but it was not yet clear if this applied to medical staff as well. **Members RESOLVED to:** • **Note** the 2018/19 Operational Plan.	
51/03/18	**14. Financial Resources Book 2018/19**	
	Members received the Financial Resources Book 2018/19. It was noted that:- • The Financial Resources Book 2018/19 was essentially the same as the Operational Plan discussed under **Item 13**. Trusts were required to provide a final submission to NHS Improvement (NHS I) by the end of April 2018. It was hard to say to what extent the final Operational Plan	

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Minute Ref	Item Number	Action
	would differ from this submission as there were some key issues still to resolve. The Financial Resources Book was intended to be more of a reference document. • The Trust looked likely to achieve its forecast position for 2017/18, but there was still £7million overspend in the divisions in-year, much of it recurrent, and some of the measures used to mitigate this in year were non-recurrent. Issues leading to the divisional deficit included residual pressures on nursing and increasing dementia rates, which were difficult to address • As noted under **Item 12**, UH Bristol did not feel it could achieve a the current control total offer, and if NHS I did not agree to a changed control total, it risked moving into a deficit plan. If an agreement could be reached, hopefully the Trust could move into surplus again and then look at capital investment. Members of the Trust Board discussed the following:- • Members noted that it was believed that only half the Trusts in England had accepted their proposed control totals so far, and only a third of acute Trusts. **Members RESOLVED to:** • **Approve** the Financial Resources Book 2018/19 for assurance.	
Items for Information		
52/03/2018	**15. Governors' Log of Communications**	
	There were no updates on the Governors' Log of Communications. **Members RESOLVED to:** • **Receive** the Governors' Log of Communications.	
Concluding Business		
53/03/2018	**16. Any Other Urgent Business**	
	• Non-Executive Director David Armstrong asked if a progress report on the 62-day target remedial action plan could be provided. It was agreed this should be reviewed by the Quality and Outcomes Committee. **Action:** The Deputy Chief Executive and Chief Operating Officer to provide a 62-day target remedial action plan to the next meeting of the Quality and Outcomes Committee.	
54/03/2018	**17. Date and time of Next Meeting**	
	The date of the next meeting was confirmed as **26 April 2018, Conference Room, 09:00 – 10:30, THQ**	

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

Public Trust Board of Directors meeting
26 April 2018
Action tracker

Outstanding actions from the meeting held on 28 March 2018					
No.	**Minute reference**	**Detail of action required**	**Responsible officer**	**Completion date**	**Additional comments**
1.	44/03/18	Quality and Performance Report The Acting Medical Director to update the Board on progress to attract candidates to stroke care at UH Bristol.	Acting Medical Director	April 2018	**Work in Progress** Update to be provided to the Board in April 2018
2.	53/03/18	Any Other Urgent Business The Deputy Chief Executive and Chief Operating Officer to provide a 62-day target remedial action plan to the next meeting of the Quality and Outcomes Committee	Deputy Chief Executive and Chief Operating Officer	April 2018	**Work in Progress** Update to be provided to QoC in April 2018.
3.	06/01/2018	**Chief Executive's Report** Update on the Digital Transformation Programme to come to a future Board meeting.	Director of Finance and Information	May 2018	**Work in Progress** The Board would receive an Update on the Digital Transformation Programme at a future meeting.
4.	08/01/18	**Quality and Performance Report** Acting Medical Director to share the annual report on the genomics project with the Board.	Acting Medical Director	April 2018	**Work in Progress** The Acting Medical Director would circulate the final report to the Board when available.
5.	30/02/18	**Chief Executive's Report** Trust Secretariat to incorporate opportunities for visits to the Sexual Assault Referral service into	Trust Secretary and Deputy Trust	May 2018	**Work in Progress** This action would be incorporated into NED visit

		NED visit planning.	Secretary		planning later in the year.
Closed actions from the meeting held on 28 March 2018					
No.	**Minute reference**	**Detail of action required**	**Responsible officer**	**Completion date**	**Additional comments**
1.	22/01/18	**Governors' Log of Communications** Board to receive an update on a governor question regarding the Trust's interactions and involvement with Carillion, in the light of recent news stories.	Deputy Chief Executive and Chief Operating Officer	March 2018	**Complete** This action was complete.
2.	31/02/18	**Quality and Performance Report** Review of Quality and Performance Report content to look at whether the RTT performance table showing the percentage of patients waiting under 18 weeks could be changed to include a second axis showing volume.	Deputy Chief Executive and Chief Operating Officer	March 2018	**Complete** This action was complete.
3.	32/02/18	**Quality and Outcome's Committee Chair's report** Director of People Matt Joint to liaise with governor Professor Astrid Linthorst on the issue of staff stress and resilience.	Director of People	March 2018	**Complete** This action was complete.

Cover report to the Public Trust Board. Meeting to be held on 26 April 2018 at 11:00-13:00 in the Conference Room, Trust Headquarters

		Agenda Item	6
Meeting Title	Public Trust Board	**Meeting Date**	Thursday, 26 April 2018
Report Title	**Chief Executive Report**		
Author	Robert Woolley, Chief Executive		
Executive Lead	Robert Woolley, Chief Executive		
Freedom of Information Status		Open	

Strategic Priorities (please choose any which are impacted on / relevant to this paper)			
Strategic Priority 1: We will consistently deliver high quality individual care, delivered with compassion.	☐	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 April 2018.

Recommendations

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

Intended Audience **(please select any which are relevant to this paper)**									
Board/Committee Members	☒	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 recruit, train and sustain an engaged and effective workforce.	☐	Failure to comply with targets, statutory duties and functions.	☐
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.	☐		

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)**

SENIOR LEADERSHIP TEAM

REPORT TO TRUST BOARD – APRIL 2018

1. INTRODUCTION

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

2. QUALITY, PERFORMANCE AND COMPLIANCE

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

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

3. STRATEGY AND BUSINESS PLANNING

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

The group **approved** sign-off of the operational capital programme for 2018/2019.

The assurances provided by the Divisional Quality Impact Assessments, that the risks created through the prioritisation process not to proceed with some internal and external investment proposals were sufficiently mitigated at this point in time, were **noted.**

The group noted an update on the strategic capital position and **agreed** the proposed approach for 2018/2019.

The group **approved** the draft corporate quality objectives 2018/2019 being developed as part of the process of producing the annual Quality Report (Account).

The group **noted** an update on the Strategy Renewal engagement process.

The group **approved** revisions to the staff car parking policy and procedure.

4. RISK, FINANCE AND GOVERNANCE

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

The group **approved** the Quarter 4 Board Assurance Framework for onward submission to the Trust Board.

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

The group **received** one satisfactory Internal Audit Report in relation to Access Control System review, three with significant assurance in relation to Children's Cardiac Action Plan (Part One), Main Accounting and Governors Roles and Responsibilities and an update on outstanding recommendations.

The group **approved** revised Terms of Reference for the Risk Management Group, Workforce and Organisational Development Group and the Education Group.

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

The group **received** an update on the continuing development of the Congenital Heart Disease Network hosted by UH Bristol.

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

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

The group **received** an update on the Register of Interests, Gifts and Hospitality.

5. RECOMMENDATIONS

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

Robert Woolley
Chief Executive
April 2018

University Hospitals Bristol
NHS Foundation Trust

Cover report to the Public Trust Board Meeting to be held on 26 April 2018, 11:00 – 13:00 in the Conference Room, Trust Headquarters

		Agenda Item	7
Meeting Title	Public Trust Board	**Meeting Date**	Thursday, 26 April 2018
Report Title	**Board Assurance Framework 2017-18 (Quarter 4)**		
Author	Sarah Wright, Head of Risk Management		
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.	☒	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 provide assurance that the organisation is on track to achieve its strategic and annual objectives for the current year. Importantly, the Board Assurance Framework describes any risks to delivery that have been identified to date and describes the actions being taken to control such risks so as to ensure delivery is not compromised.

The Board Assurance Framework (BAF) forms part of the Trust's risk management strategy and is the framework for identification and management of strategic risks. The BAF provides detail on key activities underway to achieving each annual objective; progress as it currently stands in-year; risks to achieving objectives; actions and controls in place to mitigate those risks; and internal and external sources of assurance to ensure the risks are being mitigated appropriately.

Key Changes

STRATEGIC PRIORITY 1:
We will consistently deliver high quality individual care, delivered with compassion
Principal Risk 1 - Risk that the Trust will be unable to maintain the quality of patient services.

- No material changes.
- Actions ongoing in regards to procurement of a real time patient feedback system and requirement to develop QIA process.
- Previous Risk Rating 9, Current Risk Rating 9, static trajectory.
- 7 associated Corporate Risks.

STRATEGIC PRIORITY 2:
We will ensure a safe, friendly and modern environment for our patients and our staff
Principal Risk 2 - Risk that the Trust will be unable to develop and maintain the Trust estate due to lack of funding

- No material changes.
- Gaps in controls are ongoing through evidence of slippage of the capital programme due to the inability of procurement to respond to programme requirements
- Divisions continue to prioritise clinical procurement.
- Previous Risk Rating 12, Current Risk Rating 12, static trajectory.
- 1 associated Corporate Risk.

STRATEGIC PRIORITY 3:
We will strive to employ the best staff and help all our staff fulfil their individual potential
Principal Risk 3 - Risk that the Trust will be unable to recruit, train and sustain an engaged and effective workforce.

- First & second line assurance around reporting arrangements and agency action plan remain in place.
- Additional action relating to E-appraisal system issues.
- Previous Risk Rating 12, Current Risk Rating 12, static trajectory.
- 6 associated Corporate Risks.

STRATEGIC PRIORITY 4:
We will deliver pioneering and efficient practice, putting ourselves at the leading edge of research, innovation and transformation.
Principal Risk 4 - Risk that the Trust will not be able to support transformation and innovation.
and that the Trust will not be able to embed research and teaching into the care we provide, and develop new treatments for the benefit of patients and the NHS.

- Second line assurances in place but gaps remain around supporting innovation and improvement, to be addressed by implementation of Innovation Strategy.
- Previous Risk Rating 9, Current Risk Rating 9, static trajectory.
- No associated Corporate Risks.

STRATEGIC PRIORITY 5:
We will provide leadership to the networks we are part of, for the benefit of the region and people we serve.
Principal Risk 5 - Risk of failing 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.

- No material changes.
- Previous Risk Rating 6, Current Risk Rating 6, static trajectory.
- 1 associated Corporate Risks.

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.
Principal Risk 6 - Risk of being unable to deliver the 2017/18 financial plan.

- The probability score has been reassessed downwards from "likely" to "unlikely" and the consequence reduced from "Catastrophic" to "Moderate" in light of the promising financial forecast.
- Second line assurance in place via internal reporting and divisional reporting arrangements, weak controls and gaps in assurance identified.
- Previous Risk Rating 25, Current Risk Rating 20, decrease in trajectory.
- 4 associated Corporate Risks

STRATEGIC PRIORITY 7:
We will ensure we are soundly governed and are compliant with the requirements of our regulators
Principal Risk 7 - Risk of failing to comply with targets, statutory duties and functions

- Work is ongoing to address the gaps around the preparation for the implementation of European General Data Protection Regulation.
- Ongoing limited assurance around the of effectiveness of controls in relation to achievement of elements of the Single Oversight Framework..
- Robust second level assurance in place and third level in respect of NHS Improvement returns and findings from CQC inspections.
- Previous Risk Rating 9, Current Risk Rating 9, static trajectory.
- 4 associated corporate risks.

Summary
The current scores for principal risks are summarised in the following heat map:
- There has been 1 amendment this quarter SP6 has moved from 20 to 6.

	Likelihood				
Impact	**1 Rare**	**2 Unlikely**	**3 Possible**	**4 Likely**	**5 Almost certain**
5 Catastrophic					
4 Major			**3**		
3 Moderate		**5, 6**	**1, 4, 7,**	**2**	
2 Minor					
1 Negligible					

Recommendations

Members are asked to:
- **Review** the information contained within 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 recruit, train and sustain an engaged and effective workforce.	☒	Failure to comply with targets, statutory duties and functions.	☒
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.	☒		

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

Impact Upon Corporate Risk
As detailed in the report.

Resource Implications			
Finance	☒	Information Management & Technology	☒
Human Resources	☒	Buildings	☒

Date papers were previously submitted to other committees					
Executive Director Meeting	**Risk Management Group**	**Senior Leadership Team**	**Audit Committee**	**Quality and Outcomes Committee**	**Trust Board**
28/03/2018	03/04/2018	18/04/2018	20/04/2018	24/04/2018	26/04/2018

University Hospitals Bristol
NHS Foundation Trust

BOARD ASSURANCE FRAMEWORK

Q4 2017-18

1. Board Assurance Framework (BAF) for the delivery of the Trusts Strategic Objectives.

The Board has overall responsibility for ensuring systems and controls are in place, sufficient to mitigate any significant risks which may threaten the achievement of the strategic objectives. Assurance may be gained from a wide range of sources, but where ever possible it should be systematic, supported by evidence, independently verified, and incorporated within a robust governance process.

The Board achieves this, primarily through the work of its Assurance committees, through use of Audit and other independent inspection and by systematic collection and scrutiny of performance data, to evidence the achievement of the objectives.

2. The Trust Strategic Plan

As an organisation, our key challenge is to maintain and develop the quality of our services, whilst managing within the finite resources available. We are also clear that we operate as part of a wider health and care community and our strategic intent sets out our position with regard to the key choices that we and others face.

Our strategic intent is to provide excellent local, regional and tertiary services, and maximise the benefit to our patients that comes from providing this range of services.

We are committed to addressing the aspects of care that matter most to our patients and the sustainability of our key clinical service areas is crucial to delivering our strategic intent.

Our strategy outlines nine key clinical service areas:

1. Children's services;
2. Accident and Emergency (and urgent care);
3. Older people's care;
4. Cancer services;
5. Cardiac services;
6. Maternity services;
7. Planned care and long term conditions;
8. Diagnostics and therapies; and
9. Critical Care.

3. Our 2014-19 five year Strategic Plan

The 5 year plan outlines seven strategic priorities, structured according to the characteristic of our Trust Vision outlined above. Our strategic priorities are:

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

4. The Trusts Operational Plan 2017-19

The focus of strategic and operational plans over the next two year period will be the following from section three of the Operational Plan:

3. Care and Quality and Health and Wellbeing

3.1.1 Delivery of our quality objectives as agreed in our new quality strategy *(SP1)*
Including delivery against requirements outlined in the nine 'must dos' and NHS mandate to close our identified gaps in care and quality. For our organisation; this will include a specific focus on;

- *ensuring timely access to services*
- *delivering safe and reliable care*
- *improving patient and staff experience*
- *improving outcomes and reducing mortality*

3.1.2 Independent Children's Cardiac Review *(SP1)*

- *full delivery of the recommendations*

3.1.3 Staff strategic engagement and retention strategy *(SP3)*

- *focus on staff engagement and wellbeing,*
- *supported by real-time feedback, using innovative approaches such as the 'Happy App' (2016 HSJ winner) and;*
- *the on-going development of leadership capacity and capability.*

3.1.4 Access standards *(SP7)*

- *Improving performance and delivery of our performance trajectories in the four core standards.*

3.2 Finance and Efficiency

3.2.1 Operational and financial sustainability *(SP6)*

- *with a specific focus on internal specialty level productivity and the efficient delivery of activity aligned to our capacity modelling,*
- *along with the implementation of Carter recommendations,*
- *including a system view of corporate overheads, estates and pathology.*

3.2.2 Maximising the impact from partnership system working *(SP5)*

- *service redesign and strategic partnerships within region*
- *development of shared leadership and associated opportunities to improve system and service level productivity.*

3.2.3 Estates and capital strategy for 2017-19 *(SP2)*

- *continue to align the modernisation and development of our estate to our evolving clinical strategy and*
- *support delivery of the emerging strategic planning new model of care.*

3.2.4 Maximising workforce productivity *(SP3)*

- *including controlling agency and locum costs.*

3.3 Strategy, Transformation, Innovation and Technology

***3.3.1 Refresh our existing Trust Strategy** (SP1)*

- *to reflect the need to respond to local and national changes to our operating environment and*
- *with a specific focus on developing our clinical strategy*

***3.3.2 Exploring options to continue to develop our specialist portfolio** (SP4)*

- *in the context of potential changes to Specialised Commissioning approaches across the south*

***3.3.3 Maximise our opportunity to continue to develop our research capacity and capability** (SP4)*

- *associated with the significant grant secured from the National Institute for Health Research to fund a Biomedical Research Centre undertaking cutting edge studies that will improve care and treatment in the future.*

***3.3.4 Development of an Innovation and Improvement Strategy for the organisation** (SP4)*

- *including maximising the opportunities for innovation and transformational change associated with our successful appointment as a National Digital Exemplar site,*
- *with clear alignment to organisational and STP digital priorities / local digital roadmap.*

***3.3.5 Continued development and delivery of our Transforming Care Programme** (SP5)*

- *focussing on transforming the way in which we deliver care through service and workforce redesign,*
- *with a focus over the next two years on real time internal processes to support patient flow alongside engaging in and supporting STP processes to develop effective system care pathways and patient flow.*

5. Principal Risks

- **Risks to SP 1**: Risk that the Trust will be unable to maintain the quality of patient services**.**
- **Risks to SP 2**: Risk that the Trust will be unable to develop and maintain the Trust estate due to a lack of funding.
- **Risks to SP 3:** Risk that the Trust will be unable to recruit, train and sustain an engaged and effective workforce.
- **Risks to SP 4:** Risk that the Trust will not be able to support transformation and innovation and that the Trust will not be able to embed research and teaching into the care we provide, and develop new treatments for the benefit of patients and the NHS.
- **Risks to SP 5:** Risk of failing 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.
- **Risks to SP 6:** Risk of being unable to deliver the 2017/18 financial plan.
- **Risks to SP 7:** Risk of failing to comply with targets, statutory duties and functions.

6. Approach to Risk Assessment - Risk scoring = consequence x likelihood

	Likelihood				
Consequence	**1 Rare**	**2 Unlikely**	**3 Possible**	**4 Likely**	**5 Almost certain**
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

1 - 3	Low risk
4 - 6	Moderate risk
8 -12	High risk
15 - 25	Very High risk

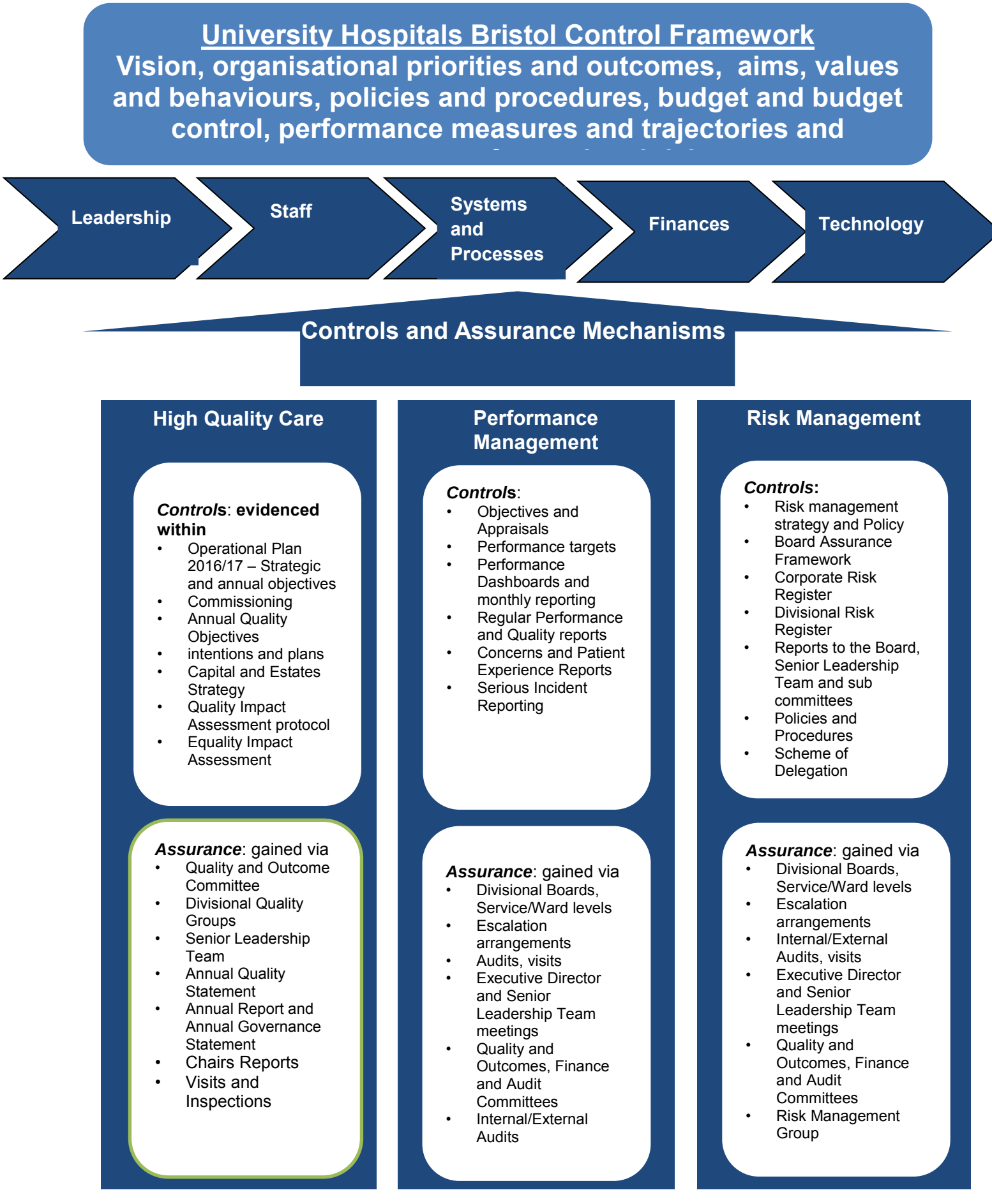
The current scores for principal risks are summarised in the following heat map.

	Likelihood				
Consequence	**1 Rare**	**2 Unlikely**	**3 Possible**	**4 Likely**	**5 Almost certain**
5 Catastrophic					
4 Major			3		
3 Moderate		5, 6	1, 4, 7	2	
2 Minor					
1 Negligible					

The progress summary of the principal risks are as follows.

Principal Risk	**Q1 2017/18**	**Q2 2017/18**	**Q3 2017/18**	**Q4 2017/18**
1. Risk that the Trust will be unable to maintain the quality of patient services.	Possible x Moderate **= 9**	Possible x Moderate **= 9**	Possible x Moderate **= 9**	Possible x Moderate **= 9**
2. Risk that the Trust will be unable to develop and maintain the Trust estate	Unlikely x Major **= 8**	Likely x Moderate = **12**	Likely x Moderate = **12**	Likely x Moderate = **12**
3. Risk that the Trust will be unable to recruit, train and sustain an engaged and effective workforce.	Possible x Major **= 12**	Possible x Major **= 12**	Possible x Major **= 12**	Likely x Moderate = **12**
4. Risk that the Trust will not be able to support transformation and innovation and that the Trust will not be able to embed research and teaching into the care we provide, and develop new treatments for the benefit of patients and the NHS.	Possible x Moderate **= 9**	Possible x Moderate **= 9**	Possible x Moderate **= 9**	Possible x Moderate **= 9**
5. Risk of failing 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.	Unlikely x Moderate **= 6**	Unlikely x Moderate **= 6**	Unlikely x Moderate **= 6**	Unlikely x Moderate **= 6**
6. Risk of being unable to deliver the 2017/18 financial plan	Possible x Moderate **= 9**	Almost Certain x Catastrophic **= 25**	Likely x Catastrophic **= 20**	Unlikely x Moderate **= 6**
7. Risk of failing to comply with targets, statutory duties and functions	Possible x Moderate **= 9**	Possible x Moderate **= 9**	Possible x Moderate **= 9**	Possible x Moderate **= 9**

7. Controls Framework



8. Risk Assurance

Levels of Assurance

VISION AND CORPORATE PRIORITIES

First Line
Operational

- Organisational structures – evidence of delegation of responsibility through line Management arrangements
- Compliance with appraisal process
- Compliance with Policies and Procedures
- Incident reporting and thematic reviews
- Compliance with Risk Management processes and systems
- Performance Reports, Complaints and Patient Experience Reports, Workforce Reports, Staff Nursing Report, Finance Reports

Second Line
Risk and Compliance

Reports to Assurance and Oversight Committees

- Audit Committee
- Finance Committee
- Quality and Outcomes Committee
- Remuneration Committee
- Risk Management Group, Clinical Quality Group, Health and Safety Groups etc

Findings and/or reports from inspections, Friends and Family Test, Annual Reporting through to Committees, Self-Certification NHS Improvement

Third Line
Independent

- Internal Audit Plan
- External Audits (eg. Annual Accounts and Annual Report)
- CQC Inspections
- NHS Improvement Inspections
- Visits by Royal Colleges
- External visits and accreditations
- Independent Reviews
- Well Led Governance Review

REGULATORS

EXTERNAL AUDIT

9. Risk Appetite

Risk Domain	Definition	Risk Appetite	Risk Rating
Safety	Impact on the safety of patients, staff or public	Low	
Quality	Impact on the quality of our services. Includes complaints and audits.	Moderate	
Workforce	Impact upon our human resources (not safety), organisational development, staffing levels and competence and training.	Moderate	
Statutory	Impact upon on our statutory obligations, regulatory compliance, assessments and inspections.	Low	
Reputation	Impact upon our reputation through adverse publicity.	High	
Business	Impact upon our business and project objectives. Service and business interruption.	Moderate	
Finance	Impact upon our finances.	Moderate	
Environmental	Impact upon our environment, including chemical spills, building on green field sites, our carbon footprint.	Moderate	

10. Key

The Assurance Framework has the following headings:

Principal Risk	What could prevent the objective from being achieved?
Key Controls	The systems/processes/strategies that we have in place to assist secure delivery of the objective
Gaps in Controls	Gaps in the effectiveness of controls in place
Form of Assurance	Evidence of how the controls are monitored e.g. reporting mechanism
Gaps in assurance	Gaps in the evidence required to provide assurance or failure of the monitoring/reporting process
Level of Assurance	Robustness of the assurance which is being relied on - 1st line, 2nd line, 3rd line.
Actions Agreed for any gaps in controls or assurance	Plans to address the gaps in control and / or assurance and reference to any related risks.
Current Risk Rating	Assessment of the principal risk taking into account the strength of the controls currently in place to manage the risk
Direction of travel	Are the controls and assurances improving? ↑ ↓ ↔

STRATEGIC PRIORITY 1 : We will consistently deliver high quality individual care, delivered with compassion

Operational Plan 2017/19 Focus	**3.1.1 - Delivery of our quality objectives as agreed in our new quality strategy**, including delivery against requirements outlined in the nine 'must dos' and NHS mandate to close our identified gaps in care and quality. For our organisation; this will include a specific focus on; ➢ Ensuring timely access to services ➢ Delivering safe and reliable care ➢ Improving patient and staff experience ➢ Improving outcomes and reducing mortality	**3.1.2 -** Full delivery of the recommendations from the **Independent Children's Cardiac Review**. **3.3.1** - **Refresh our existing Trust Strategy** to reflect the need to respond to local and national changes to our operating environment and with a specific focus on developing our clinical strategy.

Executive Lead - Chief Nurse & Chief Operating Officer **Assuring Committee -** Quality and Outcomes Committee & Service Delivery Group

Principal Risk description	Key Controls	Form of Assurance	Level of Assurance	Gaps in controls	Gaps in assurance	Actions Agreed for any gaps in controls or assurance	Current Risk Rating	Direction of travel
Risk that the Trust will be unable to maintain the quality of patient services.	Trust wide Risk Management arrangements including incident reporting and investigation processes to identify areas of failure and implement corrective actions. Patient Safety Strategy and delivery of Patient Safety Improvement Programmes, including Sign Up to Safety initiative Implementation and monitoring of Quality Strategy objectives and metrics. And implementation of updated Volunteers Strategy UH Bristol survey programme to measure and monitor the quality of service-user reported experience. This programme will be further developed in 2017/18 with the procurement of a real-time patient feedback system. Clinical Audit Programme, including process for the self -assessment against NICE guidance Productive theatre initiative to reduce the number of cancelled Operations. Whole system approach being delivered through the Urgent Care Network and management of an internal Urgent Care Plan which will be overseen by the Urgent Care Steering Group Professional Standards and Code of Practice/Clinical Supervision. Quality Impact Assessment (QIA) process for savings schemes meeting specific criteria. Monitoring of Performance via: • Divisional Access performance scorecards • Divisional Monthly Reviews with Executive Team and Specific subgroups Emergency Planning Resilience and Response in place. Roll out of Evolve to provide ready availability of electronic patient records	Annual Governance Statement providing assurance on the strength of internal control regarding risk management processes, review and effectiveness Corporate reporting structure to Trust Board and Quality and Outcomes Committee via Clinical Quality Group. Quality metrics demonstrate that despite operational pressures, our patients are receiving good quality care despite delays in their discharge. Reports to SLT & Audit Committee/ via Clinical Quality Group/Clinical Audit Group/ Clinical Effectiveness Group, Patient Experience Group. Reporting functions in place to SDG, SLT Trust Board, via: • RTT Operations Group • RTT Steering Group • Cancer PTL Meetings • Cancer Performance Improvement Group • Cancer Steering Group • Urgent Care Operational Group • Urgent Care Steering Group External - EPRR assessment (NHSE) and Internal - self assessment -Substantially compliant. Recommendations in relation to the paediatric cardiac review implemented and assurance report finalised. Business Continuity and Emergency planning arrangements reporting to Civil Contingencies Steering Group	Internal performance reports form first line assurance. Reports to: • Trust Board, • Senior Leadership Team • Audit Committee • Quality & Outcomes Committee • Risk Management Group • Service Delivery Group • Clinical Quality Group • Patient Experience Group Form second line assurance External audit/review forms third line assurance.	Although some of the patient feedback collected corporately is made available directly to inpatient wards (e.g. via posters and circulation of spread sheets), there is an opportunity to make this more rapidly available and more accessible to ward staff. QIA Process requires development.	None identified.	Procurement of a real-time patient feedback system. Further development of the QIA process to cover /support changes to service provision/stopping of services.	**Moderate x Possible = 9**	⟷

STRATEGIC PRIORITY 2 : We will ensure a safe, friendly and modern environment for our patients and our staff

Operational Plan 2017/19 Focus	**3.2.3 - Estates and capital strategy for 2017-19** • continue to align the modernisation and development of our estate to our evolving clinical strategy and • Support delivery of the emerging strategic planning new model of care.

Executive Lead - Chief Operating Officer & Director of Finance **Assuring Committee -** Finance Committee & Trust Board

Principal Risk description	Key Controls	Form of Assurance	Level of Assurance	Gaps in controls	Gaps in assurance	Actions Agreed for any gaps in controls or assurance	Current Risk Rating	Direction of travel
Risk that the Trust will be unable to develop and maintain the Trust estate due to lack of funding	Maintenance of the estate: Approved Annual Backlog Maintenance funding Annual Planned Preventive Maintenance Programme Reactive Maintenance system (Agility) Internal Capital Project & Estates Team in place with adequate training. Internal Audit work programme. Development of the estate (investment): Approved Estates Strategy. Trust Capital Group Chaired by Deputy COO, receives monthly status reports on Capital Projects from Divisions and Director of Estates. Financial Control Procedures, including the scheme of delegation and Standing Financial Instructions in place. Approved Five year Medium Term Capital Programme. Delivery of the 2017/18 capital programme, including the prioritisation and allocation of strategic capital. Delivery of the 2017/18 Operational plan without significant deterioration in the underlying run rate to ensure availability of strategic capital is available for future investment.	Internal audit reports. Monthly KPI report through Divisional Board on Reactive maintenance. Prioritisation of backlog maintenance through Capital Programme Steering Group Reports from Trust Capital Group to Capital Programme Steering Group. Chairs reports from Capital Programme Steering Group to Finance Committee. Rolling 5 year Medium Term Capital Programme (source and applications of funds) approved annually by the Finance Committee and Board. Monthly management scrutiny of capital expenditure at the Capital Programme Steering Group. Regular Reporting to the Finance Committee and Trust Board.	Reports to: • Trust Board • Audit Committee • Finance Committee • Capital Programme Steering Group • Trust Capital Group • Divisional Boards Form second line assurance Outcome of internal audit reports form third line assurance.	Evidence that the delivery of capital investment plans are weak in terms of programming and financial profiling. Evidence that the delivery of the operational plan without significant deterioration in underlying run rate is at risk of being achieved. Evidence of capital programme slippage due to procurement inability to respond to programme requirements. Backlog Maintenance only prioritised annually	Lack of assurance that capital expenditure controls for delegated Divisional and Operational Capital are fully effective.	The Trust Capital Group has been established to scrutinise delivery of capital plans and has met since November 2016. Clinical Divisions have prioritised their clinical procurement priorities with the procurement team. Backlog Maintenance expenditure reporting monthly through Trust Capital Group	**Moderate x Likely = 12**	↔

STRATEGIC PRIORITY 3: We will strive to employ the best staff and help all our staff fulfil their individual potential

Operational Plan 2017/19 Focus	**3.1.3 Staff strategic engagement and retention strategy**, • Focus on staff engagement and wellbeing, • Supported by real-time feedback, using innovative approaches such as the 'Happy App' (2016 HSJ winner) and; • The on-going development of leadership capacity and capability.	**3.2.4 Maximising workforce productivity** • Including controlling agency and locum costs.

Executive Lead - Director of People **Assuring Committee -** Trust Board

Principal Risk description	Key Controls	Form of Assurance	Level of Assurance	Gaps in controls	Gaps in assurance	Actions Agreed for any gaps in controls or assurance	Current Risk Rating	Direction of travel
Risk that the Trust will be unable to recruit, train and sustain an engaged and effective workforce.	Delivery of the Workforce and Organisational Development Strategy Quality objective on staff engagement HR Policies and Procedures support a framework for clear accountability at Divisional level for staff engagement. Monthly compliance reports on Essential Training are sent to Divisions and include trajectories to achieve compliance and divisional Reviews include performance against workforce plans and HR KPI's to improve staff experience Appraisal launched in May 2017 along with a new policy and revised training. The results from the staff survey have seen an increase in the quality of appraisal. Workplace Health and Wellbeing Framework delivery plan to include the NHS Staff Health and Wellbeing CQUIN National Staff Survey Robust improving staff experience plans are in place which target hotspot areas with bespoke interventions to improve staff engagement. This includes training and focus groups. The Staff Friends and Family Test. Other, local or more specific surveys/focus groups also take place sickness and turnover). The FTT has been targeted in hotspot areas for Q2 in order to be able to use the data from the questionnaire to improve staff experience. Happy App available and has been improved to make it easier for staff to use and for managers to interpret results and view reports Leadership Behaviours continue to be embedded in our recruitment, Induction and all management and leadership development. This is supported by a monthly conversation session	Metrics in relation to key controls are reviewed by the Senior Leadership Team, QOC and Trust Board: Annual learning and development report. Weekly returns agency staffing. Agency action plan. Reports from new E-Appraisal system in place August 2017 Dashboard reports will be developed in the future to support managers completing appraisals in a timely way Reports to Agency Controls Group. Health & Safety Reports to Trust Health, Safety and Fire Committee and Risk Management Group. Externally accredited Health & Safety audit and Workplace Wellbeing Charter. Reporting of results on achievement of staff wellbeing CQUIN Reporting of Occupational Health KPI's Reporting on results of Staff survey/ friends and family tests. This will now be in a targeted department approach in response to the heat map data Divisional improving staff experience plans in place focusing on hotspot areas in response to the divisional heat maps Imporiving staff experience sub group reports into workforce and OD in terms of governance and ratifying all OD interventions Draft Dignity at Work policy has been approved and a programme of work has been developed to support further embedding	Regular internal reports form first line assurance. Reports to: • Trust Board, • Senior Leadership Team • Quality Outcome Committee • Risk Management Group • Workforce and OD • Health, Safety & Fire Safety Committee Form second line assurance External audit/review forms third line assurance.	Workplace Wellbeing Framework requires a shared strategic vision with a view to establishing a Board Wellbeing Champion Workplace Wellbeing and Health & Safety to be more explicitly determined within the Workforce and Organisational Development Strategy. Happy App not available in all areas.	Limited assurance primarily around achieving compliance with essential training rates. Limited assurance around levels of staff retention.	Identification of a Board Wellbeing Champion Refresh Workplace Wellbeing Strategy with focus on psychological wellbeing at work Refresh of the Workforce and OD Strategy. Mid-year review of workforce KPIs to understand forecast out turn. Staff Recognition Awards and rewards framework being developed Roll out Happy App across whole organisation. There have been significant system issues with E-Appraisal which we are working in partnership with IT and our supplier to resolve	**Major x Possible = 12**	⟷

STRATEGIC PRIORITY 4: We will deliver pioneering and efficient practice, putting ourselves at the leading edge of research, innovation and transformation.

Operational Plan 2017/19 Focus	**3.3.2 Exploring options to continue to develop our specialist portfolio** • in the context of potential changes to Specialised Commissioning approaches across the south **3.3.3 Maximise our opportunity to continue to develop our research capacity and capability** associated with the significant grant secured from the National Institute for Health Research to fund a Biomedical Research Centre undertaking cutting edge studies that will improve care and treatment in the future.	**3.3.4 Development of an Innovation and Improvement Strategy for the organisation** • including maximising the opportunities for innovation and transformational change associated with our successful appointment as a National Digital Exemplar site, • with clear alignment to organisational and STP digital priorities / local digital roadmap.

Executive Lead - Medical Director & Director of Strategy Development & Transformation **Assuring Committee -** Trust Board

Principal Risk description	Key Controls	Form of Assurance	Level of Assurance	Gaps in controls	Gaps in assurance	Actions Agreed for any gaps in controls or assurance	Current Risk Rating	Direction of travel
Risk that the Trust will not be able to support transformation and innovation. and that the Trust will not be able to embed research and teaching into the care we provide, and develop new treatments for the benefit of patients and the NHS.	Memorandum of agreement with University of Bristol. Joint Posts and Clinical Networks. Research Standing Operating Procedures. Process in place for corrective and preventative actions where breaches of GCP/protocol are identified to support learning by PI/CI and research team. Regular review of research recruitment on a trust-wide level. Key Performance Indicators at divisional level (bed holding only) finalised for regular divisional review. Staff engagement embedded in planning service improvement and transformation work. Transformation and other service improvement leads networked across the divisions – role includes identifying and supporting local innovation. Partnership with the Academic Health Science Network to train a cohort of improvement coaches to add capacity to this support network. During 16/17 review of approach to supporting innovation across the Trust completed and Innovation & Improvement strategic Framework developed Quality Improvement Academy established 2017 Research grants, Research Capability Funding, commercial and delivery income maintained. SPAs recognised in consultant job plans NIHR award £21m over 5 years for Biomedical Research Centre to Trust and UoB partnership. Trust chosen as Global Digital Exemplar, securing the opportunity to progress our Digital Transformation plans at pace	Reporting structures for divisional research committees/groups to Trust Research Group. Regular reports to the Board on KPI reviews (trust wide & divisional) Education and Training Annual Report Project steering groups /reporting to Transformation Board & Senior Leadership Team. Regular reports to the Trust Board. Evidence of wide range of innovation and improvement programmes completed/underway including good response to programmes such as Bright Ideas, Trust Recognising Success awards etc. Audit and inspections. Trust Board Seminar focus annually on Innovation & Improvement and QI hub Digital Strategy presented to Trust Board, Including updated objectives and additional functional scope. Clinical Systems Board (incorporating GDE programme components) providing overall governance on digital delivery projects reporting to Trust Board and Senior Leadership Team Routine departmental assurance by programme management office for all digital and IM&T projects and activities reported to IM&T Management Group.	Regular reviews and departmental programme management forms first line assurance. Reports to: • Trust Board, • Transformation Board • Senior Leadership Team • IT Management Group • Divisional Groups • Transformation Board • NHS Digital for GDE and Tech-funded project boards Form second line assurance Internal/External Audit/inspections forms third line assurance.	No significant gaps.	Clear mechanism for protecting time for non-medical PIs who do not hold funded research role recruiting to National Institute of Health Research portfolio trials not in place. Evidence that Improvement & Innovation Strategic Framework approach further promotes and encourages innovation and improvement, in order that staff with good ideas can bring them to life for the benefit of patients, staff, the Trust and the wider NHS Direct reporting of the benefits realisation from the implementation and use of digital technology.	Very low numbers of non-medical PIs not supported by research funding. Address on a case by case basis. Work in progress to address the divisional research committee's gaps - Appointment of new research lead in Surgery made and will commence on the 1st April 2018. Implementation of plan for supporting Innovation & Improvement in line with action plan agreed by Transformation Board and supported by SLT with focus on three aims: • To support and connect people with our structured programmes • To provide support to staff with good ideas outside these programmes • To build capability to support staff to lead improvement independently of these programmes Full implementation of Digital Transformation, including Global Digital Exemplar initiatives and embedding as an integral part of the Trust's business and benefits realisation reporting.	**Moderate x Possible = 9**	⟷

STRATEGIC PRIORITY 5: We will provide leadership to the networks we are part of, for the benefit of the region and people we serve.

Operational Plan 2017/19 Focus	1.2.2 **Maximising the impact from partnership system working** • service redesign and system wide re-configuration, with • Development of shared leadership and associated opportunities to improve system and service level productivity.	3.3.5 **Continued development and delivery of our Transforming Care Programme** • focussing on transforming the way in which we deliver care through service and workforce redesign, • with a focus over the next two years on real time internal processes to support patient flow alongside engaging in and supporting STP processes to develop effective system care pathways and patient flow.

Executive Lead - Director of Strategy Development & Transformation **Assuring Committee -** Trust Board

Principal Risk description	Key Controls	Form of Assurance	Level of Assurance	Gaps in controls	Gaps in assurance	Actions Agreed for any gaps in controls or assurance	Current Risk Rating	Direction of travel
Risk of failing 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.	Formal Partnership Agreement with Weston Area Health NHS Trust (WAHT) to increase joint working between the two Trusts and pursue potential for organisational merger. Formal Partnership Agreement with North Bristol NHS Trust (NBT) to increase joint working between the two Trusts. Programme Partnership Boards in place and regular reporting through to the Trust Board. 4 way Partnership meeting with NBT, UoB, UWE Chief Executive agreed as local system leader for regional joint working/collaboration planning with other Executives playing lead roles Range of senior staff involvement in NS Sustainability Board Healthy Weston programme. Staff involved in wide range of external activities e.g. Bristol Health Partners, Better Care Bristol, CLAHRC West, BNSSG System Leadership Group. Implementation of new Strategic Planning Governance Process Development of new internal STP Leads meeting to improve visibility of staff engagement in external activities, reporting into Strategy Steering Group	Reports to the Trust Board following each of the Partnership Board Meetings. Tender Framework and business case templates in place from April 2016 explicitly addressing partnership opportunities. Evidence in recent tenders that Trust is a sought after partner - Children's Community Services; Sexual Health No indication in current self-assessment within STP of adverse perceptions. National feedback on Sustainability and Transformation Plan processes and leadership. Bristol NIHR Biomedical Research Centre successful partnership bid for funding 2016. Executive leadership roles in system Task and Finish Groups. Establishment of UHB System leaders group.	Internal reviews and monitoring form first line assurance. Reports to: • Trust Board, Form second line assurance	Complete visibility of scope of staff engagement in external activities challenging and not necessarily always required.	Ability to harness soft information. Ensuring forums are established to co-ordinate Trust approach into, and secure communication output from key system groups. Further development of relationships and networks with emerging Primary Care locality hubs.	Co-ordinated approach to key system processes overseen by Executive Directors – to include new internal urgent care steering group and action to target input into savings control centres and Task and Finish groups. Executive involvement in Primary and Secondary Care Interface Group. Primary and community business development approach being progressed under Strategy Steering Group. Locality workshop held March 2018.	**Moderate x Unlikely = 6**	↔

STRATEGIC PRIORITY 6 : We will ensure we are financially sustainable to safeguard the quality of our services for the future

Operational Plan 2017/19 Focus	**3.2.1 Operational and financial sustainability** • with a specific focus on internal specialty level productivity and the efficient delivery of activity aligned to our capacity modelling, • along with the implementation of Carter recommendations, • Including a system view of corporate overheads, estates and pathology.
Executive Lead - Director of Finance	**Assuring Committee -** Finance Committee

Principal Risk description	Key Controls	Form of Assurance	Level of Assurance	Gaps in controls	Gaps in assurance	Actions Agreed for any gaps in controls or assurance	Current Risk Rating	Direction of travel
Risk of being unable to deliver the 2017/18 financial plan.	Measurement of financial performance against planned performance covering revenue income and expenditure performance, capital expenditure, the statement of financial position and cash flow statement. Monthly Finance & Operational Divisional Performance reviews involving Executives and Divisional Boards. Monthly review by Savings Board. Monthly Divisional Board scrutiny of operational and financial performance. Monthly Divisional CIP reviews. Monthly Divisional contract income and activity reviews, savings reviews. Monthly savings work stream reviews. Divisional control of vacancies and procurement monitored at monthly performance meetings. Agreed budget holders and budgetary control systems in place. Monthly review of financial performance with Divisional budget holders. Financial Control Procedures, including the scheme of delegation and Standing Financial Instructions in place. Approved Five year Medium Term Capital Programme Monthly Capital Programme Steering Group.	Detailed monthly submission of financial performance submitted to the Regulator, NHS Improvement. Strong statement of financial position. Liquidity metric of 1 (highest) and Use of Resources Rating of 1 (highest rating) for 2017/18 year to date. Regular Reporting to the Finance Committee and Trust Board. Monthly Pay Controls Group, Non Pay Controls Group and Nursing Controls Group scrutiny of Divisions performance. Rolling 5 year Medium Term Capital Programme (source and applications of funds) approved annually by the Finance Committee and Board. Monthly management scrutiny of capital expenditure at the Capital Programme Steering Group. Delivery of the 2017/18 capital programme, including the prioritisation and allocation of strategic capital.	Regular Executive and Divisional Board scrutiny and reviews form first line assurance. Reports to: • Trust Board, • Audit Committee • Finance Committee • Senior Leadership Team • Savings Board • Capital Programme Steering Group Form second line assurance Annual External audit and monthly NHS Improvement submissions of financial position forms third line assurance.	Evidence that staffing controls are weak in some areas, particularly nursing and medical staffing. Evidence that divisions are not able to deliver their agreed Operating Plans nor formulate the actions necessary to mitigate expenditure in order to deliver their agreed Operating Plan trajectories. Evidence that income and activity performance controls are weak e.g. inpatient activity planning and delivery performance. Evidence that the delivery of capital investment plans are weak.	Lack of assurance that pay expenditure controls are fully effective in light of continued spend above plan in some areas e.g. nursing and medical staffing spend. Weak assurance in Divisions given adverse positions to Operating Plans largely due to elective income underperformance and high levels of nursing and medical expenditure. Lack of assurance that activity capacity planning and income performance controls are fully effective. Lack of assurance that capital expenditure controls for operational capital and major medical equipment are fully effective.	Prioritised Executive review at Divisional Reviews. Executive Directors recently agreed a suite of actions summarised in the "Review of 2017/18 Financial Position" paper are which necessary to deliver expenditure reductions, for example: • Nursing staff; • Medical staff; • Non pay Transformation Board and productivity review process via Savings Board to identify further savings. The Trust Capital Group has been established to scrutinise delivery of capital plans and has met since November 2016.	**Moderate x Unlikely = 6**	↓

STRATEGIC PRIORITY 7 : We will ensure we are soundly governed and are compliant with the requirements of our regulators								
Operational Plan 2017/19 Focus	**3.1.4 Access standards** • Improving performance and delivery of our performance trajectories in the four core standards.							
Executive Lead - Chief Executive	**Assuring Committee - Trust Board**							
Principal Risk description	**Key Controls**	**Form of Assurance**	**Level of Assurance**	**Gaps in controls**	**Gaps in assurance**	**Actions Agreed for any gaps in controls or assurance**	**Current Risk Rating**	**Direction of travel**
Risk of failing to comply with targets, statutory duties and functions	Trust Board and all committees have an annual forward plan aligned to their terms of reference, Trust's Standing Orders and Standing Financial Instructions to ensure appropriate annual reporting against plans is in place. Monitoring of CQC inspection action plans via Clinical Quality Group, Senior Leadership Team, QOC.	Annual Report, Annual Governance Statement, and Annual Quality Report, Annual Account submitted to Trust Board. Regular reporting to NHS Improvement following Board approval. NHS Improvement returns signed off by the Trust Board. Internal Audit Reports on Governance, risk management and financial accounts reported to Audit Committee. Self-assessment. Monthly Board Reports. Performance and Finance Reports at each Board Meeting. Committee Reports at each Board Meeting. Independent reports from CQC on Inspection Visits.	Regular reviews form first line assurance. Reports to: • Trust Board, • Quality & Outcomes Committee • Audit Committee • Risk Management Group Form second line assurance CQC Inspection Report provides third level assurance into areas inspected.	No significant gaps	Partial assurance of effectiveness of controls, in light of on-going failure of some standards. Insufficient assurance that preparation for implementation of General Data Protection Regulations is adequate.	GDPR working group formed to address gaps in systems and processes.	**Moderate x Possible = 9**	⟷

Appendix 2: Links to the Corporate Risk Register

Strategic Objective	Principal Risk	Corporate Risk Register	Risk Ranking
STRATEGIC PRIORITY 1: We will consistently deliver high quality individual care, delivered with compassion.	**Risk that the Trust will be unable to maintain the quality of patient services.**	**423** - Risk that length of stay does not reduce in line with planning assumptions resulting in an increase in bed occupancy. **856** - Risk that the emotional & Mental Health needs of children and young people are not being fully met. **1595** - Risk that patients detained under s136 may be brought to ED due to lack of capacity in community provision **1598** - Risk of Patients Falls Resulting in Harm. **2037** - Risk of delayed care and decision making to patients due to difficulty accessing external images **2198** - Risk that patients may fail to receive timely test results and treatment due to new clauses within National Hospital Contract 2429 - Risk that patients may fail to receive timely treatment due to being 'On hold'	**9** **High**
STRATEGIC PRIORITY 2: We will ensure a safe, friendly and modern environment for our patients and our staff.	**Risk that the Trust will be unable to develop and maintain the Trust estate due to lack of funding**	**416 -** Risk that the Trust's Financial Strategy may not be deliverable (SP6)	**12** **High**
STRATEGIC PRIORITY 3: We will strive to employ the best staff and help all our staff fulfil their individual potential**.**	**Risk that the Trust will be unable to recruit, train and sustain an engaged and effective workforce.**	**422** - Potential harm to staff and patients from violent and aggressive behaviour from patients or members of the public **674** - Risk of increased agency spend due to significant non-compliance with national agency caps. **737** - Risk of continuity of service due to inability to recruit sufficient numbers of substantive staff **793** - Risk of work related stress affecting staff across the organisation. **920** - Risk of Non-compliance with both the New Deal and junior doctors contract requirements **921** - Risk of not achieving 90% compliance for Essential Training for all Trust staff.	**12** **High**
STRATEGIC PRIORITY 4: We will deliver pioneering and efficient practice, putting ourselves at the leading edge of research, innovation and transformation.	**Risk that the Trust will not be able to support transformation and innovation and that the Trust will not be able to embed research and teaching into the care we provide, and develop new treatments for the benefit of patients and the NHS.**	No corporate risks identified.	**9** **High**
STRATEGIC PRIORITY 5: We will provide leadership to the networks we are part of, for the benefit of the region and people we serve.	**Risk of failing 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.**	**1640** - Risk of poorer quality service for patients due to delays with reporting of histology samples following service transfer.	**6** **Moderate**
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.	**Risk of being unable to deliver the 2017/18 financial plan.**	**416 -** Risk that the Trust's Financial Strategy may not be deliverable **951** - Risk of the loss of Sustainability and Transformation Funding (STF) **959 -** Risk that Trust does not Deliver the operational plan due to Divisions not achieving their current year savings target **1843** -Risk of failing to achieve the Trust's 2017/18 Operational Plan Control Total surplus	**6** **Moderate**
STRATEGIC PRIORITY 7: We will ensure we are soundly governed and are compliant with the requirements of our regulators.	**Risk of failing to comply with targets, statutory duties and functions**	**801 -** Risk that the Trust does not maintain a GREEN single oversight framework Rating **869 -** Risk of Reputational Damage Arising From Adverse Media Coverage of Trust Activities **2242** - Risk that the Trust will be non-compliant with statutory requirements in relation to water safety (HTM 04-01 & ACoP L8) **2303** - Risk of Non-compliance with European General Data Protection Regulations (GDPR)	**9** **High**

University Hospitals Bristol
NHS Foundation Trust

Cover report to the Public Trust Board. Meeting to be held on 26 April 2018 at 11:00-13:00 in the Conference Room, Trust Headquarters

		Agenda Item	8
Meeting Title	Trust Board	**Meeting Date**	Tuesday, 24 April 2018
Report Title	**Quality and Performance Report**		
Author	James Rabbitts, Head of Performance Reporting Anne Reader, Head of Quality (Patient Safety) Matt Joint, Director of People		
Executive Lead	Mark Smith, Deputy Chief Executive and Chief Operating Officer		
Freedom of Information Status		Open	

Strategic Priorities **(please choose any which are impacted on / relevant to this paper)**			
Strategic Priority 1: We will consistently deliver high quality individual care, delivered with compassion.	☒	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 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 recruit, train and sustain an engaged and effective workforce.	☐	Failure to comply with targets, statutory duties and functions.	☒
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.	☐		

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

Impact Upon Corporate Risk

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)**
		24/04/18		

University Hospitals Bristol NHS
NHS Foundation Trust

Quality & Performance Report

April 2018

Executive Summary

Single Oversight Framework

- The 62 Day Cancer standard for GP referrals achieved 81.3% for February. This is below the national standard of 85% and the Sustainability and Transformation Fund (STF) target of 82.6%. March performance is forecast to exceed 83% and may meet the national standard.
- The measure for percentage of A&E patients seen in less than 4 hours was 78.9% for March. This did not achieve the 95% national or Sustainability and Transformation Fund (STF) target of 92%. The Children's Hospital has sustained its consistently good performance and continues to meet the STF trajectory each month, and the national target in March. There has been deterioration at the Bristol Royal Infirmary which was at 65.1% for March.
- The percentage of Referral To Treatment (RTT) patients waiting under 18 weeks was 87.0% as at end of March. This did not achieve the national 92% standard or the recovery trajectory. This indicates we are 1446 patients away from the national compliance of 92%. Early sight for April is holding at 87% against a back drop of winter pressures and elective cancellations.
- The percentage of Diagnostic patients waiting under 6 weeks at end of March was 98.5%. This is lower than the national 99% standard. The maximum allowed breaches to achieve 99% was 95, against actual number of breaches of 142. The improvement trajectory for end of March gave a maximum of 140 breaches, so this was narrowly missed.

Headline Indicators

Performance against Clostridium difficile Cases and Patient Experience remain consistently above target. There Medicines Omitted Doses and Early Warning Scores Acted Upon measures returned to being above target this month after a small deterioration in February.

Last Minute Cancelled (LMC) Operations remains above the required threshold of 0.8% of admissions, with 121 such cancellations in March. Also the 28 day readmission standard of 95% was not achieved in March (7 patients not re-admitted within 28 days).

The number of beddays spent outlying (1377) is significantly above levels prior to January, although is in-line with the high number experienced in January and February. This is due to the lack of dedicated winter beds to open the pressure is distributed across non-medical wards and extreme escalation areas. Over 400 outlier beddays were used on the two escalation wards: A512 and A414 Queen's Day Unit.

In the Workforce measures, percentage Agency Usage increased reduced in March by 1.5 full time equivalents (fte) to 1.1%, with the largest reduction seen in Facilities & Estates. However, increases were seen in all of the bed-holding divisions, with the exception of Women's & Children's.

Staff Sickness absence reduced from 4.3% to 3.9% in March which was the required target for the month. There were reductions in all Divisions except Specialised Services. Stress/Anxiety was the cause for the most of amount of sickness this month. The greatest reduction was seen in absence due to Cough/Cold/Flu, which reduced by 33.0%.

Overall vacancies reduced to 5.4%, which is still above the 5% target. Nursing vacancies reduced by 25.8 FTE in month to 210.9 (6.5%) in all clinical divisions, with the largest reduction in Women's & Children's. Turnover increased to 13.9% from 13.5% last month, which keeps Turnover above the 12% target.

Performance Overview

External views of the Trust

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

Care Quality Commission

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

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

NHS Choices

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

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

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

NHS Improvement Single Oversight Framework

Access Key Performance Indicator		Quarter 2 2017/18			Quarter 3 2017/18			Quarter 4 2017/18		
		Jul 17	Aug 17	Sep 17	Oct 17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
A&E 4-hours	Actual	90.5%	91.3%	90.8%	90.1%	90.3%	85.3%	82.7%	83.2%	78.9%
	Trust "Footprint"				92.8%			86.1%		
	STF trajectory	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	92.0%	95.0%
62-day GP cancer	Actual (Monthly)	74.7%	85.2%	80.2%	84.1%	88.6%	82.9%	78.0%	81.3%	
	Actual (Quarterly)	80.1%			85.4%					
	STF trajectory	83.6%	83.6%	83.6%	82.5%	82.5%	82.5%	82.6%	82.6%	
Referral to Treatment Time (RTT)	Actual	90.2%	89.9%	89.4%	90.0%	88.9%	88.3%	88.1%	88.4%	87.0%
	STF trajectory	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%
6-week wait diagnostic	Actual	98.5%	97.6%	97.7%	98.2%	98.3%	97.6%	97.8%	99.2%	98.5%
	STF trajectory	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%

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

Note on A&E Trust "Footprint":
In agreement with NHS England and NHS Improvement, each Acute Trust was apportioned activity from Walk In Centres and Minor Injury Units in their region. For UHBristol this was the Bristol, North Somerset and South Gloucestershire (BNSSG) region. The result of this apportionment was carried out and published by NHS England as "Acute Trust Footprint" data. This data is being used to assess whether a Trust achieved the STF target for Quarter 3 and 4. The above table shows the Trust achieved the required level, after apportionment, in Quarter 3 but not in Quarter 4.

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:

AMBER to GREEN
Deteriorating Patient
Essential Training
Staff Sickness

RED to GREEN
Medication Errors
Length of Stay

AMBER to RED
Cancer Waits

GREEN to RED
Diagnostic Waits

GREEN to AMBER
Mortality

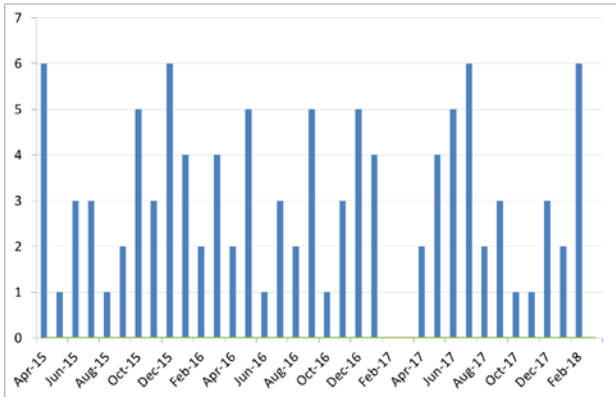
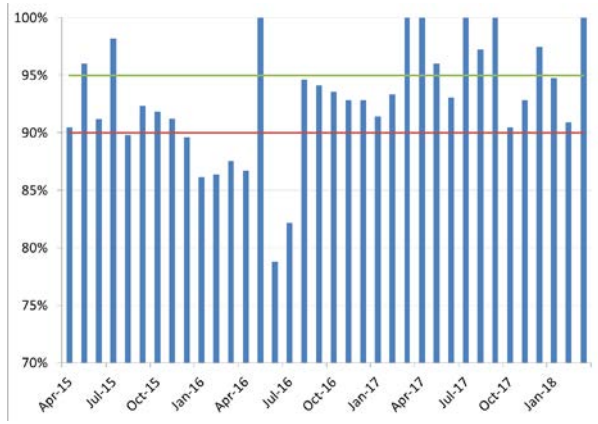
Overview – Successes, Priorities, Opportunities, Risks and Threats

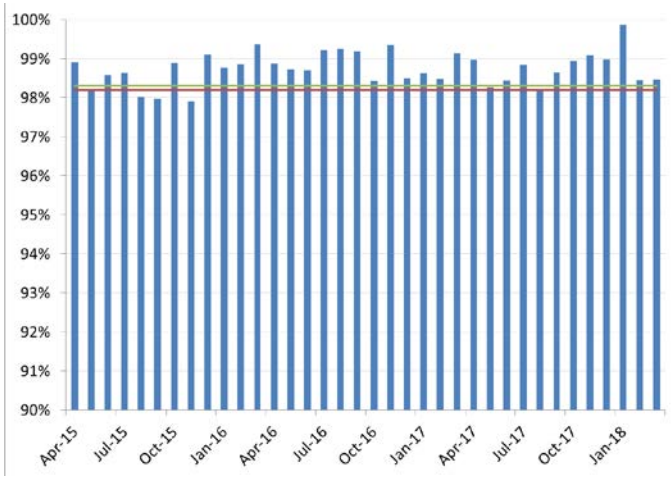
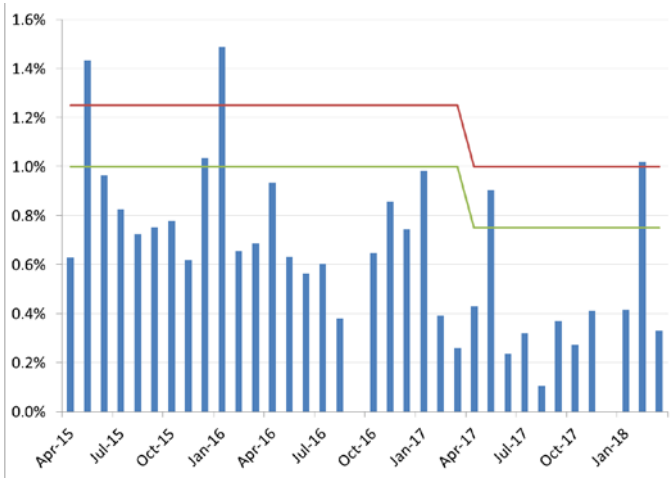
	Successes	Priorities
ACCESS Emergency	• When the Trust's A&E 4 hour performance is uplifted by the apportionment of local Walk In Centres (as published by NHS England), the Trust achieved 92.8% for Quarter 3 and so achieved the Sustainability & Transformation Funds (STF) target of 90%. Performance without this apportionment was 88.64%. • BRHC continues to meet the STF trajectory for 4hr performance and met the 95% standard in March.	• Sustain A&E 4 hour performance particularly at the Bristol Royal Infirmary, given ongoing operational winter pressures. • Early recovery of performance and re-focus on improvements as we start to move into Spring
ACCESS Cancer Waits	• Recovery trajectory for 62 day GP performance was met and exceeded in every month from August-December and the national standard achieved in 2 months. • 4 of the 7 major cancer standards consistently being achieved at a monthly and quarterly level • 62 day GP referred standard achieved in quarter 3, for the first time a quarter has been achieved since 2012. • Good recovery from cancellations during February. March performance forecast to be significantly better and possibly compliant with the national standard.	• Minimise surgical cancellations of cancer patients and take actions to recover quickly when cancellations occur. • Recover the 85% standard by July at the latest and maintain this. • Continue work with other providers to reduce late referrals/minimise their impact • Prepare for the changes to performance reporting rules from July 2018
ACCESS Planned Care	• New functionality in our Patient Administration System (PAS) allows better management of on-hold status flags by removing the previous on hold status flag when the next activity has been undertaken. This does not mitigate the risk of on hold patients being added to Medway. • As a result of the new functionality we are beginning to see reductions in the volume of on hold pathways being added, which is a major step forward in the monitoring process on the actions being undertaken to remove them. • The weekly performance meetings continue with a focus on RTT performance, diagnostic 6-week standard, on-hold status flags in Medway and overdue partial bookings.	• Continue to hold steady state on Referral To Treatment (RTT) performance with a plan to restore achievement of the 92% Referral to Treatment national standard as an aggregate position at end of August 2018 • The sampling process for all cohorts identified as part of the "on hold "patient pathways, has now been completed, to either full validation, or to the expected standard identified by the IST of 10% all pathways. • The IST will be returning to review and agree the next steps on the 26th of April. • Focus continues on clearing of long waiter's breaches and clearing in the RTT backlog, particularly in Pediatric Services and Dentistry services. • The Performance Team will be meeting System C the Medway software supplier on 30th April, to commence working through the removal of the legacy on hold reasons. • Ensure Diagnostic Wait target achieves national standard of 99% or more of patients waiting under 6 weeks

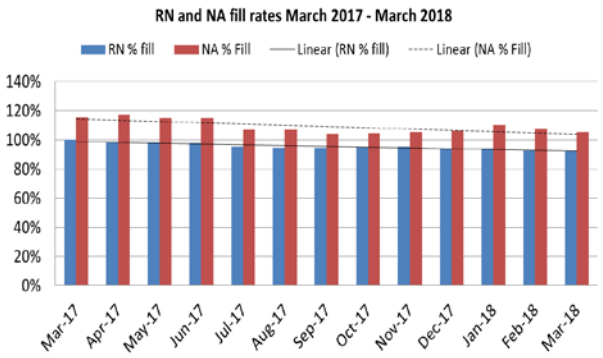
	Successes	Priorities
QUALITY	• Pressure ulcers per 1,000 beddays for March at 0.149 (four new grade 2 or above pressure ulcers) remains well below target of 0.4 per 1000 beddays despite continuing operational pressures and multiple ward moves for some patients	• Venous thromboembolism (VTE) risk assessment, at 98.3% for March, remains above 95% national target but below our 99% internal stretch target. This is partly explained by a recording issue with the implementation of electronic prescribing (EPMA) as wards which are no longer using a paper drug chart which contains the VTE risk assessment, need to use a separate paper form to record VTE risk assessment. This was a known risk with EPMA implementation. Thrombo-prophylaxsis prescribing is, however, showing improvement. An electronic VTE risk assessment solution is being sought in Medway. This is also an opportunity to refocus VTE prevention work with the anticipated appointment of a new medical VTE lead in June.
WORKFORCE	• Manager briefings for the new Supporting Attendance policy have been held around the Trust, with positive responses to the new user guides and absence calculator. • Review of the Exit Questionnaire process has improved response rates from 17% in December 2018 to 48% in March 2018, against a target of 50%.	• To closely evaluate progress with the E-Appraisal system to ensure the technical solutions identified are maintained and staff confidence in the system is improved. • Maintain focus on proactive management of sickness absence in hotspots around the Trust, with a particular emphasis on coaching managers to support staff with mental health issues.

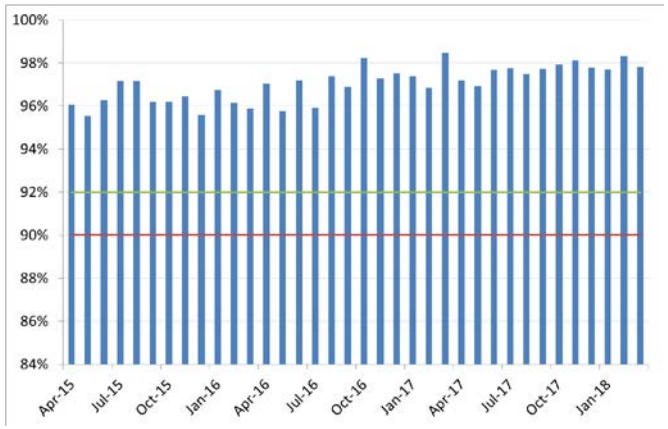
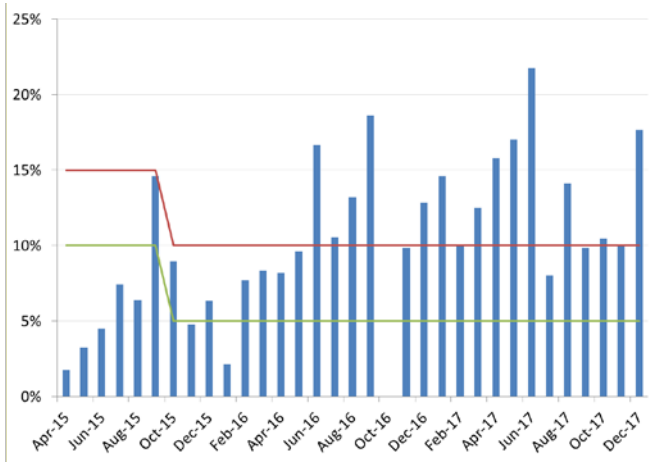
	Opportunities	Risks & Threats
ACCESS Emergency	• Re-focus of work with Bristol City Council around DTOC reduction –a mini MADE event was held at the end of March in response to Bristol position. • Development of joint plan with BCC to recover DTOC position • Learning from winter plans and review of particular days performance will inform future resilience plans • Learning from severe weather impacts – particularly the days following will inform future plans	• Quarter 4 performance at risk with continued pressure on adult services • Continued operational pressure on the hospital through Easter into April presents a risk to RTT recovery plans
ACCESS Cancer Waits	• Avoiding cancellation is the single most important high impact action for the Trust to improve and sustain performance against the cancer standards. • A 'virtual PTL' (waiting list meeting) with referring providers is continuing to develop, with focus at present on Taunton and North Bristol. • Incorporation of cancer into a cross-standards performance meeting gives new opportunities to discuss performance issues, particularly those not specific to cancer	• Late referrals from other providers continue to impact on achievement of the 62-day GP cancer waiting times standard. • Surgical cancellations are a high risk to achievement of several cancer standards as well as to patient experience and quality. High levels were incurred in all three months during the quarter, following a surge in emergency demand after the severe weather in March. Cancellations have continued in April but at a much lower level. • Dermatology transfer not taking place until 2019, meaning the Trust's challenging casemix remains an issue
ACCESS Planned Care	• System C (our Patient Administration System supplier) has made us aware of additional functionality that can be used to reduce the risk of patients not being added to the waiting list following a decision to list at outpatients • A review meeting has been arranged on 10th May with our local commissioners to review the access policy. The policy requires further clarity to be included on the number of times patients can exercise their right to cancel or postpone their treatment for social reasons. • A Trust-wide Patient Tracking List (PTL) is being developed with IM&T and Performance Team to give a single view of this area of performance.	• Focused review of the on-hold patients will continue and will be expanded as the risks identified during the process are likely to increase. • Although the new functionality in our Patient Administration System allows better management in the on-hold status flags this does not remove the on-hold backlog. This will be monitored and addressed on a weekly basis at the RTT Performance meeting to prevent a further backlog being created. • At end of March, there were 18 Referral to Treatment (RTT) patients waiting 52+ weeks. We are still affected by patient choice when soonest dates are being offered and patients are exercising their right to wait for social reasons. • Loss of diagnostic capacity during winter pressures is causing problems for the delivery of the diagnostic 6 week wait standard.

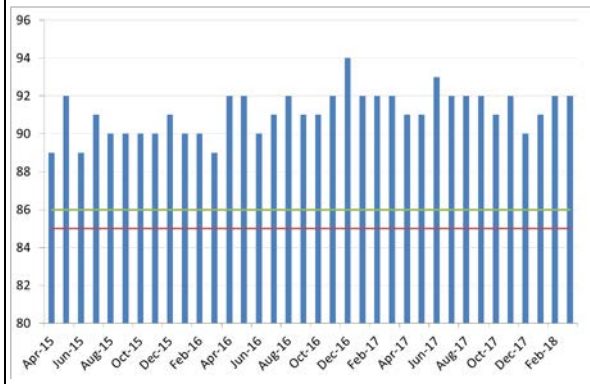
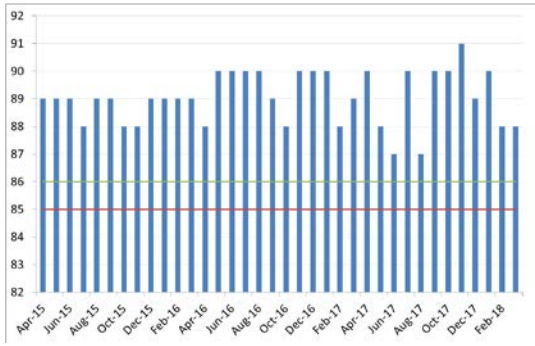
	Opportunities	Risks & Threats
QUALITY	• Sepsis screening for in-patients is improving from 20% in October 2017 to 83.3% in March 2018 with the implementation of e observations, which includes a sepsis screening prompt. E observations implementation will be complete in adult in-patient areas (excluding maternity) by May 2018. Plans are being finalised for implementation in the adult emergency department by the end of Q2.	• Falls per 1,000 beddays for March at 5.04 (135 falls) was just above the red threshold of 5. There is continued focus in this area particularly with regard to embedding the Enhanced Care Observation Policy. • Fracture neck of femur best practice tariff 90% target is a continued risk at 22.7%. Ortho-geriatrician review has improved to 92% with the appointment of a staff grade, but time to theatre will continued be impacted by clinical priority of other trauma patients due the Trust's current model of service. A system wide approach within the STP is more likely to offer a sustainable solution. • High risk TIA patients starting treatment within 24 hours has deteriorated. In March 20% (3 out of 15) of high risk TIA patients commenced treatment within 24 hours. This was due to medical staff vacancies in the stroke team impacting on capacity. We are sourcing a locum to hopefully commence in May and, following an unsuccessful recruitment attempt, looking to recruit overseas. Part time staff are already working additional shifts. We are also recruiting and Advanced Care Practitioner.
WORKFORCE	• Essential Training - the Senior Leadership Team (SLT) gave approval to support the South West HRD Network's Streamlining project, aiming to align mandatory and statutory training (MaST) with all other participating Trusts. This will see electronic inter-trust transfers (pass-porting) of the 11 Core Skills, ensuring previous core training is recognised and not duplicated for new staff at induction. • The Trust`s role as Global Digital Exemplar sees both the Manual Handling Team and Occupational Health Physio Team working with IM&T to support staff in using portable Display Screen Equipment devices.	• Ongoing high cost, non-framework agency use as a result of continued operational pressures across the hospital. • E-Appraisal system issues resulting in complexities with compliance reporting

Description	Current Performance	Trend	Comments
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).	Performance in Trust acquired Clostridium *difficile* (C. diff) is good with low numbers of cases in relation to the limits set. There were no cases of C. diff attributed to the Trust in March 2018. To date, this year, we have seven hospital apportioned avoidable cases of clostridium difficile however there are further cases awaiting a decision by the CCG.	**Total number of C. diff cases** 	Monthly meetings between the infection control team and Clinical Commissioning Group (CCG) aim to review all cases of clostridium difficile and apportion these appropriately. There is a time delay for these meetings and therefore Trust attributed cases may not be agreed for some time after the infection was identified. There are higher rates of clostridium difficile within three ward areas. A business case is currently under review to trial screening on admission within these three wards to identify the appropriate source of the infection.
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%.	Performance in March 2018 was 100% against a three-year improvement goal of 95%. This is an improvement on the performance figure for February which was 91% (four breaches).	**Percentage of early warning scores acted upon** 	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.

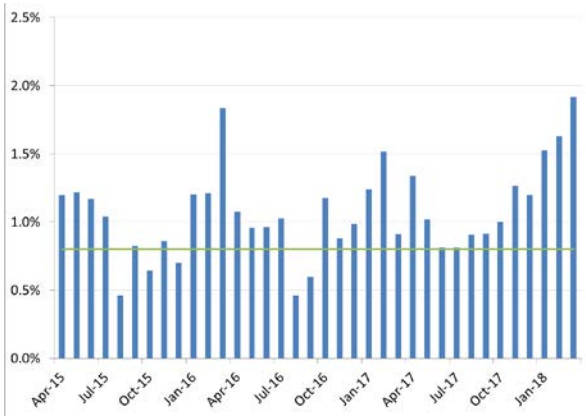
Description	Current Performance	Trend	Comments
Safety Thermometer – No new harm. The NHS Safety Thermometer comprises a monthly audit of all eligible inpatients for 4 types of harm: pressure ulcers, falls, venous-thromboembolism and catheter associated urinary tract infections. New harms are those which are evident after admission to hospital	In March 2018, the percentage of patients with no new harms was 98.5 % (12 patients had a new harm), against an upper quartile target of 98.3% (GREEN threshold) of the NHS Improvement patient safety peer group of Trust.	**The percentage of patients surveyed showing No New Harm each month** 	The March 2018 Safety Thermometer point prevalence audit showed three new catheter associated urinary tract infections, two falls with harm, three new pressure ulcers and four 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 March 2018, 0.33% (2 out of the 605 patients) reviewed had one or more omitted critical medications in the past three days. The target for omitted doses is no more than 0.75%. The 0.33 % for March 2018 is a significant improvement from the February 2018 figure of 1.01% (6 out of 588).	**Percentage of omitted doses of listed critical medicines** 	The target for omitted doses in 2017/2018 has been revised and is now set at 0.75% (previous target was 1%).

<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 remains at 90% for the second month (excluding Child Protection Level 3). Compliance with each of the reporting categories is provided below.
<table>
<tr><th>March 2018</th><th>UH Bristol</th></tr>
<tr><td>Total</td><td>90%</td></tr>
<tr><td>Three Yearly (14 topics)</td><td>90%</td></tr>
<tr><td>Annual (Fire)</td><td>88%</td></tr>
<tr><td>Annual (IG)</td><td>84%</td></tr>
<tr><td>Induction & Orientation</td><td>98%</td></tr>
<tr><td>Doctors induction</td><td>89%</td></tr>
<tr><td>Resuscitation</td><td>87%</td></tr>
<tr><td>Safeguarding</td><td>89%</td></tr>
</table>
</td>
<td>Overall the compliance for the Trust remains 90%, same as previous month</td>
<td>See Appendix 1 to see action.</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 March 2018 the Trust had rostered 241,056 expected nursing hours, with the number of actual hours worked of 230,769. This gave a fill rate of 96%.
<table>
<tr><th>Division</th><th>Actual Hours</th><th>Expected Hours</th><th>Difference</th></tr>
<tr><td>Medicine</td><td>66203</td><td>62723</td><td>3480</td></tr>
<tr><td>Specialised Services</td><td>40415</td><td>40828</td><td>-413</td></tr>
<tr><td>Surgery</td><td>44275</td><td>45370</td><td>-1095</td></tr>
<tr><td>Women’s & Children’s</td><td>79876</td><td>92135</td><td>-12259</td></tr>
<tr><td>Trust</td><td>230769</td><td>241056</td><td>-10287</td></tr>
</table>
</td>
<td>The percentage overall staffing fill rate by month
 
</td>
<td>Overall for the month of March 2018, the trust had 91% cover for RN’s on days and 93% RN cover for nights. The unregistered level of 100% for days and 113% for nights reflects the activity seen in March 2018. This was due primarily to NA specialist assignments to safely care for confused or mentally unwell patients in adults particularly at night.</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 March 2018 was 97.8%. 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 score** 	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. Our goal is for less than 5% of complainants to report that they are dissatisfied with our response to their formal complaint. Note there is an Amber threshold between 5% and 10%	Data for responses sent out in January 2018 is currently being validated. Dissatisfied cases are now measured as a proportion of complaints sent out in any given month and are reported two months in arrears. This means that the latest data in the board dashboard is for the month of December 2017. As of 15th March 2017, 12 of the 68 responses sent out in December had resulted in dissatisfied replies (17.6% against a target of 5%).	**Percentage of compliantaints dissatisfied with the complaint response each month** 	In relation to formal complaints responded to in 2016/17 as a whole, 65 complainants expressed dissatisfaction with one or more aspects of our response to their concerns; this represented a small increase on 59 cases relating to responses sent in 2015/16 (measured in May each year and published in our annual Quality Report). Informal Benchmarking with other NHS Trusts suggests that the rates of dissatisfied complainants are typically in the range of 8% to 12%. Actions continue as previously reported to the Board (Actions 5A to 5D).

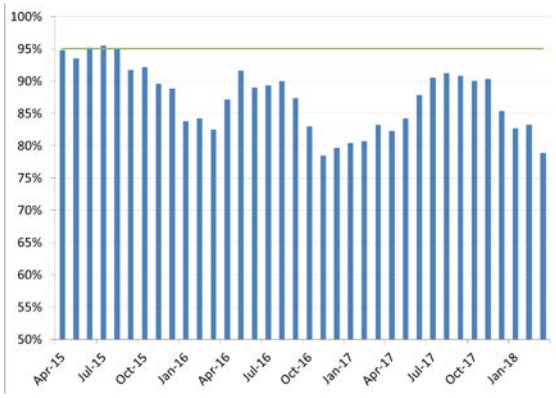
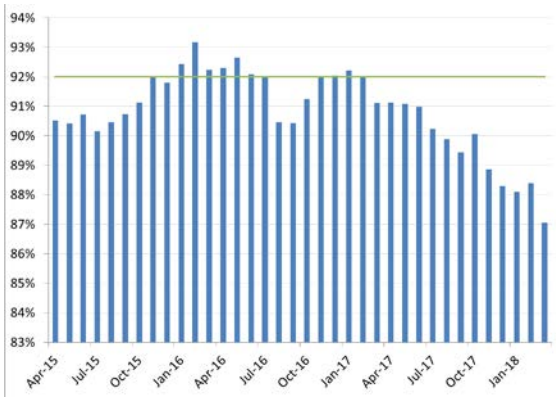
<table>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th><th>Comments</th></tr>
<tr>
<td>Inpatient experience tracker comprises five questions from the monthly postal survey: ward cleanliness, being treated with respect and dignity, involvement in care decisions, communication with doctors and with nurses. These were identified as “key drivers” of patient satisfaction via analysis and focus groups.</td>
<td>For the month of March 2018, the score was 92 out of a possible score of 100. Divisional level scores are provided on a quarterly basis to ensure sample sizes are sufficiently reliable.
<table>
<tr><th></th><th>Q3 2017/18</th><th>Q4 2017/18</th></tr>
<tr><td>Trust</td><td>91</td><td>92</td></tr>
<tr><td>Medicine</td><td>88</td><td>89</td></tr>
<tr><td>Surgery</td><td>93</td><td>92</td></tr>
<tr><td>Specialised Services</td><td>91</td><td>92</td></tr>
<tr><td>Women's & Children's (Children’s Hospital)</td><td>91</td><td>92</td></tr>
<tr><td>Women's & Children's Division (Postnatal wards)</td><td>91</td><td>92</td></tr>
</table>
</td>
<td>Inpatient patient experience scores (maximum score 100) each month
 
</td>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
<td>The score for the Trust as whole was 88 in March 2018 (out of score of 100). Divisional scores for quarter 4 are provided as numbers of responses each month are not sufficient for a monthly divisional breakdown to be meaningful.
<table>
<tr><th></th><th>Q3 2017/18</th><th>Q4 2017/18</th></tr>
<tr><td>Trust</td><td>90</td><td>89</td></tr>
<tr><td>Medicine</td><td>91</td><td>91</td></tr>
<tr><td>Specialised Services</td><td>88</td><td>84</td></tr>
<tr><td>Surgery</td><td>89</td><td>89</td></tr>
<tr><td>Women's & Children's (Children’s Hospital)</td><td>87</td><td>89</td></tr>
<tr><td>Diagnostics & Therapies</td><td>95</td><td>92</td></tr>
</table>
</td>
<td>Outpatient Experience Scores (maximum score 100) each month
 
</td>
<td>The Trust’s performance is in line with national norms in terms of patient-reported experience.

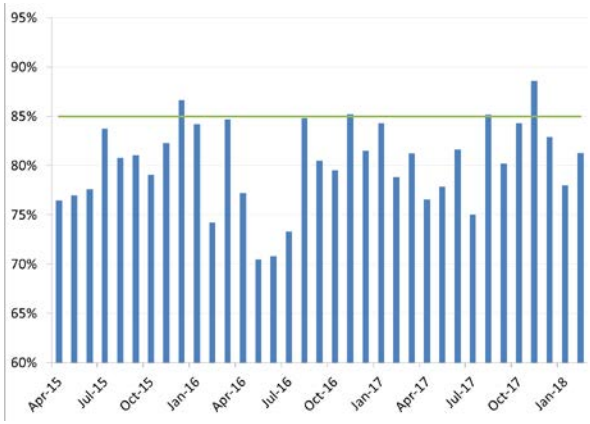
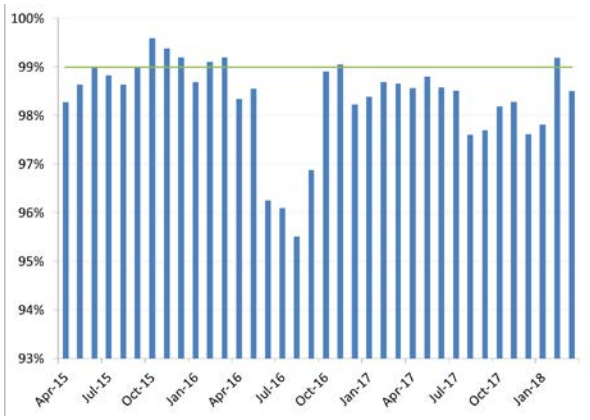
This metric turns red if outpatient experience begins to deteriorate to a statistically significant degree – alerting the Trust Board and senior management that remedial action is required. In the year to date the Trust score remains green. Divisional scores are examined in detail in the Trust’s Quarterly Patient Experience Report.</td>
</tr>
</table>

<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 March the Trust cancelled 121 (1.9%) of operations at last-minute for non-clinical reasons. The top five reasons for the cancellations are shown below:
<table>
<tr><th>Cancellation reason</th><th>Number</th></tr>
<tr><td>No beds available</td><td>42</td></tr>
<tr><td>Other emergency patient prioritised</td><td>21</td></tr>
<tr><td>Staff unavailable</td><td>18</td></tr>
<tr><td>Equipment failure or unavailable</td><td>14</td></tr>
<tr><td>No HD/ITU beds</td><td>12</td></tr>
<tr><td>AM list over-ran</td><td>11</td></tr>
<tr><td>Other</td><td>3</td></tr>
</table>
Of the 98 patients cancelled in February, 7 were not readmitted within 28 days. Meaning 92.9% were re-admitted within 28 days, so the Trust just missed the former national standard of 95%.</td>
<td>Percentage of operations cancelled at last-minute
 
</td>
<td>Deterioration in performance in month. Concern continues to be around the availability of HDU capacity to support complex surgery and ongoing operational pressures during April.

See Actions 6A-6B for further details.</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 March 11.6% of outpatient appointments were cancelled by the hospital, which is below the Red threshold of 11.7% but above the Green threshold of 9.7%. This is a decrease from last month’s cancellation percentage of 11.6%.

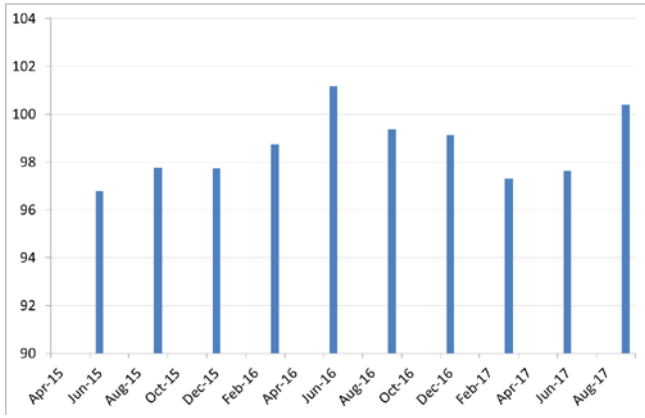
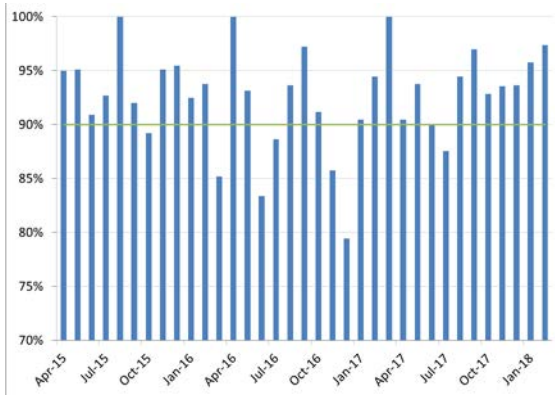
Please note: the RED and GREEN thresholds have been revised for 2017/18, with the Green threshold representing a 2% improvement on 2015/16, and the RED threshold being the same average performance in 2015/16 of 11.7%.</td>
<td>Percentage of outpatient appointments cancelled by the hospital
 
</td>
<td>Cancellation rates are monitored monthly at Outpatient Steering Group. This includes detailed discussion around what further actions could be taken to reduce cancellations (Actions 7A-7F).</td>
</tr>
</table>

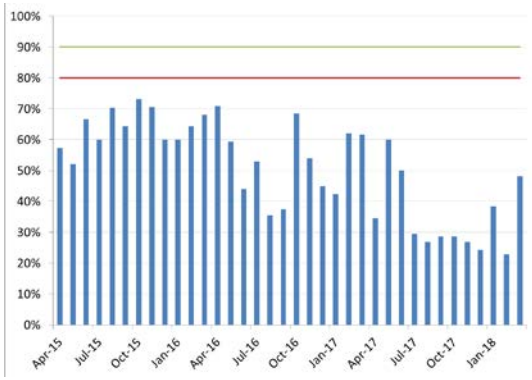
<table>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th><th>Comments</th></tr>
<tr>
<td>A&E Maximum 4-hour wait is measured as the percentage of patients that are discharged, admitted or transferred within four hours of arrival in one of the Trust's three Emergency Departments (EDs). The national standard is 95%.</td>
<td>The Trust achieved 78.9% in March which is below both the national standard (95%) and the recovery trajectory (95%). Performance and activity levels for the last three months are shown below.
<table>
<tr><th></th><th>Jan 2018</th><th>Feb 2018</th><th>Mar 2018</th></tr>
<tr><td>Attendances</td><td>11106</td><td>10383</td><td>11346</td></tr>
<tr><td>Patients managed < 4 hours</td><td>9183
82.7%</td><td>8639
83.2%</td><td>8951
78.9%</td></tr>
</table>
</td>
<td>Performance of patients waiting under 4 hours in the Emergency Departments
 
</td>
<td>The Children's Hospital has sustained its consistently good performance and continues to meet the STF trajectory each month, and the national target in March.
There has been deterioration at the BRI which was at 65.1% for March.
Updated urgent care recovery plan aligned to trajectory in place</td>
</tr>
<tr>
<td>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.</td>
<td>The 92% national standard was not met at the end of March, with performance reported at 87.05%. The 52 week trajectory resulted in 18 remaining waiters at the end of March.
<table>
<tr><th></th><th>Jan</th><th>Feb</th><th>Mar</th></tr>
<tr><td>Numbers waiting > 40 weeks RTT</td><td>160</td><td>148</td><td>164</td></tr>
<tr><td>Numbers waiting > 52 weeks RTT</td><td>1</td><td>15</td><td>18</td></tr>
</table>
</td>
<td>Percentage of patients waiting under 18 weeks RTT by month
 
</td>
<td>Performance against the RTT standard is currently at 87.05%. This indicates we are 1446 patients away from the national compliance of 92%. Early sight for April is holding at 87% against a back drop of winter pressures and elective cancellations.</td>
</tr>
</table>

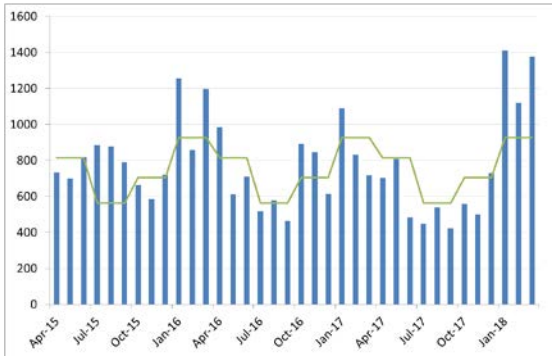
<table>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th><th>Comments</th></tr>
<tr>
<td>Cancer Waiting Times are measured through eight national standards. These cover a 2-week wait to see a specialist, a 31 day wait from diagnosis to treatment, and a 62-day wait from referral to treatment. The 62 day GP referred standard is the one referred to here</td>
<td>February performance of 81.3%, close to the recovery trajectory of 81.6%. March performance is forecast to exceed 83% and may meet the national standard. April performance has suffered from the impact of cancellations, with the severe weather meaning cases were deferred into April after having been dated in March.</td>
<td>Percentage of patients treated within 62 days of GP Referral
 
</td>
<td>Performance has been affected by winter pressures and the heavy snowfall on two occasions in March. There are some ongoing capacity issues as a result which are still being resolved. Avoiding cancellations and recovering rapidly from those that do occur remains the key action for the Trust, as well as continuing to develop a virtual PTL (waiting list meeting) with other providers to reduce late referrals. See Actions 10A-10J in Improvement Plans section for more details</td>
</tr>
<tr>
<td>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.</td>
<td>Performance was 98.51% at end of March, which is below the 99% national standard. The number of over 6-week waiters at month-end is:
<table>
<tr><th>Diagnostic test</th><th>Feb</th><th>Mar</th></tr>
<tr><td>MRI</td><td>45</td><td>44</td></tr>
<tr><td>Sleep</td><td>16</td><td>41</td></tr>
<tr><td>Endoscopies</td><td>6</td><td>7</td></tr>
<tr><td>CT</td><td>7</td><td>13</td></tr>
<tr><td>Echo</td><td>1</td><td>15</td></tr>
<tr><td>Ultrasound</td><td>0</td><td>21</td></tr>
<tr><td>Other</td><td>0</td><td>1</td></tr>
<tr><td>TOTAL</td><td>75</td><td>142</td></tr>
<tr><td>Percentage</td><td>99.2%</td><td>98.5%</td></tr>
</table></td>
<td>Percentage of patients waiting under 6 weeks at month-end
 
</td>
<td>The standard was missed at end of March. Maximum allowed breaches to achieve 99% was 95, against actual number of breaches of 142.

The improvement trajectory for end of March gave a maximum of 140 breaches, so this was narrowly missed.

See Actions 11A-11C in Improvement Plans section</td>
</tr>
</table>

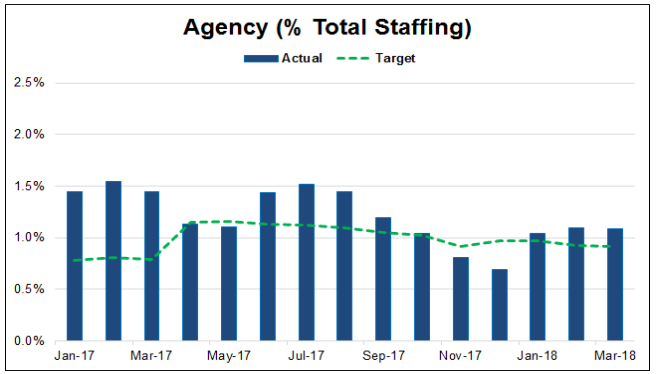
Description	Current Performance	Trend	Comments
Summary Hospital Mortality Indicator is the ratio of the actual number of patients who died in hospital or within 30 days of discharge and the number that were 'expected' to die, calculated from the patient case-mix, age, gender, type of admission and other risk factors. This is nationally published quarterly, six months in arrears.	Summary Hospital Mortality Indicator (SHMI) for the 12 months to September 2017 was 100.4 The Trust remains in the "as expected" category for SHMI. This statistical approach estimates that there were 7 more actual deaths than expected deaths in the 12-month period up to September 2017.	**Summary Hospital Mortality Indicator (SHMI) for in hospital deaths each month** 	Our overall performance continues to indicate that fewer patients died in our hospitals than would have been expected given their specific risk factors. The Quality Intelligence Group continues to conduct assurance reviews of any specialties that have an adverse SHMI score in a given quarter. We will continue to track Hospital Standardised Mortality Indicator monthly to give earlier warning of a potential concern.
Door to balloon times measures the percentage of patients receiving cardiac reperfusion (inflation of a balloon in a blood vessel feeding the heart to clear a blockage) within 90 minutes of arriving at the Bristol Heart Institute.	In February, 37 out of 38 patients (97.4%) were treated within 90 minutes of arrival in the hospital. Performance for 2016/17 as a whole ended above the 90% standard at 91.7%. Performance for 2017/18 is currently at 93.3% (Apr-Feb)	**Percentage of patients with a Door to Balloon Time < 90 minutes by month** 	There was a slight dip in performance in July but year to date remains above the 90% target and performance recovered to above 90% from August.

<table>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th><th>Comments</th></tr>
<tr>
<td>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.</td>
<td>In March 2018 performance was 48% (12/ 25 patients) for overall Best Practice Tariff (BPT), against the national standard of 90%. The time to theatre within 36 hours performance was 60% (15/25 patients).
<table>
<tr><th>Reason for not going to theatre within 36 hours</th><th>Number of patients</th></tr>
<tr><td>Other urgent trauma patients prioritised.</td><td>5</td></tr>
<tr><td>Cancelled due to theatre equipment failure.</td><td>1</td></tr>
<tr><td>Theatre list order changed due to patient not being ready on the ward</td><td>1</td></tr>
<tr><td>Patient required medical optimisation before proceeding to surgery.</td><td>3</td></tr>
</table>
</td>
<td>Percentage of patients with fracture neck of femur who met best practice tariff
 
</td>
<td>Two patients also did not receive any ortho-geriatrician review due to annual leave, and clinician having to provide cover for Older Person Assessment Unit.

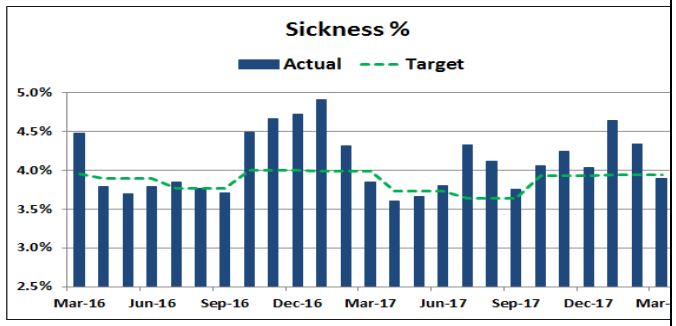
Actions are being taken to establish a future service model across Trauma & Orthopaedics, and ensure that consistent, sustainable cover is provided (Actions 12A to 12D).</td>
</tr>
<tr>
<td>Outlier bed-days is a measure of how many bed-days patients spend on a ward that is different from their broad 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.</td>
<td>In March 2018 there were 1377 outlier bed-days against a target of 928 outlier bed-days.
<table>
<tr><th>Outlier bed-days</th><th>March</th></tr>
<tr><td>Medicine</td><td>762</td></tr>
<tr><td>Surgery</td><td>409</td></tr>
<tr><td>Specialised Services</td><td>144</td></tr>
<tr><td>Women's & Children's</td><td>60</td></tr>
<tr><td>Diagnostics and Therapies</td><td>2</td></tr>
<tr><td>Total</td><td>1377</td></tr>
</table>
Note: 472 outlier beddays were used on the two escalation wards in March: A512 and A414 Queen’s Day Unit.</td>
<td>Number of days patients spent outlying from their specialty wards
 
</td>
<td>The quarter four target has been set at 927 bed days per month, but this was exceeded due to the operational pressure on the hospital from New Year. Due to the lack of dedicated winter beds to open the pressure is distributed across non-medical wards and extreme escalation areas. Over 400 outlier beddays were used on the two escalation wards: A512 and A414 Queen’s Day Unit, which are then supported by outlier medical teams. Ongoing actions are shown in the action plan section of this report. (Action 13A).</td>
</tr>
</table>

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 reduced by 1.3 FTE, with the largest reduction seen in Facilities & Estates. However, increases were seen in all of the bed-holding divisions, with the exception of Women's & Children's, where usage reduced by 19.5% (5.7 FTE). Usage in Nursing & Midwifery has increased again this month, rising by 3.6% (2.7 FTE).	Agency usage as a percentage of total staffing by month.	A summary of compliance with agency caps is attached in Appendix 2. See action 14 for a summary of key actions to target agency use.
Sickness Absence is measured as percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2015/16. The red threshold is 0.5% over the monthly target. *	Sickness absence reduced from 4.3% to 3.9%, with reductions in all Divisions except Specialised Services. Stress/Anxiety was the cause for the most of amount of sickness this month, rising by 0.8%; within the top 5 reasons, the greatest reduction was seen in absence due to Cough/Cold/Flu, which reduced by 33.0%.	**Sickness absence as a percentage of full time equivalents by month**	See Appendix 2, action 15 for the sickness action plan.

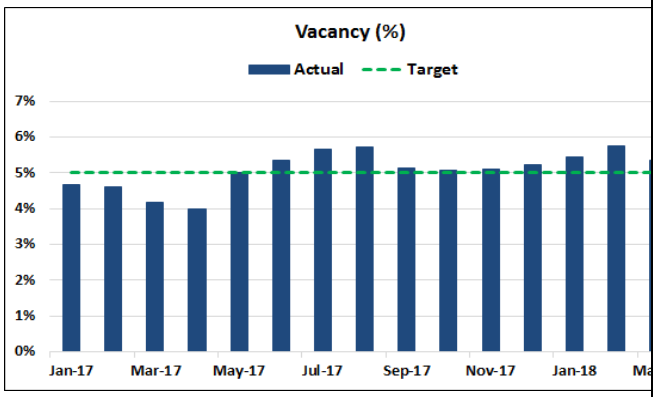
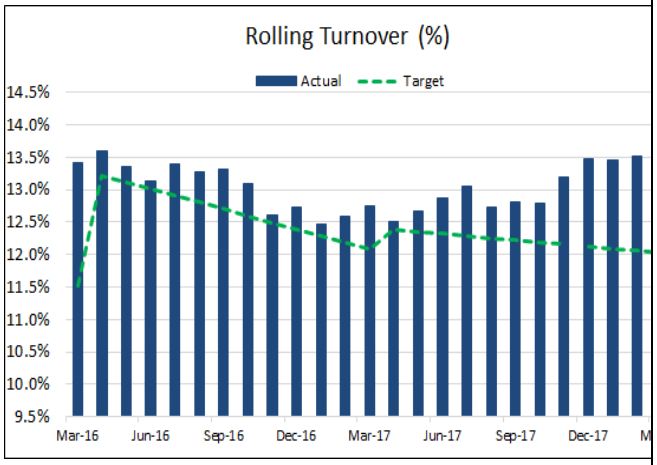
March 2018	FTE	Actual %	KPI
UH Bristol	**94.2**	**1.1%**	**0.9%**
Diagnostics & Therapies	4.5	0.4%	0.6%
Medicine	33.7	2.6%	1.3%
Specialised Services	8.4	0.8%	1.4%
Surgery	14.9	0.8%	0.9%
Women's & Children's	23.6	1.2%	0.5%
Trust Services	4.2	0.5%	1.1%
Facilities & Estates	4.9	0.6%	0.7%



March 2018	Actual	KPI
UH Bristol	**3.9%**	**3.9%**
Diagnostics & Therapies	2.8%	2.9%
Medicine	4.5%	4.6%
Specialised Services	3.1%	3.7%
Surgery	3.7%	3.6%
Women's & Children's	4.1%	4.0%
Trust Services	2.8%	3.1%
Facilities & Estates	6.4%	5.9%



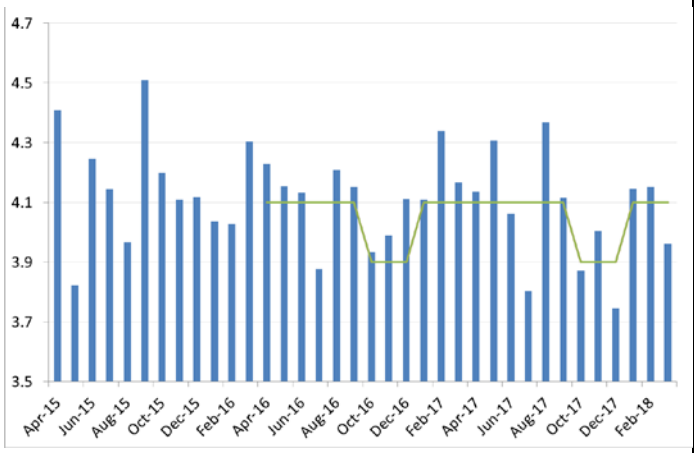
Please note: Sickness data is refreshed retrospectively to capture late data entry, and to ensure the data is consistent with the Trust's final submission for national publication.

Description	Current Performance	Trend	Comments
Vacancies - vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a Trust-wide target of 5%.	Overall vacancies reduced to 5.4%. Nursing vacancies reduced by 25.8 FTE in month to 210.9 (6.5%) in all clinical divisions, with the largest reduction in Women's & Children's, where it was down by 25.6% (11.3 FTE) compared with last month.	**Vacancies rate by month** 	See Appendix 2, Action 16 for further details of the plans that continue to be implemented to reduce the vacancy rate.
Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 12.0% by the end of 2017/18. The red threshold is 10% above monthly trajectory.	Turnover increased to 13.9% from 13.5% last month, with increases across all divisions. The largest increase in staff group was seen in Admin and Clerical (0.8 percentage points); turnover in both registered and unregistered nursing groups, increasing by 0.3 and 0.2 percentage points, respectively.	**Staff turnover rate by month** 	See Appendix 2, Action 17 for further details of the plans that continue to be implemented to reduce turn-over.

March 2018	Actual	KPI
UH Bristol	**5.4%**	**5.0%**
Diagnostics & Therapies	5.7%	5.0%
Medicine	6.4%	5.0%
Specialised Services	6.8%	5.0%
Surgery	5.2%	5.0%
Women's & Children's	1.5%	5.0%
Trust Services	5.9%	5.0%
Facilities & Estates	10.6%	5.0%

March 2018	Actual	KPI
UH Bristol	**13.9%**	**12.0%**
Diagnostics & Therapies	11.5%	12.3%
Medicine	14.461%	14.46%
Specialised Services	15.5%	11.6%
Surgery	12.8%	12.1%
Women's & Children's	11.8%	10.1%
Trust Services	16.8%	11.8%
Facilities & Estates	18.6%	13.5%

<table>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th><th>Comments</th></tr>
<tr>
<td>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.</td>
<td>In March the average length of stay for inpatients was 3.96 days, which is just below the RED threshold of 4.10 days.

Number of patients in hospital at month-end with a “long” Length of Stay is below:
<table>
<tr><th></th><th>Jan-18</th><th>Feb-18</th><th>Mar-18</th></tr>
<tr><td>7+ Days</td><td>377</td><td>381</td><td>366</td></tr>
<tr><td>14+ Days</td><td>242</td><td>252</td><td>238</td></tr>
<tr><td>21+ Days</td><td>182</td><td>174</td><td>161</td></tr>
</table>
</td>
<td>Average length of stay (days)
 
</td>
<td>The total number of Green to Go (delayed discharge) patients in hospital is 69 as at end of March</td>
</tr>
</table>

Improvement Plans

Number	Action	Timescale	Assurance	Improvement trajectory
SAFE – Deteriorating Patient, National Early Warning Scores (NEWS) Acted Upon				
1A	Further targeted teaching for areas where NEWS incidents have occurred.	On-going	Monthly progress reviewed in the deteriorating patient work stream and quarterly by the Patient Safety Improvement Programme Board, Clinical Quality Group and Quality and Outcomes Committee	Sustained improvement to 95% by 2018.
1B	Spreading point of care simulation training in adult general ward areas to address human factors elements of escalating deteriorating patients and use of structured communication. New training programme in place for 2018.	On-going	As above	Sustained improvement to 95% by 2018.
SAFE – Non-purposeful omitted doses of critical medication				
2A	The implementation of electronic prescribing will allow continuous data monitoring from exact dose administration prescription and administration times. Reasons for omission have to be recorded.	Full rollout anticipated by autumn 2018	Improvement under development	All omitted medication to be recorded and reported on, with reasons for omission and if fully omitted with no reason entered
SAFE – Essential Training				
3A	Overall compliance remains at 90%. March 2018 saw the Senior Leadership Team (SLT) approve the following proposals: • A new monthly Essential Training compliance reporting format, focussing on the '11 Core Skills' of the UK Core Skills Training Framework • Alignment towards the SW regional 'e-pass-porting' aims of the 2018 Streamlining /MaST (Mandatory and Statutory) Programme • Ongoing work to determine remaining mandatory 'Essential Training' beyond the 11 Core Skills	May 2018 June 2018 June 2018	Divisional Performance Review meetings. Oversight of training compliance by the Education Board and Senior leadership Team (SLT).	March 2018 saw gains in several individual programmes, including Child Resuscitation and Safeguarding Adults.

Number	Action	Timescale	Assurance	Improvement trajectory
SAFE – Nursing Staffing Levels				
4A	Continue to validate temporary staffing assignments against agreed criteria.	Ongoing	Monitored through agency controls action plan	Action plan available on request.
CARING – Dissatisfied Complainants				
5A	Current complaints training is being reviewed to incorporate learning from exchange visit with Sheffield Teaching Trust.	March 2018	Improvement under development	Achieve and maintain a green RAG rating for this indicator.
5B	The Trust has established a new complaints review panel as a pilot in 2017.	Panels have taken place in Medicine and Diagnostics and Therapies and Surgery.	Evidence that the panel is in place and learning identified and shared with Divisions	Achieve and maintain a green RAG rating for this indicator
CARING – Cancelled Operations				
6A	Continued focus on recruitment and retention of staff to enable all adult BRI Critical Care beds to be kept open, at all times. Training package developed to support staff retention. Staff recruited and in post. Division working in planes to keep open the 21st bed as consistently as possible.	Ongoing Ongoing	Monthly Divisional Review Meetings;	Sustained reduction in critical care related cancellations in 2017/18. As above.
6B	Specialty specific actions to reduce the likelihood of cancellations.	Ongoing	Monthly review of plan with Deputy Chief Operating Officer	As above.
CARING – Hospital Cancelled Outpatient Appointments				
7A	Explore option of increasing required notice of annual leave from six to eight weeks to reduce the number of cancelled clinics	Agreed in principle. Process of how to communicate this out and enact it being worked through	Workforce and Organisational Delivery group	Discussed and supported at March meeting, Director of People to work through process
7B	Full service-level review of the electronic Referral Service (eRS) Directory of Services, to limit the number of required re-bookings.	Complete - full improvement plan in place around eRS to comply with the CQUIN and NHS England (NHSE) Paper Less initiative; Milestones across each quarter	Outpatient Steering Group	Ongoing delivery of plan continues in line with CQUIN milestones (CQUIN is "Commissioning for Quality and Innovation") Detailed plan to stop paper referrals on 4th June.

Number	Action	Timescale	Assurance	Improvement trajectory
7C	Implement changes to the way capacity is managed to support eRS appointment bookings and limit cancellations.	Working through as part of the eRS plan.	Outpatient Steering Group	Linked in to eRS plan. Outpatients Operating Model developed which clearly identifies levels of responsibility and action between divisions, corporate team and IM&T
7D	Deep dive reviews of follow-ups in 5 specialities planned: Gastroenterology, Haematology, ENT, Gynaecology and Paediatric T&O. This is aimed at reducing the number of follow-up appointments made in each service. This should free up capacity to see patients in a timely manner, reducing the need to move patients to accommodate urgent patients.	Project plan to be reviewed and monitored through Outpatient Steering Group	Outpatient Steering Group	Ongoing work with divisions to identify specialities to support the reduction in follow-up work at Clinical Commissioning Group (CCG) level.
7E	Re-build clinics in Medway to ensure they correctly reflect appointment slots available and are clearly named. This should prevent cancellations due to incorrect booking.	It was agreed at OSG in August to bid for a band 5 to be part of the central outpatient team to support the divisions to do re-build.	Outpatient Steering Group	Recruitment underway
7F	On the 14th August clinic cancellation codes were updated in Medway to remove 'hospital cancellation' as a reason and add 'short notice leave' as a reason. 3 months following the change a report will be produced to look at how often clinics are cancelled as a result of leave booked with less than 6 weeks' notice.	Report to be tabled at December Outpatient Steering Group	Outpatient Steering Group	Re-audit after change to consultant leave
RESPONSIVE – A&E 4 Hour Wait				
8A	Refreshed Urgent Care Steering Group (UCSG) Improvement plan for the BRI. It focusses on the high impact schemes initially. Pilot underway in Acute Medical Unit (AMU/A300) to increase ambulatory capacity. Model agreed with team for adult ED streaming which is going to UCSG in August. Specialty pathway work ongoing with other divisions	Ongoing	Oversight through Urgent Care Steering Group monthly, plus with partners through UHB Hospital Flow group and Access Performance Group	Aiming to achieve trajectory for 18-19 against revised urgent care improvement plan

Number	Action	Timescale	Assurance	Improvement trajectory
8B	Increased support from NHS Improvement's Emergency Care Improvement Programme (ECIP) has commenced; focussing on support Integrated Discharge work and implementing trusted assessor	Ongoing	Progress tracked through Urgent Care Steering Group	
RESPONSIVE – Referral to Treatment (RTT) Times				
9A	Weekly monitoring of reduction in RTT over 18 week backlogs against trajectory. Continued weekly review of longest waiting patients through new weekly Performance meeting. Additional request from the Clinical Commissioning Groups (CCGs) has resulted in reporting all of our 46 to 52 week waiters on a weekly and monthly basis	Ongoing	Oversight at the RTT weekly performance meeting. Routine weekly escalation and discussion at monthly Divisional Review meetings. The request from the Clinical Commissioning Groups (CCGs) will need to be taken to the relevant groups for sign off against the 18 weeks best practice guides that have been issued.	For April 2018 we plan to deliver compliance of the 92% standard, which will be updated as we progress across the winter pressure period.
9B	Contract performance notice received against our level of 52 week breaches	End of December	A Recovery Action Plan (RAP) will be issued to the CCGs to give the detail of the 9 remaining 52 week waiters who exercised their right to patient choice.	Achieve zero 52 week waiters by End of December 2017 excluding those patients who have decided to take a dates beyond that time line (patient choice)
9C	Implementation of RTT Sustainability Plan for the first half of 2017/18, which focuses on areas of recent growth and those specialties whose backlogs are still above sustainable levels	Complete	Fortnightly meetings between Divisions and Associate Director of Performance, and Access Improvement Manager	RTT weekly performance meeting have been implemented.
9D	Refresh of the Trust's Capacity and Demand modelling for key specialties (including Clinical Genetics, Paediatric Cardiology and Sleep Studies).	Complete	Modelling to be reviewed by Associate Director of Performance	
9E	Chronological booking report to be developed to challenge inefficient booking practices for outpatients and elective procedures.	Complete	Sign-off of report by Chief Operating Officer completed	

Number	Action	Timescale	Assurance	Improvement trajectory
9F	Implementation of chronological booking report.	Ongoing	Divisional PTL meetings making use of this report This could be monitored at the Weekly RTT OPS Group meeting chaired by Access Improvement Manager once sign off has been agreed by the Chief Operating Officer of the content. (see item 9D)	Incorporate into the weekly performance meetings as of 20th December 2017
9G	Dental administrative management improvement plan to be developed.	Complete	Signed-off of plan by Associate Director of Performance	
RESPONSIVE – Cancer Wait Times				
10A	Ensure there is sufficient thoracic surgery outpatient capacity to meet demand in a timely way.	Complete	Oversight of implementation by Cancer Performance Improvement Group, with review at Cancer Steering Group.	Achievement of 85% standard by the end of 2017/18
10B	Ensure thoracic surgery operating capacity is adequate for the longer term, in face of rising demand.	Complete	As above	As above
10C	Ensure adequate elective bed capacity to reduce cancellations and capacity issues for cancer resections (to keep cancellations at the level seen in Q2 2016/7).	End March 2019	As above	As above
10D	Undertake necessary work for Trust to become lead provider for adult dermatology in Taunton.	End March 2019	As above	As above
10E	Resolve the short term capacity issues for chemotherapy treatment delivery.	End October 17 (resolved)	As above (resolved and for ongoing monitoring)	As above (achieved as planned)
10F	Put in place more formal processes and guidance for managing the impact of planning meeting cancellations, for instance due to bank holiday.	Complete	As above	As above
10G	Reduce delays in the colorectal pathway due to capacity and pathway management issues.	Complete	As above	As above

Number	Action	Timescale	Assurance	Improvement trajectory
10H	Reduce delays for radiological diagnostics, in particular CT colonography, head and neck ultrasound.	End November 2017 (completed)	As above	As above
10I	Work with partners to reduce late referrals.	Ongoing	As above	As above
10J	Resolve capacity shortfall in gynaecology following staff sickness.	End October 2017 (resolved)	As above (resolved)	As above (achieved as planned)
RESPONSIVE – Diagnostic Waits				
11A	Corporate PTL (Patient Tracking List) weekly meeting established with Divisions. Divisions will review weekly, with central Performance team, the Referral to Treatment (RTT) and Diagnostic waiting lists. It will review by sub-speciality and cover performance monitoring, target setting and forecasting for 6 weeks in advance.	Commenced December 2017	Delivery of 99% performance beyond April 2018	Delivery of 99% performance beyond April 2018
11B	A Trust-wide Patient Tracking List (PTL) is being developed to give a single data set for this area of performance; rather than relying on local spreadsheets. This will aid delivery and provide more timely alerts to potential risks to delivery.	From mid-May 2018	Weekly PTL Meeting	Delivery of sustainable performance
11C	Additional use of Agency sonographers agreed to prevent deterioration of non-obstetric ultrasound position.	From May 2018	Weekly PTL Meeting	Delivery of sustainable performance
11D	Consultants continuing to run in-house waiting list initiative (WLI) in Sleep Studies. Minimum of 1 WLI session being booked each month. Due to prolonged black escalation within the hospital consultants have been pulled back to the ward frequently over the winter period capacity to do this has been limited. Expected to improve from May 2018 onwards.	Ongoing	Weekly PTL Meeting	Delivery of sustainable performance

Number	Action	Timescale	Assurance	Improvement trajectory
EFFECTIVE – Fracture Neck of Femur				
12A	Consultant orthogeriatric capacity – there are currently vacancies within the Care of the Elderly service that is impacting on the capacity of the orthogeriatric service. The Division of Medicine has two Care of the Elderly consultant vacancies. One of is being covered by two clinical fellows. It is not anticipated that this will provide any additional capacity for the orthogeriatric service. A new consultant has now started. This will release the two orthogeriatric consultants from Care of the Elderly sessions; however, the service will still only be staffed by 2 rather than 3 orthogeriatric consultants and will, therefore, continue to struggle at times with cross-cover.	A middle grade orthogeriatrician commenced in January 2018 to provide improvements in cover.	Improvements in dashboard measures. Update reports to the Quality and Outcomes Committee	Improvements in time to review by an orthogeriatrician.
12B	Establishment of an elderly trauma and hip fracture ward – to cohort frail elderly trauma patients on A604, to facilitate direct admission from ED to ring-fenced fractured neck of femurs beds. Also needs to be capacity to maintain ring fenced hip fracture admission beds and medical ward capacity to accommodate step down patients. The Deputy Chief Operating Officer will lead the planning process to establish the elderly trauma and hip fracture ward. The proposed ward staffing enhancements at the weekend has been included in the Division of Surgery 2018/19 OPP as a cost pressure.	This is contingent upon amending care pathways and admission protocols.	Improvements in dashboard measures. Update reports to the Quality and Outcomes Committee	Improvements to the quality and coordination of patient care.
12C	Physiotherapy the day after surgery – to ensure that there is physiotherapy support available to the orthopaedic wards on Sundays There are potential benefits associated with reduction in patient length of stay with earlier mobilisation.	The physio consultation has now ended and staff have been given contractual notice to allow us to rota them to work Sundays. Now a three month lead time which will end in May 2018	Improvements in dashboard measures. Update reports to the Quality and Outcomes Committee	Improvements against the new quality standard measure of therapy review the day after surgery.

Number	Action	Timescale	Assurance	Improvement trajectory
12D	Time to surgery – to improve trauma throughput and to expedite the surgery of fractured neck of femur patients within 36 hours.	The Division of Surgery is trialling ways to increase theatre productivity including scheduling an additional theatre porter to reduce downtime on the trauma lists.	Automatic sending commenced on the 8th December and the plan is to review at the end of January. An audit has been commenced to understand the number of patients on trauma board awaiting surgery in the hospital and at home.	Improvements against time to theatre standard
EFFECTIVE – Outliers				
13A	Ward processes to increase early utilisation of discharge lounge to facilitate patients from Acute Medical Unit getting into the correct speciality at point of first transfer. Ward required across other specialties to embed good board round practices and support criteria led discharge	Ongoing	Developing new reporting through Clinical Utilisation Review (CUR)	Linked to increased and timely use of discharge lounge plan
EFFICIENT – Agency Usage				
14A	**Effective rostering**: "Health-roster" - implemented with KPIs in place. The new Safe Staffing module has now been rolled out across the Trust which will make it easier to move staff across the organisation in a timely manner to minimise agency usage.	Ongoing	KPI Performance monitored through Nursing Controls Group.	A KPI has been agreed for 2017/18 of 1% through the Divisional Operating Planning. Divisional Performance against plan is monitored at monthly and quarterly Divisional Performance review meetings
14B	**Controls and efficiency:** • Revised agency rules now in place for Nursing with a particular focus on driving out high cost non-framework agency spend. • Neutral Vendor contract for nurse agency supply is now imbedded across the BNSSG area, helping support an improved achievement with the national agency price caps. Fill has been maintained despite challenges across the healthcare system. • Operating plan agency trajectories monitored by divisional reviews.	Ongoing Ongoing Monthly/ quarterly reviews	Nursing agency: oversight by Savings Board and Nursing Agency Controls Group. Medical agency: oversight through the Medical Efficiencies Group	

Number	Action	Timescale	Assurance	Improvement trajectory
14C	**Enhancing bank provision:** • Bank recruitment and marketing plans for all staff groups in place for 2017/18 and under development for 2018/19. • Employee On-Line access (for Bank-only RNs, Nursing Assistants, Domestics) is now live so staff can view available shifts and give their availability to work. Direct booking through the Employee On-line functionality is being rolled out on a phased approach.	Ongoing April 2018	Performance against target for Bank recruitment is monitored by the Recruitment Sub Group	
EFFICIENT – Staff Sickness				
15A	**Supporting Attendance Policy** The new version of the policy went live in March. Manager briefings are being held Trust-wide, with use of supporting tools such as user guides and the sickness calculator. A 6-month review of the Policy will be undertaken as agreed with Staff-Side.	September 2018	Oversight by Workforce and Organisational Development (OD) Board	Divisional Performance against plan is monitored at monthly and quarterly Divisional Performance review meetings. Where divisions are above target an extensive deep dive into the data with a recovery plan
15B	**Supporting Attendance Surgeries** Ongoing to expedite individual cases. Monthly deep dives continue to support areas where exception reporting is required.	Ongoing		
15C	**Occupational Health** Counselling appointments reduced to 18 days from point of enquiry. Triage service in place to offer signposts to sources of support.	Ongoing		
15D	**Manual Handling:** Two Safety Briefings disseminated; Digital Eye Strain and Safe Use of Portable Display Screen Devices, to support clinical staff with the new technology.	Date To Be Confirmed	Oversight by Workforce and Organisational Development (OD) Board via the Workplace Wellbeing Sub Group Workplace Wellbeing Steering Group (quarterly) /CQUIN	

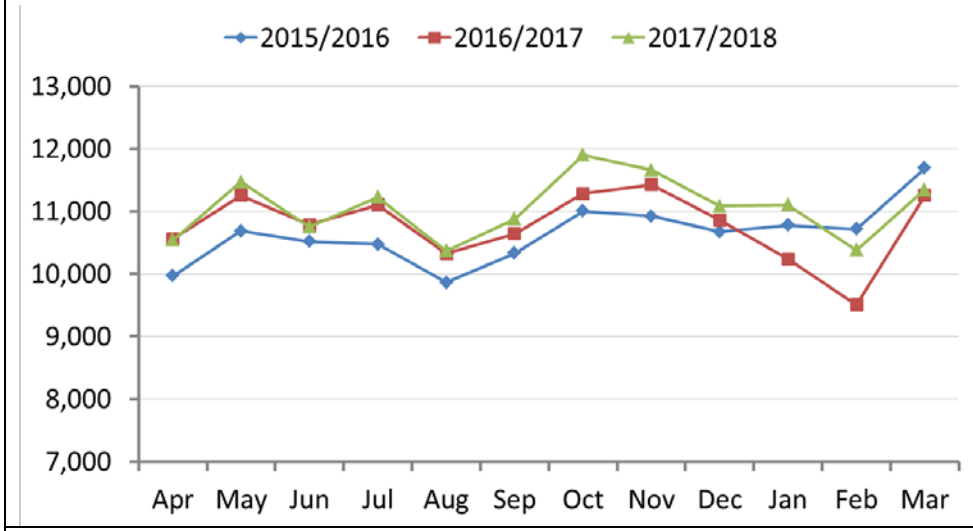
Number	Action	Timescale	Assurance	Improvement trajectory
15E	**Psychological wellbeing:** A new guide, 'Supporting Colleagues with Suicidal Thoughts or Intent' is available. Domestic Violence and Abuse Policy contains an appendix to highlight support available, increase awareness of the scale of the issue and identifies common symptoms of domestic abuse.	March 2018 Ongoing	Assurance Group	
15F	**General wellbeing** Making Every Contact Count (MECC) training available to further 3 cohorts in order for 2x trainers to become accredited.	June & July 2018		
EFFICIENT – Vacancy				
16A	**Recruitment Performance** Divisional Performance and Operational Review Meetings monitor vacancies and performance against KPI of 45 days to recruit.	Reviewed quarterly	Workforce and OD Group/ Recruitment Sub Group.	The target for vacancies continues to be 5% in 2017/18.
16B	**Marketing and advertising:** • Recruitment and marketing plans for Nursing, Radiology and Domestic Assistants have been in place for 2017/18 and are now being developed for 2018/19. • New series of nurse recruitment videos under design and development. Launch scheduled for National Nursing Day in May 2018. • Following a mixed review a final "Head-hunter" agency approach is being tested across 3 hard to recruit to areas in the children's hospital. Alternative options are being reviewed as contingency. • Recruitment approaches to Care of the Elderly are being reviewed to target an increasingly hard to fill area across both the nursing and medical workforce	Ongoing May 2018 From February 2018 May 2018	Divisional Performance & Operational Review Meetings and the Recruitment Sub Group.	Divisional Performance against plan is monitored at monthly and quarterly Divisional Performance review meetings

Number	Action	Timescale	Assurance	Improvement trajectory
EFFICIENT - Turnover				
17A	Leavers from the Trust now receive a direct email request to complete an exit questionnaire. This has seen an increased number of responses. The process will be reviewed again in June to determine if action is required to further improve response rates.	June 2018	Workforce and Organisational Development (OD) Group	Divisional performance is monitored monthly at Performance and Operational Reviews
17B	Improving Staff Experience plans remain in place and local initiatives are undertaken in hot spot areas as identified in the staff survey. Corporate programs of work include; • E-Appraisal • Leadership behaviours • Dignity at work • Staff recognition framework	Ongoing		
17C	Revised Improving staff experience plans will be developed following receipt of the detailed 'heat maps' in April 2018	From April 2018		

Operational context

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

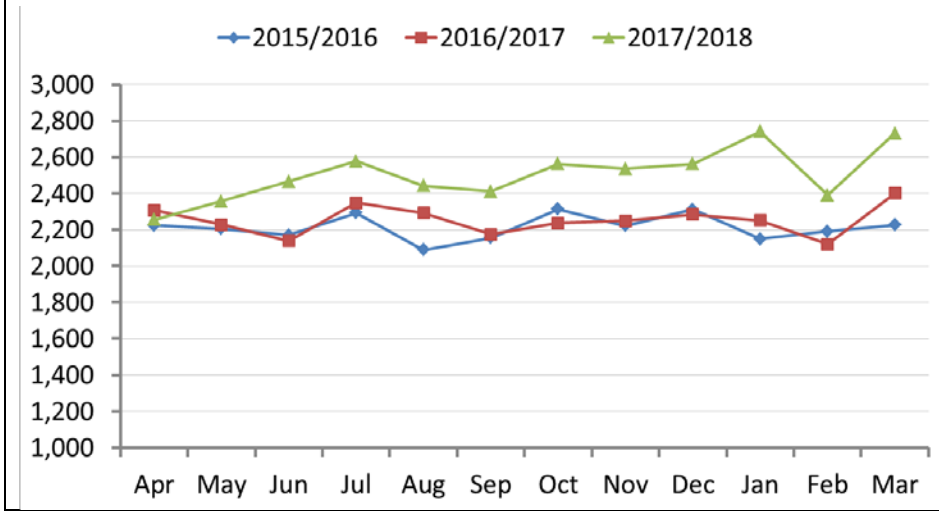
Emergency Department (ED) attendances



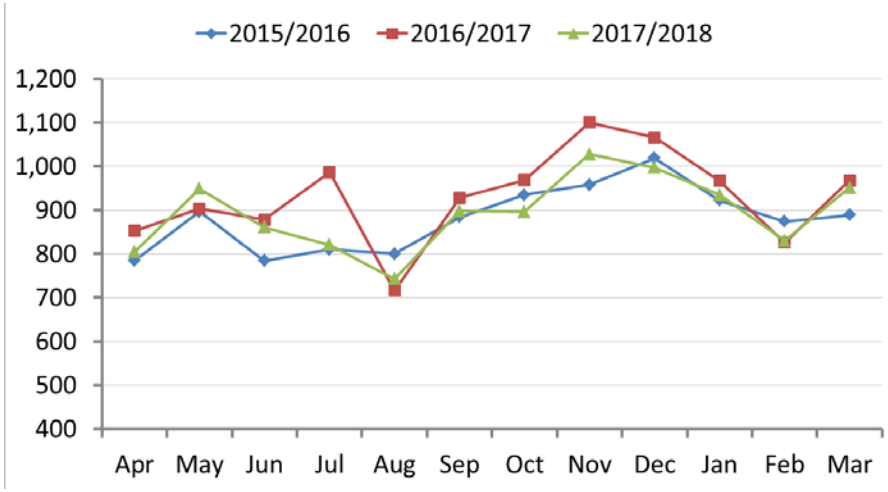
Summary points:

- Emergency Department attendances are following seasonal trends but remain slightly above 2016/17 levels for most of the year
- Total number of emergency admissions into the Bristol Royal Infirmary has remained consistently above levels in previous years. This is being driven by a rise in short stay (0 or 1 day) Medical admissions in Ambulatory Care and Acute Medicine Unit (AMU). February saw a drop from the high of January.
- Emergency admissions to the Children's Hospital remain consistent with seasonal trends
- Elective admissions (Trust level) and New Outpatient attendances have not increased from February to March and are below March levels last year.

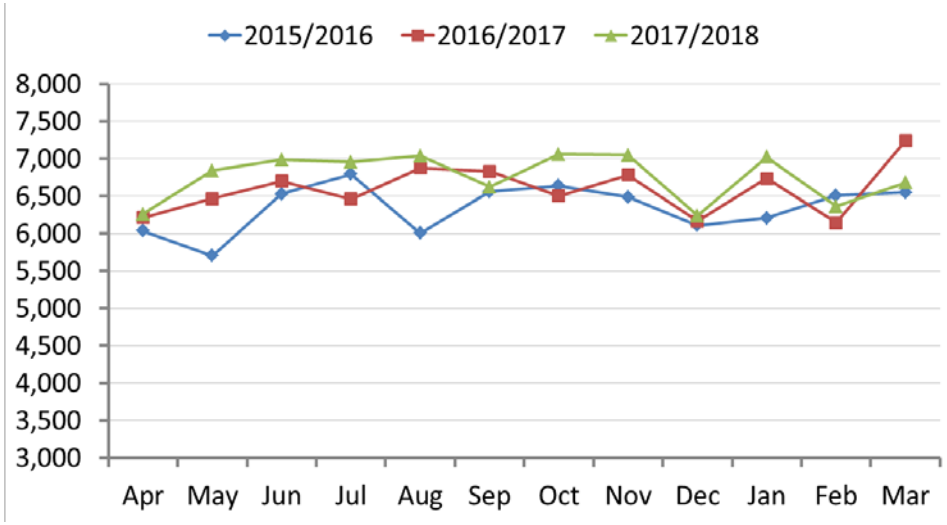
Emergency Inpatient Activity (BRI Discharges)



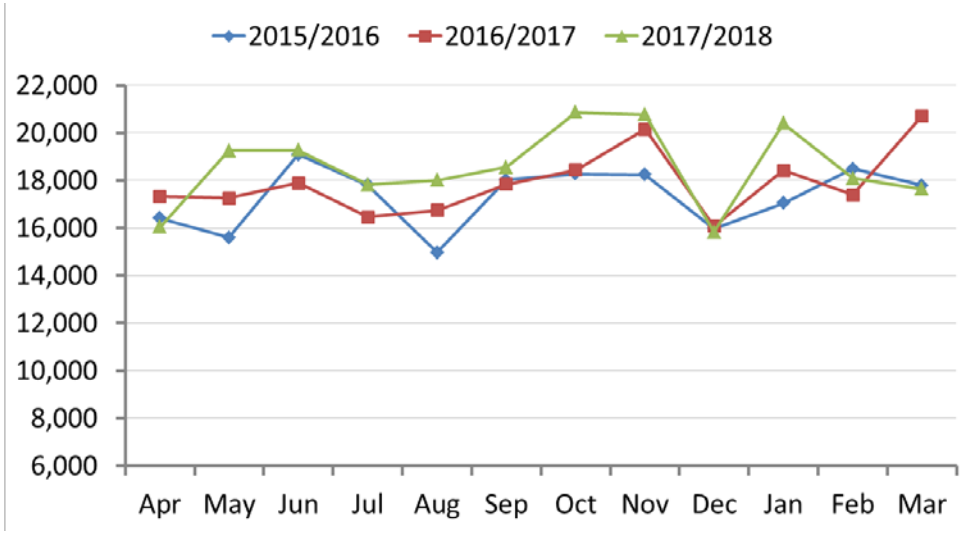
Emergency Inpatient Activity (BCH Discharges)



Elective Inpatient/Day Cases (number of Discharges)



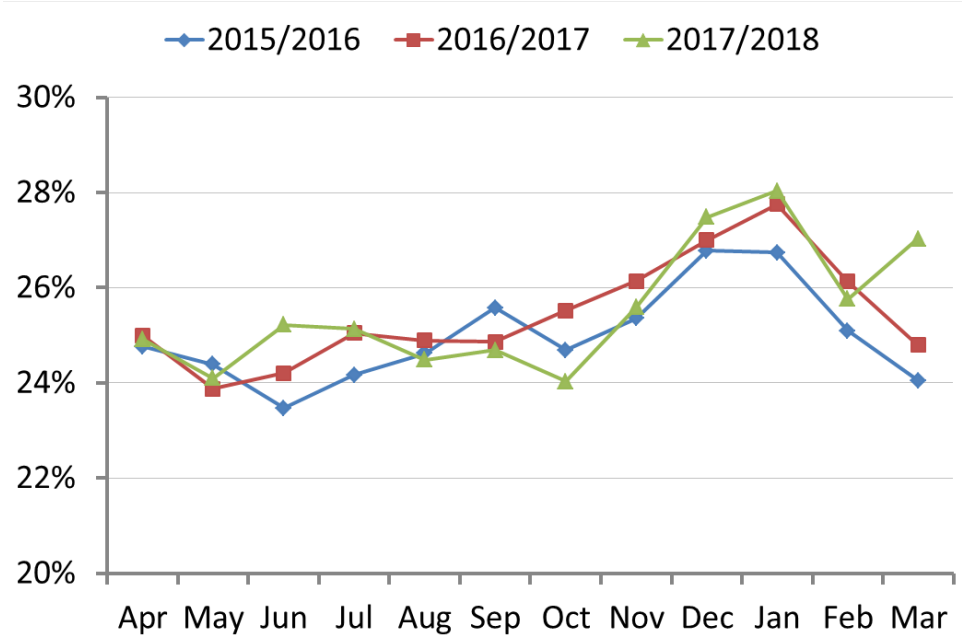
New outpatient attendances



Assurance and Leading Indicators

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

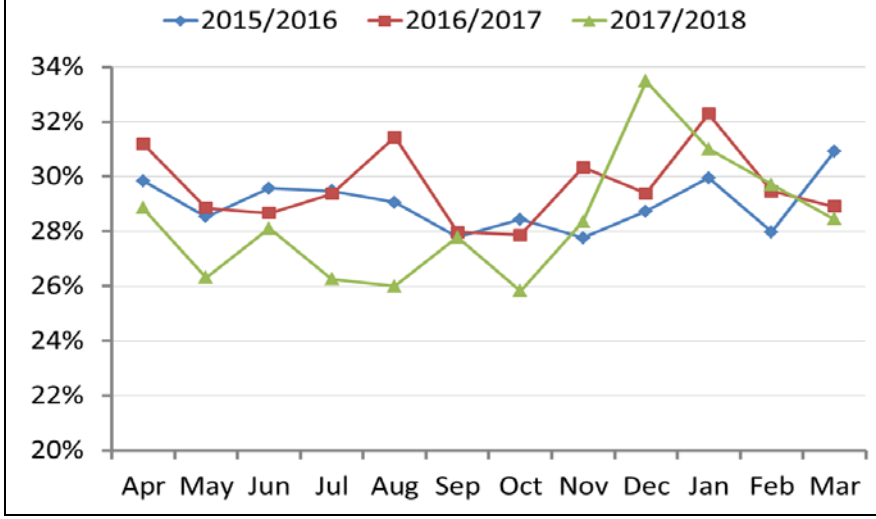
Percentage ED attendances resulting in admission



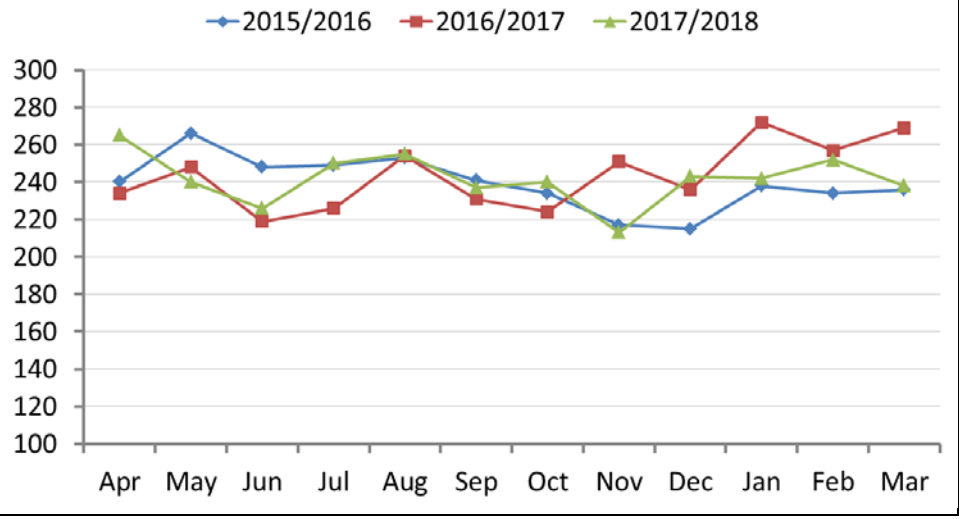
Summary points:

- The percentage of patients arriving in our Emergency Departments and converting to an admission usually falls from January to March. But this year, March saw a (small) percentage increase from February.
- Number of patients in hospital for 14+ days at month-end has remained around 240 at each month-end; slightly lower than volumes form last year
- Number of Delayed Transfer of Care (DToC) patients fell in March (month-end position) but number of beddays consumed by DToC patients remained similar to previous months.
- Bristol Royal Infirmary (including the Heart Institute) bed occupancy remained just above 100% in March
- Elective waiting list had been rising since August, but March saw a small reduction
- New Outpatient List has risen, due to less outpatient activity being undertaken in March.
- The number of patients referred by their GP with a suspected cancer (2-week waits) has remained above 2016/17 levels all year

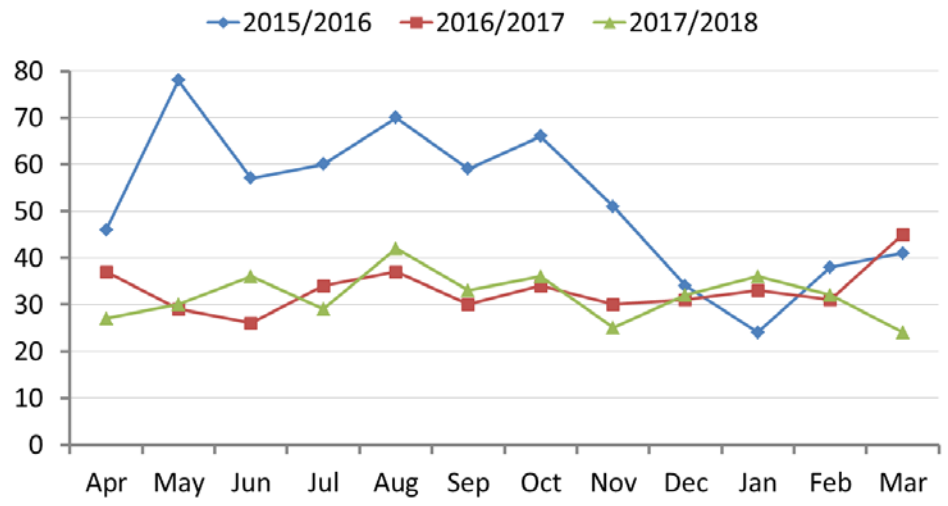
Percentage of Emergency BRI spells patients aged 75 years and over



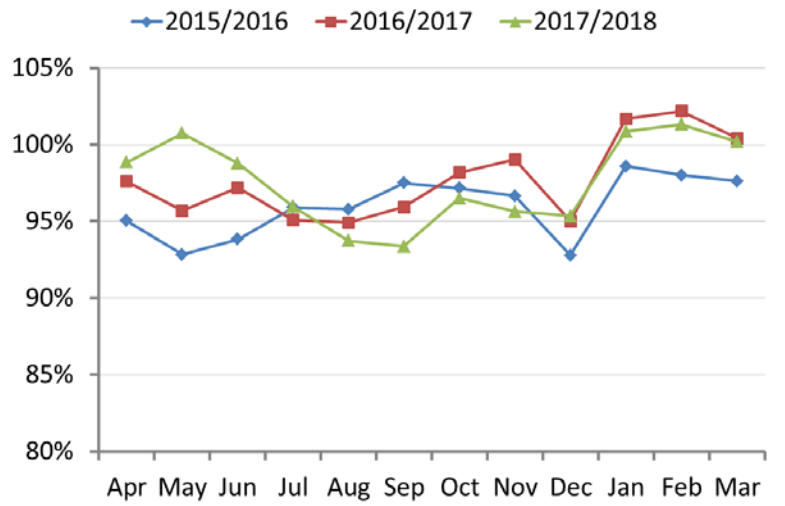
Over 14 day stays , at month-end



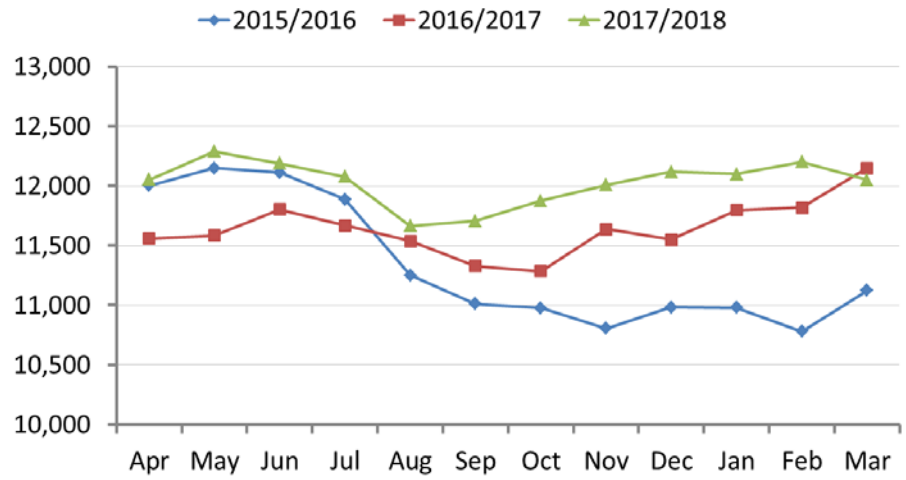
Delayed Transfers of Care (Number of patients at month-end)



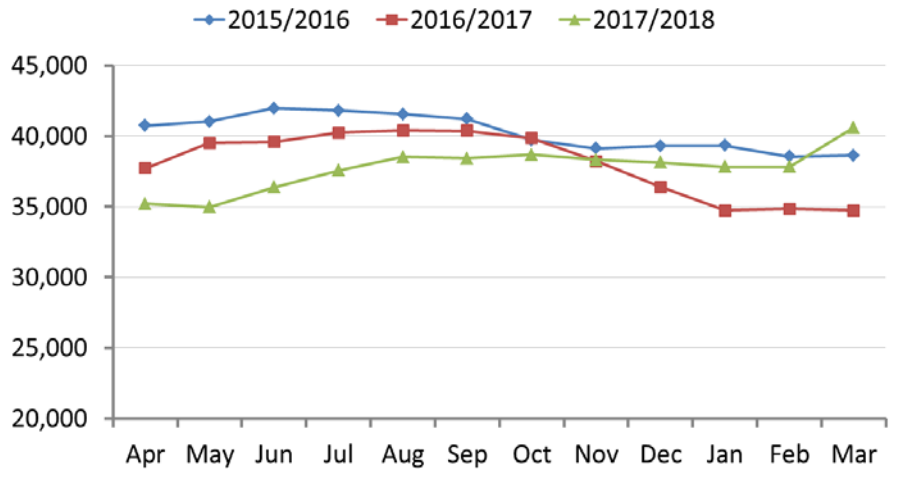
BRI Bed Occupancy (Overnight)



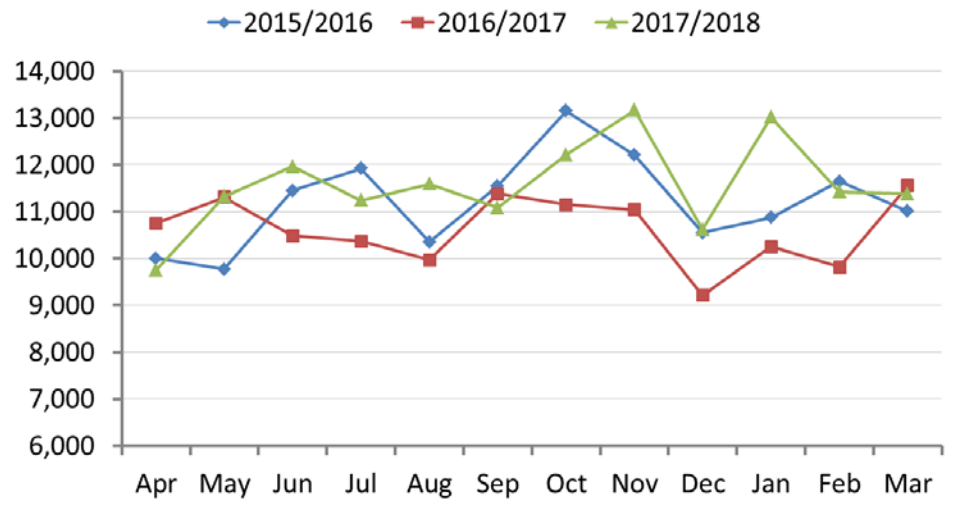
Elective waiting list size



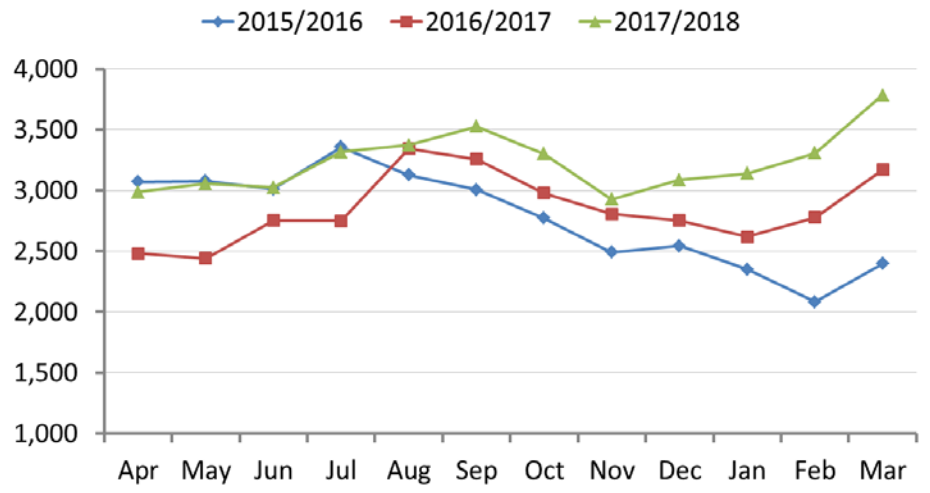
Outpatient waiting list size



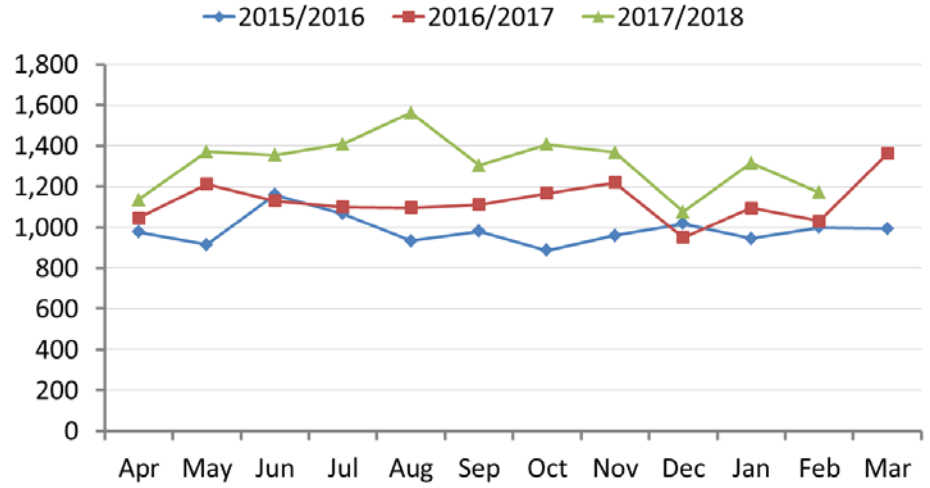
Number of RTT pathways stopped (i.e. treatments)



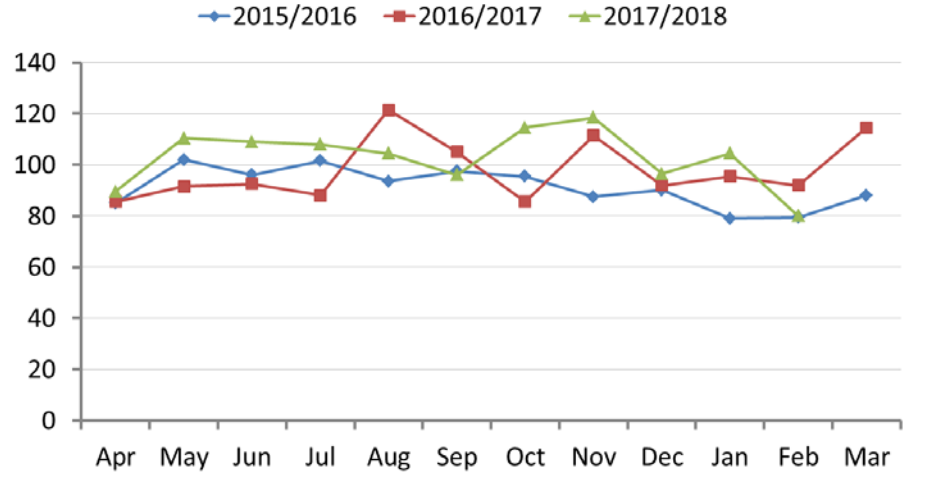
Number of RTT pathways over 18 weeks



Cancer 2-week wait – urgent GP – referrals seen



Cancer 62-day GP referred treatments



Trust Scorecards

SAFE, CARING & EFFECTIVE

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			16/17	17/18 YTD	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
Patient Safety																				
Infections	DA01a	MRSA Bloodstream Cases - Cumulative Totals	-	-	0	0	1	1	1	1	1	2	3	4	4	4	-	-	-	-
	DA01	MRSA Bloodstream Cases - Monthly Totals	1	4	0	0	1	0	0	0	0	1	1	1	0	0	1	0	2	1
	DA03	C.Diff Cases - Monthly Totals	31	35	2	4	5	6	2	3	1	1	3	2	6	0	11	11	5	8
	DA02	MSSA Cases - Monthly Totals	37	26	0	1	3	0	3	0	5	4	1	2	3	4	4	3	10	9
C.Diff "Avoidables"	DA03c	C.Diff Avoidable Cases - Cumulative Totals	-	-	0	2	3	5	6	7	-	-	-	-	-	-	-	-	-	-
Infection Checklists	DB01	Hand Hygiene Audit Compliance	96.6%	97.6%	98.4%	98.1%	98.4%	97.2%	97.7%	96.3%	96.4%	97.6%	97.3%	98.4%	98.2%	96.9%	98.3%	97%	97.1%	97.8%
	DB02	Antibiotic Compliance	88.3%	86.4%	87.7%	89.6%	87.4%	87.8%	81.3%	84.4%	85.1%	89.1%	85.4%	85.2%	89.6%	85.3%	88.3%	84.3%	86.4%	86.6%
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	-	-	96%	96%	96%	96%	97%	97%	96%	96%	95%	98%	94%	95%	-	-	-	-
	DC02	Cleanliness Monitoring - Very High Risk Areas	-	-	98%	98%	98%	98%	98%	98%	98%	98%	98%	96%	97%	98%	-	-	-	-
	DC03	Cleanliness Monitoring - High Risk Areas	-	-	96%	96%	97%	97%	97%	97%	96%	97%	96%	93%	96%	96%	-	-	-	-
Serious Incidents	S02	Number of Serious Incidents Reported	52	57	2	7	6	5	3	9	2	4	4	6	2	7	15	17	10	15
	S02a	Number of Confirmed Serious Incidents	49	40	2	6	6	5	3	9	1	2	3	3	-	-	14	17	6	3
	S02b	Number of Serious Incidents Still Open	-	15	-	-	-	-	-	-	1	1	1	3	2	7	-	-	3	12
	S03	Serious Incidents Reported Within 48 Hours	94.2%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	S03a	Serious Incidents - 72 Hour Report Completed Within Timescale	90.4%	94.7%	100%	100%	83.3%	100%	100%	100%	100%	50%	100%	100%	100%	100%	93.3%	100%	80%	100%
	S04	Serious Incident Investigations Completed Within Timescale	98%	96.1%	100%	75%	100%	100%	100%	100%	100%	100%	100%	80%	100%	100%	91.7%	100%	100%	92.3%
	S04a	Overdue Exec Commissioned Non-SI Investigations	-	19	1	2	2	1	1	2	1	1	3	3	1	1	5	4	5	5
Never Events	S01	Total Never Events	2	9	0	1	2	1	0	0	2	0	0	2	0	1	3	1	2	3
Patient Safety Incidents	S06	Number of Patient Safety Incidents Reported	14866	14176	1203	1315	1330	1288	1249	1229	1311	1332	1193	1347	1379	-	3848	3766	3836	2726
	S06b	Patient Safety Incidents Per 1000 Beddays	47.82	50.44	47.02	49.94	53.99	49.49	48.38	49.91	50.19	52.96	46.38	50.04	57.11	-	50.27	49.25	49.82	53.38
	S07	Number of Patient Safety Incidents - Severe Harm	95	85	7	11	8	6	7	7	4	9	9	10	7	-	26	20	22	17
Patient Falls	AB01	Falls Per 1,000 Beddays	4.23	4.59	4.85	3.91	4.91	4.53	4.76	5.04	4.48	3.78	4.51	4.61	4.68	5.04	4.55	4.77	4.26	4.78
	AB06a	Total Number of Patient Falls Resulting in Harm	36	25	2	3	4	0	0	3	2	2	5	2	0	2	9	3	9	4
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.148	0.162	0.078	0.076	0.203	0.154	0.155	0.203	0.038	0.159	0.156	0.372	0.207	0.149	0.118	0.17	0.117	0.244
	DE02	Pressure Ulcers - Grade 2	40	45	1	1	5	2	4	4	1	4	4	10	5	4	7	10	9	19
	DE04A	Pressure Ulcers - Grade 3 or 4	6	5	1	1	0	2	0	1	0	0	0	0	0	0	2	3	0	0
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	99.1%	98.4%	98.9%	98.9%	98.7%	98.8%	97.4%	98.3%	98.4%	98.2%	98%	98%	98.3%	98.3%	98.8%	98.2%	98.2%	98.2%
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	96.4%	95%	94.5%	97.6%	97%	97.4%	94.9%	92.3%	97.1%	94%	92.3%	91.4%	94.4%	97.1%	96.3%	94.7%	94.5%	94.1%
	N04	Number of Hospital Associated VTEs	63	42	5	3	5	4	2	3	6	1	4	9	-	-	13	9	11	9
	N04A	Number of Potentially Avoidable Hospital Associated VTEs	7	2	0	0	1	0	0	0	1	0	0	0	-	-	1	0	1	0
	N04B	Number of Hospital Associated VTEs - Report Not Received To Date	13	7	0	0	0	0	0	0	0	0	4	3	-	-	0	0	4	3
Nutrition	WB03	Nutrition: 72 Hour Food Chart Review	89.6%	92.1%	89.9%	87.7%	91.5%	96.2%	94.6%	92.6%	91%	95.2%	88.8%	95%	91%	93.7%	89.7%	94.5%	91.3%	93%
Nutrition Audit	WB10	Fully and Accurately Completed Screening within 24 Hours	86.9%	89.9%	-	-	92.2%	-	-	92%	-	-	88.9%	-	-	86.3%	92.2%	92%	88.9%	86.3%
Safety	Y01	WHO Surgical Checklist Compliance	99.1%	99.7%	99.5%	99.7%	99.8%	99.8%	99.8%	99.9%	99.8%	99.2%	99.8%	100%	99.8%	-	99.7%	99.8%	99.6%	99.9%

SAFE, CARING & EFFECTIVE (continued)

			Annual		Monthly Totals												Quarterly Totals			
Topic	ID	Title	16/17	17/18 YTD	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
Medicines	WA01	Medication Incidents Resulting in Harm	0.37%	0.6%	0.98%	0.44%	0%	1.35%	0.51%	0%	1.97%	0.47%	0.5%	0.49%	0%	-	0.46%	0.64%	0.97%	0.23%
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	0.59%	0.4%	0.43%	0.9%	0.24%	0.32%	0.11%	0.37%	0.27%	0.41%	0%	0.42%	1.02%	0.33%	0.53%	0.25%	0.24%	0.57%
Safety Thermometer	AK03	Safety Thermometer - Harm Free Care	97.9%	97.9%	97.9%	97.3%	97.9%	97.7%	96.9%	97.7%	97.5%	98.8%	98.3%	98.8%	98.2%	98.2%	97.7%	97.4%	98.2%	98.4%
	AK04	Safety Thermometer - No New Harms	98.9%	98.8%	99%	98.3%	98.4%	98.8%	98.2%	98.7%	98.9%	99.1%	99%	99.9%	98.4%	98.5%	98.6%	98.6%	99%	98.9%
Deteriorating Patient	AR03	National Early Warning Scores (NEWS) Acted Upon	92%	96%	100%	96%	93%	100%	97%	100%	90%	93%	97%	95%	91%	100%	96%	99%	94%	95%
Out of Hours	TD05	Out of Hours Discharges (8pm-7am)	7%	8.7%	7.6%	7%	6.7%	8.4%	10.9%	9.7%	9.1%	9.4%	9.1%	8.7%	8.2%	9%	7.1%	9.7%	9.2%	8.6%
Timely Discharges	TD03	Percentage of Patients With Timely Discharge (7am-12Noon)	22.3%	22.4%	22.3%	22.6%	23.3%	22.9%	21.9%	24%	24.2%	24%	20.8%	20.5%	20.9%	21.9%	22.7%	22.9%	23%	21.1%
	TD03D	Number of Patients With Timely Discharge (7am-12Noon)	11063	11138	867	950	944	962	909	983	1024	1010	863	867	814	945	2761	2854	2897	2626
Staffing Levels	RP01	Staffing Fill Rate - Combined	103.7%	99.3%	107.1%	102.6%	102.4%	98.6%	98%	97.1%	97.5%	98.1%	97.2%	98.5%	98.5%	-	103.7%	97.9%	97.6%	98.5%
Clinical Effectiveness																				
Mortality	X04	Summary Hospital Mortality Indicator (SHMI) - National Data	99.2	99	-	-	97.6	-	-	100.4	-	-	-	-	-	-	97.6	100.4	-	-
	X02	Hospital Standardised Mortality Ratio (HSMR)	91.4	93.1	88.9	79.7	94.2	82.2	76.4	105.8	98.2	101.3	107.5	95.1	-	-	87.5	87.4	102.8	95.1
Readmissions	C01	Emergency Readmissions Percentage	2.66%	2.71%	2.98%	3.77%	3.57%	3.33%	2.32%	2.46%	2.23%	2.37%	2.46%	2.15%	2.17%	-	3.45%	2.71%	2.35%	2.16%
Sepsis (Inpatients)	AG02a	Percentage of Patients Meeting Criteria Screened for Sepsis (Inpatients)	21.6%	51.1%	38.5%	37.5%	38.1%	21.1%	50%	16.7%	20%	33.3%	46.7%	64.7%	87%	83.3%	38.1%	29.7%	35.5%	79.7%
	AG03a	Sepsis Patients Percentage Commencing Antibiotics Within 1 Hour (Inpatient	65.7%	77.4%	100%	50%	62.5%	66.7%	100%	100%	50%	-	100%	-	100%	50%	71.4%	88.9%	75%	75%
	AG04a	Sepsis Patients Percentage with a 72 Hour Review (Inpatients)	100%	93.3%	100%	100%	100%	100%	100%	100%	66.7%	-	75%	-	100%	-	100%	100%	71.4%	100%
Sepsis (Emergency Department)	AG02b	Percentage of Patients Meeting Criteria Screened for Sepsis (ED)	74.4%	83.4%	85.7%	76.9%	78.3%	93.8%	95%	92.9%	91.7%	76%	68%	86%	88%	88%	80%	94%	75.8%	87.3%
	AG03b	Sepsis Patients Percentage Commencing Antibiotics Within 1 Hour (ED)	56.3%	85.5%	85.7%	63.6%	77.8%	84.6%	88.2%	100%	94.1%	86.2%	91.7%	90%	74.2%	94.1%	76.7%	90%	90%	83.8%
	AG04b	Sepsis Patients Percentage with a 72 Hour Review (ED)	94.3%	93.1%	100%	100%	100%	100%	100%	100%	88.9%	84%	90.9%	100%	82.1%	100%	100%	100%	87.7%	91.2%
Maternity	G01	Percentage of Low Weight Babies	2.7%	2.5%	2.3%	3.5%	0.5%	1.5%	3.3%	3.4%	0.9%	2%	4.6%	3.2%	2%	3.2%	2.2%	2.7%	2.5%	2.8%
	G01A	Number of Low Weight Babies	137	119	9	15	2	6	13	13	4	7	18	13	7	12	26	32	29	32
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	70.5%	64.2%	57.7%	86.7%	85%	67.6%	84.6%	85.7%	61.9%	34.6%	48.5%	57.7%	45.5%	60%	76.3%	77.8%	47.5%	54.8%
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	74%	61.6%	73.1%	73.3%	60%	47.1%	34.6%	33.3%	47.6%	69.2%	60.6%	69.2%	77.3%	92%	69.7%	39.5%	60%	79.5%
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	51.9%	34.8%	34.6%	60%	50%	29.4%	26.9%	28.6%	28.6%	26.9%	24.2%	38.5%	22.7%	48%	48.7%	28.4%	26.3%	37%
	U05	Fracture Neck of Femur - Time To Treatment 90th Percentile (Hours)	-	-	67.4	38	37.1	45.9	43.8	37.1	53.3	75.9	58.6	64.8	65.7	81.5	-	-	-	-
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	58.6%	63.5%	80.8%	51.4%	66.7%	72.9%	61.9%	70%	60.7%	55.6%	60.9%	57.9%	61.3%	-	64.9%	68.5%	59.1%	59.4%
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	90.2%	86.4%	90.9%	80.6%	81.8%	83.3%	81%	92.5%	96.4%	83.3%	87%	84.2%	93.5%	-	84.3%	85.4%	88.2%	88.4%
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	66.8%	54.6%	56.3%	50%	77.3%	27.3%	66.7%	75%	66.7%	70%	42.9%	50%	36.4%	20%	62.5%	55.9%	62.9%	34.2%
Dementia	AC01	Dementia - FAIR Question 1 - Case Finding Applied	90.4%	89.3%	87.2%	88.3%	89.4%	91.1%	89.9%	93.5%	87.7%	93.7%	87.9%	90.7%	87.3%	86.3%	88.3%	91.5%	89.6%	88.2%
	AC02	Dementia - FAIR Question 2 - Appropriately Assessed	97.2%	96.2%	97.3%	97.6%	100%	100%	97.7%	97.9%	94%	97.4%	100%	93.8%	86%	96.5%	98.3%	98.6%	96.9%	92%
	AC03	Dementia - FAIR Question 3 - Referred for Follow Up	94.7%	92.9%	100%	66.7%	100%	100%	100%	100%	75%	100%	100%	100%	-	100%	88.9%	100%	87.5%	100%
	AC04	Percentage of Dementia Carers Feeling Supported	75%	60%	-	-	100%	-	-	-	-	-	-	100%	-	33.3%	100%	-	-	50%
Outliers	J05	Ward Outliers - Beddays Spent Outlying.	8854	9098	702	807	485	448	537	424	558	499	730	1411	1120	1377	1994	1409	1787	3908

SAFE, CARING & EFFECTIVE (continued)

			Annual		Monthly Totals												Quarterly Totals			
Topic	ID	Title	16/17	17/18 YTD	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
Patient Experience																				
Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	91	91	93	92	92	92	91	92	90	91	92	92	91	92	91	92
	P01g	Patient Survey - Kindness and Understanding	-	-	96	95	97	96	94	96	95	95	95	96	95	95	96	95	95	96
	P01h	Patient Survey - Outpatient Tracker Score	-	-	90	88	87	90	87	90	90	91	89	90	88	88	88	89	90	89
Friends and Family Test Coverage	P03a	Friends and Family Test Inpatient Coverage	35.5%	35%	34.6%	38.3%	37.4%	35.8%	35.1%	35.3%	39.5%	33.2%	28.4%	34.9%	36.2%	30.3%	36.8%	35.4%	33.9%	33.7%
	P03b	Friends and Family Test ED Coverage	16.4%	17.3%	15.9%	16.1%	20.9%	17.2%	18.5%	18.3%	17.9%	17.9%	14.6%	17.8%	17.4%	15.2%	17.6%	18%	16.9%	16.8%
	P03c	Friends and Family Test MAT Coverage	22.5%	19%	23.6%	17.1%	21.8%	20%	17.3%	18.3%	21%	12.4%	23.1%	17.5%	17.7%	18.2%	20.7%	18.6%	19%	17.8%
Friends and Family Test Score	P04a	Friends and Family Test Score - Inpatients	97.2%	97.7%	97.2%	96.9%	97.7%	97.7%	97.5%	97.7%	97.9%	98.1%	97.8%	97.7%	98.3%	97.8%	97.3%	97.6%	98%	97.9%
	P04b	Friends and Family Test Score - ED	78.2%	81%	83.2%	77%	84.4%	77.4%	81.9%	83.5%	83.3%	80.3%	77%	81.8%	83.2%	77.7%	81.7%	81%	80.5%	81%
	P04c	Friends and Family Test Score - Maternity	96.8%	96.9%	96.9%	95.8%	96.9%	94.9%	96.5%	99.2%	98%	97.5%	98.1%	94.6%	96.8%	97.1%	96.6%	96.8%	98%	96.1%
Patient Complaints	T01	Number of Patient Complaints	1875	1815	247	158	150	146	146	138	154	155	98	143	121	159	555	430	407	423
	T01a	Patient Complaints as a Proportion of Activity	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	T03a	Complaints Responded To Within Trust Timeframe	86.1%	83%	76.3%	83%	80.4%	82%	87.3%	78.7%	85.1%	87.1%	83.8%	87.8%	82.8%	77.9%	80.2%	83%	85.4%	82.3%
	T03b	Complaints Responded To Within Divisional Timeframe	86.6%	83.8%	76.3%	83%	78.3%	90%	81.7%	86.9%	83.6%	90%	82.4%	91.8%	82.8%	77.9%	79.4%	85.7%	85.4%	83.4%
	T04c	Percentage of Responses where Complainant is Dissatisfied	11.41%	11.25%	15.79%	17.02%	21.74%	8%	14.09%	9.84%	10.45%	10%	17.65%	16.33%	-	-	18.32%	10.99%	12.68%	4.57%
Cancelled Operations	F01q	Percentage of Last Minute Cancelled Operations (Quality Objective)	0.98%	1.19%	1.34%	1.02%	0.81%	0.81%	0.91%	0.91%	1%	1.26%	1.2%	1.53%	1.63%	1.92%	1.05%	0.88%	1.15%	1.69%
	F01a	Number of Last Minute Cancelled Operations	734	919	80	67	54	54	61	58	68	85	71	102	98	121	201	173	224	321

RESPONSIVE

			Annual Target		Annual		Monthly Totals												Quarterly Totals			
Topic	ID	Title	Green	Red	16/17	17/18 YTD	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
Referral to Treatment (RTT) Performance	A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	92%	92%	91.7%	89.6%	91.1%	91.1%	91%	90.2%	89.9%	89.4%	90%	88.9%	88.3%	88.1%	88.4%	87%	91.1%	89.8%	89.1%	87.8%
	A03a	Referral To Treatment Number of Ongoing Pathways Over 18 Weeks	-	-	-	-	2985	3056	3023	3317	3372	3524	3300	2927	3085	3138	3308	3783	-	-	-	-
Referral to Treatment (RTT) Wait Times	A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	0	1	11	209	5	11	46	30	32	19	10	13	9	1	15	18	62	81	32	34
	A07	Referral To Treatment Ongoing Pathways 40+ Weeks	-	-	696	2052	153	165	193	198	240	182	155	136	158	160	148	164	511	620	449	472
New Outpatient Wait List	L02L	New Outpatient List (RTT Specialties) - Numbers Waiting 12+ Weeks	-	-	-	-	6723	7105	7586	7453	9537	11273	12709	7273	7672	7805	7805	7627	-	-	-	-
	L02M	New Outpatient List (RTT Specialties) - Percentage Waiting 12+ Weeks	-	-	-	-	27.6%	28.7%	28.3%	25.6%	30.4%	34.7%	38.3%	29.8%	32.5%	33.3%	33.3%	30.8%	-	-	-	-
Cancer (2 Week Wait)	E01a	Cancer - Urgent Referrals Seen In Under 2 Weeks	93%	93%	94.8%	94.5%	95.1%	95.6%	94.3%	93.4%	93.2%	94.6%	94.6%	95.5%	94.8%	92.2%	96.9%	-	95%	93.7%	95%	94.4%
	E01c	Cancer - Urgent Referrals Stretch Target	80%	80%	68.4%	59.3%	52.5%	55.4%	62.1%	63.6%	62.4%	59.9%	64.2%	57.6%	54.4%	58.8%	59.6%	-	56.8%	62%	59%	59.2%
Cancer (31 Day)	E02a	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	96%	96%	96.7%	95.8%	91.3%	96.6%	95.1%	97%	97.9%	96.9%	95.4%	98.1%	96.7%	92.9%	95.5%	-	94.5%	97.3%	96.7%	94.1%
	E02b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98%	98%	98.7%	98.6%	99.2%	97.5%	98.7%	98.6%	98.6%	98.5%	99.3%	98.7%	98.9%	98.7%	98.6%	-	98.4%	98.6%	99%	98.6%
	E02c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	94%	94%	94.4%	92.8%	83.3%	92.2%	93.2%	91.7%	96.3%	94.7%	95.7%	96.8%	93%	96.6%	86.7%	-	89.5%	94.3%	95.2%	91.5%
	E02d	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	94%	94%	96.6%	96.3%	98.1%	96.6%	95.9%	93.9%	97.3%	98%	96.4%	96.1%	97.6%	92.8%	97.9%	-	96.7%	96.3%	96.6%	95.2%
Cancer (62 Day)	E03a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85%	85%	79.3%	81.2%	76.5%	77.8%	81.7%	75%	85.2%	80.2%	84.3%	88.6%	82.9%	78%	81.3%	-	78.8%	80.1%	85.4%	79.4%
	E03b	Cancer 62 Day Referral To Treatment (Screenings)	90%	90%	69.4%	78.1%	71.4%	44.4%	100%	87.5%	100%	100%	66.7%	76.5%	71.4%	100%	58.3%	-	65%	96.3%	73.3%	73.7%
	E03c	Cancer 62 Day Referral To Treatment (Upgrades)	85%	85%	87.9%	84.9%	93%	77.7%	87%	78.6%	84.8%	90.7%	74.7%	88.5%	85.7%	89%	84.5%	-	85.5%	84.6%	83%	86.9%
	E03f	Cancer Urgent GP Referrals - Numbers Treated after Day 103	-	-	62	45.5	4	5	5	8	5	3	3.5	2	4.5	3	2.5	-	14	16	10	5.5
Cancelled Operations	F01	Last Minute Cancelled Operations - Percentage of Admissions	0.8%	0.8%	0.98%	1.19%	1.34%	1.02%	0.81%	0.81%	0.91%	0.91%	1%	1.26%	1.2%	1.53%	1.63%	1.92%	1.05%	0.88%	1.15%	1.69%
	F01a	Number of Last Minute Cancelled Operations	-	-	734	919	80	67	54	54	61	58	68	85	71	102	98	121	201	173	224	321
	F02c	Number of LMCs Not Re-admitted Within 28 Days	43	43	72	50	4	6	2	0	1	3	2	6	5	8	6	7	12	4	13	21
Admissions Cancelled Day Before	F07	Percentage of Admissions Cancelled Day Before	-	-	1.36%	1.61%	1.05%	1.86%	1.82%	1.2%	0.88%	1.73%	1.28%	1.9%	1.38%	1.81%	2.08%	2.31%	1.59%	1.26%	1.53%	2.06%
	F07a	Number of Admissions Cancelled Day Before	-	-	1021	1244	63	122	121	80	59	110	87	128	82	121	125	146	306	249	297	392
Primary PCI	H02	Primary PCI - 150 Minutes Call to Balloon Time	90%	70%	72.4%	76.7%	83.3%	78.1%	77.5%	75%	80.6%	84.8%	73.8%	77.4%	63.8%	80.9%	71.1%	-	79.8%	80.2%	70.8%	76.5%
	H03a	Primary PCI - 90 Minutes Door to Balloon Time	90%	90%	91.7%	93.3%	90.5%	93.8%	90%	87.5%	94.4%	97%	92.9%	93.5%	93.6%	95.7%	97.4%	-	91.2%	93.1%	93.3%	96.5%
Diagnostic Waits	A05	Diagnostics 6 Week Wait (15 Key Tests)	99%	99%	97.79%	98.29%	98.56%	98.8%	98.58%	98.52%	97.61%	97.7%	98.19%	98.28%	97.62%	97.81%	99.19%	98.51%	98.65%	97.94%	98.03%	98.53%
Outpatients	R03	Outpatient Hospital Cancellation Rate	9.7%	11.7%	11.5%	10.7%	12%	10.8%	11%	11.2%	11%	10.5%	9.9%	9.7%	10.1%	9.4%	11.1%	11.6%	11.2%	10.9%	9.9%	10.6%
	R05	Outpatient DNA Rate	5%	10%	7.3%	7.2%	7.1%	7.2%	7.5%	7.4%	7.2%	7.4%	7.1%	7.1%	7.6%	6.8%	6.4%	7.3%	7.3%	7.4%	7.2%	6.8%
Outpatient Ratio	R01	Follow-Up To New Ratio	2.03	2.03	2.24	2.19	2.2	2.25	2.23	2.25	2.26	2.16	2.1	2.15	2.2	2.22	2.17	2.1	2.23	2.22	2.15	2.16
ERS	BC01	ERS - Available Slot Issues Percentage	-	-	31%	20.7%	24.4%	24%	21.7%	18.8%	16.8%	15.8%	20.2%	22.3%	20.8%	20.8%	22.6%	-	23.4%	17.1%	21.1%	21.6%

RESPONSIVE (continued)

Topic	ID	Title	Annual Target Green	Annual Target Red	Annual 16/17	Annual 17/18 YTD	Monthly Totals Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Quarterly Totals 17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
Delayed Discharges	Q01A	Acute Delayed Transfers of Care - Patients	-	-	-	-	19	24	30	18	31	22	26	17	23	27	23	19	-	-	-	-
	Q02A	Non-Acute Delayed Transfers of Care - Patients	-	-	-	-	8	6	6	11	11	11	10	8	9	9	9	5	-	-	-	-
	Q01B	Acute Delayed Transfers of Care - Beddays	-	-	10232	8466	655	604	577	745	647	757	774	854	606	836	715	696	1836	2149	2234	2247
	Q02B	Non-Acute Delayed Transfers of Care - Beddays	-	-	2167	3106	306	145	259	278	374	243	315	273	255	272	182	204	710	895	843	658
Green To Go List	AQ06A	Green To Go List - Number of Patients (Acute)	-	-	-	-	43	42	43	46	51	36	46	44	47	53	54	52	-	-	-	-
	AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	-	-	14	13	11	15	17	22	22	11	13	15	26	17	-	-	-	-
	AQ07A	Green To Go List - Beddays (Acute)	-	-	-	-	1400	1371	1403	1430	1580	1502	1461	1555	1532	1757	1652	1989	-	-	-	-
	AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	-	-	503	383	419	401	572	515	671	451	479	593	453	501	-	-	-	-
Length of Stay	J03	Average Length of Stay (Spell)	-	-	4.11	4.05	4.14	4.31	4.06	3.8	4.37	4.12	3.87	4	3.74	4.15	4.15	3.96	4.17	4.09	3.87	4.08
	J04D	Percentage Length of Stay 14+ Days	-	-	6.9%	6.8%	7%	7.8%	6.7%	6.2%	7%	6.8%	6.8%	6.9%	6%	6.6%	6.9%	7.1%	7.2%	6.7%	6.5%	6.9%
14 Day LOS Patients	C07	Number of 14+ Day Length of Stay Patients at Month End	-	-	-	-	265	240	226	250	255	237	240	213	243	242	252	238	-	-	-	-
AMU	J35	Percentage of Cardiac AMU Wardstays	-	-	4.1%	4.2%	1.4%	3.9%	5.2%	4.2%	4.3%	4.2%	5%	6.4%	5.6%	2.5%	4.2%	3.4%	3.5%	4.2%	5.7%	3.3%
	J35A	Percentage of Cardiac AMU Wardstays Under 24 Hours	-	-	39.2%	49.1%	63.6%	61.3%	37.2%	39.5%	50%	32.4%	63.6%	60%	38.8%	61.9%	61.3%	29.6%	49.4%	40.9%	54.1%	50.6%

Emergency Department Indicators

ED - Time In Department	B01	ED Total Time in Department - Under 4 Hours	95%	95%	85.01%	86.48%	82.31%	84.21%	87.89%	90.53%	91.26%	90.84%	90.06%	90.33%	85.33%	82.69%	83.2%	78.89%	84.81%	90.87%	88.64%	81.54%
	This is measured against the national standard of 95%																					
ED - Time in Department (Differentials)	BB14	ED Total Time in Department - Under 4 Hours (STP)	-	-	85.01%	86.48%	82.31%	84.21%	87.89%	90.53%	91.26%	90.84%	90.06%	90.33%	85.33%	82.69%	83.2%	78.89%	84.81%	90.87%	88.64%	81.54%
	BB07	BRI ED - Percentage Within 4 Hours	-	-	77.42%	78.35%	69.16%	73.76%	79.01%	85.11%	86.82%	86.53%	84.11%	88.22%	77.24%	71.39%	73.24%	65.06%	73.99%	86.14%	83.2%	69.78%
	BB03	BCH ED - Percentage Within 4 Hours	-	-	89.89%	94.89%	96.83%	94.05%	97.14%	96.62%	96.35%	94.99%	96.34%	91.54%	92.56%	93.91%	94.5%	95.08%	95.93%	95.97%	93.42%	94.49%
	BB04	BEH ED - Percentage Within 4 Hours	99.5%	99.5%	98.97%	96.26%	96.52%	96.57%	97.9%	96.58%	97.04%	96.58%	97.43%	94.21%	98.34%	96.63%	94.35%	92.9%	97%	96.74%	96.59%	94.62%
	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	40	8	0	0	0	0	0	0	0	0	5	3	0	0	0	0	5	3
Time to Initial Assessment	B02c	ED Time to Initial Assessment - Under 15 Minutes (Excludes BCH)	95%	95%	97.6%	97.9%	98.9%	96.3%	98.3%	98.5%	99.3%	97.8%	98.8%	98.6%	98.2%	97.6%	96.5%	96.3%	97.8%	98.5%	98.5%	96.8%
	B02b	ED Time to Initial Assessment - Data Completness	95%	95%	92.8%	94.4%	92.1%	91.6%	92.8%	91.8%	92.6%	90.7%	94.2%	94.8%	99.4%	99.4%	98.4%	93.7%	92.1%	91.7%	96.2%	97.2%
Time to Start of Treatment	B03	ED Time to Start of Treatment - Under 60 Minutes	50%	50%	52.6%	52.2%	50.8%	52.3%	52.8%	54%	55.4%	54.1%	53.2%	48.4%	51%	54.4%	52.4%	48%	52%	54.5%	50.8%	51.6%
	B03b	ED Time to Start of Treatment - Data Completeness	95%	95%	98.5%	97.4%	97.8%	97.2%	97.1%	97.4%	97.3%	97.5%	97.1%	97.8%	98%	98%	97.6%	96.5%	97.4%	97.4%	97.6%	97.4%
Others	B04	ED Unplanned Re-attendance Rate	5%	5%	2.6%	2.8%	2.6%	2.6%	2.7%	2.7%	1.9%	2.3%	2.9%	3.3%	3.3%	3.1%	2.9%	2.9%	2.6%	2.3%	3.2%	3%
	B05	ED Left Without Being Seen Rate	5%	5%	2.2%	1.9%	2.8%	2.6%	2.5%	2%	2.1%	3.7%	1.1%	1.1%	1%	1%	1.1%	1.5%	2.6%	2.6%	1.1%	1.2%
Ambulance Handovers	BA09	Ambulance Handovers - Over 30 Minutes	-	-	1216	836	111	82	84	46	54	44	63	63	87	62	59	81	277	144	213	202
Acute Medical Unit (AMU)	J35	Percentage of Cardiac AMU Wardstays	-	-	4.1%	4.2%	1.4%	3.9%	5.2%	4.2%	4.3%	4.2%	5%	6.4%	5.6%	2.5%	4.2%	3.4%	3.5%	4.2%	5.7%	3.3%
	J35a	Percentage of Cardiac AMU Wardstays Under 24 Hours	-	-	39.2%	49.1%	63.6%	61.3%	37.2%	39.5%	50%	32.4%	63.6%	60%	38.8%	61.9%	61.3%	29.6%	49.4%	40.9%	54.1%	50.6%

EFFICIENT

Topic	ID	Title	Monthly Totals											
			Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Sickness	AF02	Sickness Rate	3.6%	3.7%	3.8%	4.4%	4.1%	3.7%	4.1%	4.3%	4%	4.7%	4.3%	3.9%
		For 2017/18, the Trust average for the year is 3.8%. Divisional targets are: 2.7% (DAT), 5.7% (FAE), 4.5% (MDC), 3.6% (SPS), 3.6% (SHN), 3.7% (WAC), 3.1% (THQ). Different targets were in place in previous years.												
		There is an amber threshold of 0.5 percentage points above the target. These annual targets vary by quarter.												
Staffing Numbers	AF08	Funded Establishment FTE	8367.1	8479.3	8491.6	8499.7	8547.6	8557.9	8599.7	8665.5	8648.5	8679.5	8679.4	8677.6
	AF09A	Actual Staff FTE (Including Bank & Agency)	8510.5	8546.3	8584.7	8602.5	8641.4	8642	8665.1	8679	8602.9	8710.4	8676.8	8675.7
	AF13	Percentage Over Funded Establishment	1.7%	0.8%	1.1%	1.2%	1.1%	1%	0.8%	0.2%	-0.5%	0.4%	-0%	-0%
		Green is below 0.5%. Amber is 0.5% to below 1% and Red is 1% or above												
Bank Usage	AF04	Workforce Bank Usage	446.7	476.6	501.8	531	536.4	503.4	495.3	481.4	432.4	517.3	503.8	461.4
	AF11A	Percentage Bank Usage	5.25%	5.58%	5.85%	6.17%	6.21%	5.83%	5.72%	5.55%	5.03%	5.94%	5.81%	5.32%
		Bank Percentage is Bank usage as a percentage of total staff (bank+agency+substantive). Trust annual average for 17/18 is 3.9% with separate divisional averages.												
Agency Usage	AF05	Workforce Agency Usage	96.7	94.1	123.4	130.6	125.3	102.9	90.4	70	59.6	91.1	95.5	94.2
	AF11B	Percentage Agency Usage	1.14%	1.1%	1.44%	1.52%	1.45%	1.19%	1.04%	0.81%	0.69%	1.05%	1.1%	1.09%
		Agency Percentage is Agency usage as a percentage of total staff (bank+agency+substantive). Trust annual average for 17/18 is 1.0% with separate divisional averages.												
Vacancy	AF06	Vacancy FTE (Funded minus Actual)	331.4	420.4	451	477.3	483.8	434.4	431.3	436.1	446.8	468	494.1	459.8
	AF07	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	4%	5%	5.4%	5.7%	5.7%	5.1%	5.1%	5.1%	5.2%	5.5%	5.8%	5.4%
		Vacancy is Funded Establishment minus Staff as a percentage of Funded Establishment. Before Apr-15, this was all Funded Establishment; from Apr-15 it was substantive staff only. Green is < 5% with Red >= 5%												
Turnover	AF10A	Workforce - Number of Leavers (Permanent Staff)	177	174	148	189	365	226	133	194	182	330	190	200
	AF10	Workforce Turnover Rate	12.5%	12.7%	12.9%	13.1%	12.7%	12.8%	12.8%	13.2%	13.5%	13.5%	13.5%	13.9%
		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.												
Essential Training 2016/17	AF21a	Core Essential Training (Three Yearly)	85%	89%	89%	88%	86%	87%	87%	87%	87%	88%	90%	-
	AF21b	Essential Training Compliance - Annual Training (Fire & IG)	-	-	-	-	-	-	-	-	-	-	-	-
	AF21f	Essential Training Compliance - Fire Safety	82%	84%	84%	86%	87%	87%	87%	87%	87%	88%	88%	-
	AF21g	Essential Training Compliance - Information Governance	75%	75%	75%	80%	82%	82%	82%	82%	82%	84%	85%	-
	AF21c	Essential Training Compliance - Induction	98%	98%	98%	98%	98%	98%	98%	97%	97%	98%	98%	-
	AF21d	Essential Training Compliance - Resuscitation Training	75%	71%	71%	77%	80%	81%	83%	84%	84%	85%	87%	-
	AF21e	Essential Training Compliance - Safeguarding Training	90%	90%	90%	89%	87%	87%	87%	87%	87%	89%	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
CT	Computed Tomography
CQC	Care Quality Commission
DNA	Did Not Attend – a national term used in the NHS for a patient failing to attend for their appointment or admission
DVLA	Driver and Vehicle Licensing Agency
FFT	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
MRI	Magnetic Resonance Imaging
NA	Nursing Assistant

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

Appendix 2

BREAKDOWN OF ESSENTIAL TRAINING COMPLIANCE FOR FEBRUARY 2018:

All Essential Training

	UH Bristol	Diagnostic & Therapies	Facilities & Estates	Medicine	Specialised Services	Surgery	Trust Services	Women's & Children's
Three Yearly	90%	92%	90%	90%	91%	91%	91%	88%
Annual Fire	88%	87%	93%	86%	88%	86%	90%	86%
Annual IG	84%	85%	88%	86%	87%	84%	89%	78%
Induction & Orientation	98%	99%	99%	97%	97%	98%	98%	98%
Medical & Dental Induction	89%	100%	N/A	80%	86%	91%	N/A	91%
Resuscitation	87%	85%	N/A	88%	88%	89%	81%	85%
Safeguarding	89%	89%	86%	90%	87%	88%	91%	89%

Timeline of Trust Essential Training Compliance:

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

Safeguarding Adults and Children

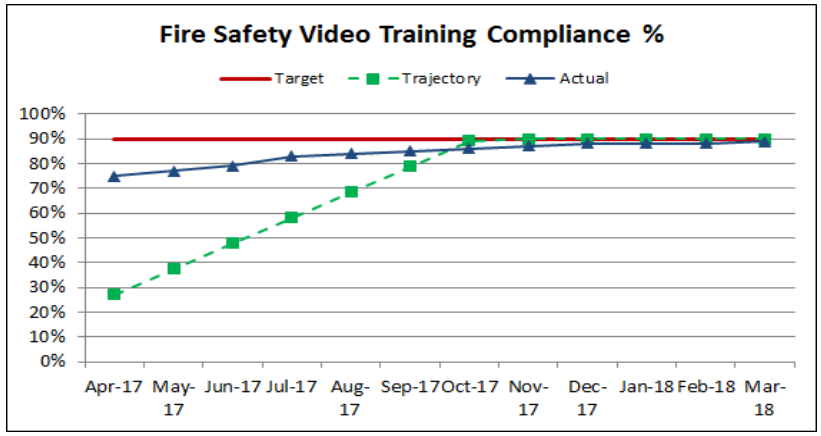
	UH Bristol	Diagnostics & Therapies	Facilities & Estates	Medicine	Specialised Services	Surgery	Trust Services	Women's & Children's
Safeguarding Adults L1	88%	87%	86%	91%	86%	87%	92%	93%
Safeguarding Adults L2	89%	92%	80%	90%	88%	90%	85%	89%
Safeguarding Adults L3	91%	100%	N/A	86%	92%	100%	89%	100%
Safeguarding Children L1	93%	93%	91%	96%	95%	90%	95%	N/A
Safeguarding Children L2	86%	84%	76%	89%	84%	87%	75%	91%

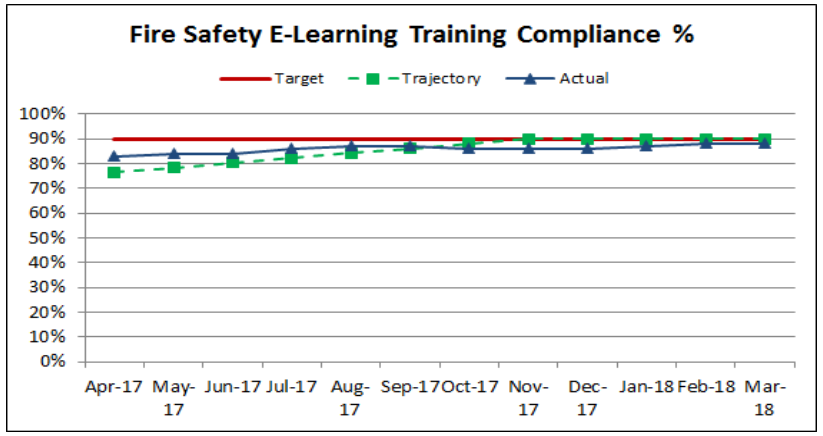
Child Protection Level 3

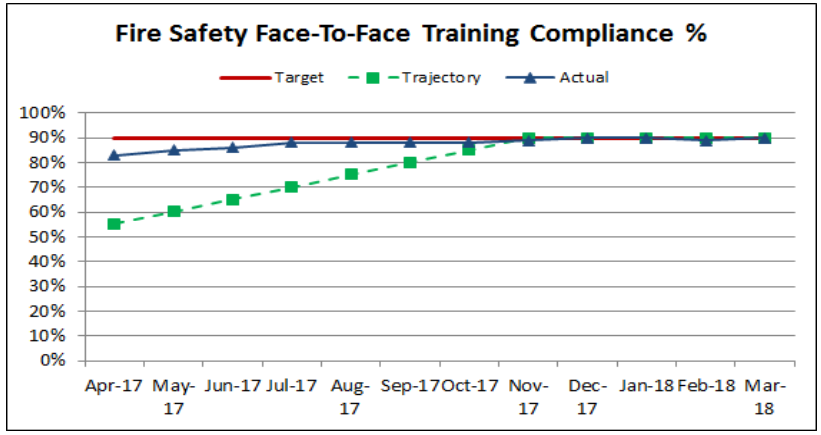
	UH Bristol	Diagnostic & Therapies	Medicine	Specialised Services	Surgery	Trust Services	Women`s & Children`s
Core	79%	86%	69%	54%	72%	100%	80%
Specialist	83%	N/A	N/A	N/A	N/A	100%	83%

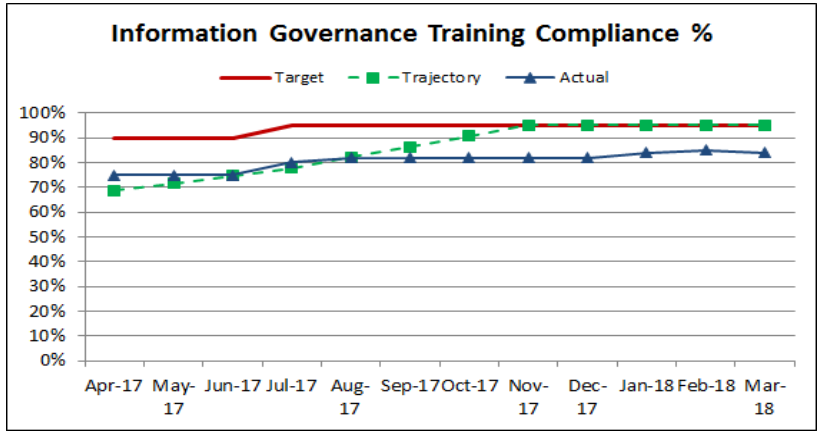
Appendix 2 (continued)

PERFORMANCE AGAINST TARGET FOR FIRE AND INFORMATION GOVERNANCE









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

Appendix 2 (continued)

AGENCY SHIFTS BY STAFF GROUP (05/02/18 – 04/04/18)

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

Staff Group	Within framework and price cap	Exceeds price cap	Exceeds wage cap	Non framework and above both price and wage cap	Exceeds price and wage cap	Total
Nursing and Midwifery	685	151		178		1014
Health Care Assistant & Other Support		38		32		70
Medical & Dental		65				65
Scientific, Therapeutic/ Technical Allied Health Professional (AHP) & Healthcare Science		85				85
Administrative & Clerical and Estates	466					466

Appendix 3

Access standards – further breakdown of figures

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

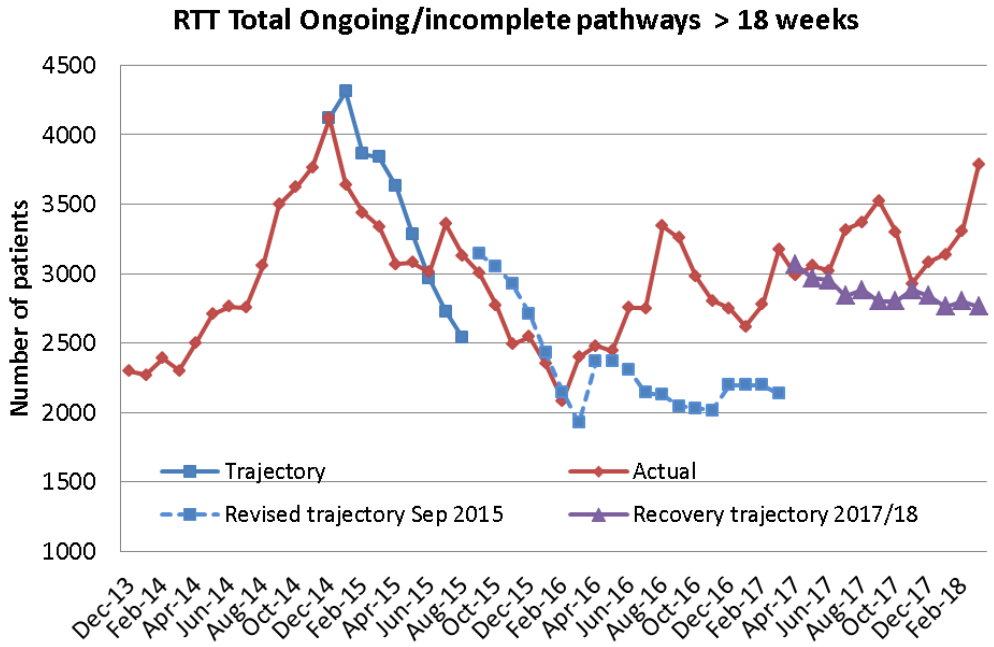
62-day GP - target 85% (recovery trajectory)	Y1 M01 30/04/2017 Month 1	Y1 M02 31/05/2017 Month 2	Y1 M03 30/06/2017 Month 3	Y1 M04 31/07/2017 Month 4	Y1 M05 31/08/2017 Month 5	Y1 M06 30/09/2017 Month 6	Y1 M07 31/10/2017 Month 7	Y1 M08 30/11/2017 Month 8	Y1 M09 31/12/2017 Month 9	Y1 M10 31/01/2018 Month 10	Y1 M11 28/02/2018 Month 11	Y1 M12 31/03/2018 Month 12
62 day GP actual	**76.7%**	**78.0%**	**81.7%**	**75.0%**	**85.2%**	**80.2%**	**84.1%**	**88.5%**	**83.0%**	**78.0%**		
62 day GP forecast	-	-	-	-	-	-	-	-	-	-	78.0%	
62 day GP recovery trajectory (month)	-	-	-	-	**81.0%**	**80.0%**	**80.5%**	**79.0%**	**80.6%**	**81.4%**	**81.6%**	**85.0%**
62 day GP recovery trajectory (quarter)		**78.8%**			**79.0%**			**80.0%**			**82.5%**	
62 day GP actual (quarter)		**78.8%**			**80.1%**			**85.4%**				

Appendix 3 (continued)

Access standards – further breakdown of figures

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

RTT Specialty	Ongoing Over 18 Weeks	Ongoing Pathways	Ongoing Performance
Cardiology	412	2,010	79.5%
Cardiothoracic Surgery	78	291	73.2%
Dermatology	116	,,008	94.2%
E.N.T.	99	1,965	95.0%
Gastroenterology	8	641	98.8%
General Medicine	0	4	100%
Geriatric Medicine	3	56	94.6%
Gynaecology	178	1,296	86.3%
Neurology	130	419	69.0%
Ophthalmology	588	4,280	86.3%
Oral Surgery	226	2,373	90.5%
Other	1,808	12,054	85.0%
Rheumatology	18	489	96.3%
Thoracic Medicine	20	614	96.7%
Trauma & Orthopaedics	99	707	86.0%
Grand Total	**3,783**	**29,207**	**87.0%**

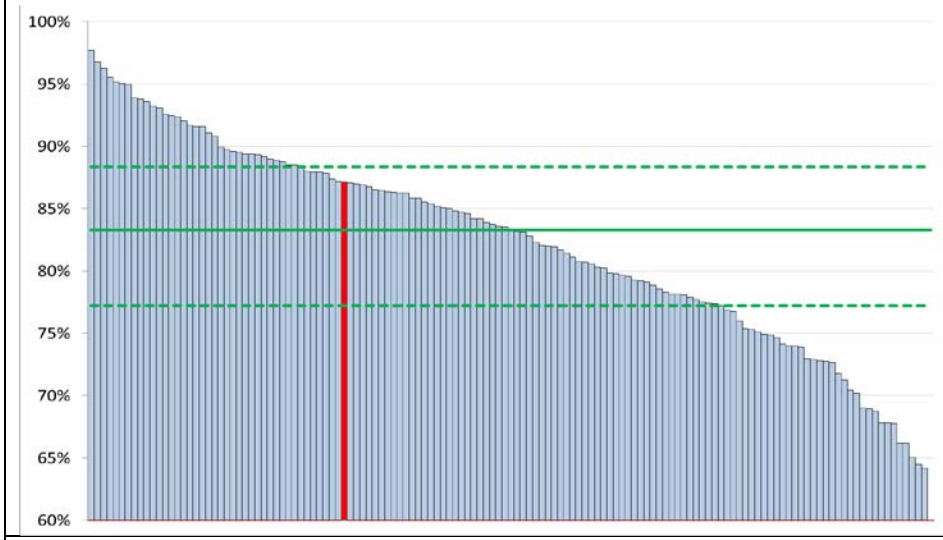


	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan-18	Feb-18	Mar-18
Non-admitted pathways > 18 weeks	2006	2107	2221	1962	1711	1783	1865	1956	2121
Admitted pathways > 18 weeks	1311	1265	1303	1338	1216	1302	1273	1352	1662
Total pathways > 18 weeks	3317	3372	3524	3300	2927	3085	3138	3308	3783
Actual % incomplete < 18 weeks	90.2%	89.9%	89.4%	90.0%	89.5%	88.3%	88.1%	88.4%	87.0%
Recovery forecast	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%

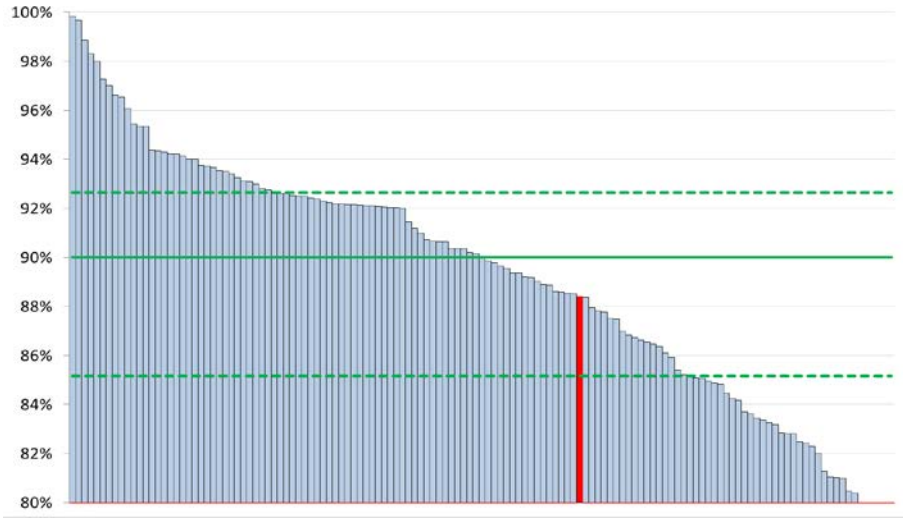
Appendix 4

Benchmarking Reports

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



Referral to Treatment Time Ongoing Pathways (February 2018)



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

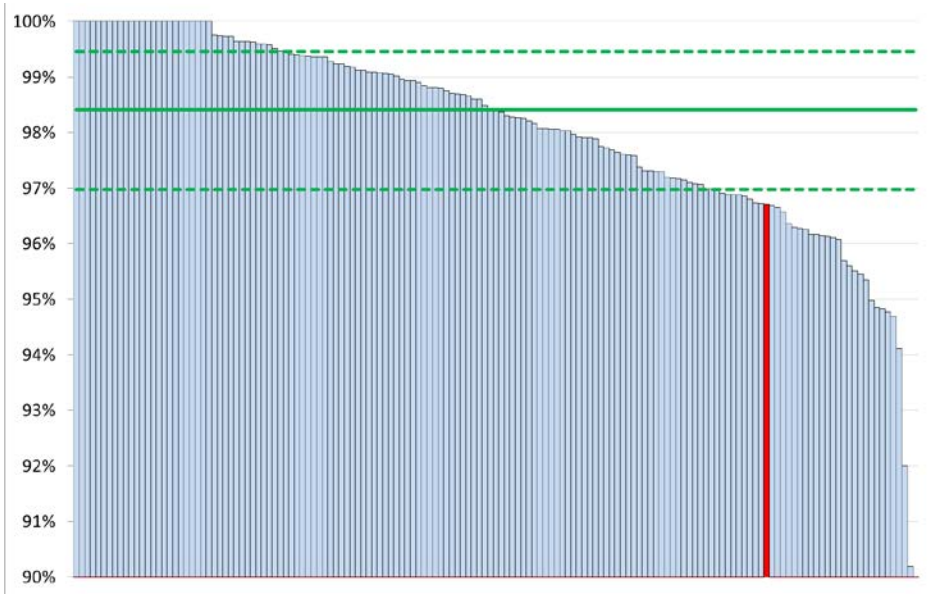
6-week diagnostic (End of January 2018)

Appendix 4 (continued)

Benchmarking Reports

Cancer 2-Week wait (Quarter 3 2017/18)

31-day first definitive cancer (Quarter 3 2017/18)



In the above graphs the Trust is shown by the Red bar, with other trusts being shown as pale blue bars.
For the A&E 4-hour benchmarking graph, only those trust reporting type 1 (major) level activity are shown.

University Hospitals Bristol
NHS Foundation Trust

Cover report to the Trust Board meeting to be held on Thursday 26 April 2018 at 11:00 – 13:00 in the Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

		Agenda Item	9
Report Title	Chair's Report Quality and Outcomes Committee		
Author	Julian Dennis, Non- Executive Director		
Executive Lead(s)	Carolyn Mills, Chief Nurse	Robert Woolley, Chief Executive	
Freedom of Information Status	Open		

Reporting Committee	Quality and Outcomes Committee
Chaired by	Jeff Farrar, Chair of the Board (for Julian Dennis)
Date of last meeting	24 April 2018

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

This report provides a summary of the key issues considered at the Quality and Outcomes Committee on 24 April 2018.

Quality and Performance Report
The Committee received the Quality and Performance report from Interim Deputy Chief Operating Officer Shaun Carr on the Quality and Performance Report.

Key points to note included:

- It was noted that the cancer reporting metrics would be changing this year with data metrics being introduced. Additionally, new rules would be introduced around breach allocation for cancer waiting times, originally due in 2016, would now be coming out in June 2018. It was noted that their impact would have a mixed impact that would need close monitoring
- Currently a notable risk area in achieving the 6 week diagnostic target in ultrasound scanning. Paediatric MRI had been a risk area, but this had down been resolved.
- There were 121 cancellations of elective surgery in March 2018. Reverse pacing of cancelled surgery had commenced on 14 March. Last year it had taken till October till catch up on cancellations: this year the Trust was working to a much tighter timescale and treating the back log of patients would happen by June/July. To help improve theatre productivity the division of surgery with the support from The Deputy Chief Operating Officer would ensure "8:15am automatic start" implementation would commence with KPIs developed to measure the impact. The Committee would receive an update in due course.
- It was agreed that Non-Executive Directors would be given the opportunity to come and see the new improvement 'on the ground' in addressing theatre cancellations and productivity.

- It was noted that the Trust's internal stretch target for VTE was 99% compared to a 95% national target, and the Trust was achieving the national target and working towards achieving its internal target through increased medical leadership
- The committee noted ongoing challenges in regard to meeting quality standards for fractured neck of femur and stroke/TIA reliably and sustainably with the current service model for both specialities. Noted impact of the commencement of an orthogeriatrican in March.
- Dissatisfied complaint rates were not included in the report. This was due to a data error being identified. This will be rectified for next month. Early indications are that this would improve performance.
- On Workforce, essential training rates were hitting 90% with the exception of the Women's and Children's Division. Information governance training rates were still below 95%, but plans were being implemented for large scale training on information governance within the divisions.
- Staff turnover remained an issue: due to efforts by the Workforce team exit interview rates had increased from 17% to over 50%, and the data coming back from these suggested that issues such as the cost of living in the city of Bristol were major factors for exiting staff. The Trust needed to reflect on this and consider all possible mitigating actions to address this, including potentially supporting rental/living costs.
- Figures around Facilities and Estates remained a concern, but it was noted the new NHS pay deal should help to address some of the issues in the department.

On-hold Patients - Update

The Committee received an update from the Deputy Chief Executive & Chief Operating Officer Mark Smith and the Interim Deputy Chief Operating Officer Shaun Carr.

Key points to note included:

- The numbers of on-hold patients was now down to 36,000, and the harm panel has met twice, with no incidents of harm being identified to date.
- It has been agreed that a meeting with Medway would take place to explore the option of removing the functionality for 'on hold' completely from the system.
- The Committee noted this was a highly complex issue, that there was learning on the management of bringing in new IT and that ensuring users were adequately trained and supported.
- It was agreed there was further learning to take from this experience for the Trust around IT system management more generally, particularly about initial embedding.

Serious Incident Report & Root cause Analysis Reports

Key points to note included:

- In March 6 serious incidents were reported, including 1 never event involving an implant.
- NHS Improvement had undertaken a review of the Dental Hospital on 3 April (at the Trust's request) to review practice in light of the number of never events in this service, their report was awaited. Informal feedback had been that there were no significant areas identified for improvement.

- The Trust has accepted an invitation from the CQC to participate in a thematic review of never events which will take place between 16 April and 8 June 2018.

Learning from Deaths
The Committee received an update from the Acting Medical Director Mark Callaway.

Key points to note included:

- The Committee found the update report, including the operational process for the mortality review, helpful and asked if they could also see the criteria behind assessments for context in future.
- It was noted that there would be an annual report from the new Learning from Deaths Committee, which would be shared with the Committee but also key clinical staff.

Monthly Nurse Staffing
The Committee received an update from the Chief Nurse Carolyn Mills.

Key points to note included:

- The report gave assurance that the Trust had safe nurse staffing levels for March 2018.
- Work was being undertaken re-align rosters and ledger in PICU and children's theatres in an attempt to increase the accuracy of the hours used section of the report for BRHC.
- There had been an increase in the number of red flag incidents, due to the need to cover the emergency department queue in times of escalation.

National Staff Survey Results - 2017
The Committee received an update from the Director of People Matt Joint.

Key points to note included:

- The Trust is very well positioned nationally in terms of overall National Staff Survey results.
- Lower scored areas include mandatory training and development, something the Trust has a major programme ongoing to fix, and appraisal scores, which were related to the issues with Kallidus which the Committee were aware of (and which were largely resolved).
- The Committee noted that there were a number of key issues which clearly needed addressing, and consideration should be given to where the Board's oversight of these issues should lie.

CT Cardiac Service Improvements
The Committee received a presentation from Dr Mark Hamilton on the imaging process for CT scans.

Key points to note included:

- Referrals for CT cardiac scans increased by 70% from 15/16 to 16/17 due to NICE guideline changes.
- Investigation of CT pathways had identified a number of potential causes for the increase, such as activity taking place in the scanning room not directly related to

scanning.

- Changes were introduced including: changing referral information to allow vetting mostly by a radiographer; radiologist vetting by exception only; and moving the majority of patient preparation out of the scanning room. This had led to a productivity improvement of 66%.
- Next steps would include: reducing the number of patients requiring the IV beta blocker by increasing the number receiving an oral beta blocker at the point of referral, and moving all CT Cardiac imaging to a new CT scanner.
- The Committee praised the work that had gone into this project, and hoped the process could be replicated in other areas to support productivity.

Reports received for assurance included:

- **62-Day Target Remedial Action Plan**
- **Patient Safety Improvement Programme – Q4**
- **Education Performance Report – Q3**
- **Infection Control Report – Q4**
- **Board Assurance Framework / Corporate Risk Register – Q4**
- **Clinical Quality Group Meeting Report**

Matters requiring Committee level consideration and/or approval	
None.	
Matters referred to other Committees	
None.	
Date of next meeting	24 April 2018

Cover report to the Public Trust Board. Meeting to be held on 26 April 2018 at 11:00-13:00 in the Conference Room, Trust Headquarters

		Agenda Item	10
Meeting Title	Public Trust Board	**Meeting Date**	Thursday, 26 April 2018
Report Title	**National Staff Survey Results - 2017**		
Author	Sam Chapman, Head of Organisational Development		
Executive Lead	Matt Joint, Director of People		
Freedom of Information Status		Open	

Strategic Priorities (please choose any which are impacted on / relevant to this paper)			
Strategic Priority 1: We will consistently deliver high quality individual care, delivered with compassion.	☒	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

- A summary of the Staff Survey Results 2017 against both the National and Acute average
- The key improvements made from 2016 and the top 5 improvement areas and bottom ranked scores

Key issues to note

- The overall staff engagement score for UHB in 2017 is 3.85 out of 5.0
- Staff engagement score consistently increased over past 4 years and remains above the national average for acute Trusts
- Trust priorities for 2018/19

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 recruit, train and sustain an engaged and effective workforce.	☐	Failure to comply with targets, statutory duties and functions.	☐
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.	☐		

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

Impact Upon Corporate Risk
There is no impact on corporate risk

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 April 2018		SLT 21 March 2018 and WFOD Board 11 April 2018

Trust Staff Survey Results 2017

1.0 Background

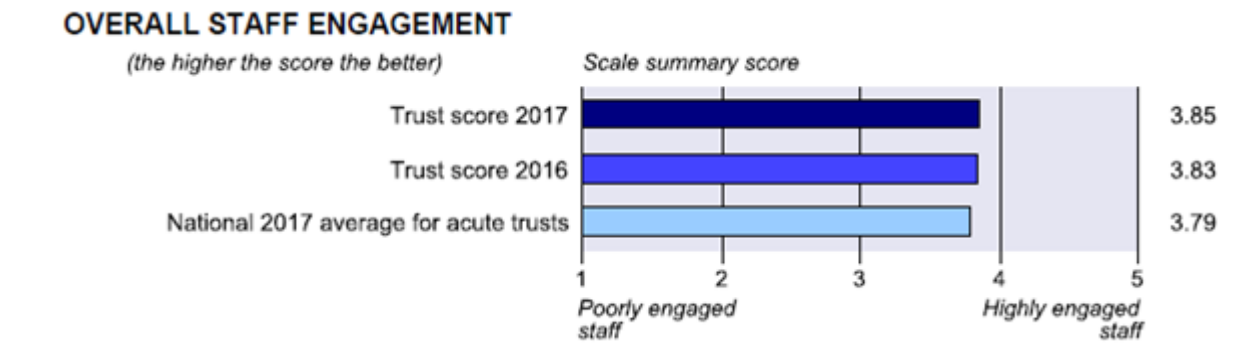
The purpose of this paper is to formally share the results of the 2017 staff survey.

The response rate for 2017 was 3,752 which represents 43% of the workforce and is an increase from 2016 which was 42% response rate. The National average response rate in comparison to other Acute Trusts was 44%

2.0 Staff Survey Results Highlights

2.1 Staff Engagement

It is hugely positive and encouraging to see that staff engagement has improved from last year's figure and is also ahead of the NHS national average for acute Trusts.



As an organisation the staff engagement score has consistently increased over the past 4 years, the increase has been significant in terms of comparison to the national staff engagement position of which the Trust continues to be ahead; and is also encouraging given the quality objective to improve the engagement score to 4.0 by 2020.

Year	Trust Staff Engagement Score	National Staff Engagement Score
2014	3.69	3.71
2015	3.78	3.78
2016	3.83	3.79
2017	3.85	3.79

2.2 Key findings where staff experience has improved since 2016 Staff Survey

The key areas which have seen the greatest increase since the last staff survey 2016 are:

- Percentage of staff reporting good communication between senior management and staff
- Staff recommendation of the organisation as a place to work or receive treatment
- Quality of appraisals
- Percentage of staff able to contribute towards improvement at work
- Effective use of patient /service feedback
- Fairness and effectiveness of procedures for reporting errors near misses or incidents
- Staff confidence and security in reporting unsafe clinical practice

2.3 Staff Survey Top Ranking Scores

Top ranking scores for the Trust against other Acute Trusts are:

- Percentage of staff/colleagues reporting errors near misses or incidents witnessed in the last month
- Staff recommendation of the organisation as a place to work or receive treatment
- Percentage of staff believing that the organisation provides equal opportunities for career progression
- Fairness and effectiveness of procedures for reporting errors near misses and incidents
- Percentage of staff able to contribute towards improvement at work

2.4 Staff Survey Bottom Ranking Scores

Bottom ranking scores for the Trust against other Acute Trusts are:

- Quality of non-mandatory training learning or development
- Percentage of staff appraised in the last 12 months
- Staff motivation at work
- Percentage of staff satisfied with the opportunities for flexible working patterns
- Percentage of staff witnessing potential harmful errors, near misses or incidents in the last month

2.5 AUKUH Benchmarking

AUKUH are currently developing the detailed benchmarking data, this data will be shared when available.

3.0 Trust Highlights from 2017

OD has focused on 4 key areas in response to the staff survey 2016 as follows:

- Leadership Behaviours
- Appraisal Improvement Programme
- Trust wide Recognition Framework
- Dignity at work

It is encouraging to see the scores increase in some of these key areas including:

- Percentage of staff reporting good communication between senior management and staff
- Quality of appraisals
- Percentage of staff able to contribute towards improvement at work

Each Division has a robust improving staff experience plan which has been delivered and monitored in partnership with the support of OD. The outcomes of the programme of work within Divisions will be shared with staff locally in the 'You said…..We did' campaign which will commence in May 2018.

4.0 Key Priorities 2018

Organisational Development

OD will continue to embed the work programme for the areas of:

- Leadership Behaviours
- Appraisal Improvement Programme
- Trust wide Recognition Framework
- Dignity at work

The focus for 2018 in these programmes will be:

- A bespoke leadership development programme for our 'Top' 100 which will include a re-launch of the leadership behaviours
- A review of our performance management culture with a view to more closely aligning this to an annual cycle
- A focus on recognising staff at NHS 70 where the staff badge will be launched
- Further development of the programme on dignity at work supported by HRBP's to drive the inclusion agenda with aim of decreasing bullying and harassment in the organisation

Divisional Improving Staff Experience Plans

Divisional heat maps will be received in April and revised Improving staff experience plans will be in place by the end of May 2018. Divisional performance against engagement is now a measure within the compliance framework therefore; it is anticipated that the outcomes of plans will be discussed at quarterly divisional reviews alongside existing HR governance.

Sam Chapman: Head of Organisational Development: 10.4.2018

University Hospitals Bristol
NHS Foundation Trust

Cover report to the Public Trust Board. Meeting to be held on 26 April 2018 at 11.00 – 13.00 in the Conference Room, Trust HQ.

		Agenda Item	11
Meeting Title	Public Trust Board	**Meeting Date**	26 April 2018
Report Title	**NHSI Operational Plan 2018-19**		
Author	Paula Clarke, Director of Strategy and Transformation		
Executive Lead	Paula Clarke, Director of Strategy and Transformation		
Freedom of Information Status		Open	

Strategic Priorities (please choose any which are impacted on / relevant to this paper)			
Strategic Priority 1: We will consistently deliver high quality individual care, delivered with compassion.	☒	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 draft NHSI Operational Plan was submitted to NHS Improvement on the 8th March 2018 as supporting narrative setting out the Trust's approach and position on activity, quality, workforce and financial planning. As the NHSI plan submitted in 2017/18 was a two year plan, the Trust's 2018/19 plan is a refresh of year two of the plan submitted in 2017/18.

The plan will go to Finance Committee on 25 April 2018.

Trust Board is now asked to approve the Final Narrative Plan and Self-Certification (appendix 1) ahead of final submission on the 30th April 2018.

Background

The final Operational Plan contains the Trust's assessment of its 2018/19 position and covers the following;

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

Process and Governance

The Operational Plan final submission is constructed through the Trust's Operating Plan process which has followed the following timetable for approvals.

Date	Deadline
8th March 2018	First draft Trust Operational Plan to NHS Improvement
11th April 2018	Final draft of Divisional Operating Plans
25th April 2018	Trust Operational Plan to Trust Finance Committee
26th April 2018	Trust Board sign off of Trust Operational Plan
30th April 2018	Final Trust Operational Plan submitted to NHS Improvement

Key issues to note

Our final plan reflects the following key approaches and position:

- Acceptance of the proposed NHS Improvement Control Total offer of a £22.0m surplus. This will enable the Trust to reserve £18.7m of Provider Sustainability Funding (PSF) and obviate the need to pay core performance fines.
- Service Level Agreement (SLA) proposals have been agreed with Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Groups (CCGs) and associates and NHS England (Specialised and Non-Specialised).
- Clarity and ownership of stretching quality priorities delivered through enabling quality improvement frameworks - our 2018/19 quality priorities are being finalised and will be approved by the Board in our Quality Accounts in May 2018.
- Workforce plans aligned to finance, activity and quality and addressing robust accountability for managing agency and locum expenditure
- Commitment to deliver sustained or improved performance in core access and NHS Constitution standards aligned to NHSI/NHSE guidance.

The self-certification attached at Appendix 1.

Recommendations

Trust Board is now asked to approve the Final Narrative Plan and Self-Certification (appendix 1) ahead of final submission on the 30th April 2018.

Members are asked to:

- **Approve 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 recruit, train and sustain an engaged and effective workforce.	☒	Failure to comply with targets, statutory duties and functions.	☒
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.	☒		

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

Impact Upon Corporate Risk

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)**
	25 April 2018			

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

1. Context for Operational Plan

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

Our plan reflects the following position at 24th April 2018;

- Acceptance of the proposed NHS Improvement Control Total offer of a £22.0m surplus. This will enable the Trust to reserve £18.7m of Provider Sustainability Funding (PSF) and obviate the need to pay core performance fines.
- Service Level Agreement (SLA) proposals have been agreed with Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Groups (CCGs) and associates and NHS England (Specialised and Non-Specialised).
- Clarity and ownership of stretching quality priorities delivered through enabling quality improvement frameworks - our 2018/19 quality priorities are being finalised and will be approved by the Board in our Quality Accounts in May 2018.
- Workforce plans aligned to finance, activity and quality and addressing robust accountability for managing agency and locum expenditure
- Commitment to deliver sustained or improved performance in core access and NHS Constitution standards aligned to NHSI/NHSE guidance.

2. Strategic Backdrop

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

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

We are committed to addressing the aspects of care that matter most to our patients and during 2018/19, we will ensure our strategy remains dynamic to the changing needs of our patients and ongoing changes within both the national and local planning environment. In 2016/17, we undertook a review to prioritise and stratify our clinical strategy and established a clear governance framework within which to drive strategic decision-making and support implementation plans and in 2017/18, we have focussed on progressing the development of our core areas of clinical strategy, along with key enabling strategies, such as our digital agenda. In 2018/19 we are working to renew our current 2014-2019 Trust strategy and are engaging staff, patients and external partners to develop a strategy to 2025 that will enable us to maintain outstanding care in the context of the challenges we face. This is a major strategic project in 2018/19 and will be key in setting our future direction as an organisation.

A key aim in developing our own internal strategic programme and future strategy is to align with the new processes, pathways and structures developing as part of the local *Healthier Together* and the changing national context. These new approaches provide us with a significant opportunity to progress our strategic priorities at pace and to work together with our partners to resolve some of the system-wide challenges we face. The decision made at the Trust Board in January 2018 to pursue an organistional merger via acquisition with Weston Area Health Trust, represents significant progress in this approach and we will develop plans for the partnership and service specific alignment during 2018/19.

The Trust has a clear governance route through which to identify, assess and manage significant risks that may threaten the achievement of our strategic objectives. We reviewed these processes in 2016/17 and agreed a new Board Assurance Framework (BAF) with the Trust Board considering the BAF on a quarterly basis and this governance process will remain through 2018/19.

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

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

- *We want individuals to be at the centre of their own health and care. People will be inspired and supported to care for themselves.*
- *Services will be more joined up, easy to access and as close to home as possible.*
- *We want access to our leading-edge hospital and specialist services to be simplified and to continue to serve a population well beyond the BNSSG area with excellent life-saving services.*
- *We want to focus more on improving the way we provide care with greater emphasis on delivering care in the community – because it's best. We will also focus more on mental health, urgent care, hospital services and prevention.*
- *We recognise bold action is needed over the coming years to meet increasing demand, but this is evolution – not revolution. There isn't going to be one big single plan that solves all of the problems.*

Our two year Operational Plan has been developed in the context of these ambitions and there is clear alignment with our operational priorities. A transformational programme of change is being established through the *Healthier Together* partnership, structured via nine strategic priorities. These are:

System Productivity	Integrated Care	Effective Planned care	Children's & Maternity services
Healthy Weston	Acute Care Collaboration	Mental Health & Learning disabilities	Prevention & Early Intervention
Primary Care reform (GPFV)			

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

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

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

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

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

4. Local and National Commissioning Context 2018/19

As outlined above, the planning assumptions within the Trust Operational Plan for 2018-19 have been developed in such a way that takes into account both the national priorities highlighted in the planning guidance "Refreshing NHS Plans for 2018/19 and the local priorities for the BNSSG Healthier Together Sustainability and Transformation Plan (STP).

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

- Waiting list maintenance at March 2018 levels for all commissioners, predicted to be 3,240 patients (based on 27,000 pathways at March 2019) and 52 week waits only on an exceptional basis where patient choice has been exercised; and
- Delivery of the other constitutional standards including cancer 2 week waits, cancer 62 day urgent referral to treatment and diagnostic waiting times.

With respect to the Accident and Emergency 4 hour performance standard, the national requirement is for aggregate performance above 90% for the month of September 2018, that the majority of providers are achieving the 95% standard for the month of March 2019, and that the NHS returns to 95% overall performance within the course of 2019. Based on our analysis of actions to improve performance alongside a realistic assessment of the lead time for system actions to fully impact, we have set our trajectory for A&E at 90% by September 2018 and maintenance to March 2019

Locally we have also agreed with commissioners a threshold for RTT performance between 87-90% during the course of 2018-19. On the basis that the Trust will accept a control total for 2018/19, the Trust will be exempt from contractual fines and penalties as defined within the NHS Standard Contract and will also pursue opportunities for securing income for advice and guidance services which are recommended nationally as part of local tariff reform.

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

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

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

Finally, within the next financial year the Trust also expect to be clearer about the outcomes of the North Somerset Sustainability Programme and the future of Weston Area Health Trust as part of a joint review with CCGs, NHS England and NHS Improvement. This in turn may lead to further in depth reviews for out of hospital model of care affecting Trust services, including but not limited to South Bristol Community Hospital.

5. Organisational Strategy 2018-19 Focus

Our 2017/18 NHSI Operational Plan outlined our organisational commitment to the development of the BNSSG STP *Healthier Together* and how, as year one of our two year plan, our 2017/18 priority was to contribute to developing and implementing plans to address the identified system gaps in Care and Quality, Health and Wellbeing and Finance and Efficiency. This commitment remains in 2018/19, with the focus of our strategic and operational plans over year two of our two year plan directed at the following Corporate Objectives:

Strategic Priority	Corporate Objective 2018/19
We will consistently deliver high quality individual care, delivered with compassion.	• Ensure patients have access to the right care when they need it and are discharged as soon as they are medically fit. • Improve performance against access standards and delivery of our performance trajectories in the four core standards. • Improve patient and staff experience • Improve outcomes and reduce mortality
We will ensure a safe, friendly and modern environment for our patients and our staff.	• Develop the Estates and capital strategy during 2018-19 to continue to align the modernisation and development of our estate to our evolving clinical strategy and support delivery of the emerging system wide new models of care. • Maximise the productivity and utilisation of our estate and facilities.
We will strive to employ the best and help all our staff fulfil their individual potential	• Develop our Leadership and Management Capability through delivery of a comprehensive programme of leadership and management training and development. • Continue to improve staff engagement and experience. • Recruiting and Retaining the Best. Continue to market all vacancies with innovative, cost effective solutions, utilising the strong employer brand Love Life Love Bristol to deliver a highly skilled and productive workforce that is as diverse as the community that we serve. • Reward and Performance Management: Improve the quality and application of staff appraisal. • Transform and optimise workforce efficiency: control agency and locum costs, review the Strategic Workforce Plan for the Trust and, in collaboration with BNSSG Workforce Advisory Board, support the strategic workforce activity of the Healthier Together programme.
We will deliver pioneering and efficient practice, putting ourselves at the leading edge of research, innovation and transformation.	• Maximise the opportunity provided by our successful appointment as a National Digital Exemplar site to continue to deliver a programme to support the long-term vision of the Trust's Clinical Systems Strategy - *that every member of our staff will have access to the information they need, when they need it, without having to look for a piece of paper, wait to use a computer or ask the patient yet again.* • Maintain our performance in initiating and delivering high quality clinical trials, demonstrated by remaining within the upper quartile of trusts within our league (as reported to Department of Health via NIHR), maintain our performance in initiating research and remaining the top recruiting trust within the West of England Clinical Research Network and within the top 10% of Trusts nationally (published annually by NIHR). • Maintain NIHR grant applications at a level required to maintain Department of Health allocated Research Capability Funding within the upper quartile nationally (published annually by NIHR). • Continue to develop our research capacity and capability building on the significant grant secured from the National Institute for Health Research to fund a Biomedical Research Centre undertaking cutting edge studies that will improve care and treatment in the future. • Deliver our Transforming Care Programme focussing on working smarter, eliminating waste and transforming the way in which we deliver quality care through service and workforce redesign enabled through digital transformation.
We will provide leadership to the networks we are part of, for the benefit of the region and people we serve	• Lead and collaborate through the BNSSG Healthier Together partnership to make our services fit for the future. • Continue to develop our partnerships with Weston Area Health Trust and North Bristol Trust to support our collective clinical and financial sustainability • Play an active part in the research and innovation landscape through our contribution to Bristol Health

	Partners, West of England Academic Health Science Network and Collaborative for Leadership and Applied Research and HealthCare (CLARHC). • Effectively host the Networks that we are responsible for including Operational Delivery Networks, the CLARHC and Clinical Research Network.
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.	• Deliver agreed financial plan for 2018/19. • Deliver minimum cash balance. • Deliver the annual Cost Improvement Plan (CIP) programme. • Implement an Executive led productivity programme to eliminate waste and add value from : • Out patients; Length of stay; Theatres; Consultant productivity; and Diagnostics.
We will ensure we are soundly governed and are compliant with the requirements of our regulators.	• Recommit to and renew our Trust Strategy, setting the strategic direction for the Trust from 2019-2025, and ensure we integrate our clinical, teaching and research capabilities to maximise the benefit for the people we serve • Implement General Data Protection Regulations. • Ensure all principles of good governance are embedded in practice and policy. • Achieve regulatory compliance against CQC fundamental standards.

6. Quality planning

6.1 Approach to quality planning

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

We do have much to be proud of. The Trust's quality improvement programme led by the Chief Nurse, Medical Director and Chief Operating Officer continues to show us what is possible when we have a relentless focus on quality improvement. In our last strategy, we recognised that access to services is integral to patient experience and that great patient experience happens when staff feel valued, supported and motivated. In our revised strategy, we have now made this wider view of quality integral to our definition. Our quality strategy and quality improvement work is therefore structured around four core quality themes:

• Ensuring timely access to services • Delivering safe and reliable care	• Improving patient and staff experience • Improving outcomes and reducing mortality

Running through each of these are the threads of research, innovation and quality improvement. Our quality improvement priorities are underpinned by our commitment to address the aspects of care that matter most to our patients in collaboration with our strategic partners. They also take into account national quality and commissioning priorities, our quality performance during 2017/18 feedback from our public and staff consultations and are supported by our organisational values – respecting everyone, working together, embracing change and recognising success. We are committed to the continued focus on delivering our quality strategy, through our quality improvement plan and particularly focussing on areas highlighted in our recent CQC inspection as requiring improvement. We will also be focussing in 2018/19 on ensuring we continue to build on the outstanding practice recognised by the CQC and on maintaining our overall rating of Outstanding as a Trust.

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

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

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

Our plans will be built on a foundation of:

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

- Intelligent use of clinical audit and quality improvement activities.
- Learning from internal and external review.

Table 1: Our key quality improvement priorities for 2018/19

Ensuring timely access to services	*Improving patient and staff experience*	*Improving outcomes and reducing mortality*	*Delivering safe and reliable care*
• Deliver the four national access standards • Reduce the number of cancelled operations – particularly at the last minute • Reduce the number of cancelled clinics and delays in clinic when attending an outpatient appointment • Work with partners to ensure that when patients are identified as requiring onward specialist mental healthcare, we minimise the delays and maintain the patient's safety while they await their transfer.	• Create new opportunities for patient and public involvement • Introduce a system to support people to give feedback, where possible in real-time, at the point of care. • Achieve Friends and Family Test scores and response rates which are consistently in the national upper quartile • Improve our handling and resolving complaints effectively from the perspective of our service users • To achieve year-on-year improvements in the Friends and Family Test (whether staff would recommend UH Bristol as a place to work) and staff engagement survey scores • Be upper quartile performers in all national patient surveys • Develop a customer service mind-set in all our dealings with patients, and introduce a programme of mystery shopping to support this	• Implement evidence-based clinical guidance, supported by a comprehensive programme of local clinical audit, and by working in partnership with our regional academic partners to facilitate research into practice and evidenced based care/commissioning • Use benchmarking intelligence to understand variation in outcomes • Ensure learning from unexpected hospital deaths • Deliver programmes of targeted activity in response to this learning	• Develop our safety culture to help embed safety and quality improvement in everything thing we do • Improve early recognition and escalation of deteriorating patients to include early recognition and management of sepsis and Acute Kidney Injury (AKI) • Improve medicines safety including at the point transfer of care (medicines optimisation) • Eliminate peri-procedure "never events" • Delivering national CQUINs

Despite our quality strategy and work to improve our patient flow, we continue to identify ongoing risks in relation to access and patient flow. The challenges we face in delivery of our performance standards are outlined in section 7. In recognising the impact that limited access to services and particularly the cancellation of planned surgery or outpatient appointments places on the quality of care we provide for our patients, our actions to address these through our Transforming Care Programme and productivity and performance improvement plans will remain a key priority for the next year.

6.3 Approach to quality improvement

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

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

We specifically aim to ensure that clinical care is delivered in accordance with patients' preferences and in line with the best available clinical evidence including NICE[1] standards, Royal College guidelines and recommendations arising from national confidential inquiries. By understanding our current position in relation to national guidance (for example through clinical audit) and by working with our regional academic partners (including through Bristol Health Partners and The National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care West) to facilitate research into practice and evidenced based care/commissioning, we can work towards minimising any variations in practice.

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

- All clinical services (at sub-specialty level) will participate regularly in clinical audit (measured by registered clinical audit activity).
- 95% of relevant published NICE guidance[2] will be formally reviewed by the Trust within 90 days of publication.
- We will develop and implement new internal systems for identifying and monitoring compliance with national guidance other than those for which systems already exist (NICE and NCEPOD[3]).

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

[1] The National Institute for Health and Care Excellence
[2] i.e. clinical guidelines, quality standards and technology appraisal guidance
[3] The National Confidential Enquiry into Patient Outcome and Death

Within our Innovation and Improvement Framework, the Trust has developed a QI (Quality Improvement) Academy to align and develop QI training, development and support opportunities for frontline staff, with the aim of increasing capability and capacity within and across frontline teams from awareness to practitioner to expert. We will continue to grow the Academy in 2018/19 increasing our silver level programmes and developing a gold level, QI expert programme.

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

6.4 Quality impact assessment process

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

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

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

6.5 Triangulation of Quality, Workforce and Finance

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

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

- Through the independent review against Monitor's 'Well-led framework for governance' completed in 2015/16, the Trust Board was provided with assurance that systems and process were in place to ensure that the Board and Senior Leadership Team had good oversight of care, quality, operations and finances. The actions identified to further improve the governance systems in the Trust as a result of the review have all been completed. During 2018/19 we plan to complete an externally facilitated Well-Led Review to ensure that we maintain good governance standards and identify areas for further improvement.

6.6 Seven day working

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

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

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

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

7. Activity, Capacity and Performance

7.1 Activity and Capacity Planning

The Trust approach to capacity and demand planning for 2018-19 builds on our experience in using the capacity planning tools provided by the Interim Management and Support Team (IMAS) and the methodology used in the last two years to agree contract volumes with commissioners. Each specialty used the IMAS models to estimate the level of capacity required to hold a stable position of 87% to 90% from March 2018 to March 2019 as per NHS Planning Guidance and to make progress to improve where possible. Following the seasonal decrease in performance, our aim will be to maintain a stabilised position and across the full year, plan in a more structured way to allow for seasonal variation. Demographic growth forms the basis for growing the 2017/18 recurrent activity baseline however, where modelling indicates annual growth in excess of demographic changes, a three-year analysis has been used to estimate recurrent growth.

The Trust Service Level Agreement (SLA) proposals have been built-up from this modelling. The level of planned activity for 2018/19 also takes account of the impact of any planned service transfers, service developments and other known planned changes to activity levels. The current status of contracts with our main commissioners is as follows; Contacts are agreed with all commissioners however there has been further discussions regarding contract volumes and value to be agreed through Variation Orders to assure alignment between plans. NHSE Specialised South West contract value has been agreed and the contract signed, BNSSG CCG contract value has been agreed and signed, along with Associate Commissioner contract values at the end of April.

Within the context of the *Healthier Together* programme, the Trust is working with commissioners to particularly identify areas of exceptional growth and agree shared approaches to demand management. The focus of this joint planning is in outpatients, urgent and emergency care and developing out of hospital models to maximise the utilisation of acute beds, including the reduction of delayed transfers of care.

The schedule of planned day-case and inpatient activity for 2018/19 is used to assess the number of beds required in the Trust. Baseline bed requirements have been estimated from the forecast specialty and work-type level spell volumes and current length of stay. Planned bed-days savings from improvements are being focussed in a number of areas, including Length of Stay reduction through internal efficiencies and productivity at a specialty level, day of surgery admissions for elective patients and exploring opportunities to redistribute activity across our main and peripheral sites to maximise the use of facilities. Seasonality has also been applied to planning the use of beds and theatres to account for necessary phasing of elective and emergency work through the year. Trust capacity plans also include winter planning resilience measures based on continuous learning from our current winter plans and actions to manage prolonged periods of higher demand in the winter months.

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

7.2 Non-Financial performance Improvement trajectories

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

7.2.1 Referral to Treatment Times (RTT)

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

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

The capacity and demand modelling undertaken for 2017/18 has built in appropriate levels of recurrent growth to enable services to invest in adequate levels of capacity to support the maintenance of RTT waiting list sizes, and in some areas, to address residual backlogs through non-recurrent activity where this is considered required and deliverable. The expectation is, therefore, that the current waiting list and performance position against RTT, measured as the number of patients on an incomplete pathway, will be no higher in March 2019 than in March 2018 and reduced where possible . The baseline for performance has been submitted at 87% to allow for the reverse pacing of elective activity from April to July18 and the significant impact of winter pressures on elective cancellations. Focus will also be placed on continuing to sustain and further improve reductions in the number of patients waiting over 52 weeks as indicated in the national guidance where the current level of potential 52 Week waiting patients should as a minimum, be reduced by half.

7.2.2 Cancer standards

The Trust continued to perform well against the majority of the national cancer standards, including achievement of the 62 day GP standard in quarter 3 following implementation of a remedial action plan. The predominant cause of breaches continued to be delays at other providers (38%) with a further 21% of breaches resulting from periods of medical deferral and/or clinical complexity, and 9% due to patient choice. Collaborative work on improving shared pathways continues with a 'virtual PTL' (waiting list meeting) being piloted from February 2018. All other providers in the region have agreed to participate. The 62 day standard is potentially more achievable for the Trust in 2018/19 but is still at risk from external factors. The Trust expects to achieve the two week wait and all 31 day standards in each quarter of 2018/19. The current trajectory for 62day compliance against the national standard is indicating July as the first point of delivery for 18/19.

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

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

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

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

7.2.3 Diagnostic waiting times standards

Performance against the 99% standard was only achieved in February 18 for the 2017/18 year. Performance ranged from 97.6% to 98.8% and the areas that experienced most breaches were: Sleep Studies, Non-obstetric ultrasound, MRI and Cardiac CT. There was an increase in demand experienced by Sleep Studies, Cardiac MRI, Cardiac CT and Paediatric MRI. Staffing issues and reduced capacity were also a factor for Non-obstetric ultrasound, Cardiac CT and Paediatric MRI. The Trust now has a recovery trajectory that aims to deliver 99% performance by the end of May 2018, against a backdrop of a significant shortfall in sonographers, which will increase in July and August of 2018. Plans are currently underway for overseas recruitment, whilst in the interim, using bank and agency staff where applicable.

7.2.4 A&E 4-hour standard

Achievement of the A&E 4-hour standard continued to be a challenge in 2017/18 with the Trust achieving its recovery trajectory between May and November 2017, but struggling thereafter with the start of the seasonal rise in demand. This still represents a significant improvement year on year in the achievement of the A&E 4hr standard, and was particularly well sustained in the Bristol Royal Hospital for Children, who achieved their STF target to date and met the national 95% target for the first 5 months of the year. Levels of emergency admissions during the first half of 2017/18 were 4.6% higher than the same period in 2016/17, exceeding last year's planning assumptions. Delayed discharges in adult services remain the primary cause of the Trust's inability to meet a maximum 4-hour wait. The Trust has refreshed its approach to Urgent Care Improvement, developing the executive-led response group from last winter into a well-embedded Urgent Care Steering Group. Working with Emergency Care Improvement Programme from NHSI the Trust has reinvigorated the recovery plan across all divisions, including improvements in areas of: discharge planning process, targeted reductions in length of stay and supporting partner organisations within the *Healthier Together* programme to reduce delayed discharges and avoid admissions. Based on assessment of the impact and lead time for these actions our aim is to achieve performance against the 4 hour standard of 90% by September 2018 and maintenance to March 2019

7.2.5 Winter Planning

We are current working closely with BNSSG CCG to submit a combined winter plan for 2018/19. Internally learning has been taken from initiatives which were successful in supporting winter demand in 2017/18 and are being consolidated into organisational and divisional plans for 2018/19. These include actions to increase escalation bed capacity; longer term planning for our bed base; and additional staff in key areas, such as deep cleaning, as well as productivity measure, such as more effective use of our catheter labs.

7.2.6 Length of Stay (LOS) Plans

Through 2017/18 we have implemented a new programme to drive productivity across a range of indicators, including LOS. Although we benchmark well against LOS in a number of areas, we also recognise that we have significant opportunities to drive efficiency and bed day savings. Through this programme, our divisional teams have outlined LOS reduction plans in their annual Operating plans, which include actions such as increased access to diagnostics and reporting and continued implementation of enhanced recovery pathways after surgery, improved access to CAHMs services for children and adolescents and increased dates of day of surgery admission for cardiac surgery. As well as these internal measures, we are also working closely with our partners through the urgent care and optimising beds task and finish group and *Healthier Together* to identify system wide solutions to support discharge and optimise the use of our acute bed base. We have run a number of Multi-Agency Discharge Events

(MADE) since January 2018, which have proved effective in the short term in supporting the discharge of patients, but also in taking system wide learning with our partners to inform the work of the task and finish groups.

8. Workforce

8.1 Strategic Context and *Healthier Together Programme*.

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

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

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

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

8.2 Workforce Planning Approach – Operating Plans

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

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

8.3 Managing agency and locum use

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

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

Good progress has been made on reducing agency spend over the past 3 year, as outlined in the table below;

Table 3. Trust agency spend 2016/17 actual to 2018/19 plan

	2016/17 £000	2017/18 FOT £000	2018/19 Plan £000
Nursing staff	8,069	6,712	3,404
Medical staff	1,014	716	460
Other	1,967	1,366	1,304
Total	11,050	8,794	5,168
Agency Ceiling	12,793	12,793	11,779

8.4 Workforce Numbers

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

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

Table 4. Workforce Demand and Supply

DEMAND (Changes in Funded establishment) Staff Group	Funded Establishment 2017/18 Forecast Outturn wte	Service Developments wte	Savings Programme wte	Activity /Capacity Changes wte	Funded Establishment March 2019 wte	Change wte
Medical and Dental	1,290	0	(0.3)	15	1,305	15
Qualified Nursing and Midwifery staff	2,565	9	(2)	15	2,588	22
Qualified Scientific and Professional Staff	1,132	5	0	21	1,158	26
Support to clinical staff	2,562	1	0	12	2,576	13
NHS Infrastructure Support (Admin and Estates)	1,120	20	(8)	9	1,141	21
Total	8,670	36	(11)	72	8,768	97

SUPPLY Change	March 2018 Forecast Outturn			March 2018	Changes March 2018 to March 2019			2018/19	March 2019 Planned Outturn			March 2019
Staff Group	Employed wte	Bank wte	Agency wte	wte	Employed wte	Bank wte	Agency wte	Total Changes wte	Employed wte	Bank wte	Agency wte	Planned Total Staffing wte
Medical and Dental	1,266		6	1,271	37		(3)	34	1,303		3	1,305
Qualified Nursing & Midwifery staff	2,350	120	63	2,532	114	(34)	(24)	55	2,464	85	38	2,588
Qualified Scientific and Professional Staff	1,090	14	9	1,112	49	(4)	1	46	1,138	9	10	1,158
Support to clinical staff	2,318	237	12	2,566	50	(39)	(2)	9	2,368	198	10	2,576
NHS Infrastructure Support (Admin and Estates)	1,045	72	9	1,126	38	(19)	(4)	15	1,083	53	5	1,141
Total	8,069	442	98	8,608	287	(97)	(31)	159	8,356	345	67	8,768

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

8.5 Transformation and productivity programmes

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

Examples of plans for workforce transformation include the following:

Medical:

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

Nursing

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

Scientific, Professional and Technical

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

Administrative and Clerical staff

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

Estates & Facilities staff

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

8.6 Workforce KPIs

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

Staff Turnover Rate A target for 2018/19 has been set to reduce from 13.4% to 12.3 % and to 12.1% in 2019/20.

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

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

8.7 Junior Doctor Contract

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

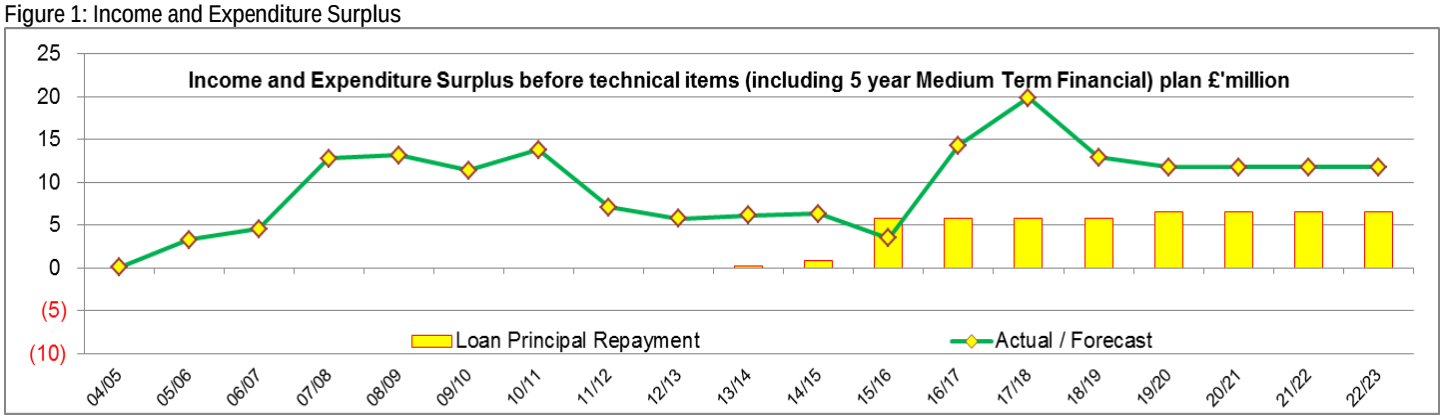
9.0 Financial Planning

9.1 2017/18 Actual Outturn

9.1.1 Net surplus

The Trust achieved a 2017/18 net income & expenditure surplus of £19.9m, which is a £7.0m favourable variance against the accepted control total surplus of £12.9m. The variance was due to loss of Sustainability performance funding for quarters 1 and 4 (£1.7m) offset by NHS Improvement support received to offset income losses (£1.3m) plus a late share of incentive & bonus funding from NHS Improvement (£7.3m). This will be the Trust's 15th year of break-even or better. A summary of the Trust's financial position, including the historical performance, is provided below in figure 1.

Figure 1: Income and Expenditure Surplus



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

9.1.2 Savings

The Trust's 2017/18 savings requirement was £11.5m. Savings of £12.1m were delivered in the year. Of these £8.8m were recurrent. The Divisions' underlying deficits from 2017/18 of £6.1m will be carried forward into the 2018/19 savings requirement.

9.1.3 Capital expenditure

The Trust's capital expenditure was £25.4m for 2017/18 against an NHS Improvement plan of £47.9m due to scheme slippage, primarily within the Trust's strategic programme. The Trust's gross carry-forward commitments into 2018/19 are £31.9m.

9.1.4 Use of Resources Rating

The Trust's Use of Resources Rating (UORR) of 1, is the highest rating. The Trust has strong liquidity with a working capital balance of £43.0m at the 31st March 2018 and achieved 24.8 liquidity days and a liquidity metric of one. The Trust's revenue available for capital service was £53.7m delivers capital service cover of 3.0 times and a metric of one. The Trust's net income and expenditure margin was 2.9% and achieves a metric of one. The adverse I&E margin variance achieves a metric of 1 and the forecast agency expenditure metric scores a rating of one. The position is summarised below.

Table 5: 2017/18 Use of Resources Rating

	Metric	Rating
Liquidity	24.6 days	1
Capital service cover	3.03 times	1
Net I&E margin	2.91%	1
I&E margin variance	0.94%	1
Agency expenditure variance against ceiling	34.3%	1
Overall UORR rounded	1	1

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

9.2 2018/19 Financial Plan

9.2.1 Introduction

The 2018/19 plan is based on the following key drivers;

- Acceptance of the NHS Improvement proposed control total of a £22.0m surplus. This includes receipt of £18.7m Provider Sustainability Funding (PSF) and obviates the need to pay core performance fines.
- The Trust's savings target is set at 5.1% of recurrent budgets generating £25.7m
- The stretch to the proposed control £22.0m control total beyond the 2017/18 plan is £3.6m which is included in the savings target.
- The plan still carries a risk around the unresolved issue of Wales HRG4+ tariffs (valued at £1.5m) which is assumed to be received as income in year.
- A gross inflation uplift of 2.1% (plus the CNST tariff uplift) includes a 1% pay award and incremental drift together valued at £5.2m, the balance to full year impact of the new Junior Doctors contract at £0.8m, pensions auto-enrolment at £0.8m, an increase in the cost of Clinical Negligence Scheme for Trusts (CNST) premiums at £2.9m and non-pay inflation at 3% or £2.2m. The 2.1% uplift is considered just about adequate but makes no allowance for other cost pressures;
- Net activity growth of £10.0m, additional high cost drugs of £12.6m, Research & Development growth of £3.5m, CEA Awards of £0.4m and a loss of £1.5m relating to HRG4+ Wales income;
- Service Level Agreement (SLA) proposals have been agreed with Commissioners. This included Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Groups (CCGs) and associates and NHS England (Specialised and Non-Specialised);
- The Divisional 2017/18 over-spending of £7.2m has been covered by non-recurrent measures in 2017/18. Of these measures c.£6m are non-repeatable in 2018/19 hence the underlying shortfall requires recurrent CIPs to be delivered to prevent this going to the bottom line. The derivation of the £7.2m is from accumulated cost pressures (mainly Nursing and Medical Pay) and unachieved prior year savings targets.

The Trust believes the plan continues to describe an excellent level of financial performance. A surplus plan has been delivered for the 15 years up to 2017/18 and 2018/19 will be the 16th year. The Trust is proud of this track record which it has used to underpin its achievements in terms of capital infrastructure and quality improvement.

9.2.2 Financial Plan

The 2018/19 financial plan of a £22.0m surplus is summarised below

Table 6. Summary of financial plan

Surplus / (Deficit)	£m	
Underlying position brought forward	(0.4)	Position excludes £13.3m PSF
National Tariff efficiency requirement	(10.1)	2.0% deflator included in the 2018/19 National Tariff
Divisional underlying deficit from 2017/18	(6.1)	
Savings programme	25.7	
Cost pressures		
Divisional clinical cost pressures	(0.7)	Increase offset in part by Tariff.
Capital Charges volume growth	(1.2)	Volume growth.
Medical and Dental SIFT	(0.7)	Estimated HEE impacts
Corporate risk prioritised cost pressures	(0.5)	Unavoidable recurrent costs only.
Pharmacy out-sourcing costs	(0.3)	Unavoidable recurrent costs only.
CEA awards	(0.4)	Not fully funded
Other cost pressures	(0.2)	
Tariff Loss	(0.1)	Tariff Adjustment
2018/19 Underlying position	5.1	
Non-recurrent		
Provider Sustainability Funding	18.7	
Change costs / spend to save	(0.3)	To fund schemes generating recurring savings.
Corporate risk prioritised cost pressures	(0.5)	Unavoidable non-recurrent costs only.
Transition costs for strategic schemes	(0.3)	In support of strategic capital schemes.
Clinical IT programme	(0.7)	Funds the IT Programme support costs.
Net I&E Surplus / (Deficit) exc. PSF & technical items	22.0	Definition used for Control Total purposes.
Donated asset depreciation	(1.5)	
Donated asset income	3.0	
Net impairments	0.6	
Net I&E Surplus / (Deficit) inc. technical items	24.1	

9.2.3 Income

The Trust's total income is £693.5m and is summarised below.

Table 7: 2018/19 Income build up

		£m	£m
Rollover Income	Recurrent income from 2017/18		653.5
Tariff	Gross inflation including CNST	13.2	
	Efficiency	(10.1)	
			3.1
Impact of Guidance	Tariff impact	(0.1)	
			(0.1)
Activity/SLA Changes	Service transfers	0.9	
	Recurrent activity (including undelivered QIPP)	6.3	
	Non-recurrent activity (including undelivered QIPP)	2.0	
	Remove prior year non-recurring activity	(4.3)	
	Non RTT activity changes	5.0	
	Revenue Developments (ERPs)	0.2	10.1
Provider Sustainability Funding			5.4
Other	High cost drug / devices assessment (including NICE)	12.6	
	Research & Development growth	3.5	
	CQUINs	0.5	
	Other	5.0	
			21.5
	Total 2018/19 Income		693.5

9.2.4 Costs

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

- Inflation costs of £13.2m;
- Agency costs of £5.8m;
- Savings requirement of £25.7m;
- Recurrent unavoidable cost pressures of £4.1m;
- Non Recurrent unavoidable cost pressures of £1.8m;
- Payment of loan interest at £2.7m;
- Depreciation of £25.9m; and
- Capital charges volume growth of £1.2m.
- Stretch to deliver control total surplus of £3.6m (0.7%)

9.2.5 Cost Improvement Plans

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

- Commissioner efficiency requirement of £10.1m (2.0%);
- Divisional underlying deficits of £6.1m (1.2%);
- Unavoidable recurrent cost pressures of £4.1m (0.9%); and
- Unavoidable non-recurrent cost pressures of £1.8m (0.3%).
- Stretch to deliver control total surplus of £3.6m (0.7%)

This represents a CIP requirement of £25.7m or 5.1% of operational budgets.

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

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

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

- Improving purchasing and efficient usage of non-pay including drugs and blood;
- Ensuring best value in the use of the Trust's Estates and Facilities. This includes a review of the delivery of specific services, and further improvements in energy efficiencies;

- Ensuring best use of technology to improve efficiency, linking productivity improvement with the introduction of new tools in clinical records management and patient administration;
- Addressing and reducing expenditure on premium payments including agency spend; and
- Focussing on reducing any requirement to outsource activity to non-NHS bodies.

The Trust's risk assessed CIP plan is summarised below. The total of unidentified savings is currently £2.4m.

Workstreams	£m
Allied Healthcare Professionals Productivity	0.9
Medical Staff Efficiencies Productivity	0.6
Nursing & Midwifery Productivity	1.1
Diagnostic testing	0.2
Reducing and Controlling Non Pay	4.9
Medicines savings (Drugs)	0.8
Trust Services efficiencies	0.6
HR Pay and productivity	0.1
Estates and Facilities productivity	0.7
Productivity	3.1
Other	6.7
Subtotal – savings identified	19.7
Unidentified savings	6.0
Total – savings requirement	25.7

9.2.7 Capital expenditure

The Trust has a significant capital expenditure programme investing £613m from April 2007 until March 2023 in the development of its estate. In 2018/19, the Trust's planned capital expenditure totals £47.0m, after estimated £22.5m slippage into 2019/20 which will be reviewed later in the year when the position is firmed up. The net 2018/19 capital expenditure plan is summarised below:

Table 8: Source and applications of capital

Source of funds	2018/19 Plan £m	Application of funds	2018/19 Plan £m
Cash balances	7.6	Carry forward schemes – Phase 5	15.8
Depreciation	24.3	Carry forward schemes – Other	16.1
Loan – Car Park Scheme *	3.2	IM&T	4.1
Donations	3.0	Medical equipment	8.9
Public Dividend Capital	1.6	Operational capital	6.2
2017/18 Incentive STF Funds	7.3	Estates replacement	2.5
		MSCP	3.2
		Phase 5	5.4
		Additional Capital Investment (unallocated)	7.3
		Net slippage estimated	(22.5)
Total	47.0	Total	47.0

The Trust completed a loan application in support of University Hospital's Bristol Marlborough Hill Car Park Scheme for £19.1m. This was submitted to the Independent Trust Financing Facility (ITFF) in March 2017 and the ITFF recommended the application.

9.2.8 Use of Resources Rating

The planned net surplus of £22.0 and acceptance of the proposed 2018/19 control total of £22.0m is the driver behind the Trust's overall Use of Resources Rating (UORR) of 1.

9.2.9 Summary Statement of Comprehensive Income

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

Table 9: SoCI and closing cash balance

	2018/19 Plan £m
Income	690.5
Operating expenditure	(632.4)
EBITDA (excluding donation income)	58.1
Non-operating expenditure	(36.1)
Net surplus / (deficit) excluding technical items	22.0
Net impairments	0.6
Donation income	3.0
Donated asset depreciation	(1.5)
Net surplus / (deficit) including technical items	24.1
Year-end cash (Estimate – firmed up figure to be confirmed before submission)	83.0

9.3 Financial Risks

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

- CQUIN schemes are not earnable and may cost more to deliver;
- Cost pressures exceed that budgeted for – particular concern exists over the cost of the new Junior Doctors contract and the proposed Agenda for Change contract
- Delivery of the Trust's new savings programme is considered high risk;
- Planned activity is not delivered hence compromising the Trust's Operational Plan including the potential need to use premium cost delivery methods; and
- Growth in emergency activity cannot be managed within planned capacity or there is a failure to invest in Community and Primary Care schemes to support this demand – leading to loss of elective activity and premium rate solutions.

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

The original two year control total of £24.642m was rejected so sustainability funding was not included. For the final plan this forms a major reason for the increase to the £693.5m income plan. The full reconciliation is shown below:

The planned level of income is higher – as follows:

	£m
Original 2018/19 plan	649.5
Tariff inflation	0.8
Net activity changes	7.0
High cost drugs	9.6
Loss of CQUINs	(1.6)
R&D increases	3.5
HEE Reductions	(0.7)
Donations	3.0
Service Transfer	0.9
Other net changes	2.8
Provider Sustainability Funding	18.7
Total	693.5

9. Membership and elections

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

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

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

10.2 Governor recruitment, training and development and member engagement activities

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

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

10.3 Membership strategy – plans for next 12 months

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

10. Conclusion

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

Self certification

	00PLANCY	Maincode
	Self-cert declarations Plan 31/03/2019 Year Ending	
	DROP-DOWN	Subcode

1. Declaration of review of submitted data

The board is satisfied that adequate governance measures are in place to ensure the accuracy of data entered in this planning template.

We would expect that the template's validation checks are reviewed by senior management to ensure that there are no errors arising prior to submission and that any relevant flags within the template are adequately explained.

i	Confirmed	SEL0100

2. 2018/19 Control Total and Sustainability & Transformation Fund Allocation

The Board has accepted its control total and has submitted this operational plan for 2018/19 that meets or exceeds the required financial control total for 2018/19 and the Board agrees to the conditions associated with the Sustainability and Transformation fund

i	Confirmed - control total accepted: S&T fund allocation incorporated in the plan	SEL0110

3. 2018/19 Capital Delegated Limit

All NHS Trusts have a capital delegated limit of £15m. Foundation Trusts that fulfil any of the distressed financing criteria in rows 22-24 will have a capital delegated limit of £15m. As set out in the Capital regime, investment and property business case approval guidance for NHS Trusts and Foundation Trusts, providers with delegated capital limits require business case approval from NHS Improvement.

Foundation Trusts that do not fulfil any of the distressed financing criteria are subject to the reporting and review thresholds as per the "Transactions guidance – for trusts undertaking transactions, including mergers and acquisitions (November 2017)" and the Capital regime, investment and property business case approval guidance for NHS trusts and foundation trusts.

Please complete below.		FT	SEL0130
Are you in Financial Special Measures?	i	Not in Financial Special Measures	SEL0140
If you are an FT, are you in breach of your licence? Or are you an NHS Trust?	i	Not in breach of Foundation Trust license	SEL0150
Have you received distressed financing or are you anticipating receiving this in either of the planning years?	i	Not in Receipt of Distressed Financing	SEL0160
Delegated capital limit (£000)		Existing reporting and review thresholds apply	SEL0170
Adjusted delegated capital limit (£000)	i	N/A	SEL0175
The Board agrees to the delegated limit for capital expenditure and business case approvals in line with the Capital regime, investment and property business case approval guidance for NHS Trusts and Foundation Trusts.	i	Confirmed	SEL0180

In signing to the right, the board is confirming that:
To the best of its knowledge, using its own processes, the financial projections and other supporting material included in the completed Provider Financial Monitoring System (PFMS) Template represent a true and fair view, are internally consistent with the operational and, where relevant, strategic commentaries, and are based on assumptions which the board believes to be credible. This operating plan submission will be used to measure financial performance in 2018/19 and will be included in the calculation of the finance and use of resources metrics assessed under the Single Oversight Framework in 2018/19.

Signed on behalf of the board of directors; and having regard to the views of the governors (for FTs):

Signature	i	Robert Woolley 
Name		Robert Woolley
Capacity		Chief Executive
Date		30/04/2018

Signature	i	Paul Mapson 
Name		Paul Mapson
Capacity		Director of Finance and IT
Date		30/04/2018

Cover report to the Public Trust Board. Meeting to be held on 26 April 2018 at 11.00 – 13.00, Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

		Agenda Item	12
Meeting Title	Public Trust Board	**Meeting Date**	Thursday, 26 April 2018
Report Title	**Transforming Care Programme Board report – Q4**		
Author	**Simon Chamberlain, Transformation Programme Director**		
Executive Lead	Paula Clarke, Director of Strategy and Transformation		
Freedom of Information Status		Open	

Strategic Priorities **(please choose any which are impacted on / relevant to this paper)**			
Strategic Priority 1: We will consistently deliver high quality individual care, delivered with compassion.	☒	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 Trust Board on progress with Trust wide programmes of work under the Transforming Care programme. <u>Key issues to note</u> The report sets out the highlights of progress over the last quarter and the next steps
Recommendations
Members are asked to: • **Receive** the 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 recruit, train and sustain an engaged and effective workforce.	☒	Failure to comply with targets, statutory duties and functions.	☒
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.	☐		

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)**

Transforming Care Update to Trust Board

April 2018

The purpose of this report is to update the Trust Board on progress over the last quarter with the programmes of work within the Transforming Care programme. During this quarter, as well as continuing to deliver against agreed plans we have begun to transition the focus of our work to support the agreed priority themes for 2018/19.

1. Over the last quarter the Ward Processes & Real Time programme has changed to support the adoption of new IT tools on our wards, supporting their adoption and seeking opportunities to realise benefits, ensuring we make the best use of the increasing amount of data available in real time.

We have supported the introduction onto each ward of the Clinical Utilisation Review (CUR) IT system. Using this tool, an assessment is made of the care being provided to every inpatient every day and based on this the tool uses an algorithm to assess whether the patient is being cared for in the correct setting, and also flags where there are delays to the progress of the patient's care. This provides valuable daily data for operational management as well as critical management information on how well we are managing flow and how we can influence partner organisations to improve their reponsiveness.

Based on this we are renewing how we identify and report "Green to Go" patients so that there is greater objectivity and consistency in identifying and reporting delayed patients, and better focus on addressing barriers to flow. We are also working on how the Clinical Site Team can make use of the CUR information in the daily management of flow, ensuring earlier escalation of barriers to the right care and designing reporting and reviews so that the CUR information informs division plans to improve length of stay.

2. We have conducted a review of the introduction of the Wardview electronic ward whiteboard, which is now in use in many of our inpatient wards. Based on this an upgrade to the way information is displayed is to be rolled out shortly. This will provide greater consistency across wards, with particular benefit to teams such as therapists who visit many wards. It will also ensure CUR status data is displayed on the boards as a reminder for discussion and action in board rounds. This addition is currently under development, and once available will be trialled to explore how this might work in place of reverse triage status.

3. The roll out of the eObservations system to ward areas is on track to cover 80% of adult inpatient wards by the end of April. The focus of our benefits realisation work to date has been on patient safety and related reporting. The system gives better visibility of completed observations, of observations outside of expected thresholds and of patients requiring escalation. This is improving our visibility of results and escalation and prompting ideas for improving how we manage and report these. We

are exploring what reports can be automatically generated from the data gathered and with the introduction of the CareFlow messaging system, we will explore how we use the data to automatically notify of escalation and observations requiring review.

4. In January we held our first Multi Agency Discharge Events (MADE). The aim of these events was to accelerate discharge where possible by inviting clinical staff from our community partners to engage in ward/board rounds and identify patients who may be suitable for discharge with support in the community. Following the success of the events in January, a further mini-MADE event took place where a GP and BCH senior therapist supported a number of board rounds and assisted in progressing care. Then a Bristol City Council (BCC) focussed MADE event was organised across five days. We used this event to identify a small number of patients each day with particularly complex circumstances and ask a range of BCC leads and supporting specialists to advise on interventions to try to move these patients forward. Finally, a further MADE event took place following the Easter weekend. This event received good support from colleagues in Bristol Community Health (BCH) and was helpful in promoting the discharge of ten of our inpatients.

In response to the learning from these events, a mapping exercise of our Discharge to Assess pathways took place earlier in April to respond to concerns that the process for staff to access these pathways for their patients are too complex. This identified several areas for improvement which are being undertaken as part of our Integrated Discharge Service (IDS) improvement programme. In addition, a new directory of community services and contacts has been created to make staff more aware of the capability in the community, particularly via BCH, and how to access it.

5. Our Outpatients programme is focussed on the preparations for the switch off of paper referrals in June. We are on track to achieve this challenging target, but further work on training and communications is in hand to support this and ensure all relevant staff are prepared for this change. The pilot of electronic referral triage has proven successful and detailed plans agreed to roll this out of this, with the aim of using this across 80% of referrals by the end of 2018. This will both remove paper from referral triage and accelerate the time from receipt of referral to appointment booking

The programme continues to look in detail at causes of DNAs. Detailed work at clinic level using new reporting has allowed us to further target our use of text reminders. We are now able to review DNA performance at clinic level using statistical process control charts to demonstrate where change is leading to improvement, and our overall DNA rate has fallen consistently below 7% in 2018 (excluding the weather affected weeks).

We continue to work on the development of our Appointment Centre to centralise the handling of outpatient appointment bookings. Detailed work with the specialties in the Children's hospital is underway to document their clinic booking rules ahead of their transfer to the appointment centre, as the next step in this process. This will bring benefits in improved service to patients making bookings as well as improving the productivity of our admin processes

6. As part of our programme to develop a “Customer Service mind-set” in our organisation, we are starting to introduce the principles of customer service which were developed in 2017. These principles have now been introduced into the induction day for new members of staff, into the existing customer service training programmes and into the volunteer and apprenticeships programmes. We are now planning the launch of a more detailed training programme – targeted initially at outpatients clinic staff - to give them greater insight into customer service, using a course developed in Sheffield University Hospitals.

7. Alongside this work, we have also supported further work to improve our telephone communications with patients and families. Working with teams in the dental hospital we have developed a “take Phonership” campaign to highlight the importance of answering the phone promptly, and have featured good practice taken from ward 31 in the BRHC who have shown consistently good practice in promptly answering incoming calls. We have collated good practice in telephone answering and are meeting departments with lower performance to help plan improvement

8. During 2017 we worked through a programme to implement a redesign of our patient appointment letters. This followed patient feedback on the clarity and ease of finding critical information. Alongside the letters it has required redesign of many of our leaflets so that the information together makes sense to patients. We are now at the position where the vast majority of our letters have moved to the new design and we have a short list of specialties where the work is to be completed. This has been a significant programme to improve the quality of written communications and we will undertake further patient surveys to confirm that the benefits to patients which we saw following the initial pilot work continue to be delivered.

9. During 2017 our admin transformation programme focussed on ensuring a robust recruitment process to ensure that we recruited staff with the right skills and competencies into key clinical admin roles. The focus of this work has moved to ensuring that those staff once recruited receive properly structured training and support to ensure they are provided with the right knowledge and skills before starting work. We have agreed for each role a training pathway and redesigned how this training is provided to ensure they can receive essential to role training off the job immediately following induction, and are then supported in a structured development and assessment programme. This has meant redesigning how IT training in particular is provided. This work also closely aligns with our apprenticeships programme to ensure the training systems are consistent and support the longer term development of our admin staff.

10. During February and March we re-launched the Happy App across our hospital. The Happy App is a computer based tool for gathering real time information from staff as to how they are feeling and the issues that get in the way of their work. The tool was well received by staff when rolled out in 2016/17. The relaunched tool provides better feedback to staff on the information gathered, and makes it far easier for managers to analyse the feedback received and prioritise the actions needed to address the staff issues reported. Alongside the relaunch we have changed the arrangements for oversight and reporting of the Happy App information so that there is better upward reporting of its usage and better alignment with other staff

engagement activities taking place in the Divisions, ensuring better use of the information gathered.

11. Earlier in April the Quality Improvement (QI) Academy saw the first cohort of participants graduate from our Silver programme. This is a 6 month programme aimed at supporting staff with an agreed project, providing a mix of teaching, coaching and peer support as they develop their projects over the duration of the programme. Seven projects presented their work during the graduation event, covering subjects as diverse as tissue donation, the management of drug trial information, improving the BHOC day unit and improving the discharge summary process. The feedback on this programme was very positive and a second cohort of projects is now underway.

In 2017/18 the QI Academy has seen nearly 200 staff take part in the Bronze training programme and has seen the QI Hub become established as a point of contact for any member of staff who wants to discuss a QI idea. During 2018/19 we are aiming to maintain this level of success, develop further our Silver offer and develop a Gold programme to further build our ranks of QI coaches and leads. In addition we are already planning our second QI Forum to take place in July.

12. The latest version of the Transforming Care programme status report as prepared for the Transformation Board is attached at Appendix 1.

13. During Quarter 4 each year we renew our transformation priorities for the following year. These reflect Trust and Division priorities and demonstrate the continuing breadth of transformational activity being undertaken across the trust. We continue to describe these using the six pillars of Transforming Care. The agreed Transformation priorities for 2018/19 are shown at appendix 2.

14. This year following discussions at Transformation Board and SLT it was agreed that alongside the broad transformation priorities agreed under the six pillars we would identify a subset of these to become the main focus of transformation board and the priority for deployment of our transformation team capacity. It was agreed that this subset would be focussed on the following three themes:

• Projects which will enable and drive our working smarter, productivity improvement objectives

• Digital Transformation - beyond the technical delivery of new IT tools, ensuring we support and expect clear benefits in the delivery of quality, safety and productivity outcomes and enable new ways of working internally and externally

• Quality Improvement - Build on the launch of the QI Academy to encourage ideas from staff and build capability and capacity to deliver more quality improvement

Appendix 3 sets out the alignment of the working smarter productivity improvement priorities, the transformational themes and the digital implementation work which will support these goals.

15. In support of these renewed priorities, the Transformation Team are supporting the introduction of the new IT tools being introduced to our hospitals, many as part of

the GDE programme. The contribution of the transformation support is focused on communications, staff engagement and benefits realisation, We have agreed an overall approach to how IM&T and Transformation the teams work together and this is being enacted now in support of the roll out of CUR, eObservations and other projects. There is a very clear description of roles within the team and a process developed to describe how Transformation will support the structured identification of benefits.

16. Next Steps: Much of this work has already been mobilised and is underway and during the next month we will be confirming specific aims and plans around each theme in order that we can transition our focus and energies to the new priorities which have been agreed.

Appendix 1: Transforming Care Programme report - April 2018

Pillar	Details	Purpose	Key deliverables	Planned month		Forecast month	Current status	Risks	Benefits / Measures
Delivering best care	**Customer Service Mind Set** **Exec lead:** Carolyn Mills **Project lead:** Paul Lewis **Transformation lead:** Simon Chamberlain **Project phase:** Planning	To develop a consistent customer service mind set in all our interactions with patients and their families	• Develop staff engagement approach	Mar	A	Apr	• Roll out plan for principles is underway (Trust Induction, volunteer apprenticeship programmes).	• Fail to align effectively with other programmes causing duplication of effort • Staff may perceive principles to overlap with values and leadership behaviours • Challenging engagement with clinical staff due to commercial terminology	Measures are being finalised. •50% reduction in number of telecoms complaints by 31 March 2019 • Improvement in scores on patient experience survey that relate to principles • Increased number of staff attending relevant levels of customer service training • Audit. mystery shopping to hold staff to account
			• Advanced customer servivce training programme developed and piloted with outpatients staff	Jul	G		• Investigating application and licencing of training developed in Sheffield.		
			• Integrating customer service principles into current customer service training	Dec	A	April	• Principles are being integrated into current two-hour customer service training		
			• Communuications strategy developed	April	G		• Initial ideas discussed with John Kirk. Timeframes for 2018/19 milestones are being finalised to inform communications plan.		
			• UHB Customer Service Accreditation scheme is scoped and designed (to pilot in 19/20)	Dec	G		• Reviewing examples of customer service accreditation schemes (e.g. Servicemark - Institute of Customer Service, Customer Service Excellence Standard) to adapt for use at UH Bristol		
	Patient Communication • Letters • Email • Telecoms **Exec lead:** Carolyn Mills **Project lead:** Alison Grooms **Transformation:** Caitlin Bateman **Project phase:** Implementation	**Patient Letters** To improve and standardise the quality of all appointment letters that are sent by UHBristol to patients, guardians and carer (both electronically and non-electronically generated) in line with the Trust's Objective 5 - 'To improve how the Trust communicates with patients'.	• Phased roll out of letter upgrades underway in SHN, BHI, D&T, Med & BHOC	Sep	A	Apr	• Delays are being escalated to Outpatients steering group.	• Ability to resource the rewriting of letters Trust wide against the letter quality standards. • Costs associated with sending of new Outpatient and Inpatient leaflets. Costs will be established during pilot phase.	• To improve patient experience and reduce patient communication related complaints and DNA's
			• CRIS letters improved	Apr	G		• PACS manager updating CRIS letters one specialty at a time, and patient information leaflets being created		
			• Ongoing governance of patient letters to be agreed	Mar	A	Apr	• SOP to be written		
			• Evaluation of letters project	Feb	G	Apr	• This will include a Champions Week in addition to data from complaints and staff feedback		
		Medway based email correspondence To provide our patients with the option of receiving their appointment letter via email instead of post, as preferred by many of our patients, especially those with visual impairment.	• IT changes to Medway made to allow email validation	Mar	A	May	• IT changes are in final testing and will be ready from April. Capacity in the appointment centre (who will be validating email addresses) means go-live will be delayed until May	• IT capacity to deliver necessary changes to Medway	• To provide our patients with the choice of receiving their appointment letter via email. • To reduce printing and postage costs
			• Adding email address collection to self check-in kiosks	Feb	R	Aug	• This is planned to commence in June. Briefings for the appointment centre and training to take place in May. All reception managers have been offered a briefing.		
			• Communication of launching emails	Jun	G		• Patient comms: Posters and leaflets have been drafted and will be available in reception areas. It will also be communicated via Voices magasine. • Staff comms: Staff involved will be emailed and managers informed and asked to disseminate to their teams. Trustwide comms planned for all stakeholders.		
			• Reception and call-handling staff trained	May	G		• Final changes being made to eLearning and SOP		
			• Email collection commenced	Feb	R	Jun	• Email address collection will commence once IT changes have been made and the email addresses already collected have been validated.		
		Voice Telecoms: To ensure that anyone who calls within or outside the Trust gets through to the services they need, receives a consistently professional service and has their query responded to promptly.	• Action Planning	Apr	G		• Priority departments identified. We are meeting with divisional and operational managers to plan practical improvements (initial contacts with BDH, Sleep Department, BHI waiting list office)	• Improving telecomms quality might drive calls up • Staff don't have capacity to answer the phone or respond to queries, so quality improvement limited • Poor telecoms may be one symptom of broader team challenges (e.g. bullying) which is beyond project scope	•50% reduction in number of telecoms complaints by 31 March 2019 • Increased patient satisfaction e.g. Q9 OP experience survey • Reduction in number of unanswered calls and increase in callers getting through first time
			• Develop Trust-wide best practice standards for call handling	Mar	G		• Current SOPs identified and merged into single standards for use Trustwide		
			• Practical improvement tool is developed for managers to use with their teams	May	G		• Draft tool in development based on learning from key departments		
			• Communication strategy to raise Trust-wide awareness of telecoms initiative	April	G		•Case studies etc. are in development for communications strategy		
	Innovation & "Bright Ideas" **Exec lead:** Paula Clarke **Project lead:** Anne Frampton **Transformation:** Stephen Brown **Project phase:** Implementation	To promote and encourage innovation and improvement, in order that staff with good ideas can bring them to life, so that patients, staff, the Trust and the wider NHS will benefit	• QI Hub - Moving to business as usual	Apr	G		• Documenting process developed and being piloted • Review of submissions now standing agenda at monthly meetings • Ongoing comms plan being developed to keep the Hub visible (e.g. monthly reminders)	Development of the intranet pages reliant on one staff member	• Recognition of good practice by staff • Promotion of growth in innovation and Hub activity
			• QI Forum 2018 Implemented	Jul	G		• Plan for next QI Forum to take place on 10th July in BHI Atrium • Comms plan to be developed to advertise Forum and request initial abstracts from May		
	Outpatients Transformation **Exec lead:** Alison Grooms **Project lead:** Nina Stock **Transformation:** Alex Layard **Project phase:** Implementation	To deliver a high quality service through a friendly, accessible, consistent and timely service.	• Trustwide Outpatient Receptionists uniforms in use	Oct	A	Apr	• Funding and ongoing replacement agreed; additional samples to be reviewed at OSG Apr 18	• Organisation support for Appointment Centre plans • Capacity of Divisions to complete key actions • Capacity to support development of training	• Improved patient experience • Productivity improvement from DNA reduction/activity increase • Achievement of eRS and Advice & Guidance CQUINs quarterly targets
			• 90% of GP to Consultant referral clinics available on eRS by Q4	Apr	G	Apr	• 92% of services currently available on eRS.		
			• e-learning package for eRS live	Oct	R		• e-Learning package to be available on Kallidus by the end of March • Train the trainer sessions delivered by NHS Digital on site on 5-6 March 2018		
			• Electronic triage pilot	Oct	R		• Roll-out plan to be agreed by the end of April. 80% of referrals being triaged electronically by the end of 2018		
			• Outpatient standards e-learning developed	Apr	G		• Task and finish group developing scope and content • E-learning team to develop training		
			• Divisional outpatient booking transferred to appointment centre	Apr	G		• Neurophysiology to transfer first and then process scaled up for remaining specialties to transfer		
			• Appointments booking centralised for all Divisions	Oct	G		• Deputy OP Manager and Transformation Lead to take forward with Divisions based on learning from first tranche of specialties		
Improving patient flow	**Urgent Care** **• Ward Processes & Real Time** **• Integrated Discharge** **• Capacity in and out of hospital** **Exec lead:** Mark Smith **Transformation Lead:** Jan Belcher & Jennifer Pollock **Project phase:** implementing **Project leads:** Dr Rachel Bradley and Sarah Chalkley **EDD and ?Home within 24 hours:** Miss Meg Finch-Jones and Jennifer Pollock **Discharge Lounge:** Trevor Brooks **Operational Reporting:** Dr Rachel Bradley and Jan Sutton **e-Whiteboards and effective board rounds:** Mark Newland **Flow Trackers:** TBC **IDS lead:** Andy Burgess **Capacity in and out of hospital:** Andy Burgess	**Ward Processes and Real Time** Roll out an integrated Ward Processes and Real Time programme	• Ward Processes Phase 1 roll out complete and embedded as business as usual	Mar	G	Mar	• Completed - Workstream leads are completing a summary and evaluation of work completed	• Capacity within Divisions to lead and support programmes cross divisionally given operational demands and winter pressures	• Achievement of 4 hour improvement trajectory • Improve patient experience • Improved Bed Occupancy and reduction in outliers • Increase in before 12 noon discharges • Increase nos. to the discharge lounge • Reduced Green to go patient numbers • Patient experience by reduction in duplication of questioning • Single referral form will promote improved quality and timeliness of information, supporting trusted assessment
			• Criteria led discharge embedding completed	May	G		• CLD continuing to be piloted across Medicine, SpS. Plan being developed in BHI and BHOC but need to recruit more junior doctors to support • Work to increase visibility of CLD is underway - Operational reporting at flow meetings. Exploring links with Bluespier and Carddas		
			• Implementation of change to pharmacy and nursing process in the Discharge Lounge	Apr	G		• Project closure document in progress		
			• Diamond Discharge patients process implemented	Apr	G		• Identifying patients in advance, information shared at silver meeting, 3 diamond discharge patients actively pulled to the discharge lounge to arrive by 09:30am (Mon-Fri). Connects with operational reporting tool.		
			• Operational Reporting and Bed Management: New reports rolled out to Surgery and specialised services	Dec	A	Apr	• Training commenced in SpS and will now be supported by additional trainer • Training complete in Surgery - engaging with ward sisters/matrons to maximise benefits of system • Training to be arranged with SBCH.		
			• Ward View roll out Trust-wide	Dec	R	TBC	• Live on 25 Wards - 10 remaining (in SBCH, BHOC and BRI) • Completion of Trust-wide roll-out paused until technical issue resolved. • Impact assessment underway - columns to be standardised as a result. Plan to rollout update early April	• OR Project lead contract ends at the end of March, 2018 • Ward view cannot move forward with installing screens until technical fix is acheived but will move forward with engagement with teams to standardise screens	
			• BHI flow tracker implemented across BHI (including escalation SOP)	Nov	A	Apr	• Responses collated and fed back to IT - Tracker updated and changes made. • Meeting with BRI bed base flow report team to understand crossover with flow tracker.		
		Integrated Discharge Service To establish a fully Integrated Discharge Service which reduces occupied bed days whilst improving patient outcomes and experience	• Single Referral Form roll out Trustwide to replace CM7 completed	Apr	R	TBC	• Testing care home acceptance to replace CM7 and acceptance of SRF as replacement for CHC funding.	• Insufficient capacity in the community • Insufficient resilience in community	
			• Larger scale roll out of multi-disciplinary patient information sharing document completed	Mar	A	May	• Being piloted in C808 during March. Large scale rollout to follow.		
			• A discharge education and resource site for staff available via the intranet	Feb	A	Apr	• Post-MADE actions to provide partner information on discharge web are almost complete		
	Children's Programme **Exec Lead:** Mark Smith **Project Lead:** Lisa Davies **Transformation:** Melanie Jeffries **Project phase:** Implementation	To improve patient flow at Bristol Children's Hospital so that children and young people receive quality healthcare at the right time, in the right place with no delays.	• CIU project: Standardisation of bed and clinic scheduling processes to maximise utilisation and increased use of nurse led protocols to support flow	Feb	A	May	• Roll out of new CIU scheduling processes for beds and clinics being implemented with all specialties using the unit. New CIU admission documentation booklet being piloted.	• Capacity of Programme Lead and Transformation Lead slows down delivery of programme	• Improvement in 4 hour target • Reduction in last minute cancellations
			• "Your Child's Stay at BRHC" booklet to support families during their stay and after discharge developed and implemented	Mar	A	May	• Second pilot of booklet to be undertaken on wards 30, 31, 32 and 38. 60 families in total.		
			• Divisional EDD today and tomorrow action plan - 'Think Discharge' campaign implemented	Sep	A	Jul	• Plan to roll out to Ward 38 in March 2018. Roll out for whole hospital to be developed.		
			• Revised BRHC SAFER bundle launched alongside BRHC Professional Standards	Sep	A	TBC	• Implementation delayed due to winter pressures, plan to align with CUR implementation		
			• Early adoption of Careflow communication system implemented in the Haem-Onc-BMT service, followed by roll-out across all BRHC	May	G		• PICU and cardiac services go-live April. Engagement with other teams is underway.		
Assessing risk, mitigate	**Digital Transformation Programme** **Exec lead:** Paul Mapson **Project lead:** Steve Gray **Project phase:** implementation	Implementation of a cohesive set of clinically-focused applications and technologies that will transform business processes and provide users with tools and opportunities to improve patient care and achieve efficiencies.	• CUR rolled out across trust	Mar	A	TBC	•Trust on target to meet CQUIN Target • CUR is now live on 22 wards and the project plans to be live across the Divisions of Medicine, Surgery, and Specialised Services to be announced. • Rollout in Women and Children's services postponed to allow for other system rollouts.		• Assurance that patients are receiving the correct level of care Identify opportunities for efficiency savings. • Improved Patient Safety by reducing the risk of errors occurring when calculating Early Warning Scores and by supporting clinicians to ensure they conduct patient observations on time.
			• Careflow live and clinical groups able to take on use of CareFlow on request	Mar	G		• Expanded the use of Careflow to include handover for clinicians, alerts, pt. tags • Usage expanding organically. Currently >580 users in >100 groups using careflow		

Pillar	Details	Purpose	Key deliverables	Planned month		Forecast month	Current status	Risks	Benefits / Measures
			• Nursing Electronic Observations rollout to all wards	Jun	G		• On Target for Rollout across to 80% wards by end of April 2018	The BRHC have not yet been able to agree whether the system is fit for purpose as the functionality does not go far enough to cover their HDU patients.	• Reduction in avoidable harm from medication errors through legible prescriptions and decision support
			• EPMA live across BHOC, BEH, AMU	Jun	G		• Live use continues on CCU, C805, C705 and catheter labs with support via helpline • 2-week floor walking period completed for C708 and CICU. March 5th • UAT2 delayed by a month. This may impact the date for upgrade on which the next go-lives are dependant.		
Building capability	**Improving Staff Experience - "Happy App" roll out** **Exec Lead:** Alex Nestor **Project Lead:** Anne Frampton, Andrew Hollowood **Transformation:** Caitlin Bateman **Project phase:** implementation	To provide a method for staff to leave real-time feedback regarding how they are feeling and the related causes. By doing so we will improve engagement with staff, and in turn we believe this will help us to provide a better quality of care to our patients.	• UHB governance ongoing to be agreed	Apr	G		• Trust-wide governance of the Happy App being addressed with Matt Joint and attending Apr HR SLT	• Availability of IT support/resource • Willingness of staff to engage • Administrator resource to respond to comments	• Use of app (number of hits a day per area) • No of areas using website • No of resolved & closed actions per area • Improved staff Friends and Family
			• Happy app relaunch and promotion campaign	Dec	A	May	• The upgraded system has gone live - Comms, training videos and posters have been circulated and will continue to May • Training has been delivered to 40+ admin - continuing on monthly basis		
	QI Academy **Exec Lead:** Paula Clarke **Project Lead:** Anne Frampton **Transformation:** Stephen Brown **Project phase:** Implementation	To provide an overview of common QI methods, provide staff with the knowledge and skills to conduct their own Quality Improvement projects and signpost staff existing training and teams within the Trust who can help improve care.	• 9th Bronze programme held	Apr	G		• April session booked up. Programme sessions up to September now advertised.	• Teaching resource to deliver the programmes	• Staff feedback on usefulness of Academy programmes • Increased knowledge around QI projects taking place across the Trust
			• Continued QI support sessions for junior doctors launched	Mar	A	Apr	• Follow-up session in March cancelled due to low availability. Individuals progress meetings being arranged for April		
			• QI training for specific staff groups	May	G		• Organising specific QI Bronze training to engage Nurses and AHPs to be discussed at next steering group meeting		
			• Silver programme initial cohort complete	Mar	A	Apr	• First cohort graduation planned for 16th Apr • Second Cohort began 16th Mar		
	Leadership Development **Exec Lead:** Matt Joint **Project Lead:** Sam Chapman **Project phase:** Implementation	To improve staff experience and consistency of leadership behaviours across the Trust. This programme is designed to introduce UHBristol Leadership Behaviours in 2017.	• Executive leadership development programme launched (Leadership behaviours will be integral to this programme).	Jun	G		• Leadership programme currently being planned for launch in June	• Risk that cultural change isn't realised as result of the leadership behaviours. Next steps are in place to mitigate this risk through embedding it through recruitment, induction, leadership and management development sessions and 360 through appraisal.	• Improved Staff Experience • Reduction in staff turn over • Able to monitor leadership behaviours at appraisal • Support a culture of Collective Leadership • Support a culture of compassion
	Admin Teams Transformation **Exec Lead:** Matt Joint **Workstream leads:** Peter Russell, Kate Parraman, Jenny Holly and Simon Walrond **Transformation:** Caitlin Bateman **Project phase:** implementation	To join up the work going on across the Trust in relation to our admin teams and realise the benefits that we could be recognising in our savings programme.	• Remaining training plans and competency frameworks per role designed	Sep	A	Apr	• Training plans and competency frameworks will be distributed after Easter • Ward clerk role remains incomplete. Plan to re-engage in early April	• Divisional ability to resource project • Possibility for consultation required for changes to job descriptions	• Reduction in bank and agency spend • Reduction in manager time spent recruiting admin roles • Reduction in staff turnover • Improved staff retention • Improved friends and family score/trust survey from A&C staff • Reduction in stress related sick days
			• Training redesign	Dec	A	Apr	• Two workshops planned for late April to map out what training is required along the patient journey. This will inform module-based training focus.		
			• Roll out of new job descriptions	Jul	G		• Divisions will invite managers to briefing sessions in late April. Staff will then be able to attend engagement events throughout May		
			• SOPs for each role created	Mar	A	Apr	• Medicine inpatient SOPs to be re-engaged in early April • Six focus groups have taken place		
			• Staff focus groups	Mar	G		• Themes include: communication, unstandardised processes and management issues. There is a lot of variation in admin staff experience. • Output of the focus groups is the establishment of a brainstorming group. This group will also be used to test out clinic-on-the-day ideas		
			• Assessment Centre alternative to be explored	Mar	G		• Suite of resources and Connect structure have been designed and put in place for use from April		
			• New starter form redesign implemented	Jun	G		• Trustwide project group currently redesigning the new starter form process. IT to develop this in the next few months.		
	Appraisal Improvement **Exec Lead:** Matt Joint **Project Lead:** Sam Chapman **Project phase:** Planning phase 2	• Staff appraisals are considered valuable and worthwhile • Staff receive an annual appraisal and regular reviews which integrate objectives, development, performance and career discussions • Staff appraisals link to the overall strategic direction of the organisation	• Continue to embed system for remainder of the year - until e-appraisal becomes 'business as usual'	Mar	A	TBC	• System issues remain - ongoing work with Kallidus to respond to user feedback and issues	• Unknown cost associated with additional licences for 360 as part of the existing Kalidus portal contract.	• Improved Staff Experience • Reduction in staff turn over • Able to monitor the quality of appraisals • Support a culture of Collective Leadership • Support a culture of compassion
			• Indicative timescales have been develped for a feedback-mechanism for staff appraisals to go live Q4 17-18	May	A	TBC	• Scoping meeting held and timetables agreed - dependent on system deadline being met		
			• Indicative timescales have been developed for introduction for 360 degree feedback for leadership behaviours to go live Q1 18-19	Jul	A	TBC			

Milestone complete / Activities on track to achieve milestone
Milestone behind plan, with action to remedy
Milestone behind plan, project/programme risk

Updated: 01/04/18

APPENDIX 2

NHS
University Hospitals Bristol
NHS Foundation Trust

Our Transformation Priorities - 2018-19

Delivering Best Care

- Quality objectives programme
- Customer care programme
- Improving patient Communications
- QI Programme
- Patient safety programme
- Outpatients transformation
- Digitally enabled care pathways

Improving Patient Flow

- Urgent care improvement programme
- Optimising Length of Stay
- Real-time flow management
- Optimising Diagnostics
- Theatres Transformation
- Paperless clinic and referral

Delivering Best Value

- Productivity improvement programme
- The Model Hospital
- Managed Inventory System
- Benchmarking opportunities
- Savings programme

Renewing our Hospitals

- Strategic Capital Building Programme
- Digital Transformation
- Improving the patient and staff environment

Building Capability

- New clinical roles
- Apprenticeships programme
- Engaging with our staff
- Leadership development
- Admin Transformation
- QI Academy

Leading in Partnership

- Healthier Together across BNSSG
- Connecting Care roll out
- Partnerships
  - Weston
  - North Bristol
  - Bristol Health Partners
  - Biomedical Research Centre
  - Genomics
  - Community and Primary Care
  - Regional Networks

Working together
Our hospitals.

Care

APPENDIX 3

University Hospitals Bristol
NHS Foundation Trust

Transformation Board Focus Areas

Working Smarter theme:	Transformational themes:	Digital themes:
Outpatients	Standardised admin; Resolve "on-hold"; Clinic on the day	Paperless referral Clinical Correspondence Personal Health Record
Length of Stay	Digital Ward	eObservations Clinical Utilisation Review WardView Operational reporting EPMA Liquid Logic
	Paperless Site Management	
	Improving Discharge	
Theatres	Daycase/theatre optimisation HDU/ITU Capacity	Bluespier optimisation
Diagnostics	Set-up reduction/increased throughput; Testing reduction	Medway OrderComms
	New Models of Care	Personal Health Record

Cover report to the Public Trust Board. Meeting to be held on 26 April 2018 at 11:00-13:00 in the Conference Room, Trust Headquarters

		Agenda Item	13
Meeting Title	Public Trust Board	**Meeting Date**	Thursday, 26 April 2018
Report Title	**Research and Innovation Report - Q3**		
Author	David Wynick		
Executive Lead	Mark Callaway, Acting Medical Director		
Freedom of Information Status		Open	

Strategic Priorities **(please choose any which are impacted on / relevant to this paper)**			
Strategic Priority 1: We will consistently deliver high quality individual care, delivered with compassion.	☐	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 provide an update on performance and governance for the Board. <u>Key issues to note</u> See executive summary in report.
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 recruit, train and sustain an engaged and effective workforce.	☐	Failure to comply with targets, statutory duties and functions.	☐
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.	☐		

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)**
N/A	N/A	N/A	N/A	N/A

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

Executive Summary

Performance:

Our confirmed end of quarter 3 2017/18 figures shows we have maintained good performance in recruitment to time and target into contract commercial trials at 67%. Our performance in efficient trial set up (the 70 day first patient first visit benchmark) has decreased for a successive quarter. Consequently, our position in the performance initiating research league table has deteriorated but we are still well within the top half of Trusts in England. We are undertaking a detailed review of all studies where the source of the delay was the provider in order to identify areas where we can aim to improve. We note that as a tertiary centre, we are opening fewer studies of increasing complexity, with lower targets.

Funding:

We have been awarded a 4% increase on our 2017/18 delivery funding allocation. The increase is due to improved performance in both Cardiovascular and Children's research towards the end of the reporting period, alongside a favourable adjustment to the way in which allocations were made to the region by the Clinical Research Network. The trust Research Capability Funding allocation (based on our awarded NIHR grants) is expected within the next 4 weeks.

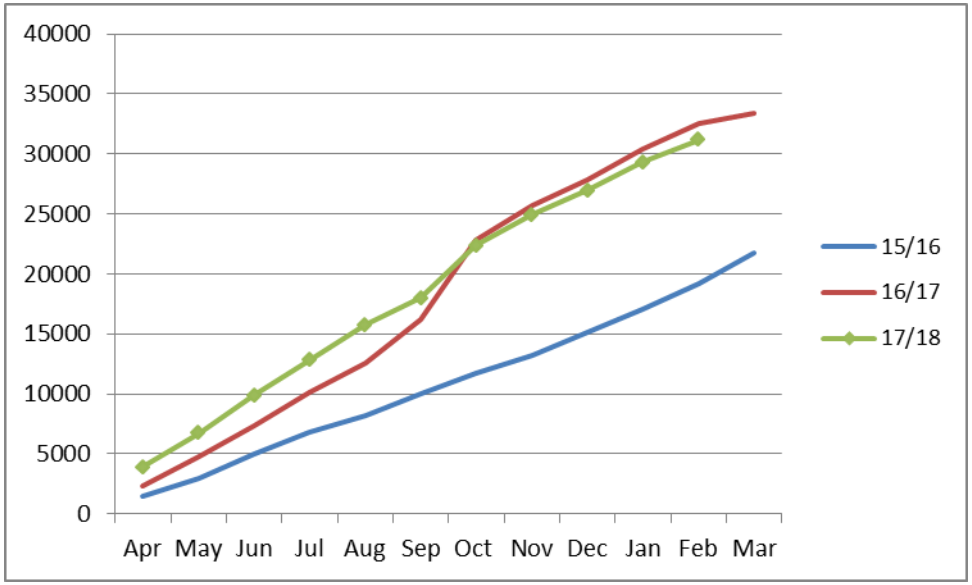
Overview

Successes	Priorities
• In 2017/18, there was an increase in portfolio research activity in the Stroke and Respiratory specialities within the division of Medicine. • The Oncology Clinical Trials Unit recruited the 1st patient into a melanoma trial in the UK (3rd in the world) • Bristol Eye Hospital recruited the 1500th patient to a UH Bristol grant - the Predict-CAT cohort study for cataract surgery • The Bristol Bladder trial which is an investigator led trial run by Oncology met its primary endpoint and was presented on a poster at the ASCO GU conference in San Francisco in February.	• Continue to work with the Division of Medicine management team and the Medical Research team to achieve a stable and financially sustainable model of working. Increase research activity in the sexual health speciality in 2018/19, and consolidate our activity in stroke, where we increased our recruitment from 48 to 207 over the past year • Further develop cross-divisional working to support the growing vaccine research pipeline across paediatric and adult populations
Opportunities	**Risks and Threats**
• Increase engagement and input of medical and non-medical clinicians into research, ensuring allocated time in job plans translates into research activity which is visible and measurable. • We are involved in an increasing number of early phase commercial trials and those involving Advanced Therapy Investigational Medicinal Products, providing opportunities for our patients to have access to novel cutting edge treatments. • Start to scope out and plan a bid for an NIHR Clinical Research Facility in 2021	• Ongoing clinical pressures deprioritise research across the trust and limit opportunities to maintain activity and increase in new areas of potential.

Performance Overview

This section provides information about performance against key performance indicators. All KPIs are financial or drive the income we receive.

a) Cumulative weighted recruitment into NIHR portfolio studies 17-18. [NB. There is a 6 week lag in recruitment data becoming visible on the system.]



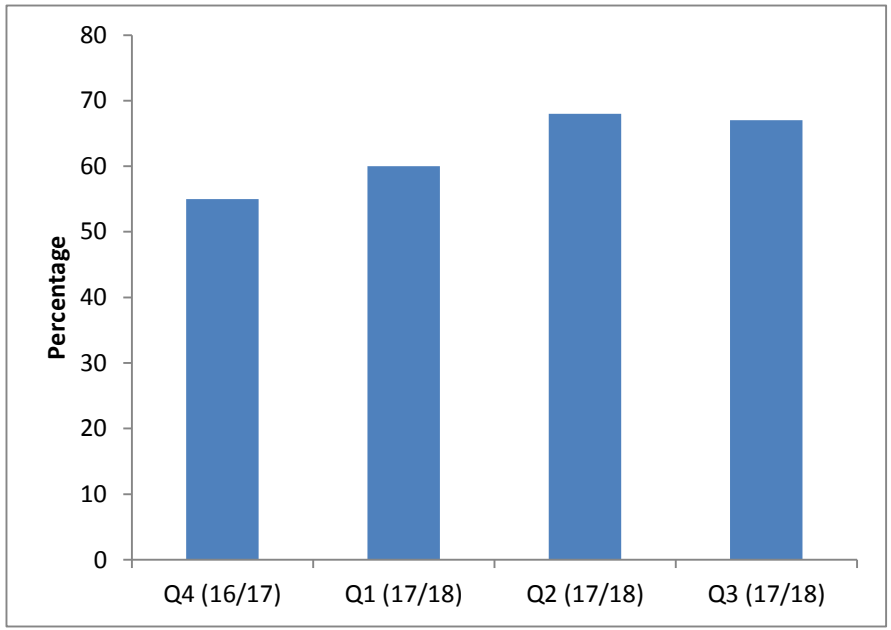
b) Performance in meeting the 70 day first patient first visit benchmark adjusted by NIHR in comparison to other Trusts

NIHR PID report- latest received Q1 17/18

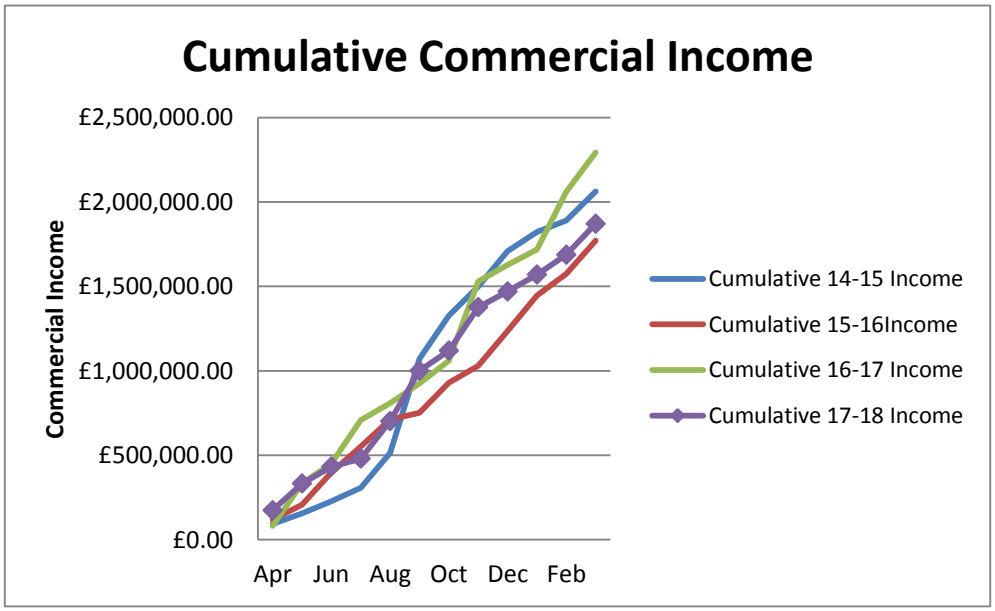
Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18
64%	75%	72%	64%

Green: >81.4% (Upper Quartile)
Red: <70.7% (Median)

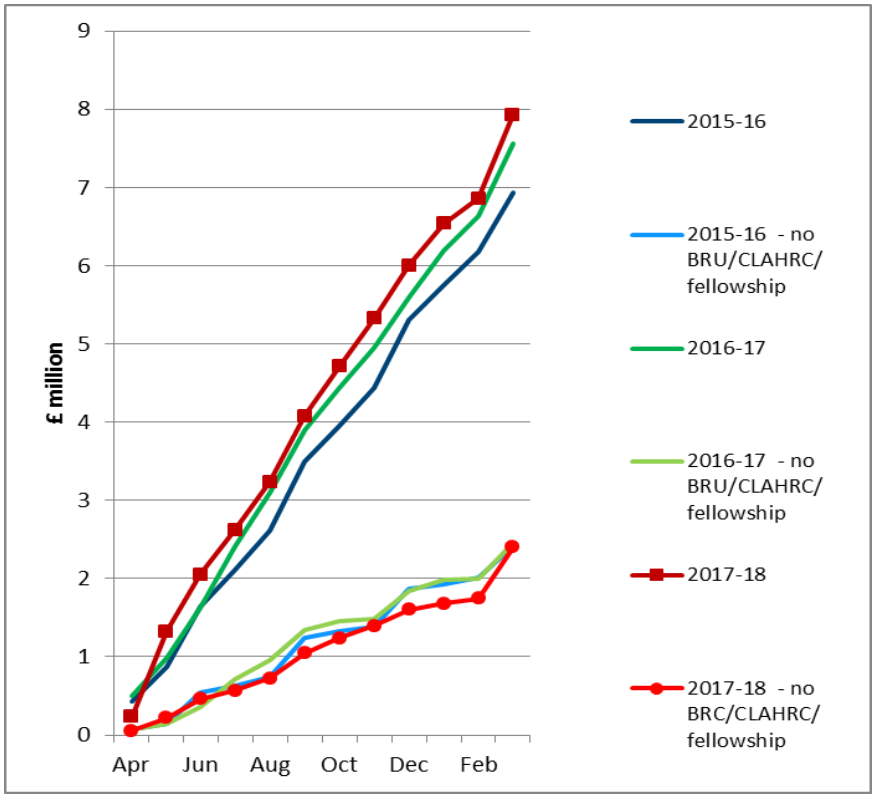
c) Percentage of closed commercial studies recruiting to time and target



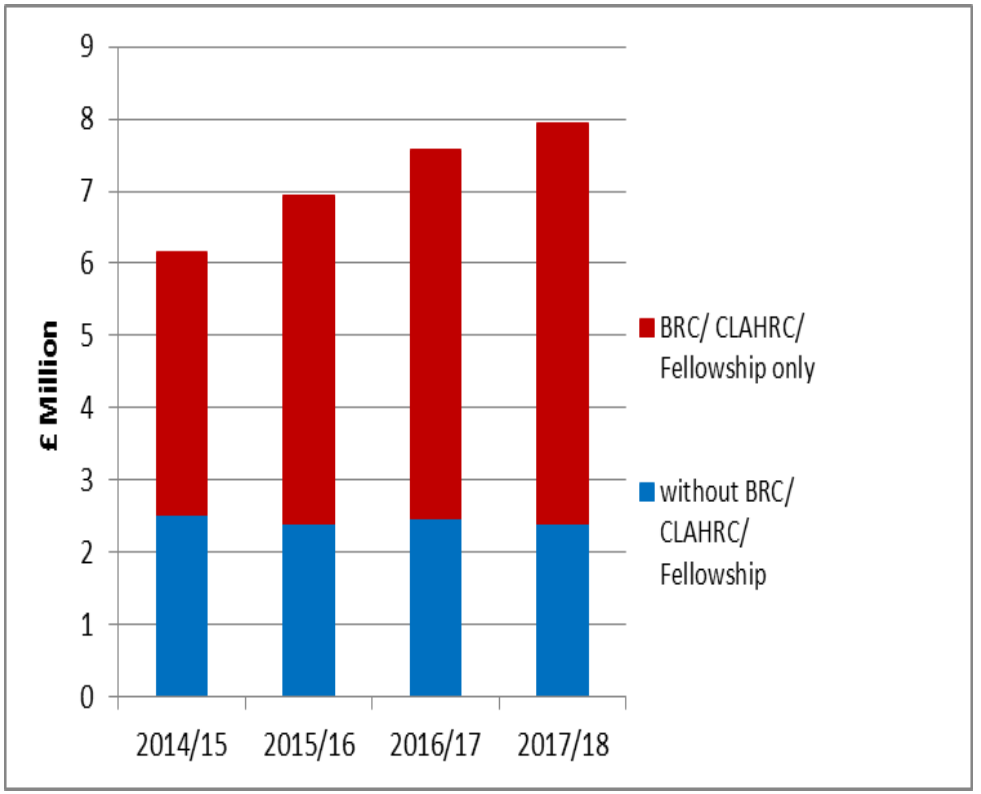
d) Monthly commercial income



NIHR monthly grant income – year on year comparison



NIHR grant income – drives research capability funding.



Cover report to the Public Trust Board. Meeting to be held on 26 April 2018 at 11:00-13:00 in the Conference Room, Trust Headquarters

		Agenda Item	14
Meeting Title	Public Trust Board	**Meeting Date**	Thursday, 26 April 2018
Report Title	**Finance Report**		
Author	Kate Parraman, Deputy Director of Finance		
Executive Lead	Paul Mapson, Director of Finance and Information		
Freedom of Information Status		Open	

Strategic Priorities **(please choose any which are impacted on / relevant to this paper)**			
Strategic Priority 1 :We will consistently deliver high quality individual care, delivered with compassion.	☐	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
To inform the Trust Board of the financial position for March Key issues to note The Operational Plan for the year is a surplus of £12.957m excluding technical items. The Trust achieved a surplus of £12.532m, £0.425m adverse to plan. Excluding STF funding the Trust is reporting a surplus of £0.916m against a planned deficit of £0.356m, £1.272m favourable to plan. Funding of £1.3m was received in March to offset the HRG4+ cost pressure although £0.087m winter pressure funding was withheld; net additional funding of £1.213m. STF core funding has been achieved for the year. STF performance funding was not achieved

at quarter one (84.8% against target of 90%), was achieved at quarters two and three (90.9% and 92.8% respectively) and was not achieved at quarter four (x% against a target of 95%). The overachievement of the core plan is likely to result in incentive STF funding which will be confirmed once the key submission data is submitted to NHS I on the 17th April The improvement in Divisional run rate in the second half of the year was sustained with a year end deficit of £7.196m compared to a deficit of £5.788m at month six.
Recommendations
Members are asked to: • Note the contents of this 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 recruit, train and sustain an engaged and effective workforce.	☐	Failure to comply with targets, statutory duties and functions.	☐
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.	☐		

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

Impact Upon Corporate Risk
Risk 1843 – Failure to deliver the Trust's Operating Plan control total surplus of £12.957m based on the Divisions current rate of overspend. Risk 951 – Risk of the loss of S&T funding due to the failure to achieve the "core" control total from quarter 2.

Resource Implications (please tick any which are impacted on / relevant to this paper)			
Finance	☐	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)**
	25 April 2018			

University Hospitals Bristol NHS Foundation Trust

+Section 1 – Executive Summary

	2017/18 Annual Plan	Income / (Expenditure)		Variance
		Plan to date	Actual to date	Favourable /(Adverse)
	£m	£m	£m	£m
Corporate Income	592.778	592.778	593.021	0.243
Divisions & Corporate Services	(551.299)	(551.299)	(558.494)	(7.195)
Financing	(34.886)	(34.886)	(33.611)	1.275
Reserves	(6.949)	(6.949)	-	6.949
Surplus/(deficit) excl STF funding	**(0.356)**	**(0.356)**	**0.916**	**1.272**
STF Core Funding	9.319	9.319	9.319	-
STF Performance Funding	3.994	3.994	2.297	(1.697)
Surplus/(deficit) incl STF funding	**12.957**	**12.957**	**12.532**	**(0.425)**

The financial values are draft subject to audit. The draft accounts will be submitted on 24th April. Any changes arising from the external audit or from NHS Improvement STF bonus funding will be reported to the Finance Committee in May.

- The Operational Plan for the year is a surplus of £12.957m excluding technical items.
- The Trust achieved a surplus of £12.532m, £0.425m adverse to plan.
- The improvement in Divisional run rate in the second half of the year was sustained with a year end deficit of £7.196m compared to a deficit of £5.788m at month six. The additional winter pressure funding of £1.863m was applied during the last quarter.
- Excluding STF funding the Trust is reporting a surplus of £0.916m against a planned deficit of £0.356m, £1.272m favourable to plan. Funding of £1.329m was received in March from NHS I to offset losses in income, although £0.087m winter pressure funding was also withheld, i.e net additional funding of £1.213m. The overachievement of the core plan is likely to result in incentive STF funding which will be confirmed once the key submission data is submitted to NHS I on the 17th April.
- STF core funding has been achieved for the year.
- STF performance funding was not achieved at quarter one (84.8% against target of 90%), was achieved at quarters two and three (90.9% and 92.8% respectively) and was not achieved at quarter four (78.9% against a target of 95%). The STF performance funding loss of £1.697m reflects this.

Year End Position

The improvement in run rate for Clinical Divisions was sustained in March with an overspend in month of £0.140m, increasing the cumulative adverse variance to £7.195m at the year end from £7.055m in February. The outturn position includes the winter pressure funding received by the Trust of £1.370m for tranche 1 (to support the cost of emergency and urgent elective activity across winter already in operational plans) and £0.580m for tranche two (to support three additional specific schemes). The funding was allocated over the last quarter when the associated costs were incurred. Payment of £0.087m of winter pressure funding was withheld in March without a clear explanation. This loss was held corporately, the funding was not withdrawn from Divisions. As previously forecast, the Divisional overspend was offset by non-recurring underspends on financing costs and non-recurring measures.

Financing Costs were £1.275m lower than plan. Depreciation and amortisation on owned assets was £22.218m for the year, £0.574m lower than planned, reflecting the impact of the revaluation of assets at the end of last year and slippage in the capital programme. Public Dividend Capital (PDC) payable was £8.628m for the year, £0.619m lower than planned. Interest earned on the investment of cash was £0.081m higher than planned.

Non-recurring measures utilised to offset the Divisional deficit of £7.195m include:

	£m
Annual leave accrual (in excess of planned £1m)	2.225
R&I contribution and commercial trials	0.400
Inflation/contingency unused	0.500
Strategic reserve	2.024
Transfer to capital	0.500
Financing costs (described above)	1.275
Corporate income – March 2017 estimate	1.300
Total	**8.224**
Represents:	
- Financing surplus	1.275
- Reserves	6.949
	8.224

Essentially the Trust has over-recovered the £7.195m Divisional deficit with the Wales HRG4+ income originally being required by the plan, then the loss being covered by the Trust by identifying further non-recurrent measures. The late receipt of income has therefore gone to the bottom line.

This represents the 15th year of surplus for the Trust. The Divisional run rate in the second half of the year is encouraging going forward.

2018/19 Financial Resources and Trust Operating Plan

The final Operating Plan submission date is 30th April. Whilst contracts have now been finalised with Commissioners and the Divisions have submitted updated Operating Plans, there remains ongoing discussion regarding the Trust's proposed control total. Therefore there may be further changes before the final submission should the Trust receive a control total that it can accept.

The planned 2018/19 deficit has reduced from £8.3m to £3.3m following agreement regarding the removal of core fines. The deficit relates to the loss of Wales HRG4+ income and residual fines for 52 weeks RTT plus ambulance handovers.

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Section 2 – Division and Corporate Services Performance

Performance by Division and Corporate Service Area:

	Variance to Budget favourable/(adverse)			Operating Plan trajectory favourable/(adverse)		Winter Funding tranche 1
	To 28 Feb £m	Mar £m	To 31 Mar £m	To 28 Feb £m	Var £m	£m
Diagnostic & Therapies	0.657	0.024	0.681	0.168	0.513	0.138
Medicine	(2.203)	0.310	(1.893)	(0.132)	(1.761)	0.309
Specialised Services	0.070	0.144	0.214	(0.003)	0.217	0.174
Surgery	(3.497)	(0.464)	(3.961)	(0.193)	(3.768)	0.213
Women's & Children's	(1.956)	(0.233)	(2.189)	(0.022)	(2.167)	0.468
Estates & Facilities	0.082	0.024	0.106	-	0.106	0.068
Trust Services	(0.069)	0.011	(0.058)	-	(0.058)	-
Other corporate services	(0.139)	0.044	(0.095)	-	(0.095)	-
Total	**(7.055)**	**(0.140)**	**(7.195)**	**(0.182)**	**(7.013)**	**1.370**

- Division and Corporate Services adverse variance was £0.140m in March (compared with a favourable run rate of £0.329m in February and adverse run rates of £0.033m in January, £0.077m in December and £0.240m in November).
- Diagnostic and Therapies – a favourable variance of £0.024m in the month increased the year end favourable variance to £0.681m. Income from activities was £1.009m above plan of which half related to the share of activity income. Non pay outsourcing costs were £0.512k higher than plan.
- Medicine – a favourable variance of £0.310m in the month reflects a continued over performance against contracted emergency admissions, offset by increased nursing costs which was partly alleviated by the winter pressure funding.
- Specialised Services – a favourable variance of £0.144m in the month reflects income from activities £0.298 higher than plan largely offset by additional expenditure to support the additional activity. Cardiology activity continued above contract and Blood and Marrow transplants over achieved by £0.406m in month. Savings delivery was £0.267m above plan.
- Surgery – an adverse variance of £0.464m in the month due to a £0.168m adverse pay variance and £0.232m underperformance on contract income. The medical pay overspend increased by £0.166m in the month, increasing the year to date adverse variance to £2m. Income underperformance related to dental.
- Women's & Children's – an adverse variance of £0.233m in the month reflects income from activities £0.157m lower than plan and a non-pay over spend of £0.083m.

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Section 2 – Division and Corporate Services Performance continued

Performance by subjective heading:

	Q1 £m	Q2 £m	Q3 £m	Q4 £m	March £m	2017/18 to date £m	2016/17 Outturn £m
Nursing & midwifery pay	(1.092)	(1.243)	(0.580)	(0.921)	(0.445)	(3.837)	(4.606)
Medical & dental pay	(0.868)	(1.086)	(1.212)	(1.129)	(0.221)	(4.296)	(1.380)
Other pay	0.183	0.221	0.493	0.086	(0.061)	0.983	2.140
Non-pay	(0.491)	(0.987)	(2.324)	(1.370)	(0.511)	(5.173)	(6.340)
Income from operations	(0.045)	(0.174)	0.001	0.299	0.357	0.081	0.751
Income from activities	0.490	0.015	1.545	2.396	0.383	4.446	(0.983)
Total inc CIP	**(1.823)**	**(3.255)**	**(2.078)**	**(0.640)**	**(0.499)**	**(7.796)**	**(10.418)**
CIP	(0.552)	(0.158)	0.514	0.796	0.359	0.601	(4.231)
Total excl CIP	**(2.375)**	**(3.413)**	**(1.563)**	**0.156**	**(0.140)**	**(7.195)**	**(14.649)**

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

- Nursing pay expenditure overspend worsened in March when compared to February. The Divisions of Medicine, Specialised and Women's and Children's had adverse variance's in the month, Surgery was almost at break even, which was a worsening on the previous month where they had favourable variances.
- Medical and dental pay variances have improved in March with an adverse variance of £0.221m compared a £0.632m overspend in February. The position has improved in a number of areas in particular in Women's and Children's Division (£0.067m underspend in March compared to £0.193m overspend in February), however this is primarily due to funding adjustments rather than a decrease in expenditure.
- Non pay includes the allocation of £0.456m winter pressure tranche 1 funding, without this the adverse variance in month would have been £0.967m. A significant element of this reflects the variable costs associated with delivery of additional clinical activity, including Weston repatriation charges, and pass through costs.
- Income from activities improved by £0.383m in month. Of this, £0.502m was within Medicine and £0.298m within Specialised Services This was offset by an underperformance of £0.232m in Surgery and £0.156m in Women's and Children's.

Section 3 – Subjective Analysis Detail

a) Nursing (including ODP) and Midwifery Pay

Favourable/ (Adverse)	Q1 £m	Q2 £m	Q3 £m	Q4 £m	March £m	2017/18 to date £m	2016/17 Outturn £m
Substantive	2.200	2.622	2.527	2.697	0.940	10.046	8.822
Bank	(1.782)	(2.037)	(1.896)	(2.282)	(0.876)	(7.997)	(6.408)
Agency	(1.562)	(1.870)	(1.216)	(1.340)	(0.510)	(5.988)	(7.397)
Total excl CIP	**(1.144)**	**(1.285)**	**(0.585)**	**(0.925)**	**(0.446)**	**(3.939)**	**(4.983)**
CIP	(0.052)	(0.044)	(0.005)	(0.005)	(0.002)	(0.105)	(0.300)
Total inc CIP	**(1.092)**	**(1.242)**	**(0.580)**	**(0.920)**	**(0.444)**	**(3.834)**	**(4.683)**

- Nursing pay variance worsened in month by £0.444m.
- Lost time percentages worsened in March to 127% (compared to 123% in the previous two months). All Divisions saw a worse performance for lost time when compared to February.
- Medicine and Women's and Children's divisions have significant continuing overspends, and in March Specialised Division also had an adverse variance for the first time since November. Surgery continue to underspend against budget.
- Enhanced observation costs decreased slightly in March to £0.140m, but remains above target.

b) Medical and Dental Pay

Favourable/ (Adverse)	Q1 £m	Q2 £m	Q3 £m	Q4 £m	March £m	2017/18 to date £m	2016/17 Outturn £m
Consultant							
substantive	0.285	0.139	0.096	0.248	0.317	0.768	0.277
additional hours	(0.465)	(0.665)	(0.466)	(0.547)	(0.187)	(2.143)	
locum	(0.054)	(0.052)	(0.218)	(0.412)	(0.158)	(0.736)	(0.143)
agency	(0.112)	(0.045)	0.009	(0.042)	(0.041)	(0.190)	(0.741)
Other Medical							
substantive	(0.016)	0.261	0.147	0.540	0.306	0.932	
additional hours	(0.362)	(0.415)	(0.348)	(0.450)	(0.146)	(1.575)	(0.369)
Jr Dr excep	0.000	(0.001)	(0.006)	0.000	0.000	(0.007)	
locum	(0.160)	(0.307)	(0.343)	(0.249)	(0.097)	(1.059)	(0.469)
agency	0.009	0.001	(0.051)	(0.183)	(0.203)	(0.224)	0.003
Total inc CIP	**(0.875)**	**(1.084)**	**(1.180)**	**(1.095)**	**(0.209)**	**(4.234)**	**(1.442)**
CIP	(0.007)	(0.003)	0.032	0.034	0.012	0.063	(0.062)
Total excl CIP	**(0.868)**	**(1.087)**	**(1.212)**	**(1.129)**	**(0.221)**	**(4.297)**	**(1.380)**

- The adverse variance in March of £0.221m reflects continuing overspends in all Clinical Divisions with the exception of Women's and Children's where funding has been released to support the financial position.
- Additional hours payments and locum expenditure have remained reasonably static in March as compared to February.
- Funding issued to date for the Junior Doctor Contract is £1.532m, this is lower than forecast due to continued gaps utilising locums rather than contracted staff.

Section 3 – Subjective Analysis Detail continued

c) Non pay

Favourable/ (Adverse)	Q1 £m	Q2 £m	Q3 £m	Q4 £m	March £m	2017/18 to date £m	2016/17 Outturn £m
Blood	0.066	(0.106)	(0.095)	(0.113)	(0.058)	(0.248)	(0.552)
Clinical supplies & services	(0.400)	0.003	(0.317)	(0.236)	(0.083)	(0.950)	(1.730)
Drugs	(0.074)	(0.128)	(0.253)	(0.506)	(0.212)	(0.961)	(0.362)
Establishment	0.032	(0.018)	(0.128)	(0.052)	(0.010)	(0.166)	(0.091)
General supplies & services	0.024	(0.002)	(0.005)	(0.010)	(0.005)	0.007	(0.124)
Outsourcing	(0.438)	(0.317)	(0.243)	(0.119)	(0.026)	(1.117)	(1.241)
Premises	(0.021)	0.077	(0.002)	(0.120)	(0.124)	(0.067)	0.111
Services from other bodies	(0.172)	(0.221)	(0.319)	(0.319)	(0.068)	(1.031)	(2.788)
Research	0.002	(0.004)	0.112	(0.076)	(0.016)	0.034	0.030
Other non-pay expenditure	0.160	(0.285)	(0.846)	(0.555)	(0.076)	(1.526)	(2.745)
Tranche 1 Winter Funding	-	-	-	1.370	0.457	1.370	-
Total inc CIP	**(0.821)**	**(1.002)**	**(2.096)**	**(0.736)**	**(0.222)**	**(4.655)**	**(9.492)**
CIP	(0.329)	(0.017)	0.230	0.632	0.289	0.517	(3.152)
Total excl CIP	**(0.492)**	**(0.985)**	**(2.326)**	**(1.368)**	**(0.511)**	**(5.172)**	**(6.340)**

- The level of outsourcing continues to be minimal following reductions since November, leaving cumulative adverse variances of £0.373m relating to South West Eye Surgeons (no outsourcing from month 8 onwards), £0.494m to Glanso and £0.219m to Dermatology. The remaining balance relates to the virtual ward provided by Orla, which has now closed.

- Variances on Services from Other Bodies year to date include external tests £0.230m, recharges for Cellular Pathology £0.034m and Dermatology Services £0.056m, Pulse Services £0.107m (ceased from November 2017), PHE Contract £0.088m, BMT Donors £0.077m, supplies consortia costs £0.088m and Sexual Health services £0.167m.

- The majority of the overachievement of savings relate to clinical supplies reducing the reported adverse variance.

Section 4 – Clinical and Contract Income

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

	March 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	0.049	17.437	18.243	0.806
Bone Marrow Transplants	0.354	8.280	8.708	0.428
Critical Care Beddays	0.202	43.938	45.379	1.441
Day Cases	0.040	38.997	39.196	0.199
Elective Inpatients	(0.234)	56.169	54.458	(1.711)
Emergency Inpatients	1.221	87.068	94.986	7.918
Excess Beddays	(0.176)	5.410	5.694	0.284
Non-Elective Inpatients	(0.291)	32.010	30.158	(1.852)
Other	1.120	95.093	93.270	(1.823)
Outpatients	(0.360)	77.236	77.627	0.391
Total Activity Based	**1.925**	**461.638**	**467.719**	**6.081**
Contract Penalties	0.028	0.272	(0.762)	(1.035)
Contract Rewards	0.578	9.426	10.785	1.359
Pass through payments	0.284	85.158	88.650	3.492
S&T Funding	(0.466)	13.313	11.616	(1.697)
Work in progress	0.450	-	0.450	**0.450**
2017/18 Total	**2.796**	**569.807**	**578.456**	**8.649**
Prior year income	-	-	1.302	1.302
Overall Total	**2.796**	**569.807**	**579.757**	**9.950**

The assessment of the movement in the level of work in progress between the end of 2016/17 and now is a net increase of £0.45m. This is made up of an increase of £0.50m on partially incomplete spells offset by £0.05m from partially incomplete antenatal maternity pathways.

- Activity based income was £1.925m favourable in March, primarily due the Trust receiving £1.329m from NHS Improvement in respect of income losses incurred during the year. This is within other.
- The emergency/non-elective inpatient over performance of £0.930m for March was within Medicine (£0.628m) and Surgery (£0.324m).
- Elective inpatient under performance of £0.234m in the month was primarily within Specialised Services (£0.131m) with cardiac surgery accounting for £0.274m offset by additional activity within the BHOC, and Women's and Children's (£0.093m).
- Outpatient under performance was primarily within Surgery (£0.425m). Specialised Services had an over performance of £0.158m within cardiology.
- Critical care beddays over performance was predominantly in Paediatric HDU. The Division continues to give assurance this reflects accurate coding rather than a change in practice.
- The cumulative over performance on activity income of £6.081m reflects the level of emergency inpatient work.
- Given the Trust has accepted the control total, national core penalties and local penalties do not apply. Other national penalties do apply and the Trust has received penalties of £0.762m for the year, £1.035m worse than plan.
- CQUIN achievement for the year was 92.62% resulting in an overachievement of £1.359m against plan.
- Income relating to pass through payments was £0.284m above plan in March, increasing the year end position to £3.492m above plan. This was primarily due to excluded drugs which were £5.696m above plan for the year, offset by blood products and excluded devices which are £1.520m and £1.222m below plan respectively.

Section 5 – Savings Programme

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

	2017/18 Annual Plan £m	Year to date		
		Plan £m	Actual £m	Variance fav/(adv) £m
Pay	1.823	1.823	1.711	(0.112)
Drugs	0.400	0.400	0.734	0.334
Clinical Supplies	2.229	2.229	3.336	1.107
Non Clinical Supplies	3.549	3.549	2.745	(0.804)
Other Non-Pay	0.216	0.216	0.187	(0.029)
Income	2.211	2.211	2.407	0.196
Capital Charges	1.000	1.000	1.000	-
Unidentified	0.092	0.092	-	(0.092)
Total	11.520	11.520	12.120	0.600

Analysis by Division:

	2017/18 Annual Plan £m	Year to date			
		Plan £m	Actual £m	Variance fav/(adv) £m	Recurring savings £m
Diagnostics & Therapies	1.386	1.386	1.245	(0.141)	0.490
Medicine	2.071	2.071	1.577	(0.494)	1.497
Specialised Services	1.192	1.192	2.343	1.151	1.021
Surgery	2.393	2.393	2.064	(0.329)	1.672
Women's and Children's	2.036	2.036	2.310	0.274	1.720
Facilities and Estates	0.817	0.817	0.878	0.061	0.720
Trust Services	0.545	0.545	0.535	(0.010)	0.483
Corporate	1.080	1.080	1.168	0.088	1.168
Total	11.520	11.520	12.120	0.600	8.770

- The savings requirement for 2017/18 was £11.520m. The Trust has achieved savings of £12.121m, which represents 105%. Of the £12.12m savings delivered, £8.770m (72%) were recurring.
- Surgery ended the year £0.329m behind plan predominantly due to slippage on outsourcing endoscopy (£0.295m), procurement savings (£0.176m) and the repatriation of ophthalmology activity (£0.175m).
- Medicine ended the year £0.494m behind plan largely due to outpatient productivity (£0.187m), commercial income (£0.073m) and unidentified CIPs (£0.120m).
- Specialised Services achieved £1.150m additional savings primarily related to procurement.
- Women's and Children's achieved £0.274m additional savings from income and drugs expenditure schemes,
- The 2018/19 savings target is £22.118m. To date £19.675m has been identified of which £2.439m is the balance to full year effect of 2017/18 savings and £17.236m are new.

Section 6 – Use of Resources Rating

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

		Year to date	
	Weighting	Plan	Actual
Liquidity			
Metric Result – days		5.4	20.6
Metric Rating	20%	1	1
Capital Servicing Capacity			
Metric Result – times		2.6	2.6
Metric Rating	20%	1	1
Income & expenditure margin			
Metric Result		1.9%	1.8%
Metric Rating	20%	1	1
Variance in I&E margin			
Metric Result		0.0%	-0.1%
Metric Rating	20%	1	2
Variance from agency ceiling			
Metric Result		45.2%	34.3%
Metric Rating	20%	1	1
Overall URR		**1.2**	**1.4**
Overall URR (rounded)		**1**	**1**
Overall URR (subject to override)		**1**	**1**

- The Trust's Use of Resources Rating for the period to 31st March 2018 is 1 against a plan of 1.
- The variance in income and expenditure margin scores a metric rating of 2 compared with a plan of 1 due to the net surplus to date including S&T funding of £12,532m being £0.425m adverse to plan.
- The retention of a Use of Resources Risk Rating of 1 (the highest possible) is an excellent result.

Section 7 – Capital Programme

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

2017/18 Annual Plan £m	Subjective Heading	Year to Date			Performance against Forecast	
		Internal Plan £m	Actual £m	Variance £m	Forecast £m	Variance £m
	Sources of Funding					
3.800	PDC	7.428	7.428	-	7.428	-
	Donations - cash	1.018	0.720	(0.029)	0.685	0.035
	Donations – direct	0.168	0.168	-	0.168	-
	Cash:					
22.764	Depreciation	22.236	22.219	(0.017)	22.236	(0.017)
21.321	Cash balances	21.885	(5.133)	(27.018)	(3.566)	(1.567)
47.885	**Total Funding**	**52.735**	**25.402**	**(27.333)**	**26.951**	**(1.549)**
	Application/Expenditure					
(16.035)	Strategic Schemes	(19.908)	(2.010)	17.898	(2.128)	0.118
(10.278)	Medical Equipment	(13.465)	(8.040)	5.425	(8.300)	0.260
(11.370)	Operational Capital	(10.859)	(4.475)	6.384	(5.437)	0.962
(7.328)	Information Technology	(11.446)	(8.217)	3.229	(8.934)	0.717
(2.874)	Estates Replacement	(2.591)	(2.660)	(0.069)	(2.152)	(0.508)
(47.885)	**Gross Expenditure**	**(58.269)**	**(25.402)**	**32.867**	**(26.951)**	**1.549**
	In-year Slippage	5.534		(5.534)		
(47.885)	**Net Expenditure**	**(52.735)**	**(25.402)**	**27.333**	**(26.951)**	**1.549**

The NHS Improvement plan capital programme submission was £47.885m. The Trust recognised this included expenditure on strategic schemes (phase 5, medical school and contingencies) that would slip into future years. Therefore the plan was re-forecast during the year with a revised outturn forecast at quarter three of £26.951m.

The plan increased by £21.923m from the original submission to NHS I primarily due to additional Public Dividend Capital funds of £3.628m for a Linear Accelerator and Cyber Security and donated funds of £1.186m.

Variances on capital schemes are reported in detail in item 3.1.

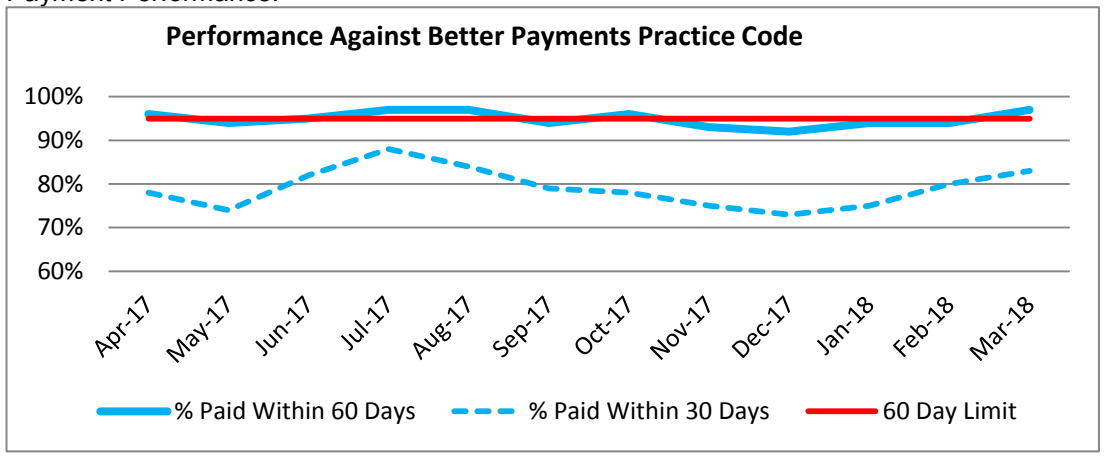
- Capital expenditure to 31st March was £27.333m against an internal plan of £52.735m and a forecast of £26.951m.
- PDC funding was received as expected for GDE, Cyber Security and Cancer Transformation.
- Cash donations were behind plan by £0.029m and will be received when the schemes they relate to complete.
- The capital slippage resulted in £27.018m less cash required than planned and £1.567m less than forecast.
- Slippage on strategic schemes was expected. The variance against forecast relates to underspends following finalisation of Phase 4.
- Medical Equipment expenditure was £1.376m in month. Expenditure is £5.425m behind plan and £0.260m behind forecast due to procurement delays which are being addressed.
- Operational Capital expenditure in month was £0.304m. Expenditure is £6.384m behind plan and £0.962m behind forecast. The variance against forecast is primarily due to the audiology refurbishment which is due to complete in April, the delay due to final testing before implementation of the managed inventory system and underspends on the sterile services scheme.
- IT expenditure slippage in month was £1.240m. Expenditure is £3.229m behind plan and £0.717m behind forecast. The plan includes PDC funding received in March for cyber security.
- The Estates replacement variance against forecast is due to the St Michael's chiller, electrical works and Queen's building completing earlier with minor overspends.

Section 8 – Statement of Financial Position and Cashflow

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

	2017/18 Annual plan £m	Actual as at 31 Mar £m	Variance £m
Inventories	11.300	13.490	2.190
Receivables	22.750	43.262	20.512
Accrued Income	4.000	4.846	0.846
Debt Provision	(3.000)	(9.721)	(6.721)
Cash	51.765	71.092	19.327
Other assets	3.500	3.058	(0.442)
Total Current Assets	90.315	126.025	35.712
Payables	(31.241)	(39.043)	(7.802)
Accruals	(23.000)	(22.035)	0.965
Borrowings	(6.170)	(6.170)	-
Deferred Income	(3.113)	(6.466)	(3.353)
Other Liabilities	(6.477)	(3.324)	3.153
Total Current Liabilities	(70.001)	(77.038)	(7.037)
Net Current Assets/(Liabilities)	**20.314**	**48.989**	**28.675**

Payment Performance:



- Net current assets as at 31 March 2018 were £48.989m, £28.675m higher than the Operational Plan. Current assets are £35.712m higher than plan and current liabilities are £7.037m higher than plan.
- Inventories which represent the year end physical count were £13.490m, £2.190m higher than plan and £1.305m higher than last year.
- Receivables are £20.512m higher than plan, primarily due to outstanding income from NHS England for Q3 activity, higher than planned activity for quarter four and ongoing disputes with Welsh Health Bodies regarding tariffs.
- The bad debt provision relates to the receivables position.
- The Trust's cash and cash equivalents balance at the year end was £71.092m, which is £19.327m higher than the Operating Plan and £3.398m lower than the internal plan.
- The total value of debtors was £40.525m, (£28.274m SLA and £12.251m non-SLA). This represents an increase in the month of £10.563m (SLA increase of £8.315m and non-SLA increase of £2.248m). Debts over 60 days old have increased by £4.389m to £13.629m, (SLA increase of £5.475m and non-SLA decrease of £1.086m)
- The SLA increase includes £6.882m relating to NHS England for quarter three activity, a small part of which has been queried.
- NBT debts over 60 days total £1.959m (£0.883m SLA and £1.076m non SLA).Work continues to agree payment between organisations.
- In March, 97% of invoices were paid within the 60 day target set by the Prompt Payments Code and 83% were paid within the 30 day target set by the Better Payment Practice Code.

Section 9 – Risk

There are 6 financial risks on the corporate risk register (see appendix 4). The following summarises any changes following internal finance review and consideration at Risk Management Group.

Action required risks:

Risk 1843: Current risk – Moderate (6)
The action summary has been updated to reflect the year end position. The current risk hasn't been changed, even though the Operational Plan was met as the risk moves to the 2018/19 plan. The actions will be updated for 2018/19 next month.

Risk 959: Current risk – Moderate (6)
The action summary has been updated to reflect the year end position. The current risk hasn't been changed, even though the savings plan was met as the risk moves to the 2018/19 plan. The actions will be updated for 2018/19 next month.

Risk 416: Current risk – Very high (20)
This risk remains unchanged and will be re-assessed both in terms of risk and actions once there is clarity regarding the 2018/19 Operational Plan.

Risk 951: Current risk - Very high (15)
This risk relates to achievement of STF funding which is a known quantity for 2017/18 and will not be applicable for 201819 unless a revised control total is agreed. The action summary has been updated to reflect the 2017/18 position and **the Finance Committee is asked to approve the closure of this risk if the final position for 2018/19 is a rejection of the control total and therefore no PSF**. Should a control total be agreed, the risk will remain open and be re-assessed.

Risk 408: Current risk Low (3)
This risk relates to fraudulent activity and the current risk is the same as the target risk. After discussion with the Trust's risk manager, the inherent risk has been re-assessed as likely and moderate which is high risk (12), form a moderate risk of 6. The trust has robust internal audit, counterfraud and financial processes to mitigate this risk. **The Finance Committee is asked to approve the transfer of this risk from to accepted risk, given there are no further specific actions required**. This will be reviewed regularly in line with Trust risk policy.

Accepted risks:

Risk 50: Current risk – High (9)
The value will be re-assessed for 2018/19 but there has been no changes to this accepted riak that would require actions to be identified.

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

Finance Report March 2018- Summary Income & Expenditure Statement

Approved Budget / Plan 2017/18	Heading	Position as at 31st March			Actual to 28th February
		Plan	Actual	Variance Fav / (Adv)	
£'000		£'000	£'000	£'000	£'000
	Income				
560,130	From Activities	560,130	568,340	8,210	517,040
95,697	Other Operating Income (Excluding Sustainability and Transformation funding)	95,697	95,663	(34)	86,575
655,827	**Sub totals income**	**655,827**	**664,003**	**8,176**	**603,615**
	Expenditure				
(377,779)	Staffing	(377,779)	(385,041)	(7,262)	(353,035)
(235,310)	Supplies and Services	(235,310)	(244,435)	(9,125)	(220,064)
(613,089)	**Sub totals expenditure**	**(613,089)**	**(629,476)**	**(16,387)**	**(573,099)**
(8,208)	Reserves	(8,208)	-	8,208	-
-	NHS Improvement Plan Profile		-	0	-
34,530	Earnings before Interest,Tax,Depreciation and Amortisation	**34,530**	**34,527**	**(3)**	**30,516**
5.27	**EBITDA Margin - %**		**5.20**		**5.06**
	Financing				
(22,792)	Depreciation & Amortisation - Owned	(22,792)	(22,218)	574	(20,339)
108	Interest Receivable	108	189	81	161
(268)	Interest Payable on Leases	(268)	(267)	1.0	(245)
(2,687)	Interest Payable on Loans	(2,687)	(2,687)	-	(2,466)
(9,247)	PDC Dividend	(9,247)	(8,628)	619	(7,930)
(34,886)	**Sub totals financing**	**(34,886)**	**(33,611)**	**1,275**	**(30,819)**
(356)	NET SURPLUS / (DEFICIT) before Technical Items excluding Sustainability and Transformation funding	**(356)**	**916**	**1,272**	**(303)**
3,994	Sustainability & Transformation funding - Performance	3,994	2,297	(1,697)	2,297
9,319	Sustainability & Transformation funding - Core	9,319	9,319	-	8,232
12,957	SURPLUS / (DEFICIT) before Technical Items including Sustainability & Transformation funding	**12,957**	**12,532**	**(425)**	**10,226**
	Technical Items				
-	Donations & Grants (PPE/Intangible Assets)	-	1,204	1,204	976
(1,314)	Impairments	(1,314)	(1,281)	33	(1,431)
-	Reversal of Impairments	-	249	249	-
(1,561)	Depreciation & Amortisation - Donated	(1,561)	(1,570)	(9)	(1,441)
10,082	SURPLUS / (DEFICIT) after Technical Items including Sustainability & Transformation funding	**10,082**	**11,134**	**1,052**	**8,330**

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

Finance Report March 2018- Divisional Income & Expenditure Stateament

Approved Budget / Plan 2017/18	Division	Total Budget to Date	Total Net Expenditure / Income to Date	Variance [Favourable / (Adverse)]					Total Variance to date	Total Variance 28th February	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 (excluding Sustainability & Transformation funding)											
37,278	Contract Income	37,278	37,278	-	-	-	-	-	-	-		
265	Penalties	265	-	-	-	-	498	-	498	(790)		
-	Contract Rewards	-		-	-	-	1,359	-	1,359	781		
-	Overheads	-	(2,448)	-	(4,468)	-	1,595	-	(2,873)	(618)		
556,494	NHSE Income	556,494	558,191	-	-	-	-	-	-	-		
594,037	**Sub Total Corporate Income**	**594,037**	**593,021**	**-**	**(4,468)**	**-**	**3,452**	**-**	**(1,016)**	**(627)**		
	Clinical Divisions											
(52,017)	Diagnostic & Therapies	(52,017)	(51,336)	935	(1,205)	83	1,009	(141)	681	657	168	513
(81,496)	Medicine	(81,496)	(83,389)	(2,999)	(1,060)	(152)	2,812	(494)	(1,893)	(2,203)	(132)	(1,761)
(111,645)	Specialised Services	(111,645)	(111,431)	(571)	(992)	(33)	659	1,151	214	70	(3)	217
(110,308)	Surgery	(110,308)	(114,269)	(2,448)	(1,383)	(26)	225	(329)	(3,961)	(3,497)	(193)	(3,768)
(127,301)	Women's & Children's	(127,301)	(129,490)	(2,595)	577	(51)	(394)	274	(2,189)	(1,956)	(22)	(2,167)
(482,767)	**Sub Total - Clinical Divisions**	**(482,767)**	**(489,915)**	**(7,678)**	**(4,063)**	**(179)**	**4,311**	**461**	**(7,148)**	**(6,929)**	**(182)**	**(6,966)**
	Corporate Services											
(37,155)	Estates and Facilities	(37,155)	(37,049)	101	(155)	28	71	61	106	82	-	106
(27,744)	Trust Services	(27,744)	(27,802)	525	(495)	(78)	-	(10)	(58)	(69)	-	(58)
(3,633)	Other	(3,633)	(3,728)	(99)	(458)	310	64	88	(95)	(139)	-	(95)
(68,532)	**Sub Totals - Corporate Services**	**(68,532)**	**(68,579)**	**527**	**(1,108)**	**260**	**135**	**139**	**(47)**	**(126)**	-	**(47)**
(551,299)	**Sub Total (Clinical Divisions & Corporate Services)**	**(551,299)**	**(558,494)**	**(7,151)**	**(5,171)**	**81**	**4,446**	**600**	**(7,195)**	**(7,055)**	**(182)**	**(7,013)**
(8,208)	Reserves	(8,208)	-	-	8,208	-	-	-	8,208	6,683		
-	NHS Improvement Plan Profile	0	-	-	-	-	-	-	0	491		
(8,208)	**Sub Total Reserves**	**(8,208)**	**-**	**-**	**8,208**	**-**	**-**	**-**	**8,208**	**7,174**		
34,530	**Earnings before Interest,Tax,Depreciation and Amortisation**	**34,530**	**34,527**	**(7,151)**	**(1,431)**	**81**	**7,898**	**600**	**(3)**	**(508)**		
	Financing											
(22,792)	Depreciation & Amortisation - Owned	(22,792)	(22,218)	-	574	-	-	-	574	554		
108	Interest Receivable	108	189	-	81	-	-	-	81	62		
(268)	Interest Payable on Leases	(268)	(267)	-	1	-	-	-	1	-		
(2,687)	Interest Payable on Loans	(2,687)	(2,687)	-	-	-	-	-	-	-		
(9,247)	PDC Dividend	(9,247)	(8,628)	-	619	-	-	-	619	546		
(34,886)	**Sub Total Financing**	**(34,886)**	**(33,611)**	**-**	**1,275**	**-**	**-**	**-**	**1,275**	**1,162**		
(356)	**NET SURPLUS / (DEFICIT) before Technical Items excluding Sustainability and Transformation funding**	**(356)**	**916**	**(7,151)**	**(156)**	**81**	**7,898**	**600**	**1,272**	**654**		
3,994	Sustainability & Transformation funding - Performance	3,994	2,297	-	-	(1,697)	-	-	(1,697)	(1,231)		
9,319	Sustainability & Transformation funding - Core	9,319	9,319	-	-	-	-	-	-	-		
13,313	**Sub Total Sustainability & Transformation funding**	**13,313**	**11,616**	**-**	**-**	**(1,697)**	**-**	**-**	**(1,697)**	**(1,231)**		
12,957	**SURPLUS / (DEFICIT) before Technical Items including Sustainability & Transformation funding**	**12,957**	**12,532**	**(7,151)**	**(156)**	**(1,616)**	**7,898**	**600**	**(425)**	**(577)**		
	Technical Items											
-	Donations & Grants (PPE/Intangible Assets)	-	1,204	-	-	1,204	-	-	1,204	976		
(1,314)	Impairments	(1,314)	(1,281)	-	33	-	-	-	33	(117)		
-	Reversal of Impairments	-	**249**	-	249	-	-	-	249	-		
(1,561)	Depreciation & Amortisation - Donated	(1,561)	(1,570)	-	(9)	-	-	-	(9)	(10)		
(2,875)	**Sub Total Technical Items**	**(2,875)**	**(1,398)**	**-**	**273**	**1,204**	**-**	**-**	**1,477**	**849**		
10,082	**SURPLUS / (DEFICIT) after Technical Items including Sustainability & Transformation funding**	**10,082**	**11,134**	**(7,151)**	**117**	**(412)**	**7,898**	**600**	**1,052**	**272**		

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*	*3.8%*	*3.8%*	*3.8%*	*4.0%*	*4.0%*	*4.0%*	*4.0%*	*4.0%*	*4.0%*	*3.9%*	*3.9%*	*3.9%*
Medicine	Actual	2.9%	3.3%	3.1%	4.2%	4.3%	3.4%	3.2%	4.2%	4.1%	3.9%	5.0%	4.0%
Specialised Services	*Target*	*3.5%*	*3.5%*	*3.5%*	*3.7%*	*3.7%*	*3.7%*	*3.7%*	*3.7%*	*3.7%*	*3.6%*	*3.6%*	*3.6%*
Specialised Services	Actual	3.4%	3.8%	4.4%	4.2%	3.8%	3.9%	4.0%	3.8%	3.3%	4.2%	2.9%	3.3%
Surgery, Head & Neck	*Target*	*3.9%*	*3.9%*	*3.9%*	*3.9%*	*3.9%*	*3.9%*	*3.9%*	*3.9%*	*3.9%*	*3.9%*	*3.9%*	*3.9%*
Surgery, Head & Neck	Actual	4.4%	4.0%	3.3%	3.9%	3.0%	2.8%	4.1%	3.9%	3.3%	3.9%	3.6%	3.5%
Women's & Children's	*Target*	*3.3%*	*3.3%*	*3.3%*	*3.6%*	*3.6%*	*3.6%*	*4.4%*	*4.4%*	*4.4%*	*4.4%*	*4.4%*	*4.4%*
Women's & Children's	Actual	4.1%	4.3%	4.5%	4.7%	4.6%	3.9%	4.3%	4.4%	4.6%	4.7%	4.5%	3.9%

Source: HR info available after a weekend- Mth 8 data not available

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	6.9%	9.4%	9.9%	10.6%	10.4%	8.6%	6.8%	7.0%	8.0%	9.7%	10.9%	8.4%
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	4.0%	4.5%	6.0%	7.3%	7.1%	6.5%	4.2%	3.6%	5.8%	6.9%	8.0%	7.7%
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	8.6%	8.4%	8.1%	8.1%	8.2%	5.2%	6.5%	7.0%	5.9%	6.6%	6.2%	6.1%
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	2.3%	3.6%	4.4%	4.7%	5.9%	2.5%	0.5%	2.4%	2.3%	4.3%	4.2%	3.0%

Source: HR

Graph 3 **Turnover**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*15.8%*	*15.8%*	*15.8%*	*15.8%*	*15.8%*	*15.8%*	*15.8%*	*15.8%*	*15.8%*	*15.8%*	*15.8%*	*15.8%*
Medicine	Actual	13.5%	12.8%	13.1%	12.1%	12.4%	12.4%	12.9%	13.0%	13.7%	13.9%	14.0%	14.7%
Specialised Services	*Target*	*14.1%*	*14.1%*	*14.1%*	*14.1%*	*14.1%*	*14.1%*	*14.1%*	*14.1%*	*14.1%*	*14.1%*	*14.1%*	*14.1%*
Specialised Services	Actual	13.6%	14.7%	15.0%	15.7%	15.1%	14.7%	14.2%	16.0%	17.0%	16.7%	16.7%	17.1%
Surgery, Head & Neck	*Target*	*11.9%*	*11.9%*	*11.9%*	*11.9%*	*11.9%*	*11.9%*	*11.9%*	*11.9%*	*11.9%*	*11.9%*	*11.9%*	*11.9%*
Surgery, Head & Neck	Actual	11.8%	11.8%	12.7%	12.3%	12.5%	13.5%	13.8%	13.4%	13.8%	13.9%	14.6%	15.2%
Women's & Children's	*Target*	*10.0%*	*10.0%*	*10.0%*	*10.0%*	*10.0%*	*10.0%*	*10.0%*	*10.0%*	*10.0%*	*10.0%*	*10.0%*	*10.0%*
Women's & Children's	Actual	13.0%	12.6%	12.7%	12.9%	11.8%	11.3%	11.0%	11.6%	12.9%	12.8%	12.7%	12.6%

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*	*118.8*	*118.8*	*109.8*	*100.8*	*91.8*	*82.9*	*82.9*	*91.8*	*100.8*	*109.8*	*109.8*	*109.8*
Medicine	Actual	207.9	116.5	215.9	228.7	243.5	167.9	145.8	97.8	75.4	164.0	194.1	240.0
Specialised Services	*Target*	*61.5*	*75.0*	*68.5*	*64.2*	*64.2*	*59.8*	*59.8*	*54.4*	*65.3*	*62.5*	*58.8*	*58.8*
Specialised Services	Actual	20.7	49.6	106.5	84.6	95.1	73.5	80.9	23.6	7.0	27.5	20.7	47.1
Surgery, Head & Neck	*Target*	*64.6*	*69.6*	*79.5*	*85.5*	*80.5*	*89.6*	*89.3*	*55.7*	*64.6*	*69.5*	*69.5*	*64.6*
Surgery, Head & Neck	Actual	158.2	147.6	157.9	166.8	117.7	85.6	60.2	60.0	48.0	79.1	95.0	140.7
Women's & Children's	*Target*	*110.0*	*110.0*	*110.0*	*110.0*	*110.0*	*110.0*	*50.0*	*50.0*	*50.0*	*50.0*	*50.0*	*50.0*
Women's & Children's	Actual	85.3	163.8	216.6	204.4	238.1	207.3	215.8	276.1	160.9	235.6	223.4	212.6
Trust Total	*Target*	*354.9*	*373.4*	*367.9*	*360.5*	*346.5*	*342.3*	*281.9*	*251.9*	*280.6*	*291.9*	*288.1*	*283.2*
Trust Total	Actual	472.1	477.5	696.9	684.5	694.5	534.1	502.6	457.5	291.4	506.2	533.2	640.4

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*	*14.0*	*14.0*	*13.0*	*12.0*	*11.0*	*10.0*	*10.0*	*11.0*	*12.0*	*13.0*	*13.0*	*13.0*
Medicine	Actual	25.3	26.3	25.4	29.3	30.2	24.9	21.6	13.4	14.9	24.5	30.0	31.6
Specialised Services	*Target*	*9.5*	*12.0*	*10.8*	*10.0*	*10.0*	*9.2*	*9.2*	*8.2*	*10.2*	*9.7*	*9.0*	*9.0*
Specialised Services	Actual	2.4	6.1	11.5	7.9	9.4	9.1	9.4	2.8	1.7	3.1	3.2	6.2
Surgery, Head & Neck	*Target*	*13.0*	*14.0*	*16.0*	*17.2*	*16.2*	*18.2*	*18.2*	*11.2*	*13.0*	*14.0*	*14.0*	*13.0*
Surgery, Head & Neck	Actual	17.8	19.2	15.1	17.9	14.1	11.8	7.6	5.1	5.9	9.6	11.8	14.6
Women's & Children's	*Target*	*11.0*	*11.0*	*11.0*	*11.0*	*11.0*	*11.0*	*5.0*	*5.0*	*5.0*	*5.0*	*5.0*	*5.0*
Women's & Children's	Actual	10.0	10.1	18.3	23.4	26.6	23.1	24.6	25.5	14.7	24.3	26.3	23.2
Trust Total	*Target*	*47.5*	*51.0*	*50.8*	*50.2*	*48.2*	*48.4*	*42.4*	*35.4*	*40.2*	*41.7*	*41.0*	*40.0*
Trust Total	Actual	55.5	61.7	70.2	78.4	80.3	68.9	63.2	46.8	37.2	61.5	71.3	75.6

Source: Finance GL (excludes NA 1:1)

Graph 6 **Operating plan for nursing agency as a % of total staffing**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*6.6%*	*6.6%*	*6.2%*	*5.7%*	*5.2%*	*4.7%*	*4.7%*	*5.2%*	*5.7%*	*6.2%*	*6.1%*	*6.1%*
Medicine	Actual	11.1%	6.3%	11.2%	12.0%	12.6%	9.0%	7.8%	5.3%	4.2%	8.6%	10.1%	11.9%
Specialised Services	*Target*	*4.4%*	*5.4%*	*4.9%*	*4.6%*	*4.6%*	*4.3%*	*4.3%*	*3.9%*	*4.7%*	*4.5%*	*4.2%*	*4.2%*
Specialised Services	Actual	1.5%	3.5%	7.2%	5.9%	6.4%	5.1%	5.2%	1.6%	0.5%	1.9%	1.5%	3.3%
Surgery, Head & Neck	*Target*	*3.7%*	*3.9%*	*4.5%*	*4.8%*	*4.5%*	*5.0%*	*5.0%*	*3.2%*	*3.7%*	*3.9%*	*3.9%*	*3.7%*
Surgery, Head & Neck	Actual	8.5%	8.0%	8.3%	8.9%	6.4%	4.7%	3.4%	3.3%	2.8%	4.2%	5.1%	7.4%
Women's & Children's	*Target*	*3.4%*	*3.4%*	*3.4%*	*3.4%*	*3.4%*	*3.4%*	*1.5%*	*1.5%*	*1.5%*	*1.5%*	*1.5%*	*1.5%*
Women's & Children's	Actual	2.4%	4.5%	6.0%	5.7%	6.6%	5.7%	5.8%	7.3%	4.4%	6.2%	6.0%	5.8%
Trust Total	Actual	5.5%	5.4%	7.8%	7.8%	7.8%	5.9%	5.4%	5.1%	3.3%	5.4%	5.9%	4.5%

Source: Finance GL (RNs only)

Graph 7 **Occupied bed days**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	Actual	9,071	9,542	9,042	9,364	9,098	8,711	9,260	8,936	9,291	9,537	8,718	9,513
Specialised Services	Actual	4,392	4,719	4,517	4,626	4,622	4,390	4,658	4,409	4,666	4,769	4,335	4,794
Surgery, Head & Neck	Actual	4,481	4,616	4,414	4,472	4,471	4,329	4,670	4,427	4,354	5,004	4,463	4,933
Women's & Children's	Actual	6,179	6,658	5,959	6,821	6,863	6,395	6,646	6,625	6,666	6,862	5,966	6,796
Trust Total	Actual	24,123	25,535	23,932	25,283	25,054	23,825	25,234	24,397	24,977	26,172	23,482	26,036

Source: Info web: KPI Bed occupancy

Graph 8 **ECO £000 (total temporary spend)**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*44*	*44*	*44*	*44*	*44*	*44*	*44*	*44*	*44*	*44*	*44*	*44*
Medicine	Actual	117	83	93	99	80	73	86	83	58	90	75	90
Specialised Services	*Target*	*20*	*20*	*20*	*20*	*20*	*20*	*20*	*20*	*20*	*20*	*20*	*20*
Specialised Services	Actual	11	33	29	9	11	10	16	18	19	22	18	31
Surgery, Head & Neck	*Target*	*43*	*43*	*43*	*43*	*43*	*43*	*43*	*43*	*43*	*43*	*43*	*43*
Surgery, Head & Neck	Actual	43	- 6	31	59	24	20	6	19	21	30	10	3
Women's & Children's	*Target*	*12*	*12*	*12*	*12*	*12*	*12*	*12*	*12*	*12*	*12*	*12*	*12*
Women's & Children's	Actual	9	7	27	10	5	5	20	41	- 15	44	48	16
Trust Total	*Target*	*118.6*	*118.6*	*118.6*	*118.6*	*118.6*	*118.6*	*118.6*	*118.6*	*118.6*	*118.6*	*118.6*	*118.6*
Trust Total	Actual	179.226	116.591	179.959	176.814	120.219	107.674	127.789	160.6	83.1	186.0	150.4	139.7

Source: Finance temp staffing graphs (history changes)

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

Finance Report February 2018 - Risk Matrix

Datix Risk Register Ref.	Description of Risk	Inherent Risk (if no action taken)		Action to be taken to mitigate risk	Lead	Current Risk		Target Risk	
		Risk Score & Level	Financial Value			Risk Score & Level	Financial Value	Risk Score & Level	Financial Value
1843	Risk of failing to deliver the Trust's 2017/18 Operational Plan Control Total excluding Sustainability & Transformation Funding (STF) of £0.356m deficit due to a significant deterioration in the Divisions underlying run rate.	20 - Very High	£10.0m	With the support of Executive Directors and corporate staff, Clinical Divisions are required to deliver the actions detailed in "Review of 2017/18 Financial Position" paper to mitigate expenditure.The Divisional run rate has continued until the end of the year and the Operational Plan has been met through non-recurrent measures offsetting the Divisional overspend of £7.2m.	PM	6 - Moderate	£1.7m	4 - Moderate	£0.0m
959	Risk that Trust does not deliver the Operational Plan due to Divisions not achieving their current year savings target.	16 - Very High	£3.0m	The Trust has made progress in closing the unidentified savings gap of £0.6m in May's forecast outturn to £0.09m in February's forecast outturn. Corporate and transformation team are actively working to ensure delivery of savings schemes.The Divisions delivered 105% of their savings target for the year. Although Medicine and Surgery significantly under delivered. The risk remains as the 2018/19 savings plan now needs to be met.	MS	6 - Moderate	£1.0m	4 - Moderate	£0.0m
416	Risk that the Trust's Financial Strategy may not be deliverable in changing national economic climate.	9 - High	-	Maintenance of long term financial model and in year monitoring on financial performance through monthly divisional operating reviews and Finance Committee and Trust Board. Approval of the Strategic Finance paper.	PM	20 - Very High	£15.0.m	4 - Moderate	-
951	Risk of the loss of core and performance STF due to the failure to achieve the Trust's Operational Plan Control Total in quarter 4 resulting in the loss of £4.7m.	20 - Very High	£4.7m	Clinical Divisions are required to deliver the actions detailed in "Review of 2017/18 Financial Position" paper to mitigate expenditure. The Divisional run rate has been sustained in February resulting in an under spend of £0.3m in the month.	PM	15 - Very High	£1.7m	3 - Low	£0.0m
50	Risk of Commissioner Income challenges	6 - Moderate	£3.0m	The Trust has strong controls of the SLA management arrangements.	PM	9 - High	£2.0m	3 - Low	£0.0m
408	Risk to UH Bristol of fraudulent activity.	12 - High	-	Local Counter Fraud Service in place. Pro active counter fraud work. Reports to Audit Committee. Robust financial controls re payments.	PM	3 - Low	-	3 - Low	-

University Hospitals Bristol
NHS Foundation Trust

Cover report to the Public Trust Board meeting to be held on Thursday 26 April 2018 at 11:00 am – 13:00 pm in the Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

		Agenda Item	15
Meeting Title	Finance Committee		
Report Title	Chair's Report of the Finance Committee		
Author	Eric Sanders, Trust Secretary		
Executive Lead(s)	Paul Mapson, Director of Finance and Information		
Freedom of Information Status		Open	

Reporting Committee	Finance Committee
Chaired by	Martin Sykes, Non-Executive Director
Lead Executive Director (s)	Paul Mapson, Director of Finance and Information
Date of last meeting	25 April 2018

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

This report provides a summary of the key issues considered at the Finance Committee on 25 April 2018.

Procurement Strategy

The Director of Procurement, Bristol & Weston NHS Purchasing Consortium, attended to present on the Procurement Strategy.

Key points included:

- A summary of the functions and services provided to members of the Consortium was presented which sought to deliver the Vision of – Best in Class NHS Sourcing Function
- A new procurement model had been introduced which had been proven in other sectors and was expected to deliver benefits to the Consortium.
- Year on year improvements have been delivered with the levels of savings increased from 2016/17 of £3.2m to £7.9m in 2017/18, across the consortium
- UH Bristol was noted as being in the top quartile (29th) according to the Model Hospital for the average pricing across the top 500 products as defined at the national level.
- The Consortium was 16th cheapest according to the Model Hospital. It was postulated that the function may in fact require investment to deliver additional benefits. A business case was being developed and would be brought back to the Trust for agreement. It was noted that significant additional investment had already been included for 2018/19.
- Improvement initiatives described including simplification of processes to increase value and reduce waste. Linked to this was a need to increase the percentage of

orders with Purchase Orders which would support further analysis and delivery of potential savings.

- The Future Operating Model for NHS procurement was described, with the expectation that more Trusts would join consortiums to generate additional volume benefits. The impact of the changes needed further review.
- The key risk highlighted related to the capacity within the Consortium to deliver the expected level of activity, and work was underway with Consortium members to refine the planning and align demand with capacity.
- The Committee agreed to receive an update on development of the Consortium and an understanding of national changes at six and 12 months.

Finance Directors Report

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

Key points included:

- As at Month 12 (March 2018) the Trust had achieved a £19.9m surplus versus a plan of £12.957m.
- Core performance was achieved and exceeded, which included an additional £1.3m for Wales HRG4+ income
- Income was higher in March 2018, mainly due to the impact of the additional monies relating to HRG4, however this was offset in part due to higher levels of pay costs.
- Divisional performance had improved since Month 6 and was running at only a slight monthly deficit.
- Delays in capital spending had resulted in a larger capital programme for 2018/19, and this would need to be carefully managed.
- Financial risks were highlighted and discussed. The risks would be reviewed in light of the revised Operating Plan for 2018/19.

Contract Income and Activity Reports

Key points included:

- Month 12 activity was based on actuals; having previously been a forecast based on Month 11 (February) data. The changes had been reported to commissioners.

Detailed Divisional Finance Reports

Key points included:

- Divisional performance was £140k overspent in month, which meant that the annual position was a deficit of £7.195m
- Surgery (£3.9m) and Women's and Children's (£2.2m) were the highest overspending divisions. The overspends mainly related to medical and nurse staffing pay.
- The Committee discussed the plans to support divisions to develop and deliver sustainable plans for 2018/19.

Savings Programme

Key points included:

- The Trust delivered an overachievement of savings of £600k. This was mainly from the Specialised Services Division who had delivered an over achievement of more than £1m.

- The standardisation and greater focus on the Trust's approach to productivity was starting to deliver tangible results and clarity of financial savings.
- Work was underway to review information supplied by NHS Improvement, based on an analysis of Model Hospital data, to understand where the Trust may be able to implement best practice and deliver increased efficiency and productivity. The analysis would be fed into the Executive led workstreams.
- The impact on patient safety and experienced was noted by the Committee, particularly where services weren't operating as effectively and efficiently as they could.

Service Line Reporting

Key points included:

- The overall analysis, comparing the Trust's latest quarterly data against the 2016/17 national data, suggested that if all Divisions achieved top quartile performance the potential benefit was significant.
- The data for the Medicine Division reinforced the need for a focus on managing costs.
- For the Surgery Division, the impact of the loss of SIFT funding on the Dental Hospital was highlighted which would impact on the profitability of the service. Costs in ITU, Upper Gastrointestinal Surgery and Trauma and Orthopaedics needed further work.
- The profitability of Maternity services was impacted on by the reduction in the numbers of births and the Division were undertaking further work to better understand the change locally and regionally.

Operating Plan 2018/19

Key points included:

- The core target was a £3m surplus, with Provider Sustainability Funding of £15.48m, which meant that the control total offer was £18.48m
- The savings target would be £24.474m, with operating income of £687.2m and a cash balance of £80m.
- The Board would now need to agree whether it would agree the control total at the meeting the following day but was advised to do so.

The Committee noted the following reports:

- Capital Income and Expenditure Report
- Quarterly Treasury Management Report
- Statement of Financial Position

The following items were received for assurance:

- Minutes of Capital Programme Steering Group
- Month 12 NHS Improvement Submission
- Quarterly Treasury Management Report

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

None identified.

Matters requiring Committee level consideration and/or approval

None identified.	
Matters referred to other Committees	
None identified.	
Date of next meeting	22 May 2018

University Hospitals Bristol
NHS Foundation Trust

Cover report to the Trust Board meeting to be held on Thursday, 26 April 2018 at 11.00 am – 13.00 pm in the Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

		Agenda Item	16
Meeting Title	Audit Committee		
Report Title	Chair's Report		
Author	Eric Sanders, Trust Secretary		
Executive Lead	Robert Woolley, Chief Executive		
Freedom of Information Status		Open	

Reporting Committee	Audit Committee
Chaired by	David Armstrong, Non-Executive Director
Lead Executive Director	Eric Sanders, Trust Secretary
Date of last meeting	20 April 2018

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

This report provides a summary of the key issues considered at the Audit Committee meeting of 20 April 2018.

Review of Board Assurance Framework (BAF) – Q4
Members received the BAF for quarter 4 for approval. It was noted that there was a change to the scoring of strategic priority 6; *risk of being unable to deliver the 2017/18 financial plan,* from 20 to 6 which acknowledged the improvement in the financial forecast for the year. It was further noted that time had been allocated at the next Board seminar to be held on 15 May 2018 at which there would be a discussion about updating the strategic risks aligned with the developing Trust Strategy.

Review of Corporate Risk Register (CRR) – Q4
Members received the CRR as at the end of March 2018. The Committee considered the risk around "on hold" patients which had previously been reported to the Board. The risk had been reviewed and had been escalated to the CRR. It was noted that some of the risk descriptions needed to be reviewed to more clearly articulate the risk facing the organisation.

Estates and Facilities Update - Fire and Procurement
An update on Fire compliance across the Trust was presented by the Director of Estates and Facilities to address concerns raised by Committee members. The approach was to review areas of the Trust together for risks relating to compartmentalisation, fire doors, dampers etc. and funding had been agreed to continue improvements works in 2018/19. It was noted that as the approach was based on a place based assessment it was difficult to accurately describe the forward plan or overall investment requirements but this would be developed and presented back to the Committee. The Committee was reassured that the fire service were happy with the systems the Trust had in place and were not due to visit the Trust for another 10 years.

Accounting Policies
Members approved the Accounting Policies.

Internal Audit Plan 2018-19
Members discussed the plan for 2018-19 which had been reviewed by the Executive Directors and the Senior Leadership Team. The methodology for developing the plan was discussed and further clarity requested. The Committee approved the Annual Audit Plan 2018-19.

Review of Internal Audit Progress Reports
Members receive the internal audit progress report which included a report on the work completed or in progress and the status of recommendations.

The details of the audits are shown in the table below:

Audit Assurance		**Overall Assurance Opinion**
1	Access Control Systems	Satisfactory
2	Children's Cardiac Review Actions – Part One	Significant
3	Main Accounting	Significant
4	Governors Roles & Responsibilities	Significant
5	Contract Income	Significant
6	Operational Review (Diagnostics & Therapy)	Significant

Chair Reports
Members received Chair Reports from Finance Committee, Risk Management Group and Quality and Outcomes Committee.

Annual Governance Statement
Members received the draft Annual Governance Statement for comment prior to presentation to the Board in May 2018. The Executive Directors in considering the draft had proposed to highlight a significant issue relating to the number of Never Events reported during 2017/18. Wording to describe the issue and mitigating actions would be included. The risk related to "on hold" patients had been considered but as work was ongoing to understand the issue in more detail it was decided that this would not be reported in the Annual Governance Statement this year. Regular reports on this issue would continue to be reported to the Quality and Outcomes Committee and Board.

Provider Licence Self-Certification
Members considered the evidence and proposed responses to the self-certifications against the Provider Licence required after the end of the financial year. The Committee agreed the responses and recommended their adoption by the Board.

Committee Stakeholder Analysis
Members received a first draft of a stakeholder analysis for the Audit Committee which would be used to ensure that information flows into and from the Committee were complete and accurate. Work would continue to develop the approach and be reviewed at future meetings. The intention was to use the approach to revise the Terms of Reference and Cycle of Business during 2018/19.

<u>The following were received for assurance:</u>

- Single Tender Action
- Review of losses and special payments
- Counter Fraud Progress Report

• Review of assessment against Standards - NHS Counter Fraud Authority (CFA) • Review of external audit plan 2017/18 • Board Register of Interests	
Key risks and issues/matters of concern and any mitigating actions	
None identified beyond those considered in the Board Assurance Framework and Corporate Risk Register.	
Matters requiring Committee level consideration and/or approval	
None identified.	
Matters referred to other Committees	
None identified.	
Date of next meeting	23 May 2018

Cover report to the Public Trust Board Meeting to be held on 26 April 2018, 11:00 – 13:00 in the Board Room, Trust Headquarters

		Agenda Item	17
Meeting Title	Public Trust Board	**Meeting Date**	Thursday, 26 April 2018
Report Title	**Annual Review of Board Register of Interests**		
Author	Eric Sanders, Trust Secretary		
Executive Lead	Eric Sanders, Trust Secretary		
Freedom of Information Status		Closed	

Strategic Priorities (please choose any which are impacted on / relevant to this paper)			
Strategic Priority 1: We will consistently deliver high quality individual care, delivered with compassion.	☐	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 present the Board Register of Interests to the Board to provide assurance that the Trust is compliant with regulatory requirements to maintain an up to date register of all interests for the Board of Directors.
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 recruit, train and sustain an engaged and effective workforce.	☐	Failure to comply with targets, statutory duties and functions.	☒
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.	☐		

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)**

Register of Business Interests for the Board of Directors 2018-19

First Name	Surname	Trust Position	Description of Interest	Remunerated	Date of last Declaration
David	Armstrong	Non-Executive Director	Nil Return Previous Interest: Corporate Function Manager for Processes and Assurance	N/A Yes	24.03.18 N/A
Madhu	Bhabuta	Non-Executive Director (Designate)	Swiss Re: Executive Role Previous Interest: ended 30 October 2017 – Employee of Mitie Group PLC	Yes Yes	29.03.18 N/A
Paula	Clarke	Director of Strategy and Transformation	Nil Return	N/A	28.03.18
Julian	Dennis	Senior Independent Director	Welsh Water: Independent Advisor to the Quality and Environment Committee	Yes	26.03.18
Jeffery	Farrar	Chair of the Board of Directors and Council of Governors	Welsh Government: Non-Executive Director Rental Property (Cardiff)	Yes Yes	26.03.18 26.03.18
Matthew	Joint	Director of People	Nil Return	N/A	11.04.18
Paul	Mapson	Director of Finance and Information	Nil Return	N/A	26.03.18
Carolyn	Mills	Chief Nurse	Nil Return	N/A	23.03.18

John	Moore	Non-Executive Director	Owner, Home Instead Senior Care, Bristol Previous Interest: ended May 2015: Managing Director at Ezitracker Ltd	Yes Yes	31.03.18 N/A
Guy	Orpen	Non-Executive Director	University of Bristol: Deputy Vice-Chancellor and Provost	Yes	29.03.18
Alison	Ryan	Non-Executive Director	Nil Return	N/A	N/A (on sabbatical)
Mark	Smith	Deputy Chief Executive and Chief Operating Officer	Nil Return	N/A	23.03.18
Martin	Sykes	Non-Executive Director	Nil Return	N/A	28.03.18
Steve	West	Non-Executive Director	University of the West of England: Vice Chair West of England Academic Health Service Network: Chair	Yes Yes	07.03.18 07.03.18
Emma	Woollett	Non-Executive Director	Owner and Director of Woollett Consulting Limited, which undertakes advisory work within the NHS including through an associate relationship with KPMG and chairing NHS Provider courses. Avoids conflict with UH Bristol role at all times. Abertawe Bro Morgannwg University: Director and Vice chair of the Health Board.	Yes Yes	04.04.18 04.04.18
Robert	Woolley	Chief Executive	Director of West of England Academic Health Science	No	23.03.18

			Network Member of the South of England Local Education Training Board	 No	 23.03.18
Jill	Youds	Non-Executive Director and Vice Chair of the Board	National Employment Savings Trust: Non-Executive Director/Trustee Ministry of Justice: Chair, Judicial Pension Scheme National Assembly for Wales: Chair, Trustee Pension Board. Ministry of Justice: Chair, Trustee Board Legal Services Commission Pension Scheme Northern Ireland Department of Justice: Chair, Judicial Pension Board	Yes Yes Yes Yes Yes	23.03.18 23.03.18 23.03.18 23.03.18 23.03.18
Board Members who left the Board or Trust in 2017/18					**Date of Declaration**
Lisa	Gardner	Non-Executive Director, Chair of Finance Committee	Interim Finance Director at Above and Beyond Director of and Company Secretary for Watershed Trust	Yes No	11.04.17
Alex	Nestor	Acting Director of Workforce and Organisational Development	Nil Return	N/A	12.04.2017
Sean	O'Kelly	Medical Director	Special Advisor, Care Quality	No	10.04.17

			Commission		
John	Savage	Chairman	Executive Chairman of Bristol Chamber of Commerce and Initiative Canon Treasurer of Bristol Cathedral Chapter Chairman of Destination Bristol Chairman Learning Partnership West Financial Director Bristol Cultural Development Partnership Limited Director of Price Associates Limited Candidate for Metro Mayor	No No No No No No Yes No	11.04.17

Cover report to the Public Trust Board. Meeting to be held on 26 April 2018 at 11:00-13:00 in the Conference Room, Trust Headquarters

		Agenda Item	18
Meeting Title	Public Trust Board	**Meeting Date**	Thursday, 26 April 2018
Report Title	**Register of Seals – Q4**		
Author	Sophie Melton Bradley, Deputy Trust Secretary		
Executive Lead	Eric Sanders, Trust Secretary		
Freedom of Information Status		Open	

Strategic Priorities (please choose any which are impacted on / relevant to this paper)			
Strategic Priority 1: We will consistently deliver high quality individual care, delivered with compassion.	☐	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 applications of the Trust Seal as required by the Foundation Trust Constitution.

Key issues to note

Standing Orders for the Trust Board of Directors stipulates that an entry of every 'sealing' shall be made and numbered consecutively in a book provided for that purpose and shall be signed by the person who shall have approved and authorised the document and those who attested the seal. A report of all applications of the Trust Seal shall be made to the Board containing details of the seal number, a description of the document and the date of sealing.

The attached report includes all new applications of the Trust Seal since the previous report in January 2018.

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 recruit, train and sustain an engaged and effective workforce.	☐	Failure to comply with targets, statutory duties and functions.	☒
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.	☐		

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)**

University Hospitals Bristol
NHS Foundation Trust

Register of Seals – January 2018 – March 2018

Reference Number	Date Signed	Document	Authorised Signatory 1	Authorised Signatory 2	Witness
806	26.01.18	Lease - Rooms 56-62, Level 10, Queen's Building, Bristol Royal Infirmary with Trustees of Bristol Hospital Broadcast Service.	Paul Mapson, Director of Finance	Robert Woolley, Chief Executive	Sophie Melton Bradley, Deputy Trust Secretary
807	19.03.18	Underlease for Reference for South Bristol Community Hospital.	Robert Woolley, Chief Executive	Paul Mapson, Director of Finance and Information	Sophie Melton Bradley, Deputy Trust Secretary

Cover report to the Public Trust Board. Meeting to be held on 26 April 2018 at 11:00-13:00 in the Conference Room, Trust Headquarters

		Agenda Item	19
Meeting Title	Public Trust Board	**Meeting Date**	Thursday, 26 April 2018
Report Title	**Governor's Log of Communication**		
Author	Kate Hanlon, Membership Engagement Manager		
Executive Lead	Jeff Farrar, Chair		
Freedom of Information Status		Open	

Strategic Priorities (please choose any which are impacted on / relevant to this paper)			
Strategic Priority 1 :We will consistently deliver high quality individual care, delivered with compassion.	☐	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.
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 recruit, train and sustain an engaged and effective workforce.	☐	Failure to comply with targets, statutory duties and functions.	☒
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.	☐		

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		
198	John Rose	***Theme:*** Patient safety	***Source:*** Governor Direct

Query **14/03/2018**

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

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

Response **11/04/2018**

We have a system for proactively monitoring our quality intelligence data for any potential outlier alerts which need further investigation. Where a potential alert is identified this is reviewed to see if it is statistically significant, that coding and mode of admission data is accurate and, if both, then a clinical review of the care of the patients which comprise the alert is undertaken. Where possible we triangulate the information with other data sources if they are available to us, such as national clinical audits, serious incident investigations, mortality review process. Occasionally we receive outlier alerts from third parties such as the CQC who may use slightly different datasets and statistical methodology. Increasingly when this occurs we are finding that we are already aware of a similar outlier alert which has already been investigated and, if relevant, improvement actions are in place or is being investigated.

Status: *Awaiting Governor Response*