Agenda for the Meeting of the Trust Board of Directors held in Public
To be held on Thursday 28 April 2016 at 11.00am – 1.00pm
in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Item	*Sponsor*	*Page No*
1. Chairman's Introduction and Apologies To note apologies for absence received	Chairman	
2. Patient Story To receive the Patient Story for review	Chief Nurse	3
3. Declarations of Interest To declare any conflicts of interest arising from items on the agenda	Chairman	
4. Minutes from previous meeting To approve the Minutes of the Board of Directors Meeting held in public on 30 March 2016	Chairman	7
5. Matters Arising (Action log) To review the status of actions agreed	Chairman	21
6. Chief Executive's Report To receive the report to note	Chief Executive	23
Delivering Best Care and Improving Patient Flow		
7. Quality and Performance Report To receive and consider the report for assurance: a) Performance Overview b) Board Review – Quality, Workforce, Access	Chief Operating Officer/Deputy CEO	27
8. Quality and Outcomes Committee Chair's report To receive the report for assurance	Quality & Outcomes Committee Chair	81
9. NHS Improvement 2016/17 Operational Plan Submission To receive the plan for approval	Chief Operating Officer/ Director of Finance & Information	91
10. Emergency Preparedness Annual Report 2015/16 To receive the report for assurance	Chief Operating Officer / Deputy CEO	123
11. BNSSG Vision for Health and Social Care To receive the report for approval	Chief Executive	137
12. Memorandum of Understanding between University Hospitals Bristol and University of Bristol To receive the Memorandum of Understanding for approval	Chief Executive	163

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13. Bristol Royal Infirmary Post-Project Evaluation Report To receive the report for assurance	Chief Operating Officer / Deputy CEO	173
14. Transforming Care Programme Board Report To receive the report for assurance	Chief Executive	243
15. Quarterly Research and Innovation Update To receive the report for assurance	Medical Director	249
Delivering Best Value		
16. Finance Report (including Finance Resource Book 2016/17) To receive the report for assurance	Director of Finance & Information	257
17. Finance Committee Chair's Report To receive the report for assurance	Finance Committee Chair	387
18. Quarterly Capital Projects Status Report To receive the report for assurance	Chief Operating Officer / Deputy CEO	395
Compliance, Regulation and Governance		
19. Board Assurance Framework Report – Quarter 4 Update To receive the Board Assurance Framework for approval	Chief Executive	403
20. Corporate Risk Register To receive the Corporate Risk Register for assurance	Chief Executive	413
21. Q4 Risk Assessment Framework Monitoring and Declaration Report To receive the declaration for approval	Chief Executive	419
22. Board of Directors Register of Interests and Gifts To receive the Register for assurance	Chairman	435
Information		
23. Governors' Log of Communications To receive the Governors' log to note	Chairman	441
24. Any Other Business To consider any other relevant matters not on the Agenda	Chairman	
Date of Next Meeting of the Board of Directors held in public: Wednesday 25 May 2016, 11:00 – 13:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU		

Cover report to the Board of Directors meeting held in public
To be held on Thursday 28 April 2016 at 11.00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
02. Patient Story									
Sponsor and Author(s)									
Sponsor: Carolyn Mills, Chief Nurse **Author:** Tony Watkin, Patient Experience Lead (Engagement and Involvement)									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	

Executive Summary
Patient stories reveal a great deal about the quality of our services, the opportunities we have for learning, and the effectiveness of systems and processes to manage, improve and assure quality. The purpose of presenting a patient story to Board members is: • To set a patient-focussed context for the meeting. • For Board members to understand the impact of the lived experience for this patient and for Board members to reflect on what the experience reveals about our staff, morale and organisational culture, quality of care and the context in which clinicians work. **Patient Story Summary** This story charts the experience of a patient who had a diagnosis of Lymphoma, a type of blood cancer that affects blood cells called lymphocytes and the lymphocyte-producing cells in your body. These cells are an important part of your immune system that fight infection. In the story, the patient recounts the impact the diagnosis had on her and the positive impact the behaviours and actions of the clinical and non-clinical staff made to her. The patient went on to be selected for inclusion in the Gallium B021223 clinical trial at the Bristol Haematology and Oncology Hospital. In summary, the trial looks at the impact of Gallium as an alternative medication to Rituximab in the treatment of Lymphoma. Keen to further progress the work in this field in the hope that it would not only offer her a return to health, but others too, the patient describes some of the practical issues encountered in participating in the trial, the consequences of these and how these issues were resolved. In addition, the patient notes how the effects of the treatment were closely monitored and, by working together, the determination of staff to offer continued support throughout the trial.
Recommendations
To receive the patient story, and note the context from which it was generated.
Impact Upon Board Assurance Framework
Implementation of the learning associated with this story supports achievement of the Trust's corporate quality objective to improve communication with patients.
Impact Upon Corporate Risk
None

<table>
<tr><th colspan="12">Implications (Regulatory/Legal)</th></tr>
<tr><td colspan="12">Learning from feedback supports compliance with CQC’s fundamental standards – regulation 9, person centred care; regulation 10, dignity and respect; regulation 12, safe and appropriate treatment; regulation 17, good governance.</td></tr>
<tr><th colspan="12">Equality & Patient Impact</th></tr>
<tr><td colspan="12">None</td></tr>
<tr><th colspan="12">Resource Implications</th></tr>
<tr><td colspan="4">Finance</td><td colspan="2"></td><td colspan="4">Information Management & Technology</td><td colspan="2"></td></tr>
<tr><td colspan="4">Human Resources</td><td colspan="2"></td><td colspan="4">Buildings</td><td colspan="2"></td></tr>
<tr><th colspan="12">Action/Decision Required</th></tr>
<tr><td colspan="2">For Decision</td><td></td><td colspan="2">For Assurance</td><td></td><td colspan="2">For Approval</td><td></td><td colspan="2">For Information</td><td>✓</td></tr>
<tr><th colspan="12">Date the paper was presented to previous Committees</th></tr>
<tr><th colspan="2">Quality & Outcomes Committee</th><th colspan="2">Finance Committee</th><th colspan="2">Audit Committee</th><th colspan="2">Remuneration & Nomination Committee</th><th colspan="2">Senior Leadership Team</th><th colspan="2">Other (specify)</th></tr>
<tr><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td></tr>
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Trust Board
Thursday 28th April 2016
Patient Story

Confirmation of the diagnosis of Lymphoma was a real shock as I had always been fit, healthy and had made my 53rd blood donation just the week before. To be honest it still all seems a bit surreal. It was only the fact that it was a normal routine to all the staff I met made me feel that I should do as I was told for once (not an easy thing for me!)

I must mention three particular people who managed to keep me on the straight and narrow. The first was Mickala, the receptionist, ever cheerful and always practical, she made me feel that she had been looking forward to meeting and greeting me. The second person was Jonathan, my trial nurse, whose confidence I believed in. He assured me early on that he knew I would get through it all. Last, but certainly not least, was Dr Beasley, he was unfailingly patient, always put me at my ease and offered me the chance to be selected for the trial.

I was keen to 'give it a go' because I had been a blood donor and had decided years ago to donate my body for medical science, always joking that I would end up in a pickle jar at the university. I was also keen to further progress the work in this field in the hope that it would not only offer me a return to health, but others too. Therefore, I was delighted to hear that I had been accepted for the trial and the treatment followed swiftly.

In spite of the fact that my 'trial period' encompassed the moving out of the original suite, into the children's hospital and then back into the new suite it (almost all) went like clockwork. The first hitch was in the early days when I arrived for a 10 am appointment with the doctor. He could see that I had developed a nasty cough and said I needed a scan that day. I was there until 10pm in spite of Mickala's best efforts to get things moving. Another time she took matters into her own very capable hands was when my follow up tablets did not arrive despite being in from 9am to 6 30pm. I was told to return the next morning which I did but there were no tablets. After waiting for a little while Mickala left her desk and took me to the pharmacy in double

quick time. She thought nothing of it, I was really grateful. After Mickala had been moved I arrived one morning at the usual time of 9am only to be told that my notes were missing and I should go away for a couple of hours by which time they should have turned up, they did but it made an already long day much longer.

The effects of the treatment were always closely monitored. When Dr Beasley could see that one of the components did not suit me he quickly withdrew it. I found the days and weeks following treatment became quite predictable, being almost hyper-active and unable to sleep whilst on the steroids, then the cough would start, swiftly followed by three days of what seemed like severe bruising all over my body so that even bathing was painful. These reactions became more pronounced the further along the trial went.

I had to call the hospital one Saturday afternoon as I had suddenly developed a urine infection, I was called in immediately and treated professionally by my doctor who was delighted that I had been able to come straight in and prevent it from becoming an even bigger problem.

I would like to say how grateful I am to all the staff, especially those who had to battle to try to 'get a vein'. I must have been a real 'trial' for them!

Elizabeth Kenney
April 2016

Minutes of the Meeting of the Trust Board of Directors held in Public on Wednesday 30 March 2016 at 11:00am, Conference Room, Trust Headquarters, Marlborough Street, BS1 3NU

Board members present:
Emma Woollett, Non-Executive Director / Vice Chair
Robert Woolley, Chief Executive
Deborah Lee, Chief Operating Officer/Deputy Chief Executive
Paul Mapson, Director of Finance & Information
Sean O'Kelly, Medical Director
Sue Donaldson, Director of Workforce and Organisational Development
Alison Ryan, Non-Executive Director
Lisa Gardner, Non-Executive Director
Jill Youds, Non-Executive Director
John Moore, Non-Executive Director

Present or in attendance:
Helen Morgan, Deputy Chief Nurse
Brian Courtney, Interim Trust Secretary
Jane Dean, Trustee, Above and Beyond
Barrie Morris, member of the public
Jackson Murray, member of the public
Ian Davies, Staff Governor
Georgia Phillips, member of the public
Laura Lee Phillips, member of the public
Amanda Saunders, Head of Membership and Governance
Clive Hamilton, Public Governor
Ray Phipps, Patient Governor
Flo Jordan, Staff Governor
Amy-Leigh Kennedy, staff member
John Steeds, Patient Governor
Brenda Rowe, Public Governor
Wendy Gregory, Carer Governor
Mavis Gilmartin, member of the public (item 2 only)
Lorna Hayles, Learning Disability Specialist Nurse (item 2 only)
Chrissie Ostick, Community Nurse (item 2 only)
Tony Watkin, Patient Experience Lead (item 2 only)
Fiona Jones, Divisional Director, Diagnostics and Therapies (item 13 only)
Rachel Smith, Corporate Governance Administrator (Minutes)

191/03/16 Chairman's Introduction and Apologies
Emma Woollett, Vice Chair, welcomed everyone to the meeting. Apologies for absence were received from John Savage, Chairman; Carolyn Mills, Chief Nurse; David Armstrong, Non-Executive Director; Guy Orpen, Non-Executive Director, and Julian Dennis, Non-Executive Director.

192/03/16 Patient Experience Story
Helen Morgan introduced the Patient Experience Story, which was presented to Board members on a monthly basis in order to set a patient-focussed context for the meeting.

Lorna Hayles, Learning Disability Specialist Team Nurse, introduced Mavis Gilmartin to the Board and explained that she and Chrissie Ostick met prior to Mavis's admission to hospital for surgery, as Mavis had been very scared about what might happen. With support and encouragement from Chrissie, Mavis agreed to share her appointment letters with her and attended her hospital appointments with Chrissie. During her appointments, Mavis and Chrissie met with Mr Randall, Consultant Colorectal Surgeon, and Lorna, who discussed with her the next steps with regard to her surgery.

Mavis commented that the nurses had been attentive and supportive to her needs whilst she was an inpatient and explained that initially, she had struggled to communicate with the nursing staff due to her hearing. Mavis did consider the use of sign language but did not use it in case the staff did not understand what she was trying to say. Mavis further commented that the food had been to a good standard, her bedding was changed daily and that she had been able to manage her own medication, which gave her more independence. The Learning Disability team recognised Mavis's independence but wanted to ensure she had adequate support once discharged and enlisted the help of the Red Cross to visit Mavis at home.

In terms of improving Mavis's experience, Mavis explained she had requested a single room as she felt overwhelmed by the large ward but unfortunately, a single room was not available at the time of her admission. Once Mavis had been admitted, she developed a friendship with a patient in the bed next to her.

In response to a query from Alison Ryan, Mavis advised that she would not be scared to come back into the hospital in the future.

Robert Woolley was pleased to note Mavis's comments and enquired whether she received adequate information with regard to what would happen before and after her surgery. Mavis advised that the procedure had been explained to her and that she had been very well supported by Chrissie throughout the whole experience.

In response to a further query from Robert Woolley, Mavis confirmed she had received adequate information on discharge with regard to her medication. It was:

RESOLVED:
- **That the Board receive the Patient Experience Story for information**

193/03/16 Declarations of Interest
In accordance with Trust Standing Orders, all Board members present were required to declare any conflicts of interest with items on the meeting agenda. There were no new declarations made.

194/03/16 Minutes and Actions from Previous Meeting
The Board considered the minutes of the meeting held in public on 29 February 2016. With regard to the 5th paragraph on page 4, "cancer" to be amended to "disease". It was:

RESOLVED:
- **That the minutes of the meeting held 29 February 2016 be agreed as an accurate record of proceedings, subject to the amendment outlined in the minutes**

195/03/16 Matters Arising
Outstanding and completed actions were noted by the Board.

With regard to item 1 (189/02/16), Deborah Lee advised that she had contacted Ian Davies, staff governor, who confirmed no specific issues had been raised. It had been accepted there were differences in opinion regarding the use of alternative models and that the action plan would continue to move forward whilst respecting these differences. The need to use temporary staffing models such as Glanso would diminish as the Referral to Treatment (RTT) position improved. The use of Glanso had identified learnings and the Trust would strive to incorporate those innovations into regular practice. Emma Woollett commented that the Trust would regularly give active consideration to the benefits of identified learning and that the fundamental goal was to provide the best service possible to patients.

In response to item 2 (184/02/16), Sue Donaldson confirmed this would be incorporated within the current review of workforce reporting. Jill Youds referred to a discussion at the Board Seminar at which it was requested the Board received a report on a transformative approach to workforce improvements. After a brief discussion, it was agreed that the Board would receive in April, as part of the workforce report, a tactical response to address the current work in progress in respect of recruitment, retention, turnover and sickness. This would inform a discussion at the Board Seminar in May around the strategic, transformational and staff engagement approach to be taken and would inform a more strategic report for the Board in May.

Paul Mapson advised that Trust had been issued with a formal cap from NHS Improvement around agency spending, against which the Trust would be monitored and recruitment plans would need to be reconciled with the ability to adhere to the cap. Sue Donaldson advised this would be referenced within both the tactical and strategic documents. It was:

RESOLVED:
- **That the Board would receive, in April, a tactical response to address current work in progress in recruitment, retention, turnover and sickness as part of the workforce report**
- **That, following discussion at the May Board Seminar, the Board would receive a report at the May meeting setting out the strategic and transformative approach to staff engagement and retention**

196/03/16 Chief Executive's Report
The Board received a written report of the main business conducted by the Senior Leadership Team in March 2016.

Robert Woolley highlighted the extreme operational pressures currently faced by the Trust, which were consistent with the national pattern. January and February had been challenging, with a reported 14% increase in A&E attendances and a 10% rise in admissions. The Trust remained in black escalation and the Board was reassured that any new escalation capacity space was thoroughly risk assessed to ensure it was fully equipped, appropriate and safe for patients.

The Q3 feedback from Monitor included a continued green rating for governance and a risk rating of 4. Robert Woolley had also received correspondence from Jim Mackey, Chief Executive, NHS Improvement, to thank the Trust for its continued focus on financial performance and its surplus financial position, and to recognise the difficulty of this achievement.

The Trust remained focussed on its plans for the coming year to drive initiatives to manage emergency pressures. In terms of finalising contracts, it was disappointing that a final contract proposal had not yet been received from NHS England. The Trust would therefore produce its draft Annual Plan for 2016/17 with very significant risks and uncertainties. Production of a balanced plan would be difficult. The plan would be presented to the Extraordinary Private Board on 5 April 2016 for approval.

With regard to longer term sustainability, local health communities had been requested to produce a Sustainability and Transformation Plan (STP) to detail the scale of work to be undertaken over the next five years. Robert Woolley had been nominated to lead the co-ordination of the STP for Bristol, North Somerset and South Gloucestershire (BNSSG) which was to be submitted by the end of June. Work had commenced on the STP and further updates would be provided in due course. The BNSSG System Leadership Group had produced a vision for health and social care which the Board had been asked to endorse (item 12) but Robert Woolley advised this would be deferred to the next meeting for endorsement.

The junior doctor Industrial Action continued, and it had been announced that the Industrial Action scheduled for 26 and 27 April would be an 'all out' strike in which junior doctors would not cover emergency services. The situation was very regrettable and it was notable that the Academy of Medical Royal Colleges had formally requested both parties to recommence negotiations to ensure patients were not put at risk. Robert Woolley supported the view that a negotiated solution was the most sensible way forward.

The Independent Review into Children's Congenital Heart Services continued; the review panel had compiled expert case reviews and the final report was in the draft stages. The review panel were sending confidential letters to individuals who may be criticised in the report to give them the opportunity to respond. The panel had also contacted families who had been involved with the review to explain the publication process and to ascertain how they would like to be involved. It was still the intention of the panel to publish their report in the Spring.

In response to a query from Emma Woollett, Robert Woolley clarified that the review had commissioned expert reviews of 27 individual cases where they had concerns expressed to them by families and where they believed independent expert review was warranted. The Board noted the separate case note review currently underway by the Care Quality Commission and their methodology had specifically excluded cases that would be reviewed by the Independent Review panel. It was not known when the CQC would publish their report. It was:

RESOLVED:
- **That the Board receive the report from the Chief Executive to note**

197/03/16 Quality and Performance Report
Overall Performance

Access
Deborah Lee introduced the monthly report which reviewed the Trust's performance in relation to Quality, Workforce and Access standards.

Whilst the challenging operational period had been noted, there had been a number of continued positive improvements. The Trust had achieved the highest ever reported percentage of patients who were treated in less than 18 weeks and the percentage of patients who underwent diagnostics tests within 6 weeks had reached the 99% national standard. Cancer

performance continued to exceed the recovery trajectory and it was noted that February and March had been challenging. There was a significant number of patients whose care had been cancelled due to operational pressures and lack of access to the High Dependency Unit and a recovery plan had been put in place to treat those patients. It was predicted, however, that performance in March against the 62 day GP Cancer Standard would be affected by the cancellations. Active clinical reviews were undertaken regularly for every cancer patient whose operation had been cancelled to ensure no harmful consequences were experienced as a result of the cancellation. The number of patients awaiting treatment was in excess of those typically expected and an update on the recovery action plan would be reported to the Quality and Outcomes Committee in April.

The national picture for Emergency Departments (ED) continued to challenge and the Trust remained in the middle of the best and worst performing Trusts. Approximately 30 Trusts in England were under additional scrutiny for their ED performance and whilst UH Bristol was not one of them, the Trust regularly reported performance just below 85% which was reflective of the operational pressures currently experienced.

The operational impact of the junior doctors' Industrial Action would be felt and would slow the rate of recovery in relation to a number of standards previously discussed. A significant amount of Outpatient activity would be lost during the Industrial Action, resulting in a slight deterioration of the RTT performance against trajectory but the Trust anticipated achievement of the 92% standard would be maintained. The Industrial Action scheduled for 6 and 7 April would coincide with the new intake of junior doctors and arrangements were being made to ensure induction to their new workplace would not be affected.

Quality

The Board noted the positive picture for quality of care demonstrated on the quality dashboard, despite the operational pressures. Care around the fundamental quality indices such as infections, falls, pressure ulcers and the safety thermometer had been maintained and were a testament to the staff. Staff resilience was closely monitored as staff wellbeing was of equal importance. The deployment of additional locum staff was under consideration to provide respite to staff who were required to work additional hours. With the exception of the cancer recovery plan, a slight reduction on elective activity would be required to give respite to staff whilst maintaining the RTT standards.

Lisa Gardner referred to discussions in the Finance Committee around the effects on staff and would welcome all mechanisms put in place to provide support. The Finance Committee also discussed management of bed numbers and Deborah Lee advised that rapid progress had been made with regard to the development of the out of hospital acute model of care. This had the potential to create 35 virtual beds in the community for patients for whom a decision to admit had been made by the ED team and care at home could be provided. It was anticipated this would be mobilised from July to enable the Trust to approach the seasonal operational pressures with occupancy numbers restored to a more manageable position.

Also significant was the group of patients for whom discharge was delayed for reasons out with the Trust's control but had a dramatic impact on bed occupancy. The 'Discharge to Assess' pathway addressed patients who were medically fit for discharge but whose community care package was undetermined. The pathway ensured these patients could be supported in the community rather than occupying a hospital bed. There were three specific pathways that could be followed and depended on the package of care required. This was in the early stages of development but showed great promise.

Jill Youds welcomed the improvements and the progress made due to exceptional efforts, and enquired as to the system-wide initiatives to address the impact of the A&E performance issues. Deborah Lee explained that the Urgent Care Working Group had been established comprising partners in acute Trusts, Social Services, and Bristol Community Health. It was acknowledged that the Urgent Care Working Group had not reached its full effective potential and had evolved into more of a monitoring group rather than a group to take action to effect change. The group had been reviewed externally to look at its decision-making abilities to deliver service transformation and that UH Bristol accepted some responsibility for the group's effectiveness. Deborah advised that her concerns about the group had led to her to advocate the development of the out-of-hospital model of care in order to maintain the required degree of flow for the Trust's patients and staff. The relationship between the Trust and Bristol City Council was noted to be positive and very operationally robust. It was recognised that the same close relationship had not developed with colleagues in North Somerset and South Gloucestershire as their primary relationships were with Weston and North Bristol NHS Trust respectively.

Emma Woollett referred to the pressures on staff and assumed it would be incorporated within the workforce report that would come to the Board in May. Sue Donaldson advised that she would shortly receive the departmental breakdown by staff group from the 2015 Staff Survey which would be correlated against sickness rates and which would assist with those discussions. Furthermore, there were signs of general improvements following the Staff Survey and staff had reported a reduction in work-related stress. This had not been reflected in sickness absence reported as caused by work-related stress and would therefore require closer analysis.

Lisa Gardner referred to the Fractured Neck of Femur service and the continued long term sickness of the Consultant Orthogeriatrician. Sean O'Kelly advised there was no indication that the sickness absence would end soon and recruitment into the service continued.

Sean O'Kelly advised the Board that the British Orthopaedic Association (BOA) had agreed to undertake a clinical service review and have requested background data for analysis. The BOA would undertake the review on 10 and 11 May and meet with professionals within the service as part of the review. The BOA would subsequently issue a review report which would help resolve the ongoing issues in terms of meeting the national targets, and in particular, the 90% time to theatre standard and the orthogeriatric assessment standard.

Clive Hamilton noted that Fractured Neck of Femur had not been included within the list of priorities on page 30 of the report and Emma Woollett advised that she hoped the update provided by Sean O'Kelly would demonstrate this continued to be a priority for the Trust.

Lisa Gardner queried the deterioration of the Venous Thrombo-Embolism (VTE) metric from green in September 2015 to red in December 2015. Deborah Lee advised this had been discussed in the Quality and Outcomes Committee and related to a change in data reporting. There had not been an underlying deterioration in performance but previous reporting had over-reported the position. The data quality review continued and an update would be provided to the Quality and Outcomes Committee in April.

Workforce

Sue Donaldson acknowledged the immense work underway with regard to the workforce domains but noted that the report did not demonstrate the impact on the Key Performance Indicators.

Wendy Gregory enquired as to the priority afforded to the quality and efficiency of staff appraisals. Sue Donaldson advised there was a significant piece of work underway to improve

the quality of appraisals, by way of the documentation and how the appraisals are conducted. A number of workshops had been held with managers and staff to inform the development of the new approach and consideration would be given as to how the launch of the new approach could be accelerated for more staff than currently planned. The new approach was scheduled to go live in September and would include a new electronic approach and training workshops for staff. It was:

RESOLVED:
- **That the Board receive the Quality and Performance Report for assurance**

198/03/16 Quality and Outcomes Committee Chair's Report
Alison Ryan presented the report for members of the Board on the business of the Quality and Outcomes Committee (QOC) meeting held on 29 March 2016.

Members of the Committee would undertake a review of the Quality and Performance report to ensure it continued to meet requirements.

The Committee discussed in depth the Serious Incidents and a common theme emerged related to the lack of the correct staffing, either in terms of numbers or skill mix, and whether this had been identified within the monthly Nurse Staffing report. The Committee questioned how they could identify the nuances of potential issues that affected patient care if the current measurements did not provide the detailed insight.

The Committee noted the difference in the quality of the Serious Investigation reports that were presented and the additional delay that could be caused if issues were not adequately addressed in the initial reports. One report had taken a year to complete and the Committee had requested it be reconsidered due to a number of issues not addressed within the report. It was acknowledged that the lengthy delay of that particular report had been a significant exception and was not acceptable.

The Committee received an update on UH Bristol's Patient Safety Programme Board and discussed improvements to reporting and clarity on the accountabilities to ensure the Committee received the adequate level of update.

The National Maternity Survey was also discussed and recognised the Trust's achievement as the best hospital in England in which to give birth. Alison Ryan requested on behalf of the Quality and Outcomes Committee that the Board's formal congratulations are sent to the staff involved and this was agreed. Robert Woolley advised the Board that he and John Savage had presented chocolates to the staff in St Michael's as a token of their appreciation in response to the National Maternity Survey results.

The Quality and Outcomes Committee continued to be clearly sighted on the issues around bed occupancy.

Wendy Gregory referred to concerns raised previously by Governors in relation to the time taken to investigate Serious Incidents, in order to understand how each investigation was managed and whether patients were put at risk due to delayed investigations. Alison Ryan advised that the first part of the Serious Incident report received by the Committee provided a detailed breakdown of the reporting of Serious Incidents within a set timeframe which were monitored by the Patient Safety team to ensure that any immediate patient safety issues were addressed.

Robert Woolley reassured the Board that following a Serious Incident, a rapid, local review was undertaken within 72 hours of the incident. This would identify any further risks of recurrence which would be addressed immediately. It was acknowledged that some reports would experience delays but that the 72 hour rapid review would ensure an immediate focus on any issues which required corrective action. Deborah Lee advised that the Quality and Outcomes Committee received a detailed breakdown of performance in relation to the number of incidents which were reported and how many were investigated within the required timeframe.

John Moore noted the 72 hour reporting standard and enquired whether there was a standard for the subsequent detailed review. Deborah Lee advised that timeframes were variable due to the level of the Root Cause Analysis (RCA) undertaken. Helen Morgan advised that RCA reports would be presented to the Clinical Quality Group and if group members were not satisfied with a report, it would be returned to the Division for a review. Emma Woollett acknowledged the thorough reviews undertaken by the Quality and Outcomes Committee to identify any outlying actions and ensure that all actions had been completed. Sean O'Kelly advised the Board that he was not aware of any evidence that any 72 hour reports had failed to identify any immediate actions that were later identified within the subsequent detailed RCA report. It was:

RESOLVED:
- **That the Board receive the Quality and Outcomes Committee Chair's Report for assurance**

199/03/16 National Maternity Survey 2015

Helen Morgan introduced the paper which comprised of three benchmarking reports from the Care Quality Commission (CQC) and also the local report. UH Bristol had been identified as the best performing Trust nationally by the CQC in terms of hospital maternity care and was immense recognition of the work undertaken by staff. The Board's attention was drawn to chart 1 on page 3 of the report which showed the linear trend around kindness and understanding on postnatal wards. This had been an area where the Trust had previously received low scores and reflected the actions undertaken by the staff in response to previous surveys. The action plan did not reflect any complacency and contained very innovative ideas to be progressed.

Jill Youds noted the kindness and understanding scores, which were always a key area of focus. Jill and Julian Dennis had visited St Michael's and it had been apparent that the staff remained committed, motivated and focussed. It was:

RESOLVED:
- **That the Board note the National Maternity Survey 2015 report**

200/03/16 Annual Staff Survey 2015

Sue Donaldson presented the results from the Annual Staff Survey 2015 which had been presented to the Quality and Outcomes Committee on 29 March 2016. There had been improvements in a number of aspects which had been driven locally and were linked to the key programmes of work being taken forward. Further work was required to put in place the transformational projects to make the required step change later in the year. Detailed results, broken down by Division, would enable a review of the current action plans to ensure the correct focus remained and a report detailing the conclusions of the review would be presented to the Board in May 2016.

Emma Woollett commented that in light of the successes of the National Maternity Survey, the drive to succeed was evident and that the same level of drive needed to be applied to future Staff Surveys. The Trust aspired to be within the top 20 teaching hospitals nationally and it was encouraging to note that UH Bristol had been rated as the 4th most improved teaching hospital since the 2014 survey.

John Moore enquired as to the aspiration to be within the top 20, rather than the top 10 and Sue Donaldson advised that had been agreed as part of the workforce strategy.

John Moore expressed his disappointment at Key Finding 26 which related to the percentage of staff who experienced harassment, bullying or abuse from staff and stressed the importance in management, leadership and coaching. Sue Donaldson referred to a discussion at the Quality and Outcomes Committee related to the culture and local climate of the organisation and how this would be managed by Executives and also local line managers. It was agreed this would be a feature of the debate at the May Board Seminar.

Alison Ryan notified the Board that during a visit by three Non-Executive Directors to Specialised Services, they had been notified of a recent incident of inappropriate behaviour from one member of staff to another. Local action had been taken swiftly and the matter escalated and resolved. The Non-Executive Directors had been encouraged by the demonstration of local empowerment.

Robert Woolley acknowledged that it was helpful to be signposted to particular scores, as the Trust was not content to be anywhere near the average and aspired to be amongst the best employers in the country.

Wendy Gregory referred to Key Finding 18 related to the percentage of staff who felt pressure to attend work when they felt unwell and enquired as to a process in place to ensure staff were not pressurised to come in. Alison Ryan suggested clarity was required with regard to evidence of where the pressure originated. Sue Donaldson advised that she attended a long term conditions group which discussed whether the Trust's frameworks for supporting staff through sickness absence were adequate to help not only the staff who were absent but those around them to understand that small changes could make a significant difference. Subsequently, members of long term conditions group had been invited to be involved in the re-drafting of some sections of the framework to address the differences that could be made. It was not clear, however, whether the key finding related to short term or long term sickness.

Amanda Saunders advised the Board that a separate session had been arranged for the Governors to discuss the Staff Survey.

Flo Jordan advised the Board that she had been made aware of instances whereby staff had felt pressurised by their managers to attend work when unwell. It was:

RESOLVED:
- **That the Board note the Annual Staff Survey 2015 results**

201/03/16 Patient Experience and Complaints Quarterly Report
Helen Morgan introduced the Quarterly Patient Experience and Complaints Quarterly Report for Quarter 3.

Patient Experience
Notable successes included the National Maternity Survey and the patient experience metrics continued to be green rated. Work continued to improve the response rates for day case patients and below-target response rates were noted for the Children's Hospital. In addition, both Accident and Emergency departments had received poor Friends and Family Test scores, where the key issue related to waiting times, reflecting the operational pressures both departments faced at the time. It was noted that staff worked hard to ensure patients were regularly updated in this challenging area.

Complaints
The Board noted the reduction in complaints in Quarter 3 in the Eye Hospital, Bristol Heart Institute (Outpatients), Ear, Nose and Throat, and BRI Emergency Department. Poor performance had been recorded with regard to complaint responses sent within timescale but this had been due to the number of responses returned to Divisions for amendment prior to sign off. Work continued around improving the quality of complaint responses in order to reduce the number of dissatisfied complainants.

Significant work had been undertaken within Ward A900; results from February's face to face surveys had been encouraging and the Division expected to see an improvement.

Emma Woollett acknowledged the combination of timeliness and quality of complaint response rates and noted the improvements. It was:

RESOLVED:
- **That the Board receive the Patient Experience and Complaints Quarterly Report for assurance**

202/03/16 BNSSG Vision for Health and Social Care
This item was deferred to the next meeting.

203/03/16 Cellular Pathology Service Transfer
Sean O'Kelly introduced the report which sought the Board's approval prior to the planned transfer on 1 May 2016. The Service Level Agreement (SLA) and Business Transfer Agreement were presented, which detailed the 17 clinical models involved in the transfer, and provided a summary of the work undertaken around the changes to the infrastructure. Governance arrangements for the service post-transfer had also been documented. The Service Level Agreement would enable the performance to be reviewed, monitored and actions taken as appropriate. Transfer of Undertakings (TUPE) arrangements for staff, and associated liabilities, were still to be resolved and discussions continued between the respective Executive teams.

Jill Youds referred to the discussions in the Quality and Outcomes Committee and enquired how the Joint Management Board would be effective in the management of the consequences of non-achievement against the SLA. Fiona Jones, Divisional Director for Diagnostics and Therapies, advised that the Joint Management Board would comprise representatives from both organisations, the Trust's Cancer Manager, 2 clinicians (from Women's & Children's and Surgery) and Finance. Meetings would be separated into two clear sessions: a governance session to discuss quality and KPIs; and the second session would address contract management issues. It was acknowledged that the transfer would take time to embed and for the impact to be visible. Progress updates would be provided on a monthly basis to the Divisional Board and concerns would be escalated for discussion at the quarterly Divisional review meetings with Robert Woolley.

In response to a query from Emma Woollett, Fiona Jones advised that the Board Chair had not yet been identified. In terms of risks, Paul Mapson advised that if at any point it was the view that the service was not provided at a level acceptable to UH Bristol, the risks to the Trust could pertain to staff redundancies and the costs associated with funding the re-establishment of a new service. Negotiations were underway between UH Bristol and North Bristol NHS Trust (NBT) with regard to a risk-share agreement.

With regard to dispute resolution, issues would be discussed at the Joint Management Board, and escalated, as appropriate, to the Executive to Executive meetings currently in place between UH Bristol and NBT. As the Board had been requested to approve the transfer and approve the execution of completion of the legal document, it was agreed that the agreement would be amended to state it would be approved "subject to satisfactory resolution of outstanding issues".

In response to a query from John Moore, Paul Mapson advised that the risk-sharing agreement would be in place for the first five years of the contract.

In response to a query from Emma Woollett, Paul Mapson confirmed that legal advice had been sought with regard to the execution of completion of the legal document.

Wendy Gregory enquired as to the financial status of NBT and the status of their Foundation Trust application. Robert Woolley confirmed NBT were not proceeding with an application at this point and that NHS Improvement had also proposed that the Foundation Trust application pathway would be reviewed. Robert Woolley believed that NBT's decision not to proceed with an application had been due, in part, to performance issues around RTT and their financial situation. Robert advised the Board that UH Bristol had assured itself about NBT's capabilities and that NBT had made sufficient improvements to their cellular pathology operating standards. There had also been a significant level of co-operation and collaboration to support the transfer of the Cellular Pathology service.

The Board congratulated Fiona and her team for the work undertaken to facilitate the transfer.

Clive Hamilton queried the staffing resources in place to manage the unit and Fiona Jones confirmed that a joint recruitment process was underway for the existing vacancies. The recruitment process could not be commenced until the work around the clinical models had been completed. It was:

RESOLVED:

- **That the Board approved the Cellular Pathology Service Transfer update, subject to the inclusion of a reference within the agreement with regard to satisfactory resolution of outstanding issues**

204/03/16 Partnership Programme Board

Robert Woolley introduced the revised Partnership Programme Board agreement and Terms of Reference, which had been amended following a review of the existing governance arrangements. The amendments to the Terms of Reference had been highlighted within the text of the report.

The Board approved the revised Partnership Agreement and revised Terms of Reference for the Partnership Programme Board. It was:

RESOLVED:
- **That the Board approve the revised Partnership Agreement and revised Terms of Reference**

205/03/16 Finance Report
Paul Mapson introduced the report which detailed the financial position at the end of February 2016 with a reported surplus of £3.319m (before technical items). After technical items, the surplus increased to £10.677m.

The Trust's financial position remained largely unchanged. The emergency pressures had had an impact but the Board noted that activity had been sustained.

A risk remained in relation to the continued nursing overspend and the Finance Report included an explanation of a number of the drivers behind the overspend. In order to deliver the operating plans, a number of areas were to be addressed, including supply, recruitment and retention, sickness, absence management, rostering controls and the reduction of agency usage.

The financial position had been expected to deteriorate due to commissioner income challenges but these had been contained. The forecast outturn remained at £3.5m and this position had been achieved through non-recurrent means.

The Trust continued to report a good cash position and the number of debtors had reduced.

Settling up of invoices had commenced between providers and commissioners and it was noted that there may be a number of issues with regard to junior doctor costs for consideration at the year-end but the end of year figures were anticipated to remain the same. It was:

RESOLVED:
- **That the Board receive the Finance Report for assurance**

206/03/16 Finance Committee Chair's Report
Lisa Gardner presented the report of the business discussed at the meeting of the Finance Committee on 23 March 2016.

The Committee reviewed the revised adult Ear Nose and Throat productivity report; the consultants had fully engaged with the work and the report highlighted areas which worked well and those which required further work. The Committee had agreed to apply the methodology to another area within the Division to identify any similar efficiencies that could be made.

The Committee reviewed Quarter 2 service efficiency and profitability cost indices which would be taken through the Divisions and utilised as part of their operating plans.

Looking forward to 2016/17, difficulties remained with regard to contract approval and the draft Annual Plan would be reviewed in Private Extraordinary Board meeting on 5 April.

The Committee registered concerns on the savings plan going forward and which remained an ongoing challenge. It was:

RESOLVED:
- **That the Board receive the Finance Committee Chair's report for assurance**

207/03/16 Audit Committee Chair's Report
John Moore presented the report of the business discussed at the meeting of the Audit Committee on 9 March 2016. The Audit Committee had approved the Internal Audit Annual Plan for 2016/17, which had a degree of flexibility to include additional audits as required, and the Committee also approved the Local Counter Fraud Annual Plan for 2016/17.

The Audit Committee continued to closely monitor the Trust's Whistleblowing policy to ensure it reflected the national policy. This would be discussed further at the next meeting.

The Audit Committee suggested improvements could be made to the discharge planning process and the Restraint Policy would also be reviewed to reflect national guidelines.

The new procedures for Estates continued to be implemented and would be audited next year.

The Audit Committee had agreed that the Internal Audit Annual Plan for 2016/17 would be amended to include the above three areas.

The Audit Committee received an extraordinary report from Clinical Audit Team, which had been requested to provide assurances that clinical practices across the Trust were appropriate. It was:

RESOLVED:
- **That the Board receive the Audit Committee Chair's report for assurance**

208/03/16 Register of Seals
The report provided the Trust Board with details of all new applications of the Trust Seal to March 2016 since the previous report on 30 November 2015.

In response to a query from Lisa Gardner with regard to reference number 776, Paul Mapson explained that Careflow Connect Ltd had been an innovation system established by a team of junior doctors and that the Trust had sold its share capital in the initiative. It was:

RESOLVED:
- **That the Board note the Register of Seals**

209/03/16 Monitor Q3 Risk Assessment Framework Feedback
The Board noted the Monitor Q3 Risk Assessment Framework Feedback as discussed in the Chief Executive's Report. It was:

RESOLVED:
- **That the Board note the Monitor Q3 Risk Assessment Framework Feedback**

210/03/16 West of England Academic Health Science Network Board Report March 2016
The Board noted the West of England Academic Health Science Network Board Report for March 2016. It was:

RESOLVED:

- **That the Board receive the West of England Academic Health Science Network Board report for information**

211/03/16 Governors' Log of Communications

The report provided the Trust Board with an update on governors' questions and responses from Executive Directors. It was:

RESOLVED:

- **That the Board receive the Governors Log of Communications to note**

212/03/16 Any Other Business

Deborah Lee clarified that the Extraordinary Board meeting scheduled for Tuesday 5 April 2016 to approve the Annual Plan for 2016/17 would take place in private.

Meeting close and Date and Time of Next Meeting

There being no other business, the Chair declared the meeting closed at 1.00pm.
The next meeting of the Trust Board of Directors will take place on Thursday 28 April 2016, 11.00am, the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

………………………………….. ……………….2016
Chair Date

Trust Board of Directors meeting held in Public 30 March 2016
Action tracker

Outstanding actions following meeting held 30 March 2016					
No.	**Minute reference**	**Detail of action required**	**Responsible officer**	**Completion date**	**Additional comments**
1.	**195/03/16 & 184/02/16**	The Board to receive, as part of the workforce report, an overview of the tactical approach to address work in progress on recruitment, retention, turnover and sickness.	Director of Workforce and OD	April 2016	Action revised following discussion at March Board meeting. Overview to be included within the Quality and Performance Report
2.	**195/03/16**	The Board to receive a report setting out the strategic and transformative approach to staff engagement and retention.	Director of Workforce and OD	May 2016	
3.	**184/02/16**	That the performance dashboard would be revised to include RAG thresholds and performance figures for 2014/15 within the workforce metrics.	Chief Operating Officer / Deputy Chief Executive	May 2016	Meeting has taken place and dashboard amended to reflect Board comments.
4.	**181/02/16**	The Board to receive an update on the major strategic schemes for consideration and prioritisation.	Director of Strategy & Transformation	Autumn 2016	
5.	**149/01/16**	Assurance to be provided to the Quality and Outcomes Committee that the Trust could identify and adequately train staff members with regard to provision of care for patients with special needs.	Chief Nurse	April 2016	
Completed actions following meeting held 30 March 2016					
6.	**189/02/16**	Specific evidence would be obtained for review for item 141 of the Governors' Log.	Chief Operating Officer / Deputy Chief Executive	March 2016	Complete

Cover report to the Board of Directors meeting held in Public
To be held on Thursday 28 April 2016 at 11.00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
06. Chief Executive's Report									
Sponsor and Author(s)									
Sponsor & Author: Robert Woolley, Chief Executive									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	

Executive Summary
<u>Purpose</u> To report to the Board on matters of topical importance, including a report of the activities of the Senior Leadership Team. <u>Key issues to note</u> 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 2016.
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.
Impact Upon Board Assurance Framework
The Senior Leadership Team is the executive management group responsible for delivery of the Board's strategic objectives and approves reports of progress against the Board Assurance Framework on a regular basis.
Impact Upon Corporate Risk
The Senior Leadership Team oversees the Corporate Risk Register and approves changes to the Register prior to submission to the Trust Board.
Implications (Regulatory/Legal)
There are no regulatory or legal implications which are not described in other formal reports to the Board.
Equality & Patient Impact
There are no equality or patient impacts which are not addressed in other formal reports to the Board.

Resource Implications			
Finance		Information Management & Technology	
Human Resources		Buildings	

Action/Decision Required							
For Decision		For Assurance		For Approval		For Information	✓

Date the paper was presented to previous Committees					
Quality & Outcomes Committee	**Finance Committee**	**Audit Committee**	**Remuneration & Nomination Committee**	**Senior Leadership Team**	**Other (specify)**

APPENDIX A

SENIOR LEADERSHIP TEAM

REPORT TO TRUST BOARD – APRIL 2016

1. INTRODUCTION

This report summarises the key business issues addressed by the Senior Leadership Team in April 2016.

2. QUALITY, PERFORMANCE AND COMPLIANCE

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

The group **supported** the recommendation to declare the standards failed in Quarter 4 2015/2016 to be, the Accident and Emergency 4-hour standard and the 62-day GP and 62-day Screening cancer standards. It was also **supported** to recommend that the ongoing risks to achievement of the 62-day screening and 62-day GP cancer standards and the Accident and Emergency 4-hour standard be flagged as part of the narrative that accompanied the declaration, along with the specific performance risks to the 31-day first definitive and 31-day subsequent surgery cancer standards for Quarter 1.

The group **received** an update on the financial position for the year end 2015/2016.

3. STRATEGY AND BUSINESS PLANNING

The group **approved** the NHS Improvement Operating Plan 2016/2017 submission, noting further revisions were likely following continued contractual discussions with NHS England and commissioners.

The group **noted** an update on the current position around the proposed 2016/2017 Commissioning for Quality and Innovation (CQUINs).

The group **approved** the proposed 2016/2017 workforce key performance indicators and revised compliance framework, noting a minor amendment.

The group **approved** a proposed visual identity for Above and Beyond at the Bristol Heart Institute, for use in fundraising materials such as posters, displays and information, in line with Trust guidelines.

The group **noted** the findings and recommendations of the Bristol Royal Infirmary Redevelopment Phase 3 Project Evaluation report, prior to submission to the Trust Board.

The group **approved** the Emergency Preparedness Annual Report, for onward submission to the Trust Board.

The group **approved** the revised Extreme Escalation Policy revision, with one amendment, and accepted the proposal for review as part of the review of winter planning.

4. RISK, FINANCE AND GOVERNANCE

The group received and **noted** the Quarter 4 2015/2016 themed Serious Incident report, prior to submission to the Quality and Outcomes Committee.

The group **received** the Board Assurance Framework 2015/2016 Quarter 4 update, prior to onward submission to the Trust Board.

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

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

The group **received** an update on the status of the key project areas around the transfer of Cellular Pathology to North Bristol Trust, noting the date of transfer as 1 May 2016.

The group **approved** a communication, to be agreed with the Local Negotiating Committee and sent to all medical and dental staff confirming the definitions and revised payments for additional hours worked by medical and dental staff, noting the implementation date of 1 June 2016.

Reports from subsidiary management groups were **noted,** including updates on the Transforming Care Programme.

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

5. RECOMMENDATIONS

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

Robert Woolley
Chief Executive
April 2016

Cover report to the Board of Directors meeting held in Public
To be held on Thursday 28 April 2016 at 11.00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
07. Quality and Performance Report									
Sponsor and Author(s)									
Report sponsors: • Overview and Access – Deborah Lee, Chief Operating Officer / Deputy Chief Executive • Quality – Carolyn Mills, Chief Nurse and Sean O'Kelly, Medical Director • Workforce – Sue Donaldson, Director of Workforce & Organisational Development **Report authors:** • Xanthe Whittaker, Associate Director of Performance • Anne Reader, Head of Quality (Patient Safety) • Heather Toyne, Head of Workforce Strategy & Planning									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	
Executive Summary									
<u>Purpose</u> To review the Trust's performance on Quality, Workforce and Access standards.									
Recommendations									
The Committee is recommended to receive the report for **assurance.**									
Impact Upon Board Assurance Framework									
Links to achievement of the standards in Monitor's Risk Assessment Framework.									
Impact Upon Corporate Risk									
As detailed in the individual exception reports.									
Implications (Regulatory/Legal)									
Links to achievement of the standards in Monitor's Risk Assessment Framework.									
Equality & Patient Impact									
As detailed in the individual exception reports.									
Resource Implications									
Finance		Information Management & Technology							
Human Resources		Buildings							
Action/Decision Required									
For Decision		For Assurance	✓	For Approval		For Information			
Date the paper was presented to previous Committees									
Finance Committee	**Audit Committee**	**Remuneration & Nomination Committee**	**Senior Leadership Team**	**Other (specify)**					

Quality & Performance Report

April 2016

Executive Summary

March proved to be a difficult month for the Trust, with significant emergency pressures and continued junior doctor industrial action impacting on achievement of several of the access targets. However, despite the level of cancellations of operations and outpatient appointments countering some of the progress made in recent months, the Trust continued to achieve the national standard for the percentage of patients waiting under 18 weeks from Referral to Treatment (RTT), and the percentage of patients waiting under 6 weeks for their diagnostic test. Other noteworthy successes for the month are detailed on the Overview page of this report, alongside the priorities, risks and threats for the coming months.

The number of patients presenting at the Trust's adult and paediatric Emergency Departments (EDs) increased again in March, with overall levels of emergency admissions resulting from these ED attendances 13% higher than in March 2015. A range of indicators within our patient flow metrics continue to suggest that patient acuity increased during quarter 4, and this has now started to become evident in longer lengths of stay for patients discharged in March. In combination with a further rise in delayed discharges, peaking at 95 in the month, BRI bed occupancy has remained around the highest level it has been for a year, resulting in a deterioration in 4-hour performance and higher levels of cancellations of elective operations. The heightened acuity of emergency patients has also been apparent in the adult Intensive Therapy Unit (ITU), which has experienced extended periods of exceptional volumes of level 3 patients being referred to the unit. The impact of this will be felt in the 31 and 62-day cancer waiting times performance reported in April and May, with the lack of availability of ITU and High Dependency Unit (HDU) beds resulting in delays for patients awaiting cancer surgery. It is now expected, with the actions already taken to re-provide this ITU/HDU capacity that performance will be back on track from June. The scaling-up of the intensity of junior doctors' Industrial Action has also resulted in further cancellations of routine surgery and outpatient clinics in April, although efforts are ongoing to try to minimise the impact. The Trust continues to flag these system risks to Monitor and escalate issues to commissioners to engage primary care and partner organisations in mitigations to manage demand.

Performance against the headline quality metrics in the Trust's Summary Scorecard remained strong even in the context of the emergency pressures. Underlying these headline measures is a pattern of consistent performance against many of the wider range of quality metrics we report in our Quality Scorecard. This includes four consecutive months of above peer group performance for the Safety Thermometer defined measure of No New Harms, four consecutive months of achievement of all three of the dementia identification and referral standards, fifteen months of consecutive achievement of the green threshold for inpatient falls per 1,000 bed-days, and over two years of consecutive achievement of the green threshold for the rate of pressure ulcers per 1,000 bed-days. In addition this month we have seen an improvement in the timely reporting and investigation of serious incidents, and the level of non-purposeful omitted doses of critical medication being below the green threshold for a second consecutive month.

System pressures continue to provide context to the current workforce challenges, especially bank and agency spend and considerable focus is being placed on the reasons and necessity for each band and agency shift. There remains a strong internal focus on recruitment and retention of staff, in order to stay responsive to rising demand, with a second consecutive month's reduction in turn-over and vacancy rates now being below the green threshold. We also continue to work in partnership with other organisations within the community to mitigate these system risks, and improve the responsiveness of the Trust's services.

Performance Overview

External views of the Trust

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

Care Quality Commission

Intelligence Monitoring Report (IMR)

This is a tool used by the CQC to assess risk within care services. It was developed to support the CQC's regulatory function. The scoring uses a set of indicators, 93 of which are applicable to the Trust, against which tests are run to determine the level of risk for each indicator. From this analysis trusts are assigned to one of six risk bands based upon a weighted sum of the number of 'risks' or 'elevated risks', with 'elevated risks' scoring double the value of 'risks'.

Band 6 represents the lowest risk band.

Overall risk score = 5 points (2.69%) – **band 5** (not published as recently inspected) – **the CQC will no longer be updating the IMR. Consideration will be given to what other external views can be provided in 2016/17.**

Previous risk score = 10 points (5.43%) – band 3 (not published as recently inspected)

Current scoring

Risks

Safe:	Never Event Incidence
Effective:	SSNAP Domain (Stroke) team-centred rating score
Responsive:	Referral to Treatment Time (composite indicator) Ratio of days delayed in transfer from hospital to total occupied beds (delayed discharges)
Well-led:	Monitor Governance Risk Rating(see next page)
Elevated risks:	None

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	Open and honest	Infection control	Mortality	Food choice & Quality
BCH	4.5 stars	OK	OK	OK	OK	✓
STM	4 stars	OK	OK	OK	OK	✓
BRI	4 stars	OK	OK	OK	OK	✓
BDH	3.5 stars	OK	OK	OK	OK	Not avail
BEH	4 Stars	OK	OK	OK	OK	✓

Stars – maximum 5
OK = Within expected range
✓ = Among the best
! = Among the worst
Please refer to appendix 1 for our site abbreviations.
Last month's ratings shown in brackets where these have changed

Monitor Risk Assessment Framework

In quarter 4 the Trust achieved all except three of the standards in Monitor's 2015/16 Risk Assessment Framework, as shown in the table below. The 62-day GP and 62-day screening cancer waiting times standards are scored as a single standard. Overall this gives the Trust a Service Performance Score of 2.0 against Monitor's Risk Assessment Framework. Monitor restored the Trust to a GREEN risk rating in quarter 1, following its review of actions being taken to recover performance against the RTT, Cancer 62-day GP and A&E 4-hour standards and an acceptance of the factors continuing to affect Trust performance, which are outside of its control.

Monitor's Risk Assessment Framework - dashboard

Number	Target	Weighting	Target threshold	Reported Year To Date	Risk Assessment Framework					Q4 Forecast	Notes	Q4 Draft Risk Assessment Risk rating
					Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16*			
1	Infection Control - C.Diff Infections Against Trajectory	1.0	< or = trajectory	9	✓	✓	✓	✓	TBC**	✓	Limit to the end of Q4 = 45 cases	Achieved
2a	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	1.0	98%	98.9%	✓	✓	✓	✓	98.3%	✓		Achieved
2b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)		94%	97.0%	✓	✓	✓	✓	96.9%	✓		
2c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)		94%	96.9%	✓	✓	✓	✓	97.7%	✓		
3a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	1.0	85%	80.2%	×	×	×	×	80.6%	×		Not achieved
3b	Cancer 62 Day Referral To Treatment (Screenings)		90%	68.2%	×	×	×	×	65.3%	×		
4	Referral to treatment time for incomplete pathways < 18 weeks	1.0	92%	91.3%	Not achieved	Not achieved	Not achieved	Not achieved	92.6%	✓		Achieved
5	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	1.0	96%	97.4%	✓	✓	✓	✓	97.0%	✓		Achieved
6a	Cancer - Urgent Referrals Seen In Under 2 Weeks	1.0	93%	95.8%	✓	✓	✓	✓	96.1%	✓		Achieved
6b	Cancer - Symptomatic Breast in Under 2 Weeks		93%	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
7	A&E Total time in A&E 4 hours	1.0	95%	90.4%	×	×	×	×	83.5%	×		Not achieved
8	Self certification against healthcare for patients with learning disabilities (year-end compliance)	1.0	Agreed standards met	Standards met	Standards met	Standards met	Standards met	Standards met	Standards met	Standards met		Achieved
	CQC standards or over-rides applied	Varies	Agreed standards met	None in effect	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		Achieved
				Risk Rating	GREEN	GREEN	GREEN	GREEN	To be confirmed	Triggers further investigation		
												2.0
												To be confirmed (see narrative)

Please note: If the same indicator is failed in three consecutive quarters, a trust will be put into escalation and Monitor will investigate the issue to identify whether there are any governance concerns. For A&E 4-hours, escalation will occur if the target is failed in two quarters in a twelve-month period and is then failed in the subsequent nine-month period or for the year as a whole.

*Q4 Cancer figures based upon confirmed figures for January and February, and draft figures for March.

** C. diff cases from February onwards still subject to commissioner review, but within limit

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.

Overview

The following summarises the key successes in March 2016, along with the priorities, opportunities, risks and threats to achievement of the quality, access and workforce standards in quarter 1 2016/17.

Successes	Priorities
• 100% compliance for serious incidents reported and investigated within the required timescales in March; • Hospital acquired pressure ulcers reduced to three Grade 2 pressure ulcers in March; • Further increase in maternity Friends and Family Test coverage to 33.7%; • Continued achievement of the national Referral to Treatment (RTT) incomplete pathways and six-week diagnostic waiting times standards; • Staff turnover has reduced for the second consecutive month, and is at the lowest level since October 2014; • Ancillary vacancies are at the lowest level for two years, as a result of the work of the Recruitment and Retention Lead in Estates and Facilities.	• To improve early warning scores acted upon as part of our patient safety improvement programme and regain level of improvement previously achieved; • Improve performance in treating patients with fractured neck of femur, although there is improvement in all related metrics compared to last month despite the sustained significant capacity pressures; • There is a continued focus on the reduction of staff turnover and sickness absence; • Delivery of planned Referral to Treatment (RTT) and diagnostic clock stop activity in April in order to continue to achieve the national RTT and 6-week wait standards; • Recovery of cancer 31-day first definitive and subsequent surgery standards by the end of May.
Opportunities	**Risks & Threats**
• Short-life Transformative Engagement Working Group established to develop high impact projects by May to accelerate the process of improving experience and engagement.	• Further deterioration in “flow” metrics and access targets during periods of severe system pressures such as in quarter 4 e.g. an increase in cancelled operations and patients outlying in wards out with the optimum placement for their care; • Sickness and turnover KPIs were not achieved for 2015/16 – revised programmes of work will be essential to delivering KPIs for 2016/17; • Changes in the requirements to achieve compliance in Information Governance and Fire Safety means levels will reduce performance below the target threshold for the early part of 2016/17; • Further surges in demand for ITU/HDU beds may put at risk recovery of 31 and 62-day cancer performance by the end of May; • Extended Junior Doctor Industrial Action poses a risk to achievement of the 92% RTT Ongoing pathways standard.

Description	Current Performance	Trend	Comments

Infection control

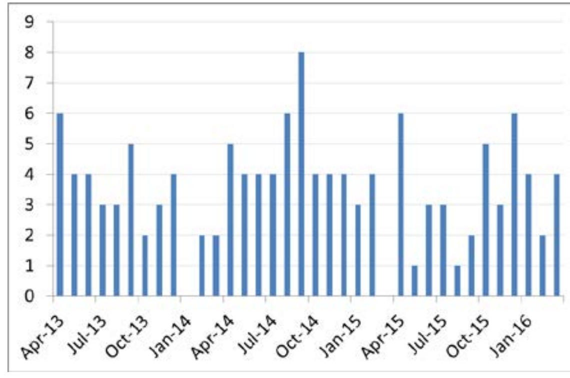
The number of hospital-apportioned cases of Clostridium difficile infections and the number of MRSA (Meticillin Resistant Staphylococcus aureus) bacteraemias. The Trust limit for 2015/16 is 45 avoidable cases of clostridium difficile and zero cases of MRSA.

There were four cases of *Clostridium difficile* (C. diff) attributed to the Trust in March. Two cases were in the Division of Medicine, One case for the Division of Surgery Head & Neck and one case for the Division of Specialised Services.

There were no cases of MRSA bacteraemia attributed to the Trust in March.

	C. diff	MRSA
Medicine	2	0
Surgery	1	0
Specialised Services	1	0
Women's & Children's	0	0

Total number of C. diff cases



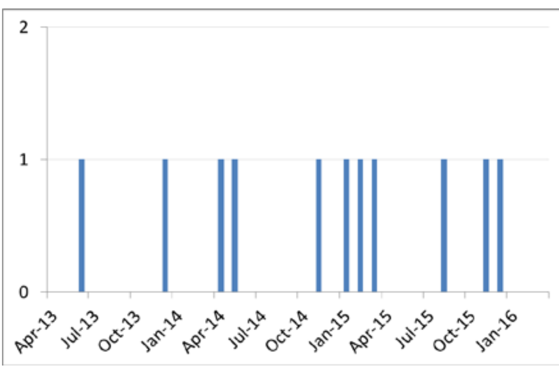
A total of 40 cases (unavoidable + avoidable) have been reported in the year (April 2015 to March 2016) against a limit of 45.

There are a total of 12 avoidable cases (April 2015 to January 2016) against an annual limit of 45. The monthly assessment of cases continues with the Clinical Commissioning Group (CCG). The February and March cases have yet to be assessed by the CCG.

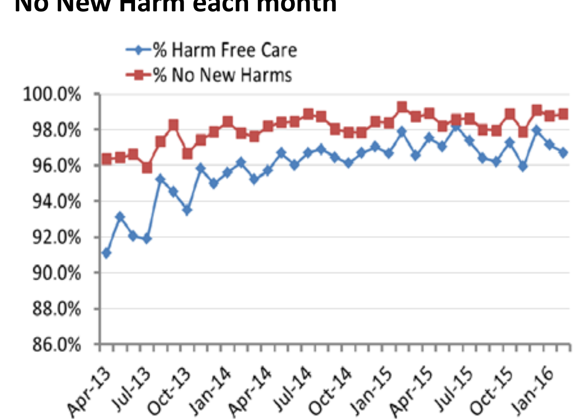
Never events are very serious, largely preventable patient safety incidents that should not occur if the relevant preventative measures have been put in place. There are currently 14 different categories of Never Events listed by NHS England.

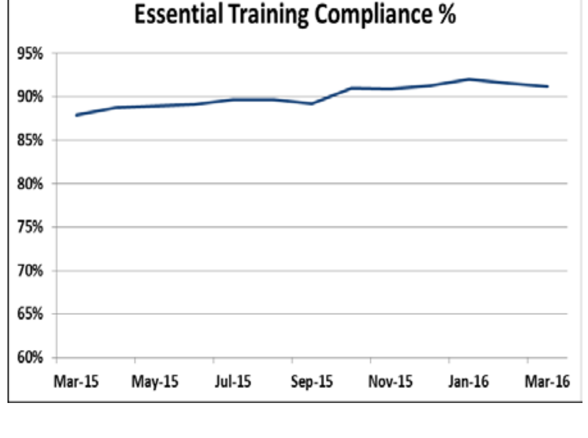
There were no Never Events reported in March 2016.

Number of never events per month

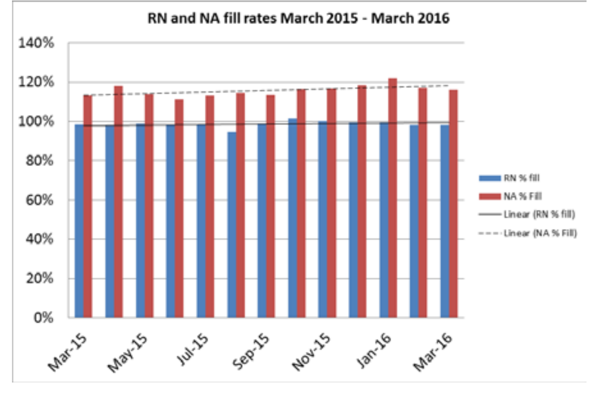


The dissemination of learning from previous Never Events continues to be a priority for the Trust and Divisional Patient Safety teams.

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 2016, the percentage of patients with no new harms was 99.4. %, against an upper quartile target of 98.26% (GREEN threshold) of the NHS England Patient Safety peer group of trusts.	**The percentage of patients surveyed showing No New Harm each month** 	The March 2016 Safety Thermometer point prevalence audit showed one new catheter associated urinary tract infection, no new incidences of new venous thrombo-emboli, two falls with harm and two new pressure ulcers.

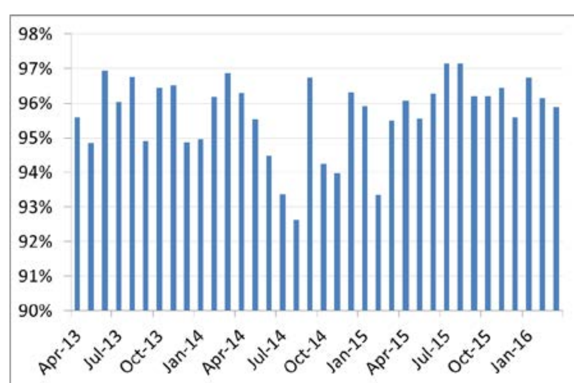
Description	Current Performance	Trend	Comments
Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%	Compliance at the end of March was 91.1% against the 90% threshold for core Essential Training. Six out of 7 Divisions achieved the 90% target this month.	**Core Essential Training Compliance** 	Compliance exceeded the target of 90% for Core essential training for the sixth consecutive month. Levels above 90% were also achieved Safeguarding Adults Level 1 and Safeguarding Children Level 1. From next month, three types of training will be reported, based on frequency required (every three years, annually or at induction). Resuscitation and Safeguarding will continue to be provided as an appendix.

March 2016	Compliance Rate
UH Bristol	**91.1%**
Diagnostics & Therapies	92.7%
Medicine	91.0%
Specialised Services	92.4%
Surgery Head & Neck	92.5%
Women's & Children's	88.2%
Trust Services	92.2%
Facilities And Estates	93.1%

<table>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th><th>Comments</th></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 the Trust had rostered 218,298 expected nursing hours, with the number of actual hours worked of 225,058. This gave an overall fill rate of 103%.
<table>
<tr><th>Division</th><th>Actual Hours</th><th>Expected Hours</th><th>Difference</th></tr>
<tr><td>Medicine</td><td>68,010</td><td>61,658</td><td>+6,352</td></tr>
<tr><td>Specialised Services</td><td>39,701</td><td>40,319</td><td>-617</td></tr>
<tr><td>Surgery Head & Neck</td><td>45,151</td><td>42,696</td><td>+2,456</td></tr>
<tr><td>Women’s & Children’s</td><td>72,195</td><td>73,626</td><td>-1, 430</td></tr>
<tr><td>Trust - overall</td><td>225,058</td><td>218,298</td><td>+6,761</td></tr>
</table>
</td>
<td>The percentage overall staffing fill rate by month


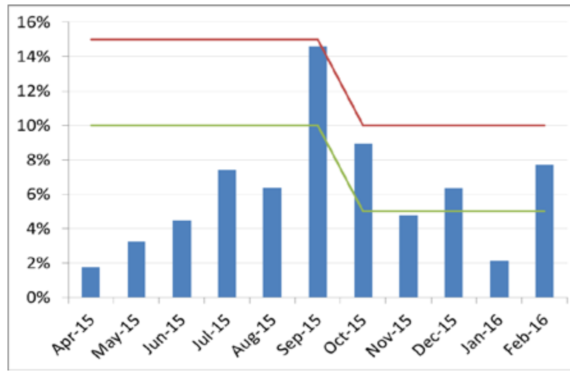
</td>
<td>Overall for the month of March 2016, the Trust had 99% cover for Registered Nurses (RNs) on days and 96% RN cover for nights. The unregistered level of 111% for days and 123% for nights reflects the increased activity seen in March. This was due primarily to Nursing Assistant (NA) specialist assignments to safely care for confused or mentally unwell patients in both adults and children. (Action 2). Recruitment continues at pace with the net turnover rate turning negative for the month of March.</td>
</tr>
</table>

<table>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th><th>Comments</th></tr>
<tr>
<td>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.</td>
<td>Performance for March 2016 was 95.9%. This metric combines Friends and Family Test scores from inpatient and day-case areas of the Trust, for both adult and paediatric services. A breakdown of the quarterly scores by division is shown below:
<table>
<tr><th></th><th colspan="2">2015/16</th></tr>
<tr><th></th><th>Quarter 3</th><th>Quarter 4</th></tr>
<tr><td>Medicine</td><td>94%</td><td>95%</td></tr>
<tr><td>Specialised Services</td><td>97%</td><td>97%</td></tr>
<tr><td>Surgery, Head & Neck</td><td>98%</td><td>97%</td></tr>
<tr><td>Women's & Children's (excl. maternity)</td><td>95%</td><td>95%</td></tr>
</table>
</td>
<td>Inpatient Friends & Family scores each month



</td>
<td>The scores for UH Bristol 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.</td>
</tr>
<tr>
<td>Dissatisfied Complainants. By October 2015 we are aiming for less than 5% of complainants to report that they are dissatisfied with our response to their complaint by the end of the month following the month in which their complaint response was sent.</td>
<td>For the month of February 2016, performance was 7.69%, deteriorating from 2.13 % in January 2016.
In February we sent out 39 responses to complaints. By the 14th March we had received 3 responses indicating they were dissatisfied with the Trust’s response = 7.69%.

Two of these cases related to responses from the Division of Medicine and one case from the Division of Surgery, Head & Neck</td>
<td>Percentage of compliantaints dissatisfied with the complaint response each month



</td>
<td>Our performance for 2014/15 was 11.1%. Informal benchmarking with other NHS trusts suggests that rates of dissatisfied complainants are typically in the range of 8% to 10%. Improving the quality of written complaint responses was one of our quality objectives for 2015/16.

Actions continue as previously reported to the Board (Action 3).</td>
</tr>
</table>

Description	Current Performance	Trend	Comments

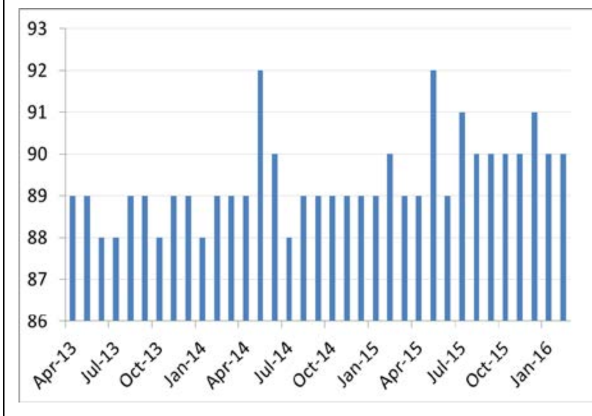
Description: **Inpatient experience tracker** comprises five questions from the monthly postal survey: ward cleanliness, being treated with respect and dignity, involvement in care decisions, communication with doctors and with nurses. These were identified as "key drivers" of patient satisfaction via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

Current Performance: For the month of February 2016, the score was 90 out of a possible score of 100.

Divisional scores are broken down at the end of each quarter as numbers of responses each month are not sufficient for a monthly divisional breakdown to be meaningful.

	Q2	Q3
Trust	90	90
Division of Medicine	86	86
Division of Surgery, Head & Neck	92	92
Division of Specialised Services	91	91
Women's & Children's Division (Bristol Royal Hospital for Children)	91	91
Women's & Children's Division (Postnatal wards)	90	90

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



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

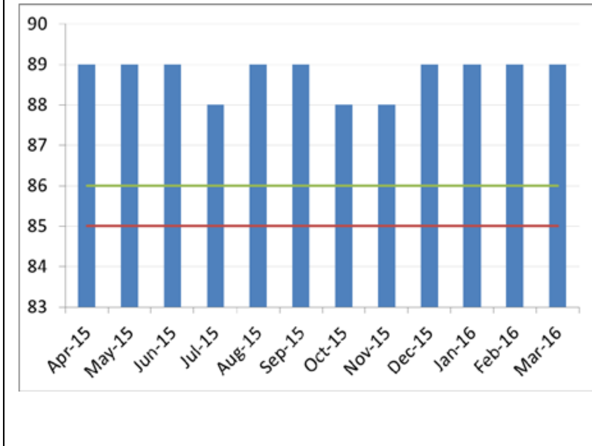
Description: **Outpatient experience tracker** comprises four scores from the Trust's monthly survey of outpatients (or parents of 0-11 year olds):
1) Cleanliness
2) Being seen within 15 minutes of appointment time
3) Being treated with respect and dignity
4) Receiving understandable answers to questions.

Current Performance: Due to the relatively small sample sizes for this survey, a rolling three-month score is provided. This means that the current data, for March 2016, covers the period January to March 2016 (i.e. Quarter 4).

	2015/16	
	Quarter 3	Quarter 4
Trust	88	89
Medicine	89	87
Specialised Services	83	88
Surgery, Head & Neck	90	88
Women's & Children's (Bristol Royal Hospital for Children)	87	86
Diagnostics & Therapies	91	94

Scores are out of 100.

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



Comments: Overall the Trust remains Green rated against this indicator for the quarter and for the year as a whole. Divisional scores are examined in detail in the Trust's Quarterly Patient Experience Report.

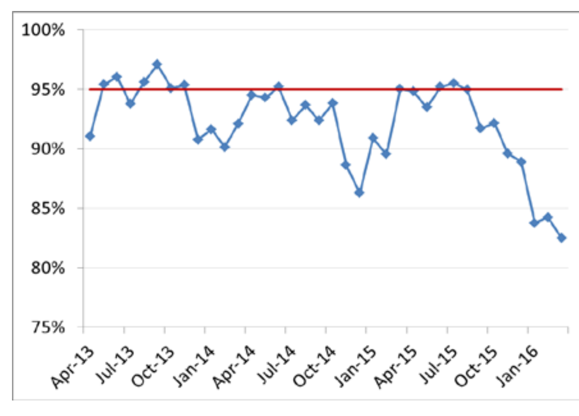
Description	Current Performance	Trend	Comments

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

The 95% national standard was not achieved in March, with performance for the Trust as a whole reported at 82.5%. Performance and activity levels for the BRI and BCH Emergency Departments are shown below.

BRI	Mar 2015	Feb 2016	Mar 2016
Attendances	5380	5516	5867
Emergency Admissions	1777	1868	1977
Patients managed < 4 hours	5055 94.0%	4365 79.1%	4407 75.1%
BCH	**Mar 2015**	**Feb 2016**	**Mar 2016**
Attendances	3139	3464	3936
Emergency Admissions	705	812	826
Patients managed < 4 hours	2961 94.3%	2933 84.7%	3369 85.6%

Performance of patients waiting under 4 hours in the Emergency Departments



Overall levels of emergency admissions were 13% higher in March than in the same period in 2015, with increases as both the BRI and BCH Emergency Departments. Several indicators continue to suggest patient acuity has increased. The number of patients on the Green to Go (delayed discharge) list rose to 95 patients in-month, which has led to bed occupancy remaining at an all year-high. Actions continue to be taken to manage demand and to reduce delayed discharges (Actions 4A to 4C).

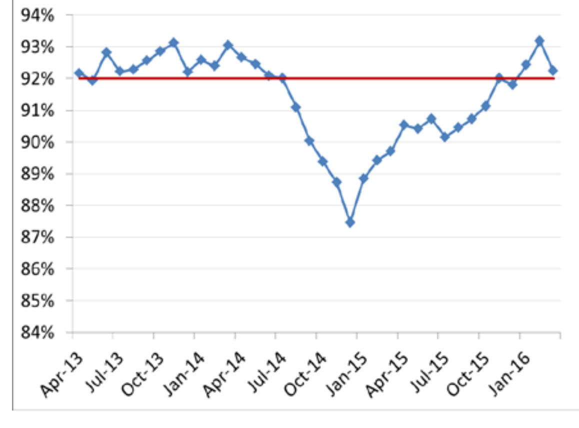
Referral to Treatment (RTT) is a measure of the length of wait from referral through to treatment. The target is for at least 92% of patients, who have not yet received treatment, and whose pathway is considered to be incomplete (or ongoing), to be waiting less than 18 weeks at month-end.

The 92% national standard was achieved at the end of March, with the Trust reporting 92.2% of patients waiting less than 18 weeks at month-end. The number of patients waiting over 18 weeks was, however, higher than the backlog improvement trajectory, for both the admitted and non-admitted pathways (see Appendix 3).

The number of patients waiting over 40 weeks RTT at month-end increased in March, against the trajectory of zero.

	Jan	Feb	Mar
Numbers waiting > 40 weeks RTT	15	14	26
Numbers waiting > 52 weeks RTT	2	0	0

Percentage of patients waiting under 18 weeks RTT by month



The increase in the backlog this month reflects the activity lost through the junior doctor industrial action and emergency pressures resulting in elective cancellations. Delivery of the RTT over 18-week trajectories is monitored weekly, with any significant variances from plan escalated to Divisional Director level. The weekly RTT Operational Group continues to oversee the management of waiting lists and booking of longest waiting patients (Action 5).

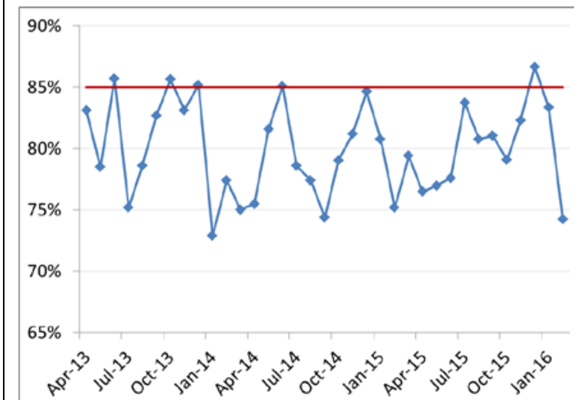
Description	Current Performance	Trend	Comments

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

The Trust reported performance of 74.2% against the 85% 62-day GP standard in February. The performance improvement trajectory is, however, being met for quarter 4 as a whole. Performance against the 90% 62-day screening standard was 60.0%. The main reasons for failure to achieve the 85% national 62-day GP standard are shown below.

Breach reason	Feb 16
Late referral by other provider	4.5
Medical deferral/clinical complexity	5.5
Patient choice deferral	2.5
Delayed radiology diagnostic	5.0
Elective cancellation/capacity	2.0
Delayed pathway at other provider	1.0
TOTAL	**20.5**

Percentage of patients treated within 62 days of GP referral



There were 2 x 62-day screening pathway breaches out of 5 treated. The reasons for the breaches were medical deferral and clinical complexity.

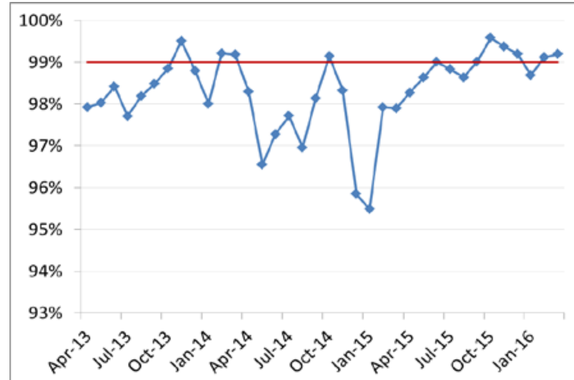
February's performance was affected by both a high level of breaches outside of the control of the Trust and planned operations (in target) having been cancelled due to emergency pressures. Ideal timescale pathway implementation is complete, with review meetings now underway (Action 6). Discussions continue around timescales for tertiary referral as part of a 2016/17 CQUIN. The above areas of focus are part of the wide ranging action plan signed-off by the Board.

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.

The 99% national standard was achieved again at the end of March, with reported performance 99.2%. The number and percentage of over 6-week waiters at month-end, is shown in the table below:

Diagnostic test	Jan	Feb	Mar
MRI	60	30	19
Ultrasound	2	7	2
Sleep	3	1	0
Endoscopies	20	19	38
Other	3	6	2
TOTAL	**88**	**64**	**61**
Percentage	**98.7%**	**99.1%**	**99.2%**
Trajectory	98.4%	99.0%	99.3%

Percentage of patients waiting under 6 weeks at month-end



Achievement of the 99% standard is at risk for the end of April.

The is currently a shortfall of adult endoscopy capacity following the failure to recruit to a locum endoscopy post and high levels of cancellations due to emergency pressures. Additional sessions continue to be run where possible, to reduce the number of month-end over 6-week waiters for both adult endoscopy, and also routine paediatric MRI scans for which a small backlog remains following reductions achieved in the last two months (Action 7).

Description	Current Performance	Trend	Comments

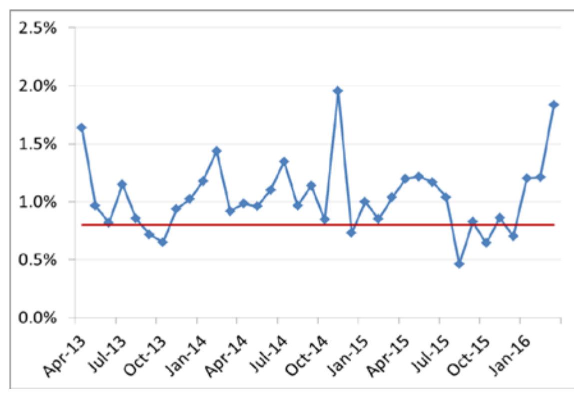
Last Minute Cancellation is a measure of the percentage of operations cancelled at last minute for non-clinical reasons. The national standard is for less than 0.8% of operations to be cancelled at last minute for reasons unrelated to clinical management of the patient.

In March the Trust cancelled 108 (1.84%) operations at last-minute for non-clinical reasons. The reasons for the cancellations are shown below:

Cancellation reason	Number/%
No ward bed available	38 (35%)
No ITU/HDU bed	26 (24%)
Emergency patient prioritised	11 (10%)
No theatre staff	11 (10%)
Other causes (9 different breach reasons - no themes)	22 (20%)

Twelve patient cancelled in February were readmitted outside of 28 days due to emergency pressures and other patients taking priority. This equates to 83.1% of cancellations being readmitted within 28 days. This is below the 28-day readmission standard of 95%.

Percentage of operations cancelled at last-minute



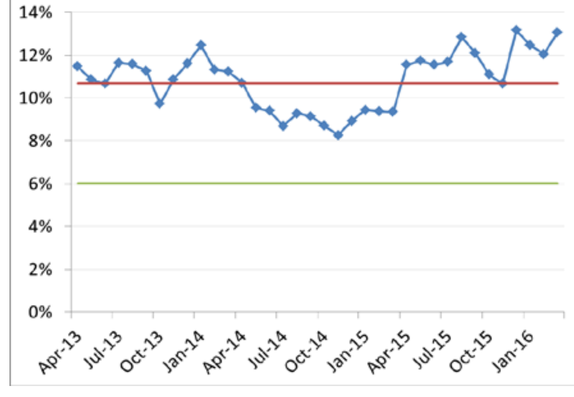
Emergency pressures continued to be the primary reason for the cancellation of routine operations in the period, resulting in high levels of cancellations due to a ward or critical care bed being unavailable to admit a patient to for their operations. A separate action plan to reduce elective cancellations continues to be implemented (Actions 8A and 8B). However, please also see actions detailed under A&E 4 hours (4A to 4C) and outlier bed-days (11A to 11C).

Outpatient appointments cancelled is a measure of the percentage of outpatient appointments that were cancelled by the hospital. This includes appointments cancelled to be brought forward, to enable us to see the patient more quickly.

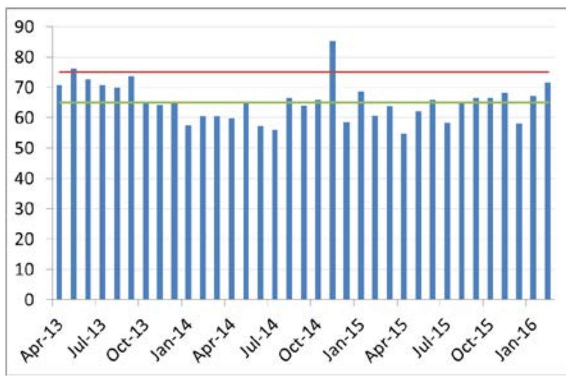
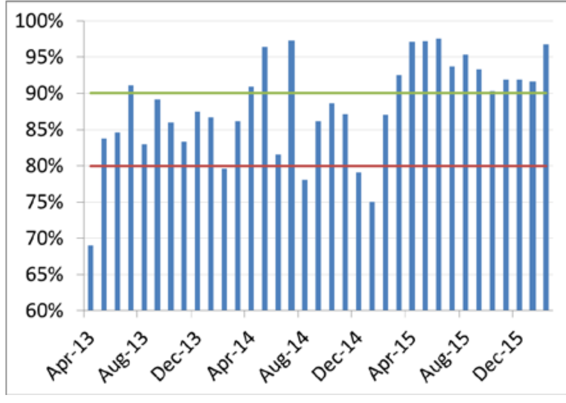
In March 13.1% of outpatient appointments were cancelled by the hospital. As in December, January and February, performance against this indicator in part reflects the necessary cancellations that took place as a result of the Junior Doctor Industrial Action. Analysis suggests the impact of the Industrial Action was circa 1.5%, including both the increased level of cancellations and the loss in outpatient activity from the denominator.

April's performance against this metric is also expected to be RED rated, due to further planned Industrial Action.

Percentage of outpatient appointments cancelled by the hospital

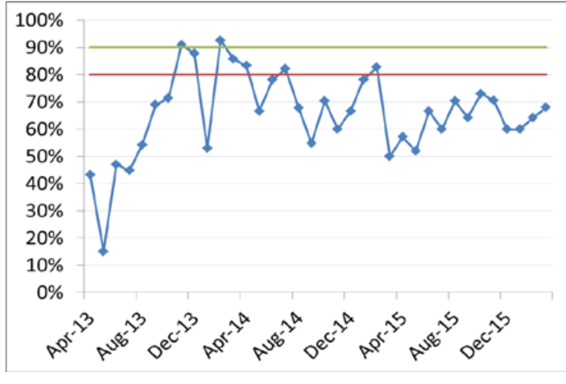


Services will continue to plan for any future Industrial Action, to minimise the level of cancellations appointments (and admissions) and consequent disruption to patients. Ensuring outpatient capacity is effectively managed on a day-to-day basis is a core part of the improvement work overseen by the Outpatients Steering Group (Action 9).

Description	Current Performance	Trend	Comments
Summary Hospital Mortality Indicator (in hospital deaths) is the ratio of the actual number of patients who died in hospital and the number that were 'expected' to die, calculated from the patient case-mix, age, gender, type of admission and other factors.	Summary Hospital Mortality Indicator for February 2016 was 71.6 against an internally set target of 65. The Quality Intelligence Group continues to conduct assurance reviews of any specialties that have an adverse SHMI score in a given quarter (i.e. lower and upper confidence intervals greater than 100). No patterns of causes for concern have been identified.	**Summary Hospital Mortality Indicator (SHMI) for in hospital deaths each month** 	This is a high level indicator of the effectiveness of the care and treatment we provide. Our performance continues to indicate that fewer patients died in our hospitals than would have been expected given their specific risk factors.
Stroke care. This indicator is a measure of what percentage of a stroke patient's stay was spent on a designated stroke unit. The target is for 90% of patients to spend at least 90% of their stay in hospital on a stroke unit, so that they receive the most appropriate care for their condition	Performance in February 2016 was 96.8% (latest data) against a target of 90%. There were 31 patients discharged in February, of which 30 had spent at least 90% of their stay on the stroke unit. The year to date performance for this measure is 94.1% (401/426 patients) compared with 86.4% last year.	**The percentage of stroke patients spending 90% of their stay on a stroke unit by month** 	The one patient who was unable to stay in the Stroke Unit for 90% of his stay, spent 87.3% of his time there, having been admitted following a fall to Older Person's Assessment Unit. He was transferred to a Care of the Elderly Ward and then the Trauma & Orthopaedic ward before spending the remainder of his stay in the Acute Stroke Unit.

<table>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th><th>Comments</th></tr>
<tr>
<td>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.</td>
<td>In February (latest data), 30 out of 32 patients (93.8%) were treated within 90 minutes of arrival in the hospital. Performance for the year to date (93.8%) remains well above the 90% standard.</td>
<td>Percentage of patients with a Door to Balloon Time < 90 minutes by month</td>
<td>Routine monthly analysis of the causes of delays in patients being treated within 90 minutes continues. The 90% standard continues to be met for the year as a whole.</td>
</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 we achieved 68.0% (17/25 patients) overall performance in Best Practice Tariff (BPT), against the national standard of 90%.

The time to theatre within 36 hours performance was 80.0% (20/25 patients) and the review by an Ortho-geriatrician within 72 hours was 84.0% (21/25 patients).

<table>
<tr><th>Reason for not going to theatre within 36 hours</th><th>Number</th></tr>
<tr><td>Lack of theatre capacity</td><td>Two patients.</td></tr>
<tr><td>A specialist surgeon was required due to presence of bony metastases</td><td>One patient</td></tr>
<tr><td>Unfit for surgery</td><td>Two patients. (One proceeded to surgery later and one received palliative care only).</td></tr>
</table>
</td>
<td>Percentage of patients with fracture neck of femur whose care met best practice tariff standards.


</td>
<td>Lack of theatre capacity for two patients was due to a list over-run for the first, and no theatre slots available for the second patient. The failure to meet the target for ortho-geriatrician review within 72 hours relates to lack of cover, either over the weekend or due to annual leave. There has also been a significant level of long-term sickness in the team. The ongoing actions focus on improving access to theatres and improving the overall fractured neck of femur pathway (10A to 10C).</td>
</tr>
</table>

Description	Current Performance	Trend	Comments

Description

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.

Current Performance

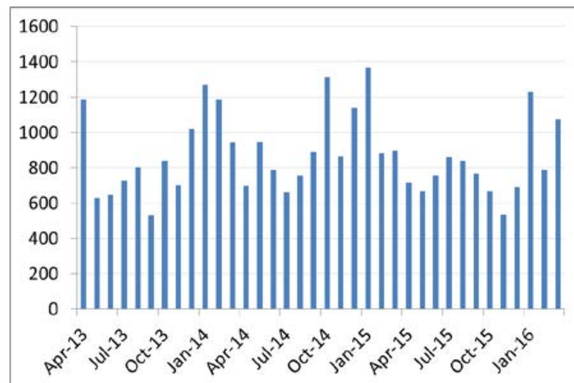
In March 2016 there were 1072 outlier bed-days against a Q4 monthly target of 928. This is a deterioration from February of 284 outlier bed-days.

Outlier bed-days	March 2016
Medicine	840
Surgery, Head & Neck	148
Specialised Services	81
Women's & Children's Division	3
Other	0
Total	1072

The change is largely within the Division of Medicine, which still recorded 840 patient bed-days where patients were outlying in a different speciality.

Trend

Number of days patients spent outlying from their specialty wards



Comments

Medical admissions remain high, critical care capacity has been at high occupancy levels, and an increased ‘Green to go’ list which peaked at 95 patients, which has contributed to high numbers of patients with a long length stay. Managing demand has resulted in more patients outlying on non-specialist wards to free-up acute admission capacity within the main admission wards.

Ongoing actions are shown in the action plan section of this report. (Actions 11A to 11C).

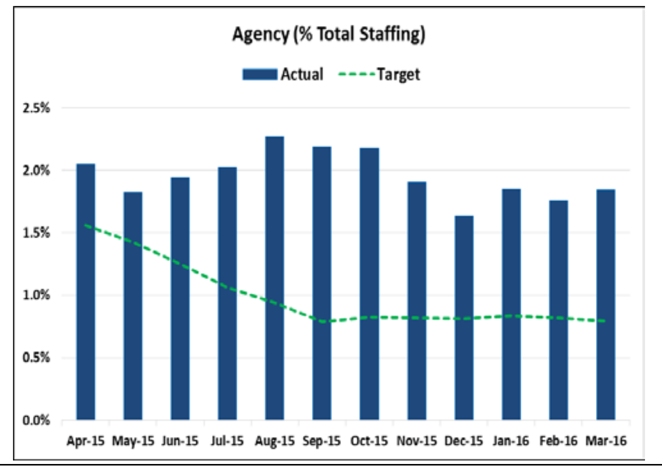
Description	Current Performance	Trend	Comments

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

Agency usage increased by 8.5 FTE, with increases across all staff groups, including 2.5 FTE for nursing, associated with increased levels of escalation.

March 2016	FTE	Actual %	KPI
UH Bristol	153.4	1.8%	0.8%
Diagnostics & Therapies	5.8	0.6%	0.5%
Medicine	47.3	3.8%	0.7%
Specialised Services	24.1	2.7%	1.8%
Surgery, Head & Neck	31.3	1.7%	0.6%
Women's & Children's	16.3	0.9%	0.8%
Trust Services	12.1	1.7%	0.5%
Facilities & Estates	16.6	2.1%	0.9%

Agency usage as a percentage of total staffing by month



The agency action plans continue to be implemented and the headlines are in the improvement plan (Action 12).

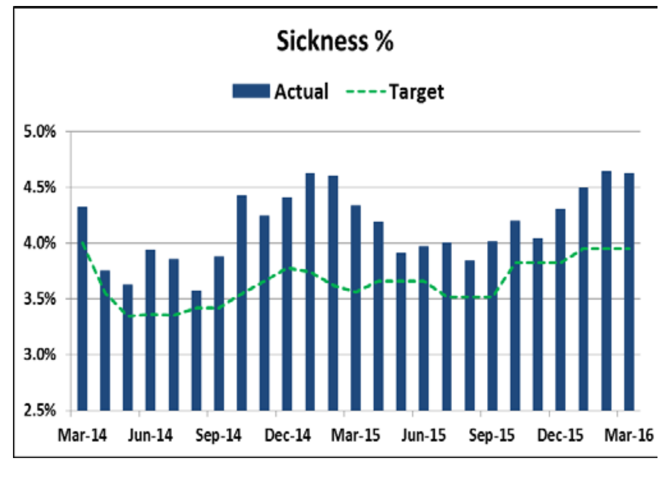
A summary of the Monitor submission in relation to compliance with the newly established agency caps is included in appendix 2.

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

Sickness absence remains at 4.6%, with a 15% reduction in colds and flu, being offset by a 15% increase in stress related absence. There were significant reductions in Medicine, Specialised Services and Facilities & Estates, but increases in the other Divisions.

March 2016	Actual	KPI
UH Bristol	4.6%	4.0%
Diagnostics & Therapies	3.5%	3.2%
Medicine	5.1%	4.1%
Specialised Services	4.3%	3.7%
Surgery, Head & Neck	4.9%	3.5%
Women's & Children's	4.4%	4.6%
Trust Services	3.5%	2.7%
Facilities & Estates	6.2%	5.6%

Sickness absence as a as a percentage of full time equivalents by month



Action 13 describes the ongoing programme of work to address sickness absence. The cumulative absence for 2015/16 is in line with the benchmark for large acute trusts of 4.2%.

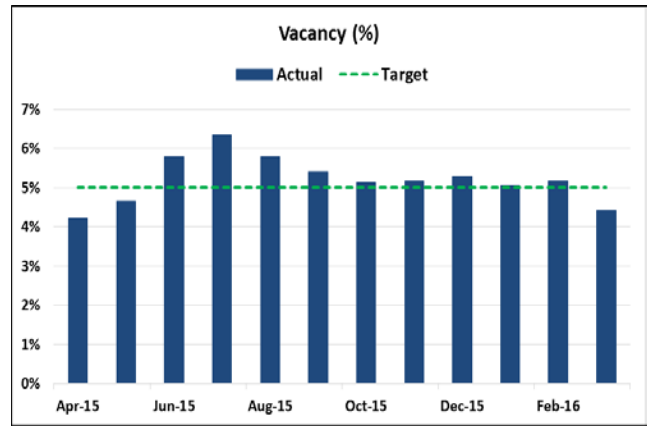
Description	Current Performance	Trend	Comments

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

Vacancies reduced to 4.4% (361.0 FTE) against a target of 5%. Ancillary vacancies have continued to fall and are at the lowest level for two years at 5.3%. Registered Nursing vacancies reduced by 32.4 FTE to 4.6%, with reductions in all Divisions.

March 2016	Rate
UH Bristol	**4.4%**
Diagnostics & Therapies	4.7%
Medicine	6.7%
Specialised Services	4.2%
Surgery, Head & Neck	3.6%
Women's & Children's	2.0%
Trust Services	7.2%
Facilities & Estates	5.9%

Vacancies rate by month



The programme of recruitment activities is summarised in Action 14.

We are closely monitoring specialist nursing and theatre vacancies.

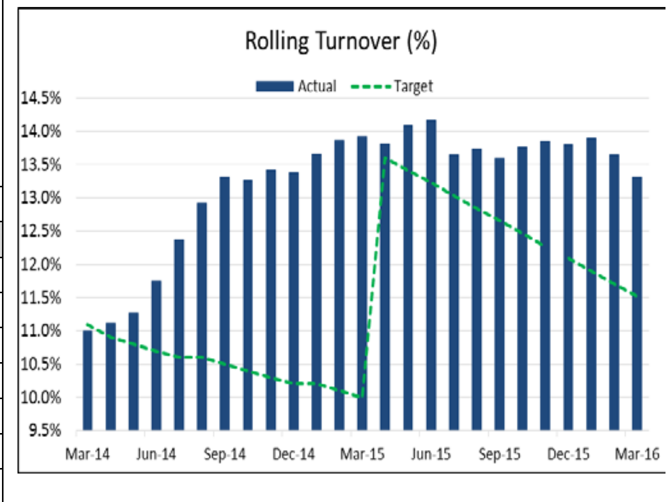
Vacancies for Heygroves Theatres reduced from 10.5 FTE to 7.5 FTE this month (11.1%). Appendix 2 provides further details on nursing vacancies in Heygroves Theatres, together with ward D703, and Cardiac Intensive Care Unit (CICU).

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 11.5% by the end of 2015/16. The red threshold is 10% above monthly trajectory.

Turnover has reduced to 13.3% with reductions in all Divisions except Trust Services. Registered nurse turnover reduced from 13.1% to 12.9% this month, and unregistered nursing reduced from 18.2% to 16.9%.

March 2016	Actual	Target
UH Bristol	**13.3%**	**11.5%**
Diagnostics & Therap.	12.8%	11.0%
Medicine	14.3%	12.7%
Specialised Services	14.1%	12.4%
Surgery, Head & Neck	14.0%	12.6%
Women's & Children's	10.8%	9.8%
Trust Services	15.8%	10.2%
Facilities & Estates	13.9%	12.5%

Staff turnover rate by month



Programmes to support staff recruitment remain a key priority for the Divisions and the Trust (Action 15).

Turnover rates have reduced for the second consecutive month by 0.3 percentage points. Published benchmark levels were around 13% last quarter.

Description	Current Performance	Trend	Comments
Length of Stay (LOS) measures the number of days inpatients on average spent in hospital. This measure excludes day-cases. LOS is measured at the point at which patients are discharged from hospital.	In March the average length of stay for inpatients was 4.30 days, a 0.27 day rise on last month. Length of Stay remains above plan, and for this reason is RED rated. At the end of March the number of Green to Go delayed discharges was higher than the same period last year (64 versus 46), and remains above the jointly agreed planning assumption of 30 patients. The rise in Length of Stay in March does not appear to be a result of more long stay patients being discharged in the period, but likely reflects the higher acuity of patients flagged earlier in quarter 4, now being seen in the length of stays of patients discharged in the period.	**Average length of stay (days)**	Work to reduce delayed discharges and over 14 days stays continues as part of the emergency access community-wide resilience plan and additional exceptional actions being taken (Actions 11A to 11C).

Improvement Plan

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
Safe					
Essential Training	1	Continue to drive compliance including increasing e-learning Detailed plans focus on improving the compliance of Safeguarding Resuscitation, Information Governance and Fire Safety. Recovery Plan to be produced for Women`s and Children`s Division to support improved compliance	Ongoing Ongoing May 2016	Oversight by Workforce and OD Group via the Essential Training Steering Group Oversight of safeguarding training compliance by Safeguarding Board Divisional Performance and Operational Reviews	From April, the requirements for Information Governance and Fire Safety will significantly increase, impacting on compliance levels. Divisions are working with the Training team to develop recovery plans which will be available in April and subsequently tracked closely.
Monthly Staffing levels	2	Continue to validate temporary staffing assignments against agreed criteria.	Ongoing	Monitored through agency controls and action plan.	Action plan available on request
Caring					
Dissatisfied complainants	3	Upon receipt of written response letters from the Divisions, there is a thorough checking process, whereby all letters are firstly checked by the case-worker handling the complaint, then by the Patient Support & Complaints Manager. The Head of Quality for Patient Experience & Clinical Effectiveness also checks a selection of response letters each week. All responses are then sent to the	Ongoing	Senior Managers responsible for drafting and signing off response letters before they leave the Division are named on a Response Letter Checklist that is sent to the Executives with the letter. Any concerns over the quality of these letters can then be discussed individually with the manager concerned and further training provided if necessary.	10% by October 2015, then 5% by March 2016.

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		Executives for final approval and sign-off.			
Responsive					
A&E 4-hours	4A	Commissioner-led task and finish group established in January, to understand drivers of increase in paediatric emergency demand and to identify possible demand management solutions.	Ongoing	Urgent Care Board	Achievement of revised recovery trajectory in Quarter 1.
	4B	Delivery of internal elements of the community-wide resilience plan.	Ongoing	Emergency Access Steering Group	Achievement of revised recovery trajectory in Quarter 1.
	4C	Working with partners to mitigate any impact of recommissioning of domiciliary care packages providers and bed closures in other acute trusts See also actions 11A to 11C relating to delayed discharges and flow.	Ongoing	Urgent Care Board	Achievement of revised recovery trajectory in Quarter 1.
Referral to Treatment Time (RTT)	5	Weekly monitoring of reduction in RTT over 18 week backlogs against trajectory. Continued weekly review of management of longest waiting patients through RTT Operations Group	Ongoing	Oversight by RTT Steering Group; routine in-month escalation and discussion at monthly Divisional Review meetings.	Achievement of the RTT Incomplete/Ongoing pathways standard (remains on track for end of April).
Cancer waiting times	6	Implementation of Cancer Performance Improvement Plan, including ideal timescale pathways,	Ongoing	Oversight of implementation by Cancer Performance Improvement Group, with	Restore internal pathway performance to above 85% for quarter 3 (achieved in Q2 and

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		and reduced waits for 2-week wait appointments (copy of plan provided to the Quality & Outcomes Committee as a separate paper in August; and Trust Board in September)		escalation to Cancer Steering Group.	Q3). Achieve 85% across shared and internal pathways combined by March 2016 (on the assumption that the number of late referrals into the Trust reduces by an average of 50%).
Diagnostic waits	7	Weekly monitoring of waiting list to inform capacity planning, with particular focus on paediatric and cardiac MRI, paediatric and adult gastrointestinal endoscopy and sleep studies long waiters.	Ongoing	Weekly monitoring by Associate Director of Performance, with escalation to month Divisional Review meetings as required.	Forecast for 99% standard to be restored from the end of September (achieved), although risks noted in the trajectory for December and January achievement of 99% (December achieved; January not achieved but in line with trajectory; February and March achieved as planned).
Last minute cancelled operations	8A	Continued focus on recruitment and retention of staff to enable all adult BRI ITU beds to be kept open, at all times. Training package developed to support staff retention. Staff recruited but now in pipeline before starting.	Ongoing	Monthly Divisional Review Meetings;	Improvement to be evidenced by a reduction in cancellations for this reason (not achieved in Q4 for due exceptional pressures). Ongoing achievement of quality objective on a quarterly basis, with achievement of national standard of 0.8% in quarter 4 2015/16 (not achieved due to exceptional emergency pressures)
	8B	Specialty specific actions to reduce	Ongoing	Monthly review of plan with Divisions by Associate Director	As above.

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		the likelihood of cancellations.		of Operations.	
Outpatient appointments cancelled by hospital	9	Reductions in cancellation rates to be realised through improvements in booking practices and appointment slot management	March	Oversight of programme of work, which this is a core part, by the Outpatients Steering Group.	Green target level achieved. Target not met as planned, in part due to Junior Doctor Industrial Action.
Effective					
Fracture neck of femur Best Practice Tariff (BPT)	10A	Live flow tracker in situ across Division from June to increase visibility and support escalation standards.	Ready to trial in February with full implementation in April 2016 (revised from March 2016 to April 2016)	Inclusion of three new fields to include all trauma patients waiting without a plan, all fractured Neck of Femur (NOF) patients waiting, and all fractured NOF patients over 24 hours. IM&T needs to build a new system in order to be able to retrieve this information into the live tracker. Ongoing project in IM&T.	Improve in overall fractured neck of femur pathway
	10B	Review of all Ward Processes on Trauma and Orthopaedic Wards. Project to review fractured neck of femur direct admission process and reduced length of stay.	February 2016 (revised from November 2015)	Updates to Divisional and Trust Board. Ward processes workshops undertaken in December 2015/January 2016.	Improve in overall fractured neck of femur pathway
	10C	The Trust has commissioned the British Orthopaedic Association to conduct an external review of outcomes for fractured neck of femur patients.	The review is booked for 10th and 11th May 2016. The British Orthopaedic Association team will be on site on	Report of external review	Monitored by Clinical Effectiveness Group/Quality Intelligence Group.

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
			those days interviewing and assessing. We would expect to receive the report a month after that.		
Ward Outliers	11A	Reduce demand on beds to support optimal occupancy. Range of initiatives in place to reduce demand for acute services. Limited impact to and further significant initiative now being pursued – community virtual ward.	Ongoing Working to bring on line in Q4 (subject to reaching agreement)	Urgent Care Working Group and System Resilience Group	Maintain modelled occupancy of 90%.
	11B	Weekly Patient Progress meeting continues to expedite early discharge with support of our partners. Divisions reviewing long stay patients Learning from Reset week to be shared.	Ongoing March 2016	Monitoring of Green to go list and new reporting of Delayed Transfers of Care Unscheduled Care Programme Board	Green to Go trajectory or no more than 30 patients Length of stay reduction to meet bed model by 31st August 2016 Planning for a Breaking the Cycle Together event in May underway with healthcare partners.
	11C	Ward processes to increase early utilisation of discharge lounge to facilitate patients from Acute Medical Unit getting into the	Ongoing	Oversight in Ward Processes Project Group	Linked to increased and timely use of the Discharge Lounge

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		correct speciality at point of first			
Well led					
Agency Usage	12	Sickness absence, vacancies and turnover are key to managing agency usage (see section 13, 14 and 15). Corporate actions to directly target agency expenditure are detailed below:			
		Effective rostering: To reduce "lost time" - currently above funded establishment - ensuring annual leave, study leave, and sickness is planned and monitored appropriately. Actions include: • Planning rosters six weeks in advance; • Procurement of new rostering system with integrated acuity and dependency system to enable staff to be moved to areas of greatest need; • Pending the new rostering system, a staffing dashboard is on trial to provide a cross trust overview of inpatient staffing	Roll out of e-rostering to outpatient areas May 2016. November 2016 pilot new system, go live April 2017. Staffing dashboard go live May 2016		
		Controls: • Robust Escalation policy with clear sign-off process and flow chart of questions to be asked before resorting to agency; • Operating plan agency trajectories monitored and	Ongoing Monthly and quarterly reviews		

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		tracked through divisional reviews			
		Nursing Assistant one to one care: • The Enhanced Observation Policy has been piloted in Medicine, due to be rolled out to other Divisions; • Funding for enhanced observation has been applied to budgets, enabling divisions to recruit additional staff to avoid agency usage	Divisional roll-out of policy May 2016		
		Enhancing bank provision: • Close working with wards to support prompt payment for bank staff; • A direct booking process at ward level being rolled out to maximise the availability to bank staff; • Internal and external local marketing to develop an increased pool of bank nurses.	Ongoing		
		Agency Caps: • Executive working group set up to review compliance with Monitor caps for maximum rates and develop strategies to reduce reliance on agency workers, e.g. enhancing bank provision and to challenge Agency behaviours; • A cross-community Group has been established to share and	Ongoing		

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		develop collaborative approaches to reducing agency and locum spend.			
Sickness Absence	13	**A dedicated lead**: To develop a sickness absence management plan to: • Review current strategies and develop impact assessment measures • Make further recommendations, supported by an action plan. Current actions include:	April 2016	Oversight by Workforce and Organisational Development (OD) Group via the Staff Health and Well Being Sub Group	
		Pilot of self-certification for absences of 1-3 days: Targets the 11% of sickness which is for 3 days or less, and ensuring timely return to work interviews are undertaken.	Workforce and OD Group April 2016 agreed to continue and revise policy		
		Supporting Attendance Policy: • Audit to ensure policy is fit for purpose and consistently implemented. • Full review of policy including simplifying content/ structure, sign posting and tools to assess attendance	Full report findings currently awaited September 2016		
		Training for managers: Ensure training meets the needs of managers and achieves improved competence/confidence.	Underway and review Q1		
		Resource allocation: Ensuring that the Employee Services resource is focussed appropriately and targeted at areas of greatest need.	Ongoing		

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		Pilot Supporting Attendance Surgeries: To review attendance issues and support managers to expedite cases where possible.	June – August 2016		
		Bespoke Stress and Wellbeing Workshops: Further sessions throughout Q1 after their success in 2015	Q1		
		Musculo-skeletal: As a significant cause of absence, targeted actions include: • Continued interventions by Occupational Health Musculo-skeletal services, Physio direct, and Manual Handling Team; • Review of Occupational Health Physiotherapy pathway to improve the focus on prevention and keeping staff at work.	Ongoing		
		Staff Health and Well Being: Annual action plan, including the following: • Free on site health checks over the next 2 years - target of reaching 2000 staff; • Launch of "Step into Health" 12 week physical activity/lifestyle programme – currently 46 applicants **CQUIN:** Actions to achieve a new CQUIN are being developed, focussed on improving health and wellbeing and reducing musculo-skeletal, flu and mental health	In place January to June 2016 April 2017	CQUIN short term working group	The mid-year review indicates that the out turn for sickness absence will be amber rated at about 4.2% by March 2016.

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		related absence.			
Vacancies	14	Recruitment action plan includes the following activities.		Workforce and OD Group /Recruitment Sub Group.	The out turn of 4.4% at the end of March for vacancies compares with a target of 5%. Detailed trajectories are in place for key recruitment hotspots, including theatres; critical care, haematology and ancillary staff
		Marketing and advertising: • Divisional operating plans identify recruitment requirements for 2016/17. Marketing activity plans to be tailored to support demand, focusing on hard to fill posts including nursing and midwifery. • Current campaigns include theatres open day 7th May	Review quarterly May 2016		
		Service level agreements and KPIs for recruitment have been developed to measure performance and support improvement. The agreed KPI of 45 days for time to recruit will be tracked through divisional reviews.	Reviewed quarterly	Divisional Performance and Operational Reviews	
		Business cases have been agreed for recruitment and retention initiatives in specialist areas - Heygroves Theatres, Ward D703 and CICU as an alternative to targeted overseas campaigns. Trajectories are shown in appendix 3.	Reviewed monthly		
Turn-over	15	Key corporate and divisional actions include the following:			
		Complete review of appraisal: To improve their quality and application, in response to	September 2016	Workforce and OD Group	

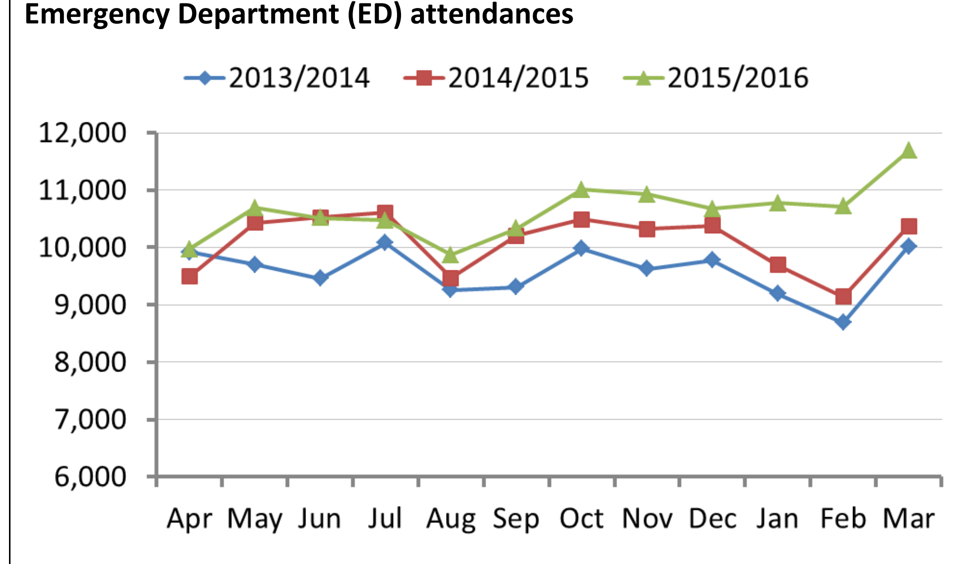
Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		feedback from the staff survey 2014, including: • Revised policy, in conjunction with staff side; • E-Appraisal working with our Learning and Development portal supplier; • Engaging staff through feedback sessions (105 staff).			
		Targeted leadership and management development programme: Includes Healthcare Leadership Model training and Learning and Leading Together - target of 800 managers trained annually was met for 2015.	Second cohort of Leadership for Supervisors commences July 2016		
		Team building and local decision making: Work with Aston Organisational Development to develop team coaches, taking teams through a programme of work-based activities. Findings from the pilot will be evaluated to inform future roll-out.	July 2016 (Diagnostic and Therapies pilot Divisional Board)	Transformation Board	
		Staff experience workshops: Divisions have incorporated actions with detailed milestones into their operating plans.	November 2015 - March 2017.	Divisional Boards/ Senior Leadership Team/Workforce and OD Group.	
		Training and Development Investment: £200k for divisional hot spots including ITU, Heygroves and Care of the Elderly to provide innovative training and development. Return on	September 2015 – May 2016	Senior Leadership Team/Workforce and OD Group /Divisional Boards	

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		Investment report due May 2016.			
		Divisional staff engagement plans Action plans feeding into Operating Plans have been developed, including listening events, communication meetings, and the "Happy App". These are informed by the Staff Survey results for 2015.	February to May 2016.	Workforce and OD Group	
		Transformational Engagement: A short life working group established to develop high impact projects to improve staff experience in response to 2015 Staff Survey.	Board/Senior Leadership Seminar May	Senior Leadership Team/Board	

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.

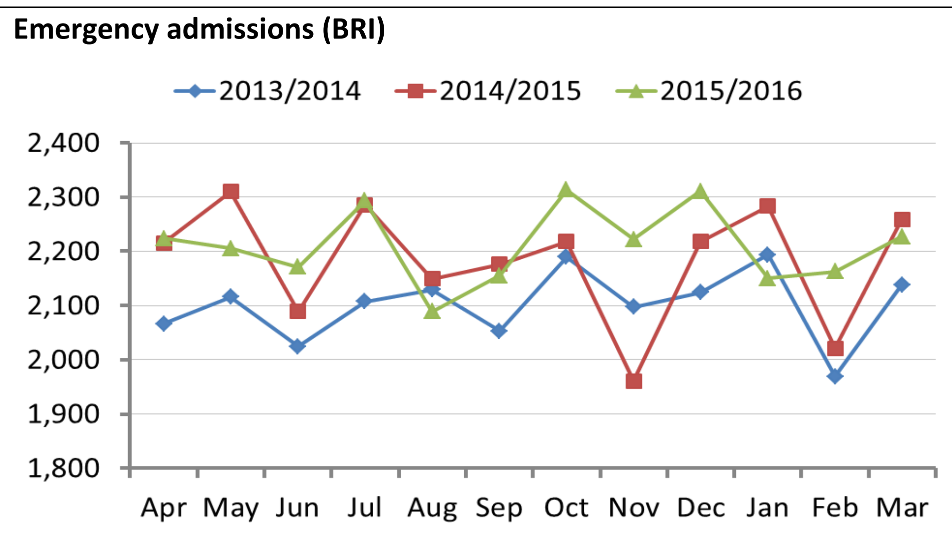
Emergency Department (ED) attendances



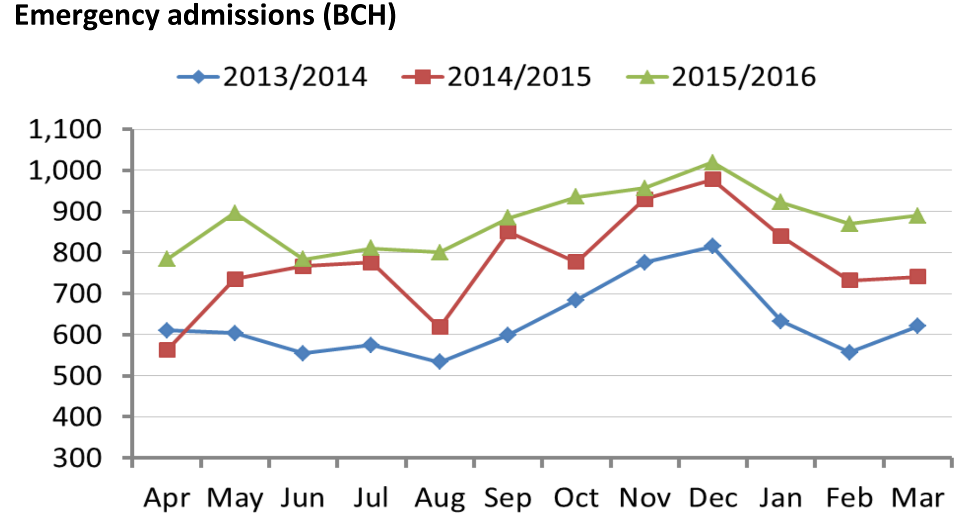
Summary points:

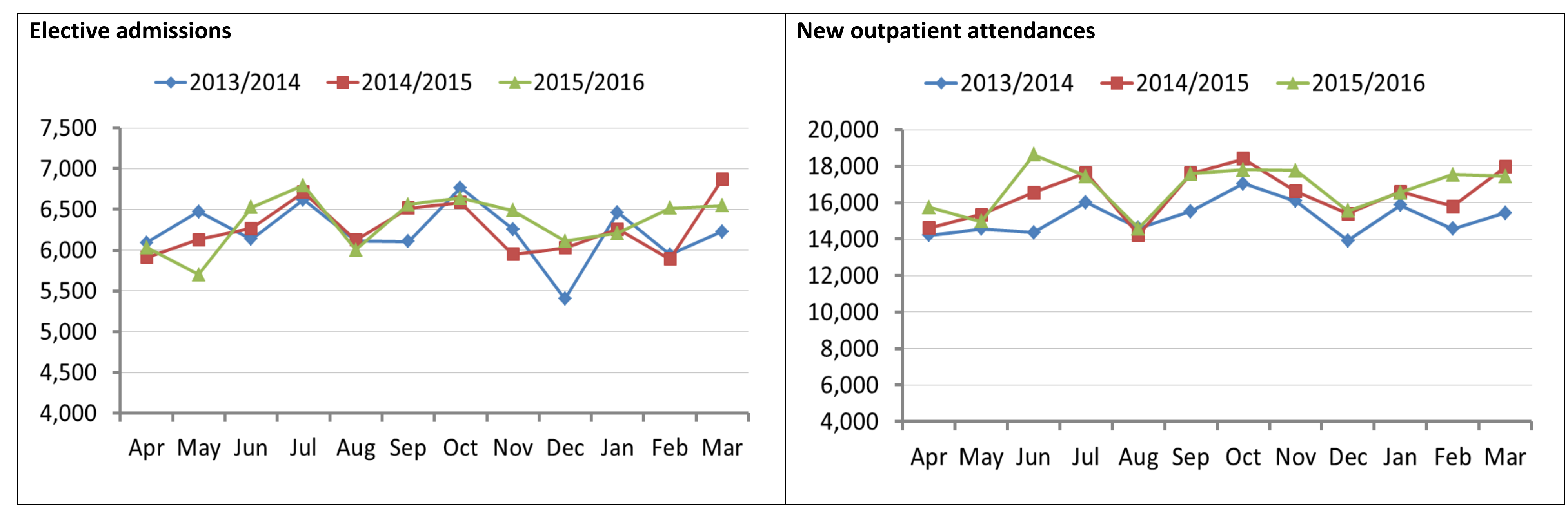
- Emergency activity remains high across all sites, with high levels of ED attendances and total emergency admissions above the same period last year at the BCH; total emergency admissions into the BRI are similar to the seasonal norm, but with significantly more admissions going through the Emergency Department (see the A&E 4-hour report);
- The number of elective admissions is similar to the same period last year (but slightly lower than planned, due to the Junior Doctor Industrial Action); as will be seen from the Assurance section, the number on the elective waiting list has increased as a result;
- The number of new outpatient appointments is slightly below the same period last year (and again lower than planned, due to the Junior Doctor Industrial Action), although the outpatient waiting list has stayed at a similar level to last month.

Emergency admissions (BRI)



Emergency admissions (BCH)



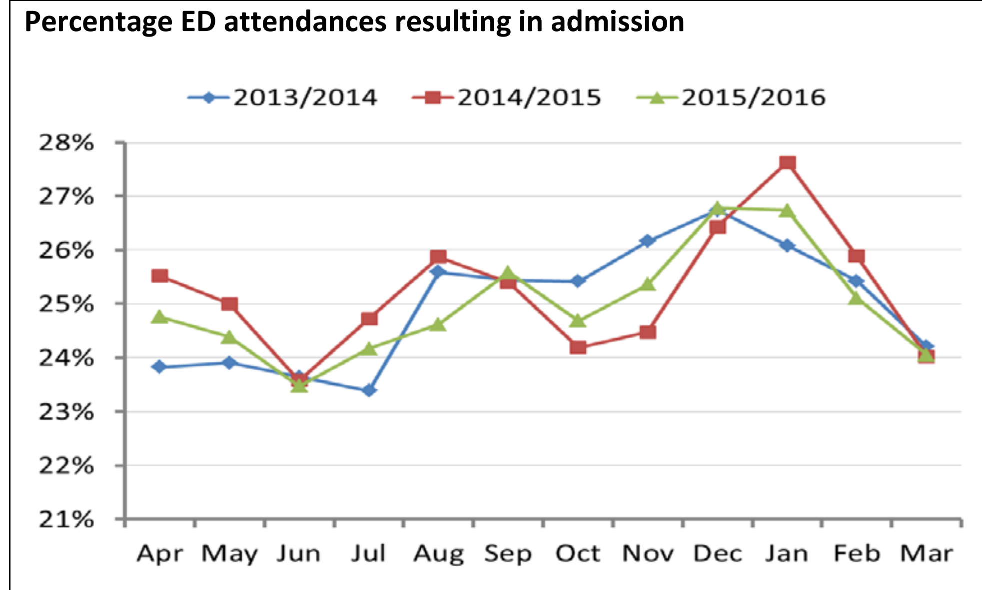


Elective admissions
2013/2014
2014/2015
2015/2016
7,500
7,000
6,500
6,000
5,500
5,000
4,500
4,000
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
New outpatient attendances
2013/2014
2014/2015
2015/2016
20,000
18,000
16,000
14,000
12,000
10,000
8,000
6,000
4,000
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

Assurance and Leading Indicators

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

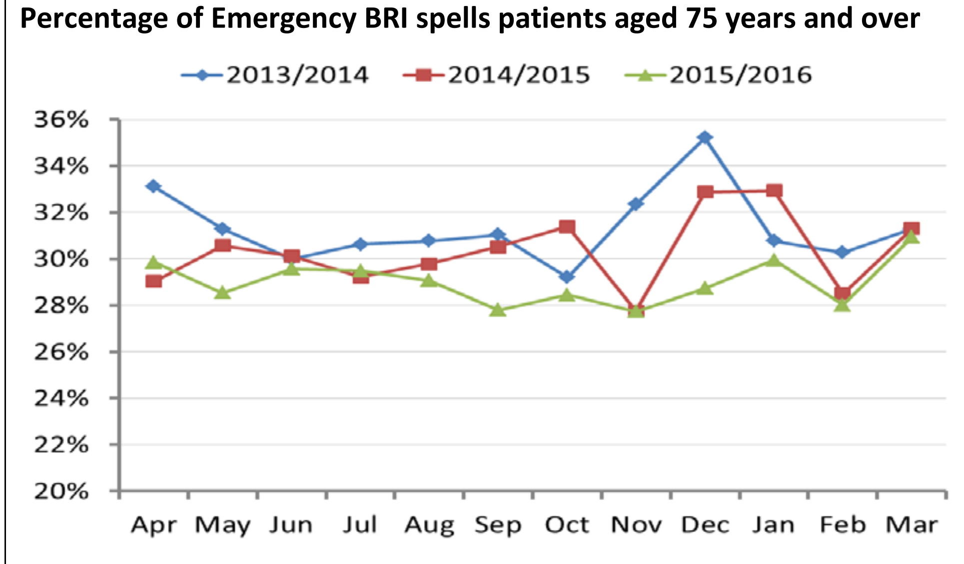
Percentage ED attendances resulting in admission



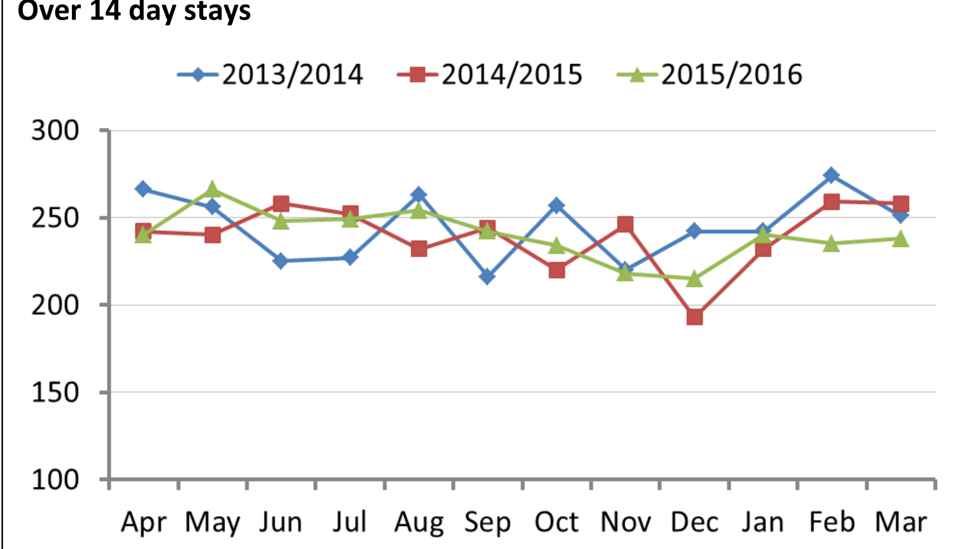
Summary points:

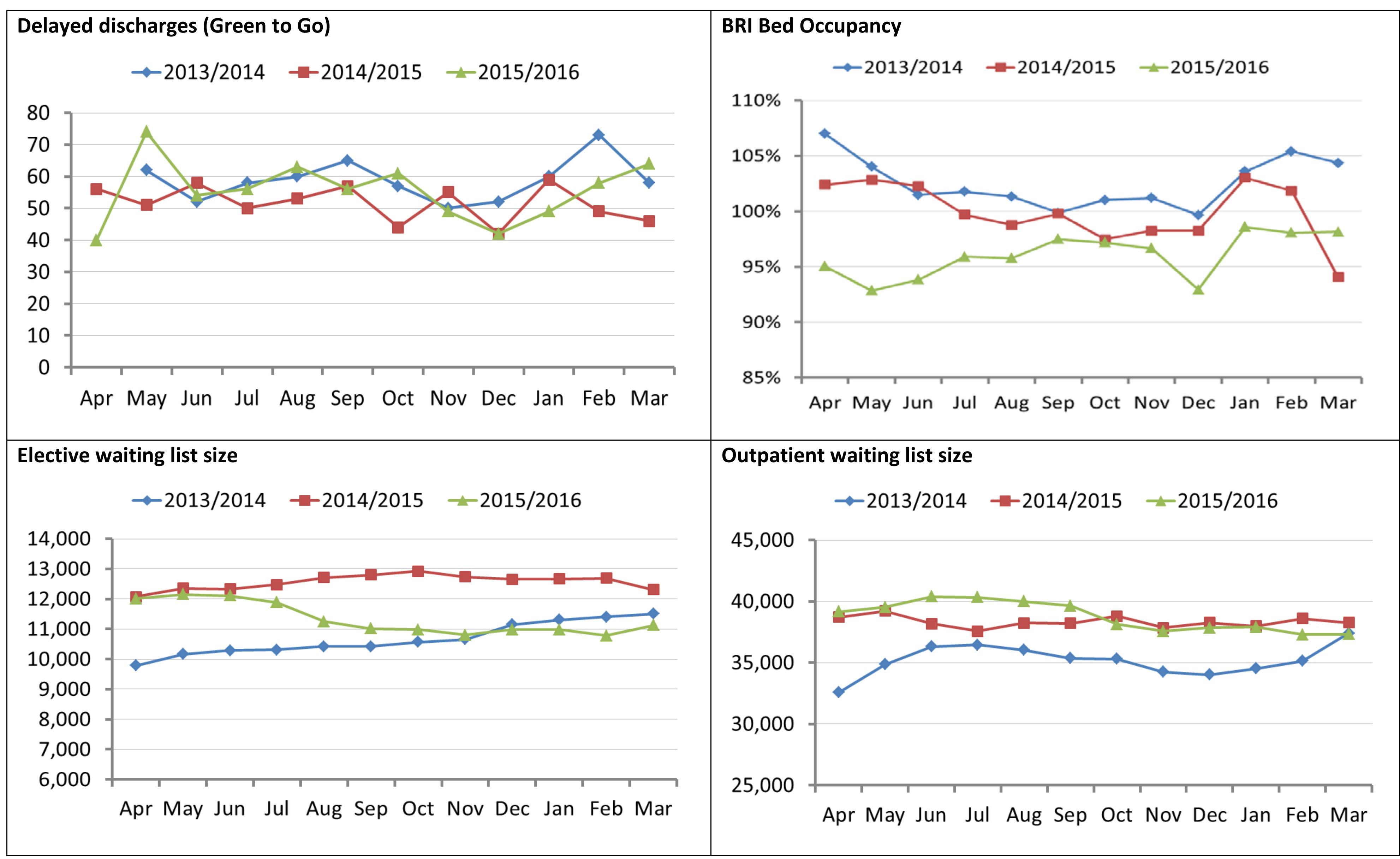
- The percentage of patients arriving in our Emergency Departments and converting to an admission was at the seasonal norm in March, as was the percentage of patients admitted aged 75 years and over;
- The number of delayed discharges has increased, as has the number of over 14 days stays; as a consequence BRI bed occupancy has stayed at the highest level seen all year;
- The number of patients on the elective waiting list has increased; consistent with this there was a decrease in RTT clock stop and an increase in the number of patients waiting over 18 weeks RTT (see Appendix 3);
- Numbers of patients referred by their GP with a suspected cancer has stayed above the seasonal norm, which may in turn lead to an increase in demand for 62-day cancer treatments, with cancer treatments being low in January and February due to emergency pressures.

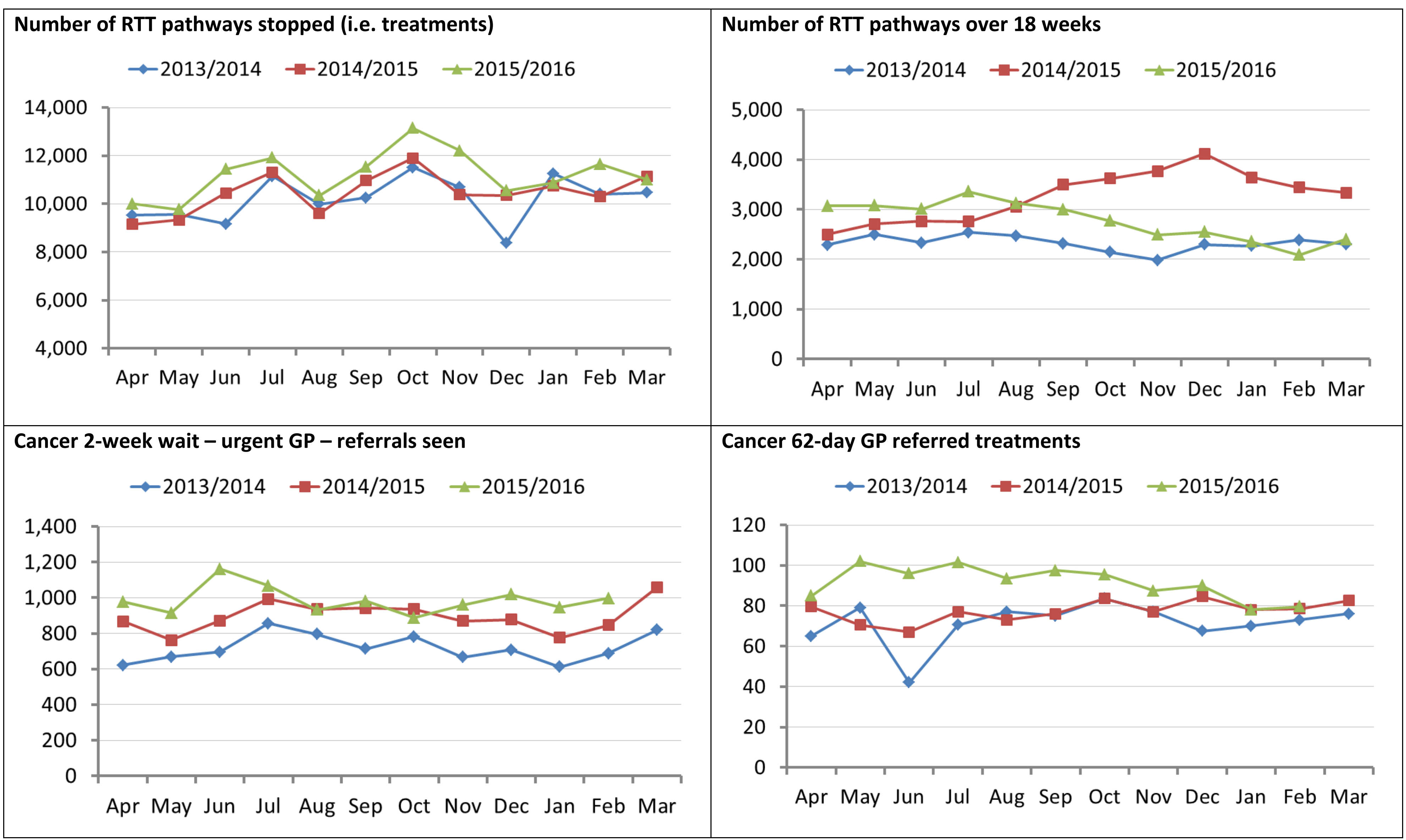
Percentage of Emergency BRI spells patients aged 75 years and over



Over 14 day stays




Delayed discharges (Green to Go)
2013/2014
2014/2015
2015/2016
80
70
60
50
40
30
20
10
0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
BRI Bed Occupancy
2013/2014
2014/2015
2015/2016
110%
105%
100%
95%
90%
85%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Elective waiting list size
2013/2014
2014/2015
2015/2016
14,000
13,000
12,000
11,000
10,000
9,000
8,000
7,000
6,000
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Outpatient waiting list size
2013/2014
2014/2015
2015/2016
45,000
40,000
35,000
30,000
25,000
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar


Number of RTT pathways stopped (i.e. treatments)
2013/2014
2014/2015
2015/2016
14,000
12,000
10,000
8,000
6,000
4,000
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Number of RTT pathways over 18 weeks
2013/2014
2014/2015
2015/2016
5,000
4,000
3,000
2,000
1,000
0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Cancer 2-week wait – urgent GP – referrals seen
2013/2014
2014/2015
2015/2016
1,400
1,200
1,000
800
600
400
200
0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Cancer 62-day GP referred treatments
2013/2014
2014/2015
2015/2016
120
100
80
60
40
20
0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

Trust Scorecards

QUALITY

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			14/15	15/16 YTD	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4
Patient Safety																				
Infections	DA01a	MRSA Bloodstream Cases - Cumulative Totals	5	3	1	1	2	2	3	3	3	3	3	3	3	3	2	3	3	3
Infections	DA01	MRSA Bloodstream Cases - Monthly Totals	5	3	1	0	1	0	1	0	0	0	0	0	0	0	2	1	0	0
Infections	DA03	C.Diff Cases - Monthly Totals	50	40	6	1	3	3	1	2	5	3	6	4	2	4	10	6	14	10
Infections	DA02	MSSA Cases - Monthly Totals	33	26	4	1	4	2	3	2	3	2	2	2	1	0	9	7	7	3
C.Diff "Avoidables"	DA03c	C.Diff Avoidable Cases - Cumulative Totals	-	-	2	2	3	4	5	5	7	7	9	-	-	-	3	5	9	-
Infection Checklists	DB01	Hand Hygiene Audit Compliance	97.2%	97.3%	97%	96.7%	97.6%	97.7%	97.7%	97.9%	95.8%	98.1%	98.1%	96.4%	97.7%	96.8%	97.1%	97.8%	97.3%	97%
Infection Checklists	DB02	Antibiotic Compliance	89.3%	87.6%	90.7%	90.9%	88.9%	88.3%	86.1%	82.3%	85.7%	86%	90.6%	86.5%	88.2%	86.1%	90.1%	85.7%	87.2%	86.9%
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	-	-	96%	95%	95%	93%	95%	93%	93%	94%	94%	94%	95%	94%	-	-	-	-
Cleanliness Monitoring	DC02	Cleanliness Monitoring - Very High Risk Areas	-	-	98%	98%	98%	97%	96%	97%	96%	97%	97%	97%	98%	98%	-	-	-	-
Cleanliness Monitoring	DC03	Cleanliness Monitoring - High Risk Areas	-	-	97%	97%	95%	94%	93%	94%	95%	95%	95%	95%	96%	95%	-	-	-	-
Serious Incidents	S02	Number of Serious Incidents Reported	78	69	6	6	4	3	8	4	4	9	5	6	4	10	16	15	18	20
Serious Incidents	S02a	Number of Confirmed Serious Incidents	71	46	5	5	3	3	8	1	4	8	4	4	1	-	13	12	16	5
Serious Incidents	S02b	Number of Serious Incidents Still Open	2	19	0	0	1	0	0	1	0	1	1	2	3	10	1	1	2	15
Serious Incidents	S03	Serious Incidents Reported Within 48 Hours	88.5%	84.1%	100%	100%	25%	100%	62.5%	100%	100%	44.4%	100%	100%	100%	100%	81.3%	80%	72.2%	100%
Serious Incidents	S04	Percentage of Serious Incident Investigations Completed Within Timescale	73.3%	75%	75%	85.7%	66.7%	100%	100%	75%	85.7%	66.7%	60%	60%	63.6%	100%	78.6%	87.5%	72.2%	70%
Never Events	S01	Total Never Events	6	3	0	0	0	0	1	0	0	1	1	0	0	0	0	1	2	0
Patient Safety Incidents	S06	Number of Patient Safety Incidents Reported	12712	12561	1087	1139	1216	1023	1109	1143	1142	1149	1167	1190	1196	-	3442	3275	3458	2386
Patient Safety Incidents	S06b	Patient Safety Incidents Per 1000 Beddays	41.47	44.54	42.87	43.7	47.66	39.35	42.91	45.47	43.98	45.34	46.17	44.59	48.19	-	44.74	42.55	45.15	46.33
Patient Safety Incidents	S07	Number of Patient Safety Incidents - Severe Harm	89	94	7	5	5	9	13	8	13	8	15	5	6	-	17	30	36	11
Patient Falls	AB01	Falls Per 1,000 Beddays	4.82	3.94	3.63	4.49	3.84	4.08	4.6	3.9	3.54	3.79	4.15	3.56	3.59	4.15	3.99	4.2	3.83	3.77
Patient Falls	AB06a	Total Number of Patient Falls Resulting in Harm	28	30	2	2	0	2	1	1	4	3	5	2	3	5	4	4	12	10
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.388	0.221	0.355	0.269	0.314	0.231	0.232	0.318	0.193	0.079	0.158	0.15	0.242	0.114	0.312	0.26	0.144	0.167
Pressure Ulcers Developed in the Trust	DE02	Pressure Ulcers - Grade 2	110	61	9	7	7	5	4	7	4	2	4	3	6	3	23	16	10	12
Pressure Ulcers Developed in the Trust	DE03	Pressure Ulcers - Grade 3	9	7	0	0	1	1	2	1	1	0	0	1	0	0	1	4	1	1
Pressure Ulcers Developed in the Trust	DE04	Pressure Ulcers - Grade 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	98.8%	98.2%	99.1%	99.3%	99.1%	99.4%	99.3%	99%	98.4%	98.1%	97.4%	97.1%	95.6%	96.9%	99.2%	99.2%	98%	96.5%
Venous Thrombo-embolism (VTE)	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	94.4%	94.6%	93.9%	93%	94.3%	96.6%	95.2%	95.1%	94%	93.5%	94%	93.6%	96%	94.5%	93.8%	95.7%	93.9%	94.7%
Nutrition	WB03	Nutrition: 72 Hour Food Chart Review	88.9%	90.4%	86.8%	93%	92.3%	90.7%	86.6%	86.5%	91.5%	91.6%	93.2%	90.4%	89.9%	91.4%	90.9%	87.9%	92.1%	90.6%
Safety	Y01	WHO Surgical Checklist Compliance	99.7%	99.9%	100%	99.7%	100%	100%	100%	100%	100%	99.8%	100%	99.9%	99.9%	100%	99.9%	100%	99.9%	99.9%

QUALITY (continued)

Topic	ID	Title	Annual 14/15	Annual 15/16 YTD	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4
Patient Safety																				
Medicines	WA01	Medication Errors Resulting in Harm	0.5%	0.85%	0.59%	0.56%	0%	1.32%	0.79%	1.75%	0%	1.39%	1.2%	1.28%	0.42%	-	0.37%	1.34%	0.91%	0.85%
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	1.01%	0.87%	0.63%	1.43%	0.96%	0.83%	0.73%	0.75%	0.78%	0.62%	1.03%	1.49%	0.66%	0.69%	0.96%	0.77%	0.8%	0.92%
Safety Thermometer	AK03	Safety Thermometer - Harm Free Care	96.6%	97.1%	97.5%	97.1%	98.2%	97.4%	96.4%	96.2%	97.3%	95.9%	97.9%	97.2%	96.7%	97.3%	97.6%	96.7%	97.1%	97.1%
	AK04	Safety Thermometer - No New Harms	98.4%	98.6%	98.9%	98.2%	98.6%	98.6%	98%	98%	98.9%	97.9%	99.1%	98.8%	98.9%	99.4%	98.6%	98.2%	98.6%	99%
Deteriorating Patient	AR03	Early Warning Scores (EWS) Acted Upon	89%	90%	90%	96%	91%	98%	90%	92%	92%	91%	90%	86%	86%	88%	92%	94%	91%	86%
Out of Hours	TD05	Out of Hours Departures	10.5%	10.7%	8.1%	11.7%	11.5%	10.4%	11%	11.4%	13%	11.1%	9.6%	11%	9.6%	9.6%	10.5%	10.9%	11.2%	10.1%
Timely Discharges	TD03	Percentage of Patients With Timely Discharge (7am-12Noon)	19.4%	20.3%	20.4%	19%	18.6%	19.7%	17.9%	19.8%	19.1%	19.2%	22.1%	21.9%	22.3%	23.3%	19.3%	19.2%	20.2%	22.5%
	TD03D	Number of Patients With Timely Discharge (7am-12Noon)	9804	10444	845	844	784	864	741	845	856	836	1002	911	926	990	2473	2450	2694	2827
CAS Alerts	CS01	CAS Alerts Completed Within Timescale	97.9%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	CS03	Number of CAS Alerts Overdue At Month End	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Staffing Levels	RP01	Staffing Fill Rate - Combined	103.6%	103.1%	100.4%	100.3%	101.8%	102.8%	100.5%	103.1%	105.8%	104.8%	104.8%	105.9%	103.2%	103.1%	100.8%	102.1%	105.1%	104.1%
Clinical Effectiveness																				
Mortality	X05	Summary Hospital Mortality Indicator (SHMI 2013 Baseline) - In Hospital Deat	64.1	64	54.8	62.1	66	58.4	65	66.6	66.6	68.3	58	67.2	71.6	-	60.9	63.3	64	69.3
	X04	Summary Hospital Mortality Indicator (SHMI) - National Data	96.5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	X06	Risk Adjusted Mortality Indicator (RAMI) 2013 Baseline	68.3	64	56.5	71.6	64.1	56.4	64	61.8	69.5	72.6	58.5	65.9	64.3	-	63.8	60.6	66.5	65.1
Readmissions	C01	Emergency Readmissions Percentage	2.81%	2.86%	3%	3.54%	2.69%	2.74%	2.89%	2.77%	2.83%	2.82%	2.87%	2.67%	2.66%	-	3.07%	2.8%	2.84%	2.66%
Maternity	G04	Percentage of Spontaneous Vaginal Deliveries	61.5%	62.1%	60.9%	63.4%	64.1%	57.3%	62.5%	62.4%	61.3%	63.9%	63.4%	62.7%	60.1%	62.5%	62.8%	60.7%	62.9%	61.8%
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	76%	75.9%	71.4%	72%	66.7%	76%	81.5%	85.7%	80.8%	76.5%	66.7%	76%	78.6%	80%	70.2%	81.3%	74%	78.2%
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	93.4%	82.5%	77.1%	68%	91.7%	80%	85.2%	78.6%	92.3%	94.1%	86.7%	80%	78.6%	84%	78.6%	81.3%	90.4%	80.8%
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	70.1%	63.5%	57.1%	52%	66.7%	60%	70.4%	64.3%	73.1%	70.6%	60%	60%	64.3%	68%	58.3%	65%	67.1%	64.1%
	U05	Fracture Neck of Femur - Time To Treatment 90th Percentile (Hours)	-	-	45.5	56.2	55.8	46.7	40.2	39.4	42.4	44.4	44.8	50.2	47.5	40.5	-	-	-	-
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	56.5%	61.6%	68.6%	65.7%	56.1%	43.8%	67.4%	62.2%	57.5%	59.5%	56.8%	62.5%	77.4%	-	63.1%	59.2%	57.9%	68.4%
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	86.4%	94.1%	97.1%	97.2%	97.6%	93.8%	95.3%	93.3%	90.2%	91.9%	91.9%	91.7%	96.8%	-	97.3%	94.2%	91.3%	93.7%
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	58.2%	66.4%	69.2%	83.3%	30.8%	58.8%	100%	75%	54.5%	62.5%	47.1%	71.4%	80%	80%	60.5%	73.5%	52.8%	77.3%
Dementia	AC01	Dementia - FAIR Question 1 - Case Finding Applied	65%	91.6%	83.9%	88.4%	82.7%	83.3%	92.5%	91.1%	97.6%	97.2%	95%	93.4%	94.7%	96.7%	84.9%	88.8%	96.6%	94.9%
	AC02	Dementia - FAIR Question 2 - Appropriately Assessed	84.1%	95.8%	98.6%	100%	92.8%	90%	92.3%	93.2%	98.4%	96.9%	98.4%	95.7%	96.3%	96.8%	97%	91.8%	97.9%	96.2%
	AC03	Dementia - FAIR Question 3 - Referred for Follow Up	58.5%	92.3%	90%	92.3%	92.9%	80%	100%	88.9%	100%	83.3%	100%	100%	100%	100%	91.5%	88.9%	91.3%	100%
	AC04	Percentage of Dementia Carers Feeling Supported	75.2%	88.3%	90.9%	100%	93.3%	92.3%	76.9%	70%	100%	72.7%	72.7%	-	93.8%	100%	94.6%	80.6%	84.2%	96.2%
Outliers	J05	Ward Outliers - Beddays Spent Outlying.	11210	9588	714	668	755	858	839	768	666	537	692	1231	788	1072	2137	2465	1895	3091

QUALITY (continued)

Topic	ID	Title	Annual 14/15	Annual 15/16 YTD	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4
Patient Experience																				
Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	89	92	89	91	90	90	90	90	91	90	90	-	90	90	90	90
	P01g	Patient Survey - Kindness and Understanding	-	-	94	96	93	93	95	94	94	95	94	95	94	-	94	94	94	94
	P01h	Patient Survey - Outpatient Tracker Score	-	-	89	89	89	88	89	89	88	88	89	89	89	89	89	89	88	89
Friends and Family Test Coverage	P03a	Friends and Family Test Inpatient Coverage	38.7%	19.5%	17.4%	19.7%	16.2%	20.5%	10.4%	19.8%	19.3%	20.4%	20.6%	21.9%	22%	26.3%	17.7%	17.1%	20.1%	23.3%
	P03b	Friends and Family Test ED Coverage	20.8%	13%	6.6%	6.7%	7%	12.3%	14.7%	17.8%	15.9%	16.4%	13.9%	15.8%	16.7%	12.3%	6.7%	14.9%	15.4%	14.9%
	P03c	Friends and Family Test MAT Coverage	28.9%	22.7%	23.9%	33.7%	20.1%	22.1%	18.3%	14.6%	25.3%	20.2%	20.3%	15.7%	24%	33.7%	26.1%	18.5%	21.8%	24.3%
Friends and Family Test Score	P04a	Friends and Family Test Score - Inpatients	94.9%	96.3%	96.1%	95.5%	96.3%	97.2%	97.2%	96.2%	96.2%	96.5%	95.6%	96.7%	96.1%	95.9%	96%	96.8%	96.1%	96.2%
	P04b	Friends and Family Test Score - ED	92.7%	75.4%	80.7%	66.3%	70.4%	78.1%	77.3%	76.6%	72.2%	76.2%	80%	77.7%	73.7%	71.5%	72.2%	77.2%	75.9%	74.4%
	P04c	Friends and Family Test Score - Maternity	94.2%	96.6%	97.3%	93.3%	97.8%	98.7%	97.1%	96.3%	98.2%	96.9%	97.7%	94.9%	97.6%	95.8%	95.6%	97.6%	97.6%	96.2%
Patient Complaints	T01	Number of Patient Complaints	1883	1941	158	147	154	207	168	185	182	148	116	143	183	150	459	560	446	476
	T01a	Patient Complaints as a Proportion of Activity	0.261%	0.252%	0.266%	0.25%	0.231%	0.315%	0.302%	0.279%	0.267%	0.219%	0.19%	0.225%	0.268%	0.221%	0.249%	0.298%	0.227%	0.238%
	T03a	Complaints Responded To Within Trust Timeframe	85.9%	75.2%	89.5%	83.9%	82.1%	87%	80.9%	83.3%	60.7%	59.5%	50.8%	68.1%	71.8%	86.1%	84.9%	83.9%	56.5%	74.6%
	T03b	Complaints Responded To Within Divisional Timeframe	83.8%	91.3%	93%	91.9%	94%	98.1%	93.6%	95.8%	80.4%	81%	90.5%	91.5%	84.6%	100%	93%	96%	84.5%	91.8%
	T04c	Percentage of Responses where Complainant is Dissatisfied	-	6.01%	1.75%	3.23%	4.48%	7.41%	6.38%	14.58%	8.93%	4.76%	6.35%	2.13%	7.69%	-	3.23%	9.4%	6.83%	4.65%
Ward Moves	J06	Average Number of Ward Stays	2.32	2.26	2.31	2.18	2.19	2.26	2.28	2.28	2.23	2.25	2.27	2.29	2.3	2.32	2.22	2.27	2.25	2.31
Cancelled Operations	F01q	Percentage of Last Minute Cancelled Operations (Quality Objective)	1.08%	1.03%	1.2%	1.22%	1.17%	1.04%	0.46%	0.83%	0.64%	0.86%	0.7%	1.2%	1.21%	1.84%	1.19%	0.78%	0.73%	1.42%
	F01a	Number of Last Minute Cancelled Operations	749	713	66	63	70	62	25	50	40	51	39	68	71	108	199	137	130	247

ACCESS

Topic	ID	Title	Annual Target Green	Annual Target Red	Annual 14/15	Annual 15/16 YTD	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4
Referral to Treatment (RTT)	A01	Referral To Treatment Admitted Under 18 Weeks	90%	90%	84.9%	82.5%	79.9%	81%	80.4%	84.2%	85.1%	82.5%	83.1%	79.9%	85%	83.3%	82.2%	83.1%	80.4%	84%	82.6%	82.9%
	A02	Referral To Treatment Non Admitted Under 18 Weeks	95%	95%	90.3%	89.1%	90.2%	91.4%	90.7%	89.2%	88.9%	88.7%	89%	88.7%	89.3%	87.9%	87.1%	88.5%	90.8%	89%	89%	87.8%
	A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	92%	92%	90.4%	91.3%	90.5%	90.4%	90.7%	90.2%	90.5%	90.7%	91.1%	92%	91.8%	92.4%	93.2%	92.2%	90.6%	90.4%	91.6%	92.6%
Referral to Treatment (RTT) Ongoing Volumes	A03A	Referral To Treatment Number of Ongoing Pathways Over 18 Weeks	-	-	-	-	3069	3078	3010	3357	3128	3004	2772	2491	2544	2349	2083	2397	-	-	-	-
	A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	0	1	59	8	4	1	0	0	0	1	0	0	0	2	0	0	5	1	0	2
	A07	Referral To Treatment Ongoing Pathways 40+ Weeks	-	-	1842	471	116	89	38	45	38	28	25	22	15	15	14	26	243	111	62	55
Cancer (2 Week Wait)	E01a	Cancer - Urgent Referrals Seen In Under 2 Weeks	93%	93%	95.5%	95.8%	94.2%	94.9%	95.3%	97.3%	95.4%	96.8%	97.5%	95.8%	94.8%	93.7%	98%	-	94.8%	96.5%	96%	95.9%
	E01b	Cancer - Breast Symptom Referrals Seen In Under 2 Weeks	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cancer (31 Day)	E02a	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	96%	96%	96.9%	97.4%	95.8%	99.5%	95.3%	96.7%	96.7%	97.3%	98.7%	98.6%	97.8%	98%	97%	-	96.9%	96.9%	98.4%	97.5%
	E02b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98%	98%	99.6%	98.9%	100%	97.8%	100%	99.1%	98.1%	98.6%	99.1%	100%	98.9%	96.1%	100%	-	99.3%	98.6%	99.3%	97.9%
	E02c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	94%	94%	94.9%	97%	94.1%	97.4%	97.9%	89.1%	100%	97.6%	97.9%	100%	98%	97.6%	97.8%	-	96.4%	95.6%	98.5%	97.7%
	E02d	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	94%	94%	97.6%	96.9%	97.5%	98.1%	94.7%	96.1%	98.4%	96%	96.1%	97.6%	97.4%	97.9%	96.7%	-	96.7%	96.8%	97%	97.3%
Cancer (62 Day)	E03a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85%	85%	79.3%	80.2%	76.5%	77%	77.6%	83.7%	80.7%	81%	79.1%	82.3%	86.7%	83.3%	74.2%	-	77%	81.9%	82.6%	78.7%
	E03b	Cancer 62 Day Referral To Treatment (Screenings)	90%	90%	89%	68.2%	100%	81.3%	62.5%	76.9%	70%	85.7%	14.3%	71.4%	50%	50%	60%	-	78.6%	78.4%	51.9%	55.6%
	E03c	Cancer 62 Day Referral To Treatment (Upgrades)	85%	85%	90.1%	89.8%	100%	83.3%	76.9%	80.8%	86.7%	91.2%	93.6%	92.7%	100%	81.7%	92.9%	-	85.2%	87.6%	95.7%	88.7%
Cancelled Operations	F01	Last Minute Cancelled Operations - Percentage of Admissions	0.8%	1.5%	1.08%	1.03%	1.2%	1.22%	1.17%	1.04%	0.46%	0.83%	0.64%	0.86%	0.7%	1.2%	1.21%	1.84%	1.19%	0.78%	0.73%	1.42%
	F02c	Number of LMCs Not Re-admitted Within 28 Days	36	36	75	76	10	12	12	7	4	2	5	3	2	1	6	12	34	13	10	19
Primary PCI	H02	Primary PCI - 150 Minutes Call to Balloon Time	90%	70%	79.7%	76.3%	77.5%	80.5%	86.4%	73.2%	76%	76%	75.7%	78%	81.8%	75%	59.4%	-	80.6%	74.7%	78.7%	68.1%
	H03a	Primary PCI - 90 Minutes Door to Balloon Time	90%	90%	92.4%	93.8%	95%	95.1%	90.9%	92.7%	100%	92%	89.2%	95.1%	95.5%	92.5%	93.8%	-	94.2%	94.5%	93.4%	93.1%
Diagnostic Waits	A05	Diagnostics 6 Week Wait (15 Key Tests)	99%	99%	97.47%	98.97%	98.27%	98.63%	99%	98.83%	98.63%	99.01%	99.59%	99.37%	99.2%	98.69%	99.11%	99.2%	98.64%	98.83%	99.39%	99.01%
Outpatients	R03	Outpatient Hospital Cancellation Rate	6%	10.7%	9.2%	12%	11.6%	11.7%	11.6%	11.7%	12.8%	12.1%	11.1%	10.7%	13.2%	12.5%	12.1%	13.1%	11.6%	12.2%	11.6%	12.5%
Delayed Discharges	Q01A	Acute Delayed Transfers of Care - Patients	-	-	-	-	30	58	51	41	59	48	54	41	30	19	33	31	-	-	-	-
	Q02A	Non-Acute Delayed Transfers of Care - Patients	-	-	-	-	16	20	6	19	11	11	12	10	4	5	5	10	-	-	-	-
Green To Go List	AQ01	Numbers on the Green to Go List (Acute)	-	-	-	-	26	56	48	37	52	45	50	39	33	42	49	48	-	-	-	-
	AQ02	Numbers on the Green to Go List (Non-Acute)	-	-	-	-	14	18	6	19	11	11	11	10	9	7	9	16	-	-	-	-
Length of Stay	J03	Average Length of Stay (Spell)	-	-	4.25	4.16	4.41	3.83	4.25	4.15	3.97	4.51	4.2	4.11	4.12	4.04	4.03	4.3	4.16	4.21	4.14	4.13

ACCESS (continued)

Topic	ID	Title	Annual Target Green	Annual Target Red	Annual 14/15	Annual 15/16 YTD	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4
Emergency Department Indicators																						
Time In Department	B01	ED Total Time in Department - Under 4 Hours	95%	95%	92.23%	90.43%	94.81%	93.47%	95.2%	95.51%	94.95%	91.69%	92.16%	89.6%	88.89%	83.76%	84.23%	82.49%	94.48%	94.04%	90.23%	83.47%
Trolley Waits	B06	ED 12 Hour Trolley Waits	0	1	10	16	0	0	0	0	0	0	0	0	0	6	1	9	0	0	0	16
Time to Initial Assessment	B02	ED Time to Initial Assessment - Under 15 Minutes	95%	95%	97.2%	86.9%	87.9%	88.3%	89.3%	92.1%	92%	87.1%	87.6%	83.2%	84.9%	87%	83.9%	81.1%	88.5%	90.3%	85.2%	84%
	B02a	ED Time to Initial Assessment - 95th Percentile	15	15	15	34	30	30	28	23	21	32	30	42	37	34	43	45	30	26	37	42
	B02b	ED Time to Initial Assessment - Data Completness	95%	95%	78.3%	93%	93.2%	92.2%	92.3%	93.4%	91.6%	92.8%	93.2%	94.1%	93.8%	92.7%	92.9%	94.1%	92.6%	92.6%	93.7%	93.2%
Time to Start of Treatment	B03	ED Time to Start of Treatment - Under 60 Minutes	50%	50%	55.4%	52.8%	57.2%	53.5%	53.9%	57.5%	60.4%	53.2%	52.8%	49.8%	53.1%	52.6%	45.3%	45.8%	54.8%	57%	51.9%	47.8%
	B03a	ED Time to Start of Treatment - Median	60	60	54	57	51	56	56	52	48	56	57	61	56	57	69	67	54	52	58	64
	B03b	ED Time to Start of Treatment - Data Completeness	95%	95%	99.3%	98.9%	99.3%	99.1%	98.5%	99.1%	99.2%	98.7%	98.8%	99%	98.9%	98.7%	98.6%	98.6%	99%	99%	98.9%	98.7%
Others	B04	ED Unplanned Re-attendance Rate	5%	5%	2.5%	3%	2.7%	3.1%	2.6%	2.9%	2.5%	2.9%	2.7%	3.1%	3.5%	3%	3.7%	3.1%	2.8%	2.8%	3.1%	3.3%
	B05	ED Left Without Being Seen Rate	5%	5%	1.8%	2.4%	1.9%	2.4%	2.9%	2.3%	2%	2.3%	2.4%	2.4%	2.2%	2.6%	2.7%	2.5%	2.4%	2.2%	2.3%	2.6%
Ambulance Handovers	BA09	Ambulance Handovers - Over 30 Minutes	1032	1032	1287	1102	46	46	29	38	36	92	96	86	104	236	153	140	121	166	286	529

WORKFORCE

Topic	ID	Title	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
			Monthly Totals											
Sickness	AF02	Sickness Rate	4.2%	4%	4.1%	4.2%	3.9%	4.1%	4.3%	4.2%	4.4%	4.6%	4.6%	4.6%

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

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

Topic	ID	Title	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Staffing Numbers	AF08	Funded Establishment FTE	7976.8	8011.6	8088.3	8096.3	8110.8	8128.9	8168.6	8197.6	8199.8	8224.1	8229.4	8258.8
	AF09A	Actual Staff FTE (Including Bank & Agency)	8080.5	8123.2	8114.4	8069.3	8149.2	8253.7	8249.7	8198	8180	8233.9	8246.6	8319.4
	AF13	Percentage Over Funded Establishment	1.3%	1.4%	0.3%	-0.3%	0.5%	1.5%	1%	0%	-0.2%	0.1%	0.2%	0.7%

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

Topic	ID	Title	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Bank Usage	AF04	Workforce Bank Usage	368.6	424.2	423.5	395	399.2	446.2	0	339.3	336.1	342.8	361.7	350.9
	AF11A	Percentage Bank Usage	4.6%	5.2%	5.2%	4.9%	4.9%	5.4%	4.6%	4.1%	4.1%	4.2%	4.4%	4.2%

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

Topic	ID	Title	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Agency Usage	AF05	Workforce Agency Usage	165.8	148.3	157.3	163.5	185.2	193.1	180	156.1	134	152.1	144.9	153.4
	AF11B	Percentage Agency Usage	2.1%	1.8%	1.9%	2%	2.3%	2.3%	2.2%	1.9%	1.6%	1.8%	1.8%	1.8%

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

Topic	ID	Title	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Vacancy	AF06	Vacancy FTE (Funded minus Actual)	333.2	368.5	463.6	507.9	465.1	436	416.4	420.1	431.3	412	422.3	361
	AF07	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	4.2%	4.7%	5.8%	6.3%	5.8%	5.4%	5.1%	5.2%	5.3%	5.1%	5.2%	4.4%

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

Topic	ID	Title	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Turnover	AF10A	Workforce - Number of Leavers (Permanent Staff)	121	174	156	147	398	227	146	148	120	137	154	137
	AF10	Workforce Turnover Rate	13.8%	14.1%	14.1%	13.7%	13.7%	13.6%	13.7%	13.9%	13.8%	13.9%	13.6%	13.3%

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

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

Topic	ID	Title	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Training	AF20	Essential Training Compliance	89%	89%	89%	90%	90%	89%	91%	91%	91%	92%	92%	91%

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
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
BRI	Bristol Royal Infirmary
CQC	Care Quality Commission
DNA	Did Not Attend – a national term used in the NHS for a patient failing to attend for their appointment or admission
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
ICU / ITU	Intensive Care Unit / Intensive Therapy Unit

LMC	Last-Minute Cancellation of an operation for non-clinical reasons
NA	Nursing Assistant
NOF	Abbreviation used for Neck of Femur
NRLS	National Learning & Reporting System
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

Other Essential Training Compliance Figures for March 2016

Safeguarding Adults
Level 1: 91.7% (previous month 91.7%)
Level 2: 86.3% (previous month 86.3%)
Level 3: 42.2% (previous month 42.2%)

Safeguarding Children
Level 1: 91.2% (previous month 91.2%)
Level 2: 89.3% (previous month 89.3%)
Level 3: 77.9% (core) (previous month 78.0%)
Level 3: 71.7% (specialist) (previous month 73.6%)

Resuscitation
76.4% (previous month 76.4%)

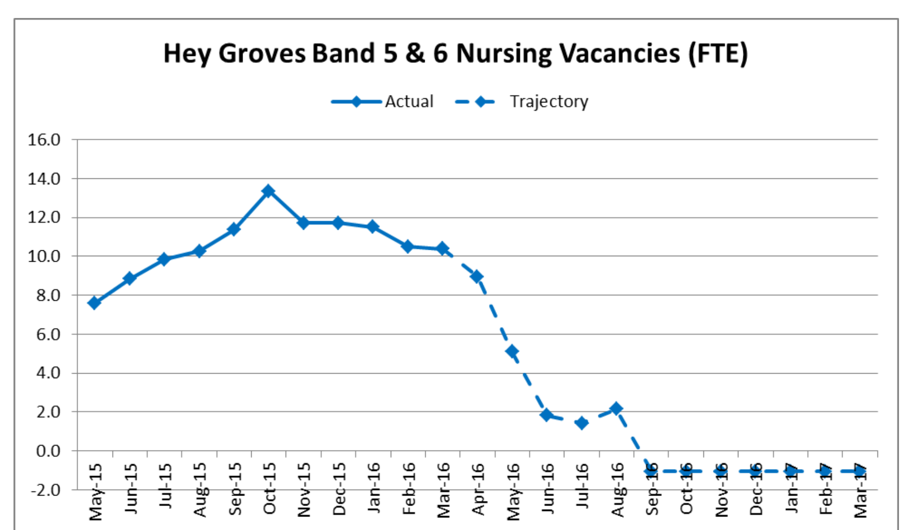
Appendix 2 (continued)

Summary of Monitor submission showing performance against agency cap requirements 1st March to 31st March 2016

Agency shifts by staff group

Staff Group	Non framework (but within price cap)	Above price cap (but within framework)	Non framework and above price cap	Within framework and price cap	Grand Total
Admin and Clerical				57	57
AHP and Healthcare Scientist		21		9	30
Facilities and Estates				350	350
Healthcare Assistant /Other	2	2	3	72	79
Medical and Dental		211		13	224
Nursing and Midwifery	4	240	485	743	1472
Grand Total	6	474	488	1244	2212

Currently reporting covers Temporary Staffing Bureau bookings only (see appendix 2). During 2016, reporting will be extended to cover all data.



Hey Groves Band 5 & 6 Nursing Vacancies (FTE)
Actual
Trajectory
16.0
14.0
12.0
10.0
8.0
6.0
4.0
2.0
0.0
-2.0
May-15
Jun-15
Jul-15
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Jan-16
Feb-16
Mar-16
Apr-16
May-16
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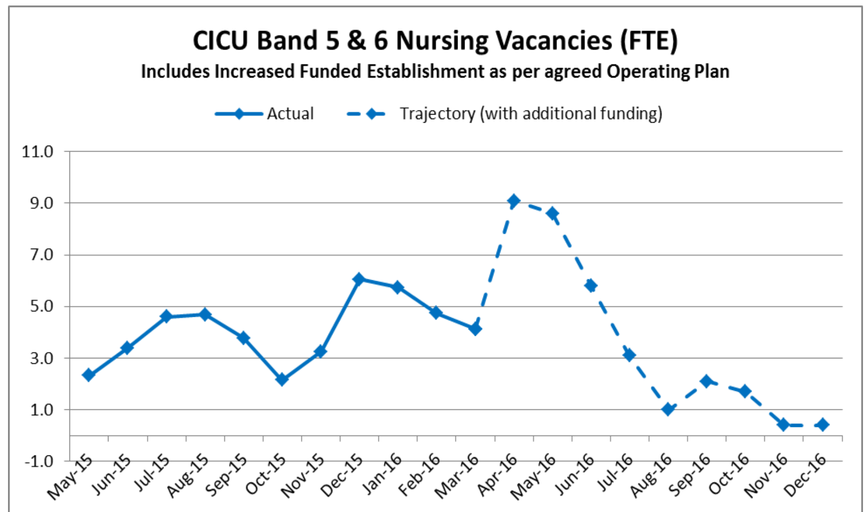
Jan-17
Feb-17
Mar-17



CICU Band 5 & 6 Nursing Vacancies (FTE)
Includes Increased Funded Establishment as per agreed Operating Plan
Actual
Trajectory (with additional funding)
11.0
9.0
7.0
5.0
3.0
1.0
-1.0
May-15
Jun-15
Jul-15
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Jan-16
Feb-16
Mar-16
Apr-16
May-16
Jun-16
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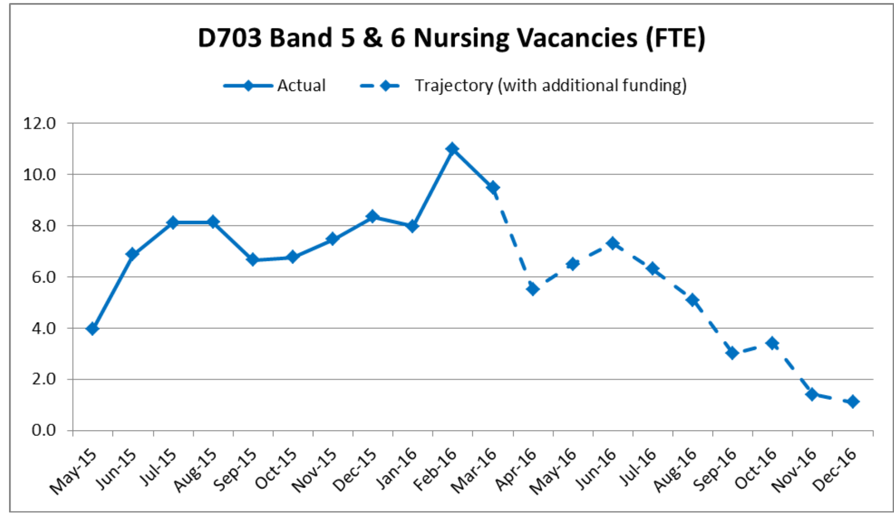
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16



D703 Band 5 & 6 Nursing Vacancies (FTE)
Actual
Trajectory (with additional funding)
12.0
10.0
8.0
6.0
4.0
2.0
0.0
May-15
Jun-15
Jul-15
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Jan-16
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16

Appendix 3

Access standards – further breakdown of figures

A) 62-day GP standard – performance against the 85% standard at a tumour-site level for February 2016, including national average performance for the same tumour site

Tumour Site	UH Bristol	Internal operational target	National
Breast*†	100%	-	94.6%
Gynaecology	92.9%	85%	76.0%
Haematology (excluding acute leukaemia)	100%	85%	78.4%
Head and Neck*	78.6%	79%	66.9%
Lower Gastrointestinal	40.9%	79%	70.3%
Lung	53.3%	79%	73.6%
Other*	100.0%	-	78.0%
Sarcoma*	40.0%	-	56.8%
Skin	97.6%	96%	95.0%
Upper Gastrointestinal	64.7%	79%	72.2%
Urological*†	100%	-	74.9%
Total (all tumour sites)	**74.2%**	**85.0%**	**80.8%**
Monthly trajectory target (excluding assumed improvements in late referrals)	**79.1%**		
Monthly trajectory target (including assumed improvements in late referrals)	**83.0%**		

*3 or fewer patients treated in accountability terms

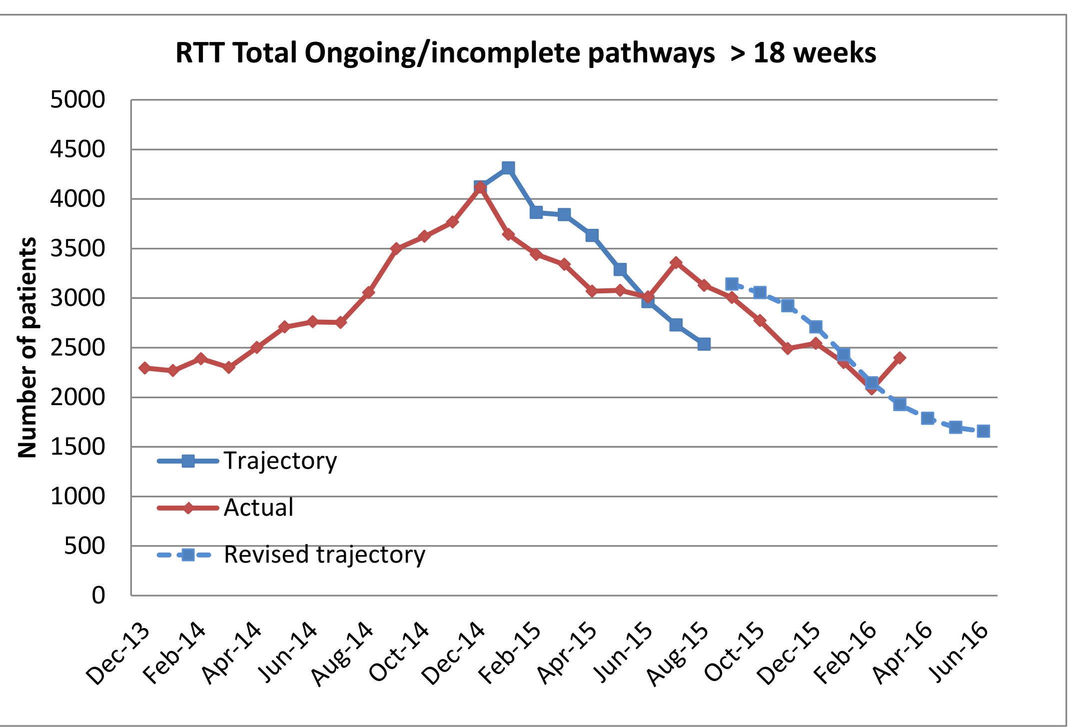
†Tertiary pathways only (i.e. no internally managed pathways), with management of waiting times to a great extent outside of the control of the Trust

Appendix 3 (continued)

Access standards – further breakdown of figures

B) RTT Incomplete/Ongoing pathways standard – numbers and percentage waiting over 18 weeks by national RTT specialty in March 2016

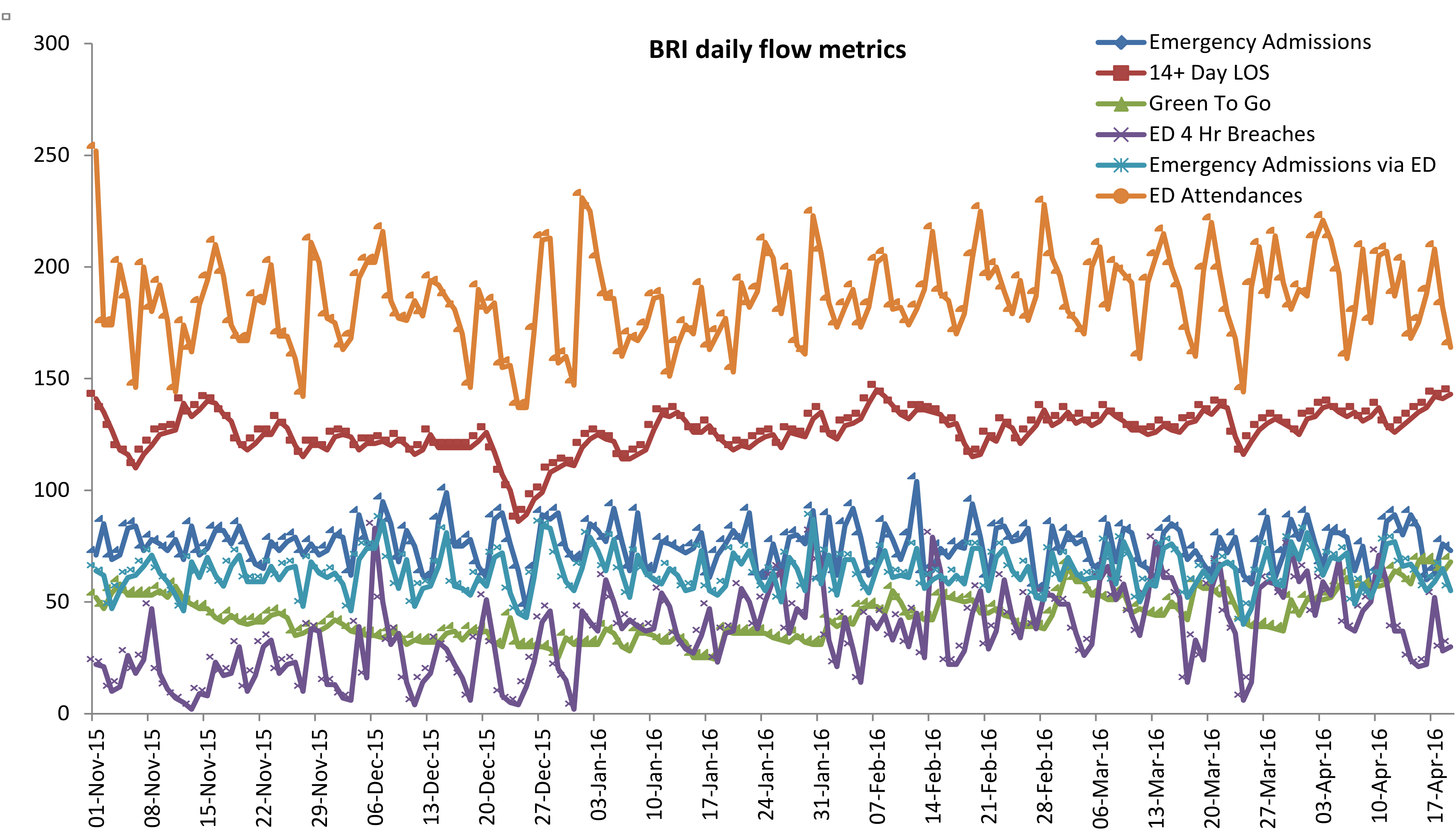
RTT Specialty	Ongoing Pathways Over 18 weeks	Ongoing Pathways	Ongoing Performance
Cardiology	236	2,050	88.5%
Cardiothoracic Surgery	14	240	94.2%
Dermatology	46	1,838	97.5%
E.N.T.	57	2,222	97.4%
Gastroenterology	76	455	83.3%
General Medicine	0	40	100.0%
Geriatric Medicine	0	162	100.0%
Gynaecology	58	1,162	95.0%
Neurology	70	435	83.9%
Ophthalmology	175	4,331	96.0%
Oral Surgery	242	2,493	90.3%
Other	1,305	13,322	90.2%
Rheumatology	0	328	100.0%
Thoracic Medicine	11	790	98.6%
Trauma & Orthopaedics	107	1,004	89.3%
Grand Total	**2,397**	**30,872**	**92.2%**



	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Non-admitted pathways (target/actual)	1977/1963	1911/1725	1811/1634	1689/1632	1498/1470	1313/1222	1190/1460
Admitted pathways (target/actual)	1165/1041	1143/1047	1130/857	1023/912	931/879	832/861	735/937
Total pathways (target/actual)	3142/3004	3054/2772	2923/2491	2710/2544	2430/2349	2145/2083	1925/2397
Target % incomplete < 18 weeks	90.6%	90.9%	91.1%	91.7%	92.4%	93.2%	93.9%
Actual target % incomplete < 18 weeks	90.7%	91.1%	92.0%	91.8%	92.4%	93.2%	92.2%

Appendix 3 (continued)

BRI Flow metrics



Cover report to the Board of Directors meeting held in Public
To be held on Thursday 28 April 2016 at 11.00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
08. Quality and Outcomes Committee Chair's Report									
Sponsor and Author(s)									
Sponsor & Author: Alison Ryan, Non-Executive Director and Chair of the Quality and Outcomes Committee									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	
Executive Summary									
Purpose To provide assurance that the Quality and Outcomes Committee are meeting in accordance with their terms of reference and to advise on the business transacted at the meeting held on 26 April 2016. Key issues to note As detailed in the report.									
Recommendations									
None.									
Impact Upon Board Assurance Framework									
Impact Upon Corporate Risk									
Implications (Regulatory/Legal)									
Equality & Patient Impact									
Resource Implications									

Finance		Information Management & Technology	
Human Resources		Buildings	

Action/Decision Required							
For Decision		For Assurance	✓	For Approval		For Information	

Date the paper was presented to previous Committees					
Quality & Outcomes Committee	**Finance Committee**	**Audit Committee**	**Remuneration & Nomination Committee**	**Senior Leadership Team**	**Other (specify)**

Report to the Board of Directors meeting 28th April 2016

From QOC Acting Chair – Jill Youds, Non-Executive Director

This report describes the business conducted at the Quality and Outcomes Committee held 29th March 2016, indicating the challenges made and the assurances received.

Item	Report/Key Points	Challenges	Assurance
Matters Arising from Minutes	**Serious Incidents** To receive an update from the Division of Surgery, Head and Neck with regard to Serious Incident 2015 42618 to provide assurance of the lessons learned.		The Clinical Chair for the SHN division was due to attend the meeting to provide an update, however he was called to theatre and was unable to attend, the item was therefore deferred.
Assurance of systems and processes to identify patients with special needs	This was a follow up to a recent patient story for a patient with visual impairment. The paper sets out the policies in place currently to ensure patients with special needs are identified and receive the appropriate interventions to meet their needs.	NEDS raised what more needed to be done in this area?	The Committee was assured that Medway was being used proactively and that improved training was being put in place to ensure that awareness of "equality & diversity was raised and that staff were made aware of the need to respond appropriately to those with special needs.
		NEDs asked where the Trust should go from here?	The Chief Nurse said there was a need to develop Trust standards for patient with visual and hearing

Item	Report/Key Points	Challenges	Assurance
		A NED raised the issue of whether had the time to read such a large number of policies and whether there was a better way of ensuring that staff were aware of the policy?	impairments, which would ensure that staff knew what "good" looks like. An audit of this would provide assurance that a consistent approach/standard of care was in place across the whole of the Trust. The committee was assured that short single page summaries were available to ensure that key policies were accessible and understood by staff.
Serious Incidents and Root Cause Analysis		NEDs raised the following challenges: Case 1 16717 - Issues around: • Care pathway for lung volume reduction surgery; • communications and documentation of decisions • Review of nursing and medical handover from ITU to wards • Was this a weekend issue • Have the family raised any concerns	The committee were assured that lessons had been learned. This was a new procedure, however the drain would have been removed as part of the pathway within 24hrs, and even then the patients subsequent cardiac issues and outcome could have been the same. The issue was not about "weekend" working – consultants had been available and involved throughout. The family have been fully involved throughout the review process .

Item	Report/Key Points	Challenges	Assurance
		Case 2 –37789 Patient fall Key learning points: • The need to follow the post falls protocol • Communication with the patient's next of kin • Individual reflective learning for the F1 doctor and SHO who reviewed the x-ray. • NEDs asked how the patient was now?	The health of the patient now was not known. Future reports would include the health of the patient at the time the report is received where it is possible to access this information.
		Case 3 – 37915 Patient fall no challenges	
		Case 4 – **SI 2015 35044 Patient fall** Key learning points: • The need to report "assisted to the floor" as an incident • The need for Fallsafe training to address knowledge gaps • The need to conduct dynamic risk assessments of falls risk in patients whose physical and mental capacity fluctuates • The need for improvements to communication and handover	
		A query was raised as to why staff needed fallsafe training (Pg141), surely all staff should be trained?	All new staff receive Fallsafe training, this is a 5 minute programme, with all staff receiving refresher training every three years.

Item	Report/Key Points	Challenges	Assurance
		A NED queried whether this highlighted management issues with this particular ward Cases 5 – 35053 Patient fall - no challenges Case 6 - 36745 Key learning points: • For the individual as summarised in the report NEDS queried how the committee received assurance when the incident related to disciplinary action against an individual member(s) of staff	The committee was assured that all issues had been addressed. It was recognised this was a complex area and it was important that the focus for QOC was on seeking assurance that appropriate action had been taken with individuals not on the actions taken via a disciplinary process, and the lessons learnt for the Trust as a learning organisation. A member of the Workforce &OD Team will work with the head of Quality (Patient Safety) to review format of report to ensure that it determine what information could be shared to give the Committee assurance
Quality and Performance Report	The Board and Governors Focus Group receives the same Report as QOC	NEDs noted that the trust was faced with many challenges on Access standards with difficulties with patient flow and high occupancy – in particular AE, were the relative national position was declining.	The Committee was assured that the significant work was underway to recover the Trust's position. It appears that the south-west appears slightly behind the national position which appeared to be improving. The position of the Trust would be closely monitored. Nationally the Trust stood at 87 out of 128 trusts, it is important that the

Item	Report/Key Points	Challenges	Assurance
			trust improves this position and avoids falling into the bottom 30, when there was a risk of regulatory action being taken
		NEDs commented favourably on the revised workforce elements to the report	The Committee were asked to feedback any comments to the Director of Workforce & OD.
Proposed Changes to key Performance Indicators for 2016/17	The paper outlines proposed changes to the Access, Quality and Workforce Scorecards, as part of the annual review of indicators for 2016/17. Tables are provided of the existing measures, together with the proposed change, if any, and the rationale and context behind the change.	No substantive challenges were raised	It was felt that information on use of agency staff and spend should remain as part of the report as this is a national requirement.
RTT data Quality & Reporting	Verbal update provided on data quality issues and plans for improving performance in this area.	No challenges	The Committee were assured that future reporting would include the longitudinal progress the Trust had made.
Monthly Nurse staffing	The report provided information contained in the NHS national staffing return submitted for February 2016.	The NEDs queried overall numbers, in particular vacancies through sickness absence, use of NAs etc?	The Committee were assured that despite the fact that in a number of areas overall staffing fell below planned hours no areas were left unsafe. The positive discrepancy in RN hours was in part due to the opening of additional capacity. Use of NAs remains above planned levels due to the higher levels of 1:1 observations required.

Item	Report/Key Points	Challenges	Assurance
			The Director of Workforce & OD outlined that a nursing workforce dashboard was being developed, covering vacancies and sickness absence, which would eventually allow drill down into specific areas.
Annual Audit Report: Monitoring the Standards of Supervision and Midwifery Practice		No specific challenges were raised as the report was felt to be both positive and well put together.	
Board Assurance Framework	The BAF provides assurance that the organisation is on track to achieve its strategic and annual objectives for the current year. This BAF sets out the closing position for the 2015/16 in terms of delivery of the objectives foe 2015/2016.	Detailed discussion took place around the red rated strategic objective. The Committee received assurance from the COO that the actions required to mitigate the rating were in place. The NEDs questioned whether the amber rating for 1.1 was appropriate, wasn't red more appropriate? The NEDs questioned whether the amber rating for 5.1 was appropriate?	This challenge was accepted and on reflection a Red rating was probably appropriate. The Committee were assured that this rating remained appropriate. The trust had committed significant time and effort to progress this area and the lack of progress in some areas was more down to system issues, rather than any failing on the part of the Trust
Corporate Risk Register		No specific challenges were raised and NEDs took the report as read.	

Item	Report/Key Points	Challenges	Assurance
National Congenital Heart Disease Audit Report 2012 - 2015	Summary outcome data for all centres (including Bristol Royal Hospital for Children) All hospitals had survival rates above the alarm limit for all procedures.	NEDs queried whether any conclusions could be drawn where mortality was higher than expected levels	The Committee was assured that it was difficult to draw any conclusions form the figures as the percentages are extremely small and therefore not statistically significant.
Inquest Outcomes Quarterly Report		This was felt to be a very useful report, with the recent revisions proving very valuable. No specific challenges were raised and NEDs took the report as read.	
Quarterly Report on Infection Prevention and Control		NEDS raised challenges and their disappointment relating to Page 349. , which highlighted what should be day to day/basic issues. Further concern was raised about the amount of information and the relative lack of interpretation and insight which made it difficult for a NED to interpret	The Board were assured that the number of incidents was relatively low and that levels of compliance remained good The Committee were assured that report was work in progress and would change over time to make it more user friendly
Monitor Q4 Risk Assessment Framework Declaration		No specific challenges were required and NEDs took the report as read.	Declaration will be taken to the Board
Clinical Quality Group Meeting	This is a routine monthly report summarising the key issues arising	No specific challenges were required and NEDs took the report as read.	

Item	Report/Key Points	Challenges	Assurance
Report	from the business of the Clinical Quality Group.		
Any other business		NA	N/A

Cover report to the Board of Directors meeting held in public
To be held on Thursday 28 April 2016 at 11.00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
09. NHS Improvement 2016/17 Operational Plan Submission									
Sponsor and Author(s)									
Sponsor & Authors: Deborah Lee, Chief Operating Officer / Deputy Chief Executive; Paul Mapson, Director of Finance and Information									
Intended Audience									
Board members	✓	Regulators	✓	Governors	✓	Staff		Public	
Executive Summary									

Purpose
The purpose of this item is to consider and approve the Trust's 2016/17 Operational Plan submitted to NHS Improvement on the 18th April 2016. The Trust Board is also asked to consider and approve the self certification contained in appendix 1.

NHS Improvement requires each NHS Foundation Trust Board to make a series of declarations as part of the final Operational Plan for 2016/17. In a change from previous years, the Trust Board is not required to provide a declaration of sustainability, as this will be addressed in the scope of the Sustainability and Transformation Plan.

Background
The final version of the Operational Plan was submitted to NHS Improvement on the 18th April 2016, following submission of the draft Operational Plan on 8th February 2016.

The final plan contains the Trust's assessment of its 2016/17 position and covers the following:
- Strategic backdrop, including the link to the five year Sustainability and Transformation Plan (STP);
- Summary of 2015/16 financial and non-financial performance;
- Quality priorities and objectives for 2016/17;
- Approach to capacity planning and 2016/17 performance trajectories;
- 2016/17 commissioning position;
- 2016/17 workforce plan;
- 2016/17 Financial plan, including Cost Improvement Plans (CIPs); and
- Approach to membership and elections.

2016/17 Planning Requirement
The main planning guidance document *Delivering the Forward View: NHS Planning guidance 2016/17 to 2020/21* sets out the planning assumptions and priorities for the NHS for the coming year and beyond, reflecting both the government's Mandate to NHS England for 2016/17 and the on-going implementation of the Five Year Forward View.

For 2016/17 all NHS commissioners and providers are required to submit two separate but interconnected plans:

- A strategic, local health and care system Sustainability and Transformation Plan (STP), covering the period April 2016 to March 2021; and
- An operational plan by each organisation for 2016/17 that should be consistent with the emerging local strategy.

The April 18th submission covers just the one year Operational Plan (point 2), but aligns to the developing Sustainability and Transformation Plan, which will be submitted on 30th June 2016.

Process and Governance

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

- 8th February – Submission of the first draft of Trust's 2016/17 Operational Plan;
- 29th February – Second cut of Divisional Operating Plans;
- 29th February – 11th March – Executive led reviews of Divisional Operating Plans;
- 11th March – Board Seminar update on Operational Plan;
- 15th March – Review of 2016/17 Operational Plan by Governors at the Governors Strategy Group;
- 16th March – SLT approval of Divisional plans risk ratings plus Capital and Internal Cost Pressure recommendations;
- 1st April – Final cut of Divisional Operating Plans;
- Review By Governors during April;
- 5th April - Approval by the Trust Board at an extra-ordinary meeting;
- April - Agreement of Service Level Agreements (SLAs) with Commissioners;
- 6th April – SLT ratification of the Trust Board decision;
- Submission of the final 2016/17 Operational Plan to NHS Improvement on 18th April 2016;
- 20th April – SLT approval of the Operational Plan submission;
- 25th April – approval by the Finance Committee; and
- 28th April – approval by the Trust Board.

Key issues to note

The 2016/17 financial plan has been further developed and presents a planned income and expenditure surplus of £14.2m (before donations and impairments). This compares with the draft plan surplus of £15.9m. This change is explained fully in the document (section 4.7). The financial plan is predicated on two key assumptions:

- Receipt of 80%-85% CQUIN income from Commissioners; and
- Receipt of Sustainability funding of £13.0m.

Both assumptions carry significant risk as they have not yet been formally agreed with NHS England and NHS Improvement respectively. In relation to the inclusion of Sustainability funding, it is anticipated that discussions about the build-up of the Control Total for UH Bristol will inform this. In particular, the baseline for the calculation (i.e. using the 2015/16 balanced plan rather than the Q2 £1.6m surplus) and Health Education England changes are issues which the Trust believes require consideration for adjustments to the Control Total on which the receipt of Sustainability funding is predicated. Should these assumptions subsequently be proved incorrect a revised plan may need to be submitted.

Whilst the Trust reserves the right to revise its financial plan in the light of Commissioner SLAs that will be agreed in the post submission period, it remains confident in the delivery of an Operational Plan in 2016/17 that will:

- Deliver the agreed performance trajectories for Referral To Treatment (RTT), Cancer and the Accident and Emergency (A&E) four hour waiting standard;
- Continue with the necessary upgrading of the Estate along with medical equipment replacement;
- Continue to implement our Clinical Systems Implementation Programme (CSIP) along with system wide initiatives such as Connecting Care. This will include the necessary capital investment;
- Deliver a sustained improvement in quality from the programme described in this document (section 4.1); and
- Maintain sound financial control working to a surplus plan for the 14th year running, albeit caveated with significant remaining risks – both from Commissioner SLAs and internal pressures.

We will continue to develop the plan to both enhance the robustness of its delivery and to improve the financial plan through local and national negotiations with Commissioners, Health Education England and NHS Improvement.

Recommendations

The Board is asked to **approve** the 2016/17 Operational Plan and Board self certification (appendix 1) submitted to NHS Improvement on the 18th April 2016.

Impact Upon Board Assurance Framework

The priorities described in this plan will be reflected in the corporate objectives set out in the 2016/17 Board Assurance Framework, currently under development.

Impact Upon Corporate Risk

The Plan reflects the principle risks facing the organisations and the mitigations and controls in place.

Implications (Regulatory/Legal)

Submission of the annual Operational Plan is a regulatory requirement.

Equality & Patient Impact

The central aim of the Plan is to ensure equitable access to high quality services, for all patient groups.

Resource Implications

Finance	X	Information Management & Technology	X
Human Resources	X	Buildings	

Action/Decision Required							
For Decision		For Assurance		For Approval	**X**	For Information	

Date the paper was presented to previous Committees					
Quality & Outcomes Committee	**Finance Committee**	**Audit Committee**	**Remuneration & Nomination Committee**	**Senior Leadership Team**	**Other (specify)**
	25th April 2016			20th April 2016	Governors Development Seminar 8th April 2016

Final 2016/17 Operational Plan submission – supporting narrative

1. Context for the Operational Plan

This plan is submitted to NHS Improvement on the 18th April 2016 as the final version, following the draft plan which was submitted on the 8th February 2016. The draft plan has been further developed with the plans for activity, capacity, workforce and quality now achieving a robust level which gives confidence in its delivery. The financial plan, however, is not in its final form due to delays in Service Level Agreement (SLAs) negotiations requiring estimates to be used based on the best information available.

The plan submission is a by-product of the Trust's Divisional Operating Plan process which requires:

- Final cut Operating Plans for each Division by 1st April 2016;
- Review by Governors during March and April;
- Approval by the Trust Board at an extra-ordinary meeting on the 5th April 2016;
- Agreement of SLAs with Commissioners during April;
- Submission to NHS Improvement on 18th April 2016; and
- Final submission ratified by Trust Board on 28th April 2016.

The financial plan has been further developed from the draft plan and presents a planned income and expenditure surplus of £14.2m (before donations and impairments). This compares with the draft plan surplus of £15.9m. This change is explained fully later in the document (section 4.7).

The financial plan is predicated on two key assumptions:

- Receipt of 80%-85% CQUIN income from Commissioners; and
- Receipt of Sustainability funding of £13.0m.

Both assumptions carry significant risk as they have not yet been formally agreed with NHS England and NHS Improvement respectively. Should these assumptions subsequently be proved incorrect a revised plan may need to be submitted.

Whilst the Trust reserves the right to revise its financial plan in the light of Commissioner SLAs that will be agreed in the post submission period, it remains confident in the delivery of an Operational Plan in 2016/17 that will:

- Deliver the agreed performance trajectories for Referral To Treatment (RTT), Cancer and the Accident and Emergency (A&E) four hour waiting standard;
- Continue with the necessary upgrading of the Estate along with medical equipment replacement;
- Continue to implement our Clinical Systems Implementation Programme (CSIP) along with system wide initiatives such as Connecting Care. This will include the necessary capital investment;
- Deliver a sustained improvement in quality from the programme described in this document (section 4.1); and
- Maintain sound financial control working to a surplus plan for the 14th year running, albeit caveated with significant remaining risks – both from Commissioner SLAs and internal pressures.

We will continue to develop the plan to both enhance the robustness of its delivery and to improve the financial plan through local and national negotiations with Commissioners, Health Education England and NHS Improvement.

2. Strategic Backdrop

2.1 Introduction

Our 2016/17 Operational Plan has been written in the context of the longer term direction set out in our existing five year strategic plan (2014-2019).

Our **Vision** is *for Bristol, and our hospitals, to be among the best and safest places in the country to receive care.*

2.2 Our Strategy

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:**

- Children's services;
- Accident and Emergency (and urgent care);
- Older people's care;
- Cancer services;
- Cardiac services;
- Maternity services;
- Planned care and long term conditions;
- Diagnostics and therapies; and
- Critical Care.

Our **Mission** is *to improve the health of the people we serve by delivering exceptional care, teaching and research, every day* and we are committed to the delivery of this tripartite focus. The clinical services strategy outlined above is also underpinned by our Teaching and Learning and Research and Innovation Strategies.

2.3 Strategic Priorities

Our 2014-19 five year Strategic Plan outlines seven strategic priorities, structured according to the characteristic of our Trust Vision outlined above. Our strategic priorities are:

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

Throughout 2015/16 we have reviewed our five year strategy, taking account of the changing context in which we operate. We are confident that our five year strategy is still relevant and sound in the evolving local and national environment and we will continue to refresh our delivery objectives to ensure our priorities remain correct. A full refresh of our strategy will be completed in Autumn 2016 to ensure that we are aligned to the system wide Sustainability and Transformation Plan (STP) currently in development and also that our approach to our key strategic choices positions us to be effective in progressing this agenda over the next five year period.

We have a clear governance route through which we measure progress against the delivery of our strategic priorities. Annual objectives are described and monitored through the Board Assurance Framework, and any emerging risks to delivery are subject to quarterly Board scrutiny. For 2016/17 we will also ensure that our in year objectives outline how we will deliver the priorities agreed as part of the system STP.

2.4 Progress with our Strategic Plan

In 2015/16 we have continued to make progress towards developing our specialist portfolio in the nine key clinical service areas outlined above. Our focus has been on driving the benefits to our patients from the major service transfers in previous years, including Head and Neck services, Cleft, and the centralisation of specialist paediatrics from North Bristol NHS Trust. It is our ambition to further evaluate opportunities to continue to develop this portfolio throughout 2016/17.

A key focus of our strategy is also to deliver excellence in care for our local patients, as well as regional and tertiary services and we consider the delivery of operational and financial sustainability key to this. Progress has been made throughout 2015/16 in the ongoing achievement of reductions in the total number of patients waiting over 18 weeks RTT. Although challenging, we have also delivered our improvement trajectory for 62 day GP RTT cancer standard for each month of quarter three, which is a notable improvement from performance at the start of the year.

Although we have made significant progress in 2015/16 towards the recovery of performance against national access standards, there continue to be specific risks relating to high levels of referrals for outpatient appointments and diagnostic tests and high levels of emergency admissions into the Trust in 2015/16 relative to the same period last year.

The level of delayed discharges also remained above plan and despite ongoing difficulties maintaining effective flow, and performance against the 4 hour Emergency Department (ED) standard, the focus remains on delivering high quality care in the right setting, with the number of days patients spent outlying for their specialty ward remaining within target levels.

Further progress needs to be made, but results like this give us confidence that we are moving in the right direction in operational terms. There will be significant challenges, but we are well placed to meet them in light of our track record of sound financial management and recent improvements in performance.

2.5 Progress with our Strategic Priorities

Significant progress has been made in 2015/16 against our strategic priorities to ensure a safe, friendly and modern environment for our patients and our staff. The new Bristol Royal Infirmary (BRI) ward block is now fully open, with new state of the art surgical, medical and paediatric wards, a new twenty bedded adult Critical Care Unit (CCU) and fully refurbished ED and Medical Assessment Units transforming the environment for our staff and patients.

Aligned to this new and modern estate, progress has been made towards our strategic priority to deliver pioneering and efficient practice, putting ourselves at the leading edge of research, innovation and transformation. The new CCU contains a new state of the art Clinical Information System and we have also started the implementation of an Electronic Document Management (EDM) system, meaning that a number of our core clinical services now operate paperless documentation systems. Further priority will be placed in 2016/17 on the development of our technology and innovation functions to place the Trust at the forefront of these developments.

Although notable progress has been made in 2015/16, effective cross sector and patient flow remains a challenge due to external system wide factors. We are clear that fundamental improvements are required in this area for the year ahead, to be successful in delivering our strategic, quality, operational and financial objectives and expect these improvements to inform the system STP as a key priority to address.

2.6 Link to the emerging Sustainability and Transformation Plan (STP)

We are a clear that system leadership, partnership working and system sustainability is key to driving progress for the year ahead. Our 2016/17 Operational Plan is being developed in the context of delivering the Five Year Forward View. Critically, it will align with the system wide planning and is being developed in the context of the emerging priorities linked to the development of the system wide STP.

Agreement on the strategic planning footprint has been reached for Bristol, North Somerset and South Gloucestershire (BNSSG) and one of our key aims for 2016/17 will be 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 and transformation.

As a system we believe that a BNSSG STP will enable the development and implementation of another phase of a major transformation programme for the local health system, which has already delivered large change since 2004. For example, including a range of system and service-based initiatives which including the reorganisation of Breast, Head and Neck, Pathology, Urology and Vascular, Stroke and Children's services.

Notable progress has been made in the development of the BNSSG STP. The BNSSG System Leadership Group (SLG) is in place, bringing together chief officers from NHS organisations across BNSSG. There is also senior representation from each of the BNSSG Councils and Public Health. The South Western Ambulance Services NHS Foundation Trust will also be invited and a request for specialised commissioning involvement has been received. A sub-group of the SLG has been established, chaired by Robert Woolley, who is the BNSSG STP Senior Responsible Officer (SRO). This group is overseeing the development of the STP on behalf of SLG and is supported by a working group of strategic planning leads nominated by each organisation on the SLG. External support has been commissioned (in place from 4th April), with a remit to assist with the coordination of the STP

development phase and in particular supporting the decision-making process, challenging and testing developing plans and facilitating the difficult choices among the system leaders about the major changes needed to ensure a clinically and financially sustainable health and care economy for the long term. As a Trust we are taking an active role in the development of the STP and are clear that the objectives within our one year Operational Plan support progress towards individual organisational and system priorities.

The vision and priorities for the local health and care system's STP, as outlined by the SLG is as follows:

- Sustainable and efficient acute configuration, including the future of Weston Hospital;
- The transformation of community and primary care services, shifting care out of acute hospital settings;
- A step-change in the coordination of health and social care, supported by the roll out of the Connecting Care (interoperable patient records) programme;
- A shift in working practices and organisational culture to make prevention and self-care a priority in service delivery;
- Transformation in identified key disease areas to deliver value and improved outcomes. While not yet formally agreed, these are likely to include long term conditions, cancer, frailty, musculoskeletal (MSK) services and mental health pathways; and
- Workforce and Informatics to support required transformational change.

The scoping exercises undertaken to date have identified the high level proposed themes and workstreams for the emerging STP as follows:

- Out of hospital health and social care provision and pathways including urgent care flow, demand management systems, integrated model of community care across organisations, discharge models, sustainability of primary care and general practice;
- Self-care at scale and prevention;
- Developing overarching clinical models of care/clinical pathways engaging and involving clinicians across BNSSG to understand and deliver with ambition against the challenge of; efficiency; improved outcomes/value and safety/quality (including BNSSG Right Care opportunities) for example:
    - Acute service configuration, including Weston and specialised pathways, supporting diagnostics etc. including reviews of key pathways such as stroke;
    - Mental health including urgent mental health;
    - Dementia;
    - Long term conditions, multi morbidity and frailty models;
    - Cancer; and
    - Maternity services.
- Enabling workstreams for workforce planning, Information Technology, Estates;
- System financial model development and system capacity and demand model development;
- Continued public health modelling of the health and wellbeing gap and priority action areas; and
- Communications and engagement including Public and Patient Involvement (PPI).

2.7 Organisational Strategy – 2016/17 Focus

Clear alignment can be drawn between the annual 2016/17 organisational objectives outlined in this plan and the emerging priorities within the developing STP. We are committed to continuing to lead and support the process of developing and implementing the plan to address the identified system gaps in Care and Quality, Health and Wellbeing and Finance and efficiency. Our Operational Plan forms year one of the five year plan and in this context, our 2016/17 organisational strategy and operational plans will continue to focus us on:

- **Operational and financial sustainability**, with a specific focus on aligning our workforce and clinical strategies towards reducing agency costs, maintaining service stability to continue to deliver excellent, patient centred high quality care, as well as continuing to improve performance against our core access standards. In addition to this our workforce strategy will look to innovate, with partners to developed new roles to meet the challenges for cross sector and pathway transformation. Through this focus, we will deliver four of the 2016/17 'must dos' outlined in the 2016/17 planning guidance which describes the requirement to achieve the core access standards and restore financial sustainability;
- **Our estates and capital strategy** for 2016/17 will closely align the modernisation and development of our estate to our evolving clinical services strategy, ensuring that opportunities are taken to transform our environment and innovate in the technological solutions we look to in improving the quality and timeliness of our services for patients;
- Development and delivery of a successful **system STP,** with an on-going focus on patient flow, evaluation of specific clinical services, with a focus on the **ongoing development of our specialist services portfolio** underpinned by effective **partnership working;**
- Development of our **innovation and technology strategy**; and

- Delivery of our annual quality objectives, including progress towards delivery of the four key **seven day services** standards by 2020.

In summary, in the specific context of a developing system wide strategic approach, our 2016/17 plan will remain focussed on our mission to *improve the health of the people we serve by delivering exceptional care, teaching and research every day.*

3. 2015/16 Performance

3.1 Non Financial

In the 2015/16 Operational Plan the Trust declared risks to five of the standards against Monitor's Risk Assessment Framework. The five standards (with the service performance score shown in brackets) not forecast to be achieved in one or more quarters were as follows:

- A&E 4-hour waiting standard (1.0);
- 62-day GP and 62-day Screening cancer standard (combined score of 1.0);
- RTT non-admitted pathways standard (1.0);
- RTT admitted pathways standard (1.0); and
- RTT incomplete/Ongoing pathways standard (no score - RTT standards failure capped at 2.0).

Table 1 below shows the planned performance against those standards not expected to be achieved in 2015/16, as declared in the 2015/16 Annual Plan, along with the actual reported performance for the quarter. Please note that the RTT admitted and RTT non-admitted pathway standards were removed from Monitor's Risk Assessment Framework during quarter one in 2015/16 and for this reason are not shown in the in reported position for any quarters.

Table 1 : Performance against access standards in 2015/16

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Standards not forecast to be met	RTT Non-admitted RTT Admitted RTT Incomplete 62-day GP cancer 62-day Screening cancer	RTT Non-admitted RTT Admitted RTT Incomplete 62-day GP cancer 62-day Screening cancer	RTT Non-admitted RTT Admitted 62-day GP cancer 62-day Screening cancer	RTT Admitted A&E 4-hours 62-day GP cancer 62-day Screening cancer
Forecast score	**3.0**	**3.0**	**3.0**	**3.0**
Standards not met in the quarter	RTT Incomplete A&E 4-hours 62-day GP cancer 62-day Screening cancer	RTT Incomplete A&E 4-hours 62-day GP cancer 62-day Screening cancer	RTT Incomplete A&E 4-hours 62-day GP cancer 62-day Screening cancer	A&E 4-hours 62-day GP cancer 62-day Screening cancer
Actual score	**3.0**	**3.0**	**3.0**	**2.0**
Governance Risk Rating	**GREEN**	**GREEN**	**GREEN**	**GREEN To be confirmed**

3.1.1 RTT Performance

As planned, the Trust made significant progress during 2015/16 in reducing the number of patients waiting over 18 weeks from RTT. In line with the agreed recovery trajectory, performance was restored to above the 92% national standard at the end of January 2016. At the start of the year 3,339 patients were waiting over 18 weeks for treatment. By the end of February 2016 the backlog of long waiters had dropped by 38% to 2,083. More than half of this reduction related to patients waiting for an elective procedure, with the number of patients waiting over 18 weeks on an admitted pathway reducing from 1,513 at the end of March 2015 to 861 at the end of February 2016. Demand for outpatient appointments was above plan in 2015/16 for several of the high volume RTT specialties, resulting in slower progress being made during the first half of the year in reducing the number of patients waiting over 18 weeks on non-admitted pathways.

3.1.2 Cancer Performance

The Trust continued to perform well against the majority of the national cancer waiting times standards, achieving the 2-week wait for GP referral for patients with a suspected cancer, the 31 day wait for first definitive treatment,

and the three 31-day standards for subsequent treatment (i.e. surgery, drug therapy and radiotherapy) in each quarter in 2015/16. The Trust failed to achieve the 62-day referral to treatment standard for patients referred by their GP with a suspected cancer. However, performance against the standard improved over the year, with the 85% standard being met in December 2015 for the first time since June 2014. At the time of writing, the Trust has achieved its monthly improvement trajectory, which was agreed as part of a national submission of 62-day GP cancer improvement plans in August 2015. The Trust failed to achieve the 62-day referral to treatment standard for patients referred by the national screening programmes in 2015/16.

In each quarter of 2015/16 the majority of the breaches of this standard were outside of the Trust's control, including patient choice, medical deferral and breaches at other providers following timely referral. Following the transfer-out of the Avon Breast Screening service, the majority of treatments the Trust reports under this standard are for bowel screening pathways, which nationally performs significantly below the 90% standard. This is largely due to high levels of patient choice to defer diagnostic tests, which continues to be the main cause of breaches of this standard for the Trust.

3.1.3 A&E Performance

System pressures continued to be evident in 2015/16 with levels of emergency demand at the Bristol Children's Hospital being significantly above plan for the majority of the year. During the first six months of 2015/16, levels of emergency admissions via the Bristol Children's Hospital Emergency Department were 15.2% above the same period in the previous year, reaching typical winter levels in some months. This increase in demand was a significant driver of the Trust's underperformance against the 4-hour standard during the year. Work with the Commissioners to understand the reason for the higher than expected levels of paediatric emergency demand continues.

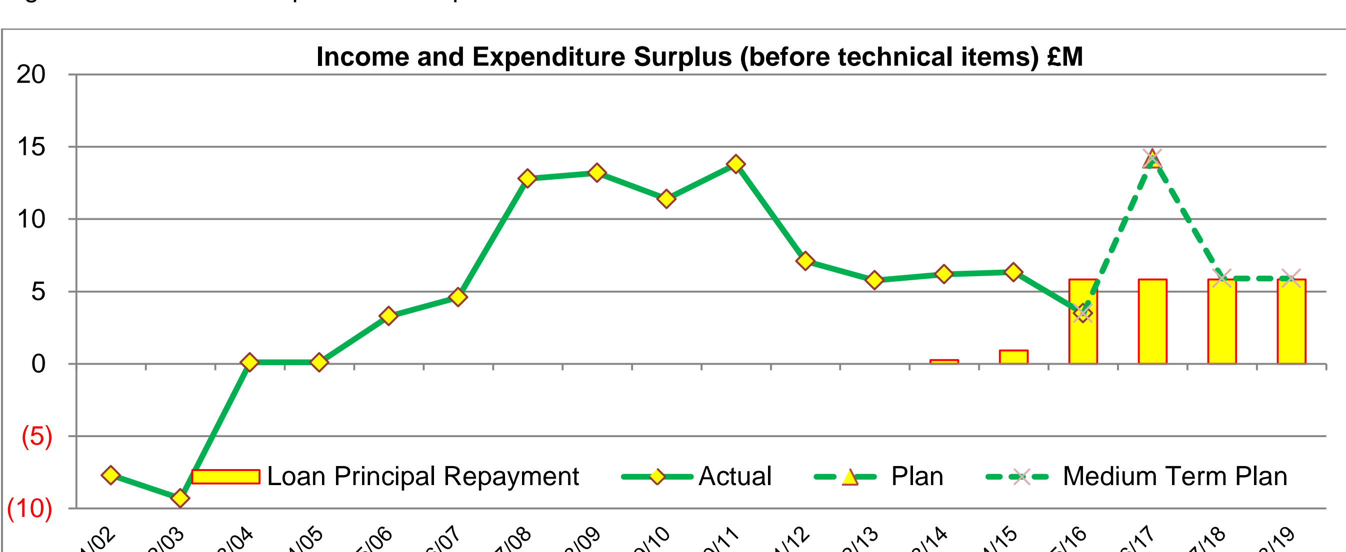
Following improvements early in 2015/16 the Trust experienced a significant increase during much of the year in the number of medically fit patients whose discharge from the BRI was delayed, with levels at their peak reaching more than double those seen at the start of the year. This was primarily due to a lack of sufficient domiciliary care packages as a result of providers taking time to reach their planned operating capacity, following the recommissioning of these services by Bristol City Council during quarter 2. An acute shortage of social workers also contributed to the increase in delayed discharges. Consistent with other parts of the country, the last quarter of the year has seen exceptional pressures on both the adult and paediatric Emergency Departments, with significant increases in emergency department attendances, emergency admissions and patient acuity leading to a significant deterioration in 4-hour performance. The combination of these system pressures on both the adult and paediatric emergency services led to the failure to achieve the 95% A&E 4-hour standard in each quarter of 2015/16.

3.2 Financial

3.2.1 Net surplus

The Trust is forecasting a 2015/16 net income & expenditure surplus of £3.5m before technical items against a revised plan of break-even. This translates to a surplus of £5.1m including donations but excluding impairments against a plan of £3.1m. This will be the Trust's thirteenth 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 is one of only six Acute Trusts who are reporting both a year to date surplus at the end of February and a forecast outturn surplus. To achieve this, however, non-recurrent savings of £12.7m are being used to deliver this position. This makes the 2016/17 position more difficult to deliver as much of the non-recurrent savings cannot be repeated.

3.2.2 Savings

The Trust's 2015/16 savings requirement is £19.9m, net of £4.5m funded non-recurrently to support clinical services. Savings of £16.4m are forecast to be delivered by the year end. The forecast shortfall of £3.5m is due to unidentified schemes. The forecast shortfall of recurrent savings delivery in 2015/16 of £4.0m and the support provided in 2015/16 of £4.5m will be carried into 2016/17 as a requirement.

3.2.3 Capital expenditure

The Trust is forecasting capital expenditure of £24.9m for 2015/16 against a plan of £34.5m due to scheme slippage. It should also be noted that the generation of a capital receipt from the sale of the BRI Old Building at £13.0m has been brought forward into 2015/16. The Trust's carry forward commitments into 2016/17 are £20.0m.

3.2.4 Financial Sustainability Risk Rating

The Trust is forecasting a Financial Sustainability Risk Rating (FSRR) of 4. The Trust has strong liquidity with forecast net current assets of £30.2m and achieves 12.3 liquidity days and a liquidity metric of 4. The Trust's forecast EBITDA performance of £35.0m delivers capital service cover of 2.1 times and a metric of 3. The Trust's forecast net income and expenditure margin is 0.8% and achieves a metric of 3. The I&E margin variance is 0.3% and achieves a metric of 4. The position is summarised below.

Table 2 : FSRR Performance

	Metric	Rating
Liquidity	12.3	4
Capital servicing cover	2.1 times	3
Net I&E margin	0.8%	3
I&E margin variance	0.3%	4
Overall FSRR		**4**

Rating 4	Rating 3	Rating 2	Rating 1
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%

4. The year ahead

4.1 Quality

4.1.1 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 set out the actions we will take to ensure that this is achieved.

We have much to be proud of. The Trust's quality improvement programme has shown us what is possible when we have a relentless focus on quality improvement. Healthcare does not stand still. We need to continuously find new and better ways of enhancing value, whilst enabling a better patient experience and improved outcomes. Never has there been a greater need to ensure we get the best value from all that we do.

The focus of our strategy will continue to be on improving patient safety, patient experience and the effectiveness of care. It will be 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 2015/16 and feedback from our public and staff consultations. Subject to final agreement and sign off, our objectives for 2016/17 are outlined below. Our priorities for 2016/17 can be themed into five key areas, which are:

- Objectives carried forward from 2015/16;
- Improving different aspects of communication;
- Improving responsiveness to patients' needs;
- Maintaining a strong focus on the fundamental need for patient safety; and
- Improving staff experience.

Our specific twelve quality objectives for 2016/17 are as follows:

- Reducing cancelled operations;
- Ensuring patients are treated in the right ward for their clinical condition;
- Improving management of sepsis;
- Improving timeliness of patient discharge;
- Reducing patient-reported in-clinic delays for outpatient appointments, and keeping patients informed about how long they can expect to wait;
- Reducing the number of complaints received where poor communication is identified as a root cause;
- Ensuring public-facing information displayed in our hospitals is relevant, up-to-date, standardised and accessible;
- Ensuring inpatients are kept informed about what the next stage in their treatment and care will be, and when they can expect this to happen;
- Fully implementing the Accessible Information Standard, ensuring that the individual needs of patients with disabilities are identified so that the care they receive is appropriately adjusted;
- Increasing the proportion of patients who tell us that, whilst they were in hospital, we asked them about the quality of care they were receiving;
- Reducing avoidable harm to patients; and
- Improving staff-reported ratings for engagement and satisfaction.

Our 'Sign Up To Safety' priorities for 2016/17 and the following year are:

- Early recognition and escalation of deteriorating patients to include early recognition and management of sepsis and acute kidney injury;
- Medicines safety at the point of transfer of care with cross system working with healthcare partners;
- Developing our safety culture to help us work towards, for example, zero tolerance of falls; and
- Reducing never events for invasive procedures.

We view quality, safety and efficiency as mutually beneficial. We will continue to use the following four questions to examine our approach to quality:

- Do we understand quality well enough in the Trust?
- How do we know that the services we provide are safe, effective, caring, responsive and well-led?
- What will it take to make all our services as good as they can be?
- How well do we understand the views of our staff and patients in relation to this agenda?

In the development of the priorities for 2016/17, we have also taken into consideration of national and local commissioning priorities and relevant national guidance. One of these key areas is delivering the Medical Royal Colleges 2014 "*Guidance for taking responsibility: Accountable clinicians and informed patients*"

The two priority objectives outlined in the guidance are:

"*A patient's entire stay in hospital should be coordinated and caring, effective and efficient with an individual named clinician – the Responsible Consultant/Clinician – taking overall responsibility for their care whilst retaining the principles of multidisciplinary team working"; and*

"*Ensuring that every patient knows who the Responsible Consultant/Clinician, with this overall responsibility for their care is and also who is directly available to provide information about their care – the Named Nurse".*

The Trust is focussing on progress towards the delivery of these two objectives with actions located in the Ward Processes work stream as part of the Trust's Transforming Care programme. These actions focus on the delivery of standardised ward processes to update Medway, the Trust's Electronic Patient Record (EPR) system within 15 minutes of admission to the, along with the roll out of electronic whiteboards to all wards, which will contain information relating to each patient, including the identified lead consultant.

Another National priority which forms an area of focus for 2016/17 is the participation in the annual publication of avoidable deaths. Through 2015/16 we have implemented an internal standardised process, whereby all deaths are flagged through Medway to the lead consultant for each patient, prompting a standard notes review. Patient deaths are also identified and escalated through the standard Trust incident reporting process if appropriate. These initiatives mean that the Trust is well placed to both participate in any required national reporting, but also to ensure that learning is taken into the clinical services wherever possible.

The Trust did not receive a Care Quality Commission (CQC) comprehensive inspection during 2015/16; our last major inspection was in September 2014. Key challenges around patient flow remain, and vital work continues with our partners in health and social care to make improvements in the areas identified as not meeting the required standards and will inform the development of the STP in addressing the system challenge in the area.

4.1.2 Approach to quality improvement

The Trust's objectives, values, quality and efficiency strategies provide a clear message to all staff that high quality services and excellent patient experience are the first priority for the Trust.

These priorities are reinforced through our five clinical Divisions having specific, measurable quality goals as part of the process of producing their annual Operating Plans. Progress against these plans is monitored by Divisional Boards and by the Executive Team through monthly Divisional Performance Review. The Trust's Clinical Quality Group monitors our compliance with CQC Fundamental Standards on an ongoing basis; our Board Quality and Outcomes Committee monitors performance against a range of performance standards.

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.

Despite our quality strategy and work to improve our patient flow, we have identified ongoing risks in relation to access and patient flow. The top three risks to quality within the 2016/17 plan are within this theme of access and patient flow. Firstly, we have declared that we may not achieve the threshold of at least 95% of patients spending less than four hours in our A&E department during 2016/17, in the context of the rising paediatric and adult emergency admissions and increasing patient acuity which was particularly evident in quarter 4 of 2015/16. Our aim in 2016/17 is to try to mitigate these system pressures by reducing hospital emergency admissions and potentially reducing the lengths of stays in hospital for appropriate groups of patients that can be cared for in their own home. Secondly, associated with the risk described with managing urgent care flow and demand within the Trust, is the risk of the last minute cancellation of planned operations and the clear impact this has on the quality of care we provide to patients. This remains one of our core quality objectives for 2016/17 and plans to address this are associated with the improvement to urgent care flow within the Trust and across the system. We will also however, be focussing in 2016/17 on our planned care pathways to ensure the last minute cancellation of patients is avoided where possible. Thirdly, the treatment of patients diagnosed with cancer within 62 days of referral by their GP remains a challenge. Whilst improvements in the Trust's performance were seen during 2015/16, late referral by other providers remains a leading cause of breaches of the 62-day GP cancer standard. Further network-wide pathway improvement is planned, building on the work already undertaken during the latter half of 2015/16. This should complement the work on Ideal Timescale Pathways already undertaken within the Trust, and lead to further improvements in the timely treatment of cancer patients in 2016/17.

We continue to be an active member of the Strategic Resilience Group, one of the key aims of which is to provide a local whole system approach to addressing local emergency care and patient flow pressures. The challenges of improving patient flow across the health system in Bristol do pose risks to the quality of care that we can provide to our patients specifically in the areas of mental health and the frail elderly. The Trust is fully aware of these risks and has detailed plans in place to mitigate any impact on patients. It will also ensure that this gap in care and quality informs the emerging priorities in the STP.

In 2015/16, the Trust commissioned an independent review against Monitor's 'Well-led framework for governance.' This provided the Trust Board 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 Board recognises the importance of good governance in delivery of the Trust's objective to provide safe, sustainable high quality care for patients and is undertaking a number of actions to further improve the governance systems in the Trust as a result of the review.

4.1.3 Quality impact assessment process

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

These QIAs are required to be reviewed through Divisional quality governance mechanisms to ensure robust clinical oversight of plans, from those service areas affected. In addition to this internal assurance of the impact of CIPs on quality, local commissioners also review plans, on a sample basis, to assure both the quality of approach and the impact of the most significant schemes (in financial terms). Finally, the Medical Director and Chief Nurse are responsible for assuring themselves and the Board that CIPs will not have an adverse impact on quality. Any QIA that has a risk to quality score over a set threshold, which the Trust wants to proceed with, is presented to the Quality and Outcomes Committee, our Non-Executive quality committee.

4.2 Seven Day Services

In 2013 NHS England's Seven Day Services Forum, established and led by Professor Sir Bruce Keogh, identified ten clinical standards that describe the standard of urgent and emergency care that patients should expect to receive seven days a week. Analysis commissioned by NHS England, in consultation with the Academy of Medical Royal Colleges, led them to advise that there are four standards that are most likely to help reduce weekend mortality: consultants being present to assess and regularly review patients and access to diagnostic tests and consultant-led interventions. University Hospitals Bristol has identified actions that could be taken to progress the seven day service model during 2016/17 in line with expectations for the four standards referred to below. These proposals have been outlined, with the associated resource implications to commissioners as part of the 2016/17 contracting round. The resources required to progress with these plans have not however, been supported through the 2016/17 contract and as the implementation of these schemes is dependent on funding, they will unfortunately not be progressing in 2016/17.

The sections below however, outline the current UH Bristol baseline against these standards and the schemes that have been scoped that would be considered possible to implement in year, should funding be available.

4.2.1 Time to Consultant review

Baseline data analysis shows that the most pressing need to develop Consultant review within 14 hours is within general surgery, trauma & orthopaedics and gynaecology services. The Trust proposed plans to commissioners that would provide 8.75 direct clinical care programmed activities within Consultant job plans for this purpose. Implementation of these schemes would deliver incremental progress towards the delivery of this standard.

4.2.2 Access to diagnostics

Analysis shows that all diagnostic modalities are seven day available apart from Interventional Radiology (IR). University Hospitals Bristol does not have a vascular service and consequently has an interventional radiology capability limited to normal hours and an informal arrangement with North Bristol NHS Trust for emergency provision. Plans proposed for 2016/17 included the formalisation of IR arrangements with North Bristol NHS Trust and development of an in-house non-vascular IR service. These plans have been fully costed and were proposed to Commissioners as part of the 2016/17 contracting round. As implementation in 2016/17 is dependent on the agreement of funding there are no plans to progress with this development in 2016/17.

4.2.3 Access to Consultant delivered interventions

Analysis shows that the Trust has a seven day capability for this standard with the exception being for lower gastrointestinal endoscopy. Plans proposed to Commissioners for 2016/17 included the investment of two direct clinical care programmed activities to allow for the delivery of two additional weekend endoscopy lists, this would provide progress towards the full delivery of this standard, but will not be mobilised in 2016/17.

4.2.4 On-going review

Baseline analysis shows that all acute areas, with the exception of the Surgical Admissions Unit, currently meet this standard. This would be addressed however, by the plans to increase job planned programmed activities in surgery, as described under the Time to Consultant Review standard above. Most non-acute medical and surgical services also meet this standard, with the exception of colorectal surgery and cardiology. Colorectal weekend ward rounds currently take place on a fortnightly basis and could be increased to weekly with the investment of a single programmed activity. This is not in the Trusts 2016/17 plan but could be part of the 2017/18 plans. Meeting this standard within cardiology would require the investment of four programmed activities, which may be considered in the 2017/18 planning round. Plans to make progress towards the achievement of this standard, with associated resource implications in 2016/17 were outlined to Commissioners through the 2016/17 contract discussions, but as with the above standards will not be progressed in 2016/17 due to the funding position.

4.3 Capacity and performance

4.3.1 Approach to capacity planning

During quarter 3 of 2015/16, the Trust again undertook a detailed capacity and demand planning exercise, using the capacity planning tools provided in the previous year by the Interim Management and Support Team (IMAS). Each specialty used the IMAS capacity and demand models to estimate the level of capacity required to reduce waiting times for first outpatient appointment, diagnostic tests and elective admissions. The Trust modelled the capacity required to further reduce these treatment waits, where these were not already forecast to be met by the end of March 2016, in order to achieve 18-week compliant RTT pathways in 2016/17. This exercise has informed the amount of recurrent activity that the Trust needs to provide, subject to Commissioner agreement, to maintain 18-week waits once any residual backlogs have been addressed. The level of non-recurrent work needed to reduce backlogs of long waiting patients forecast to remain beyond March 2016, has also been assessed.

From these inputs the Trust has built-up a Service Level Agreement (SLA) proposal which adjusts the 2015/16 Forecast Outturn to meet recurrent demand, using the IMAS modelling, and has built-in the level of non-recurrent activity which is deliverable in 2016/17 to maintain Trust-level achievement of the 92% incomplete pathways standard and also achieve the required standard at a specialty level. The level of planned activity for 2016/17 also takes account of the impact of any planned service transfers, service developments, recurrent (demographic) growth and other known planned changes to activity levels. Whilst the SLA has not yet been finalised, Commissioners have confirmed their commitment to commission sufficient activity, both recurrent and non-recurrent to meet RTT. This requires significantly less non-recurrent activity than in 2015/16 and as such, the vast majority of activity will be delivered "in-house" with a small amount of outsourcing to maintain flexibility where activity is more volatile including ophthalmology, endoscopy and interventional cardiology. Additional in house capacity required to deliver activity increases is fully understood and plans are in place to mobilise this capacity. Any workforce and financial implications are built into this plan.

The Trust has planned for a level of demographic growth but should activity significantly exceed this, RTT delivery will be at risk. However, the Trust has proactive systems for identifying rising demand and in such scenarios additional waiting list initiative will be mobilised, as has been the case previously. Of note, discussions continue with Taunton and Somerset NHS Foundation Trust, with respect to the possible transfer of clinical genetic services to UH Bristol though this plan does not take account of that, pending further on-going discussions also involving Royal Devon & Exeter NHS Foundation Trust.

The schedule of planned day-case and inpatient activity for 2016/17 has been used to assess the number of beds required in the Trust in the coming year. The baseline bed requirements have been estimated from the forecast specialty and work-type level spell volumes and current length of stay. In doing so the increased demand for beds seen in 2015/16, through increases in paediatric emergency admissions and delayed discharges, has been factored-in. The bed requirements have then been apportioned across quarters according to historic seasonal variation. Planned bed-days savings from improvements in the delivery of planned and unplanned care have then been applied and the resulting modelled bed requirements have then been uplifted to an operational bed occupancy of 92.5%.

Of note, the Trust has just signed Heads of Terms with an independent provider *Orla Healthcare* to deliver a community based "virtual ward". This innovative model of care has been piloted for the last 18 months in Harlow, Essex and is targeted at those patients for whom a 'Decision To Admit' has been reached and who can be discharged back home and cared for by the Orla team. This is the not the traditional step up / step down care model. *Orla* can manage stable, acutely ill patients who would otherwise be admitted to the Trust's Acute Medical Unit (AMU). The service is expected to commence in July 2016 and be fully operational from January 2017 with capacity for 35 patients. This service will not only enable improvements in occupancy as it ramps up but will also provide Winter flex capacity in quarter 4 when it is typically most needed.

Children's services will continue to plan for an expanded bed base in quarter 3 and quarter 4 to respond to seasonal respiratory peaks and subject to commissioner non-recurrent funding will also open an additional Paediatric Intensive Care bed over the Winter months.

The table overleaf summarises key activity changes over 2015/16 plan and outturn. The Trust has plans to deliver this activity with limited risks compared to 2015/16.

Table 3: Activity Volumes and Contract Value

	2015/16 Plan	2015/16 Outturn	Growth over 2015/16 Plan	2016/17 Plan	Growth over 2015/16 Outturn	Growth over 2015/16 Plan
Accident & Emergency	120,799	123,654	2.4%	125,693	1.6%	4.1%
Bone Marrow Transplants	183	195	6.6%	198	1.5%	8.2%
Critical Care Beddays	50,805	51,977	2.3%	52,341	0.7%	3.0%
Day Cases	56,724	54,415	(4.1%)	57,003	4.8%	0.5%
Elective Inpatients	15,339	14,227	(7.2%)	14,237	0.1%	(7.2%)
Emergency Inpatients	39,185	40,283	2.8%	40,513	0.6%	3.4%
Excess Beddays	27,551	26,616	(3.4%)	26,357	(1.0%)	(4.3%)
Non-Elective Inpatients	14,214	13,823	(2.8%)	13,888	0.5%	(2.3%)
Outpatients	652,173	636,539	(2.4%)	674,168	5.9%	3.4%
Total	**976,973**	**961,729**	(1.6%)	**1,004,397**	4.4%	2.8%

4.3.2 Improvement trajectories for Non Financial Performance in 2016/17

The improvements in performance realised in 2015/16 will be built-upon in the coming year. The Trust achieved the RTT Incomplete pathways standard at the end of January 2016, with the standard forecast to continue to be achieved throughout 2016/17. The Trust also recovered performance against the 99% 6-week diagnostic waiting times standard during 2015/16, and expects to remain compliant in 2016/17.

The Trust is expecting to continue to make improvements against the 62-day GP cancer waiting times standard in 2016/17 through the ideal timescale pathways which were implemented in the latter half of 2015/16. The improvement trajectories set have been calculated from the expected reduction in pathway waiting times delivered through a combination of these ideal timescale pathways and planned increases in capacity in particular tumour sites. However, the established seasonal patterns of patient choice, which result in unavoidable pathway delays and breaches of the standard, have also been taken account of within the trajectory. Late referrals from other providers remains the leading cause of breaches of the 62-day standard, but for which improvements have needed to be assumed in the trajectory for quarters 3 and 4 on the basis of the work being undertaken network-wide to agree timescales for referral, and through agreement of a local Commissioning for Quality and Innovation (CQUIN) to encourage earlier referral amongst BNSSG Trusts. The trajectory delivers the 85% national standard in aggregate in quarter 3 and quarter 4. The regional ambition is to achieve the 85% national standard in September 2016, which the Trust cannot at this stage commit to without further assurances that a reduction in late referrals from other providers will be realised earlier than quarter 3. Due to the small number of treatments the Trust undertakes, and the high proportion of breaches of the standard that are outside of the control of the Trust, the Trust is not expecting to report compliance with the 62-day screening standard in 2016/17.

Quarter 4 of 2015/16 has proved to be a challenging period for emergency access, with levels of demand and patient acuity exceeding planning assumptions. This has re-set expectations for quarter 1 of 2016/17, which has traditionally been seen as one of the higher performing quarters in the year. An improvement trajectory has been developed using the established statistical relationship between bed occupancy and 4-hour performance, and the expected impact of the planned actions on bed occupancy during each month of 2016/17. This trajectory shows an improvement in 4-hour performance over quarter 1, relative to quarter 4 2015/16, with each subsequent quarter representing an improvement on the same period in the previous year. Whilst the regional ambition is to restore performance to 95% by March 2017, the Trust does not at present have sufficient confidence in the system-wide delivery plan to commit to achievement of the 95% standard at the end of 2016/17.

Unusually, the Trust is now also expecting to report a failure of the 31-day first definitive and 31-day subsequent surgery cancer waiting times standards in 2016/17. This is due to exceptional levels of demand on the adult Intensive Therapy Unit / High Dependency UnitT, in terms of both numbers and increasing patient acuity. Plans are being progressed to treat these patients as quickly as possible, with the expectation that the impact on performance will be limited to quarter 1 2016/17. Table 4 below reflects the predicted performance for 2016/17.

Table 4: Performance against access standards in 2016/17

	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Standards not forecast to be met	A&E 4-hours 62-day GP cancer 62-day Screening cancer 31-day first definitive cancer 31-day subsequent surgery	A&E 4-hours 62-day GP cancer 62-day Screening cancer	A&E 4-hours 62-day Screening cancer	A&E 4-hours 62-day Screening cancer

4.4 Information Technology

UH Bristol has a mature, effective Informatics Service that has established a good track record of delivering transformative technology. Clinical Informatics at UH Bristol is driven through the Clinical System Implementation Plan (CSIP), now in its fifth year and well-positioned to take advantage of the emerging alignment of DoH, NHSE and HSCIC that will help make the digital future a reality for our health and care system.

UH Bristol is an active member of the national CIO Network and HSCIC's Digital Leaders Forum, helping us to drive digital best practice and innovation within the Trust whilst lobbying and contributing to the 'digital agenda' at a National level.

Recognizing the challenges set in FYFV whilst focusing on the specific requirements of the National Information Board in *Personalized Health & Care 2020* and subsequent guidance, CSIP is delivering a comprehensive range of digital capabilities and systems to fulfil local digital strategy and meet the national objectives set for 2018 and 2020.

"Our vision ... is one in which 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...".

Our strategy is Board-led, clearly defined, fully funded and aligned to clinical and corporate objectives. Over the past few years we have delivered the foundations of our strategy and built upon this to provide a Trust-wide Electronic Patient Record (EPR) that supports our core patient activity recording and provides a range of clinically-relevant functions that are in routine use across the Trust. Operating within a secure, resilient technical infrastructure, these functions include:

- Fully integrated EPR modules covering inpatients, outpatients, ED, maternity and theatres, with clinical noting and ad hoc data collection suites;
- Digitized case notes in use across the first of our hospital sites;
- Order communications and results reporting for pathology, radiology and a wide range of other services;
- A range of services to deliver and share diagnostic images across the region;
- A sophisticated Intensive Care System in use across all four intensive care units;
- Widespread intra-operability between our core EPR and the wealth of specialist departmental systems to ensure authentication;
- A document sharing portal providing digital delivery of discharge summaries and other documents to GPs;
- Digital dictation and speech recognition; and
- Increasing use of 'right here, right now' real-time dashboards and reports.

Looking outside the Trust, UH Bristol is a founding member of Connecting Care, a digital shared care record service that boasts participation of all health and social care organisations across BNSSG and rich content. Connecting Care is not only a leading example of shared care technology, but also the focal point of effective cross-organisational collaboration under the guidance of BNSSG's System Leadership Group. The influence of Connecting Care on our digital roadmap cannot be overstated. The range of shared information and functions delivered by Connecting Care is extending all the time, with new content and collaboration tools as diverse as safeguarding, care-planning, document sharing and genomics featuring on our development roadmap.

During the coming year we will continue to deploy new digital capability throughout the Trust, further embedding and extending existing functions with particular emphasis on:

- Rolling out digital case notes across our other hospital sites together with the implementation of e-forms and workflow automation;
- Commencing delivery of a new nursing e-observations and replacement e-rostering systems;
- Going live across the Trust with electronic prescribing and medicines administration;
- Providing more convenient access to our systems and services through the wider use of mobile technology and telehealth techniques; and
- Delivering the objectives of the Clinical Utilisation Review (CUR) by using existing systems rather than purchasing duplicate systems which are not supported by Clinicians or the IT function.

As a part of this practical delivery of technology, we will work with our partners to:

- Make our digital systems work harder and more reliably, interoperating more intelligently to promote better information sharing inside and outside the Trust;
- Help our clinicians and staff become better equipped, more 'expert' users who understand the value of good information and are able to use it meaningfully; and
- Allow our patients and service users to benefit from cohesive cross-organizational pathways and smoother, more convenient encounters with our services.

4.5 Commissioning Position

4.5.1 Review of the Local and national commissioning landscape

The local commissioning landscape largely reflects the national landscape. The Trust's services are commissioned in the majority by the three local Clinical Commissioning Groups (CCG) Bristol, North Somerset and South Gloucestershire (BNSSG) and NHS England. The Trust has issued seven detailed contract proposals (activity and value) to Commissioners, and contract discussions are ongoing. CCG Commissioners' counter offers are currently under review and negotiation. However, NHS England are yet to make a comprehensive counter offer which can form the basis of detailed negotiation.

The Trust's contract proposals reflect the key sustainability and transformational priorities for both the Trust and the local health system with particular focus on:

- Ensuring sufficient capacity to meet local demand for emergency and planned care and manage RTT waiting times in line with agreed capacity;
- Service development proposals which ensure we maintain the Trust's ability to adhere to national specialised service specifications, as well as local developments to address key local priorities;
- Addressing the Trust's strategic intent to provide the right level of specialist and acute care to the local and regional population; and
- A neutral impact of coding and counting proposals.

4.5.2 NHS England South West – Specialised Services (contract value £224.5m)

The key aspects subject to negotiations are:

- Specialised Services now make up around 43% of our proposed contract income;
- The Trust will seek investment to embed hosted Operational Delivery Networks (ODNs), such as Paediatric Neurosciences and (subject to final designation) Congenital Heart Disease;
- UH Bristol continues to perform well against key requirements of national services specifications, but investment is being negotiated with NHS England to ensure continued compliance in a number of key areas. Service development proposals have been reduced to the absolute minimum value;
- NHS England's approach of linking CQUINs to Quality Innovation Productivity and Prevention (QIPP) in 2016/17 has been rejected in principle and presents a real challenge to the Trust, particularly where delivery is dependent on other providers and carries significant delivery costs;
- Very late in the contract negotiation process, NHS England has introduced a mandatory CQUIN for Hepatitis C ODN lead providers. This accounts for over 57% of the total value of the Specialised CQUIN scheme, and requires the ODN to manage resources within an indicative financial budget forecast, prioritising patients with highest clinical need despite National Institute for Health and Care Excellence (NICE) Technology Appraisal guidance having been published. The indicative financial budget is substantially understated and out of line with the rest of the country, hence a revised budget is required in order to be acceptable to UH Bristol. Non-delivery of the CQUIN would result in a loss of £2.7m CQUIN income;
- NHS England continues to seek the mandatory implementation of Clinical Utilisation Review (CUR) from a recognised CUR provider through a QIPP-related CQUIN. The potential effect of this initiative would have significant impact on the current delivery of key IM&T projects, and is not supported by the CIO or clinicians. It also requires the CQUIN income to be spent which is not affordable. The Trust has proposed that the aims of the CQUIN could be achieved through the use of its existing integrated systems;
- We are seeking to ensure CQUINs are earnable, as per national guidance, at circa 80-85% net earnable income. This currently remains a point of significant misalignment in relation to the national Hepatitis C ODN and CUR CQUINs and other QIPP-related CQUIN proposals, where in most cases NHS England is enabling a maximum 10% net earnability;
- NHS England's proposal includes circa £9m of Specialised QIPP, which the Trust believes is a balancing figure and too high to be deliverable. Significant QIPP is assigned to Payment by Results (PbR) excluded drugs (through compliance with NICE and commissioning policies). Further QIPP is expected to be released through the extension of Blueteq prior approval to a range of specialised procedures and devices (principally cardiac), coupled with the centralisation of device procurement. The extension of Blueteq for this purpose is being challenged. Very brief details of schemes have now been received and are being reviewed. The Trust will engage in those schemes which are considered realistic and clinically supported, but expects the inclusion of QIPP in contracts to be at Commissioner risk; and
- The issues relating to CQUINs and QIPP have been escalated to the National level where resolution must be achieved in order for a contract to be agreed. The negotiations are extremely challenging.

4.5.3 Local Commissioning (contract value £259.5m)

A key consideration this year continues to be the effect of programmes designed to divert services away from acute settings. CCGs aim to achieve this through levers such as the Better Care Bristol (an extension of the Better Care Fund (BCF)) and other QIPP proposals which have largely rolled over from 2015/16, moving urgent care into the community, reviewing pathways and integration. The Trust continues to be actively engaged in discussions around these initiatives in order to manage the demand being calculated through IMAS and other capacity modelling. However, pressure on acute services has not reduced and has, in fact, significantly increased in year bringing into question the impact of the programmes in 2015/16. The Trust will expect that QIPP included in the contract is at Commissioner risk.

Negotiations on CCG CQUIN proposals are progressing, and a CQUIN scheme has been agreed in draft, which addresses mutually agreed priorities and principles such as organisational responsibility and deliverability/ appropriate net earnability. The 2016/17 national CQUINs will be extremely challenging, in particular new CQUINs relating to Staff wellbeing (including unachievable flu vaccination targets and healthy food requirements which cannot be imposed on existing contracts with suppliers) and Antimicrobial resistance (where the Trust has improved markedly in recent years and further reductions in antibiotic prescribing will be difficult). These issues are also being escalated Nationally.

There is broad alignment with CCGs on activity in the contract. Negotiations on service development proposals are continuing, with CCGs unable to invest in 7-day services and therefore an expectation of derogation in this respect. CCGs are reconsidering their ability to fund Patient Transport Services and a small number of other proposals.

Re-procurement of sexual health services will commence in April 2016. The Trust has committed to maintaining its contract with the local authority for the duration of the procurement. The key challenge in 2016/17 is the Public Health funding allocations and the need for Councils to continue to seek service efficiencies, in the order of up to 10% across the board for public health services together with additional services required in the tender specification.

Following the procurement of an interim solution, CCGs have consulted on the re-procurement of the Children's community health contract. Procurement is ongoing. UH Bristol will be fully engaged as a key partner in both the interim and substantive community children's health services.

Commissioners and the Trust will seek to be aligned on activity and finance within the contract in order to move to contract signature by the end of April, subject to the satisfactory resolution at a National level of the CQUIN and QIPP issues noted above.

4.5.4 Education Commissioning

Health Education England (HEE) commissions education and training from the Trust including Undergraduate Medical (SIFT) and Dental (DSIFT) teaching, post-graduate Medical and Dental (MADEL) teaching and non-medical education and training (NMET). The baseline contract is £35.9m, but a loss of £2.5m is expected due to a 5% efficiency requirement and changes in student numbers plus transitional SIFT tariff being reduced. Formal communication has now been received confirming the Trust's assumption. The main outstanding item is the funding for the Junior Doctors proposed pay award.

4.6 Workforce

4.6.1 Background

Our Workforce and Organisational Development Strategy recognises that achieving financial and operational sustainability depends on robust workforce planning, including effective recruitment and retention plans to meet service needs within an agreed financial envelope. In addition, there is increasing recognition of the need for transformational change to release productivity savings, engaging staff in the process, as described in the Carter (February 2016) report.

One of the Five Year Forward View "must dos" is the completion of a system wide STP, and the associated workforce approach includes explicit consideration of cross sector, pathway development and how we need to change our staffing models and develop our staff to deliver new pathways. The work is also considering how to attract and retain key staff groups in the context of changes to the supply of traditional labour sources. Cross sector work is already underway using Health Education England South West funding to introduce 'Well-Being Partner Apprentices'. These new roles are supported by training programmes that will prepare staff to work across different care settings to meet patient need; whilst the new career pathway should help reduce turnover among nursing assistants across all organisations, public and private, in the local health economy.

The Five Year Forward View also highlights the importance of delivering seven day working, although the challenge is to do this in an affordable way. We have completed an audit led by our Medical Director to identify gaps in our delivery against the four key standards. Plans have been developed to address these gaps and demonstrate incremental progress towards the 2020 requirements. We are keen to build on the early successes with our therapy services: in 2014 we introduced 6-day working across all in-patient teams. We achieved this through the redistribution of resources; all staff continue to work only standard contractual hours over the 6-days, and no staff work more than 5 days consecutively.

4.6.2 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 the 'demand' for workforce 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.

The planning process also considers workforce 'supply'; including an assessment of the age profile of our existing workforce, 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, chaired by the Chief Executive.

4.6.3 Workforce Planning Approach - Strategic Workforce Plans

We also undertake strategic workforce planning, taking a five year view of changing workforce needs. Strategic workforce planning workshops with Divisional teams, including clinicians, will take place in each Division between February and May 2016. This work is used to refresh our Organisational Development Strategy and supporting programmes of work and informs the Health Education England submission on which future education commissioning is based. Some of the emerging themes from the workshops include the following:

- **Apprenticeships**: the need to develop apprenticeships in a range of areas including radiography and other scientific and technical roles to address workforce shortfalls and attract new recruits into the workforce;
- **Development of new skills:** the complexity and acuity of our patients in the future, combined with increased technological interventions, will mean new skills are required. For example, more cardiological interventions and less cardio-thoracic surgery will change consultant specialty mix and require different types of technical staff, including more of the Band 4 technical roles we have developed to work flexibly across physiology and other technical areas;
- **Partnership working with academic providers**: removal of bursaries and changes in education commissioning will make educational partnerships even more important to ensure there are sufficient numbers of the right staff with the right skills in the future. We will need to build on work already underway with the Universities of Bristol and the West of England such as joint appointments to Clinical Academic posts, consideration of new roles and developing our existing workforce;
- **Pathway redesign and transformation:** linking with the Five Year Forward View, the need for pathway redesign and transformation across a range of services with roles which support a more integrated approach across the health and social care system;
- **Potential reductions in Junior doctors**: the need to develop clinical fellow and specialty doctor posts, with more roles which combine education, research and service elements to make them more attractive to potential recruits, combined with further exploration of physicians associates and increasing the range and number of our advanced nurse practitioner roles;
- **Specialist Nurses:** training and development of the specialist nursing workforce, including advanced nurse practitioners, and improving retention of nursing by increasing their skills and developing their roles in specialist areas to backfill junior doctors; and
- **Succession Planning:** we have a number of potential consultant and senior nurse retirements in hard to recruit areas, and succession planning at a Divisional and specialty level for these areas will be vital.

4.6.4 Achieving NHS Improvement's Locum and Agency expenditure ceiling

The following principles have been agreed by the Senior Leadership Team in relation to the implementation of the agency and locum ceiling:

- Maintaining patient safety is paramount;
- To adhere to the new rules and to only use agencies on approved frameworks whilst maintaining patient safety; and
- There is a clear clinical and business exception approval process for all staff groups which will be followed.

There are clear escalation arrangements for all staff groups, which have been tightened and standardised, especially in respect of the approval of agency staff costing more than the capped agency rates.

Improved rostering and job planning will ensure that there a fewer gaps, reducing the need for temporary staffing. Robust process and outcome KPIs are in place to evidence effective rostering, as outlined in the Carter report and re-procurement of an e-rostering system for nursing staff, to include acuity and dependency scoring, is underway. This will enable real time monitoring and reporting. However, recognising there is a place for a contingent workforce to provide flexibility to cover unavoidable absence and peaks in demand, we have been strengthening our Temporary Staffing Bureau (bank staff) through a range of initiatives and incentives.

Recruitment, retention and sickness absence management are also fundamental to the management of agency usage, which are described below. The scale of the challenge to achieve the agency and locum ceiling from a 2015/16 forecast outturn of £19.7m to £12.8m is well recognised, and is reflected in the scope and range of programmes which feed into the reduction plan.

The achievement of the ceiling is underpinned by the implementation and acceptance of the NHS Improvement capped rates by Approved Frameworks and associated agencies. Agencies that refuse to implement the 1st April 2016 rates will put the Trust at risk of not achieving the planned expenditure levels.

4.6.5 Workforce Numbers

The anticipated workforce plan, expressed in whole-time equivalents (wte) for 2016/17 and how this compares to the previous year is set out in the tables below.

Table 5 : Workforce Demand

	Funded Establishment 2015/16 Actual wte	Service Developments wte	Service Transfers wte	Savings Programme wte	Funded Establishment Mar-17 wte	Change wte
Medical and Dental	1,204	57	(3)	0	1,258	55
AHP/Clinical scientists	1,333	37	(17)	(3)	1,350	17
Nursing and midwifery	3,126	108	0	(4)	3,230	104
Ancillary	858	4	0	(7)	855	(3)
Admin and Clerical	1,680	36	(10)	(4)	1,702	22
Total	**8,200**	**242**	**(30)**	**(17)**	**8,395**	**195**

Table 6 : Workforce Supply

	2015/16 Actual Employed	2015/16 Actual Bank	2015/16 Actual Agency	2015/16 Total Staffing	Change in Planned Employed	Change in Planned Employed	Change In Bank	Change in Agency	Total Changes	2016/17 Planned Employed	2016/17 Planned Bank	2016/17 Planned Agency	2016/17 Planned Total
					(Starters)	(Leavers)							Staffing
	wte	wte	wte	wte	wte	wte	wte	wte	wte	wte	wte	wte	wte
Medical and Dental	1,153	0	52	1,205	390	(330)	0	(8)	53	1,214	0	44	1,258
AHP/Clinical scientists	1,296	7	3	1,306	267	(228)	5	0	44	1,335	12.1	3	1,350
Nursing and midwifery	2,933	207	76	3,216	577	(453)	(55)	(56)	14	3,058	152.3	20	3,230
Ancillary	787	44	14	845	145	(96)	(29)	(9)	10	835	14.7	5	855
Admin and Clerical	1,544	79	23	1,646	307	(246)	(6)	1	56	1,605	73.1	24	1,702
Total	**7,713.0**	**337**	**168**	**8,218**	**1,687**	**(1,353)**	**(85)**	**(72)**	**177**	**8,047**	**252**	**96**	**8,395**

The tables above includes planned cost savings, and transfers; for example, Histopathology to North Bristol NHS Trust, and aligns with the financial assumptions.

4.6.6 Safe Staffing Levels

The NHS national staffing return compares expected and actual staffing levels on the ward for each day and night. This information is triangulated with the Trust quality performance dashboard to assess whether the overall standard of patient care was of good quality (safety/clinically effective/patient experience). This forms part of the monthly report to a Trust Board Sub Group, the Quality and Outcomes Committee. 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.

As actioned in the quality section of this plan a Quality Impact Assessment is completed for all cost improvement schemes which involve the removal of a patient facing post to identify and assess the quality and operational risk. These are reviewed monthly at the Savings Board and work stream accountability meetings which include both the Medical Director and Chief Nurse.

4.6.7 Transformation and productivity programmes

Our overarching Trust wide programme of work to deliver quality and efficiency improvements - Transforming Care – is overseen by the Trust Board and consists of six pillars. Within the "Deliver Best Value" pillar we have focussed savings work-streams which are delivering productivity initiatives focussed on each staff group. The key actions in respect of each are described below.

- **Nursing and Midwifery**
  - Improving efficiency through E-Rostering – our E-rostering system will be re-tendered in 2016/17.
  - Reducing turnover and sickness absence, especially for registered nurses in specialist areas (theatres, critical care) and for nursing assistants.
  - Exploring more cost effective ways of providing safe care to patients with mental health needs.

- **Medical Staff**
  - Review of consultant on-call payments.
  - Productivity based job plans.
  - Harmonisation of premium payments paid to substantive and locum medical staff.
  - Absence/leave management to ensure effective rota cover for medical staff.

- **Allied Health Professionals (AHP)**
  - Establishing integrated pathway teams across adult therapy services (physiotherapy, occupational therapy, speech and language and dietetics).
  - Development of shared support worker roles.
  - Improving efficiencies by Benchmarking workforce levels with other Trusts.
  - Expanding the newly developed role of independent pharmacist prescriber into other outpatient areas including urology (oncology) and myeloma clinics, and breast and lymphoma pre-assessment clinics.

- **Administrative and Clerical**
  - Focus on speed of recruitment, clear competency standards underpinned by training for all roles.
  - New standard operating plans to improve theatre booking procedures.
  - Implementation of a digital dictation and speech recognition system.
  - Mobile phone technology to enable clinicians to send dictation to secretaries in real-time and client side dictation during ward rounds.
  - Homeworking is being successfully piloted which will enable improve flexible working options.

4.6.8 Workforce Risks

Workforce risks are recorded at departmental, divisional and corporate level on Datix, our Risk Management System, and are managed and reviewed at an appropriate level, in line with Trust Policy. Our workforce risks are considered by the Workforce and Organisation Group and by the Trust's Risk Management Group on a quarterly basis. Our main workforce risks, identified in our 2015-2020 Workforce and Organisational Development Strategy, include the impact of higher than planned turnover, vacancies, and sickness absence on our ability to sustain safe services without recourse to agency usage. We also recognise the link between good staff engagement and motivation and high vacancies, turnover and sickness absence and have more work to do in this respect. Detailed plans are in place to mitigate these risks and the headlines are described below.

4.6.9 Workforce KPIs

Our workforce KPIs are set at a divisional and staff group level, taking account of historic performance and comparable benchmarks.

4.6.10 Workforce KPIs - Turnover

During 2016/17 turnover levels at UH Bristol have reduced against the background of other Teaching Trusts experiencing higher rates. Although this is encouraging, we started at a higher baseline than many and this is remains a key area of focus. We have set a target for 2016/17 reducing it from 13.6% to 12.1%, approximately 95 fewer leavers.

Our key areas of work in our retention and engagement plan include the following:

- **Visible leadership and improving two-way communication**: A number of staff experience and engagement workshops across different UH Bristol sites have taken place to agree how we improve communications between managers and teams;
- **Appraisal improvement project:** The embedding of role competency and career frameworks into a new appraisal process which will be fully implemented from September 2016;
- **Investment in staff development and team building:** This includes the provision of critical care modules and a theatre transformation programme including role development for band 6s. We also have also piloted the Aston team coaching model, with 20 coaches trained to work across the Trust;
- **Local Engagement Plans:** There are a range of activities tailored to the service and staff group context within divisions, including staff suggestion schemes, engagement events, ward away days, staff champions, newsletters, and the development of a "happy app" for staff to give feedback**;**
- **Health and Well-being programme:** The second year of the programme includes free on site health checks over the next 2 years with a target of reaching 2000 staff and the launch of "Step into Health" 12 week physical activity/lifestyle programme; and
- **Best Care Weeks:** designated weeks to strengthen team working and help all our staff focus on improving the quality of care, mobilising staff and leaders to help identify barriers to delivery of high quality care and escalating issues which local teams need help to resolve.

4.6.11 Workforce KPIs - Vacancies

Recruiting to vacancies is an important element in our agency reduction plan, together with reducing turnover given the link with increased vacancies on staff motivation and work pressure. The UH Bristol vacancy rate (5.2% in February 2016 for all staff) continues to compare favourably with other Teaching Trusts. With a thriving local economy with a high employment rate, our highest vacancy rates are for administrative and clerical staff at 8.1% in February 2016. Vacancy rates are below 5% for nursing and midwifery, and 1.2% for medical staff. However, there are hotspots amongst these two groups, which have been the focus of specific campaigns, including overseas recruitment for hard to fill consultant posts such as radiology and targeted theatre nurse campaigns. We have implemented an assessment centre approach for nursing assistant recruitment and vacancies have reduced to 1.3% compared with 10.4% a year ago. Ancillary vacancies have also reduced by 28% in the last six months, due to the appointment of a Recruitment Lead to focus on this staff group. We have implemented a new recruitment IT system, TRAC, to improve workflow management, and intelligence of pipeline recruitment. There continues to be an ongoing plan of work in place to sustain our progress in reducing vacancies.

4.6.12 Workforce KPIs - Sickness Absence

Our 2015/16 sickness absence rate at 4.2% is similar to the average performance for other Teaching Trusts. We are aiming to significantly reduce absence in the longer term, with a target of 3.9% during 2016/17. Benchmarking has identified that our unregistered nursing and administrative and clerical sickness absence levels are above average and ancillary sickness absence rates are also a cause for concern, and targeted interventions are being actively pursued. We already have a robust sickness absence management framework and we continue to test how this might be improved.

We have put in place a comprehensive Health and Well-being Programme. Our main programmes of work target our top three reasons for absence which are as follows:

- **Stress related absence:** Although the staff survey indicates there has been a reduction in work related stress, suggesting that staff perceive a reduction in stress levels, this has not yet been shown in the sickness absence data. Support for staff includes an in house staff counselling service for all staff, a Resilience Building Programme providing self-help tools and techniques to prevent absence for psychological reasons and an Employee Assistance Programme for Women`s and Children`s Division.
- **Colds and flu:** Flu vaccine is offered to all staff throughout the annual flu campaign.
- **Musculo-skeletal/back problems:** Physio Direct continues to offer telephone advice and clinics by self or manager referral providing about 1,200 such interventions in the last year. In addition, there are around 1,400 site visits per year by the Manual Handling team including staff work place risk assessment for assessing musculo-skeletal health.

4.6.13 Staff Engagement

Our second all-staff annual survey was carried out in 2015. Our overall staff engagement score has improved from 3.69 in 2014 to 3.78 in 2015 compared with a National average score of 3.79. Our scores show a particular improvement in the following areas:

- Reporting good communication between senior management and staff;
- Staff satisfaction with level of responsibility and involvement;
- Support from immediate managers;
- Increase in staff motivation at work;
- Less staff suffering from work related stress in the last 12 months; and
- Less staff witnessing potentially harmful errors, near misses or incidents in the last month.

However, we retain a key focus on this agenda particularly as we aim to be in the top 20 teaching hospitals. Our work programme is multifaceted and the priority is to equip our leaders and managers at all levels to improve the following areas in the coming year:

- Effective Team working;
- Staff motivation at work;
- Percentage of staff satisfied with the opportunities for flexible working patterns;
- Staff satisfaction with the quality of work and patient care they are able to deliver; and
- Staff confidence around speaking up if they have concerns.

4.7 Financial Plan

4.7.1 Introduction

The financial plan narrative describes the Trust's current assessment and presents the 2016/17 position in outline. It should be noted that the current assessment of 2016/17 is based on SLA proposals to Commissioners and Health Education England which have not yet been concluded and hence carry potential upside benefits but more likely further downside risks. The plan is based on the following key drivers:

- The Trust's CIP target is set at 2.2% of recurring budgets plus the assessed underlying deficit carried forward from 2015/16 generating a target of £21.9m or 4.6% for 2016/17. However, the Trust's Board view is that 4.6% is too high and not deliverable therefore we have agreed not to plan on this basis (corporate support of 1% or £4.5m is provided) leaving a net CIP requirement of £17.4m (3.6%);

- The net favourable impact of 2016/17 national tariff guidance, specifically the removal of the specialised services marginal tariff at £2.4m offset by the adverse impacts of the Stereotactic Radiosurgery Service (SRS) tender at £0.6m plus the reversal of previous Monitor guidance on MDT services which reduces income by £0.8m;

- The loss of Health Education England (HEE) Service Increment for Teaching (SIFT) funding of £1.1m in addition to a 5% CIP requirement likely to be advised by HEE – so in total a £2.1m loss of funding on top of the £0.3m SIFT transition loss already planned for;

- Sustainability funding (general element) of £13.0m is assumed to be received. This has not yet been confirmed by NHS Improvement. It is anticipated that discussions about the build-up of the Control Total for UH Bristol will inform this. In particular the impact of Health Education England changes (£2.0m) and the baseline for the calculation (i.e. using the 2015/16 balanced plan rather than the Q2 £1.6m surplus) are issues which the Trust believes require consideration for adjustments to the Control Total on which the receipt of Sustainability funding is predicated;

- Service Level Agreement (SLA) proposals are at an advanced stage from the Trust with Version 7 of our offers having been sent to Commissioners. Whereas good progress has been made with local CCG contracts (the only significant issue is the National CQUINs being largely undeliverable), the NHS England (specialist and non-specialist) contracts are at an early stage with only one partial offer being received. The likely residual issues that could impact on the Trust's financial plan are largely for national resolution (CQUINS, QIPP and Pharmacy gain-share); and

- There is an expectation, however, that Heads of Terms could be signed by the end of April subject to the issue of CQUINs being resolved nationally. The Trust will consider using the dispute resolution process including Arbitration if the SLA issues cannot be resolved in April.

4.7.2 Financial Summary

The 2016/17 financial plan of a £14.2m surplus has changed from the draft plan submitted on the 8th February 2016 (a £15.9m surplus) in the following respects:

- The new guidance on MDT charging has reduced income by £0.8m;
- A residual level of non-core fines of £0.7m is included – originally the assumption was for no fines to be levied;
- Non-recurring measures are needed to be used to support the Divisional Operating Plans (mainly unadjusted CIP) instead of supporting the overall Trust position – this amounts to £2.2m;
- Other offsetting savings leave the net change at a £1.7m deterioration; and
- It should be noted that the donated income and depreciation is now excluded from the headline surplus quoted. Hence the £16.6m surplus at the draft plan stage becomes the £15.9m surplus referred to (i.e. net donations amounts to £0.7m).

4.7.3 Financial Plan

The Trust's 2016/17 financial plan is constructed as follows:

Table 7: Financial position

Surplus / (Deficit)	**Draft Plan 8th February**	**Final Plan 18th April**	
	£m	**£m**	
Underlying position brought forward	3.3	3.3	
Cost Pressures			
Capital Charges	(1.6)	(1.0)	Strategic schemes completion
BRI Old Building	0.9	0.9	Vacation in September 2016
Dental SIFT	(0.3)	(0.5)	Reduction in student numbers
Medical SIFT	(0.6)	(0.6)	Change in ratio WTE / weeks by HEE
Risk provision for cost pressures	(0.5)	(0.5)	Unavoidable recurrent costs only
Reduction in contingency	0.3	0.3	
Tariff – Capital Charges	1.0	1.0	Tariff inflator funds capital growth
Other	-	0.6	Various cost reductions
Sustainability Fund	13.0	13.0	Based on a revised control total of £14.2m.
SLA Contracting Issues			
Specialised Marginal Tariff	2.5	2.4	Per NHS Improvement guidance
Impact of Tariff			
SRS tender	(0.9)	(0.6)	Tender reduces the SLA price
MDT	-	(0.8)	Per Monitor Prices team correction
Other	-	0.6	Other tariff impacts
Non Recurrent			
Change costs / spend to save	(1.0)	(1.0)	To fund schemes that generate recurring savings
Risk provision for cost pressure	(0.5)	(0.5)	Unavoidable non-recurrent costs only
Transition costs for strategic schemes	(0.9)	(0.7)	
Clinical IT programme	(1.0)	(1.0)	Funds the IT Programme support costs
SLA fines charge	-	(0.7)	Residual fines
Other non-recurring measures	2.2	-	Now required to support Divisional plans
Net I&E Surplus / (Deficit) excluding technical items	**15.9**	**14.2**	
Donations	2.2	2.7	
Donated asset depreciation	(1.5)	(1.5)	
Net I&E Surplus / (Deficit) excluding impairments, including donations	**16.6**	**15.4**	
Net Impairments	(6.6)	(7.1)	
Net I&E Surplus / (Deficit)	**10.0**	**8.3**	

The final plan above requires c. £7m of non-recurring savings for delivery of Divisional Operating Plans in addition to the above Trust level changes, due to a combination of unidentified CIP (£5.0m) and nursing spend risks (£2.0m).

4.7.4 Income

The 2016/17 income plan is subject to further negotiation of SLAs with Commissioners and the resolution of the following key issues:

- Agreement of activity plans to deliver trajectories towards constitutional targets, allow for specialty specific growth, necessary service developments and NICE guidance;
- Agreement of CQUINs that can be earned to the baseline requirement of 80-85%;
- The non-payment of core fines as defined by the National Standard Contract plus non-reimbursement to Commissioners of re-admission penalties. The residual requirement for fines is £0.7m;
- Agreement of counting and coding changes; and
- Discussion of QIPP proposals from Commissioners including challenges raised.

Heads of Terms and SLAs are expected to be signed at the end of April 2016. The current 2016/17 income plan is £631.1m and includes the following key changes:

Table 8 : 2016/17 Income build up

		£m	£m
Rollover Income	Recurrent income from 2015/16		**592.1**
Tariff	Gross inflation including CNST	15.3	
	Efficiency	(10.1)	
			5.2
Impact on Guidance	Specialised Marginal Tariff Adjustment	2.5	
	Stereotactic Radiosurgery & Stereotactic Radiotherapy	(0.5)	
	MDTs	(0.8)	
	Other	0.5	
			1.7
Activity Changes	2015/16 forecast	(1.2)	
	Forecast outturn adjustment	4.8	
	RTT Recurrent	1.3	
	RTT Non-recurrent	4.5	
	Activity Growth	3.4	
			12.8
Other	Sustainability and Transformation funding	13.0	
	NICE Changes	4.1	
	Service Transfers	(0.9)	
	Service Developments	2.1	
	CQUINs	1.3	
	QIPP Savings	(0.5)	
	Fines	(0.7)	
	Dental SIFT	(0.5)	
	Medical SIFT	(0.9)	
	Other	(0.4)	
			16.6
	Total 2016/17 Income excluding donations		**628.4**
	Donations		2.7
	Total 2016/17 Income		**631.1**

4.7.5 Costs

The 2016/17 cost outlook for the Trust is 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 2016/17. The main assumptions included in the Trust's cost projections are:

- Pay award at 1.0%, incremental drift at 0.5%, employer NI contributions at 1.6%;
- Controlling locum and agency costs to a maximum of £12.8m for the year;
- Drugs at 5.0%, clinical supplies 2.0%, CNST at 17.0%, and capital charges at 5.6%;
- Savings requirement of £17.4m;
- Payment of loan interest at £2.9m; and
- Depreciation of £21.6m.

The 2016/17 position includes non-recurring costs of £3.2m as follows:

- £1.0m Change / invest to save costs;
- £0.7m Transitional costs relating the disposal of the BRI Old Building;
- £1.0m Clinical Systems Implementation Programme (CSIP); and
- £0.5m Risk reserve.

4.7.6 Cost Improvement Plans

The delivery of CIP is an essential element in the Trust delivering its 2016/17 financial plan, including the conversion of non-recurring schemes to recurring schemes. The Trust sets CIP targets for 2016/17 in the light of:

- National tariff efficiency requirements for Commissioners at 2.0% for 2016/17;
- The impact of HEE requirements at 5.0% (0.2% on Trust total); and
- Underlying deficits in divisions carried forward from the previous year (2.4%).

The Trust's CIP target is set at 2.2% of recurring budgets plus the assessed underlying deficit carried forward from 2015/16 generating a target of £21.9m for 2016/17. However, 1.0% or £4.5m will be dealt with recurrently corporately leaving a net recurring requirement of £17.4m. Currently, risk assessed plans exist for £12.4m. A reduction in nursing expenditure of £4.0m is required for the overall plan to be delivered.

The Trust has an established process for generating CIPs. It operates an established programme of transformation, called Transforming Care. The key transformational work streams which support CIP are as follows:

- Theatre Productivity transformation programme to focus on improving theatre efficiency;
- The Model of Care Programme which is our patient flow programme and focuses on reductions in length of stay along with improved productivity and reductions in cancellations;
- The Diagnostic Testing project addresses the processes for delivering efficient diagnostic testing across the Trust for Pathology and Radiology services; and
- Outpatient productivity which focusing on the efficient utilisation of outpatient capacity.

The challenge is to identify quantifiable savings from these transformation work streams.

The Trust has established a further group of work streams dedicated to delivering transactional CIPs, for example:

- Improving purchasing and efficient usage of non-pay including drugs and blood;
- Job Planning and links to capacity and demand for the medical workforce. We are developing specific improvement projects working jointly with the Local Negotiating Committee to generate savings projects alongside the consultant job planning process;
- 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; and
- Addressing and reducing expenditure on premium payments including agency spend.

The Trust's risk assessed CIP plan is summarised below. The total of unidentified savings is currently £5.0m.

Workstreams	£m
Allied Healthcare Professionals Productivity	0.5
Medical Staff Efficiencies Productivity	0.6
Nursing & Midwifery Productivity	0.3
Diagnostic testing	0.2
Technology / Admin & Senior Managers Productivity	0.2
Reducing and Controlling Non Pay	3.8
Medicines savings (Drugs)	1.4
Theatre productivity	0.3
Outpatients Productivity	0.1
Facilities & Estates	0.7
Trust Services	0.4
Corporate and other savings	3.9
To be identified	5.0
	17.4

4.7.7 Carter review

The final Carter Report has been published and the Trust is now actively developing an action plan to address the key issues within the report. The Trust has already been actively engaged with regards to Medicines / Pharmacy efficiencies and Estates and Facilities. The report also highlights the current local collaborative medicines procurement process as an example of good practice. Each of the trusts savings work streams will be tasked with establishing a clear action plan to take forward the recommendations in the Carter report particularly those concerned with developing efficiencies in relation to the use of staffing resources.

The Carter report introduces a number of new measures of efficiency relating to staffing which the Trust is keen to develop over the coming months as delivering savings from pay is recognised as one of the trusts biggest challenges in 2016/17 and beyond.

The Trust is keen to become involved with the 'Model Hospital' aspects of the Carter approach as the Trust recognises the considerable benefits this might bring in future. As yet this is relatively underdeveloped, however as this improves the Trust will actively use this as a further means of identifying opportunities for efficiency savings.

With regard to benchmarking the Trusts performance against peer Trusts which is a key element of the Carter approach, the Trust has in the past actively used Reference Costs to identify areas of potential efficiency improvement. Using the benchmarking portal released by the Carter team, the Trust will increase the benchmarking it carries out with a view to identifying examples of best practice in other Trusts. It should be noted however that it has been the experience of the Trust that identifying areas of inefficiency is relatively easy, transferring this knowledge into practical implementable cost reduction takes time and therefore improvements from this source will only become available later in 2016/17 at the earliest.

4.7.8 Capital expenditure

The Trust has a significant capital expenditure programme investing £452m from April 2008 until March 2021 in the development of its estate. In 2016/17, the Trust's planned gross capital expenditure totals £41.1m and incorporates slippage of £20.0m from 2015/16.

With the remaining uncertainty regarding SLA agreement, the capital programme has been retained at £41.1m but assumes up to £12.0m slippage into 2017/18. This will be reviewed mid-year when the position is firmed up. The net 2016/17 capital expenditure plan is therefore £29.1m and is summarised below:

Table 9 : Source and applications of capital

Source of funds	2016/17 Plan £m	Application of funds	2016/17 Plan £m
Cash	16.5	Carry forward schemes	20.0
Depreciation	21.6	Estates replacement	2.5
Disposals	0.0	IM&T	2.6
Donations	2.7	Medical equipment	6.5
Public Dividend Capital	0.3	Operational capital	4.6
		Strategic schemes	4.9
Subtotal	**41.1**	**Total**	**41.1**
Net cash retention	(12.0)	Net slippage	(12.0)
Total	**29.1**	**Total**	**29.1**

The allocation of the £12.0m reduction is yet to be agreed but is likely to be:

- Reduction in strategic schemes to that already committed by £3.6m; and
- Estimated slippage – this creates a first call on 2017/18 resources of £8.4m.

Once the position regarding Sustainability funding and Commissioners SLAs has been confirmed, along with the arrangements for the other conditions required, the position will be re-assessed with additional schemes being agreed if possible.

4.7.9 Financial Sustainability Risk Rating (FSRR)

The planned net surplus of £14.2m is the driver behind the Trust's overall FSRR of 4. The components of the FSRR are summarised below:

Table 10 : FSRR Performance

	Metric	**Score**	Rating 4	Rating 3	Rating 2	Rating 1
Liquidity	14.3 days	4	0 days	-7 days	-14 days	<-14 days
Capital service cover	2.7 times	4	2.5 times	1.75 times	1.25 times	<1.25
Net I&E margin	2.4%	4	>1%	>0%	>-1%	<-1%
Margin variance	0.3%	4	>0%	>-1%	>-2%	<-2%
Overall FSRR		**4**				

4.7.10 Summary Statement of Comprehensive Income

The 2016/17 Statement of Comprehensive Income (SoCI) is summarised below.

Table 11: SoCI and closing cash balance

	2016/17 Plan £m
Income	628.4
Operating expenditure	(581.0)
EBITDA (excluding donation income)	47.4
Non-operating expenditure	(33.2)
Net surplus / (deficit) excluding technical items	**14.2**
Add net donations	1.2
Net surplus / (deficit) excluding net impairments, including net donations	**15.4**
Net impairments	(7.1)
Net surplus / (deficit) including technical items	**8.3**
Year-end cash	**70.8**

4.7.11 Financial Risks

The main risks to the delivery of the plan include:

- Sustainability funding is not yet confirmed;
- Commissioner SLAs are not yet agreed – it is likely that significant risks remain of insufficient funding being made available for activity, necessary developments and existing agreements that underpin the Trust's financial position. The level of risk is not quantifiable at this stage as Commissioner proposals have not yet been made in sufficient detail;
- The need to further develop the Trust's savings programme is high risk. The Trust will review its approach to the delivery of CIP to mitigate this risk; and
- The impact of emergency pressures not being sufficiently mitigated by system measures is significant and could result in the need for additional unfunded capacity (at premium agency cost) and/or the constraint of elective activity together with an associated increase in fines by Commissioners.

5. Membership and elections

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

The last governor elections held at the Trust were in 2014. This year we will hold elections in May 2016, which will include 15 governor seats, including Public, Patient and Staff governor roles. We are currently in the process of promoting the opportunity to stand for a governor role via our membership and wider network of contacts in health and social care. Once the election process is complete, newly elected (or re-elected) governors will start their term of office on 1st June 2016, and will be supported by a thorough induction process. There will be further elections in May 2017.

5.2 Governor recruitment, training and development

We promote the opportunity to become a governor when undertaking any wider membership promotion. We have increased the focus since October 2015, to support the governor elections being held this year.

We provide governors with a comprehensive programme of training and development that begins upon appointment with an induction. In additional to regular updates on Trust Strategy, Quality & Performance and Membership/ Constitution, we run four Governor Development Seminars each year, which for example have included training from NHS Providers/ Govern well and updates and training from leads within the organisation on topics such as Staff Health and Well Being. We use the governor development sessions and governor focus groups to ensure that the Council of Governors are sighted on the same issues as the Board. We are in the process of setting personal objectives with each governor, and from this will support them with an additional tailored personal development programme.

Engagement between governors and members is proactively encouraged, and governors support the facilitation of five member events held each year, Trust Patient and Public Involvement work and events organised by partners such as the University of Bristol.

5.3 Membership strategy

The Trust has a Membership Engagement and Governor Development Strategy that was refreshed in 2015 and approved by the Council of Governors. The strategy outlines the intended approach to membership is to grow member numbers and improve the frequency and quality of opportunities for engagement with members.

In addition to regular membership stands across the hospital sites and in the local community, the Trust holds five main member events a year, each with a focus on a particular health topic and with time for Q&A and feedback. In 2015 over 250 members from a broad demographic attended these events.

The Trust membership is under-represented in certain areas, such as 22-39 years age group, males and in some ethnic groups. Plans are in development for a 2016 summer membership recruitment and engagement drive that will incorporate additional focus in these areas. The 2016 member events are being developed to allow for increased learning from members' experience and feedback and we are working with colleagues from across the organisation on this agenda, for example leads from Palliative Care services.

6. Conclusion

This Operational Plan is the product of much hard work and has been built up from detailed Divisional Plans which makes it robust and hence has an excellent chance of being delivered.

The financial plan is still under review due to late engagement by Commissioners – especially NHS England – and a change in approach in the guidance re CQUINs. The issues outstanding are still under discussion at national level – the outcome will have a material impact on the final financial plan. We still, intend to deliver a surplus plan for the 14th year in row but significant changes need to be agreed nationally to make this a reality.

Paul Mapson Director of Finance	Robert Woolley Chief Executive

18th April 2016

University Hospitals Bristol NHS Foundation Trust

Self Certification

1 Continuity of services condition 7 - Availability of Resources

EITHER:

1a After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

i | Confirmed

OR

1b After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box in section 3, below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

i | N/A

OR

1c In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.

i | N/A

1 Declaration of interim and/or planned term support requirements

The trust forecasts a requirement for Department of Health (DH) interim support or planned term support for the year ending 31 March 2017

Note: If interim support is forecast in the plan period, but was not required in the preceding year, the trust should contact its relationship team by 31 January 2016, and before including any amounts in their plan (unless the DH has already approved the interim support funding). Further information regarding the requirements for trusts forecasting a need for DH funding support can be found in the template guidance.

i | DH Support Not Required

3 Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account, as stated in section 1b above, by the Board of Directors are as follows:

i | N/A

4 Declaration of review of submitted data

The board is satisfied that adequate governance measures are in place to ensure the accuract 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

5 Control Total and Sustainability & Transformation Fund Allocation

The Board has submitted a final operational plan for 2016/17 that meets or exceeds the required financial control total for 2016/17 and the Board agrees to the conditions associated with the Sustainability and Transformation fund

Not confirmed - control total rejected; S&T fund allocation incorporated in the plan

In signing to the right, the Chair/CEO/Finance Director is confirming that:

To the best of its knowledge, using its own processes and having assessed against Monitor's Risk Assessment Framework, the financial projections and other supporting material included in the completed Annual Plan Review Financial 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 signee believes to be credible.

Approved by:

i

Signature

Name

Capacity

Date

i

Signature

Name

Capacity

Date

Cover report to the Board of Directors meeting held in Public
To be held on Thursday 28 April 2016 at 11.00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
10. Emergency Preparedness Annual Report 2015/16									
Sponsor and Author(s)									
Sponsor & Author: Deborah Lee, Chief Operating Officer / Deputy Chief Executive									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	

Executive Summary

Purpose
The purpose of this report is to present the Trust's Annual Report into our emergency preparedness, resilience and response (EPRR) activities undertaken during 2015/16 alongside the outline work plan for 2016/17.

Key issues to note

- As a *Core City* we are recognised as being of particular risk to major incidents arising from the industrial base and the heightened terror risk associated with all major cities.
- A root and branch review of our EPRR plans and polices in 2015, identified areas for improvement. A recent assurance review by NHS England has highlighted these issues resulting in a number of non-compliances against core standards.
- The focus of the work plan for 2016/17will be about remedying the areas of non-compliance within the EPRR assurance framework. These issues are described more fully in the report but in summary reflect the need to review and re-fresh a number of significant plans and policies and to ensure relevant staff are properly trained in their implementation.
- The Trust has tested its major incident response and despite shortcomings in the documentation supporting EPRR activities, the Trust has evidence that it is well equipped to respond appropriately during such times and keep patients and staff safe and core activities in place.

Recommendations

The Board is asked to receive this report but note it provides only **partial assurance** in respect of the Trust's EPRR activities but note the work in hand to address areas of non-compliance.

Impact Upon Board Assurance Framework

Supports delivery of Strategic Objective 2.2

Impact Upon Corporate Risk

Corporate Risk 1426 pertains to this issue.

Implications (Regulatory/Legal)

There are no regulatory implications arising from this issue however, the Trust is non-compliant with the NHS England's assurance framework.

<table>
<tr><th colspan="8">Equality & Patient Impact</th></tr>
<tr><td colspan="8">N/A</td></tr>
<tr><th colspan="8">Resource Implications</th></tr>
<tr><td colspan="3">Finance</td><td></td><td colspan="3">Information Management & Technology</td><td></td></tr>
<tr><td colspan="3">Human Resources</td><td>X</td><td colspan="3">Buildings</td><td></td></tr>
<tr><th colspan="8">Action/Decision Required</th></tr>
<tr><td>For Decision</td><td></td><td>For Assurance</td><td>✓</td><td>For Approval</td><td></td><td>For Information</td><td></td></tr>
</table>

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<tr><th colspan="6">Date the paper was presented to previous Committees</th></tr>
<tr><th>Quality & Outcomes Committee</th><th>Finance Committee</th><th>Audit Committee</th><th>Remuneration & Nomination Committee</th><th>Senior Leadership Team</th><th>Other (specify)</th></tr>
<tr><td></td><td></td><td></td><td></td><td>20/04/2016</td><td>Civil Contingencies Committee 18/04/2016</td></tr>
</table>

Title:	Emergency Preparedness Resilience And Response (EPRR) Annual Report		
Owner:	Chief Operating Officer & Accountable Emergency Officer		
Version:	0.1 Draft	Date:	31st March 2016
Classification:	Not Protectively Marked		

Emergency Preparedness, Resilience and Response

Annual Report 2015 – 2016

Prepared by: **Chris Williams,** Resilience Manager

Presented by: **Deborah Lee,** Chief Operating Officer and Accountable Emergency Officer

Executive Summary

The NHS needs to be able to plan for and respond to a wide range of emergencies and business continuity incidents that could affect the safe and effective operation of the Trust's primary activities. These could be anything from severe weather to an infectious disease outbreak or a major transport accident.

Under the Civil Contingencies Act (2004), NHS organisations and providers of NHS funded care must show that they can effectively respond to emergencies and business continuity incidents while maintaining critical services to patients. This work is referred to in the health service as Emergency Preparedness, Resilience and Response (EPRR).

The Civil Contingencies Act 2004 (CCA) places a number of statutory duties on NHS organisations which are classed as either Category 1 or Category 2 responders.

Category 1 responders are those organisations at the core of an emergency response. As a Category 1 responder, University Hospitals Bristol NHS Foundation Trust (the Trust) is required to prepare for emergencies in line with its responsibilities under;

- The Civil Contingencies Act 2004,
- The Health and Social Care Act, 2012, and
- NHS England Core Standards for Emergency Preparedness Resilience and Response 2015.

The NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) are the minimum standards which NHS organisations and providers of NHS funded care must meet.

The Trust is positioned centrally in what is known as a 'Core' city. This position places an even greater emphasis on there being robust up to date emergency plans in place. This report outlines the position of the Trust in relation to Emergency Preparedness, Resilience and Response and how the trust will meet the duties set out in legislation and associated statutory guidelines, as well as any other issues identified by way of risk assessments and identified capabilities. The report also includes information relating to the NHS England annual EPRR assurance audit, which the Trust has recently participated in.

Title:	Emergency Preparedness Resilience And Response (EPRR) Annual Report		
Owner:	Chief Operating Officer & Accountable Emergency Officer		
Version:	0.1 Draft	Date:	31st March 2016
Classification:	Not Protectively Marked		

Acronym's and Definitions

Acronym	Definition
A&S	Avon & Somerset
AEO	Accountable Emergency Officer – at UH Bristol this is the Chief Operating Officer & Deputy Chief Executive
BCM	Business Continuity Management
BCMS	Business Continuity Management System
BCP	Business Continuity Plan
BCPG	Business Continuity Planning Group *(Internal Group)*
CBRN	**C**hemical, **B**iological, **R**adiological and **N**uclear *(CBRN are weaponized or non-weaponized Chemical, Biological, Radiological and Nuclear materials that can cause great harm and pose significant threats in the hands of terrorists. A* ***Deliberate*** *or* ***intentional*** *release, either a terrorist, criminal or malicious act – see HazMat)*
CCA	Civil Contingencies Act 2004
CCSG	Civil Contingencies Steering Group *(Internal Group)*
CCG	Clinical Commissioning Group
CETaFG	Critical Equipment Task and Finish Group *(Internal Group)*
CRR	Community Risk Register – informed by the National Risk Register.
DH	Department of Health
DMS	Document Management Service
EPRR	Emergency Planning Resilience and Response
FOI	Freedom of Information Act 2000
HazMat	Hazardous Materials (*An* ***accidental*** *CBRN incident is an event caused by human error or technological reasons, such as spills, accidental releases or leakages. These accidental releases are referred to as HazMat incidents but the Trust response is identical to a CBRN incident).*
IRPG	Incident Response Planning Group *(Internal Group)*
ISO 22301	International Standardisation Organisation Business Continuity Management *(the International Standard for Business Continuity Management)*
LA	Local Authority
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
OCMF	On-call Managers Forum *(Internal Group)*
RM	Resilience Manager
SOP	Standard Operating Procedure
SWAST	South Western Ambulance Service NHS Trust
ToR	Terms of Reference

Title:	Emergency Preparedness Resilience And Response (EPRR) Annual Report		
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Title:	Emergency Preparedness Resilience And Response (EPRR) Annual Report		
Owner:	Chief Operating Officer & Accountable Emergency Officer		
Version:	0.1 Draft	Date:	31st March 2016
Classification:	Not Protectively Marked		

1. Introduction

1.1 Purpose

This report outlines the Trust's EPRR activities during the period April 2015 to April 2016 that relate to the requirements of the Civil Contingencies Act 2004, its associated regulations, statutory and non-statutory guidance.

The report is presented to the University Hospitals Bristol NHS Foundation Trust Board in line with the requirements of the NHS Core Standards for Emergency Preparedness, Resilience and Response 2015.

1.2 Background

The Civil Contingencies Act 2004 (CCA) sets out a single framework for civil protection in the United Kingdom. The Civil Contingencies Act provides a statutory framework for civil protection at a local level and divides local responders into two categories depending on the extent of their involvement in civil protection work, and places a set of duties on each.

Category 1 responders are those organisations at the core of emergency response. Foundation Status Trusts (FSTs) are identified as Category 1 responders and are subject to the full set of civil protection duties.

Foundation Status Trusts are therefore required to:

- Assess the risk of emergencies occurring and use this to inform contingency planning,
- Put in place emergency plans,
- Put in place Business Continuity Management Systems,
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency,
- Share information with other local responders to enhance co-ordination,
- Co-operate with other local responders to enhance co-ordination and efficiency.

1.3 Context

2015 was a demanding year for emergency planning with changing requirements from both governmental, national and other healthcare community sources. Events elsewhere in the world have, inevitably, raised the importance of effective EPRR practises and priorities.

Given the importance of ensuring that the Trust is well positioned to meet all the requirements of the statutory requirements placed upon it, to continuously revise and exercise plans and provide relevant training in a large inner city NHS Trust, the position of Resilience Manager is crucial.

The current Resilience Manager has been in post since August 2015, following the retirement of the previous incumbent of the post at the end of June 2015.

The first priority for the new Resilience Manager has been to review existing plans, to cross reference them against current internal and external requirements, current guidance and best practice, in order to identify where gaps exist in planning.

This process was further aided by the NHS England Annual EPRR Audit. This audit process required the Trust to complete a self-assessment and assign a rating, based on the Trusts interpretation of its level of compliance, against each of the core standards for EPRR. This self-assessment has been subsequently reviewed by NHS England and the Bristol Clinical Commissioning Group (CCG), in discussion with the Trust and a final rating assigned A number of gaps were confirmed , and a work programme has been developed, in conjunction with NHS England and Bristol CCG, to ensure those gaps are mitigated in a timely manner. NHS England and the CCG have offered support to develop the work programme. A risk has been

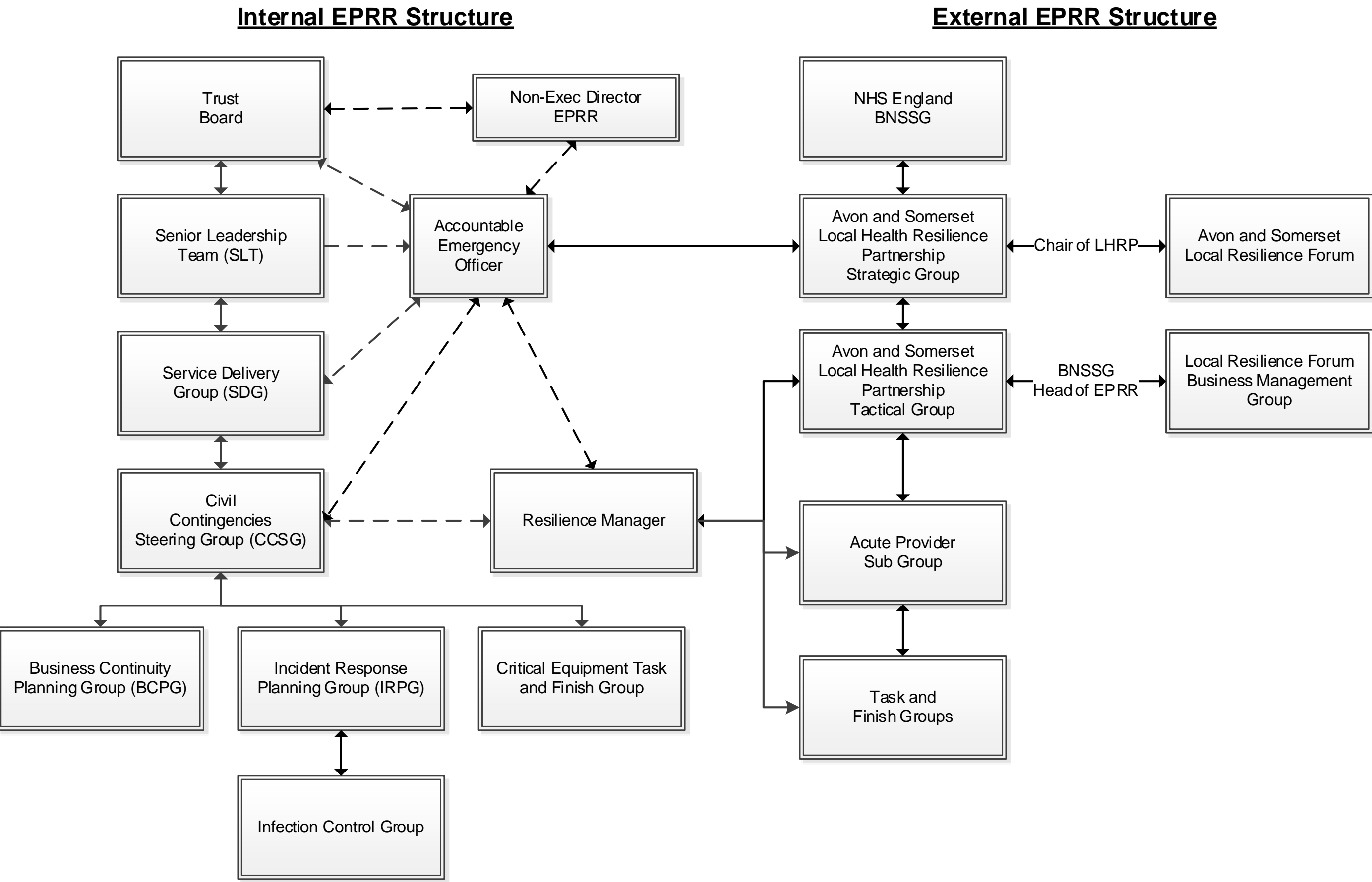
added to the risk register in light of the current gaps in planning and is detailed below (*risk number 1426*).

At a review meeting with NHS England and Bristol CCG in March 2016, they stated that they have some concern that the work programme is not being progressed quickly enough. As a result, the work programme was modified to provide greater progress granularity.

The key gap to compliance is the adequacy of training for those staff for who such training is essential to role and a training plan is being developed to address this.

2 Governance

The diagram below represents the internal and external Emergency Planning, Resilience and Response (EPRR) governance structure.



3 Audit and Assurance

The Resilience Manager provides regular updates, assurance and work progress briefings to the Civil Contingencies Steering Group.

As mentioned above, NHS England and Bristol CCG conduct an annual EPRR audit and assurance process. This was conducted in October 2015. Their findings have informed the work programme below.

4 Emergency Planning

This section details the activities undertaken to develop and maintain arrangements for responding to an emergency. The Trust has a number of EPRR related internal planning groups. These groups have been recently reviewed and changes made to the Major Incident Planning Group, as it was felt that the scope was too specific and limited. The group is now known as the Incident Response Planning Group and it now has a much wider scope and does not just focus on Major Incident Response Planning but now also includes planning for threats and risks such as Chemical, Biological Radiological and Nuclear (CBRN) events, Hazardous Material incidents (HazMat), Pandemic Influenza and Mass Casualties.

4.1 Generic Emergency Plan

The Trusts Major Incident Plan was last reviewed in February 2015, however the EPRR audit conducted by NHS England at the end of 2015 found a number of gaps, and identified that the plan did not reflect latest guidance. The plan was also renamed to bring it into line with both the planning group name but also latest guidance and best practice. The Major Incident Plan is now known as the Incident Response Plan. The plan is in the process of being completely rewritten to make the plan more generic and multifunctional, with the aim of ensuring it reflects current EPRR requirements, guidance and best practice.

It is anticipated that the Incident Response Plan will begin the ratification journey by the end of April 2016.

4.2 Chemical, Biological Radiological and Nuclear (CBRN), and Hazardous Material (HazMat) Plan

When NHS England audited the current Trust CBRN, and HazMat Plan identified that the latest guidance from the Department of Health, Public Health England and NHS England had not been incorporated. The CBRN and HazMat Plan is currently being updated by the CBRN Lead. This individual now ‘owns’ the plan and is responsible for maintaining the plan with support from the Resilience Manager as necessary. A gap was also identified, in that the Children’s ED personnel are not trained to decontaminate patients from a CBRN or HazMat incident, which could place staff, other patients and the hospital generally at risk. This gap is in the process of being closed through training and mitigations are in place in the interim.

4.3 Pandemic Influenza Plan

When NHS England audited the current Trust Pandemic Influenza Plan identified that the latest guidance from the Department of Health, Public Health England and NHS England had not been incorporated. The Pandemic Influenza Plan is currently being updated by the Infection Control Team, who now ‘own’ it. This is on target to be completed by the end of April 2016 at which point it will begin its ratification journey.

4.4 Lockdown Plan

The Trust is required to be able to lockdown its hospital buildings, with the objective of being able to prevent unrestricted access and egress, under certain defined situations. There is currently a Standard Operating Procedure in place, which is a tried and tested SOP, however during the NHS England audit, and following an event in the Emergency Department which necessitated Lockdown to be enacted, additional opportunities for strengthening the plan were identified. The Trust Local Security Management Specialist is leading work to develop the SOP into a formal Lockdown Plan, with associated action cards, roles, responsibilities and accountabilities. This is in the process of being written and should be complete by the end of April 2016.

4.5 Specific Emergency Plans

A number of plans will cease to exist as standalone plans in their current format, and will be merged into other plans as follows:

Existing Plan Title	Merged into
Severe Weather Plan	Divisional Service Continuity Plans
Heatwave Plan	Divisional Service Continuity Plans
Mass Casualty Plan	Incident Response Plan
Fuel Supply Disruption Plan	Divisional Service Continuity Plans

The Severe Weather (including Heatwave) Plan and Fuel Supply Disruption Plan will remain in an abbreviated version Trustwide Overarching plan which details the key generic responsibilities, and actions which will be taken at a Trust 'Gold' and 'Silver' level.

5 Risk Assessment

This section details how the Trust is complying with the duty to undertake risk assessments for the purpose of informing contingency planning activities.

5.1 Community Risk Register (CRR)

University Hospitals Bristol NHS Foundation Trust contributes to the development and maintenance of the Community Risk Register (CRR) by the Resilience Manager attending the NHS England Avon & Somerset Local Health Resilience Partnership (Tactical Group), where amongst other areas, health related risks to the community are reviewed and updated.

5.2 Local Authority Risk Register

Bristol City Council has reviewed and applied the Community Risk Register to the Local Authority area.

5.3 Trust Risk Register

The Trust also maintains a register of risks which may impact on service provision and this is regularly updated and reviewed by the Trust Risk Management Group and Trust Board for those risks which are included on the Corporate Risk Register i.e. assessed as scoring 12 or above..

The Trust maintains an EPRR Risk Register which correlates to the risks identified on the CCR.

The EPRR Risk Register is overseen by the Civil Contingencies Steering Group, and is shown below.

Risk Number	Category	Description	Current Risk Rating
199	Mass Gatherings	There are a number of large organised events which attract a large crowd. An incident at one of these events could result in a major incident declaration impacting on the trusts ability to operate normally.	4
210	Snow and Ice	This is a seasonal risk which could result in an increased number of potential slips and falls or impact on ability of staff and patients to travel to site.	2
212	River Avon tidal surge	Adverse weather conditions could cause a tidal surge up the River Avon. If this resulted in flooding, parts of Bristol could be affected leading to	4

		increased pressure on health services.	
800	Pandemic Influenza Outbreak	This is one of the highest risks the UK currently faces. Pandemic Influenza could put the health system under severe pressure, due to a number of reasons. Impacts on the trust workforce and its ability to effectively manage an influx of patients with influenza type illness, the ability of the trust to manage an increase in pandemic influenza related deaths.	8
802	Heatwave	Demand on Trust services could increase significantly due to heat related illness especially in the elderly. Internal hospital building temperatures could impact on patient wellbeing and staff working environment.	9
1044	Critical equipment & uninterruptable power supplies	Risk to patient safety if critical equipment does not have a uninterrupted power supply	5
1426	Compliance with statutory emergency preparedness requirements.	Risk that the Trust is unable to effectively respond in the event of an incident, due to not being fully compliant with the NHS England Core Standards for Emergency Preparedness, Resilience and Response	8

6 Business and Service Continuity Planning

This section details the Trust's activities to develop, maintain and embed arrangements to ensure the continuity of service provision during an emergency or other disruption.

In previous years the NHS recognised that the British Standard BS25999 was the definitive standard for business continuity management and the Trust aligned all Business Continuity Plans to this standard. This standard has since been updated and has been adopted worldwide. The standard is now known as ISO22301. There are a number of changes with this standard and therefore the NHS England EPRR audit identified that Trust Business Continuity Plans do not fully reflect this standard.

The Resilience Manager has developed a number of templates, which have been rolled out across the Divisions. These templates will form the basis of the initial information gathering exercise and enable Divisions to identify their key stakeholders, their critical activities, dependencies and interdependencies, recovery time objectives, resources required for recovery, and risks with mitigations for all their critical activities. This information will then inform the updated Divisional Service Continuity Plans. This is a large piece of work for the organisation however, when complete, will enable the divisions to be even more resilient when faced with disruption to services. This 'Understanding the Organisation' element, will enable the Trust to demonstrate that it has robustly followed due process.

The Business Continuity Planning Group, which reports into the Civil Contingencies Steering Group, is driving this work forward and has full engagement form all Divisions and Departments. This group currently meets every two months, to monitor progress and to ensure all Divisions are supported.

Between the meetings, the Resilience Manager is working closely with Divisions, to support them with this work.

7 Critical Equipment Task and Finish Group

The Critical Equipment Task and Finish Group was established to identify all critical equipment within the organisation, to ensure that equipment was appropriately protected against the risk of power failure and to ensure that personnel knew which equipment would continue to function in the unlikely event of a complete power failure.

The group meets on a monthly basis and is attended by the Critical Equipment Lead from each division. The group is also attended by representatives from Estates, Medical Equipment Management Organisation (MEMO), Information Management and Technology (IM&T) and the Trust Senior Electrical Engineer. The chair of the group is the Associate Director of Operations & Deputy Chief Operating Officer.

The group is making excellent progress. One Division has completely signed off its list of critical equipment and the others are very close to doing so. The group is now preparing a SOP for the ongoing management of critical equipment to ensure the position achieved is sustained. Any remedial actions that are identified through the process will be actioned and closed out before the group closes.

8 Cooperation

This section details how the Trust engages with regional EPRR groups.

8.1 Local Health Resilience Partnerships (LHRP)

The Local Health Resilience Partnership, chaired by NHS England, brings together all providers of NHS funded care to ensure coordinated and joined up planning across all providers in the area.

There is a strategic group which meets quarterly and is attended by the Accountable Emergency Officers (AEO) from all organisations in the Avon and Somerset area. The Chief Operating Officer & Deputy Chief Executive is the UH Bristol Accountable Emergency Officer (AEO) and the Associate Director of Operations & Deputy Chief Operating Officer is the Deputy AEO. This group define the strategic direction, the priorities and actively monitors the progress of the Tactical planning group.

The Tactical Planning Group also meets quarterly and is attended by the Resilience Manager. It is this group that develops the Avon and Somerset local health community overarching emergency plans and delivers against the Strategic Group work programme.

8.2 Local Health Resilience Partnership Sub-groups

There are a number of LHRP subgroups and task and finish groups; membership of these groups is dependent on the area of focus of the group. For example there is an Acute Provider Sub-group, which focusses on planning and issues which solely affect acute hospitals and the Ambulance Trust. The Resilience Manager attends a number of these groups.

8.3 Local Resilience Forum (LRF)

The LRF is a statutory planning group attended by Category 1, 2 and uncategorised responders, as defined by the Civil Contingencies Act 2004. Health is represented by the NHS England Area Team Head of EPRR, who acts in the interests of all providers. This group also informs some of the planning activity undertaken by the LHRP.

9 Warning and Informing

As a Category One responder under the Civil Contingencies Act 2004 the Trust has a “duty, in partnership with others to warn and inform the public”.

The Trust Communications Team continue to work in partnership with NHS England and the CCG to inform and warn the public when circumstances warrant it. The Communications Team issue messages either directly or in collaboration with the CCG and Public Health England. Examples of recentjoint media releases include communications regarding the Junior Doctor Industrial Action, and avoiding non-essential attendances at the Emergency Department due to operational pressures.

10 Training and Exercising

- Since the Resilience Manager started with the Trust in August, three members of staff have attended a Business Continuity Institute training course and have become qualified Business Continuity Practitioners.
- The Resilience Manager and a number of key clinical personnel and one of the Trust Communications Officers attended the NHS England 'Exercise Mallard' which was a health community pandemic influenza exercise, which was designed to test both organisational and health community response to a flu pandemic. Learning identified at the exercise is being incorporated into the Trust Pandemic Influenza plan.
- The Resilience Manager and Clinical Site Team Manager facilitated a desktop exercise for on-call managers, which enabled them to get a working knowledge of the Trust Extreme Escalation Plan. The exercise also validated this plan which had been recently updated.
- The Trust Chemical, Biological, Radiological and Nuclear (CBRN) leads facilitate regular training for ED personnel on CBRN and HazMat Response and decontamination of members of the public. This training also includes training about safely donning and doffing the Powered Respirator Protective Suit (PRPS) which is a one piece, gas tight, chemical protective suit for use by emergency response personnel after a CBRN incident
- A number of personnel who undertake the Senior Manager On-call role have signed up to attend the upcoming NHS England Surviving Public Inquiries course.
- As part of the EPRR work programme, a Training Needs Analysis has been conducted for On-call Managers and as a result, a training programme will be developed and built into the 'essential to role' training programme and this is the key action which will address areas of non-compliance in our recent EPRR assurance audit.
- As emergency and service continuity plans are updated and ratified, they will be exercised with relevant personnel, to both, train staff to the plan but also to validate the plan as being fit for purpose.
- The Trust will continue to attend Multi-agency exercises as they become available.

11 Communication Cascade Tests

The NHS Emergency Core Standards for EPRR and the Civil Contingencies Act 2004 requires the Trust to test its communications arrangements every six months as a minimum.

Learning following a recent cascade test has resulted in a revised call cascade being developed which will enable staff to be contacted more promptly than was previously the case.

NHS England conduct regular unannounced communication cascade tests, in and out of normal office hours, into the Trust via the CCG to either the Executive Director on-call or the Senior Manager on-call. Any issues identified by the CCG or NHS England are escalated back into the Trust via the Resilience Manager to urgently resolve. There has been no reported concerns with the Trust's cascade mechanisms.

Additionally, South West Ambulance Service NHS Foundation Trust (SWAST) also conduct regular communications exercises into the Trust to ensure they are able to initiate contact with the relevant departments and individual. Again, any issues are reported to the Resilience Manager to resolve. To date, this process has proved to be robust and no issues or difficulties have been identified.

12 Work Programme

The current work programme, with progress and NHS England priorities is shown in appendix 1.

13 Recent Significant Events

The Trust has experienced the following untoward events during the April 2015 to March 2016 period. Where indicated the incidents are closed from an EPRR perspective

Title	Date	Debrief / RCA Held?	Action Plan produced?	Status
Flooding in the Old Building	01/04/15	Yes	No	Closed
Power outage at BRHC	14/04/15	Yes	Yes	Ongoing
Oxygen wall regulator failure	23/04/15	Yes	No	Closed
Fractured oxygen pipeline	26/05/15	Yes	No	Closed
Flood (sewage)	22/08/15	Yes	No	Closed
IT systems failure	29/01/16	Yes	No	Closed

Lessons learned from debriefs following these events have been incorporated, where appropriate, into Trust plans.

14 Conclusions

2015/16 has been a challenging year in respect of EPRR. Changes to guidance and key personnel have left the Trust with a significant backlog of work to address. The majority of this backlog is now addressed through the completion of the policy re-drafting work. However, our policies will only be as effective as the staff who are required to implement them. As such, training of the relevant workforce will be the single, biggest focus for the 2016/17 work programme alongside the other actions captured in the work plan.

The Trust has, however, a positive track record of effectively responding to incidents in recent times and a core of experienced staff who are appropriately trained and competent in their field represent a key mitigation to the risks described above.

Appendix 1 EPRR Work Programme

Cover report to the Board of Directors meeting held in Public
To be held on Thursday 28 April 2016 at 11.00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
11. BNSSG Vision for Health and Social Care									
Sponsor and Author(s)									
Sponsor & Author: Robert Woolley, Chief Executive									
Intended Audience									
Board members	✓	Regulators		Governors	✓	Staff	✓	Public	✓

Executive Summary

Purpose
To seek the Board's endorsement of the vision for health and social care produced by the System Leadership Group for the local health community.

Key issues to note
The Bristol, North Somerset and South Gloucestershire System Leadership Group (SLG) agreed in August last year to develop a shared vision for health and social care across all partners in the local health community.

The attached vision statement has been finalised after discussion and consultation with all organisations represented at the System Leadership Group.

The System Leadership Group has proposed that plans for further development of the vision and for its implementation be undertaken as part of the Sustainability and Transformation Plan process for the agreed Bristol, North Somerset and South Gloucestershire footprint.

Recommendations

The Board is asked to approve the vision statement for health and social care produced by the System Leadership Group for Bristol, North Somerset and South Gloucestershire.

Impact Upon Board Assurance Framework

None at this stage.

Impact Upon Corporate Risk

None.

Implications (Regulatory/Legal)

None.

Equality & Patient Impact

None at this stage.

Resource Implications			
Finance		Information Management & Technology	
Human Resources		Buildings	

Action/Decision Required							
For Decision		For Assurance		For Approval	✓	For Information	

Date the paper was presented to previous Committees					
Quality & Outcomes Committee	**Finance Committee**	**Audit Committee**	**Remuneration & Nomination Committee**	**Senior Leadership Team**	**Other (specify)**
N/A					

Working together

A joint vision for health and social care in Bristol, North Somerset and South Gloucestershire

Foreword

This document describes a commitment we have jointly made as leaders of health and social care services in Bristol, North Somerset and South Gloucestershire to a collective effort to transform services and improve outcomes for the population we serve.

Locally and nationally, the health and social care system is facing major challenges to meet the demands on services within available resources. We know that it is only by working together that we can address these challenges.

The health care organisations and local authorities in Bristol, North Somerset and South Gloucestershire have reviewed the themes in all our plans and agreed an initial vision, which is set out in the following pages.

This will form the basis for future collective working. We will of course continue to have our own organisational plans. These plans are supportive of this high level vision which will provide us with a shared common purpose, promoting greater integration of care in the future.

We know that there is already some good joint working happening and we look forward to building on this and developing further the work that will support this commitment.

Dr Mary Backhouse, Chief Clinical Officer
North Somerset CCG

Penny Brown, Chief Executive
North Somerset Community Partnership

Julia Clarke, Chief Executive
Bristol Community Health

Mark Cooke, Director of Commissioning Operations
South West Area Team, NHS England

Amanda Deeks, Chief Executive
South Gloucestershire Council

Jane Gibbs, Chief Officer
South Gloucestershire CCG

Dr Jon Hayes, Chair
South Gloucestershire CCG

Mike Jackson, Chief Executive and Director of Corporate Services
North Somerset Council

Dr Martin Jones, Chair
Bristol CCG

James Rimmer, Chief Executive
Weston Area Healthcare NHS Trust

Janet Rowse, Chief Executive
Sirona care and health

Jill Shepherd, Chief Officer
Bristol CCG

Hayley Richards, Acting Chief Executive
Avon and Wiltshire Mental Health Partnership NHS Trust

Robert Woolley, Chief Executive
University Hospitals Bristol NHS Foundation Trust

Nicola Yates, City Director, Bristol City Council

Andrea Young, Chief Executive
North Bristol NHS Trust

Introduction

Across England, local health and social care systems are working on plans for transforming their services in response to the challenges posed by people living longer with poor health, workforce shortages and growing financial shortfalls in the absence of change.

Shared aspirations are vital for successful change across systems.

A great deal of work needs to be done to turn this into reality. However, we believe that this shared vision can provide us with a common basis for working through the difficulties associated with changing services and the challenges facing individual organisations.

Work is already underway at system level so that local health and social care services can successfully meet future needs. This includes the award-winning Connecting Care programme for enabling individuals' information to be shared electronically, easily and quickly.

As we develop our plans we will need to involve a wide range of service users and stakeholder organisations to ensure services are shaped by their feedback and are accessible to all, including people with learning disabilities.

This document sets out our vision in a series of themes, focused on improving people's experience of health and social care, and developing a sustainable health and social care system that makes better use of existing capacity and resources.

Improving Experience

1. Prevention
2. Self-care
3. Co-ordinated care
4. Complex physical and mental health needs

Improving Services

5. Urgent and emergency care
6. Rehabilitation and recovery
7. Mental health
8. Cancer care
9. Children and young people
10. Adult social care

A sustainable health and social care system

11. Sustainable primary and community care
12. Efficient and effective hospitals
13. Good quality care homes
14. A well managed system

1. Improving Experience

1: Prevention

Goal: Helping local people to maintain good health and wellbeing, reducing their risk of ill health in the future and to reduce inequalities in health outcomes

What we want to achieve

Working in partnership with Public Health England and the voluntary sector.

- Raise awareness around healthy lifestyles and early warning signs, reinforcing messages about how individuals can reduce their risk of ill health
- Consistent messages and information provided across the health system
- Promote Making Every Contact Count, with training for front line staff in brief interventions around specific lifestyle issues such as alcohol and smoking
- Better signposting services, so that NHS staff know what support is available for people who need help with social issues that are affecting their health
- Encourage access and uptake of preventative services, identifying people at increased risk of disease, with focused action to reach vulnerable groups
- Encourage uptake of screening services to increase the early diagnosis of health conditions
- Promote healthy lifestyles amongst staff through Workplace Health initiatives

What will be different?

- Local people enjoying longer lives with better health-related quality of life
- Less reliance on health and social care services
- Fewer inequalities in health outcomes across the region

2: Self-care

Goal: People with known health conditions supported to achieve and maintain good health and wellbeing, monitoring and managing their own health with appropriate education and support

What we want to achieve

A step change in self-care for individuals diagnosed with a long term health condition

- Information tools for people with diagnosed conditions (and their carers) so that they know what to do when their condition worsens
- Training and ongoing support for people with long term conditions in self-care and the setting of their own health goals
- Training for primary care and community teams in effective goal setting and encouraging self-care
- Hospital outpatient services re-designed to promote self-care
- Identifying and addressing any mental health concerns that may affect people's ability to look after themselves
- Signposting people to lifestyle support and advice, and other sources of locally available support including social prescribing

What will be different?

- Fewer appointments needed with GPs
- A better understanding of what individuals can do themselves, with signposting to the local support available to help them achieve this
- Fewer trips to hospital, including to emergency departments and hospital admissions
- Better health-related quality of life for people with long term conditions

3: Co-ordinated care

Goal: For local people with known physical and mental health conditions to get the care and support they need to lead as healthy and active a life as possible, seamlessly coordinated across providers

What we want to achieve

Helping individuals with known physical and mental health conditions that can be maintained safely in the community to stay well.

- Targeted self-care support (eg patient or citizen portal)
- A single electronic health record that reflects their wishes and health needs, used across the health care system
- Health and social care plan developed and shared with community and voluntary organisations, and domiciliary support providers as appropriate
- Care plans to be supported by technology where appropriate, and by personal health and integrated personalised care budgets
- Well defined care pathways for health conditions
- Accessible advice and support from specialists outside the hospital environment
- Dementia friendly approaches to services

What will be different?

- Individuals' experience of community-based care will be much better, joined up and well-coordinated
- Fewer emergency admissions as a result of early action to address health and other care needs
- Individuals will be involved in their care planning and an increased number will achieve the goals jointly agreed in their care plans

4: Complex physical and mental health needs

Goal: Local people with complex physical and mental health needs, including long term conditions, chaotic lifestyles and the very frail, to be proactively supported wherever possible in the community

What we want to achieve

Better support for people with complex needs, including the very frail

- Identified individuals with care plans in place, and with their health and social care proactively coordinated and managed in the community
- Clear access points to pathways for people experiencing a worsening of their physical and mental health conditions, including to specialist support in the community
- The provision of real time information on people's needs available to primary, community, ambulance and acute healthcare providers, enabling an integrated service experience
- Rapid assessment at hospital front doors to prevent admissions where possible
- Enhanced care for care home residents, including supporting staff skills development

Better care at the end of life

- Better planning for end of life care, involving people and their carers
- Coordinated end of life care that allows people to die where they choose with rapid response services to help avoid unnecessary and unwanted hospital admissions

What will be different?

- Individuals and their carers know what to do if symptoms worsen suddenly and understand who is responsible for coordinating their care
- Fewer hospital admissions and shorter stays when admitted, with better care coordination within hospital for people with multiple health problems
- Improved professional access to real-time patient information, while respecting patient confidentiality, so that more people are treated early and appropriately in line with their wishes
- More people helped to maintain their independence, enjoying a better quality of life in their own homes
- A better experience of health and social care, including for people at the end of life

2. Improving Services

5: Urgent and emergency care services

Goal: An urgent and emergency care system that delivers measurably high quality care, by the person with the right skills, in the right place, first time

What we want to achieve

General practice and community services

- Common standards for access to same day appointments, seven days a week
- Primary and Community care services supported by an enhanced 111 service and a range of specialist community services targeted to meet priority health needs
- Expert and comprehensive assessments available quickly in community settings, avoiding unnecessary trips to a hospital emergency department

Hospital services:

- Early senior review by a specialist on arrival to enable the right care quickly and avoid unnecessary admissions
- Easy access for emergency department staff to patients' care plans and summary medical records to avoid unnecessary assessments and treatment
- Effective and efficient emergency departments that follow best practice and deliver good outcomes for patients

What will be different?

- A better understanding of the local support available so that patients know where to go
- Patients consistently managed at the right time in the right place, and by the right people
- A greater proportion of urgent care services provided in primary care and community settings
- Fewer trips to hospital, including to emergency departments, and reduced hospital admissions

6: Rehabilitation, Reablement and recovery

Goal: Local people to be as well and as independent as possible following illness or injury

What we want to achieve

Community services

- The majority of rehabilitation, reablement and recovery services to be provided outside of acute hospitals in community settings, including at home.
- Support for individuals to remain independent and well at home in order to avoid admission to hospital
- Support for early discharge from acute hospitals, to help people regain their independence
- Comprehensive multidisciplinary assessments, enabling a holistic approach to meeting each individual's needs
- Home-based rehabilitation and reablement, with access to specialist support for people recovering from serious illnesses
- A focus on reablement to enable people to regain the skills and confidence to live independently
- Care navigators to help individuals access all sources of support available locally, including from social care, private providers of care services and the voluntary sector

While in hospital

- A focus on discharge, with proactive planning reviewed daily
- For those people unable to return directly to their usual place of residence, longer term decisions to be taken out of hospital, and support given to self-funding patients so they do not stay in an acute hospital for longer than needed

What will be different?

- Support will be available to keep people out of hospital
- People spend less time in hospital and are able to leave safely with appropriate support as soon as possible
- People are clear about what care and support they will receive when they leave hospital
- Information is shared between organisations so that people have as few assessments as possible
- Where necessary, people get the ongoing support they need to live safely and as independently as they can

7: Mental health

Goal: Local people to achieve and maintain good mental health and wellbeing and to ensure they can access high quality and responsive services at times of need

What we want to achieve

A step change to achieve parity of esteem, valuing mental health equally with physical health

- Joined up physical and mental health services through partnership working between providers
- Mental health services that work seamlessly with GPs, community services and social care to deliver holistic, person-centred care
- Improved support, including at times of crisis for all ages
- Services meet the principles of the national mental health crisis concordat, with seamless triage across police, health and fire services
- Provide seamless care from children and adolescent mental health services into adult services
- Responsive, local and effective talking therapies
- The majority of specialised mental health services to be delivered in community settings
- Lead the way nationally in implementing new innovative borderline personality disorder services
- Transform the provision of inpatient mental health bed facilities available locally, minimising the need for out-of-area placements

What will be different?

- Improved outcomes, including a reduction in premature mortality for people with serious mental illness
- Improved pathways between both mental health and physical services
- Improved crisis response at times of need
- Better alternatives to mental health hospital admission

8: Cancer care

Goal: To improve cancer outcomes for local people

What we want to achieve

Services that provide good quality care

- National priorities set out in 'Achieving World-Class Cancer Outcomes – A Strategy for England 2015-2020' achieved, delivering better prevention, swifter diagnosis, and better treatment, care and aftercare for all cancer patients
- NHS Constitution Standards for cancer consistently met
- BNSSG implementation plan developed for NICE guidance
- Enhanced direct access diagnostic pathway developed, in line with NICE Guidance
- GPs supported with the use of innovative tools, advice and guidance in assessing the level of risk
- Use of one-year cancer survival data and other information to reduce variation across BNSSG in terms of outcomes and patients' experience of health care and other sources of support

Better partnership working

- Work with organisations across the local health and social care system to ensure system-wide leadership is in place to improve cancer outcomes for the local population
- Work with GPs, public health, acute hospital trusts, community partnerships, local authorities, private hospital providers, NHS England and third sector organisations

What will be different?

- Patients offered timely, effective and appropriate screening
- Patients will feel better informed, and more involved and empowered in decision around their care
- Better outcomes and a radical improvement in experience and quality of life for the majority of patients, including at the end of life
- Better integration of health and social care such that all aspects of patients' care are addressed, particularly at key transition points

9: Children and young people

Goal: Timely and appropriate access to good quality services that help children and young people stay healthy and achieve their potential

What we want to achieve

Better support for children, young people and their families

- Timely access to earlier interventions for children and young people so those with mental health issues are helped quickly, and do not have to wait for a diagnosis or worsen before they are eligible for support
- Support for emotional wellbeing through comprehensive community mental health services commissioned jointly with local authorities
- Coordinated support for children and young people with special educational needs, disabilities, or those who are looked after by local authorities, including access to timely therapy and other health services
- Community paediatric nursing services to support children and young people with complex health needs at home, avoiding and shortening hospital admissions where possible
- A ‘key worker ‘model so everyone knows who to contact
- Easy access to clear information and signposting so everyone is better informed and empowered to help themselves
- Smoother transition into adult services
- A range of ways to access services including through mobile technology

What will be different?

- A person-centred (child and family) approach so people feel listened to and can get the care they need
- Training for parents/carers so they feel better equipped to play a greater role in their child’s care
- More appropriate ways to feedback on services for children and young people so the service learns and develops from these experiences
- Fewer children in residential placements outside their local area
- Increased emotional resilience in children and families

10: Adult social care

Goal: Access to good quality social care services that are personal, promote choice and maximise opportunities to live independently in comfort and safety

What we want to achieve

- Work with partners to support and promote strong communities, so that people live their lives as successfully, independently and safely as possible
- A framework of shared objectives for stakeholders including voluntary and community sector, primary care, community health, social care
- Virtual or organisational integration of services delivering benefits that justify the process of change, in particular where it improves ease of use and outcomes
- Provision of commissioning and brokerage services that promote access to good quality services, including information and advice for people who fund their own care
- Person-centred assessment and care planning that enables an individual to have choice and control over their self-directed support
- A range of housing support options, including equipment and adaptations, to reflect people's wish to live as independently as possible, including in their own home, where practicable
- Good quality and reliable support to unpaid carers, reflecting their important role
- A rapid and sensitive safeguarding response to people whose safety and well-being may be at risk.

What will be different?

- Joint social care and health support and care planning that is straight-forward and enables an individual to tell their story once
- Access to good quality information and advice that enables people to make well-informed choices
- Support will be easier to access within local communities, improving people's ability to sustain an independent and healthy life
- NHS Personal Health Budgets and Local Authority Direct payments to patients and service users will combine to create greater choice and control for people
- Fewer people experiencing delay in their hospital stay and more hospital admissions are avoided
- A comprehensive range of support for unpaid Carers providing assurance that will enable them to continue in their caring role

3. A sustainable health and social care system

11: Sustainable primary and community care

Goal: Primary and community care providers working together to deliver locally-available, integrated multi-disciplinary care that maintains and promotes independence, health and well being

Sustainable primary care provision working at scale in new ways to provide a wider range of services

What we want to achieve

- Partnership working/federation between practices, with hubs capable of providing consultant-led ambulatory care services
- Enhanced urgent care services providing same day in-hours access for all those who need it
- A wider range of services for those with complex care needs including those who are frail and elderly, the housebound and those in care homes – with sufficient resource to manage end of life care when it becomes appropriate
- Patient education, training and self-management , optimising opportunities for self-management and reducing demand on other parts of the care system.

What will be different?

- Pooled expertise, offering a greater range of generalist and more specialist services delivered by a larger multidisciplinary team
- Improved patient access including the use of technology, advanced telecommunications and greater availability of consultations outside traditional opening hours, and consultations outside of the surgery
- Local systems of extended primary care that work to prevent unnecessary hospital admissions and support safe hospital discharge seven days a week
- Improved and more innovative partnerships sharing learning and ideas, a more systematic approach to governance and risk assessment and opportunities for innovative diagnostic, treatment and care pathways
- Better value through economies of scale in administrative and business functions
- Better development prospects for clinicians and managers, as well as better peer support and mentoring opportunities.

Transforming how primary and community care providers work together to achieve

- Easy access to primary and community services at times and in locations that suit individuals
- Shared clinical information systems across primary and community care, and extending into secondary and social care, with the ability to be updated in real time, and which also offers a patient facing interface, supporting patient education, self-management and optimising access to urgent care
- A wider scope of services provided closer to home, particularly for individuals with long-term conditions, including outreach services by acute sector consultants
- A new workforce model, with more care delivered through a wider range of professionals including advanced nurse practitioners, allied health professionals and pharmacists

12: Efficient and effective hospitals

Goal: Local people who require hospital treatment to receive safe, high quality, sustainable care centred around their needs and delivered in an appropriate setting by respectful, compassionate, expert health professionals

What we want to achieve

Hospital services to be designed around the Future Hospital Commission principles

1. Fundamental standards of care must always be met
2. Patient experience is valued as much as clinical effectiveness
3. Responsibility for each patient's care is clear and communicated
4. Patients have effective and timely access to care, including appointments, tests, treatment and moves out of hospital
5. Patients do not move wards unless this is necessary for their clinical care
6. Robust arrangements for transferring of care are in place
7. Good communication with and about patients is the norm
8. Care is designed to facilitate self-care and health promotion
9. Services are tailored to meet the needs of individual patients, including vulnerable patients
10. All patients have a care plan that reflects their individual clinical and support needs
11. Staff are supported to deliver safe, compassionate care, and committed to improving quality

What will be different?

- Sustainable, quality-assured care 24 hours a day, seven days a week
- An appropriate balance of specialist care and care coordinated expertly and holistically around patients' needs
- Better access in the community to consultant-led services and via GPs to specialist advice

13: Good quality care homes

What we want to achieve

- Joint commissioning by the NHS and Local Authorities to enhance the capability and capacity of the care home sector, the number of residential and nursing care homes rated as good by the Care Quality Commission
- In-reach services and training for staff, improving the quality of care for residents, including those with challenging behaviours
- A focus on supporting individuals to regain independence, empowering them to return to their own homes or to be cared for in a lower intensity setting such as extra-care housing

What will be different?

- Fewer out-of-area placements for people with complex needs
- Fewer admissions from care homes to hospitals, especially for falls and people approacing end of life
- Fewer permanent admissions to care homes

14: A well managed system

Goal: Sustainable organisations working efficiently and effectively together with a financially-sustainable health and social care system

What we want to achieve

- Operational standards for health and social care providers underpinned by shared information tools, supporting the achievement of NHS Constitution standards
- Consistent and rapid coordination of care between health and social care providers so that individuals have an integrated experience of services designed for their needs
- Increased joint commissioning across health and social care to promote efficiency, quality and joined up care provision
- Demand and capacity modelling that encompasses all parts of the health and social care system, enabling effective planning

In partnership with Avon and Wiltshire Mental Health Partnership NHS Trust, Bristol, North Somerset and South Gloucestershire Clinical Commissioning Groups, NHS England, North Bristol NHS Trust, University Hospitals Bristol NHS Foundation Trust, Weston Area Healthcare NHS Trust.

For further copies of this document, or copies in another format, please email: contactus@southgloucestershireccg.nhs.uk or telephone: 0117 947 4400.

Cover report to the Board of Directors meeting held in public
To be held on Thursday 28 April 2016 at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
12. Memorandum of Understanding between University Hospitals Bristol and University of Bristol									
Sponsor and Author(s)									
Sponsor: Robert Woolley, Chief Executive **Author**: Professor David Wynick, Director of Research and Innovation									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	
Executive Summary									
Purpose To seek the Board's approval for the attached Memorandum of Understanding between the Trust and University of Bristol, as a basis for enhanced joint working between the two institutions. This memorandum is the product of a new Partnership and Integration Board established in 2015. Key issues to note The memorandum sets out the aims, principles and governance for collaboration between the Trust and University, while making clear that no obligations are thereby created.									
Recommendations									
The Trust Board is recommended to approve the Memorandum of Understanding with the University of Bristol.									
Impact Upon Board Assurance Framework									
The Memorandum of Understanding supports delivery of Trust objectives for education, learning and development and for research, innovation and transformation.									
Impact Upon Corporate Risk									
None									
Implications (Regulatory/Legal)									
None									
Equality & Patient Impact									
None									

Resource Implications			
Finance	N/A	Information Management & Technology	N/A
Human Resources	N/A	Buildings	N/A

Action/Decision Required							
For Decision		For Assurance		For Approval	✓	For Information	

Date the paper was presented to previous Committees					
Quality & Outcomes Committee	**Finance Committee**	**Audit Committee**	**Remuneration & Nomination Committee**	**Senior Leadership Team**	**Other (specify)**
					UHB/UoB Joint Partnership and Integration Board 23/02/2016

DATED

MEMORANDUM OF UNDERSTANDING

between

UNIVERSITY OF BRISTOL

and

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

THIS AGREEMENT is dated [DATE]

PARTIES

(1) **UNIVERSITY OF BRISTOL** whose principal office is at Senate House, Tyndall Avenue Bristol BS8 1TH (**UoB**).

(2) **UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST** whose principal office is at Trust Headquarters, Marlborough Street, Bristol BS1 3NU (**UHBristol**).

1. BACKGROUND

1.1 UoB is ranked among the world's leading research-intensive universities attracting international students to experience a high-quality, research-led education. The University is fifth in the UK in the 2014 Research Excellence Framework and 37th in the 2015 QS World Rankings,. Its Faculties of Health Sciences and Biomedical Sciences collectively deliver a number of outstanding and nationally regarded under- and post-graduate Teaching and Learning programmes.

1.2 UHBristol is a dynamic and thriving group of hospitals in the heart of Bristol. As one of the country's largest acute trusts it delivers over 100 different clinical services across nine individual sites. It is the major medical research centre in the region and its academic links make it the largest centre for medical training in the South West.

1.3 UoB and UHBristol recognise that there are considerable benefits to increasing the joint working between them to enable and facilitate strategic prioritisation and integration that will:

- Increase the scale and pace of their international strengths in translational and applied health services research and innovation
- Drive new models of healthcare in an innovative and transformational way
- Attract and retain a well-trained and research active work-force that will deliver outstanding evidence-based care
- Use their respective research excellence to support an outstanding teaching and educational experience for all their staff and students.
- Underpin a culture of research, recognising that research active organisations deliver better patient care and outcomes.

2. PRINCIPLES OF COLLABORATION

The parties agree to adopt the following principles when considering ways in which the objectives outlined above may be achieved (**Principles**):

(a) collaborate and co-operate. Establish and adhere to the governance structure set out in this MoU to ensure that activities are delivered and actions taken as required;

(b) be accountable. Take on, manage and account to each other for performance of the respective roles and responsibilities set out in this MoU;

(c) be open. Communicate openly about major concerns, issues or opportunities relating to the collaboration;

(d) learn, develop and seek to achieve full potential. Share information, experience, materials and skills to learn from each other and develop effective working practices, work collaboratively to identify solutions, eliminate duplication of effort, mitigate risk and reduce cost;

(e) adopt a positive outlook. Behave in a positive, proactive manner;

(f) act in a timely manner. Recognise the time-frames within which agreed actions are to be completed and respond accordingly to requests for support;

(g) manage stakeholders effectively;

(h) deploy appropriate resources. Ensure sufficient and appropriately qualified resources are available and authorised to fulfil the responsibilities set out in this MoU; and

(i) act in good faith to support achievement of the objectives and compliance with these Principles.

(j) be inclusive. Invite patients and members of the public to be involved in the joint work of the partnership as appropriate, working through the sub-groups.

3. GOVERNANCE

3.1 Overview

The governance structure defined below provides a structure for the collaboration.

3.2 Guiding principles

The governance structure will:

(a) provide strategic oversight and direction;

(b) be based on clearly defined roles and responsibilities at organisation, group and, where necessary, individual level;

(c) align decision-making authority with the criticality of the decisions required;

(d) leverage existing organisational, group and user interfaces;

(e) provide coherent, timely and efficient decision-making; and

(f) correspond with the key features of the governance arrangements set out in this MoU.

3.3 **Joint Partnership and Integration Board**

(a) The **Joint Partnership and Integration Board** will provide the overall strategic oversight and direction of the collaboration. UoB and UHBristol will each appoint a maximum of six members to the Board, as follows:

UOB:

- Deputy Vice-Chancellor
- Pro-Vice Chancellor for Health
- Chief Finance Officer
- Dean, Faculty of Health Sciences
- Head of the School of Social and Clinical Medicine, Faculty of Health Sciences
- Faculty Manager, Faculty of Health Sciences

UHBristol**:**

- Chief Executive Officer
- Director of Strategy and Transformation
- Chief Operating Officer
- Medical Director
- Director of Workforce & OD
- Director of Research

(b) The terms of reference of the Joint Partnership and Integration Board shall initially be as follows:

(i) To seek agreement on how to best focus resources on mutually agreed priority areas/themes

(ii) To ensure the planning cycles of the two organisations are closely aligned to facilitate joint funding of strategic initiatives and posts

(iii) To raise the profile of teaching and education in the various partnership discussions and with their undergraduate medical Academies

(iv) To consider ways to align more closely the UoB and UHBristol management and operational structures to facilitate strategic planning and operational delivery

(v) To consider how research, teaching and education can be embedded in the job plans of UHBristol medical, nursing, AHP and healthcare scientists staff and how annual appraisals might cover research, teaching and education

(vi) To consider how UoB can ensure its promotions processes reward and incentivise scholarship, and encourage more UHBristol staff (medical, nursing, AHP and healthcare scientists) to become more research active.

(vii) To establish and oversee a work programme that will take the aims of the partnership forwards.

(c) The Joint Partnership and Integration Board shall meet quarterly.

(d) The quorum for all meetings shall be three Board members from each organisation.

(e) The meeting will be alternatively chaired, hosted and administered by UoB and UHBristol.

(f) The agenda and papers should be issued two weeks prior to the date of the meeting. Any urgent items of business should be raised with the Chair prior to the commencement of the meeting, or notified to the relevant PA to the Chair so that they may be added to the agenda.

(g) Standing agenda items shall be:

(i) Common strategic priorities and joint working

(ii) UoB: plans and structures that might be relevant to the collaboration

(iii) UHBristol: plans and structures that might be relevant to the collaboration

(iv) Financial position: update from both organisations on relevant financial matters

(v) Reports and issues arising from the sub-groups

(h) If any member of the Board has a conflict of interest he or she must declare it at the start of the relevant item of business. That member shall not take part in the decision making process in relation to that item and the Chair may ask them to withdraw from the discussion.

3.4 **Sub-Groups**

The Joint Partnership and Integration Board may create sub-groups to consider specific areas of interest to the collaboration including but not limited to:

- Research and innovation
- Education
- Appointments and workforce
- Estates and infrastructure

3.5 **Reporting**

Reporting shall be undertaken as follows:

UoB to Board of Faculty of Health Sciences (with significant issues being reported to the Vice Chancellor's Advisory Group)

UHBristol to the Senior Leadership Team on a monthly basis and to the Trust Board quarterly as part of the R&D quarterly Trust Board report

4. **CONFIDENTIAL INFORMATION**

4.1 Each party shall treat the information shared by the other party under the arrangements envisaged by this Memorandum as confidential and shall not disclose it to any other person without the disclosing party's prior written consent. This restriction shall not apply to information that is already, or which comes into, the public domain other than through the breach by the receiving party of this restriction.

4.2 If either party receives any formal enquiry, complaint, claim or threat of action from a third party (including, but not limited to, requests for information made under the Freedom of Information Act 2000) in relation to the collaboration, the matter shall be promptly referred to the Joint Partnership and Integration Board (or its nominated representatives). No action shall be taken in response to any such inquiry, complaint, claim or action, to the extent that such response would adversely affect the

collaboration, without the prior approval of the Joint Partnership and Integration Board (or its nominated representatives).

5. TERM AND TERMINATION

5.1 This MoU shall commence on the date of signature by both parties, and shall continue until terminated by either party by giving not less than three months' notice in writing to the other party.

6. CHARGES AND LIABILITIES

6.1 Except as otherwise provided, the parties shall each bear their own costs and expenses incurred in complying with their obligations under this MoU.

6.2 Both parties shall remain liable for any losses or liabilities incurred due to their own or their employee's actions and neither party intends that the other party shall be liable for any loss it suffers as a result of this MoU.

7. STATUS

7.1 With the exception of clause 4.1, this MoU is not intended to be legally binding, and no legal obligations or legal rights shall arise between the parties from this MoU. The parties enter into the MoU intending to honour all their obligations.

7.2 Nothing in this MoU is intended to, or shall be deemed to, establish any partnership or joint venture between the parties, constitute either party as the agent of the other party, nor authorise either of the parties to make or enter into any commitments for or on behalf of the other party.

8. GOVERNING LAW AND JURISDICTION

This MoU shall be governed by and construed in accordance with English law and, without affecting the escalation procedure set out in clause 4, each party agrees to submit to the exclusive jurisdiction of the courts of England and Wales.

Signed for and on behalf of THE **UNIVERSITY OF BRISTOL**

Signature:	....
Name:	....
Position:	....
Date:	....

Signed for and on behalf of **UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST**

Signature:	....
Name:	....
Position:	....
Date:	....

Cover report to the Board of Directors meeting held in Public
To be held on Thursday 28 April 2016 at 11.00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
13. Bristol Royal Infirmary Post-Project Evaluation Report									
Sponsor and Author(s)									
Sponsor: Deborah Lee, Chief Operating Officer / Deputy Chief Executive **Author:** Andy Headdon, Strategic Development Programme Director; Alison Grooms, Associate Director of Operations and Deputy COO; Jeremy Spearing, Assistant Director of Finance									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	

Executive Summary

Purpose

The purpose of this report is to present the Post-project Review of the BRI Redevelopment Phase 3. Historically, this review would have formed part of the final Gateway Review but unfortunately the Gateway Team has been disbanded and as a result, this review has been undertaken in-house.

Key issues to note

- Phase 3 was primarily the construction of the Terrell Street Ward Block and as such, was a complex structural project to deliver.
- The programme delivered all of the stated scheme objectives enabling very significant changes in the quality of patient environments including the elimination of all nightingale wards and a significant increase in the number of single rooms within the ward bed stock.
- The programme secured significant clinical engagement and as such, more service transformation has been evidenced through this project than previous major developments.
- The report includes areas of notable practice and makes 7 recommendations to the Trust for future projects of this scale. These will be incorporated into a Project Design Checklist which will allow the (soon to be established) Strategic Development Board to hold design oversight of future projects to ensure this learning is not lost.

Recommendations

The Board is recommended to receive the report as **assurance** that the learning from this project has been considered and will inform the design and implementation of future projects.

Impact Upon Board Assurance Framework

Supports delivery of Strategic Objective 2.3

Impact Upon Corporate Risk

N/A

Implications (Regulatory/Legal)

N/A

Equality & Patient Impact

Resource Implications			
Finance		Information Management & Technology	
Human Resources		Buildings	**X**

Action/Decision Required							
For Decision		For Assurance	**X**	For Approval		For Information	

Date the paper was presented to previous Committees					
Quality & Outcomes Committee	**Finance Committee**	**Audit Committee**	**Remuneration & Nomination Committee**	**Senior Leadership Team**	**Other (specify)**
				20/04/2016	

Post Project Evaluation - BRI Redevelopment Phase 3

Authors;

Andrew Headdon, Strategic Development Programme Director
Alison Grooms, Associate Director of Operations and Deputy COO
Jeremy Spearing, Associate Director of Finance

March 2016

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1. Introduction

This report forms the post project evaluation for Phase 3 of the BRI Redevelopment and uses the intended outcomes to evaluate project success and identify points of notable practice alongside a number of recommendations that will assist the successful delivery of future schemes. The BRI Redevelopment represents the largest investment in the Trust's capital programme to date, leading to the ultimate closure of the Old Building, and has been considered a significant success amongst key stakeholders, with all of the scheme objectives and benefits met in full. Phase 3 of the scheme was one of the Trust's key strategic investments and delivered new ward accommodation within a purpose designed ward block in the centre of the precinct.

The primary drivers for the project were the implementation of new models of care to support improved patient flow and patient experience, alongside the re-provision of poor, out dated bed stock including decommissioning of all existing nightingale wards. The planned model of care for both surgery and medicine was designed to improve patient care and result in each service having improved clinical adjacencies, with clinical accommodation located on specific floors of the hospital. The project also supported the Trust strategy on estate rationalisation by supporting closing the Old Building and transferring all other outpatient and non-clinical accommodation into the vacated wards in the King Edward Building.

The scope and objectives of the project were updated from those set out in the outline business case approved in August 2009 to reflect a number of external drivers including:

- Responding to NHS Next Stage Review through transfers to community provision.
- Introducing new models of care to improve the patient experience, increase operational efficiency and to ensure performance targets are met.
- Anticipating commissioner demand management targets.
- Reducing inpatient beds through challenging length of stay targets.
- Delivering privacy and dignity.
- Delivering estate rationalisation.
- Planning for future economic environment.
- Delivering environmental targets through reducing carbon footprint and energy consumption.

The project was designed to be delivered in four phases:

- Phase 1 (2009 - 2011) which had a separately approved funding stream, dealt with the transfer of some ward beds from the Old Building into space vacated by the cardiac service following the opening of the new Bristol Heart Institute in 2009. Some other operational transfers to both improve adjacencies and fully vacate Terrell Street were included in readiness for demolition of these buildings as part of Phase 3.

- Phase 2 (2011/12), constituted the activities required to transfer services from Bristol General Hospital to facilitate the closure and disposal of that property and was dependent on the completion of the new South Bristol Community Hospital by NHS Bristol in March 2012. This was a change in scope from the original project but had a separately approved funding allocation within the Trust capital programme for equipping only.

- Phase 3 (2013) consisted of the demolition of the Terrell Street buildings, the construction of the new build on the Terrell Street site and the reconfiguration of Queens Building to integrate with the new build. There were a number of sub phases to this main phase which delivered:
    - The demolition of Beaufort House and Bedford Row on Terrell Street.
    - The construction of a new block on the Terrell Street site to meet the required functional content.
    - The construction of a helideck
    - The refurbishment of the existing adult emergency department in level 3 of Queens.
    - The upgrade of the Queens Building frontage including a new level 2 main entrance with an internal refurbishment, improved access to the Emergency Department and an external cladding solution for the façade.

- Phase 4 (2015/16), consists of the work required to existing buildings following completion of Phase 3 and the transfer of services and considers:
    - Refurbishment work to King Edward Building as a part solution to the non-clinical space requirements resulting from the closure of the Old Building (currently in construction)
    - Disposal of the Old Building (completed September 2015 although still partially occupied by non-inpatient services).

The Outline Business Case for this project was approved in August 2009 by the Trust Board, with the Full Business case being approved in April 2011. A further review of the FBC was approved in July 2013, as part of a "business case refresh" to ensure the financial implications of the scheme were robust.

The full business case was supported by all major stakeholders, including local commissioners. NHS Bristol led a BNSSG wide assurance review process through relevant Professional Executive Committees and PCT Boards providing commissioner assurance that that the project fit within and supports the QIPP and commissioning objectives.

Key deliverables from the scheme;
- Acute Medical Assessment Unit of 32 beds
- Older Persons Assessment Unit of 30 beds
- Adult Intensive Care Unit of 21 beds
- 2 surgical wards totalling 64 beds
- 1 medical ward of 24 beds
- Paediatric day surgery unit of 18 beds which was funded and managed through the Centralisation of Specialist Paediatrics project
- An average of 75% single side rooms
- Six specialist ventilation rooms across medical, surgical and intensive care provision
- A refurbishment of the adult Emergency Department and support accommodation
- A new Medical Rehabilitation Unit
- A helideck
- Emergency power generating station to provide 100% site coverage in the event of a power failure
- A new façade for the Queens building due to complete in June 2016

Notable Point 1
During the planning phase, the Board reviewed the original planning parameters in light of a changing context, and materially revised the scheme to incorporate additional beds. Without

this bold step, the development would undoubtedly have been undersized.

2. Evaluation Methodology

The Full Business Case outlined the approach that would be taken to post project evaluation as;

- Measuring the success of the project in achieving its planned objectives
- Monitoring the progress of benefits realisation
- Identifying the reasons for any problems which arose
- Assessing the management of risk
- Identifying any necessary remedial action
- Recording the lessons learned in order to improve the performance of subsequent projects
- Disseminating the lessons learned from the project
- Ongoing dialogue with the lead commissioners in order to ensure achievement of specific agreed objectives

Therefore this report seeks to address the following fundamental questions;

Objectives:
- How successfully have the project objectives been fulfilled?
- Compared with the situation if the project had not been undertaken, what did the scheme deliver?
- Is any remedial action necessary? If so, an action plan will be devised and implemented.

Benefits:
- Evaluate progress against the benefits realisation plan.
- Introduce any necessary corrective action.

Value for money:
- Is the scheme delivering the expected value for money?
- Is any corrective action required?

Option appraisal:
- Could the original option appraisal have been improved, e.g. by considering a wider range of options or undertaking a fuller risk assessment?
- Carry out qualitative assessment with benefit of hindsight?
- What went well?
- What could have been done differently and better?

3. Scheme Objectives

The Bristol Royal Infirmary Redevelopment Project enabled the Trust to deliver the ambitions of government, regional & local commissioners and the Trust Board, which included the following priorities:

- Improving the patient care and experience through providing new models of care in modern facilities.
- Continuing to meet requirements for single sex accommodation.
- Exceeding infection control targets through increasing the ratio of single rooms.
- Delivering true patient choice through supporting community led projects.
- Reducing our carbon footprint through the disposal of obsolete buildings.
- Reducing operational costs and improving operational efficiency, through Estate rationalisation.

The BRI redevelopment project embraced these strategic aims to focus the development of the project to ensure that tangible benefits in terms of quality improvement were realised from the proposed investment.

The Bristol Health Services Plan is itself a health community response to a range of fundamental drivers for change:

- Poor configuration of acute services across Bristol, North Somerset and South Gloucestershire (BNSSG).
- Poor configuration of services within and across Trusts.
- Insufficient level of services provided locally and poor access for patients.
- Poor patient environment.

The Bristol Royal Infirmary Redevelopment Project was a fundamental component of the Bristol Health Services Plan, in that it supported the objectives above and whilst it reduced the capacity, it also supported the service reconfiguration associated with the opening of the new hospital at Southmead and the proposed re-designation of Frenchay Hospital as a community hospital.

There were major deficiencies in the current facilities for adult acute services in the Bristol Royal Infirmary which constrained the optimal delivery of care and severely compromised patient dignity and privacy. The facilities at the Bristol Royal Infirmary were not suitable or capable of adaption to address those inadequacies or of being configured to meet the consequences of the rationalisation of acute services in North Bristol and South Gloucestershire without redevelopment.

The redevelopment of the Bristol Royal Infirmary therefore facilitated the implementation of a new model of care and re-provision of unsuitable patient accommodation which:

- Centralised patient care with optimal clinical adjacencies to improve patient pathways, patient flow through the hospital and the quality of patient care.
- Centralised the emergency admission and assessment process with rapid access to diagnostics to reduce ward admissions and length of stay.
- Improve pre-operative assessment to reduce length of stay and improve the quality of the service to patients.
- Improved the patient and staff environment and provided facilities which met environmental standards including accessibility, health and safety and infection control.
- Achieved the estate rationalisation strategy by disposing of the BRI Old Building.

- Correctly sized the hospital to meet agreed demand targets for the wider Bristol health community
- Improved the efficiency of services, maximised available resources, achieved value for money and improved performance against care standards.

This was the central strand of the site rationalisation strategy which created the accommodation required to enable the closure of the 1735 Old Building and provide new ward accommodation fit for the 21st century. The scheme also created the space to enable a follow on ward refurbishment programme in the Queens building which has now been completed, through the subsequent phase 4 element of the approved business case.

4. Project Structure and Governance

The project was governed through a Project Board, supported by a Project Team and latterly by an Operational Delivery Group. The structure of each group and its terms of reference are included at Appendix 2. Deborah Lee, Director of Strategic Development, was the Senior Responsible Officer for the initial stages of the project; however this changed to James Rimmer, Chief Operating Officer in the latter stages of the project.

The specific post of Implementation Manager was created to provide a level of strategic operational management for the scheme. The role was undertaken by Alison Grooms supported by a divisional project manager and a commissioning and equipping manager from the project team.

Both the Project Board and Operational Delivery Group met monthly with formal minutes and action logs issued. An active risk register was maintained for the entirety of the project.

The purpose of the Operational Delivery Group (ODG) was to ensure models of care were developed from the Full Business Case into operational policy. The group was established to ensure involvement of clinicians and divisional teams in the preparation of services for transition into the new estate, transfer of service between respective organisations and to plan and implement the ward moves process. The group was supported by a series of work streams with named leads who reported into ODG which then reported and escalated issues to the Project Board for resolution if required.

The appointment of an SRO from the Executive Team was considered to be a strength of the project structure in respect of resolving and escalating significant issues and membership of the Board by the SRO was considered to bring a positive benefit.

A number of patient group meetings were held under the banner of “help us get our designs right”. These consisted of an ‘early days’ event where patient representatives met with the project team and architects to discuss the concepts and initial designs of the Terrell Street work and Welcome Centre. Later events focussed primarily on the functional aspects of the Welcome Centre and involved the Bristol Physical Access Chain and other patient representatives. Specific activity took place with the Disabled Children’s Advisory Group at the BRCH to ensure that the interests of young patients and families were taken into consideration in the design work.

Notable Point 2
Project governance for schemes of this scale should reflect the requirements for both strategic and operational business to be executed but recognise that these issues are likely to warrant different memberships and approaches. In this instance, the interface between the Project board and the Operational Delivery Group achieved this.

Notable Point 3
Corporate support and leadership flowed through the project structure by the appointment of a dedicated SRO and Implementation Manager. The Implementation Manager was as the Chair of the ODG and a member of the Project Board which supported a good balance between divisional ownership and corporate leadership.

Recommendation 1
Thought should be given to ensuring project arrangements reflect the needs of all stakeholders, notably that clinical commitments are regularly assessed and backfilled to enable clinical members to meet project deadlines to be met.

5. Project Communications

Communications were considered to be a significant strength of the project, developed under a strong brand identity.

The BRI Redevelopment Project was presented externally and internally under the "Building a Better Bristol "brand. This gave a strong focus for the project and provided a means to develop a communications strategy that helped build the public awareness of the project that in turn supported charitable giving.

To highlight the work that was taking place, branded sign boards were installed both externally and internally providing detailed information of the project and the works being undertaken.

Public awareness was raised by way of a newsletter which was produced on a regular basis throughout the project and was targeted to both patients, staff and external groups such as local residents. Additionally the Trust publication "Voices" carried regular features on the project, in particular focussing on the clinical teams, and this was widely distributed to staff, neighbourhood group, GP surgeries and libraries throughout the BNSSG health community.

The project made good use of strong links with local media, in particular "The Post" and provided a regular feed of stories to ensure the aims of the project and progress was covered and there was growing public awareness of the project. Examples included the BRI topping out ceremony, stories about art installations and progress on the helideck.

Of particular note was the engagement and support provided by "The Post" to showcase the design options for the Queens Façade and running online polls to assist the Trust in the selection of the final design option. This was supplemented by public exhibitions held both on site and at the galleries in Bristol city centre.

The project used a range of social media feeds to develop awareness of the project through a microsite on the main Trust website which also included a live feed to a time lapse camera allowing the public to view the progress of the build. Progress of the development and any changes that might affect patients attending the site were also posted on Twitter and Facebook.
The project greatly benefitted from the attention to publicise any operational impacts of the scheme to both staff and patients, which included details of road closures, changes to signage and ward and service moves. This was disseminated through inserts in patient letters, door drops, media work, maps and temporary signage.

A dedicated communications manager was appointed throughout the project, and this was a huge benefit to the project both in respect of dedicated capacity but also continuity of contact and knowledge.

Notable point 4
The project benefited from a detailed plan of project communications within an agreed budget and the input from a dedicated communications resource. Opportunities were maximised to positively promote the reputation of the Trust through local media – of particular note was the work with The Post to run the design competition for the façade which involved the public in the project in a way that would not otherwise have been achieved and thus delivered the objective of promoting the Trust's civic profile in the City.

6. Previous Gateway Reviews

Health Project Gateway Reviews form a key part of the project review process with reviews arranged at the key decision making points in the project programme. Gateway reviews are undertaken by independent professionals and report to the Project Senior Responsible Officer with a series of recommendations to assist the project to a successful delivery.

In 2006 a Gate 1 (Business Justification) review was undertaken when the proposed delivery route for the project was a PFI project combined with the Centralisation of Specialised Paediatric Services (CSP) scheme. This review was considered as Red and recommended a comprehensive review of the project, in particular the project governance.

Following the recommended comprehensive project review, the project was revised to a self-funded scheme with revised project governance.

The purpose and outcomes of more recent gateway reviews are summarised below;

Gateway Review stage	Assessment	Summary of Recommendations
Gate 2 – Procurement Strategy- Sept 2007	**Amber – The project should go forward with actions on recommendations to be carried out before the next**	The Project should complete an appraisal of possible and appropriate procurement options. The Projects, supported through the Strategic Development Team, should develop a risk management strategy supported by a risk register that covers the project lifecycle.

Gateway Review stage	Assessment	Summary of Recommendations
	Health Gateway Project Review of the project.	The Project Team, in conjunction with others across the healthcare economy, should develop and ensure visibility of the critical path for all the interdependent schemes. The Strategic Development Team, in conjunction with the clinical divisions, should define and agree working relationships and responsibilities. The Project Director should introduce robust project management disciplines and processes and ensure consistency across the two schemes. The Project Director should ensure that the communication strategy, both internal and external, is supported with detailed planning and resources.
Combined health check with CSP 2011	Amber/Green (successful delivery appears likely)	The project team and clinical areas should develop a Benefits Realisation Plan, clearly identifying metrics and assigning ownership and timeline. Complete workforce plan and secure TEG sign-off. Ensure adequate clinical, operational and project input to the programme. In particular, this should include the relevant Heads of Division, and also that the skills within the project office are appropriate for the next phase of the development Jointly develop a transition roadmap.
Gate 3 – Investment Decision July 2011	Green- Successful delivery appears highly likely	The review recognised the progress the project had made and offered no recommendations.
Gate 4- Readiness for service May 2014	Green- Successful delivery appears highly likely	The Trust undertakes a refresh of the benefits realisation plan contained in the original FBC to reflect the current position The Project Director should perform some housekeeping on the Risk Register, ensuring that it only contains current risks in order to reflect the true Project status. The Project Director to provide early indications to the operational team of potential delivery

Gateway Review stage	Assessment	Summary of Recommendations
		shortfalls. The SRO to arrange for the modelling of downside scenarios to quantify the impact of LoS and delayed transfers of care on the models of care, benefit realisation and overall financial position.

A Gate 5 (operational review) is normally undertaken 1 year after the transition to the new facility, however due to the changes to the central gateway team this is no longer possible.

7. P21 Contract Administration

This project was delivered under the Procure 21 (P21) framework with Laing O'Rourke (LOR) as the Trust construction partner. The framework was entered into in 2004 and delivered a number of schemes prior to this one as well as the Centralisation of Specialist Paediatrics scheme.

7.1 Programme

The original contract completion date for the main ward block construction was set as 2nd June 2014 with possession granted to the construction partner on the first phase of works in August 2011.

In addition to the main ward block construction a number of other sections of work were undertaken such as refurbishment of the adult Emergency Department, Generator replacement works and the Helideck.

An enabling was scheme commenced in mid-2010 which dealt with the demolition of the old Nurses Home and the listed buildings that were on the site as well as other enabling items such as relocating the cycle park to the old swimming pool, re-provision of affected car parking etc.

In June 2013 the Trust instructed a major design change which affected both the cost and programme of the works. This was as a result of an internal review of the bed capacity which concluded that level 9 of the ward block, initially designed as office space and a new restaurant should be redesigned as 24 bed ward for medical patients. Additionally changes were also instructed to the design of level 3 following a review of the proposed Integrated Assessment Unit model of care.

These changes were managed through the P21 change management process which resulted in a revised programme completion date some 6 months later than originally planned. This had a material effect on the CSP scheme as Level 5 of the ward block was creating the day case capacity for that scheme. This resulted in the need to change the delivery programme to a phased handover approach taking the building a floor at a time.

7.2 Works Cost

A Guaranteed Maximum Price (GMP) or works cost was agreed with LOR for the sum of £64.347m rising to a final cost of £70.088m once all compensation events had been taken into account. This included the major design change affecting level 9 described earlier.

In conjunction with the contractor the cost of the scheme included the use of off-site construction of the full external envelope of the building , single room modules and primary engineering services. This had the added advantage of repeatability and minimising the extent of construction traffic requiring access to the hospital site.

The overall approved works cost budget was £88.517m and the final scheme works costs were £88.478m, an underspend of £39,000.

The Project Team's reflection was that the partnership with LOR had been a successful. Stability in the LOR and UH Bristol teams enabled positive, trusting relationships to be developed. This was identified as a key success criteria within the project, both in the contract negotiation phase and delivery phase, and allowed for open discussion to plan and assess the implications of major design changes required by the Trust.

Notable point 5
LORs willingness to work with the project team to deliver the scheme with full recognition of the need to ensure clinical services were maintained.

8. Financial Assessment

8.1 Recurring Revenue – FBC refresh

The Trust Board approved the BRI Redevelopment FBC refresh in July 2013. The refresh covered the 2014/15 and 2016/17 financial years.

The 2014/15 year assessed the change in recurrent revenue consequence of the completion of phase 3 i.e. the new ward block accommodation. The 2015/16 year reported no change in recurrent costs. The 2016/17 financial assessment reflected the planned completion of phase 4 i.e. the conversion of the King Edward Building and the decommissioning and disposal of the BRI Old Building.

The increase in recurrent revenue cost of the BRI Redevelopment phase 3 was approved at £6.9million in 2014/15, reducing to £4.9million in 2016/17 on completion of phase 4 and the realisation of savings from the closure of the BRI Old Building. It should be noted that the recurrent revenue assessment included the facilities and financing costs of occupying the new ward block. In addition, an income and operating expenditure assessment was included based on assessment of emergency activity flows, arising from the closure of Frenchay Hospital in 2014. Any workforce costs and savings associated with changing the models of care and the bed establishment were included in Division's operating plans and were excluded from the FBC refresh. A summary of the financial assessment included in the Board approved FBC refresh is provided below.

Table 1 Revenue – July 2013 FBC refresh

	Recurring revenue cost			
	2014/15 £M	2015/16 £M	2016/17 £M	
Income	1.1	1.1	1.1	Assumed transfer of activity following the closure of Frenchay Hospital. Assessed at 1,000 emergency attendances and 504 emergency inpatient spells.
Pay and non-pay	(1.0)	(1.0)	(1.0)	Additional operating costs arising from the assumed transfer of activity.
Facilities Management	(2.8)	(2.8)	(1.7)	Additional facilities management costs of the new ward block in 2014/15 and 2015/16 of £2.8m reducing to £1.7m from 2016/17 with savings from the closure of the BRI Old Building and conversion of the King Edward Building from clinical to non-clinical use.
Capital charges	(4.2)	(4.2)	(3.4)	Additional capital charges for the new ward block. Full decommissioning of BRI Old Building assumed by March 2016 hence £0.8m savings in 2016/17.
Net recurring cost	**(6.9)**	**(6.9)**	**(4.9)**	**FBC refresh (July 2013)**

8.2 Recurring Revenue – FBC post project evaluation update

The financial assessment considers the 2014/15 financial year only following the completion of phase 3. However, it should be noted that actual costs have been incurred on a part year basis in 2014/15 as the new ward block was commissioned on a floor by floor basis between May 2014 and February 2015. However, this financial update provides a reasonable assessment of the 2014/15 recurrent cost of phase 3. An assessment of phase 4 will be undertaken upon completion in late 2016.

The recurrent cost of phase 3 is £5.6million, a reduction of £1.3million compared with the FBC refresh of £6.9million. The reduction is primarily due to lower than planned capital charges of £0.6million, higher than planned income of £0.6million and a reduction in facilities management costs of £0.1 million.

The higher than planned income is mainly due to additional inpatient activity transferring to UH Bristol following the closure of Frenchay Hospital in May 2014. The capital charges reduction of £0.6million is due to the District Valuer's lower than expected valuation of the new ward block.

The table below summarises the position:

Table 2 Revenue – Post Project Forecast

	2014/15 Recurring revenue cost			
	FBC Refresh £M	Phase 3 Assessment £M	(Increase) / Decrease £M	
Income	1.1	1.7	0.6	Assumed transfer of activity following the closure of Frenchay Hospital. Planned at 504 emergency inpatient spells and 1,000 Emergency Department attendances. Income increase due to actual activity assessed at 737 emergency inpatient spells offset by 187 Emergency Department attendances.
Pay and non-pay	(1.0)	(1.0)	0.0	Additional operating costs arising from the increased transfer of activity of £0.2 million offset by reductions in equipment maintenance of £0.2 million.
Facilities Management	(2.8)	(2.7)	0.1	Lower than planned FM costs on the new ward block arising from actual operating in the new build environment.
Capital charges	(4.2)	(3.6)	0.6	Lower than planned capital charges on the new ward block arising from the District Valuer's (DVs) valuation. The DVs valuation resulted in a higher than planned impairment of £29.5million compared with the planned impairment of £20.0 million.
Net recurring cost	**(6.9)**	**(5.6)**	**1.3**	

8.3 Capital funding – FBC Refresh

The 2013 FBC refresh approved a capital cost of £112.8 million. Phase 3 was approved at £88.6 million of which the majority of the funding related to the new ward block at £83.0 million. Phase 4 was approved at £24.2 million. A transfer of £0.2m was made relating to works overseen by the Trust's Estates Department since the FBC refresh. The Trust's 2015/16 - 2020/21Medium Term Capital Programme (MTCP) was approved in May 2015 and included funding of £88.5 million for Phase 3 and £24.1 million for phase 4 and is summarised in the table below:

Table 3 Capital FBC Refresh

	Phase 3 Capital £M	Phase 4 Capital £M	Total Capital £M
New Ward Block	83.0	0.0	83.0
High voltage generators	2.2	0.0	2.2
Helipad	3.4	0.0	3.4
Phase 4 works	0.0	24.2	24.2
Revised FBC	**88.6**	**24.2**	**112.8**
Transfer	(0.1)	(0.1)	(0.2)
MTCP May 2015	**88.5**	**24.1**	**112.6**

8.4 FBC post project evaluation update – capital funding v actuals

Phase 3 completed in March 2015 at a cost of £88.5 million in line with the funding available of £88.5 million. Phase 4 is ongoing and is scheduled for completion by October 2016. The capital costs of completing phase 4 will be reviewed in late 2016. The phase 3 position is summarised in the table below.

Table 4 Capital Phase 3 FBC Refresh v actuals

	Phase 3 Funding £M	Phase 3 Actuals £M	Phase 3 Variance £M
New Ward Block	83.0	82.2	0.8
High voltage generators	2.2	3.0	(0.8)
Helipad	3.4	3.4	0.0
Total	**88.5**	**88.5**	**0.0**

8.5 Conclusion

The recurrent revenue cost of phase 3 at £5.6 million has been delivered within the recurrent cost envelope of £6.9 million. In capital terms, phase 3 of the BRI Redevelopment has been delivered in line with the FBC refresh and the capital funding set aside in the Trust's MTCP at £88.5million.

Notable Point 6
The BRI scheme was delivered within the capital funding made available and the recurrent revenue is within the approved envelope.

9. Survey and Focus Group Feedback

Members of the Project Board and the Operational Delivery Group were invited to respond to an online survey looking at various aspects of the management and outcomes of the project. The survey was compiled in conjunction with the Trusts Patient Experience Team and issued following sign off from the Senior Responsible Officer. The results of the survey are included at Appendix 3 and were further discussed at a focus group discussion with members of the ODG and project board.

9.1 Design

47 % of the respondents agreed that the project had the right structure to ensure that each department was involved in the design process. Unfortunately, a low number of respondents completing the survey appeared not to know enough about the sign off process with almost half of respondents unable to comment on whether there was enough time to conduct the final sign off and whether the process worked well. During further discussion it was clear that within some divisional teams it had been identified that the right people had not necessarily been around the early decisions, or that with key people no longer being involved original decisions were challenged. Encouragingly, 100% of respondents agreed that the building/ department is as they expected either completely or to some extent.

Notable Point 7
"The project structure and team developed over the years. The change recently with a risk focus and clear structure aided the conversation more."

Recommendation 2
Ensure all "interested parties" are identified at the outset of the project to ensure that designs reflect the needs of all key staff and that key staff are involved in the final sign off of detailed designs.

Again 100% agreed that the new buildings and departments improve the experience for patients and staff and a clear majority agree that the layout of the departments assist staff in treating patients and minimises operational impacts.

"It's a lovely environment for patients to be nursed and the artwork is well received and makes the place so much brighter."

Several constructive comments about specific issues in the new building raised by patients or staff were made in the survey.

"Not sure that enough attention was given to the fact that staff need to work in very different ways on these new wards due to more space/more side rooms."

Recommendation 3
Review the approach taken to briefing, training and preparing staff for working in a different clinical environment to support successful transition.

9.2 Team Structure, Commissioning and Equipping

Overall, the majority of respondents strongly agreed or agreed that the Operational Delivery Group had the right membership and working groups to help deliver the project. Moreover, the commissioning period, induction process and transition from the old department to the new worked well. Pleasingly, 93% agreed that the Project Board and ODG met the needs of the project.

Comments were noted about the need to have an adequately resourced project team to support the divisions in some of the detailed equipping and commissioning arrangements.

“Good engagement from key stakeholders throughout the process. Excellent leadership demonstrated by lead nurses.”

The areas where there was less agreement were regarding whether the equipment programme was adequate for decision making and whether the actual cost against budget was clearly reported by the Project Manager for equipping.

“Equipment requirements changed late on and sometimes not until and as a result of services moving into a new area.

Recommendation 4
Review the approach taken to scoping and management of all equipment requirements for future projects.

9.3 Management of Change

It is inevitable with projects of this scale that requirements change along the way and project plans need to change. Design elements of the build were altered in response to revised modelling and changed demand. The changes to create the 24 bed ward and relocated dining room were significant, requiring alterations to other floors to accommodate services and affecting the overall programme.

Further required alterations as a result of change in design to incorporate separate assessment units, changes to ward A900 and A600 added further delay and re-planning of the handover plans into a phased approach. Agreeing the changes required a considerable amount of negotiation and planning however the required revisions were made successfully. Maintaining a ward moves programme as a single source of this key element of the plan proved successful in keeping everyone appraised of the changes.

Feedback from the survey and focus group indicates that 50% of respondents to the survey agreed that any changes to the final design were well managed, but that the scale of the whole project and sustained period of change was challenging for clinical teams to support.

The importance of having signed off room loaded drawings was a key learning point. Clinical staff signed off room loaded drawings without enough support and attention to detail which led to changes later in the project. When clinical staff had the right support and

resource to sign off room loaded drawings the decisions were more robust and reduced the incidence of subsequent change.

Notable Point 8
The BRI use of a single ward moves programme to tie together the contractor build programme with operational commissioning was a strength of the project.

Recommendation 5
Review the approach taken to managing changes within a large scale project involving multiple divisions whilst maintaining operational services. Further benefits could be derived from drawing upon change management principles as well as project management principles. Human factors should be given greater future consideration in complex projects including the value of using simulation. In preparing for change.

10. Benefits Realisation

The Full business case identified a range of perceived benefits through completion of the scheme. These were reviewed by the Operational Delivery Group and reported to Project board during the final commissioning period and evaluated post completion. A final position against the benefits realisation is given below, which reflects very significant delivery of the benefits proposed from the project;

Desired benefit	Stakeholders impacted	Enablers required to realise benefit	Outcomes displayed if benefit realised	Review of post project position
Replace obsolete facilities	Patients , staff and visitors	Completion of the BRI redevelopment and bed reduction	BRI complete and occupied. Old Building disposed Bed numbers match plan	Inpatient ward moves complete by end of December 2015. Feedback from patients using the comments card has shown extremely positive comments about the new wards particularly the amount of light and space and the high standard of cleanliness. Old Building disposal plans in place and all UHB services will vacate by September 2016
Compliance with single sex accommodation targets	Patients	Delivery of new building and closure of Old Building and KEB wards	No non compliances reported. No financial penalties	Improved compliance and objective achieved
Improve patient privacy and dignity through increasing % of single rooms	Patients	Delivery of new building and closure of Old Building and KEB wards	Improvement in relevant indicators of patient experience from the National Patient	Improved availability of side rooms has helped to support operational pressures and patient flow as well as offering improved privacy for patients. This year's patient survey results will be an important indicator of patients experience in this regard.
Improvements in the number of patients acquiring hospital infections	Patients	Delivery of new building and closure of Old Building and KEB	Maintain target reduction trajectory each year	There have been fewer outbreaks of Norovirus in the Trust. The management of patients with norovirus can be undertaken on a bay by bay basis in 2013/14 there were 524 bed days lost during that period. In 2015/15 there were 161 bed days lost. In 2015/16 and up until the end of February 2016 there were 18 bed days lost.
Implement new models of care for assessment	Patients All staff	Workforce and job plans in place to deliver the agreed model	Significantly reduced length of stay for patients (upper quartile performance) and a reduction in the number of patients admitted to hospital following comprehensive assessment and use of ambulatory care. Improved	Objective achieved and new models of care for assessment in place across all divisions. This is now giving divisions the opportunity to further develop ambulatory care pathways and work is currently ongoing. Length of stay reductions have not been seen overall due to an increase in patients awaiting an onward placement and increased demand across services.

Desired benefit	Stakeholders impacted	Enablers required to realise benefit	Outcomes displayed if benefit realised	Review of post project position
			clinical adjacencies for patients	Division of Medicine have not been able to fully implement the acute physician model of care due to inability to recruit.
Therapy services will be delivering care over 6 days and cover 6 of the 8 bank holiday - This means patients will be able to receive timely care on a Saturday and BH not previously available. When fully rolled out there will be three times as many hours delivered on a Saturday and 10 times as many hours on a BH as is currently provided	Patients and staff	Staff Consultation over summer to enable change from Oct 14 with full roll-out from April 15	Patients should not deteriorate as much at weekends as can currently happen and LOS should reduce for some patients.	Improved access to therapy staff over part of the weekend for medical patients, with emergency cover on Sundays. Identified as an area for further development as part of the move to full 7 day services.
Enable clinical benefits of service reconfigure-tion and improve adjacencies and speciality mix	Clinicians Management	Workforce and job plans in place to deliver the agreed model	Improved experience for patients. Improved financial performance for divisions	The physical location of specialties and clinical priorities on floors has improved patient flow however occupancy targets and the number of patients who outlie on non-speciality wards has not been achieved due to operational pressure on services since the final moves at the end of December 2015. This is an area that should be reviewed as part of Operating Planning rounds for the coming year.
Improve intensive care facilities	Patients and staff	Deliver new facilities. Workforce and job plans in place to deliver the agreed model	Improved patient outcomes and staff quality of working life Reduction in HCAI	Significant improvement in facilities and space for patients and staff Patients with multi resistant organisms and organisms such as multi drug resistant TB (MDRTB) can be managed in specialist ventilation rooms in the Trust and

Desired benefit	Stakeholders impacted	Enablers required to realise benefit	Outcomes displayed if benefit realised	Review of post project position
				not transferred out of the city. Minimising the risk to other patients.
Improve access and the patient experience A dementia friendly hospital environment minimising moves	All staff and patients	PPI involvement in the early phases of design Incorporation of the Kings Fund Enhancing Healing Environment principles into new and existing units. Discussions have taken place with the project lead and architect regarding the new OPAU to ensure the Kings Fund principles are reflected in the design.	Reduced complaints relating to environment and facilities. Ward 4 now provides a separate seating area and enhanced way-finding cues for patients. All divisions engaged to ensure new build and future refurbishment work provides dementia friendly environments.	Objective achieved and positive comments seen in feedback from patients comments cards. The space and light on the new wards and the addition of artworks has significantly enhanced the caring environment. The redevelopment has supported the development of dementia care across the hospitals but this is an area for further review and consideration because of the impact of multiple ward moves on patients due to operational pressures across the hospital since the final ward moves completed at the end of December 2015.
Enhance recruitment and retention	All staff	Communications strategy reflecting positive stories of the new estate and clinical achievement	Low staff turnover rate	As with all major change projects some staff have chosen to leave during the length of the project. It is difficult to quantify the impact of this scheme against the overall position of recruitment and retention which continues to be a trust priority.
Meets strategic estates requirement	Trust wide	Completion of BRI Redevelopment and reduction in operational bed base	Old Building disposed of and KEB with no inpatient provision	Inpatient provision all relocated out of old building. KEB by end of December 2015. Old Building accommodation continues for clinics and departments until September 2016
Deliver environmental standards	Trust wide	Completion of BRI Redevelopment and reduction in operational bed base	Reduced backlog maintenance and improved functional suitability and space utilisation	Improved environmental position by improved energy utilisation for the new estate.

11. Models of Care

The original Full Business Case included an integrated single assessment unit across two floors of the new build. Further consideration of this and the associated models of care and workforce impacts revised this plan to have dedicated assessment units for surgery and trauma, medicine and older persons. Post project evaluation confirms this to have been an appropriate revision in the eyes of key clinical stakeholders.

In July 2013 the Trust Board approved a revision to the physical estate being provided to a fixed position of 376 beds (+14flex) within the BRI for the Division of Surgery, Head and Neck and Division of Medicine. Bed modelling identified this as the projected position to end of 2016-17. Further work through various patient flow and efficiency initiatives agreed to a reduced timescale to achieve the projected bed base, bringing it into the 2014-15 year.

Considerable service improvement and transformation work has contributed to the delivery of changes in working practices to support the commissioned bed base. External partners have supported these initiatives but there is still more to achieve in order to reach the length of stay and occupancy targets aspired to.

After changes to the physical estate and as a result of the changed build programme, the ward block was handed over to the Trust in phases commencing in June 2014 and completing in January 2015. In order to facilitate the reconfiguration of services into the most optimal location, to support the models of care, a significant ward moves programme was agreed to incorporate the refurbishment and upgrade of all remaining inpatient ward environments for adult medical and surgical patients. This was a significant period of change with many interim arrangements in place in order to arrive at the final configuration of beds.

Table 5 Operational bed model 2014-15 to support divisional operating plans

		2014-15 - Inpatient ward beds Division of Medicine/Division of SHN												
		Q4 13-14	Q1			Q2			Q3			Q4		
Building	**Ward**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Old Building	21	*16*	14	14	14	14*	14*	14*	C	C	C	C	C	C
	22	*8*	Flex x 8	Flex x 8	Flex x 8	Flex x 8	Flex x 8	Flex x 8	C	C	C	C	C	C
	23	*21*	21	21	21	21	21	21	C	C	C	C	C	C
	26	*21*	21	21	21	21	21	21	C	C	C	C	C	C
King Edward	7	*19*	19	19	19	19	19	19	19	19	19	19	19	C
	9	*21*	21	21	21	21	21	21	Flex x 14	Flex x 14	Flex x 14	C	C	C
	11	*22*	22	22	22	22	22	22	22	22	22	22	22	22
	12	*19*	19	19	19	19	19	19	19	19	19	19	19	19
	15	*19*	19	19	19	19	19	19	19	19	19	Flex x 14	Flex x 14	Flex x 14
Queens	2	*28*	28	28	28	28	28	28	C	C	C	C	C	C
	4	*17*	17	17	17	17	17	17	C	C	C	C	C	C
	5a	*22*	22	22	22	22	22	C	22	22	22	22	22	22
	5b	*18*	18	18	18	18	18	C	18	18	18	18	18	18
	6	*18*	18	18	18	18	18	C	18	18	18	18	18	18
	10	*27*	27	27	27	27	27	27	27	27	27	27	27	27
	14	*30*	30	30	30	30	30	30	C	30	30	30	30	30
	17	*25*	25	25	25	25	25	25	28	C	C	25	25	25
	18	*17*	17	17	17	17	17	C	17	17	17	17	17	17
	ED Obs	8	8	8	8	8	8	8	8	8	8	8	8	8
BHI	54	*24*	24	24	24	24	24	24	24	24	24	24	C	24
Terrell Street	300	C	C	C	C	C	C	C	32	32	32	32	32	32
	400	C	C	C	C	C	C	C	30	30	30	30	30	30
	700	C	C	C	C	C	C	32	32	32	32	32	32	32
	800	C	C	C	C	C	C	32	32	32	32	32	32	32
	900	C	C	C	C	C	C	C	C	C	C	C	24	24
Div of Med		*246*	236	236	236	222	222	222	217	217	217	223	223	228
Div of SHN		*154*	154	154	154	154	154	143	150	152	152	152	152	152
Total - core beds		*400*	390	390	390	376	376	365	367	369	369	375	375	380
Quarterly core beds				390			390*			369			376	
Operational		*400*		390			390*			369			390	
Flex		*0*	8	8	8	8	8	8	14	14	14	0	0	0

C = ward closed either for commissioning, capital works or permanently

*additional beds played back in to accomodate vascular delayed transfer, location not yet agreed.

Cohort provision between October 14 and January 15 on ward 800, with reprovided beds within medical bed base

Division of Medicine (blue)

Division of SHN (pink)

Not showing escalation beds

Notable Point 9

The project secured strong clinical engagement – medical, nursing and therapies - from all relevant Divisions, in designing care new models of care, revised pathways and associated service accommodation.

12. Workforce Planning and Staff Engagement

The workforce model for the project, although initially articulated in the Full Business Case, changed significantly as a result of the revised design in 2011 to include an additional medical ward. Furthermore changes were made to the model for the assessment units, moving away from a single assessment unit into two dedicated areas, and during the configuration of the commissioning plans further amendments were made to the allocation of wards and thus bed configurations.

Medical Staffing The acute physician model was integral to the model of care with senior review by a consultant specialising in acute care early in the patient pathway. This model has not been fully implemented due to national shortages of acute physicians and despite several attempts, the agreed number of acute physicians has still not yet been recruited to.

Allied Health Professionals The full business case did not make additional provision for allied health professionals, but the project has occurred at the same time as key changes to ways of working, including 6 and 7 day working for radiography and some therapies, and role development in pharmacy.

Nursing The wards in the new build operated from larger bed configurations and with more side rooms, which impacted upon staffing ratios. At the time when the full business case was developed, there was a lack of evidence about the impact of single rooms in brand new developments in the UK on nursing ratios. There is now the beginning of a body of evidence regarding nurse per bed ratio in the form of NICE guidance regarding "never less than 1:8". The Trust has subsequently agreed levels that are higher than this. During the project when changes were made to ward and specialty configuration this had an impact on the way workforce had been planned for these areas and required further review of numbers and skillmix.

Estates and Facilities Staff Workforce planning for facilities staff is based on established metrics for cleaning requirements. During the BRI Redevelopment there were ongoing changes in the size and function of the clinical areas which resulted in different numbers of cleaning staff required from week to week. Estates and Facilities Division maintained a detailed track of numbers required however, there were periods of high vacancies due to high staff turnover. In addition, the helipad introduced a new set of skills and requirements together with uncertainties in relation to the scale of the demand, and a range of options were considered before establishing the current staffing model.

Staff Engagement

A cross division, multidisciplinary workshop was held in September 2013, which brought together learning from other developments, including the Woodlands transfer, SBCH opening, Surgery Head and Neck transfer, and the BHI build. It was recognised that uncertainty and change in all these transfers had resulted in increased turnover and sickness absence. Actions to mitigate these risks were identified, which included the formation of the Workforce and Engagement subgroup.

The positive outputs from the group included:

- Establishment of staff intranet with a section for each Division;

- Sharing of divisional communication activities, such as content and formats of newsletters;
- Monitoring of starters, leavers, sickness and vacancies to identify hotspots and ensure actions were focussed on high risk areas
- Review of training and development requirements linked with ongoing changes
- Agreement between divisions on pooling any potential recruits to fill vacancies across divisions.

However, there were significant differences in the timing of the changes, with Medicine being longer term and more protracted than Surgery which limited the benefits of joint communication and consultation, and the group ended early in 2015.

The risks of increased turnover and sickness absence continued to be monitored. It was clear that the formation of new ward teams from the merging wards where specialities were coming together resulted in increased leavers, and required a greater level of additional matron and senior nurse support. However, it is important to recognise that the increased turnover in Surgery Head and Neck around July 2014 coincided with changes in the national and local labour market, and that rates increased even more sharply around this time in Specialised Services Division, which was not associated with the BRI Redevelopment.

Staffing was driven by the design of the wards and affordability therefore the approach from divisions was different requiring different workforce models to be established.

The timeliness of the swap of ward allocation was unfortunate it that it was finally agreed after some staff consultation had commenced, which frustrated staff and contributed to the loss of some experienced nurses.

The wards in the new build operated from larger bed configurations and with more side rooms than staff had been used to, which impacted upon staffing ratios. New ward teams had to be formed from the merging wards where specialities were coming together and the project underestimated the impact of bringing teams together in this way, and the additional matron and senior nurse support that would be required.

13. Risk Management

A robust approach to risk management was adopted throughout the project. The full business case set out the proposed approach which was entirely in accordance with the Trust risk management policy. Critical risks were identified at full business case stage with the risk register being developed and monitored by the Project Board monthly as the scheme progressed. Any high level risks where subsequently escalated to the Trust risk register as deemed appropriate by the Project Board and Senior Responsible Officer.

Any residual risks at project close were transferred to the appropriate division or project group risk register. A summary of the final medium and high rated risks reviewed by the Project Board are shown below;

Table 6 – Remaining risks at project closure

Datix ref	Risk Title	Ownership
476	Risk that residual Phase 4 schemes are not delivered within Programme budget	Phase 4 Project Board
477	Risk that Phase 4 building programme cannot conclude to agreed timeline due to delays in transfer out of pathology services	Phase 4 Project Board
1076	Risk of injury to staff working adjacent to main corridor whilst department occupies temporary accommodation in L3 link corridor	Division of Diagnostics and Therapies
1130	Risk of failure of essential services during partial occupation of the Old Building	Old Building Decommissioning Group
1170	Mobile phone reception will be further reduced in Queen Elizabeth Building following facade project	IM&T
1171	Lack of dedicated specialist ventilation room within respiratory ward after medical ward moves complete	Division of Medicine
1398	Risk of harm to staff due to inaccessibility of Dolphin House during building works	Phase 4 Project Board

Three risks remain with a high risk rating, 476, 477 and 1398, but have adequate control measures in place. Risk 476 and 477 remain under review as the Phase 4 works programme draws to completion. Risk 1398 is now partially resolved and with be fully resolved with the completion of the works programme for King Edward Building.

The approach to risk management was effective and a key element to the successful delivery of the project.

14. Environment

The environmental impact of the project has been assessed by looking at the energy consumption in relation to the changed floor area resulting from the new build elements of the project and those areas taken out of use, or undergoing refurbishment. Additionally the agreed target on the building was to achieve a BREEAM rating of GOOD and this has now been confirmed and certified by external assessors. The certificate is shown at appendix 4.

	Unit	**2013-14 RA701 BRI**	**2015-16 RA701 BRI**
Gross Internal Area	m2	90323	106444
Total Electricity consumption	kW/m2	164.73	123.76
Local Steam consumption	kW/m2	215.83	110.11
Total Energy consumption	kW/m2	380.56	233.87

This assessment shows that whilst the active floor area has increased by 18% the energy consumption has fallen by 25% for electricity and 49% for steam giving an overall energy reduction of 39%, confirming the energy efficiency of the design.

15. Above and Beyond

Above and Beyond have been delighted in being a partner to the Trust in such a major re-development and it is very clear what the impact has been both to patients and their families in the BRI and in the BHOC. This is the largest proactive fundraising appeal that the charity has undertaken and it has driven success and growth in supporters and donors and prospective donors, it has also been a way of raising awareness of charitable giving within the hospitals which will have a positive impact well beyond this particular appeal.

The Appeal is proving to be successful but there are learnings along the way which might mean that more money can be drawn in and the effort invested by both charity and hospital staff can be made more efficient. The charity when it completes its Appeal will do a fuller evaluation of its success and will share that with the Trust. This will happen at the beginning of 2016/17.

15.1 A big redevelopment

Initially, the charity along with the Trust tried to finesse a joint charity approach. This proved unsuccessful as a number of the charities refused to work in partnership under an umbrella appeal. The fact that there were at least seven charities looking for charitable income from often the same group of people, meant that competition was fierce and fundraising was more expensive. It is not clear whether this could be avoided in the future on such a big project with so many different developments and individual project strands.

15.2 Above and Beyond's Contribution

Above and Beyond agreed to attribute its contribution a huge range of different strands of the appeal – which made it difficult to form a cohesive and clear ask and explain the impact.

There was just a long shopping list with different focus and differing impacts that needed to be got across.

15.3 Involvement

The Trust has been very good at involving Above and Beyond in the development of the project and its implementation. The strategic development team was very helpful and cooperative with accessing information on all levels and also gave time to take part in tours of the building site. The task taken on by the charity could not have been done without that support. A good number of consultants, the nursing and AHP teams, and the management staff have also been great at engaging with visitors and would-be donors – which is essential to make the "ask" come alive. The cultivation events have been very well received and have a much longer term impact in the relationship with key potential donors. This is time-consuming but hugely effective.

15.4 Communication

The communication with the Trust Executive and Managers involved in shaping the project have been good, but the charity identified that when developing support or obtaining information for cases from the ward about the difference that things will make – it was a lack of understanding by the front-line staff of what was being voluntarily funded and what wasn't and what was needed to effectively fundraise. This led to confusion, delays in getting cases for support ready to go out to donors and in some cases no cases for support. It would be useful to engage at the beginning of the project with the staff in each area affected to share with them a greater understanding of fundraising, how it works and what is being done in their area.

15.5 Budget and Cases for support

There were three main issues:

- Due to the diverse nature of the projects within the Appeal there where a large number of budget lines. For many of these, the original budget was either too high – so that there is a lot of money left within it (equipment for the assessment units), or in some areas there was no project idea ready to fundraise against – eg: Welcome Centre, which has meant the appeal had to scrabble around at a late stage and develop new cases for support, risking the targets set.
- The charity had initially made an absolute commitment to raise £4,250,000 with a "hope to raise" £750,000. Although it felt important for the charity to mitigate slightly against risk of not raising the full amount, and to ensure that the Trust understood where the charity was, it has not helped clarity.
- In certain areas, commitment was made to fund facilities in a room, or a particular facility, and that had been shared with donors. Then when the facility was complete, the extra elements had not been purchased. This meant working through after completion with different groups to find a resolution.

15.6 Timing and detailed data

The charity is always challenged by trying to fundraise retrospectively for projects which have been completed. Although this project has been developed over many years, getting the detail for precise areas of work has come much later which has meant that time was more limited to drive more fundraising asks.

Recommendation 6 Early engagement with supporting charities, with clearly defined elements against which they can plan fund raising activities.

Recommendation 7
Improved engagement with ward or department teams earlier in the project to ensure that charitable funding opportunities are identified and sooner and better understood by staff in the services.

16. Conclusions

This was a large complex project to undertake on a congested city centre site with a number of elements being constructed within fully operational areas. The project required a high level of pre planning and the use of enabling works to de-risk the main ward block build. Commitment, management drive and support from the Divisional management teams to enable the scheme design to be developed to a high level aided the off-site construction methods employed by the contractor.

The implementation of revised models of care supported by the required workforce has met the objectives of the project in terms of establishing the "village" model for both Medicine and Surgery divisions.

Financially, the scheme completed within the capital envelope, recognising that budget adjustments had to be made during the life of the project to accommodate such issue as the level 9 design changes.

The revenue position is forecast for 2015/16 in line with the approved refresh of the Full Business Case.

The project structure and governance has been effective as has the approach to risk management.
The use of the external Gateway review process has assisted in providing confidence that project was on track to deliver its objectives.

The " Building a Better Bristol " brand promoted good communication both internally and externally and in particular good use was made of local media to support elements of the scheme such as the façade design.

Scheme benefits were identified at full business case stage and these have been fully met.

The delivery of the construction element worked well using the P21 Framework and work was completed with the minimum of interruption to operational services, noting that this required a high level of logistics planning between the project management team, contractor and the divisions.

The final building design achieved a Good BREEAM rating and an overall reduction in energy consumption.

The project benefitted from support from Above and Beyond Charity however, it is noted that earlier engagement with the charity and a more definitive range of requirements could have improved their fund raising potential.

The overall assessment is that this was a large complex project both in terms of the design and construction, which was well managed and delivered all the objectives and benefits identified within the approved Business case.

There are a number of notable points of success which should be recognised in future projects, as well as some recommendations derived from the evaluation and these are summarised in the final section of this report.

17. Recommendations for Future Projects

These are summarised;

- Recommendation 1 - Thought should be given to ensuring project arrangements reflect the needs of all stakeholders, notably that clinical commitments are regularly assessed and backfilled to enable clinical members to meet project deadlines to be met.
- Recommendation 2 - Ensure all “interested parties” are identified at the outset of the project to ensure that designs reflect the needs of all key staff and that key staff are involved in the final sign off of detailed designs.
- Recommendation 3 - Review the approach taken to briefing, training and preparing staff for working in a different clinical environment to support successful transition.
- Recommendation 4 - Review the approach taken to scoping and management of all equipment requirements for future projects.
- Recommendation 5 - Review the approach taken to managing changes within a large scale project involving multiple divisions whilst maintaining operational services. Further benefits could be derived from drawing upon change management principles as well as project management principles. Human factors should be given greater future consideration in complex projects including the value of using simulation. In preparing for change.
- Recommendation 6 - Early engagement with supporting charities, with clearly defined elements against which they can plan fund raising activities.
- Recommendation 7 - Improved engagement with ward or department teams earlier in the project to ensure that charitable funding opportunities are identified and sooner and better understood by staff in the services.

Notable Points:

- Notable Point 1 - During the planning phase, the Board reviewed the original planning parameters in light of a changing context, and materially revised the scheme to incorporate additional beds. Without this bold step, the development would undoubtedly have been undersized.
- Notable Point 2 - Project governance for schemes of this scale should reflect the requirements for both strategic and operational business to be executed but recognise that these issues are likely to warrant different memberships and approaches. In this instance, the interface between the Project board and the Operational Delivery Group achieved this.
- Notable Point 3 - Corporate support and leadership flowed through the project structure by the appointment of a dedicated SRO and Implementation Manager. The Implementation Manager was as the Chair of the ODG and a member of the Project Board which supported a good balance between divisional ownership and corporate leadership

- Notable Point 4 - The project benefited from a detailed plan of project communications within an agreed budget and the input from a dedicated communications resource. Opportunities were maximised to positively promote the reputation of the Trust through local media – of particular note was the work with The Post to run the design competition for the façade which involved the public in the project in a way that would not otherwise have been achieved and thus delivered the objective of promoting the Trust's civic profile in the City.
- Notable Point 5 - LORs willingness to work with the project team to deliver the scheme with full recognition of the need to ensure clinical services were maintained.
- Notable Point 6 - The BRI scheme was delivered within the capital funding made available and the recurrent revenue is within the approved envelope.
- Notable Point 7 - "The project structure and team developed over the years. The change recently with a risk focus and clear structure aided the conversation more."
- Notable Point 8 - The BRI use of a single ward moves programme to tie together the contractor build programme with operational commissioning was a strength of the project.
- Notable Point 9 - The project secured strong clinical engagement – medical, nursing and therapies -from all relevant Divisions, in designing care new models of care, revised pathways and associated service accommodation.

Terms of Reference – BRI Redevelopment Operational Delivery Group

Document Data	
Corporate Entity	BRI Redevelopment Operational Delivery Group
Document Type	Terms of Reference
Document Status	Approved
Executive Lead	Chief Operating Officer
Document Owner	BRI Redevelopment Implementation Manager
Approval Authority	BRI Redevelopment Project Board
Document Reference	Not Applicable
Review Cycle	6
Next Review Date	28/04/2015

Document Abstract
The BRI Redevelopment Operational Delivery Group aims to manage and take responsibility for the transfer of all clinical services from the BRI Old Building and King Edward Buildings, and the reconfiguration of clinical services to bring the new Terrell Street facility to a fully functional operational state and deliver the agreed Models of Care.

Document Change Control				
Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
29th January 2013	0.1	Kerry Cooper	Major	Re-draft to reflect the revised project structure approved through TME
30th October 2013	0.2	Alison Grooms	Moderate	Revision to reflect changes in project structure following model of care changes
13th October 2014	0.3	Alison Grooms	Moderate	Review

1. Purpose

1.1 The BRI Redevelopment Operational Delivery Group (ODG) aims to manage and take responsibility for the transfer of all clinical services from the BRI Old Building and King Edward Buildings, and the reconfiguration of clinical services to bring the new Terrell Street facility and Phase 4 schemes, to a fully functional operational state, able to deliver the agreed Models of Care.

1.2 Key functions of the BRI ODG are to agree the future models of care, and the implementation plan for the mobilisation of services. The ODG will ensure that the mobilisation plan is adhered to, so that the project is delivered within the resources set out at Full Business Case and thoroughly Phase 4 schemes, or subsequently revised by The BRI Redevelopment Project Board, and to the timeline agreed.

1.3 The BRI ODG will produce the benefits realisation plan, making sure that the key benefits to be achieved from the development of services are well formed and understood, with clarity over how they will be achieved, measured and reported on.

1.4 THE BRI ODG will provide a professional and technical lead to the commissioning process on behalf of the BRI Redevelopment Project Board.

1.5 The BRI ODG will ensure oversight of project risks at all times, reporting upwards as necessary and ensure mitigation plans are developed for all risks that cannot be eliminated.

2. Authority

2.1 The Group is authorised by and accountable to the BRI Project Board and reports via the nominated Executive groups as described at Appendix 1.

3. Reporting

3.1 The Group reports monthly to the BRI Project Board, Divisional Boards and other organisations as advised.

4. Membership

4.1 The membership will provide the appropriate mix of relevant clinical advice, Divisional representation, dedicated project team representation, Estates involvement and necessary corporate support services such as capacity, service and workforce planning, finance and IM&T. Additional members may be co-opted as business of the meetings dictates

(a) BRI Redevelopment Implementation Manager (Chair)

(b) Joint Clinical Leads

(c) Heads of Nursing, Divisions of Medicine and Surgery Head & Neck

(d) Deputy Divisional Directors/General Managers, Divisions of Medicine, Surgery Head & Neck and Diagnostics and Therapies

(e) Clinical Site Team Manager, Division of Medicine

(f) Head of Radiology Services, Division of Diagnostics and Therapies

(g) Head of Therapy Services, Division of Diagnostics and Therapies

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(h) Strategic Development Programme Director

(i) Director of Facilities & Estates

(j) General Manager, Facilities

(k) Deputy Director of Infection Prevention and Control

(l) Assistant Director Workforce and HR Information Systems

(m) Director of IM&T

(n) Divisional Project Manager, Divisions of Medicine and Surgery Head & Neck

(o) Project Manager, Commissioning & Equipping

(p) Head of Communications and External Relations

(q) Head of Financial Planning

(r) Patient Experience Lead Engagement and Involvement

4.2 Quorum

The quorum necessary for the transaction of business shall be 50% of members and must include one member from each division.

4.3 Members are responsible for ensuring the cascade of information into their respective divisional teams

5. Duties

5.1 The key duties of the group are to

(a) provide professional and technical advice to the BRI Project Board on decisions affecting the project

(b) to develop and deliver a comprehensive commissioning programme

(c) to decommission vacated wards and departments to suit long term use

(d) develop robust operational plans to support transition of services whilst maintaining business continuity

(e) to review, develop and deliver the benefits realisation plan as set out by the FBC, giving clarity as to how the benefits are achieved, monitored and reported on

(f) to deliver the operational aspects of the project in line with financial envelope as set out in the FBC

(g) to deliver the operational aspects of the project as south in the Phrase 4 programme

(h) to develop the Models of Care as defined in the FBC to an operationally acceptable level

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(i) to provide a management structure and process to oversee and deliver the full range of commissioning activities

(j) to ensure commissioning progress against programme is shared with key stakeholders

(k) to ensure appropriate links are established with external bodies

(l) to seek BRI Project Board approval when required

(m) to ensure the right workforce is available, at the right time, within the allocated resources to support the transition and operational function of services

(n) to ensure robust risk assessment and issue management systems are in place and to continuously review project risks in the manner required by the BRI Project Board

(o) to ensure strong communication and involvement process in place with patients, the public and staff

(p) to ensure that the responsibilities of Divisions for the delivery of benefits and the 'business change' required as part of the project are clear

(q) to participate in the post project evaluation and any further Gateway review stages

5.2 *Procedural Documents and Corporate Record Keeping*

(a) The Group shall ensure accurate and comprehensive minutes of the meeting are maintained and approved by the Group

(b) The Group shall receive written status reports from all work streams monthly or as required

(c) The Group shall maintain a Risk Register. Any project risk with a residual rating of "high" will be entered on the UH Bristol Trust Services Risk Register

6. Frequency of Meetings

6.1 The Group shall meet monthly, and at any such other times that the Chair deems necessary and a quorum can be established

7. Review of Terms of Reference

7.1 The Group shall review its terms of reference every six months or sooner if deemed necessary by the Chair.

7.2 Reporting to BRI Project Board

The Operational Delivery Group will submit a Monthly Status Report to the BRI Project Board that will include:

- Decisions required
- Key issues/red flags
- Project status update

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- Progress against project milestones
- Communications and Patient & Public Involvement
- Critical task for the coming period against the stage plan
- Project risk update

8. Standing Agenda Items

Minutes review and approved

8.1 Status Report

8.2 Finance Report

8.3 Risk Register

9. Appendix 1 – Project Structure

DRAFT

Terms of Reference – BRI Redevelopment Project Board

Document Data	
Corporate Entity	BRI Redevelopment Project Board
Document Type	Terms of Reference
Document Status	Approved
Executive Lead	Chief Operating Officer
Document Owner	Alison Grooms, BRI Redevelopment Implementation Manager
Approval Authority	Trust Management Executive
Document Reference	Not Applicable
Review Cycle	6
Next Review Date	02/03/2015

Document Abstract
The BRI Redevelopment Project Board is responsible for ensuring the safe and effective transfer of adult services to the new Terrell Street Building, the implementation of new models of care and the ultimate closure of the Old Building. It must deliver these aims within the resources agreed at Full Business Case (or subsequently revised by the Trust Board) and the programme timeline agreed through the Bristol Health Services Plan.

Document Change Control				
Date of Version	**Version Number**	**Lead for Revisions**	**Type of Revision**	**Description of Revision**
9th January 2013	0.1	Andy Headdon	Major	Re-draft to reflect the revised project structure approved through TME
2nd December 2013	0.2	Alison Grooms	Moderate	Adjustments to align with revised ODG terms of reference and project structure
22nd January 2014	0.3	Alison Grooms	Minor	Added specific reference to overview of related service transfer projects
11th March 2014	0.4	Alison Grooms	Minor	Removal of Chief Nurse from membership
24th November	0.5	Alison Grooms	Minor	

1. Purpose

1.1 The purpose of the Board is to oversee the safe and effective transfer of adult services into the newly constructed Terrell Street Building and refurbished accommodation through the implementation of new Models of Care and ultimately the closure of the Old Building. The Board will provide overall project direction and ensure necessary progress is being achieved by the work-streams established to support delivery of the project aims.

1.2 A key function of the Board is to ensure the project is delivered within the resources set out at Full Business Case, or subsequently revised by the UH Bristol Trust Board, and to the timeline agreed.

1.3 The Board will ensure oversight of project risks at all times, reporting upwards as necessary and ensure mitigation plans are developed for all risks that cannot be eliminated.

1.4 Oversee the related service transfers which impact on the inpatient bed provision or space requirements related to the BRI Redevelopment. E.g. Vascular Transfer, South West Cleft Service, Breast Screening

2. Authority

2.1 The Board is authorised by and accountable to the Trust Board and reports via the nominated Executive groups as described at Appendix 1.

3. Reporting

3.1 The Board reports monthly to the UH Bristol Trust Management Executive (TME) and quarterly to the Trust Board.

4. Membership

4.1 The following shall be members of the Board and are responsible for executing their portfolio responsibilities and communicating with their constituents (where applicable).

(a) Chief Operating Officer, UH Bristol (Chair)

(b) Director of Strategic Development, UH Bristol

(c) Clinical Chairs, Divisions of Medicine, Surgery, Head & Neck and Diagnostics and Therapies.

(d) Divisional Directors, Divisions of Medicine, Surgery, Head & Neck and Diagnostics and Therapies.

(e) Chief Nurse, UH Bristol

(f) Strategic Development Programme Director, UH Bristol

(g) Head of Financial Planning, UH Bristol

(h) Director of Facilities & Estates, UH Bristol

(i) Assistant Director of Workforce and HR Information Systems, UH Bristol

(j) BRI Redevelopment Implementation Manager, UH Bristol

(k) Clinical Leads, UH Bristol

(l) Above and Beyond Representative

4.2 The quorum necessary for the transaction of business shall be 50% of members and must include one member from each division.

5. Duties

5.1 The key duties of the group are to

(a) ensure the capital development programme is completed on time, to budget and to the required specification

(b) ensure the development of robust implementation plans to ensure the safe and effective transfer of services including the development of the over-arching models of care, over-sight of the development of detailed Models of Care for individual services and associated operating policies and procedures

(c) to maintain oversight of all project risks through the rigorous review of project work streams and to ensure effective mitigation plans are developed where risks cannot be eliminated

(d) to oversee the effective operation of the project work-streams to ensure all project milestones are delivered on time and to the required standard; to request and oversee delivery of remedial action plans where progress is compromised.

(e) to ensure effective communication to all project stakeholders, internal and external, of project progress and key project milestones with the aim of maintaining a positive project profile, promoting the Trusts' reputations and engaging staff in successful delivery of the project

(f) to develop and maintain a project plan that captures all key milestones / deliverables and associated issues logs to ensure all outstanding issues are monitored and progressed to resolution

(g) to direct the work and priorities of the Operational Delivery Group and Project Workstreams in light of the over-arching project plan and project risks

(h) to oversee the re-fresh of the income and expenditure case as set out in the Full Business Case to ensure the project remains affordable to the Trust

(i) to ensure service business continuity through the operational transfer period

(j) to ensure the right workforce is available, at the right time, within the resources available to support the successful transfer and integration of specialist services

(k) to ensure a robust training and induction programme for staff to promote the safe transfer of services to the new facilities

(l) to commission the post-project evaluation, including assessment of the delivery of the benefits realisation case

(m) to lead constructive relationships with the projects charitable fundraisers, Above and Beyond to promote the successful raising of £3m

(n) to receive reports from the project groups on the progress of related service transfers, understand the operational impacts of schemes and actively manage any associated risks

(o) to achieve the closure of the Old Building

5.2 Procedural Documents and Corporate Record Keeping

(a) The Board shall ensure accurate and comprehensive minutes of the meeting are maintained and approved by the Board

(b) The Board shall maintain an issues log and risk register. Any project risk with a residual rating of "high" will be entered on the UH Bristol Trust Services Risk Register

6. Frequency of Meetings

6.1 The Board shall meet monthly, and at any such other times that the Chair deems necessary and a quorum can be established.

7. Review of Terms of Reference

7.1 The Board shall review its terms of reference every six months or sooner if deemed necessary by the Chair.

8. Standing Agenda Items

8.1 Minutes review and approval

8.2 Status Report – Operational Delivery Group

8.3 Finance Report

8.4 Risk Register

8.5 Issues Log

9. Appendix 1 – Project Structure

Changes to this version from Dec 13 version:

1. Date
2. TME to SLT
3. Delete reference to CSP
4. Add formal reporting and escalation comment between ODG and PB
5. Delete separate Task and Finish scheme box – all now complete or covered in P4 or Operational Capital (Op Cap) structure.
6. Add link to W&C for Op Cap schemes. Division of W&C not represented at Project Board.
7. Workstream names updated
8. Air Ambulance working group deleted.

BRI Redevelopment Governance Framework

Revised November 2014

UH Bristol Trust Board

Senior Leadership Team (SLT)

BRI Project Board
- Interface between operational and capital
- Direction Setting
- Receiving progress reports and exception reports from ODG and other work streams
- Ensuring delivery
- Unblocking Bottlenecks
- Identify and Manage Risks
- Maintain Project Affordability

Reports to:
- Divisional Boards of Medicine, SH&N, D&T
- CPSG

Reporting and escalation

Phase 4 Capital Project Group
Includes remaining P21 scheme
(via Strategic Development Project Director)

Estates Operational Capital Projects Group
Report W&C scheme to SDG
or Divisional Exec Comm
(via Director of Facilities and Estates)

Operational Delivery Group
- Service Reconfiguration
- Commissioning
- Business Continuity
- Implement models of care
- Standard Operating Procedures
- PPI and Patient Involvement
- Identify and Manage Risks

Division of SH&N Group

Joint Divisional Group issues (Med/SHN/D&T)

Division of Medicine Group

Workforce & Staff Engagement

Facilities & Estates

Equipping & Commissioning

Communications & Patient Public Involvement

IM&T

Joint Arts Group

Division of D&T (Pharmacy, Therapies & Radiology)

Finance

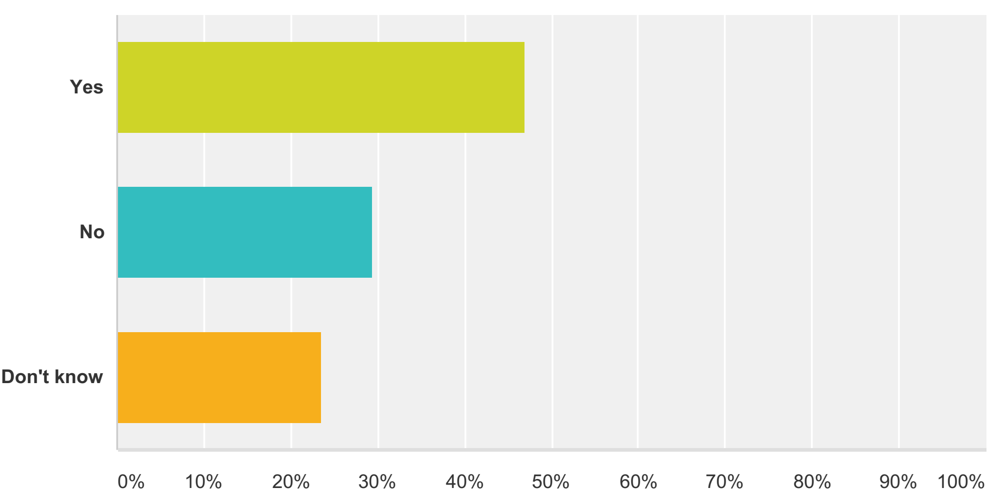
All subgroups will be required to consider;

Progress against Commissioning and implementation plans; Model of Care; Workforce; Patient and Public Involvement; Finance; Equipment; IM&T, Arts; Communications and the identification of risks and issues.

FIRST DRAFT

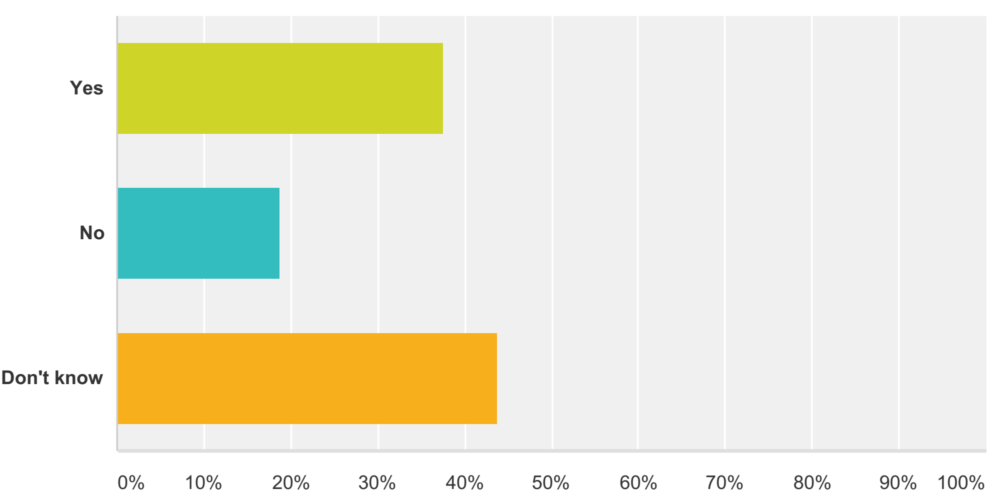
Q1 Did the project have the right structure to ensure that each department was involved in the detailed design process?

Answered: 17 Skipped: 0



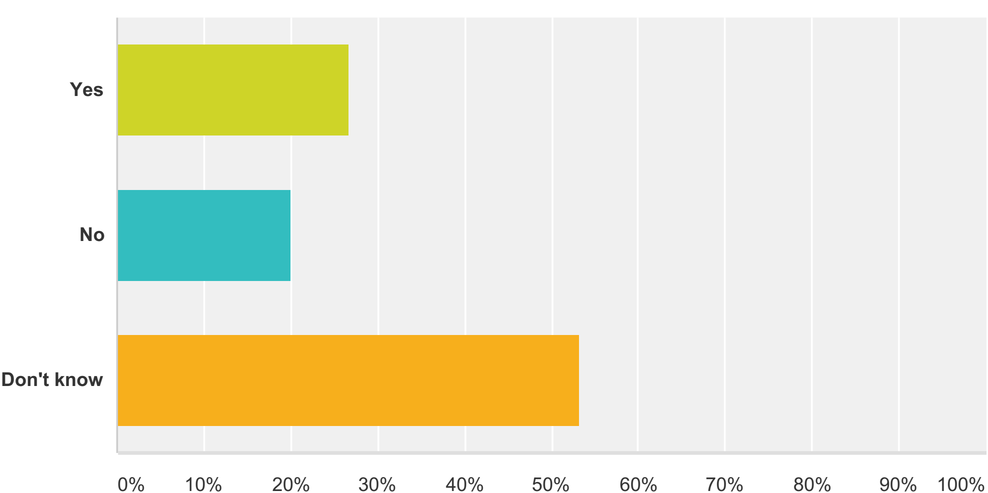
Answer Choices	Responses	
Yes	**47.06%**	8
No	**29.41%**	5
Don't know	**23.53%**	4
Total		**17**

Q2 Did each department /division have sufficient time to conduct the final sign off process?



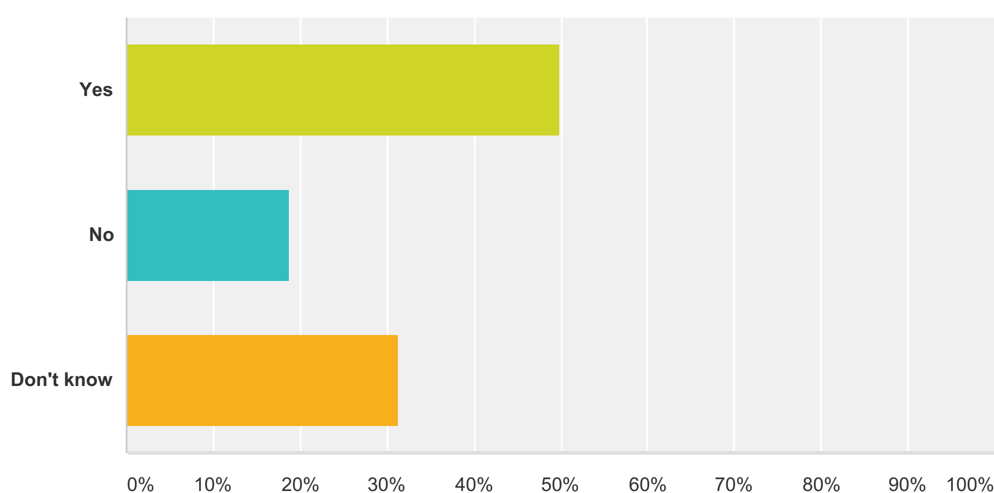
Answer Choices	Responses	
Yes	**37.50%**	6
No	**18.75%**	3
Don't know	**43.75%**	7
Total		**16**

Q3 In your opinion, did the sign off process work well?



Answer Choices	Responses	
Yes	**26.67%**	4
No	**20.00%**	3
Don't know	**53.33%**	8
Total		**15**

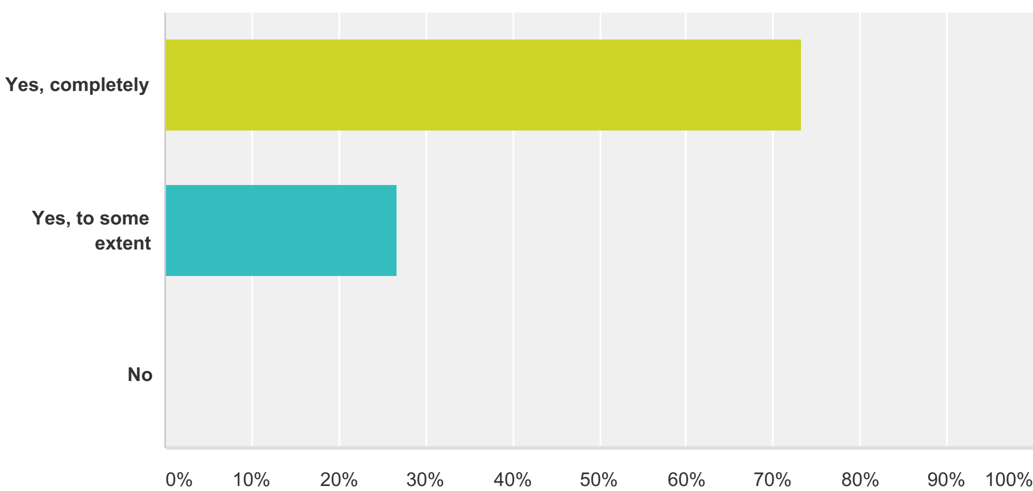
Q4 Were any requested changes to the final design well-managed?



Answer Choices	Responses	
Yes	**50.00%**	8
No	**18.75%**	3
Don't know	**31.25%**	5
Total		**16**

Q5 Is the building and/or department as you expected?

Answered: 15 Skipped: 2



Answer Choices	Responses	
Yes, completely	**73.33%**	11
Yes, to some extent	**26.67%**	4
No	**0.00%**	0
Total		**15**

Q6 Please comment on any aspects of the design process that worked particularly well:

Answered: 7 Skipped: 10

#	Responses	Date
1	The project structure and team developed over the years. The change recently with a risk focus and clear structure aided the conversations more.	11/11/2015 10:40 PM
2	Very pleasant environment for staff & patients. Ward layouts are well thought out aiding patient and staff movement.	11/11/2015 3:47 PM
3	Knowing each blue print was a similar design in layout	11/11/2015 3:03 PM
4	I was not involved in this stage of the project	11/10/2015 3:38 PM
5	the building is great!	11/5/2015 9:13 AM
6	Consideration of light, art work and patient privacy works well	11/4/2015 1:04 PM
7	Internally looks clean and maked the clinicla environment much more welcoming. These will be easy to clean.	11/4/2015 10:20 AM

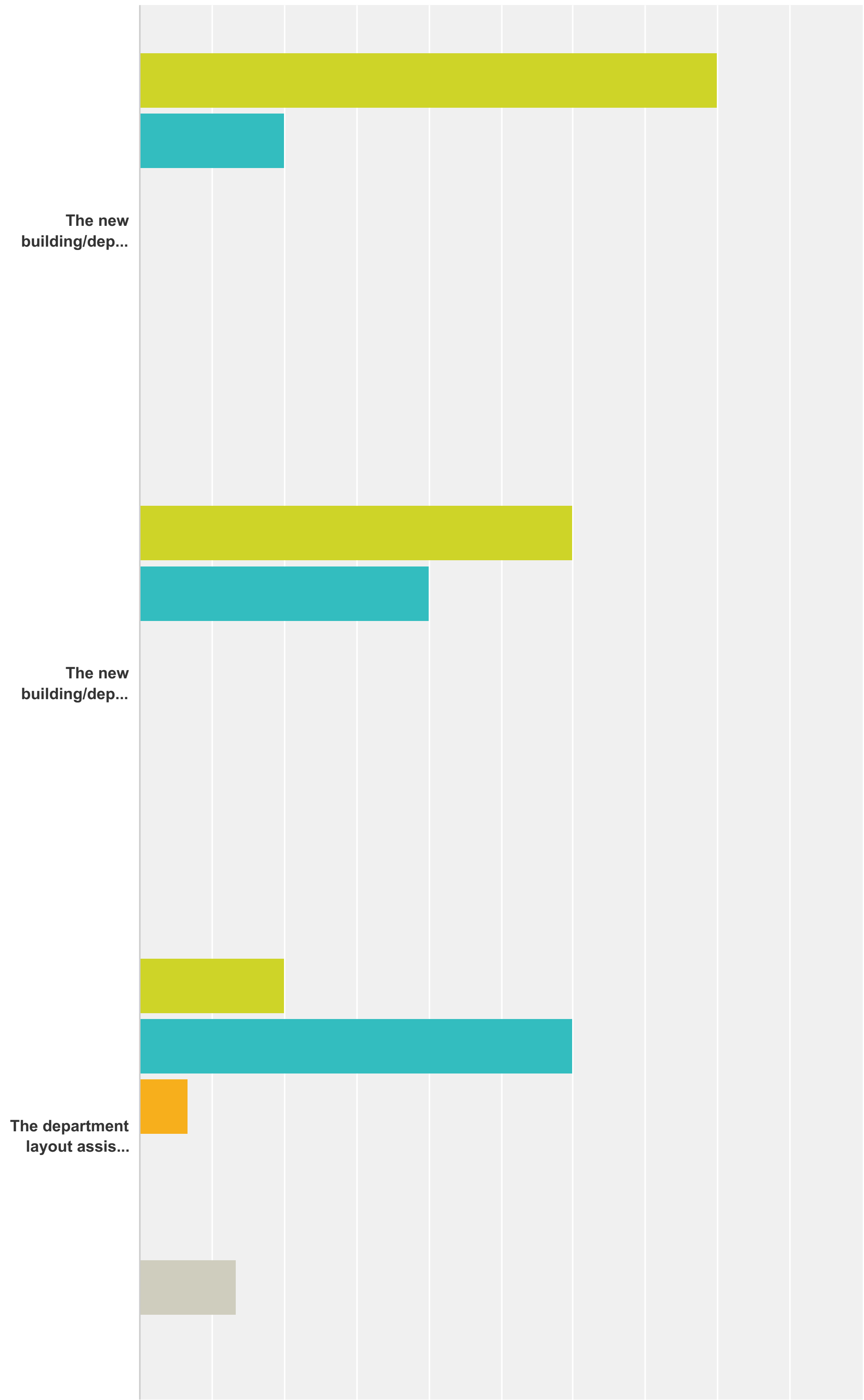
Q7 Please comment on any aspects of the design process that could have been improved:

Answered: 7 Skipped: 10

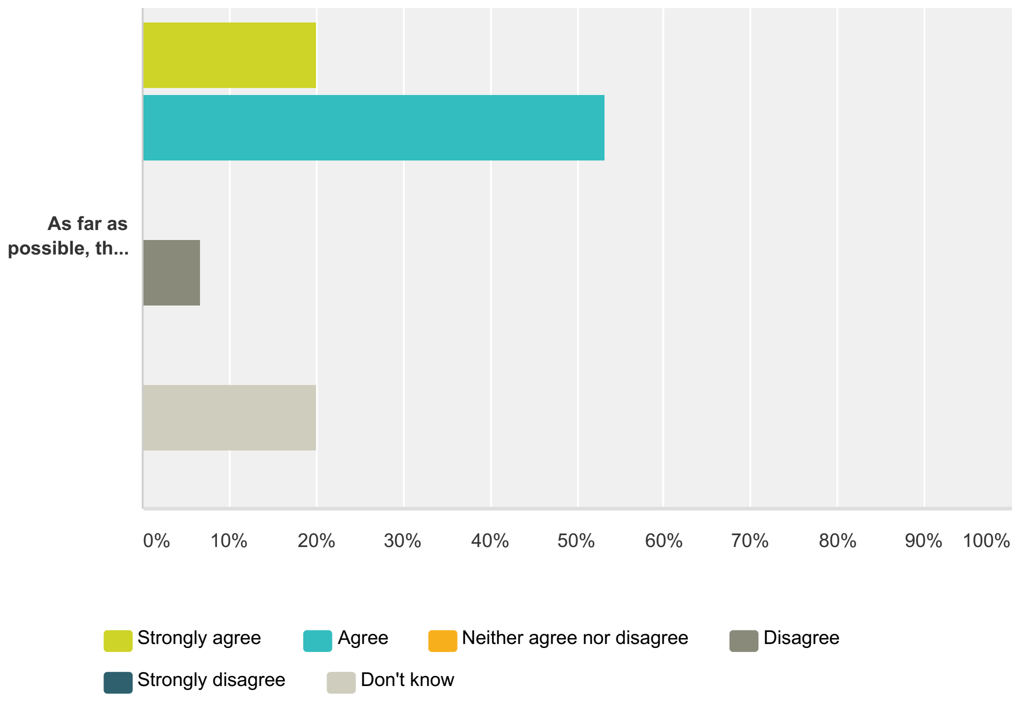
#	Responses	Date
1	Communication	11/11/2015 3:48 PM
2	None to note	11/11/2015 3:47 PM
3	I was not involved in this stage of the project	11/10/2015 3:38 PM
4	room level drawings provided much earlier . snagging and last minutes alterations team on standby rather than having to chase around for them soem days	11/5/2015 12:05 PM
5	the process was very long and changes made to design, it was this that complicated the sign off process	11/5/2015 9:13 AM
6	More consideration about where the small but important bits of equipment should go, ie hand towels, soap dispensors	11/4/2015 1:04 PM
7	We were unawre that wood was still going to be used in this design (internal), would have been better to have used all UPC to mitigate any ongoing maintenance.	11/4/2015 10:20 AM

Q8 To what extent do you agree or disagree with the following statements:

Answered: 15 Skipped: 2



BRI Redevelopment Team Evaluation



	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Total
The new building/department improves the experience for patients.	**80.00%** 12	**20.00%** 3	**0.00%** 0	**0.00%** 0	**0.00%** 0	**0.00%** 0	15
The new building/department improves the working environment for staff.	**60.00%** 9	**40.00%** 6	**0.00%** 0	**0.00%** 0	**0.00%** 0	**0.00%** 0	15
The department layout assists staff in the efficient treatment of patients.	**20.00%** 3	**60.00%** 9	**6.67%** 1	**0.00%** 0	**0.00%** 0	**13.33%** 2	15
As far as possible, the management of the works minimised operational impacts	**20.00%** 3	**53.33%** 8	**0.00%** 0	**6.67%** 1	**0.00%** 0	**20.00%** 3	15

Q9 Please state any specific issues about the new building department that have been raised by patients or staff:

Answered: 7 Skipped: 10

#	Responses	Date
1	Dice of building. Number of side rooms especially in ward blocks and high care. Not in terms of patient care but line of sight to patients and need to work differently. Some patients feel isolated. Elderly population like the company of others.	11/11/2015 10:42 PM
2	Some staff raised concerns regarding the travelling distance on wards, this was at the outset of moving in and I now understand this is no longer perceived to be an issue	11/11/2015 3:51 PM
3	Not sure that enough attention was given to the fact that staff would have to work in very different ways on these new wards due to more space/more side rooms.	11/11/2015 3:49 PM
4	The size of the wards are significant e.g. ITU	11/10/2015 3:39 PM
5	although getting used to them now the wards are very large and as nursing staff are often in side rooms you can spend a long time looking for a member of staff. also as the wards treat post op patients they aften have to do more bed moves to have the at risk patients in more visible rooms.	11/5/2015 12:10 PM
6	small treatment rooms, concerns how big the wards were on opening (in terms of how much walking required) although staff appear to have adapted well.	11/5/2015 9:14 AM
7	Overall the feedback is very positive. WIFI coverage is now being resolved	11/4/2015 1:05 PM

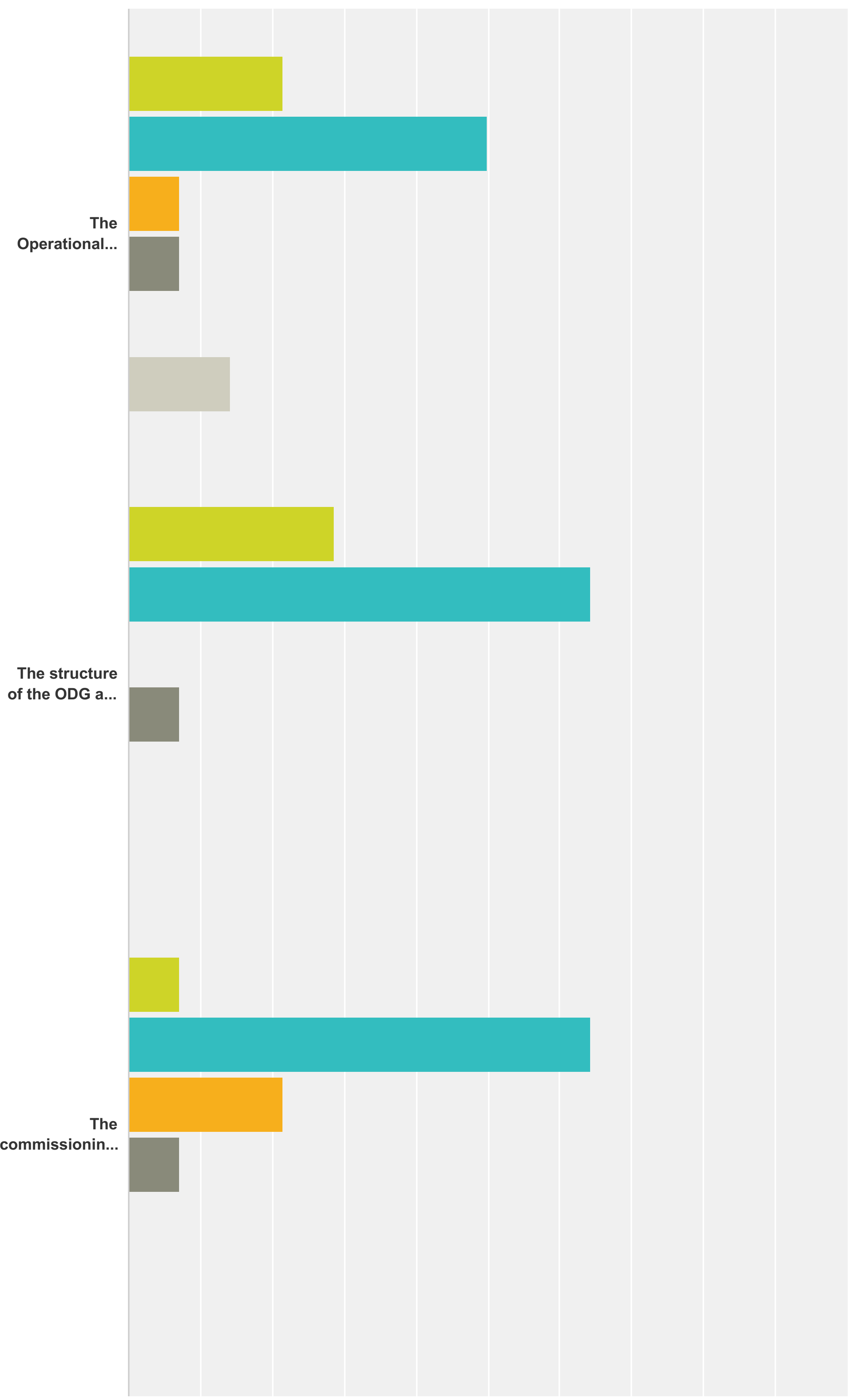
Q10 Any other comments about the outcomes:

Answered: 3 Skipped: 14

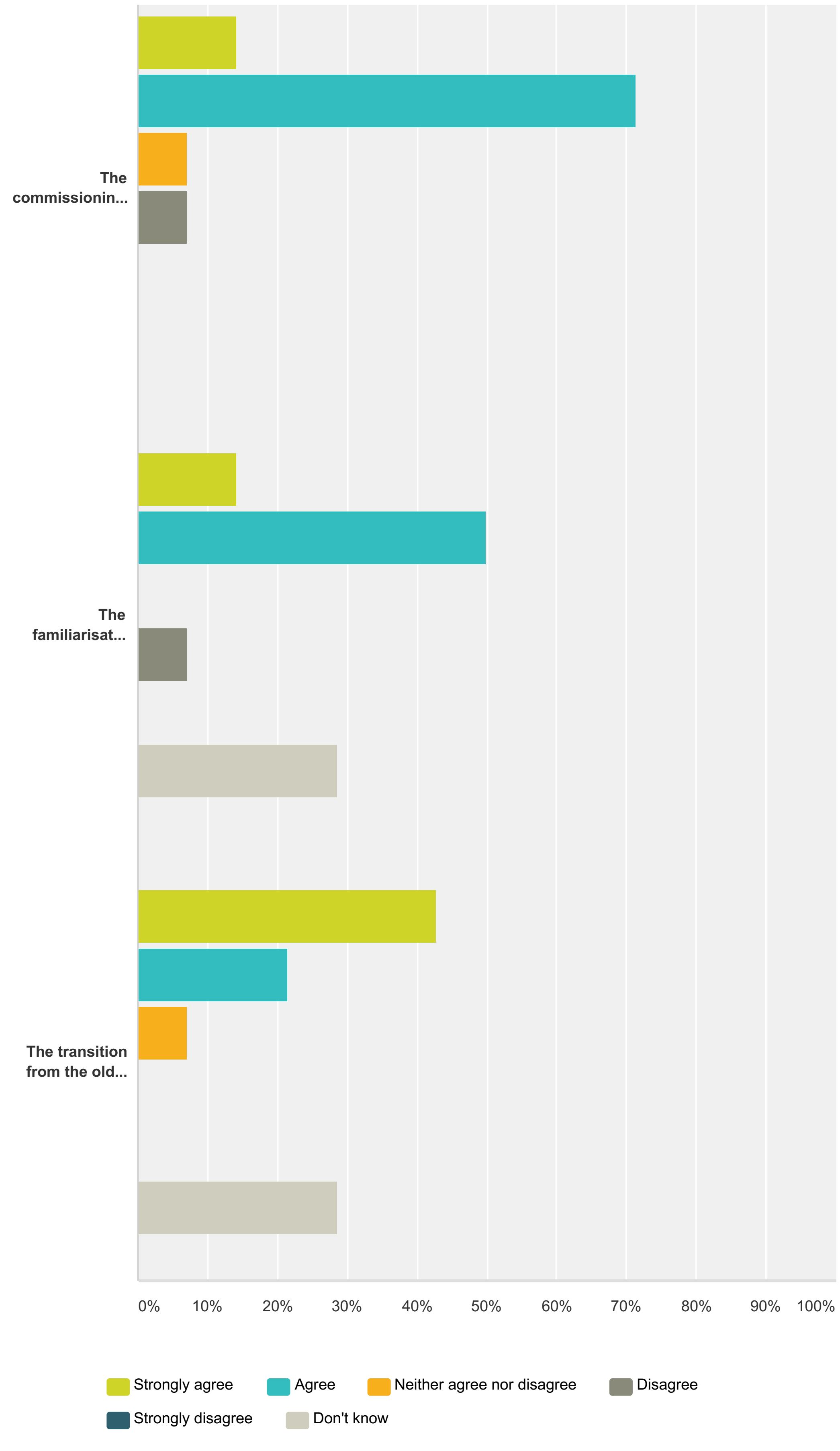
#	Responses	Date
1	None	11/11/2015 3:51 PM
2	it is a lovely environment for patients to be nursed and the artwork is well received and makes the place so much brighter.	11/5/2015 12:10 PM
3	i would be interested to know how many days were lost due to infection control outbreaks as it appears to me, that this is the positive outcome.	11/5/2015 9:14 AM

Q11 To what extent do you agree or disagree with the following statements:

Answered: 14 Skipped: 3



BRI Redevelopment Team Evaluation



BRI Redevelopment Team Evaluation

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Total
The Operational Delivery Group had the right membership.	**21.43%** 3	**50.00%** 7	**7.14%** 1	**7.14%** 1	**0.00%** 0	**14.29%** 2	14
The structure of the ODG and the working groups helped the delivery of the project.	**28.57%** 4	**64.29%** 9	**0.00%** 0	**7.14%** 1	**0.00%** 0	**0.00%** 0	14
The commissioning programme was clear and communicated well to all parties.	**7.14%** 1	**64.29%** 9	**21.43%** 3	**7.14%** 1	**0.00%** 0	**0.00%** 0	14
The commissioning period was well planned.	**14.29%** 2	**71.43%** 10	**7.14%** 1	**7.14%** 1	**0.00%** 0	**0.00%** 0	14
The familiarisation and induction process worked well.	**14.29%** 2	**50.00%** 7	**0.00%** 0	**7.14%** 1	**0.00%** 0	**28.57%** 4	14
The transition from the old department to the new worked well.	**42.86%** 6	**21.43%** 3	**7.14%** 1	**0.00%** 0	**0.00%** 0	**28.57%** 4	14

Q12 Please comment on any aspects of the commissioning process that worked particularly well:

Answered: 6 Skipped: 11

#	Responses	Date
1	All wards were commissioned realitivelynwell there were obvious issues with snagging and some initial problems with iTu that delayed the process but overall for a build of the size and complexity it was it went well.	11/11/2015 10:44 PM
2	Good engagement from key stakeholders throughout the process. Excellent leadership demonstrated by lead nurses.	11/11/2015 3:53 PM
3	The regular meeting for each floor with the right parties attending.	11/11/2015 3:04 PM
4	Very well lead by Alison Grooms and Andy Headdon.	11/10/2015 3:41 PM
5	the ward moves happened very smoothly on the days	11/5/2015 12:22 PM
6	the right people were involved through out.	11/5/2015 9:15 AM

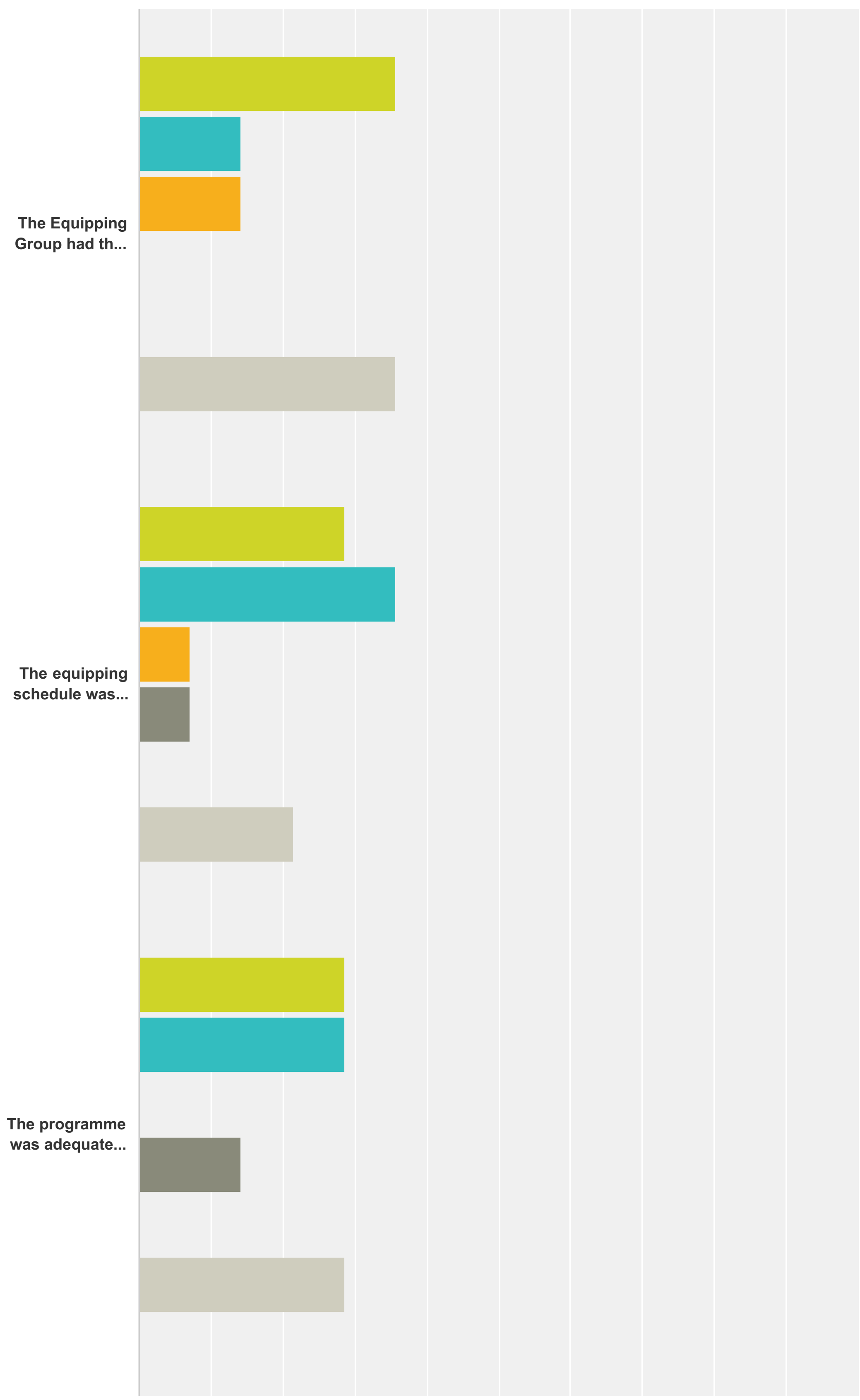
Q13 Please comment on any aspects of the commissioning process that could have been improved:

Answered: 4 Skipped: 13

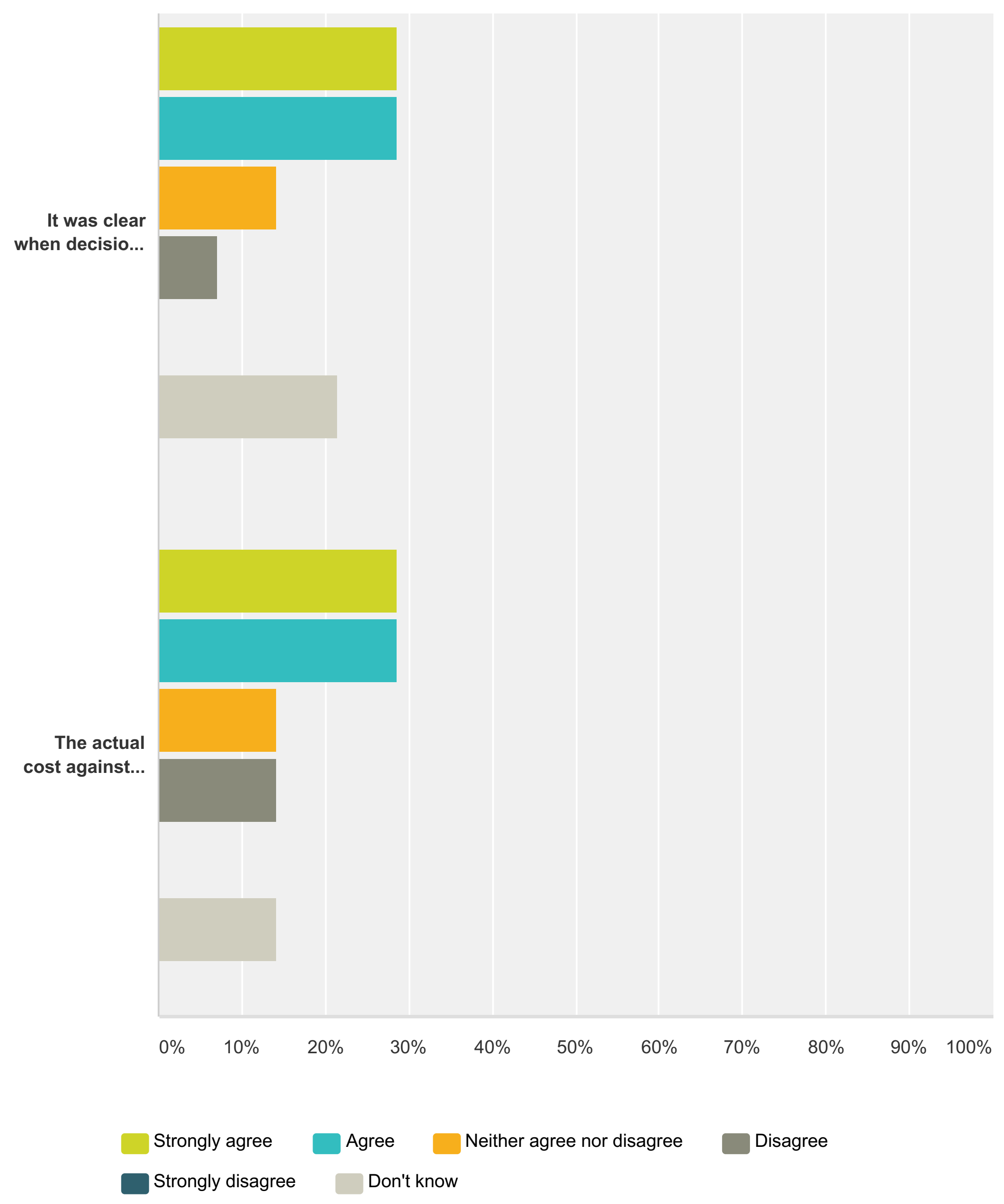
#	Responses	Date
1	ITU doors and ventilation	11/11/2015 10:44 PM
2	Late requests for changes made by clinical teams which had to be addressed as post-contract work before the ward became operational.	11/11/2015 3:53 PM
3	None.	11/10/2015 3:41 PM
4	the patient TV's were not installed prior to ward moves and this caused alot of problems afterwards. Communiation around this aspect could certainly have been improved	11/5/2015 12:22 PM

Q14 To what extent do you agree or disagree with the following statements:

Answered: 14 Skipped: 3



BRI Redevelopment Team Evaluation



	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Total
The Equipping Group had the right membership.	**35.71%** 5	**14.29%** 2	**14.29%** 2	**0.00%** 0	**0.00%** 0	**35.71%** 5	14
The equipping schedule was well developed.	**28.57%** 4	**35.71%** 5	**7.14%** 1	**7.14%** 1	**0.00%** 0	**21.43%** 3	14
The programme was adequate for decision making.	**28.57%** 4	**28.57%** 4	**0.00%** 0	**14.29%** 2	**0.00%** 0	**28.57%** 4	14
It was clear when decisions were required.	**28.57%** 4	**28.57%** 4	**14.29%** 2	**7.14%** 1	**0.00%** 0	**21.43%** 3	14
The actual cost against budget was clearly reported.	**28.57%** 4	**28.57%** 4	**14.29%** 2	**14.29%** 2	**0.00%** 0	**14.29%** 2	14

Q15 Please comment on any aspects of the equipping process that worked particularly well:

Answered: 4 Skipped: 13

#	Responses	Date
1	Close working and good relationships between equipping manager and clinical divisions ultimately led to success	11/11/2015 4:32 PM
2	Key stakeholders being held to account for their actions	11/11/2015 3:06 PM
3	this group seemed to be very effective	11/5/2015 12:23 PM
4	very much a team effort to understand requirements.	11/5/2015 9:16 AM

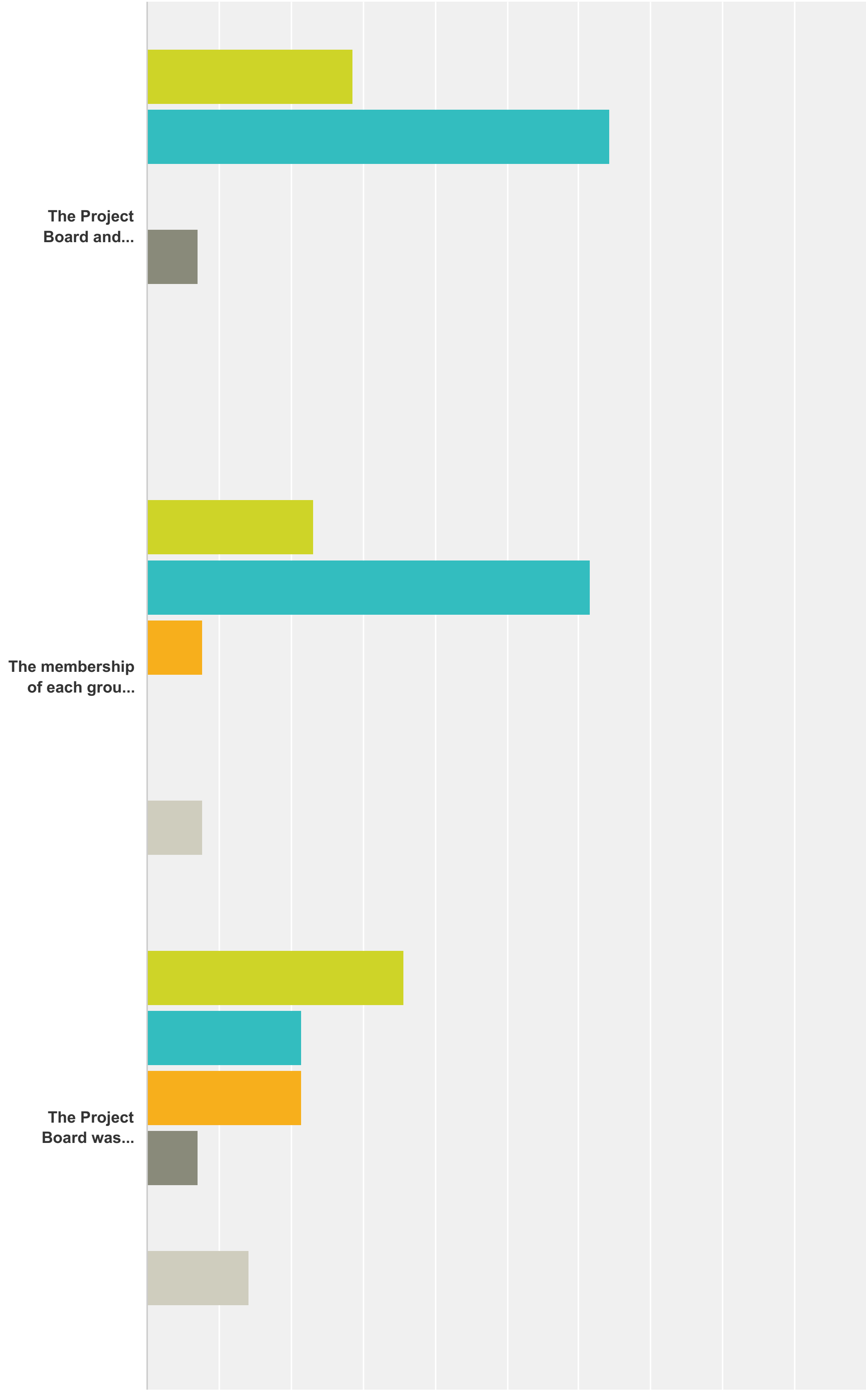
Q16 Please comment on any aspects of the equipping process that could have been improved:

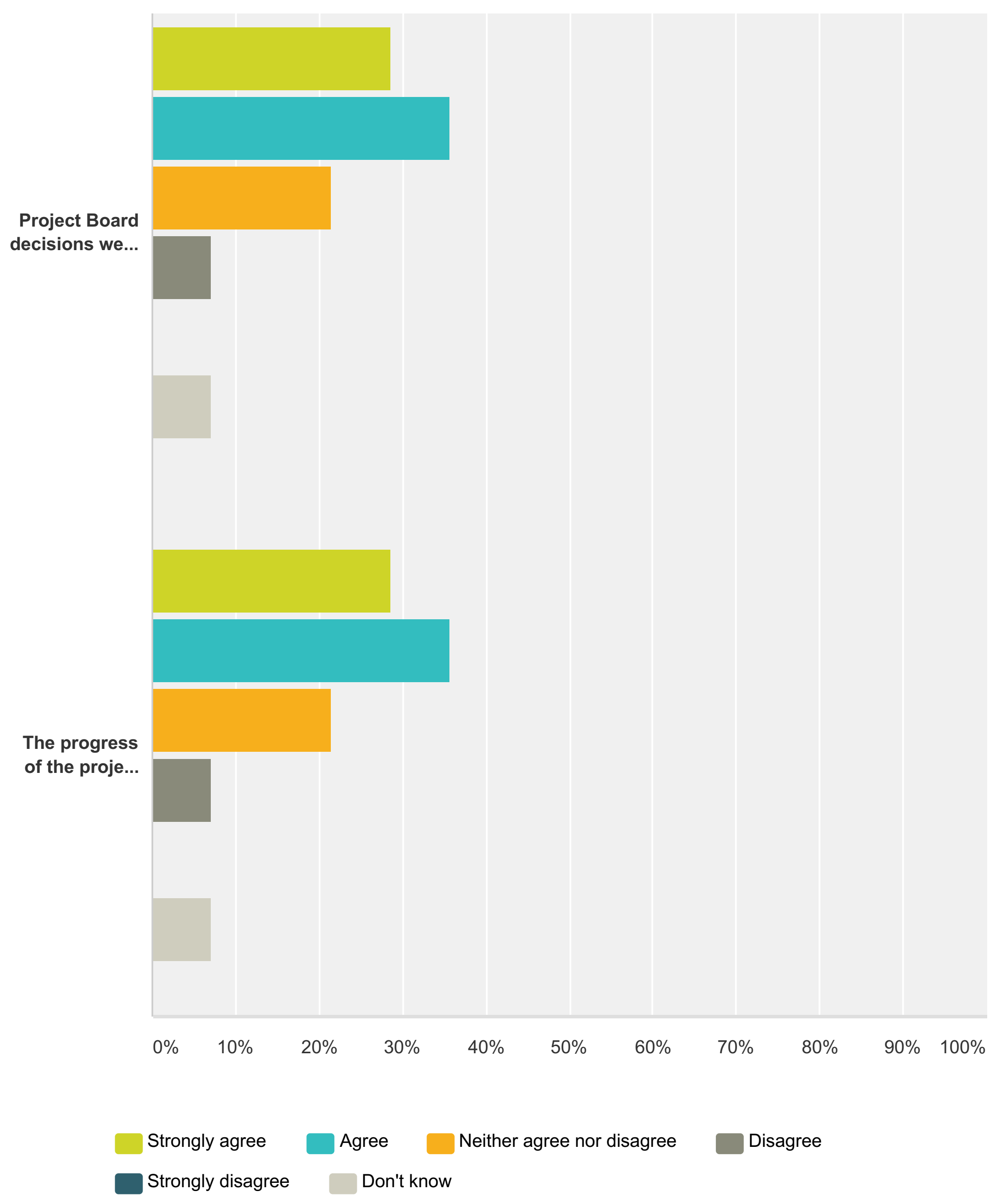
Answered: 4 Skipped: 13

#	Responses	Date
1	None	11/11/2015 4:32 PM
2	Up to date equipping sheets and costings were often late or not updated	11/11/2015 3:06 PM
3	Equipment requirements changed late on and sometimes not until and as a result of services moving into a new area.	11/10/2015 3:42 PM
4	Some times deliveries didnt arriv in the space as expected.	11/5/2015 9:16 AM

Q17 To what extent do you agree or disagree with the following statements:

Answered: 14   Skipped: 3





	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Total
The Project Board and Operational Delivery Group met the needs of the project.	**28.57%** 4	**64.29%** 9	**0.00%** 0	**7.14%** 1	**0.00%** 0	**0.00%** 0	14
The membership of each group was right.	**23.08%** 3	**61.54%** 8	**7.69%** 1	**0.00%** 0	**0.00%** 0	**7.69%** 1	13
The Project Board was effective in taking timely decisions.	**35.71%** 5	**21.43%** 3	**21.43%** 3	**7.14%** 1	**0.00%** 0	**14.29%** 2	14
Project Board decisions were communicated appropriately.	**28.57%** 4	**35.71%** 5	**21.43%** 3	**7.14%** 1	**0.00%** 0	**7.14%** 1	14
The progress of the project was well communicated by the Project Board.	**28.57%** 4	**35.71%** 5	**21.43%** 3	**7.14%** 1	**0.00%** 0	**7.14%** 1	14

Q18 Please comment on any aspects of the project governance that worked particularly well:

Answered: 2 Skipped: 15

#	Responses	Date
1	Regular attendance and contribution from relevant stakeholders	11/11/2015 4:35 PM
2	Decisions were made in the BRI Redevelopment Project Board and clearly documented against which individiuals were held to account.	11/10/2015 3:46 PM

BREEAM® UK

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Interim Certificate – Design Stage

This is to certify that:

Bristol Royal Infirmary Ward Block
Upper Maudlin Street
Bristol
BS2 8HW

has been assessed to:

BREEAM 2008: Healthcare (Fully Fitted)

by a licensed assessor for:

University Hospitals Bristol

and has achieved a score of **60.1%**

Very Good

Certificate Number: **BREEAM-0032-2701** Issue: **1**

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Gavin Dunn Director, BREEAM	CJ03 Assessor number
University Hospitals Bristol Developer	CODA Architects Architect
Laing O'Rourke Main Contractor	AECOM Structural Engineer
Crown House Technologies M&E Contractor	

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Interim Certificate Number: BREEAM-0032-2701 Issue: 1

Bristol Royal Infirmary Ward Block
Upper Maudlin Street
Bristol
BS2 8HW

Assessed for: University Hospitals Bristol

by: Hoare Lea
Assessor Company

Chris D. Jones — Licensed Assessor
CJ03 — Assessor Number

BREEAM 2008: Healthcare
(Fully Fitted)

Overall Score: 60.1%
Rating: Very Good

Category Scores	Score
Management	81
Health and Wellbeing	44
Energy	50
Transport	79
Water	44
Materials	73
Waste	63
Land Use and Ecology	50
Pollution	54
Innovation	10

Gavin Dunn, Director, BREEAM, BRE Global Ltd.

05 March 2014
Date of Issue

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Cover report to the Board of Directors meeting held in public
To be held on Thursday 28 April 2016 at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

<table>
<tr><th colspan="10">Report Title</th></tr>
<tr><td colspan="10">14. Transforming Care Report</td></tr>
<tr><th colspan="10">Sponsor and Author(s)</th></tr>
<tr><td colspan="10">Sponsor: Robert Woolley, Chief Executive
Author: Simon Chamberlain, Director of Transformation</td></tr>
<tr><th colspan="10">Intended Audience</th></tr>
<tr><td>Board members</td><td>X</td><td>Regulators</td><td></td><td>Governors</td><td></td><td>Staff</td><td></td><td>Public</td><td></td></tr>
<tr><th colspan="10">Executive Summary</th></tr>
<tr><td colspan="10"><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.</td></tr>
<tr><th colspan="10">Recommendations</th></tr>
<tr><td colspan="10">The Board is recommended to receive the report for assurance.</td></tr>
<tr><th colspan="10">Impact Upon Board Assurance Framework</th></tr>
<tr><td colspan="10"></td></tr>
<tr><th colspan="10">Impact Upon Corporate Risk</th></tr>
<tr><td colspan="10">N/A</td></tr>
<tr><th colspan="10">Implications (Regulatory/Legal)</th></tr>
<tr><td colspan="10">N/A</td></tr>
<tr><th colspan="10">Equality & Patient Impact</th></tr>
<tr><td colspan="10">N/A</td></tr>
<tr><th colspan="10">Resource Implications</th></tr>
<tr><td colspan="3">Finance</td><td colspan="2"></td><td colspan="4">Information Management & Technology</td><td></td></tr>
<tr><td colspan="3">Human Resources</td><td colspan="2"></td><td colspan="4">Buildings</td><td></td></tr>
<tr><th colspan="10">Action/Decision Required</th></tr>
<tr><td colspan="2">For Decision</td><td></td><td>For Assurance</td><td>X</td><td colspan="2">For Approval</td><td></td><td>For Information</td><td></td></tr>
<tr><th colspan="10">Date the paper was presented to previous Committees</th></tr>
<tr><th>Quality & Outcomes Committee</th><th colspan="2">Finance Committee</th><th colspan="2">Audit Committee</th><th colspan="2">Remuneration & Nomination Committee</th><th colspan="2">Senior Leadership Team</th><th>Other (specify)</th></tr>
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</table>

Transforming Care Update to Trust Board
April 2016

The purpose of this report is to update Trust Board on progress with the Trust wide programmes of work within the Transforming Care programme. The report sets out the highlights of progress over the last quarter and the next steps.

1. Transformation Board at the start of April agreed the Transforming Care priorities for 2016/17. These take account of the priorities from operating plans, items prioritised by the Senior Leadership Team (SLT) and build on progress in 2015/16. The programmes for 2016/17 are summarised in the chart at appendix 1. In developing this we also build on what we have learned from what has worked and what could have worked better in 2015/16.

2. Our Unscheduled Care & Discharge Programme Board has prioritised its work for the coming months, which is shaped around three themes: A further phase of work on ward processes; making best use of information in our IT systems; and further development of our integrated discharge team and processes. Detailed plans for the delivery of this work are now being finalised and the teams mobilised.

3. In 2015/16 the Ward Processes improvement programme supported our quality objective to improve timeliness and patient experience of discharges. Workshops with ward teams identified improvements against good practice, and local improvement priorities were agreed and tracked. Driven by this work, the number of timely discharges across the Trust rose steadily through the second half of the year. The March figure of 990 patients discharged between 7am and 12 noon fell short of the target we set ourselves for year, but as a percentage of all discharges in the month (23.3%) was the highest recorded during the last three years.

4. The need to further improve patient flow remains a priority, and in particular how we plan for and manage discharges across the weekends. With this in mind a Breaking the Cycle event focused on weekend planning and discharges is being planned for Wednesday 18th May until Monday 23rd May. This will be an opportunity to test new ways of working in planning for and managing weekend discharges.

5. Across both Unscheduled and Planned Care programmes, close work with IM&T over the coming year will see the roll out of flow tracking dashboards and the introduction of the interactive ward white board. The prototype white board was presented at a workshop at the end of March, and further detailed development is in hand before implementation takes place.

6. Extensive work is underway to address Planned Care, across outpatients and operating theatres as well as the management of flow through the surgical pathway in our hospitals. Our Outpatients programme leads have developed the key areas of work and milestones for 2016/17 in support of their key workstreams - managing referrals, standards in outpatient services, extending the use of our contact centre, and training of outpatient's teams - plus the benefits realisation work to measure improvement. The team are engaging with local outpatient teams in each division to shape the programme to ensure buy in and alignment.

7. The Theatres Transformation team organised a "Theatres Quality and Culture week" which took place during w/c 18th April. Each theatre suite was being supported by Liaison Officers whose role was to provide support to local team leads, and to investigate the key issues and barriers to the delivery of care in theatres. The findings of the week will be used to shape the next wave of work within the theatres programme. This is expected to point to further improvements in planning to reduce list changes on the day, and team working initiatives to support staff retention.

8. In 2015/16 our Children's Flow programme has driven extensive changes in ways of working around the surgical pathway to improve planning and communications between teams. It has also extended our adoption of enhanced recovery methods in the Children's Hospital. In planning our work for 2016/17 workshops with staff will take place in the next few weeks to gather feedback from on patient flow through the last winter, to help shape the next phase of work.

9. In our Patient Communications programme, we will take the learning from pilots of redesigned patient letters in Surgery Head & Neck and Cardiology before planning further roll out. In conjunction with the Admin Teams Transformation programme we will address the quality of telephone communications with patients, and will also plan implementation of emailing patient letters from Medway now that the procedures to overcome the information governance issues have been set out.

10. The Admin Teams Transformation programme has agreed the scope and plans for workstreams around recruitment, training, local processes and admin quality standards, with the aim of increasing quality and addressing staff turnover amongst admin teams across the divisions. Detailed work with the local admin teams will continue to ensure strong local ownership of the work and focus the work on the areas where the greatest benefit will arise.

11. Following a working session at the SLT strategic meeting earlier this month, a working group is developing further work to address staff engagement/staff experience programme which responds to the latest staff survey results. This will align with work already planned and being led by divisions to improve communications and team working (informed by our work with staff in 2015/16), and will also align with the approach to Leadership development programme which is a core part of our work on

Building Capability in 2016/17. Further plans will be fed back to Trust Board which will demonstrate the step change we will bring to this agenda over the coming months.

12. A plan to roll out the Happy App across the Trust has been drafted and is being agreed with local teams. The Happy App has been further tested during the Theatres Quality & Culture week where it was used extensively to gauge staff mood and to gather issues affecting teams. The findings from this have helped not only to develop our theatres work but also to learn more about how to deploy the Happy App to make it most useful and practical for teams.

13. In 2016/17 we will refresh how we support innovation and improvement more widely across the organisation. We have planned a workshop to bring together transformation, innovation, quality improvement, clinical audit and IM&T to identify how we ensure a more joined up approach and to scope the work needed to address gaps in the support we provide to teams with ideas for improvement.

14. In partnership with the other local NHS organisation and Bristol City Council, an event was held earlier this month with stakeholders from health and care organisations across Bristol to refresh the vision for the Better Care Bristol (BCB) programme and to help shape its priorities moving forward. Over 100 people from organisations across the city took part in the event which addressed subjects such as integration of services, sharing information, workforce development and improving how we connect with the voluntary sector. The outputs of the event will be used to shape both the vision and the programme of work of the wider transformation taken forward under BCB, in close conjunction with the development of the Sustainability and Transformation Programme.

15. Next steps: Over the coming weeks each of the key programmes will develop a Project on a Page summary outlining the work for 2016/17 for presentation to Transformation Board. Programme leads will be reminded of the feedback received from the Trust Board and from SLT earlier this year, to ensure their programme summaries make clear the step change to be delivered and to describe how the programme will engage with teams to ensure local ownership of change.

Simon Chamberlain

Director of Transformation

18th April 2016

University Hospitals Bristol NHS
NHS Foundation Trust

Transformation priorities 2016-17

Delivering Best Care

- Patient Communications
- Innovation & "Bright ideas"
- Clinical Systems Implementation
- Patient Safety
- Outpatients Transformation
- 7 Day Services

Improving Patient Flow

- Unscheduled Care & Discharge
- Planned Care
- Children's Programme
- Theatres Transformation
- Virtual Ward

Delivering Best Value

- Efficiency & Productivity Improvement
- Savings Board Projects

Renewing Our Hospitals

- Medical School Building
- King Edward Building Redevelopment
- Multi-storey Patient Car Park
- Site Development Strategy

Building Capability

- Staff Experience & Engagement
- "Happy App" Roll-out
- Leadership Development
- Admin teams Transformation
- Appraisals Improvement

Leading in Partnership

- Connecting Care
- Better Care Bristol
- Sustainability & Transformation across BNSSG

Recognising success
Working together
Our hospitals.

Transforming Care

Cover report to the Board of Directors meeting held in Public
To be held on Thursday 28 April 2016 at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title
15. Quarterly Research and Innovation Update

Sponsor and Author(s)
Sponsor: Sean O'Kelly, Medical Director **Author**: David Wynick, Director of Research

Intended Audience									
Board	✓	Regulators		Governors		Staff		Public	

Executive Summary
Purpose The purpose of this report is to provide an update on performance and governance for the Board. Key issues to note See executive summary.

Recommendations
The Board is recommended to receive the report for **assurance.**

Impact Upon Board Assurance Framework
None

Impact Upon Corporate Risk
None

Implications (Regulatory/Legal)
None

Equality & Patient Impact
None

Resource Implications			
Finance		Information Management & Technology	
Human Resources		Buildings	

Action/Decision Required							
For Decision		For Assurance	✓	For Approval		For Information	

Date the paper was presented to previous Committees					
Quality & Outcomes Committee	**Finance Committee**	**Audit Committee**	**Remuneration & Nomination**	**Senior Leadership Team**	**Other (specify)**

Overview

<table>
<tr><th>Successes</th><th>Priorities</th></tr>
<tr><td>

Successful shortlisting for full bid for Biomedical Research Centre
Additional capacity to open trials in division of medicine, including dermatology and cystic fibrosis.
Additional post to support sponsor financial and regulatory oversight within the R&I team in post
Performance in initiating and delivering research has been maintained over the previous successive 3 quarters
Levels of Research Capability Funding maintained, although expected increase not received due to change in funding model.
Research delivery funding maintained for the financial year 16/17, despite drop in recruitment.

</td><td>

Develop excellent full bid for Biomedical Research Centre in order to maximise research income and increase our profile and research capacity in Bristol
Support researchers through the recent implementation of changes to research approval systems by the Health Research Authority in order to ensure they are not deterred from carrying out research.
Agree appropriate KPIs with divisional leadership teams in order to optimise recruitment into trials and make research available to more patients

</td></tr>
<tr><th>Opportunities</th><th>Risks and Threats</th></tr>
<tr><td>

Closer partnership working with UoB to present seamless pathway for researchers setting up trials led here
Planned move for division of medicine research unit out of Old Building in September will reinvigorate research in the division and stimulate new relationships as researchers from surgery and medicine are co-located.
Consider options for increasing commercial research activity in areas where there is potential for growth; this would act to bolster capacity and increase activity in non-commercial areas.
In line with national changes to research approvals, opportunity for streamlining departmental processes and enabling more efficient research set up.

</td><td>

Lower levels of RCF than expected, paired with existing financial commitments into 2016/17 to support staffing of two large trials has reduced funding available for small grant pump-priming schemes. This may impact in future years on NIHR grant successes.
Clinical pressures may affect the willingness and capacity of researchers to recruit to trials
Changing regulatory landscape for research is unclear, leading to uncertainties in the short to medium term regarding resourcing within the R&I team
If NIHR BRC full bid is unsuccessful this will affect existing cardiovascular and nutrition research teams and trust RCF allocation longer term.
Increasing complexity of trials and tight regulatory requirements reduces the portfolio of trials we can take part in at a time where resource is constrained.

</td></tr>
</table>

Executive Summary

Performance:

Research has shown a strong performance during 2015 in a number of key areas, which include performance under the NIHR contract in initiating and delivering research (PID), and success in drawing in NIHR grant income. In total, 3 grants totalling £2.99 million were awarded in 2015/16 financial year.

Both weighted recruitment and actual recruitment were significantly lower than in previous years. We received a very small cut in delivery funding for the financial year 2016/17, despite the drop in performance and this reflects the new principles of allocation by the Local Clinical Research Network, which is seeking to give stability to partner organisations, whilst achieving efficiency.

With the removal of the single high recruiting study from the previous activity, we believe that we are in a reasonable steady state at present, given the complexity of the portfolio that we serve. We have continued to work with the research network to identify studies in new areas where we have capacity to take them on, and in the medical specialties we are starting to see trials open in dermatology and cystic fibrosis, in part underpinned by additional resources which are supported by industry studies.

Partnerships:

Having submitted a preliminary qualifying questionnaire for eight themes within a Biomedical Research Centre bid, we have been notified of the outcome and will be moving forwards to complete full bids for the seven shortlisted themes. The deadline for submission is 6th June.

Governance and training:

The third quarterly submission of progress against actions following the MHRA inspection was due at the end of April 2016. Implementation of actions is to plan. Supporting our action plan we have now appointed a 'Research Projects Manager' who will focus on supporting regulatory and financial aspects of our sponsored trials to ensure we are meeting our obligations.

Impact of research:

As a trust we continue to focus on identifying the impacts of research and have agreed to work cohesively with other partners in the region to identify and share relevant impacts of research. This will continue into the next year.

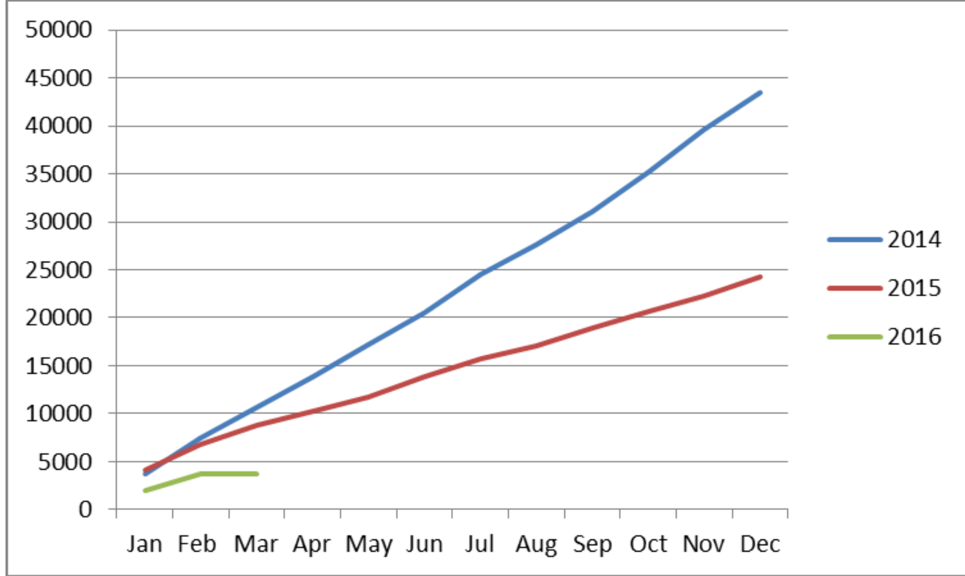
Innovation:

We are working with the Heads of Transformation and Strategy, and with clinical effectiveness, to identify areas where we can work more effectively. In particular, we are focussing on ensuring evidence is implemented where it is available and appropriate and working towards developing clearer innovation pathways for our staff.

Performance Overview

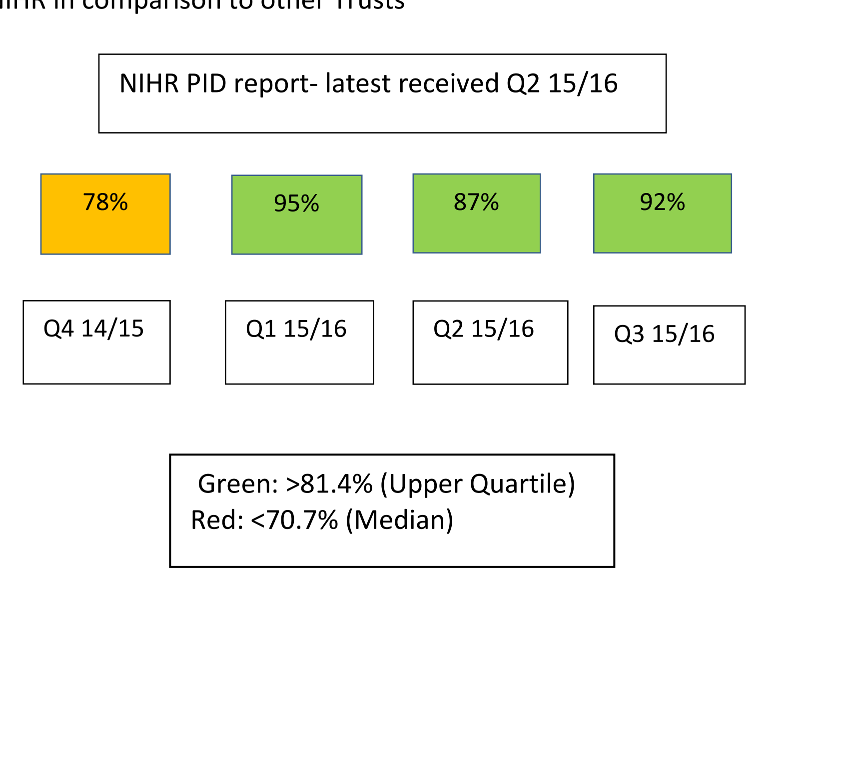
This section provides information about performance against key performance indicators. All KPIs are financial or drive the income we receive.

a) Cumulative weighted recruitment into NIHR portfolio studies in 2016. NB. There is a 6 week lag of data from the portfolio.



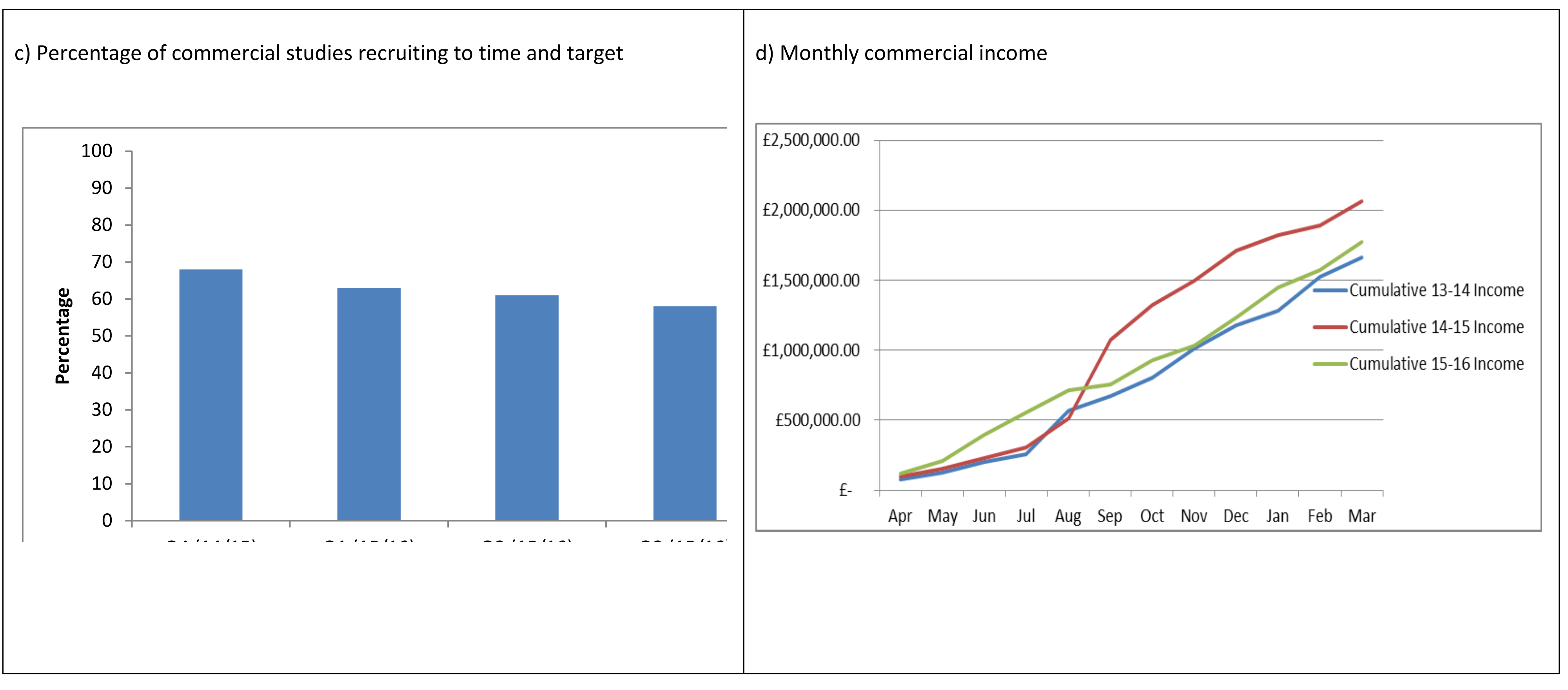
Due to the implementation of the new Central Portfolio Management System (CPMS) by the NIHR, a suspension of reporting to the existing system was introduced. As a consequence there is a lag of data for March.

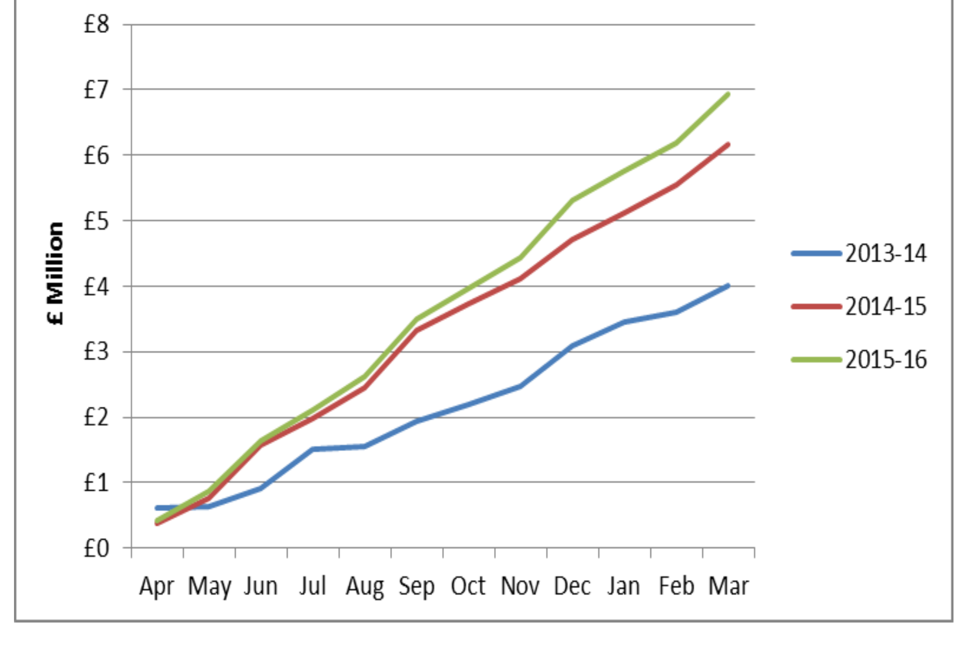
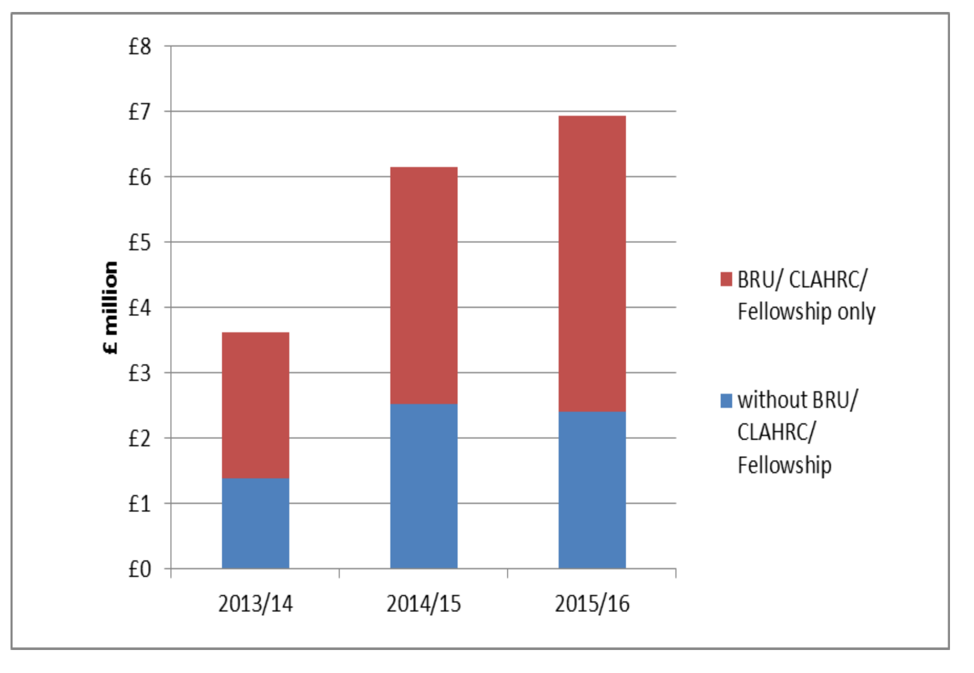
b) Performance in meeting the 70 day first patient first visit benchmark adjusted by NIHR in comparison to other Trusts



c) Percentage of 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 Board of Directors meeting held in Public
To be held on Thursday 28 April 2016 at 11.00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
16. Finance Report									
Sponsor and Author(s)									
Sponsor & Author: Paul Mapson, Director of Finance & Information									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	

Executive Summary

Purpose

To report to the Board on the Trust's financial position and related financial matters which require the Board's review.

Key issues to note

The 2015/16 year end income and expenditure statement shows a surplus of £3.460m (before technical items) for the financial year. After technical items, the surplus increases to £12.173m. It should be recognised that the financial values reported are draft subject to the statutory audit which will be concluded during May. The 2015/16 year end accounts will be presented to the May Trust Board meeting for approval before submission to Monitor.

The reported surplus before technical items was in line with the revised forecast outturn. Whilst the Divisional overspend and Commissioner fines were higher than forecast, these were offset by non-recurring savings due to the capitalisation of the PC replacement scheme and lower levels of year end provisions.

Recommendations

None.

Impact Upon Board Assurance Framework

Impact Upon Corporate Risk

Implications (Regulatory/Legal)

Equality & Patient Impact

Resource Implications

Finance	✓	Information Management & Technology	
Human Resources		Buildings	

Action/Decision Required

For Decision		For Assurance	✓	For Approval		For Information	

Date the paper was presented to previous Committees

Quality & Outcomes Committee	Finance Committee	Audit Committee	Remuneration & Nomination Committee	Senior Leadership Team	Other (specify)
	25/04/16				

REPORT OF THE FINANCE DIRECTOR

1. End of year position overview

The summary income and expenditure statement shows a surplus of £3.460m (before technical items) for the 2015/16 financial year. After technical items the surplus increases to £12.173m. The financial values in this report are draft subject to audit. Any further changes before submission of the draft accounts on the 22nd April or arising from the external audit during May will be reported to the Finance Committee on the 23rd May.

The forecast surplus for the year was £3.5m before technical items - the outturn against plan is summarised below:

	Forecast (£'m)	Outturn (£'m)
Fines and Rewards	(0.500)	(0.804)
Divisional position	(8.630)	(9.229)
Non-recurring reserve support	9.714	10.684
Depreciation on owned assets	2.283	2.257
Net interest payable	0.112	0.099
PDC dividend	0.521	0.453
Surplus before technical items	**3.500**	**3.460**

Fines and rewards were higher than plan following changes to the specialised marginal tariff adjustment in respect of the North Bristol Cardiology transfer and NICE drugs.

The forecast adverse variance on Medicine was £0.423m higher reflecting the additional nursing pay costs and the reduced SLA income associated with the continuing emergency pressures. Surgery Head and Neck's adverse variance was £0.183m higher than forecast. Overall the Divisional adverse movement deteriorated to £0.921m in month.

These were largely offset by additional non recurring reserve support arising from a revenue to capital transfer re PC replacements plus lower levels of provisions at year end (partly offsets the changes in fines and rewards).

The forecast for technical items was a surplus of £6.462m, the outturn was a surplus of £8.713m which is summarised below:

	Forecast (£'m)	Outturn (£'m)
Profit on sale of assets	9.270	9.234
Donated income	3.115	3.107
Donated depreciation	(1.518)	(1.504)
Impairments	(4.886)	(3.334)
Reversal of impairments	481	1.210
Surplus on technical items	**6.462**	**8.713**

The capitalisation of the façade scheme has been delayed until June 2016 and therefore the associated impairment cost has not been recognised in 2015/16. Impairment reversals are dependent on the valuation of buildings advised by the District Valuer. The valuation increase was higher than expected, increasing the impairment reversal on a number of properties. The net effect of these was a reduction in the net impairment of £2.281m.

The run-rate overspend in Divisions increased in March. The adverse variance was £0.921m, compared with £0.706m in February and £0.914m in January. The year end overspend is £9.229m compared to the operating plan target of £2.0m. This is concerning going into 2016/17.

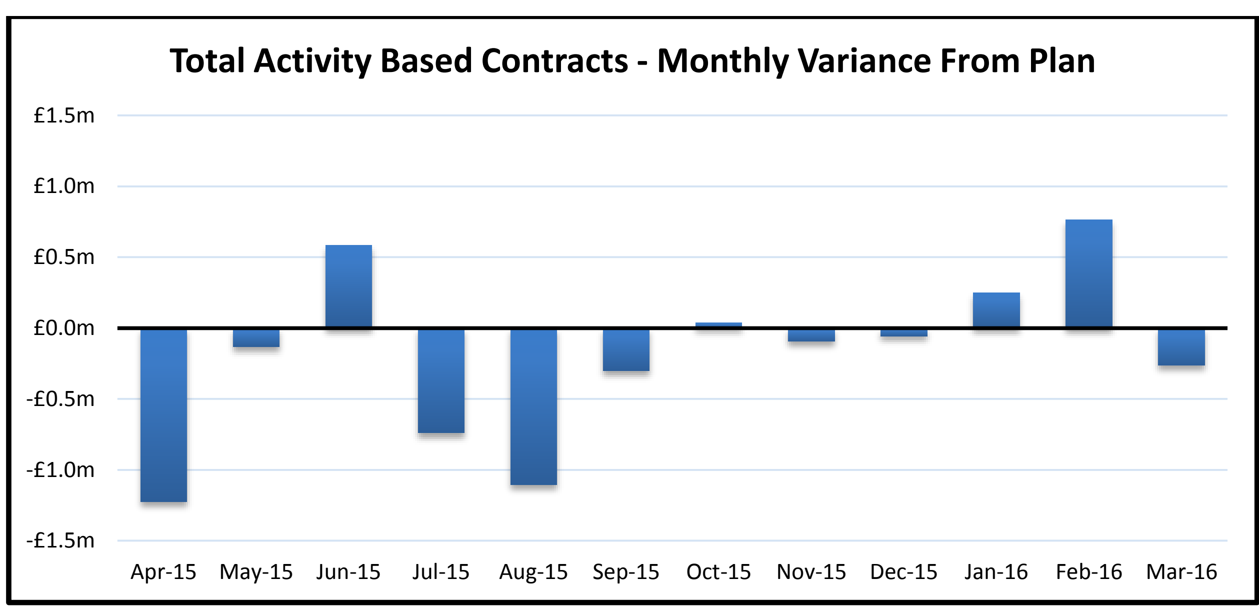
The analysis is shown below:

(Adverse)/Favourable	**March £m**	**February £m**	**January £m**	**Year end outturn £m**
Nursing pay	(0.622)	(0.621)	(0.546)	(4.276)
Medical staff pay	(0.249)	(0.169)	(0.333)	(1.823)
Other pay	0.283	0.173	0.199	1.605
Non-pay	(0.664)	(0.572)	(0.602)	(3.527)
Income	0.331	0.483	0.368	(1.208)
Total	**(0.921)**	**(0.706)**	**(0.914)**	**(9.229)**

The nursing spend has continued at broadly the same rate as last month, substantive spend remained steady, bank decreased slightly offset by an increase in agency expenditure which partly reflects the end of year assessment for outstanding shifts for payment. The total nursing spend position was £0.622m adverse in March.

The following tables show how the two key financial drivers changed during the year:

- Clinical Activity – the position in March worsened by £0.26m. The net SLA underperformance is £2.3m for the year. The graph below shows the total activity position (monthly financial variance from plan). Due to the year end statutory invoicing deadlines, estimates are used for month 12 activity. The estimates are based on forecast income and recognise the effect the prolonged challenge of responding to unprecedented pressures and high levels of emergency activity will have on elective and out-patient activity.



- Nursing & Operating Department Practitioner (ODP) Expenditure

Expenditure on nursing and ODPs for the year shows an adverse variance of £4.314m. The current month position is £0.624m adverse. The wards from the 4 clinical divisions represent £0.410m of the current months overspend of which £0.469m from operating above the established numbers. Currently the ward and theatres areas are running at 128% against a target of 121% (includes cover for annual leave, maternity leave, sickness and training).

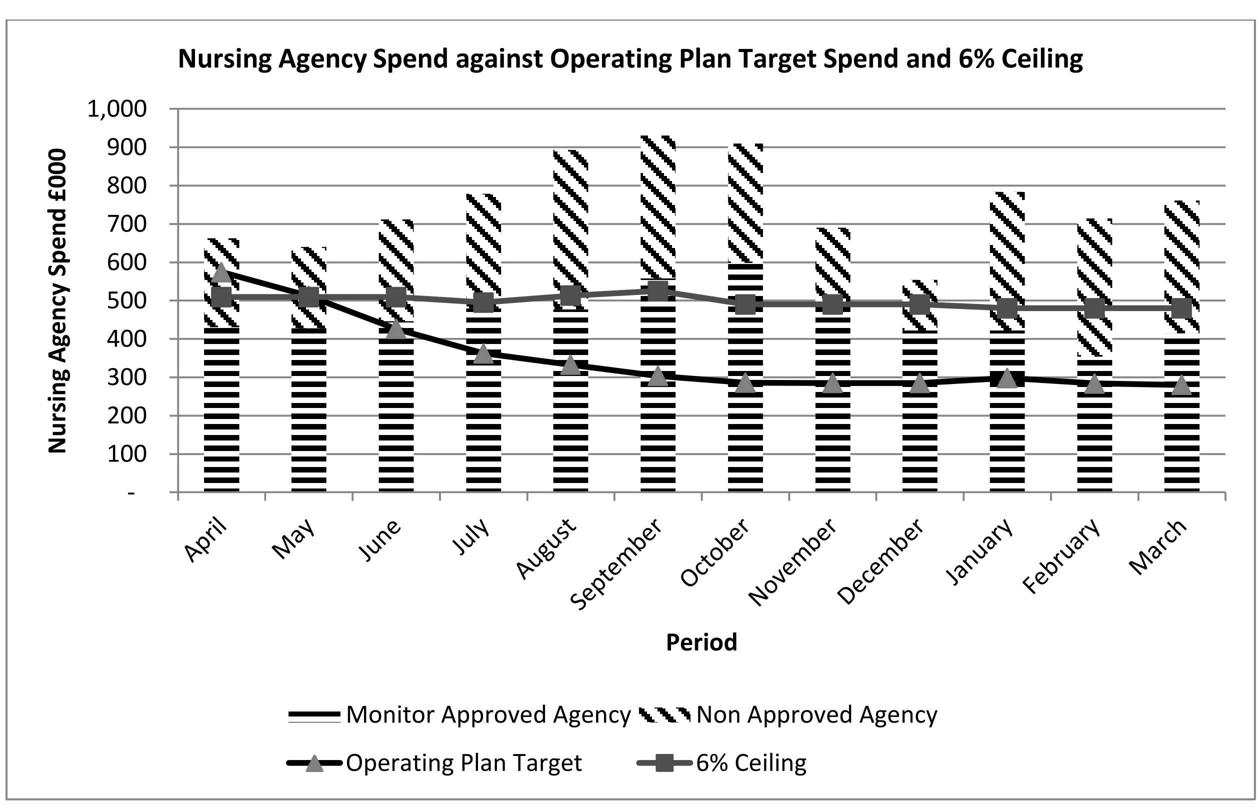
A summary of the month 12 position is shown in the table below.

Division	Nursing Category	Price Variance (£)	Volume Variance (£)	Total Variance (£)	Lost Time %
Medicine	Ward	(722)	184,773	184,051	134%
	Other	46,767	(27,037)	19,730	
Medicine Total		**46,045**	**157,736**	**203,781**	
Surgery, Head & Neck	Ward	(60,611)	179,133	118,521	129%
	Theatres	15,292	(15,199)	93	
	Other	34,651	(15,134)	19,517	
Surgery, Head & Neck Total		**(10,668)**	**148,799**	**138,131**	
Specialised Services	Ward	(33,895)	66,092	32,197	126%
	Other	30,277	15,198	45,475	
Specialised Services Total		**(3,618)**	**81,289**	**77,671**	
Women's & Children's Services	Ward	37,963	37,438	75,401	124%
	Theatres	7,971	(22,897)	(14,926)	
	Other	117,763	13,057	130,820	
Women's & Children's Services Total		**163,697**	**27,598**	**191,295**	
CLINICAL DIVISIONS	Ward	(58,441)	468,611	410,169	128%
	Theatres	22,412	(37,245)	(14,833)	
	Other	229,826	(14,284)	215,542	
CLINICAL DIVISIONS TOTAL		**193,797**	**417,081**	**610,878**	**128%**
NON CLINICAL DIVISIONS	Other	(16,782)	29,912	13,130	
NON CLINICAL DIVISIONS TOTAL		**(16,782)**	**29,912**	**13,130**	
TRUST TOTAL		**177,015**	**446,993**	**624,008**	

The main causes of the nursing run rate overspend in terms of demand are:

- Sickness for Registered Nurses – 4.6% (allowance is 3%)
- Sickness for Nursing Assistants – 8.8% (highest for the current financial year) (allowance is 3%)
- Registered Mental Health Nurse cover – 3.20wte (temporary staffing)
- Nursing Assistants 1:1 specialling – 57.00wte (temporary staffing)
- Extra capacity – 7.80wte (temporary staffing)

Nursing and ODP agency expenditure increased by 7% in the month and remains significantly above the operating plan target and Monitor ceiling. The Trust experienced a small increase in the use of approved framework agencies in month, increasing from 50% in February to 54% in March. This is still lower than expected and the Trust continues to experience difficulties in filling specialist nursing shifts through approved agencies that are also unable to provide nurses at short notice to support additional capacity and the Emergency Department ambulance queue. The year to date agency spend is £9.066m compared to the Operating Plan of £4.230m and represents 8.7% of total registered nursing spend compared to the Monitor cap of 6% and the submitted trajectory of 5.2% for months 7 to 12.



2. Divisional Financial Position

In total, the Clinical Divisions and Corporate Services overspend against budget increased by £0.921m in March to £9.229m cumulatively. The significant in month deterioration was within the Divisions of Surgery, Head and Neck, Women's and Children's, Medicine and Specialised Services. The table below summarises the financial performance in March for each of the Trust's management divisions against their budget and against their March operating plan target. Further analysis of the variances against budget by pay, non-pay and income categories is given at Appendix 2.

	Budget Variance to 29 Feb	March Budget Variance	Budget Variance to 31 Mar	Mar Operating Plan Target	Operating Plan Variance
	Fav / (Adv) £'000	Fav / (Adv) £'000	Fav / (Adv) £'000	Fav / (Adv) £'000	Fav / (Adv) £'000
Diagnostic & Therapies	282	(78)	204	-	204
Medicine	(1,646)	(357)	(2,003)	-	(2,003)
Specialised Services	(951)	(252)	(1,203)	-	(1,203)
Surgery, Head & Neck	(4,878)	(347)	(5,225)	(1,250)	(3,975)
Women's & Children's	(1,445)	(106)	(1,551)	(750)	(801)
Estates & Facilities	71	(2)	69	-	69
Trust Services	(19)	(7)	(26)	-	(26)
Other corporate services	278	228	506	-	506
Totals	**(8,308)**	**(921)**	**(9,229)**	**(2,000)**	**(7,229)**

Variance to Budget:

The table below shows the Clinical Divisions and Corporate Services budget variances against the four main income and expenditure headings.

Divisional Variances	Variance to 29 Feb	Mar Variance	Variance to 31 Mar
	Fav/(Adv) £'000	Fav/(Adv) £'000	Fav/(Adv) £'000
Pay	(3,705)	(645)	(4,350)
Non Pay	(319)	(582)	(901)
Operating Income	759	291	1,050
Income from Activities	(1,679)	90	(1,589)
Sub Totals	(4,944)	(846)	(5,790)
Savings Programme	(3,364)	(75)	(3,439)
Totals	**(8,308)**	**(921)**	**(9,229)**

Pay budgets have an adverse variance of £0.645m in the month increasing the cumulative adverse variance to £4.350m. The significant adverse movements in the month were in Medicine (£0.400m) Women's and Children's (£0.176m) and Specialised Services (£0.109m). Cumulative adverse variances are within Women's and Children's (£2.264m), Medicine (£1.827m), Specialised Services (£1.091m) and Surgery, Head and Neck (£0.348m) offset by favourable variances in Diagnostic & Therapies (£0.591m) and Trust Services (£0.590m). For the Trust as a whole, agency spend for the year is £15.014m, an increase of £1.250m in the month. The average monthly spend of £1.251m compares with £0.967m for 2014/15. Agency spend for the year is £3.364m in Medicine, £3.128m in Women's and Children's, £3.000m in Surgery, Head and Neck and £2.651m in Specialised Services. Waiting list initiative costs (including a prudent assessment of outstanding claims) increased by £0.695m in the month to £3.261m for the year. £1.414m is within Surgery, Head and Neck, £0.783m in Women's and Children's and £0.528m in Specialised Services. Some of this waiting list spend is linked to increases in activity and hence income from activities.

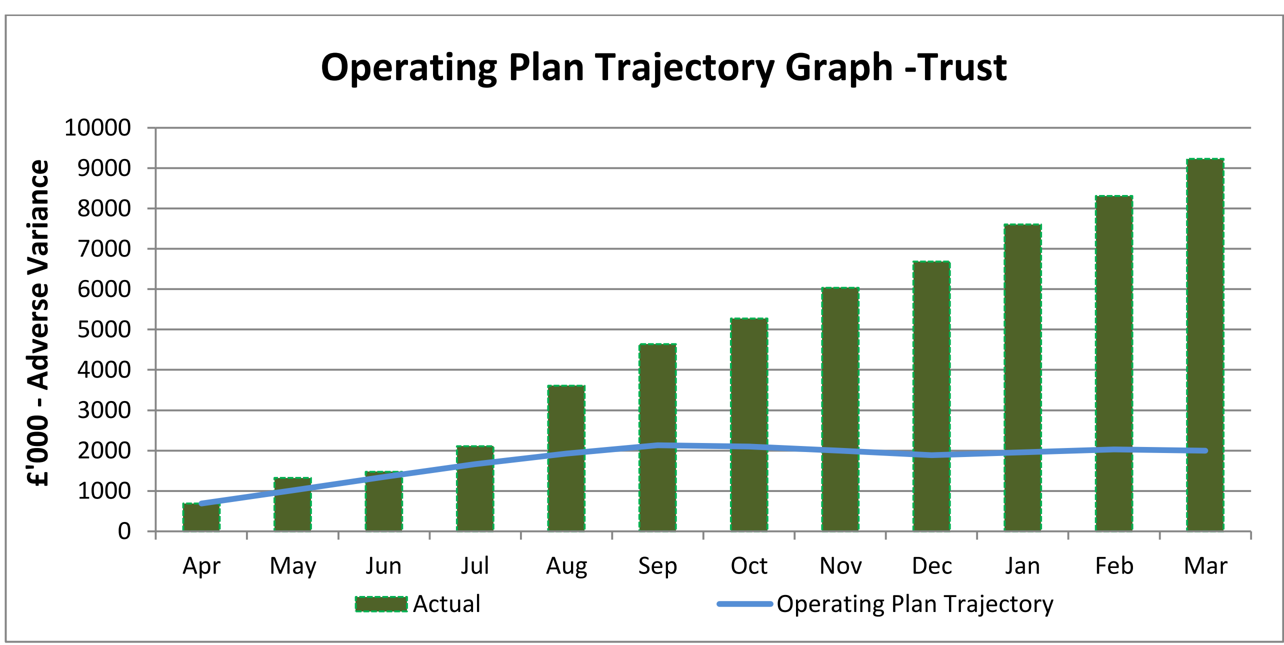
Non-pay budgets have an adverse variance of £0.582m in the month increasing the cumulative variance to £0.901m adverse. The significant adverse movements in the month were in Diagnostic and Therapies (£0.166m), Surgery, Head and Neck (£0.155m), and Specialised Services (£0.206m).

Operating Income budgets have a favourable variance of £0.291m for the month to give a cumulative favourable variance of £1.050m. The significant favourable movement in the month was in Other Corporate Services which reflects additional income for research and innovation (£0.11m) and training levies (£0.07m) offset by movements in non pay and pay respectively.

Income from Activities budgets have a favourable variance of £0.090m in the month to give a cumulative adverse position of £1.589m, reflecting the continued improvements in activity run rate. Income for March is estimated. The principal areas of under achievement to date are within Surgery, Head and Neck (£0.870m), Medicine (£0.222m), Specialised Services (£1.106m) and Diagnostics and Therapies (£0.094m) offset by an over achievement in Women's and Children's (£0.627m). Within the month Medicine under achieved against their income target by £0.034m and Surgery, Head and Neck by £0.028m. Women's and Children's over achieved by £0.141m and Specialised Services by £0.032m. The difference between the in month deterioration reported here and that reported in section 4 (income) is accounted for by variances relating to private patients, other non SLA income from activities, including RTA income, and differences with the reporting of savings delivery.

Variance to Operating Plan:

Clinical Divisions and Corporate Services have an adverse variance of £9.229m against a combined operating plan trajectory of £2.0m. The March position is £7.229m above trajectory as shown in the graph below.



Further detail is given under agenda item 5.3 in the Finance Committee papers.

Savings Programme

The savings requirement for 2015/16 is £19.879m. This is net of the £4.476m provided non-recurringly to support the delivery of Divisional operating plans. Savings of £16.440m have been realised for the year leaving a shortfall of £3.439m against divisional plans. The shortfall reflects unidentified schemes of £3.534m and an over performance on schemes of £0.095m.

The year end outturn represents delivery of 82.7% against the plan.

A summary by Division is provided below. A more detailed report is given under item 5.4 on this month's agenda.

	Savings Programme to 31st March 2016			
	Plan £'000	Actual £'000	Variance Fav / (Adv) £'000	%
Diagnostics and Therapies	2,144	1,945	(199)	90.7
Medicine	2,224	2,720	496	122.3
Specialised Services	1,585	1,786	201	112.7
Surgery, Head and Neck	5,900	3,042	(2,858)	51.6
Women's and Children's	4,280	2,984	(1,296)	69.7
Estates and Facilities	1,092	1,146	54	105.0
Trust HQ	904	1,058	154	117.0
Other Services	1,750	1,759	9	100.5
Totals	**19,879**	**16,440**	**(3,439)**	**82.7**

3. Divisional Reports

The following is intended to provide a brief update on the divisional positions including reasons for variance and actions being taken to address adverse positions. As requested at the previous Finance Committee, the divisional reports at item 5.3 provide further detail on the impact of actions being taken and new actions having been introduced since the last report.

Four Divisions are red rated for their financial performance for the year to date:

Division of Medicine

The Division reports an adverse variance to month 12 of £2.003m; this represents deterioration in the month of £0.357m. The Division is £2.003m adverse to its operating plan target. The Division overachieved against its savings programme target by £0.496m. The adverse variance is due mainly to pay overspends.

The key reasons for the year end variance are:

Adverse variances

- An adverse variance on SLA income of £0.222m

  i) Emergency in patients was adverse by £0.051m
  ii) Impact of Cystic Fibrosis year of care tariff adverse by £0.180m
  iii) Outpatients ended the year with an adverse variance of £0.08m.
  iv) Critical care ended the year with a favourable variance of £0.99m.
  v) Other areas make up the balance.

  It should be noted that as with all divisions the necessary forecasting of month 12 income has impacted on Medicine.

- An adverse variance on pay of £1.827m due to costs associated with agency nursing and medical staffing. Absolute pay expenditure in February was higher than in January and remains higher than the average for Quarter 3. This is in part due to staffing of the ambulance queue with registered nurses, 24 hours a day for 7 days of the week, and the requirement to staff escalation beds. In addition, agency nurses booked in support of 'dark green' patients, patients awaiting 'Patients with Dementia' beds and other delayed discharges, remain high. Consultant costs are also significantly higher primarily due to the use of locums to cover vacancies and sickness.

- An adverse variance on non-pay across a number of areas.

Favourable variances

- A savings programme favourable variance of £0.496m.
- A favourable variance on income from operations of £0.096m due to higher than planned research and development income.
- A&E income ended the year favourable by £0.075m.

Actions being taken and mitigation to improve ongoing performance include:

i) Single sex wards within Care of the Elderly – the aim being improved patient experience with a financial benefit in terms of a reduction in 1:1 agency shifts as duplication across wards is erased; likely to be actioned in March.
ii) Evening activities for patients with, but not limited to, dementia – essentially a cohorting of patients with activities and care planned through the night to avoid disruption across the bed base.
iii) The rolling out of 'Discharge to Assess' for 'Pathway 3' patients, expected to positively impact upon both length of stay and ultimately occupancy rates;
iv) Monitoring and managing of out of hours requests for additional shifts (nursing);
v) Development of Emergency Nurse Practitioners (ENPs) and Advanced Nurse Practitioners (ANPs) within the ED.

Ongoing risks include:

- Failure of the recruitment strategy to deliver the required number of posts and hence the planned level of agency expenditure reductions are not achieved.
- Failure to adequately control nursing expenditure.
- Inability to reduce length of stay as planned.
- Challenges with regard to timely discharge of patients.

Division of Specialised Services

The Division reports an adverse variance to month 12 of £1.203m, which represents deterioration from month 11 of £0.252m. The Division is £1.203m adverse to the operating plan target.

Pay budgets show an adverse variance of £1.091m. Income from activities is showing an adverse variance of £1.106m although much of this stems from very low activity in the early part of the year. The savings programme ended the year with a favourable variance of £0.201m and the non pay budgets are reporting a favourable variance of £0.554m due to the year to date share of support funding and unallocated contract transfer funding as well as a small favourable variance on blood and drugs budgets.

The key reasons for the year end variance are:

Adverse variances

- Cardiac Surgery activity – The service has experienced significant issues over the 2015/16 financial year resulting in an overall underperformance of £1.162m.
- Cardiac Critical Care activity has underperformed in the year by £0.245m.
- Adult BMT – year to date contract underperformance of £0.668m.
- Radiotherapy activity has underperformed by £0.021m for the year.
- Nursing – There has been high agency usage within CICU caused by sickness, supernumerary time and vacancies as well as significant additional hours requirements for one to one nursing across wards resulting in a £0.844m adverse variance for the year.
- Medical pay budgets show an adverse variance of £0.423m for the year mainly due to agency and waiting list costs.

Favourable variances

- Non recurring savings support funding has benefited the position by £0.494m.
- Operating income reports a favourable variance of £0.239m.
- Haematology activity has over-performed by £0.427m for the year.

- Cardiology activity over performed in the month by £0.040m and is reporting a favourable year end variance of £0.491m.
- Private Patient Income has over performed against target by £0.020m.

Actions being taken and mitigation to improve ongoing performance include:

- Delivery of Cardiac Surgery activity - A greater focus has been taken to look to minimise blockages due to avoidable patient scheduling issues. It is essential that every effort is made to keep flow through CICU and the wards to enable sufficient volumes to be delivered.
- Nursing; a number of actions have been identified within nursing to maintain a continued focus on this area. These include the development of a critical care bank, recruitment and retention programme led by the divisional matron, continued review of lost time including annual leave and review of CICU staffing levels, all of which are aimed at addressing and reducing agency expenditure. Increasing controls on agency authorisation.
- Improved capacity planning. Review of WLI payments including authorisation process, improved job planning.
- Additional SLA income opportunities may be possible in future in the areas of Cardiology and Haematology following strong performance this year. Opportunities with the Gamma Knife are also probable in future.
- The Division is attempting to source new referrals for BMT's within the region including working with Swindon to look at referrals that are currently going to London.
- Continuing to deliver savings programmes identified and developing new schemes.
- Maintaining controls on non-pay expenditure.
- Introduction of a new Medicines workstream with high clinical engagement.
- Introduction of speciality level CIP delivery meetings.

Ongoing risks include:

- Continued low volumes of referrals of BMT patients.
- Losses of Cardiac Surgery activity due to shortages of staff, high acuity of patients or bed pressures.
- An inability to recruit to vacant posts in nursing resulting in continued agency expenditure.
- Non recruitment into medical vacancies within the BHOC, particularly for Radiotherapy.
- Continued charges for unused chemotherapy drugs.
- Non delivery of savings programme.
- Potential loss of gainsharing arrangement benefits due to commissioner challenges, particularly NHS England.

Division of Surgery, Head and Neck

The Division reports an adverse variance to month 12 of £5.225m; deterioration from month 11 of £0.347m. The Division is £3.975m adverse to its operating plan for the year.

The key reasons for the year end variance are:

Adverse variances

- Underachievement of income from activities of £0.870m due to lower than expected activity primarily outpatients for oral surgery, ophthalmology and emergency/unplanned work in upper GI surgery. A significant element of this is a share of the underperformance on cardiac surgery within Specialised Services £0.378m.

- An adverse variance on non-pay of £1.467m which is an in month deterioration of £0.155m. This is due to the ongoing divisional deficit offset by divisional support £0.799m plus adverse variances on drugs £0.086m and non-clinical supplies/other non-pay £0.530m.
- An underachievement of the savings programme, resulting in an adverse variance of £2.858m. The majority relates to unidentified plans of £2.772m with the balance mainly due to shortfalls on income related schemes. The most significant being income from the national Bowel Screening Programme (flexible sigmoidoscopy) which has been slowed down by the national programme.

It should be noted that income from activities has on balance improved in recent months and that therefore some of the underachievement relates to the early part of the year.

Favourable variances

- A favourable variance on income from operations of £0.318m due to peripheral clinic income and research and development income.

The key reasons for the variance against operating plan are:

- Underachievement of activity, including the share of cardiac surgery, £1.344m.
- Higher than planned nursing spend £0.986m.
- Higher than planned waiting list payments £0.141m.
- Higher than planned spend on medical and dental agency offset by BEH vacancies £0.490m.
- Higher than planned spend on drugs £0.242m.
- Higher than planned expenditure on outsourcing £0.224m.
- Slippage on CIP delivery.

Actions being taken and mitigation to improve ongoing performance include:

Pay Actions:

- Reconciliation of lost time reports, retention strategies implementation progressing; review of requirements for 1:1 nursing continuing. Spend on the BRI wards is becoming less of an issue as supernumerary staff are being absorbed into the rotas (particularly on wards 800 and 609) however the benefit of this is not yet showing at the bottom line for pay due to high waiting list spend and continuing agency in theatres and ITU covering vacancies, sickness and supernumerary shifts.
- "Action Plan" specifically for Heygroves theatres now in place, with additional resources identified to drive change.
- Detailed staffing models are being developed for next year, with cost centre by cost centre plans for turnover, recruitment and bank and agency use.
- Review of on call work carried out centrally to identify savings that can be implemented in the division, and where this can be reflected across other rotas.
- **New Action:** The new Head of Nursing is focussed on the monthly nursing performance and finance meetings and is arranging meetings with service improvement leads to ensure good understanding of rostering issues and opportunities

Non Pay Actions:

- Progress with ongoing actions is now informing the development of CIP plans with regard to outsourcing of activity and non-pay spend this will inform the operating plan for 2016/17.
- The division is working to implement the Trust Wide Managed Inventory System.

- Increased focus on theatre and ITU spend, data to be published to budget managers, meetings to review “stocking up” issues in all departments.
- Teams to identify areas of non-pay spend that have not been actively negotiated in a 3 year period. Targeted work plan for procurement.
- Non pay transaction reports are now available on the Divisional CIP workspace, this will allow a more detailed and focussed review of spend.

Income Actions:

- Additional sessions continue to be mobilised in Ophthalmology.
- Additional sessions have been mobilised in Oral Surgery and Dentistry.

Other actions

- CIP targets have been devolved to each management area for 2016/17 and each general manager has been tasked with delivering their devolved target, this will be reviewed at a revised monthly CIP meeting to which representation has been extended to the divisional pharmacy lead, coding leads and procurement.
- **New Action:** A paper on improving financial controls is in progress, and levels of savings against these controls are being assessed. Additional controls on Estates works have already been implemented and have been shown to be effective

Ongoing risks include:

- That the recruitment strategy continues to fail to address the need to increase capacity and hence deliver planned additional capacity and hence higher activity levels. (Particularly true in Ophthalmology and Dental Services)
- Failure to address increased need for 1:1 nursing.
- Failure to work up additional cost improvement plans to support financial shortfall, failure to take mitigating actions to control current and future cost pressures.
- Failure to improve delivery of activity in those specialties which remain significantly off plan particularly in Trauma and Upper GI.
- Bed pressures causes loss of activity.
- Patients outlying from other divisions.
- Pressures relating to other divisions patients outlying into the surgical bed base.
- Potential failure to address increased need for 1:1 nursing.

The Division of Women’s and Children’s Services

The Division reports an adverse variance to month 12 of £1.551m; this represents deterioration from month 11 of £0.106m. The Division is £0.801m adverse to the operating plan target.

On a positive note, the Division’s run rate variance has improved over quarter 4, driven by BMT income returning to planned levels; and a reduction in agency staffing due to improved controls as well as recruitment mainly to Children’s theatres.

The key reasons for the year end variance are:

Adverse variances

- An adverse variance on pay of £2.264m due to higher than planned agency costs within medical staff (NICU cover) and nursing (including one to one care). It should however be noted that the rate of agency usage and overall usage decreased again this month. Non clinical staff has an adverse variance of £0.318m driven by requirements such as validating waiting lists, completion

of missing outcomes, administrative spend in clinical genetics, vacancies for medical secretaries and increased staffing in the governance team.
- An underperformance on the saving programme, resulting in a year end adverse variance of £1.296m. The majority of which relates to the level of unidentified savings in the original plan of £1.166m, most of the balance being shortfalls in income related schemes.
- An adverse performance on paediatric surgical specialties £0.895m and on private patients and overseas visitors £0.157m.

Favourable variances

- A significant favourable variance on non-pay of £1.353m which includes the year to date share of support funding, CQUIN funding and a capacity reserve held within the division.

- An overachievement on SLA income in the following areas paediatric medical specialties £0.878m, St Michaels specialties £0.460m and paediatric, cardiac & PICU £0.197m

Actions being taken and mitigation to improve ongoing performance include:

The monthly Finance Performance meetings are to be used to develop a recovery action plan which will need to include:

- Raising awareness about the financial position and increasing emphasis of controls and reduction in any discretionary spend.
- Ensuring that elective operating is continuing as much as possible whilst emergency work is managed safely and efficiently.
- Other key actions have been the implementation of nursing pay controls, alongside managing Monitor's agency cap rules. This has been focussed on reconciling ward funded establishments, Rosterpro and Department of Health staffing returns; escalating controls and exception reporting for authorising agency staff; and creating governance structure for reviewing ward nursing KPIs routinely. Income has returned to planned levels, in fact over performing, and delivery plans are included in the 2016/17 operating plan to ensure this can be continued with premium costs kept to a minimum.

Ongoing risks include:

- Maintaining elective income.
- Ensuring nurse agency costs reduce significantly in line with recruitment
- Continued usage of off-framework agency.
- Delays in income generation due to workforce capacity
- Continued emergency growth restricting capacity for elective income.
- Failure to stay within the Monitor cap for agency rates.
- Ongoing over-establishments on admin and clerical budgets.

Two Divisions are rated Green.

Diagnostic and Therapies Division

The Division reports a favourable variance to month 12 of £0.204m, which represents deterioration from month 11 of £0.074m. The Division is £0.202m favourable compared to the operating plan target.

The key reasons for the year end variance are:

Adverse variances

- An adverse variance on non-pay of £0.213m which includes a recurrent adverse variance on Radiology maintenance contracts of £0.256m and the Microbiology Public Health England contract of £0.235m. The variance also includes LIMS double running costs of £0.252m. There has also been non-recurrent cost pressures this year for the laboratory server of £0.050m.
- An adverse variance on income from activities (mainly SLA income) of £0.094m for the year. A breakeven position on D&T hosted services is off-set by £0.326m adverse on services hosted by other divisions with a £0.160m non-recurring CQUIN benefit off-set by underachievement on private patient income of £0.074m.
- The savings programme ended the year with an adverse variance of £0.199m year to date; nearly all of this was unidentified in the operating plan.

Favourable variances

- A favourable variance on pay of £0.591m which is primarily the result of vacancies in clinical staff.
- A favourable variance on operating income of £0.119m which is across a number of areas including research and innovation, MEMO external contracts and pharmacy income.
- Adverse variances on non-pay above are offset by non-recurring support funding of £0.360m and divisional reserves.

Actions being taken and mitigation to improve ongoing performance include:

- Developing the ongoing savings programme.
- Review of radiology outsourcing costs.
- Interventional Radiology - improve contract income recovery – meeting with coding and clinicians has taken place, list of procedures to be identified.

Ongoing risks include:

- Other Division's under-performance on contracted activity.
- The ability to continue with high levels of vacancies and any potential impact this might have on service delivery.
- Non-delivery or under-delivery of savings schemes.
- Employing high cost agency and or locum staff into hard to recruit to posts to ensure delivery of key performance targets and resilience in services such as Radiology and Laboratory Medicine.

The Facilities and Estates Division

The Division reports a favourable variance to month 12 of £0.069m, which represents deterioration from month 11 of £0.001m. The Division is £0.069m favourable to the operating plan target.

One Division is rated amber green

Trust Services

The Division reports an adverse variance to month 12 of £0.026m, this represents a deterioration from month 11 of £0.007m; the Division is £0.026m adverse to the operating plan target.

4. Income

Contract income for March is based on forecast activity to meet the statutory year end invoicing deadlines. The position was forecast to be £0.12m lower than plan in March bringing the year end position to £2.50m higher than plan. Pass through payments and contract rewards were forecast favourable against plan in the month whilst activity based contracts and contract penalties were forecast below plan. The table below summarises the overall position which is described in more detail under agenda item 5.2.

Clinical Income by Worktype	In Month Variance Fav/(Adv)	Year to Date Plan	Year to Date Actual	Year to Date Variance Fav/(Adv)
	£'m	£'m	£'m	£'m
Activity Based				
Accident & Emergency	0.04	14.66	15.12	0.45
Emergency Inpatients	0.24	72.53	75.40	2.87
Day Cases	(0.00)	37.30	37.26	(0.04)
Elective Inpatients	(0.34)	52.54	48.25	(4.29)
Non-Elective Inpatients	(0.05)	15.80	15.23	(0.57)
Excess Bed days	0.02	6.37	6.62	0.25
Outpatients	(0.04)	78.54	78.01	(0.53)
Bone Marrow Transplants	(0.10)	9.33	8.03	(1.31)
Critical Care Bed days	0.12	41.88	43.31	1.43
Other	(0.14)	93.10	92.55	(0.55)
Sub Totals	**(0.26)**	**422.08**	**419.79**	**(2.28)**
Contract Penalties	(0.21)	(6.07)	(5.93)	0.14
Contract Rewards	0.01	7.98	8.24	0.26
Pass through payments	0.35	79.88	84.27	4.39
Totals	**(0.12)**	**503.86**	**506.37**	**2.50**

Significant activity underperformance continues within elective inpatients and bone marrow transplants, with over-performance within emergency inpatients.

Key areas for the elective inpatient underperformance of £4.29m are cardiac surgery (£1.08m), upper gastrointestinal surgery (£0.87m) and paediatrics (£1.40m). Cardiac surgery was £0.09m lower than plan this month due to staffing pressures in theatres and acuity of patients. Paediatric activity was £0.11m lower than plan in the month, primarily within paediatric cardiac surgery (£0.06m) and trauma and orthopaedics (£0.04m).

Bone marrow transplants for adult services are £1.05m below plan to date and were £0.08m below plan this month. The service continues to develop plans to increase referrals. Paediatric services are £0.26m below plan.

Emergency inpatients over performance increased in the month by £0.24m to £2.87m year to date, with the over performance within the Children's Hospital accounting for £1.70m year to date and adult cardiology £0.80m.

Critical care over performance increased in the month by £0.12m to a year to date over performance of £1.43m reflecting additional activity in March and improved patient flow within HDU.

Contract penalties are forecast to be £0.21m below plan this month. Further detail is given at 2.3 in the contract income report.

Contract rewards forecast performance remained at £0.26m above plan. The year-end delivery of CQUINs is forecast at 84.2% compared with a planning assumption of 80%. Increased confidence of delivery across a number of CQUINs assumes a year-end forecast of £8.24m. Further details are provided in section 2.2 in the contract income report for those CQUINs with a ≤70% predicted delivery in whole or part.

Pass through payments are forecast to be £4.39m higher than plan within devices £3.97m higher than plan.

Performance at Clinical Divisional level is shown at appendix 4a. Activity based contract performance is summarised as follows:

Divisional Variances	**In Month Variance** Fav/(Adv)	**Year to Date Plan**	**Year to Date Actual**	**Year to Date Variance** Fav/(Adv)
	£'m	£'m	£'m	£'m
Diagnostic & Therapies	(0.02)	38.31	37.99	(0.32)
Medicine	0.02	48.60	48.85	0.25
Specialised Services	(0.11)	54.11	52.72	(1.39)
Surgery, Head and Neck	(0.08)	75.44	74.49	(0.95)
Women's and Children's	0.08	99.39	100.20	0.81
Facilities and Estates	(0.01)	3.86	3.82	(0.04)
Corporate	(0.14)	102.37	101.73	(0.64)
Totals	**(0.26)**	**422.08**	**419.80**	**(2.28)**

5. Risk Rating

The following graphs show performance against the four Financial Sustainability Risk Rating (FSRR) metrics. For the twelve month period to 31st March 2016, the Trust's achieved an overall FSRR of 4 (actual 3.5) against a plan of 4 (3.5 rounded up). A summary of the position is provided in the table below.

		29th February 2016		31st March 2016	
	Weighting	Plan	Actual	Plan	Actual
Liquidity					
Metric Result – days		7.17	13.08	7.17	12.16
Metric Rating	25%	4	4	4	4
Capital Servicing Capacity					
Metric Result – times		1.79	2.02	1.83	2.05
Metric Rating	25%	3	3	3	3
Income & expenditure margin					
Metric Result		0.25%	0.85%	0.52%	0.84%
Metric Rating	25%	3	3	3	3
Variance in I&E margin					
Metric Result		0.00%	0.60%	0.00%	0.32%
Metric Rating	25%	4	4	4	4
Overall FSRR		**3.5**	**3.5**	**3.5**	**3.5**
Overall FSRR (rounded)		**4**	**4**	**4**	**4**

6. Capital Programme

A summary of income and expenditure for the year ending 31 March is given in the table below. Expenditure for the period is £23.786m against a revised plan of £24.868m. The Finance Committee is provided with further information under agenda item 6.1.

Original Monitor Annual Plan	Revised Annual Plan	Subjective heading	Month ended 31st March 2016				
			Plan	Actual	Variance	Slippage	Net over/under
£m	£m		£m	£m	£m	£m	£m
		Sources of Funding					
	0.305	PDC	0.030	0.030	-	0.275	-
4.558	5.161	Donations	2.788	2.645	(0.143)	2.516	-
1.100	14.025	Disposals	14.025	14.025	-	-	-
0.954	1.090	Grants/Contributions	1.090	1.176	0.086	-	(0.086)
		Cash:					
20.814	20.771	Depreciation	20.771	20.785	0.014	-	(0.014)
7.043	(0.831)	Cash balances	(13.836)	(14.875)	(1.039)	13.717	0.327
34.469	**40.521**	**Total Funding**	**24.868**	**23.786**	**(1.082)**	**16.508**	**0.227**
		Expenditure					
(15.862)	(16.390)	Strategic Schemes	(10.824)	(11.358)	(0.534)	(5.036)	0.004
(4.287)	(7.970)	Medical Equipment	(5.532)	(4.046)	1.486	(3.759)	(0.165)
(3.171)	(3.425)	Information Technology	(2.729)	(2.244)	0.485	(1.224)	0.043
(2.177)	(2.222)	Estates Replacement	(2.464)	(2.298)	0.166	0.086	(0.010)
(8.972)	(10.514)	Operational Capital	(5.319)	(3.840)	1.479	(6.575)	(0.099)
(34.469)	**(40.521)**	**Gross Expenditure**	**(26.868)**	**(23.786)**	**3.082**	**(16.508)**	**(0.227)**
-	-	Planned Slippage	2.000	-	(2.000)	-	-
(34.469)	**(40.521)**	**Net Expenditure**	**(24.868)**	**(23.786)**	**1.082**	**(16.508)**	**(0.227)**

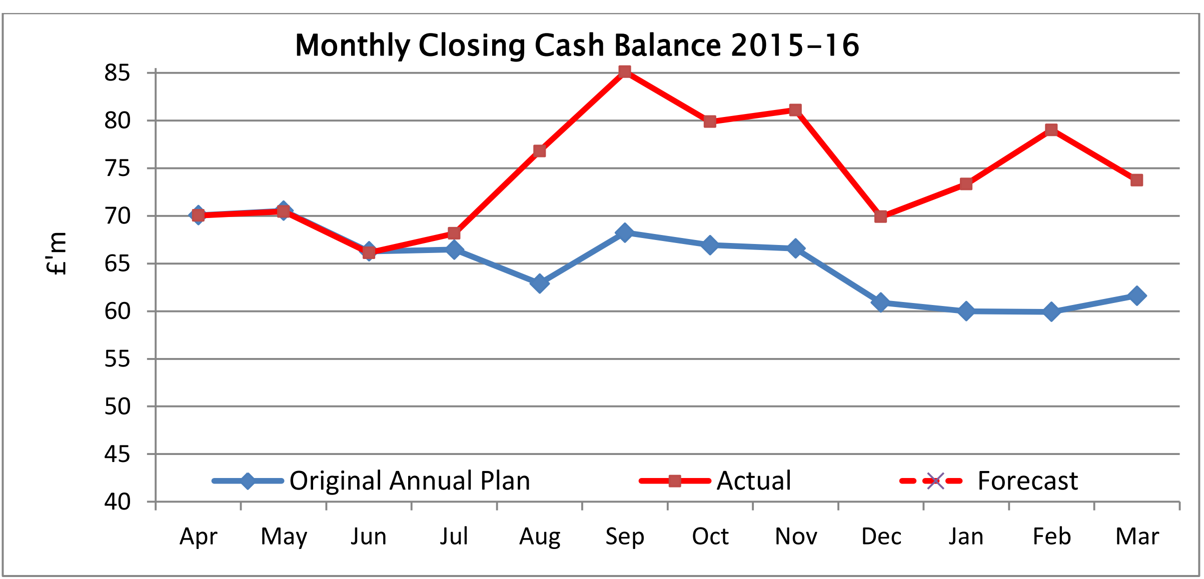
The revised annual plan was £40.521m and therefore the slippage into 2016/17 is £16.508m with a net underspend of £0.227m. The Trust's outturn represents 97.2% of the revised Monitor plan (69% of the annual plan).

7. Statement of Financial Position and Cashflow

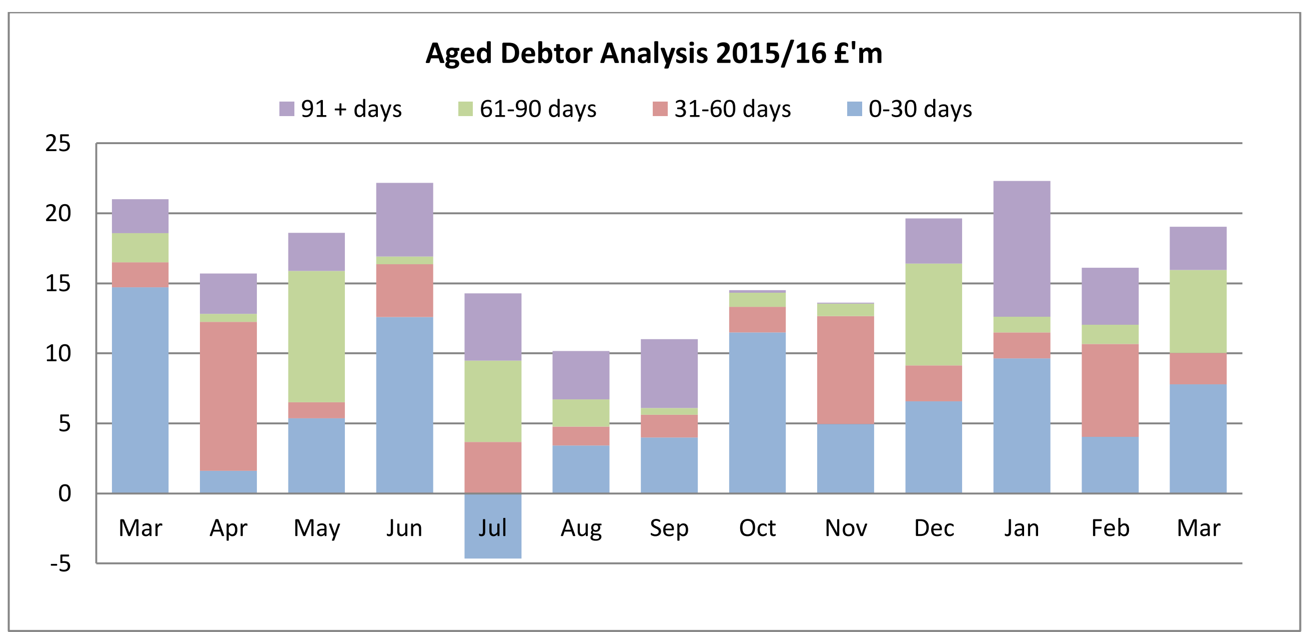
At the end of the year, the Trust had a strong statement of financial position with net current assets of £30.491m. This was £9.434m higher than the Monitor plan and reflects the reduction in capital cashflow.

Cash - The Trust held cash and cash equivalents of £74.011m, higher than the forecast position of c£70m. This reflected a reduction in forecast year-end payments and the receipt of income from North Bristol Trust

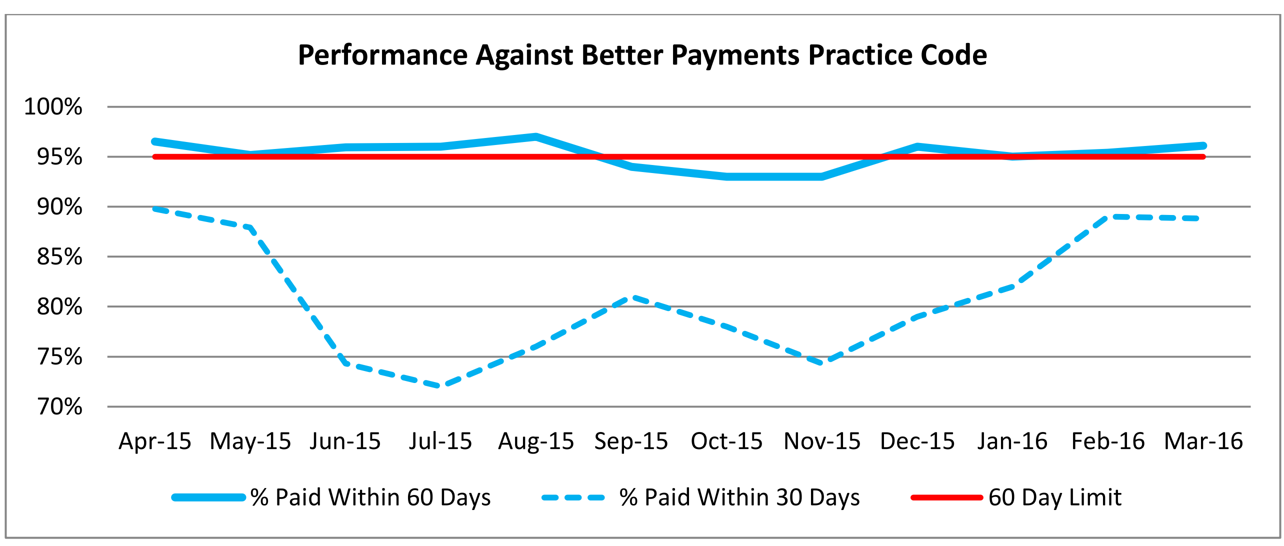
The graph overleaf shows the cash balance trajectory for the financial year.



Receivables - The total value of debtors increased by £2.923m to £19.035m in March. SLA debtors increased by £2.045m and non SLA debtors by £0.878m. The total value of debtors over 60 days old increased by £3.571m to £9.010m. This increase was within SLA debtors primarily due to NHS England quarter 3 activity reconciliation charges. Further details are provided in agenda item 7.1.



Accounts Payable Payments – In March, performance for payment of invoices within 60 days was 96% compared with the Prompt Payments Code target of 95%. The number of invoices paid within 30 days remained at 89%. A summary of performance is provided below.



Attachments

Appendix 1 – Summary Income and Expenditure Statement
Appendix 2 – Divisional Income and Expenditure Statement
Appendix 3 – Financial Sustainability Risk Rating
Appendix 4a – Key Financial Metrics
Appendix 4b – Key Workforce Metrics
Appendix 5 – Financial Risk Matrix
Appendix 6 – Monthly Analysis of Pay Expenditure 2015/16
Appendix 7 - Release of Reserves

Appendix 1

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST
Finance Report March 2016– Summary Income & Expenditure Statement

Approved Budget / Plan 2015/16	Heading	Position as at 31st March Plan	Actual	Variance Fav / (Adv)	Actual to 29th February
£'000		£'000	£'000	£'000	£'000
	Income (as per Table I and E 2)				
509,486	From Activities	509,486	507,460	(2,026)	465,743
91,213	Other Operating Income	91,213	91,793	580	84,051
600,699	**Sub totals income**	**600,699**	**599,253**	**(1,446)**	**549,794**
	Expenditure				
(352,109)	Staffing	(352,109)	(356,602)	(4,493)	(325,498)
(203,455)	Supplies and Services	(203,455)	(207,549)	(4,094)	(192,074)
(555,564)	**Sub totals expenditure**	**(555,564)**	**(564,151)**	**(8,587)**	**(517,572)**
(10,684)	Reserves	(10,684)	–	10,684	–
34,451	**EBITDA**	34,451	35,102	651	32,222
5.74	**EBITDA Margin – %**		5.86		5.86
	Financing				
(23,054)	Depreciation & Amortisation - Owned	(23,054)	(20,797)	2,257	(19,026)
269	Interest Receivable	269	297	28	275
(315)	Interest Payable on Leases	(315)	(322)	(7)	(293)
(3,167)	Interest Payable on Loans	(3,167)	(3,089)	78	(2,835)
(8,184)	PDC Dividend	(8,184)	(7,731)	453	(7,024)
(34,451)	**Sub totals financing**	**(34,451)**	**(31,642)**	**2,809**	**(28,903)**
0	**NET SURPLUS / (DEFICIT) before Technical Items**	0	3,460	3,460	3,319
	Technical Items				
–	Profit/(Loss) on Sale of Asset	–	9,234	9,234	9,270
4,558	Donations & Grants (PPE/Intangible Assets)	4,558	3,107	(1,451)	2,744
(4,719)	Impairments	(4,719)	(3,334)	1,385	(3,277)
500	Reversal of Impairments	500	1,210	710	–
(1,472)	Depreciation & Amortisation - Donated	(1,472)	(1,504)	(32)	(1,379)
(1,133)	**SURPLUS / (DEFICIT) after Technical Items**	(1,133)	12,173	13,306	10,677

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

Finance Report March 2016– Divisional Income & Expenditure Statement

Approved Budget / Plan 2015/16	Division	Total Budget to Date	Total Net Expenditure / Income to Date	Variance [Favourable / (Adverse)]					Total Variance to date	Total Variance to 29th February	Operating Plan Target 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											
503,863	Contract Income	503,863	503,863	–	–	(11)	11	–	–	–	–	–
1,739	Overheads, Fines & Rewards	1,739	936	–	(565)	(27)	(212)	–	(804)	(44)	–	–
38,963	NHSE Income	38,963	38,963	–	–	–	–	–	–	–	–	–
544,565	**Sub Total Corporate Income**	**544,565**	**543,762**	**–**	**(565)**	**(38)**	**(201)**	**–**	**(804)**	**(44)**	**–**	**–**
	Clinical Divisions											
(51,639)	Diagnostic & Therapies	(51,639)	(51,435)	591	(213)	119	(94)	(199)	204	282	–	204
(72,775)	Medicine	(72,775)	(74,778)	(1,827)	(546)	96	(222)	496	(2,003)	(1,646)	–	(2,003)
(95,000)	Specialised Services	(95,000)	(96,203)	(1,091)	554	239	(1,106)	201	(1,203)	(951)	–	(1,203)
(100,840)	Surgery Head & Neck	(100,840)	(106,065)	(348)	(1,467)	318	(870)	(2,858)	(5,225)	(4,878)	(1,250)	(3,975)
(117,469)	Women's & Children's	(117,469)	(119,020)	(2,264)	1,353	29	627	(1,296)	(1,551)	(1,445)	(750)	(801)
(437,723)	**Sub Total – Clinical Divisions**	**(437,723)**	**(447,501)**	**(4,939)**	**(319)**	**801**	**(1,665)**	**(3,656)**	**(9,778)**	**(8,638)**	**(2,000)**	**(7,778)**
	Corporate Services											
(36,941)	Facilities And Estates	(36,941)	(36,872)	(10)	(221)	143	103	54	69	71	–	69
(25,196)	Trust Services	(25,196)	(25,222)	590	(825)	(22)	77	154	(26)	(19)	–	(26)
430	Other	430	935	9	464	128	(104)	9	506	278	–	506
(61,707)	**Sub Totals – Corporate Services**	**(61,707)**	**(61,159)**	**589**	**(582)**	**249**	**76**	**217**	**549**	**330**	**–**	**549**
(499,430)	**Sub Total (Clinical Divisions & Corporate Services)**	**(499,430)**	**(508,660)**	**(4,350)**	**(901)**	**1,050**	**(1,589)**	**(3,439)**	**(9,229)**	**(8,308)**	**(2,000)**	**(7,229)**
(10,684)	Reserves	(10,684)	–	–	10,684	–	–	–	10,684	8,905	–	–
(10,684)	**Sub Total Reserves**	**(10,684)**	**–**	**–**	**10,684**	**–**	**–**	**–**	**10,684**	**8,905**	**–**	**–**
34,451	**Trust Totals Unprofiled**	**34,451**	**35,102**	**(4,350)**	**9,218**	**1,012**	**(1,790)**	**(3,439)**	**651**	**553**	**(2,000)**	**(7,229)**
	Financing											
(23,054)	Depreciation & Amortisation – Owned	(23,054)	(20,797)	–	2,257	–	–	–	2,257	2,082	–	–
269	Interest Receivable	269	297	–	28	–	–	–	28	26	–	–
(315)	Interest Payable on Leases	(315)	(322)	–	(7)	–	–	–	(7)	(4)	–	–
(3,167)	Interest Payable on Loans	(3,167)	(3,089)	–	78	–	–	–	78	68	–	–
(8,184)	PDC Dividend	(8,184)	(7,731)	–	453	–	–	–	453	478	–	–
(34,451)	**Sub Total Financing**	**(34,451)**	**(31,642)**	**–**	**2,809**	**–**	**–**	**–**	**2,809**	**2,650**	**–**	**–**
0	**NET SURPLUS / (DEFICIT) before Technical Items**	**0**	**3,460**	**(4,350)**	**12,027**	**1,012**	**(1,790)**	**(3,439)**	**3,460**	**3,203**	**(2,000)**	**(7,229)**
	Technical Items											
–	Profit/(Loss) on Sale of Asset	–	9,234	–	9,234	–	–	–	9,234	9,270	–	–
4,558	Donations & Grants (PPE/Intangible Assets)	4,558	3,107	–	–	(1,451)	–	–	(1,451)	165	–	–
(4,719)	Impairments	(4,719)	(3,334)	–	1,385	–	–	–	1,385	1,281	–	–
500	Reversal of Impairments	500	1,210	–	710	–	–	–	710	–	–	–
(1,472)	Depreciation & Amortisation – Donated	(1,472)	(1,504)	–	(32)	–	–	–	(32)	(32)	–	–
(1,133)	**Sub Total Technical Items**	**(1,133)**	**8,713**	**–**	**11,297**	**(1,451)**	**–**	**–**	**9,846**	**10,684**	**–**	**–**
(1,133)	**SURPLUS / (DEFICIT) after Technical Items Unprofiled**	**(1,133)**	**12,173**	**(4,350)**	**23,324**	**(439)**	**(1,790)**	**(3,439)**	**13,306**	**13,887**	**(2,000)**	**(7,229)**

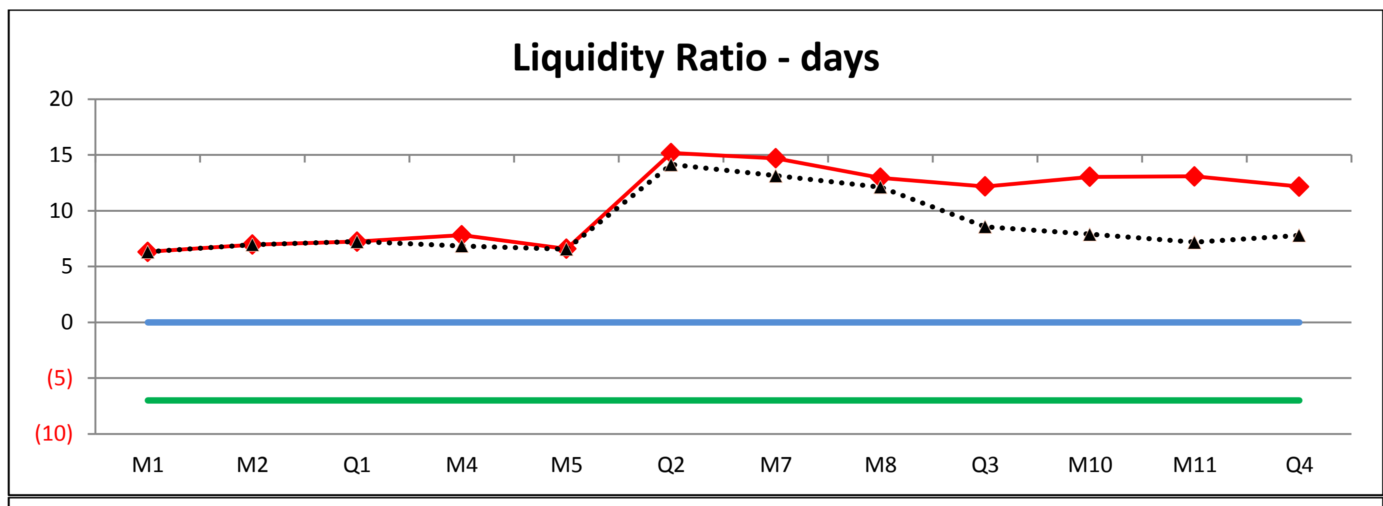
Financial Sustainability Risk Rating – March 2016 Performance

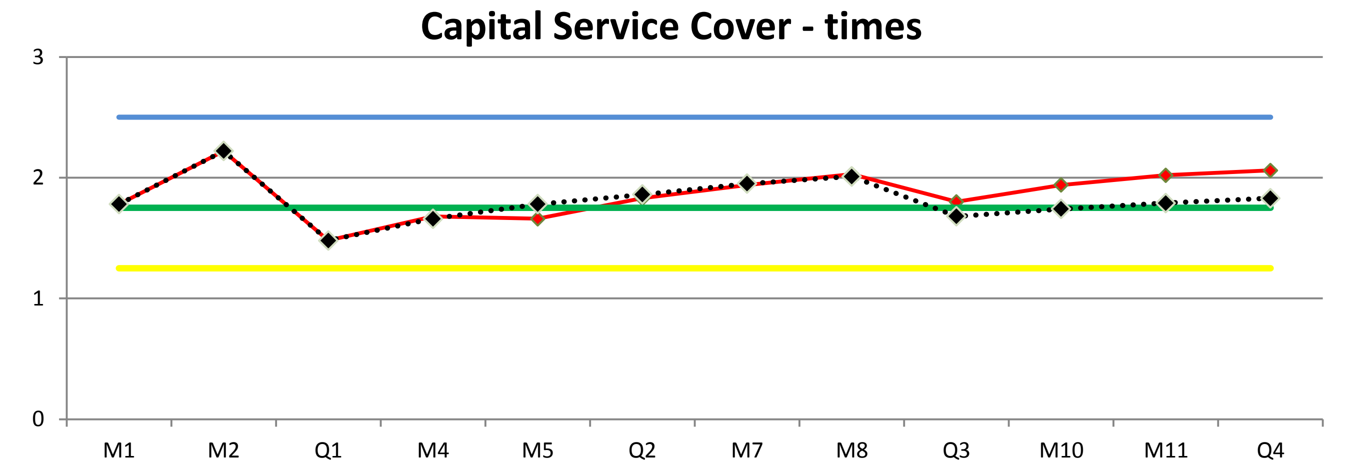
The following graphs show performance against the four Financial Sustainability Risk Rating (FSRR) metrics. For the twelve month period to 31st March 2016, the Trust's achieved an overall FSRR of 4 (actual 3.5) against a plan of 4 (3.5 rounded up).

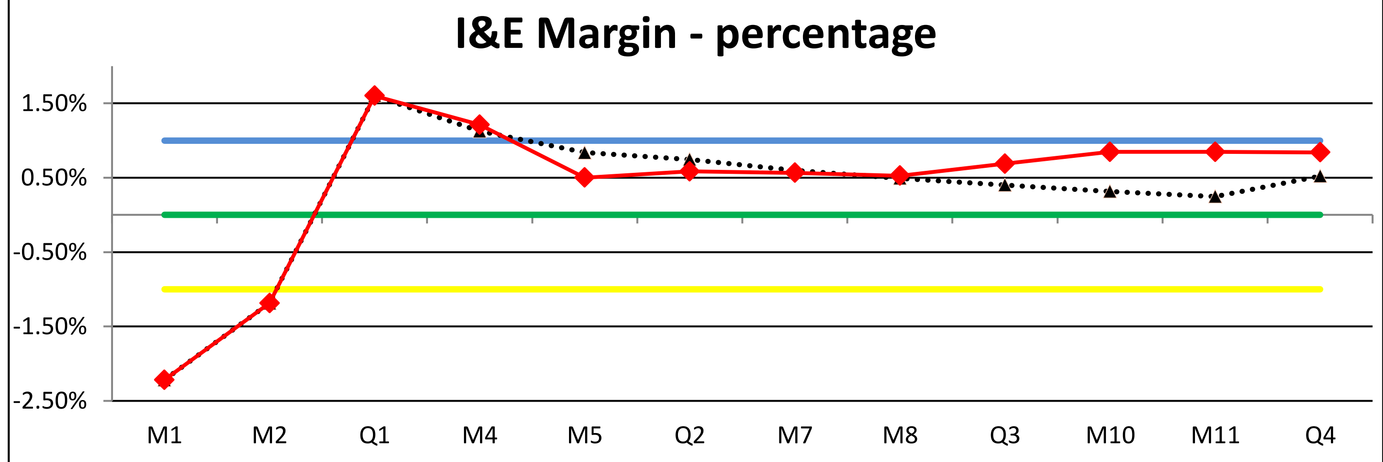
A summary of the position is provided in the table below.

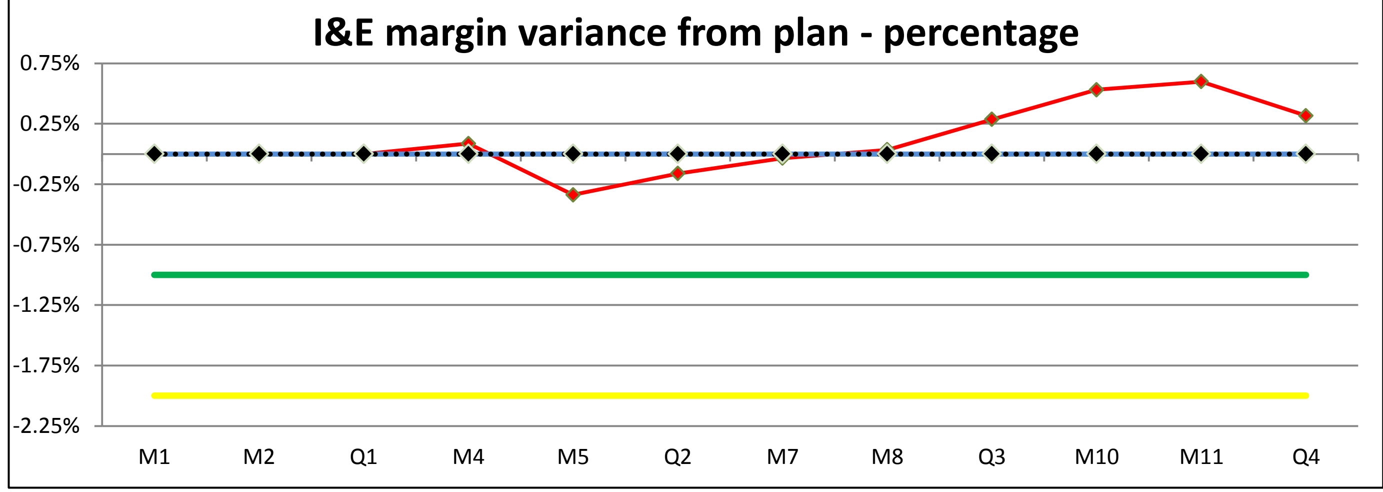
		29th February 2016		31st March 2016	
	Weighting	Plan	Actual	Plan	Actual
Liquidity					
Metric Result – days		7.17	13.08	7.17	12.16
Metric Rating	25%	4	4	4	4
Capital Servicing Capacity					
Metric Result – times		1.79	2.02	1.83	2.06
Metric Rating	25%	3	3	3	3
Income & expenditure margin					
Metric Result		0.25%	0.85%	0.52%	0.84%
Metric Rating	25%	3	3	3	3
Variance in I&E margin					
Metric Result		0.00%	0.60%	0.00%	0.32%
Metric Rating	25%	4	4	4	4
Overall FSRR		**3.5**	**3.5**	**3.5**	**3.5**
Overall FSRR (rounded)		**4**	**4**	**4**	**4**

The charts presented overleaf show the trajectories for each of the four metrics. The 2015/16 revised Annual Plan submitted to Monitor on 31st July 2015 is shown as the black dotted line against which actual performance is plotted in red. The metric ratings are shown for **4 (blue line)**; **3 (green line)** and **2 (yellow line)**.


Liquidity Ratio - days
20
15
10
5
0
(5)
(10)
M1
M2
Q1
M4
M5
Q2
M7
M8
Q3
M10
M11
Q4


Capital Service Cover - times
3
2
1
0
M1
M2
Q1
M4
M5
Q2
M7
M8
Q3
M10
M11
Q4


I&E Margin - percentage
1.50%
0.50%
-0.50%
-1.50%
-2.50%
M1
M2
Q1
M4
M5
Q2
M7
M8
Q3
M10
M11
Q4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-0.75%
-1.25%
-1.75%
-2.25%
M1
M2
Q1
M4
M5
Q2
M7
M8
Q3
M10
M11
Q4

Key Financial Metrics

Appendix 4a

	Diagnostic & Therapies	Medicine	Specialised Services	Surgery, Head & Neck	Women's & Children's	Facilities & Estates	Trust Services	Corporate	Totals
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Contract Income - Activity Based									
Current Month									
Budget	3,141	4,058	4,427	6,193	8,240	318		8,067	34,444
Actual	3,117	4,081	4,315	6,123	8,311	315		7,917	34,179
Variance Fav / (Adv)	(24)	23	(112)	(70)	71	(3)	0	(150)	(265)
Year to date									
Budget	38,310	48,602	54,110	75,436	99,389	3,856		102,373	422,076
Actual	37,986	48,854	52,715	74,493	100,195	3,821		101,727	419,791
Variance Fav / (Adv)	(324)	252	(1,395)	(943)	806	(35)	0	(646)	(2,285)

Information shows the financial performance against the planned level of activity based service level agreements with Commissioners as per agenda item 5.2

	Diagnostic & Therapies	Medicine	Specialised Services	Surgery, Head & Neck	Women's & Children's	Facilities & Estates	Trust Services	Corporate	Totals
Contract Income - Penalties									
Current Month									
Plan		(29)	(4)	(11)	(3)			(468)	(515)
Actual		(34)	(5)	(21)	(14)			(653)	(727)
Variance Fav / (Adv)	-	(5)	(1)	(10)	(11)	-	-	(185)	(212)
Year to date									
Plan		(346)	(43)	(135)	(36)			(5,507)	(6,067)
Actual	(1)	(387)	(57)	(171)	(66)			(5,250)	(5,932)
Variance Fav / (Adv)	(1)	(41)	(14)	(36)	(30)	-	-	257	135

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

	Diagnostic & Therapies	Medicine	Specialised Services	Surgery, Head & Neck	Women's & Children's	Facilities & Estates	Trust Services	Corporate	Totals
Contract Income - Rewards									
Current Month									
Plan								678	678
Actual								683	683
Variance Fav / (Adv)	-	-	-	-	-	-	-	5	5
Year to date									
Plan								7,979	7,979
Actual								8,241	8,241
Variance Fav / (Adv)	-	-	-	-	-	-	-	262	262

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

	Diagnostic & Therapies	Medicine	Specialised Services	Surgery, Head & Neck	Women's & Children's	Facilities & Estates	Trust Services	Corporate	Totals
Cost Improvement Programme									
Current Month									
Plan	194	194	121	457	327	93	69	185	1,640
Actual	215	342	137	298	245	99	68	178	1,582
Variance Fav / (Adv)	21	148	16	(159)	(82)	6	(1)	(7)	(58)
Year to date									
Plan	2,144	2,224	1,585	5,900	4,280	1,092	535	2,119	19,879
Actual	1,945	2,720	1,786	3,042	2,984	1,146	690	2,127	16,440
Variance Fav / (Adv)	(199)	496	201	(2,858)	(1,296)	54	155	8	(3,439)

Key Workforce Metrics **Appendix 4b**

Diagnostic & Therapies

	Operating Plan Target		Actual													
	Annual	Year to date	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year to date	Year to date variance
Overall agency expenditure (£'000)	952	952	106	115	155	116	74	53	48	66	72	59	90	20	974	(22)
Nursing agency expenditure (£'000)	29	29	13 -	1	1	- -	1	0	-16	0	0	9	11	11	27	2
Overall																
Sickness (%)	3.00		2.96	2.56	3.07	2.84	2.51	2.61	2.81	2.42	2.86	3.23	3.39	3.47	2.89	
Turnover (%)	11.00		11.80	11.70	12.20	12.00	12.40	12.60	12.90	13.40	13.20	13.00	13.50	12.80	12.80	
Establishment (wte)			968.01	978.45	978.94	981.34	982.24	976.50	975.47	985.42	990.39	991.85	993.40	999.20		
In post (wte)			948.03	943.08	940.05	942.45	961.72	967.27	947.27	958.59	960.26	963.92	962.80	967.13		
Under/(over) establishment (wte)			19.98	35.37	38.89	38.89	20.52	9.23	28.20	26.83	30.13	27.93	30.60	32.07		
Nursing:																
Sickness - registered (%)			0.22	1.93	2.78	4.59	0.18	2.34	3.65	7.03	10.24	10.88	6.8	10.7	5.11	
Sickness - unregistered (%)									-	10.00	-	0.00	0.0	6.5	2.74	
Turnover - registered (%)	15.00		15.70	12.60	11.40	11.00	11.00	10.60	10.60	17.40	17.40	17.40	17.4	24.9	24.90	
Turnover - unregistered (%)																
Starters (wte)			-	-	-	-	-	-	-	1.00	-	-	-	-	1.00	
Leavers (wte)			0.59	-	1.00	-	-	-	-	1.00	-	-	-	1	3.59	
Net starters (wte)			(0.59)	0.00	(1.00)	0	0	0	0	0.00	0.00	0.00	0.00	(1.00)	(2.59)	
Establishment (wte)			16.33	16.33	17.29	17.29	17.88	17.88	17.88	18.00	17.70	17.70	17.70	17.70		
In post - Employed (wte)			16.25	16.42	16.66	15.66	15.57	15.57	15.57	15.57	16.57	16.57	16.57	16.57		
In post - Bank (wte)			1.35	0.42	0.52	0.41	2.10	0.85	0.85	0.20	1.90	1.58	0.94	1.43		
In post - Agency (wte)			2.10	-	-	-	0.70	-	-	-	-	1.00	1.65	2.13		
In post - total (wte)			19.70	16.84	17.18	16.07	18.37	16.42	16.42	15.77	18.47	19.15	19.16	20.13		
Under/(over) establishment (wte)			(3.37)	(0.51)	0.11	1.22	(0.49)	1.46	1.46	2.23 -	0.77 -	1.45 -	1.46 -	2.43		

Definitions:

Sickness Absence is measured as percentage of available employed Full Time Equivalents (FTEs) absent, calculated on a monthly basis.
Turnover is measured as the total permanent leavers (FTE), taken as a percentage of the average permanent employed staff (excluding fixed term contracts, junior doctors and bank staff) over a rolling 12-month period.

Targets: There are no year to date targets for sickness and turnover. Targets are not set at staff group level for sickness absence.
The annual target for sickness is the average of the previous 12 months as at March 2016.
The annual target for turnover, because it is a rolling 12 month cumulative measure, is the position at March 2016.

Note: wte in post for nursing bank and agency staff is calculated based on data supplied by TSB for the hours verified as worked within Rosterpro. This data is dependent on the timing of shift verifications.
The calculation for wte in post for nurse bank continues to be reviewed in light of new data available from Rosterpro and where appropriate backdated adjustments applied. In month 8 a backdated change was made to month 7 to better reflect staff utilisation.

Key Workforce Metrics

Appendix 4b

Medicine

	Operating Plan Target		Actual													
	Annual	Year to date	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year to date	Year to date variance
Overall agency expenditure (£'000)	1,732	1,732	324	248	254	226	269	380	373	243	198	375	351	394	3,635	(1,903)
Nursing agency expenditure (£'000)	1,343	1,343	279	186	154	184	234	314	307	179	144	269	235	257	2,742	(1,399)
Overall																
Sickness (%)	4.10		5.10	5.66	5.95	5.53	5.20	5.36	5.25	4.82	4.70	5.03	5.66	5.12	5.28	
Turnover (%)	12.70		13.40	13.50	13.80	12.40	12.50	12.60	13.20	13.20	13.80	14.50	14.50	14.30	14.30	
Establishment (wte)			1,233.42	1,233.54	1,238.01	1,211.24	1,217.72	1,221.40	1,203.55	1,208.43	1,188.76	1,205.65	1,201.93	1,220.07		
In post (wte)			1,267.74	1,282.71	1,255.17	1,233.82	1,254.14	1,275.14	1,263.80	1,228.06	1,223.14	1,247.13	1,230.63	1,255.14		
Under/(over) establishment (wte)			(34.32)	(49.17)	(17.16)	(22.58)	(36.42)	(53.74)	(60.25)	(19.63)	(34.38)	(41.48)	(28.70)	(35.07)		
Nursing:																
Sickness - registered (%)			4.76	5.34	6.23	6.01	5.08	4.65	3.79	3.43	2.85	3.67	4.85	3.78	4.54	
Sickness - unregistered (%)			9.62	10.79	10.38	9.19	10.99	10.75	10.94	10.49	9.73	9.50	9.57	9.37	10.11	
Turnover - registered (%)	13.50		13.00	13.60	14.20	13.30	14.20	14.60	14.60	14.50	15.00	16.00	16.10	16.40	16.40	
Turnover - unregistered (%)	18.50		22.20	21.40	20.40	16.50	16.30	15.50	17.90	17.90	18.30	19.00	18.30	17.60	17.60	
Starters (wte)			18.22	9.24	8.00	7.36	10.07	20.64	10.00	14.88	4.10	23.63	13.94	4.00	144.08	
Leavers (wte)			7.25	10.79	10.54	4.17	17.89	14.90	10.37	11.77	6.56	14.86	7.67	8.78	125.55	
Net starters (wte)			10.97	(1.55)	(2.54)	3.19	(7.82)	5.74	(0.37)	3.11	(2.46)	8.77	6.27	(4.78)	18.53	
Establishment (wte)			789.28	780.39	776.57	758.75	769.84	762.66	757.68	761.26	742.92	760.09	755.20	759.61		
In post - Employed (wte)			674.67	685.88	682.90	677.10	678.05	676.58	675.40	669.82	662.39	672.59	675.54	679.38		
In post - Bank (wte)			100.97	118.33	99.23	94.67	93.31	107.88	99.83	91.74	101.90	93.97	87.54	94.70		
In post - Agency (wte)			47.40	33.86	27.25	31.51	40.08	49.02	48.92	31.87	27.10	39.26	33.80	41.00		
In post - total (wte)			823.04	838.07	809.38	803.28	811.44	833.48	824.15	793.43	791.39	805.82	796.88	815.08		
Under/(over) establishment (wte)			(33.76)	(57.68)	(32.81)	(44.53)	(41.60)	(70.82)	(66.47)	(32.17)	(48.47)	(45.73)	(41.68)	(55.47)		

Definitions:

Sickness Absence is measured as percentage of available employed Full Time Equivalents (FTEs) absent, calculated on a monthly basis.
Turnover is measured as the total permanent leavers (FTE), taken as a percentage of the average permanent employed staff (excluding fixed term contracts, junior doctors and bank staff) over a rolling 12-month period.

Targets: There are no year to date targets for sickness and turnover. Targets are not set at staff group level for sickness absence.
The annual target for sickness is the average of the previous 12 months as at March 2016.
The annual target for turnover, because it is a rolling 12 month cumulative measure, is the position at March 2016.

Note: wte in post for nursing bank and agency staff is calculated based on data supplied by TSB for the hours verified as worked within Rosterpro. This data is dependent on the timing of shift verifications.
The calculation for wte in post for nurse bank continues to be reviewed in light of new data available from Rosterpro and where appropriate backdated adjustments applied. In month 8 a backdated change was made to month 7 to better reflect staff utilisation.

Key Workforce Metrics

Appendix 4b

Specialised Services

	Operating Plan Target		Actual													
	Annual	Year to date	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year to date	Year to date variance
Overall agency expenditure (£'000)	2,136	2,136	205	219	247	236	185	289	216	180	185	225	250	214	2,651	(515)
Nursing agency expenditure (£'000)	633	633	87	121	113	93	68	145	146	104	73	135	130	94	1,309	(676)
Overall																
Sickness (%)	3.70		3.76	3.50	3.52	3.78	3.74	4.14	3.58	3.15	4.38	4.73	4.92	4.25	3.96	
Turnover (%)	12.40		16.00	16.80	16.40	16.80	16.70	16.20	17.10	16.90	15.50	15.50	14.90	14.10	14.10	
Establishment (wte)			832.79	823.78	851.28	858.26	859.59	858.66	859.56	864.92	867.19	869.98	868.90	871.6		
In post (wte)			870.20	888.79	874.75	873.03	856.07	877.70	879.30	878.34	868.15	882.98	884.18	893.54		
Under/(over) establishment (wte)			(37.41)	(65.01)	(23.47)	(14.77)	3.52	(19.04)	(19.74)	(13.42)	(0.96)	(13.00)	(15.28)	(21.94)		
Nursing:																
Sickness - registered (%)			3.42	3.03	3.80	3.25	3.61	4.31	3.94	3.77	4.94	4.64	4.49	3.89	3.92	
Sickness - unregistered (%)			8.36	6.41	6.16	7.67	9.15	8.18	9.45	7.23	8.93	7.95	10.38	9.93	8.32	
Turnover - registered (%)	14.00		16.20	17.00	17.30	17.10	16.90	16.00	17.70	18.50	17.50	17.10	16.70	15.80	15.80	
Turnover - unregistered (%)	16.20		22.00	20.90	19.00	20.60	17.80	17.50	19.70	18.50	16.50	17.00	14.20	10.90	10.90	
Starters (wte)			4.60	3.46	8.64	1.80	8.00	8.60	11.00	6.60	1.00	8.64	9.84	1.00	73.18	
Leavers (wte)			4.96	10.70	6.94	7.14	6.67	4.87	11.04	5.97	4.45	4.60	2.92	3.00	73.26	
Net starters (wte)			(0.36)	(7.24)	1.70	(5.34)	1.33	3.73	(0.04)	0.63	(3.45)	4.04	6.92	(2.00)	(0.08)	
Establishment (wte)			451.99	447.76	460.09	462.94	462.66	462.66	462.66	464.76	464.76	464.76	464.76	466.96		
In post - Employed (wte)			439.48	439.02	432.60	433.82	427.33	436.39	444.96	441.30	437.91	442.02	436.25	447.84		
In post - Bank (wte)			32.04	37.61	43.55	35.07	32.69	42.42	35.22	36.36	39.56	31.78	32.05	32.80		
In post - Agency (wte)			11.33	13.13	13.01	11.02	9.77	16.08	17.58	12.75	9.16	14.66	15.04	12.31		
In post - total (wte)			482.85	489.76	489.16	479.91	469.79	494.89	497.76	490.41	486.63	488.46	483.34	492.95		
Under/(over) establishment (wte)			(30.86)	(42.00)	(29.07)	(16.97)	(7.13)	(32.23)	(35.10)	(25.65)	(21.87)	(23.70)	(18.58)	(25.99)		

Definitions:

Sickness Absence is measured as percentage of available employed Full Time Equivalents (FTEs) absent, calculated on a monthly basis.
Turnover is measured as the total permanent leavers (FTE), taken as a percentage of the average permanent employed staff (excluding fixed term contracts, junior doctors and bank staff) over a rolling 12-month period.

Targets: There are no year to date targets for sickness and turnover. Targets are not set at staff group level for sickness absence.
The annual target for sickness is the average of the previous 12 months as at March 2016.
The annual target for turnover, because it is a rolling 12 month cumulative measure, is the position at March 2016.

Note: wte in post for nursing bank and agency staff is calculated based on data supplied by TSB for the hours verified as worked within Rosterpro. This data is dependent on the timing of shift verifications.
The calculation for wte in post for nurse bank continues to be reviewed in light of new data available from Rosterpro and where appropriate backdated adjustments applied. In month 8 a backdated change was made to month 7 to better reflect staff utilisation.

Key Workforce Metrics **Appendix 4b**

Surgery, Head and Neck

	Operating Plan Target		Actual													
	Annual	Year to date	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year to date	Year to date variance
Overall agency expenditure (£'000)	1,387	1,387	172	190	241	281	320	308	283	244	211	247	242	263	3,002	(1,615)
Nursing agency expenditure (£'000)	1,019	1,019	144	144	167	242	276	222	195	160	131	187	213	217	2,298	(1,279)
Overall																
Sickness (%)	3.50		4.03	3.40	3.59	4.07	4.15	3.95	4.11	4.21	4.41	4.48	4.33	4.86	4.13	
Turnover (%)	12.60		15.40	15.90	16.10	14.60	14.50	14.40	14.40	14.70	14.50	14.90	14.30	14.00	14.00	
Establishment (wte)			1,698.59	1,716.16	1,735.10	1,752.82	1,753.62	1,760.25	1,776.76	1,779.36	1,773.69	1,770.61	1,775.64	1,777.57		
In post (wte)			1,737.89	1,752.24	1,754.64	1,762.71	1,786.37	1,782.40	1,765.18	1,764.20	1,758.16	1,771.12	1,787.63	1,800.96		
Under/(over) establishment (wte)			(39.30)	(36.08)	(19.54)	(9.89)	(32.75)	(22.15)	11.58	15.16	15.53	(0.51)	(11.99)	(23.39)		
Nursing:																
Sickness - registered (%)			4.69	3.43	3.58	4.45	4.58	4.85	3.93	4.04	5.16	4.64	3.76	4.97	4.34	
Sickness - unregistered (%)			7.40	6.22	6.76	7.41	7.90	5.33	5.83	5.88	5.11	5.08	5.75	7.82	6.37	
Turnover - registered (%)	13.00		15.10	16.40	16.80	14.90	15.60	15.40	15.10	15.90	16.30	16.40	15.10	14.60	14.60	
Turnover - unregistered (%)	20.10		28.70	27.30	26.90	23.70	22.60	22.20	23.10	21.20	19.50	19.90	20.30	18.40	18.40	
Starters (wte)			10.61	4.00	5.63	1.00	9.00	21.40	13.00	20.57	5.40	22.72	8.09	4.75	126.17	
Leavers (wte)			9.52	8.33	10.64	5.51	23.40	10.97	7.80	11.41	9.87	12.19	2.00	4.34	115.98	
Net starters (wte)			1.09	(4.33)	(5.01)	(4.51)	(14.40)	10.43	5.20	9.16	(4.47)	10.53	6.09	0.41	10.19	
Establishment (wte)			677.18	680.98	689.06	694.06	701.12	701.15	702.30	703.60	696.79	697.69	700.50	698.96		
In post - Employed (wte)			644.20	646.24	650.41	642.90	648.68	636.91	645.27	650.04	649.36	656.02	658.60	667.95		
In post - Bank (wte)			45.02	51.89	55.40	59.14	62.43	64.34	48.09	42.73	39.56	41.50	56.51	50.43		
In post - Agency (wte)			20.66	19.59	27.45	31.41	35.91	29.47	25.05	21.90	16.80	21.73	26.68	28.79		
In post - total (wte)			709.88	717.72	733.26	733.45	747.02	730.72	718.41	714.67	705.72	719.25	741.79	747.17		
Under/(over) establishment (wte)			(32.70)	(36.74)	(44.20)	(39.39)	(45.90)	(29.57)	(16.11)	(11.07)	(8.93)	(21.56)	(41.29)	(48.21)		

Definitions:

Sickness Absence is measured as percentage of available employed Full Time Equivalents (FTEs) absent, calculated on a monthly basis.
Turnover is measured as the total permanent leavers (FTE), taken as a percentage of the average permanent employed staff (excluding fixed term contracts, junior doctors and bank staff) over a rolling 12-month period.

Targets: There are no year to date targets for sickness and turnover. Targets are not set at staff group level for sickness absence.
The annual target for sickness is the average of the previous 12 months as at March 2016.
The annual target for turnover, because it is a rolling 12 month cumulative measure, is the position at March 2016.

Note: wte in post for nursing bank and agency staff is calculated based on data supplied by TSB for the hours verified as worked within Rosterpro. This data is dependent on the timing of shift verifications.
The calculation for wte in post for nurse bank continues to be reviewed in light of new data available from Rosterpro and where appropriate backdated adjustments applied. In month 8 a backdated change was made to month 7 to better reflect staff utilisation.

Key Workforce Metrics **Appendix 4b**

Women's and Children's

	Operating Plan Target		Actual													
	Annual	Year to date	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year to date	Year to date variance
Overall agency expenditure (£'000)	1,228	1,228	189	230	284	305	171	365	308	300	257	297	213	209	3,128	(1,900)
Nursing agency expenditure (£'000)	978	978	116	178	225	235	182	248	298	268	205	248	195	167	2,565	(1,587)
Overall																
Sickness (%)	3.90		3.98	3.46	3.37	3.36	3.31	3.57	3.57	3.97	4.15	4.02	4.27	4.42	3.79	
Turnover (%)	9.80		12.30	12.30	12.20	12.30	12.40	11.50	11.60	11.70	11.70	11.60	11.20	10.80	10.80	
Establishment (wte)			1,814.32	1,825.58	1,828.38	1,835.19	1,841.46	1,847.70	1,878.60	1,874.87	1,887.66	1,893.43	1,894.47	1,894.10		
In post (wte)			1,808.92	1,808.69	1,832.69	1,812.60	1,821.97	1,873.24	1,946.37	1,917.60	1,902.50	1,912.89	1,909.77	1,911.67		
Under/(over) establishment (wte)			5.40	16.89	(4.31)	22.59	19.49	(25.54)	(67.77)	(42.73)	(14.84)	(19.46)	(15.30)	(17.57)		
Nursing:																
Sickness - registered (%)			4.60	3.86	3.96	3.80	3.84	4.60	4.41	4.16	4.61	4.51	4.47	5.08	4.33	
Sickness - unregistered (%)			5.82	5.44	4.64	4.73	3.65	2.89	3.56	5.32	6.43	6.20	7.25	8.47	5.37	
Turnover - registered (%)	10.00		11.50	11.30	11.00	10.90	10.50	9.60	9.80	9.90	9.80	9.90	9.20	9.20	9.20	
Turnover - unregistered (%)	20.00		22.70	24.60	23.80	23.00	23.60	17.90	17.20	15.60	16.50	16.60	17.20	16.90	16.90	
Starters (wte)			6.94	5.00	6.88	9.23	19.36	59.77	44.64	21.55	0.80	12.51	6.41	3.00	196.09	
Leavers (wte)			13.40	8.23	9.95	10.14	17.03	9.73	9.57	9.67	8.25	8.84	8.57	8.45	121.82	
Net starters (wte)			(6.46)	(3.23)	(3.06)	(0.91)	2.33	50.04	35.07	11.88	(7.45)	3.67	(2.16)	(5.45)	74.27	
Establishment (wte)			1,081.96	1,091.14	1,089.27	1,092.66	1,095.48	1,099.99	1,133.19	1,124.25	1,132.05	1,136.06	1,136.53	1,134.37		
In post - Employed (wte)			1,024.80	1,016.21	1,014.22	1,005.18	1,005.84	1,034.16	1,098.34	1,097.15	1,093.03	1,089.97	1,085.97	1,087.96		
In post - Bank (wte)			39.82	41.71	41.03	36.24	42.60	43.30	40.47	35.55	27.68	31.62	39.65	40.23		
In post - Agency (wte)			15.95	19.81	25.19	24.60	24.19	26.96	27.74	27.63	22.64	24.66	19.45	15.09		
In post - total (wte)			1,080.57	1,077.73	1,080.44	1,066.02	1,072.63	1,104.42	1,166.55	1,160.33	1,143.35	1,146.25	1,145.07	1,143.28		
Under/(over) establishment (wte)			1.39	13.41	8.83	26.64	22.85	(4.43)	(33.36)	(36.08)	(11.30)	(10.19)	(8.54)	(8.91)		

Definitions:

Sickness Absence is measured as percentage of available employed Full Time Equivalents (FTEs) absent, calculated on a monthly basis.
Turnover is measured as the total permanent leavers (FTE), taken as a percentage of the average permanent employed staff (excluding fixed term contracts, junior doctors and bank staff) over a rolling 12-month period.

Targets: There are no year to date targets for sickness and turnover. Targets are not set at staff group level for sickness absence.
The annual target for sickness is the average of the previous 12 months as at March 2016.
The annual target for turnover, because it is a rolling 12 month cumulative measure, is the position at March 2016.

Note: wte in post for nursing bank and agency staff is calculated based on data supplied by TSB for the hours verified as worked within Rosterpro. This data is dependent on the timing of shift verifications.
The calculation for wte in post for nurse bank continues to be reviewed in light of new data available from Rosterpro and where appropriate backdated adjustments applied. In month 8 a backdated change was made to month 7 to better reflect staff utilisation.

Appendix 5

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

Finance Report March 2016 - 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 Score & Level	Target Risk	
		Risk Score & Level	Financial Value				Risk Score & Level	Financial Value
959	Risk that Trust does not deliver future years financial plan due to under delivery of recurrent savings in year. Only around 80% of the required savings have been identified and delivered however, the impact on the financial plan has reduced due to other compensatory factors.	16 - Very High	£7.0m	Divisions, Corporate and transformation team are actively working to promote the pipelines schemes into deliverable savings schemes. Trust is working to develop savings plans to meet 2016/17 target.	DL	12 - High	4 - Moderate	£3.0m
416	Risk that the Trust's Financial Strategy may not be deliverable in changing national economic climate.	9 - High	-	Maintenance of long term financial model and in year monitoring on financial performance through monthly divisional operating reviews and Finance Committee and Trust Board.	PM	9 - High	9 - High	-
951	Risk of national contract mandates financial penalties on under-performance against key indicators.	9 - High	£4.0m	Contract signed with NHS England. Trust has also agreed heads of terms with main Commissioners.	DL	9 - High	1 - Low	£3.0m
50	Risk of Commissioner Income challenges	6 - Moderate	£3.0m	The Trust has strong controls of the SLA management arrangements.	PM	6 - Moderate	6 - Moderate	£3.0m
408	Risk to UH Bristol of fraudulent activity.	3 - Low	-	Local Counter Fraud Service in place. Pro active counter fraud work. Reports to Audit Committee.	PM	3 - Low	3 - Low	-

Analysis of pay spend 2014/15 and 2015/16

Division		2014/15							2015/16													2013/14	2013/14
		Q1 £'000	Q2 £'000	Q3 £'000	Q4 £'000	Total £'000	Mthly Average £'000	Mthly Average %	Q1 £'000	Q2 £'000	Oct £'000	Nov £'000	Dec £'000	Q3 £'000	Jan £'000	Feb £'000	Mar £'000	Q4 £'000	Total £'000	Mthly Average £'000	Mthly Average %	Mthly Average £'000	Mthly Average %
Diagnostic & Therapies	Pay budget	10,162	10,066	10,037	10,206	40,471	3,373		10,357	10,483	3,494	3,483	3,456	10,432	3,406	3,486	3,521	10,413	41,686	3,474		3,294	
	Bank	64	91	86	74	315	26	0.8%	82	109	26	31	36	93	35	27	26	88	371	31	0.9%	26	0.8%
	Agency	79	184	387	395	1,045	87	2.6%	377	242	48	66	72	186	59	90	20	168	972	81	2.4%	28	0.9%
	Waiting List initiative	45	46	65	113	269	22	0.7%	98	54	13	49	33	95	23	29	43	95	342	29	0.8%	19	0.6%
	Overtime	101	94	111	99	405	34	1.0%	147	94	36	35	29	100	30	41	40	110	450	38	1.1%	26	0.8%
	Other pay	9,772	9,435	9,675	9,492	38,375	3,198	95.0%	9,572	9,648	3,296	3,239	3,252	9,788	3,275	3,303	3,342	9,920	38,927	3,244	94.8%	3,179	97.0%
	Total Pay expenditure	10,062	9,850	10,324	10,173	40,409	3,367	100.0%	10,276	10,146	3,419	3,420	3,422	10,261	3,422	3,490	3,471	10,382	41,063	3,422	100.0%	3,278	100.0%
	Variance Fav / (Adverse)	100	216	(287)	33	62	5		82	337	75	63	34	172	(14)	(4)	50	31	623	52		16	
Medicine	Pay budget	11,591	11,880	12,506	13,320	49,297	4,108		12,841	12,458	4,137	4,191	4,072	12,400	4,179	4,182	4,245	12,606	50,305	4,192		3,679	
	Bank	805	870	1,019	872	3,566	297	7.1%	897	935	271	308	325	905	355	333	350	1,039	3,775	315	7.2%	275	6.9%
	Agency	451	630	1,058	1,356	3,495	291	7.0%	826	875	373	243	198	814	375	351	394	1,119	3,634	303	7.0%	196	4.9%
	Waiting List initiative	26	39	34	94	193	16	0.4%	51	45	15	15	26	56	11	24	7	42	194	16	0.4%	13	0.3%
	Overtime	36	19	16	20	91	8	0.2%	16	21	17	9	9	35	8	12	12	32	105	9	0.2%	16	0.4%
	Other pay	10,704	10,399	10,587	11,130	42,820	3,568	85.4%	11,212	10,941	3,646	3,714	3,623	10,982	3,747	3,741	3,819	11,308	44,443	3,704	85.2%	3,479	87.4%
	Total Pay expenditure	12,022	11,957	12,715	13,471	50,165	4,180	100.0%	13,002	12,817	4,322	4,289	4,181	12,792	4,496	4,460	4,583	13,539	52,151	4,346	100.0%	3,979	100.0%
	Variance Fav / (Adverse)	(431)	(77)	(209)	(152)	(868)	(72)		(161)	(359)	(185)	(98)	(109)	(391)	(317)	(278)	(337)	(933)	(1,846)	(154)		(300)	
Specialised Services	Pay budget	9,577	9,653	9,727	10,232	39,189	3,266		10,135	10,245	3,410	3,471	3,461	10,342	3,532	3,485	3,541	10,557	41,279	3,440		3,060	
	Bank	309	335	357	292	1,293	108	3.2%	402	404	116	145	91	352	144	147	132	423	1,581	132	3.7%	99	3.1%
	Agency	509	664	677	885	2,735	228	6.7%	671	710	216	180	185	582	225	250	214	689	2,651	221	6.3%	157	5.0%
	Waiting List initiative	91	90	133	194	508	42	1.3%	125	144	53	55	48	156	59	44	0	103	528	44	1.2%	32	1.0%
	Overtime	55	40	22	30	147	12	0.4%	29	29	12	10	8	30	7	8	10	25	114	9	0.3%	15	0.5%
	Other pay	8,813	8,894	9,028	9,211	35,946	2,995	88.5%	9,189	9,222	3,084	3,172	3,140	9,395	3,190	3,189	3,294	9,674	37,480	3,123	88.5%	2,840	90.4%
	Total Pay expenditure	9,777	10,022	10,215	10,613	40,627	3,386	100.0%	10,415	10,510	3,481	3,562	3,473	10,516	3,625	3,638	3,650	10,913	42,354	3,529	100.0%	3,142	100.0%
	Variance Fav / (Adverse)	(200)	(369)	(488)	(381)	(1,438)	(120)		(280)	(265)	(71)	(91)	(12)	(174)	(93)	(153)	(109)	(356)	(1,075)	(90)		(82)	
Surgery Head and Neck	Pay budget	17,951	18,025	18,188	18,190	72,354	6,030		19,366	19,669	6,626	6,539	6,543	19,708	6,556	6,608	6,691	19,855	78,598	6,550		5,911	
	Bank	463	511	587	463	2,024	169	2.7%	559	683	166	173	149	488	176	235	213	624	2,355	196	3.0%	155	2.5%
	Agency	226	327	275	448	1,276	106	1.7%	603	908	283	244	211	738	247	242	263	752	3,000	250	3.8%	67	1.1%
	Waiting List initiative	366	456	446	395	1,663	139	2.2%	407	387	123	137	111	371	90	89	70	249	1,414	118	1.8%	116	1.9%
	Overtime	184	114	39	43	380	32	0.5%	38	47	17	17	11	45	9	11	20	41	171	14	0.2%	40	0.7%
	Other pay	17,464	17,399	17,639	17,809	70,313	5,859	92.9%	17,853	17,860	6,130	6,037	6,034	18,200	6,071	6,024	6,115	18,209	72,122	6,010	91.2%	5,766	93.8%
	Total Pay expenditure	18,703	18,808	18,988	19,157	75,656	6,305	100.0%	19,461	19,885	6,719	6,608	6,517	19,844	6,593	6,601	6,681	19,875	79,062	6,589	100.0%	6,145	100.0%
	Variance Fav / (Adverse)	(752)	(783)	(800)	(967)	(3,302)	(275)		(95)	(215)	(93)	(69)	26	(136)	(37)	7	10	(20)	(466)	(39)		(235)	

Analysis of pay spend 2014/15 and 2015/16

Division		2014/15							2015/16													2013/14	2013/14
		Q1 £'000	Q2 £'000	Q3 £'000	Q4 £'000	Total £'000	Mthly Average £'000	Mthly Average %	Q1 £'000	Q2 £'000	Oct £'000	Nov £'000	Dec £'000	Q3 £'000	Jan £'000	Feb £'000	Mar £'000	Q4 £'000	Total £'000	Mthly Average £'000	Mthly Average %	Mthly Average £'000	Mthly Average %
Women's and Children's	Pay budget	20,433	21,521	21,945	22,234	86,133	7,178		22,562	22,828	7,692	7,803	7,796	23,290	7,900	7,894	7,986	23,780	92,460	7,705		6,123	
	Bank	530	485	631	528	2,174	181	2.5%	533	582	174	186	127	487	201	212	198	611	2,213	184	2.3%	151	2.5%
	Agency	384	397	411	650	1,842	154	2.1%	703	840	308	300	257	866	297	213	209	719	3,128	261	3.3%	117	1.9%
	Waiting List initiative	88	87	76	139	390	33	0.5%	205	169	59	68	76	203	54	72	80	206	783	65	0.8%	30	0.5%
	Overtime	82	79	95	99	355	30	0.4%	23	19	7	10	9	26	7	12	17	35	102	9	0.1%	19	0.3%
	Other pay	19,455	20,428	20,875	20,758	81,516	6,793	94.5%	21,492	21,695	7,371	7,529	7,509	22,409	7,618	7,672	7,669	22,958	88,554	7,379	93.4%	5,843	94.9%
	Total Pay expenditure	20,539	21,476	22,088	22,174	86,277	7,190	100.0%	22,956	23,305	7,919	8,093	7,978	23,991	8,177	8,180	8,173	24,530	94,780	7,898	100.0%	6,159	100.0%
	Variance Fav / (Adverse)	(106)	45	(144)	60	(144)	(12)		(393)	(477)	(229)	(290)	(182)	(701)	(277)	(286)	(187)	(750)	(2,320)	(193)		(36)	
Facilities & Estates	Pay budget	4,638	4,916	4,931	4,936	19,421	1,618		5,057	5,113	1,668	1,675	1,799	5,142	1,690	1,682	1,698	5,070	20,382	1,699		1,536	
	Bank	227	316	271	251	1,065	89	5.5%	296	320	100	80	98	278	82	96	68	246	1,140	95	5.6%	46	3.0%
	Agency	80	115	133	174	502	42	2.6%	145	189	88	90	71	249	50	56	49	154	738	62	3.6%	29	1.9%
	Waiting List initiative	0	0	0	0	0	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0	0.0%
	Overtime	244	255	273	193	965	80	5.0%	225	244	68	76	64	207	69	64	67	200	876	73	4.3%	75	4.9%
	Other pay	4,109	4,129	4,274	4,218	16,729	1,394	86.9%	4,406	4,373	1,426	1,443	1,502	4,371	1,471	1,480	1,548	4,499	17,649	1,471	86.5%	1,366	90.1%
	Total Pay expenditure	4,660	4,815	4,951	4,835	19,261	1,605	100.0%	5,072	5,126	1,682	1,689	1,735	5,106	1,673	1,696	1,732	5,100	20,403	1,700	100.0%	1,516	100.0%
	Variance Fav / (Adverse)	(23)	101	(20)	101	161	13		(16)	(12)	(14)	(14)	64	36	18	(14)	(34)	(30)	(21)	(2)		20	
(Including R&I and (Incl R&I and Support Services)	Pay budget	6,524	6,903	7,257	9,053	29,738	2,478		6,487	6,496	2,207	2,312	2,458	6,977	2,369	2,234	2,835	7,438	27,398	2,283		2,458	
	Bank	165	154	189	178	686	57	2.4%	179	211	71	61	99	232	75	76	73	223	846	70	3.2%	57	2.4%
	Agency	135	139	154	280	707	59	2.5%	69	177	129	97	164	390	93	59	215	367	1,002	83	3.7%	31	1.3%
	Waiting List initiative	0	0	0	0	0	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0	0.0%
	Overtime	31	27	33	19	110	9	0.4%	22	23	9	6	5	20	8	4	4	16	81	7	0.3%	9	0.4%
	Other pay	6,061	6,433	6,362	7,822	26,678	2,223	94.7%	6,029	5,967	1,997	2,063	2,141	6,201	2,152	1,984	2,526	6,662	24,859	2,072	92.8%	2,285	95.9%
	Total Pay expenditure	6,392	6,754	6,737	8,298	28,180	2,348	100.0%	6,299	6,378	2,206	2,229	2,409	6,843	2,329	2,123	2,817	7,268	26,788	2,232	100.0%	2,383	100.0%
	Variance Fav / (Adverse)	132	149	520	755	1,557	130		188	118	1	83	49	134	40	111	18	169	610	51		75	
Trust Total	Pay budget	80,876	82,964	84,592	88,172	336,604	28,050		86,805	87,293	29,233	29,474	29,585	88,292	29,632	29,570	30,516	89,718	352,109	29,342		26,060	
	Bank	2,564	2,762	3,140	2,657	11,124	927	3.3%	2,949	3,244	924	984	925	2,834	1,069	1,125	1,060	3,254	12,281	1,023	3.4%	809	3.0%
	Agency	1,865	2,455	3,096	4,187	11,603	967	3.4%	3,393	3,941	1,444	1,221	1,159	3,824	1,346	1,260	1,362	3,967	15,126	1,260	4.2%	625	2.4%
	Waiting List initiative	616	718	754	935	3,023	252	0.9%	886	799	263	324	294	881	237	258	200	695	3,261	272	0.9%	210	0.8%
	Overtime	734	628	589	503	2,454	204	0.7%	499	478	165	164	135	463	138	152	169	460	1,899	158	0.5%	201	0.8%
	Other pay	76,378	77,117	78,440	80,436	312,370	26,031	91.7%	79,752	79,705	26,950	27,197	27,201	81,348	27,524	27,392	28,313	83,230	324,035	27,003	90.9%	24,759	93.1%
	Total Pay expenditure	82,157	83,680	86,019	88,718	340,574	28,381	100.0%	87,480	88,166	29,747	29,890	29,714	89,352	30,314	30,188	31,105	91,607	356,602	29,717	100.0%	26,603	100.0%
	Variance Fav / (Adverse)	(1,281)	(716)	(1,427)	(546)	(3,970)	(331)		(674)	(873)	(514)	(416)	(129)	(1,058)	(683)	(617)	(589)	(1,889)	(4,493)	(374)		(543)	

NOTE: Other Pay includes all employer's oncosts.

In Month 6 a review of central provisions held within support services resulted in a movement of credits between agency and employed staff - this is reflected in this report appropriately in prior months.

Release of Reserves 2015/16 **Appendix 7**

	Significant Reserve Movements							Divisional Analysis								
	Contingency Reserve	Inflation Reserve	Operating Plan	Savings Programme	Other Reserves	Non Recurring	Totals	Diagnostic & Therapies	Medicine	Specialised Services	Surgery, Head & Neck	Women's & Children's	Estates & Facilities	Trust Services	Other including income	Totals
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Resources Book	1,000	5,111	40,114	(268)	11,131	6,050	63,138									
April movements	(220)	(2,511)	(29,556)	-	(4,872)	(1,047)	(38,206)	4,075	5,792	4,807	9,850	7,758	967	4,922	35	38,206
May movements	(30)	288	(5,225)	312	(2,481)	(3,500)	(10,636)	(219)	2,155	193	89	106	17	153	8,142	10,636
June movements	(89)	(26)	(529)	-	(334)	(117)	(1,095)	30	162	50	164	320	142	169	58	1,095
July movements	43	(26)	(94)	-	(182)	(7)	(266)	31	26	14	23	14	27	15	116	266
August Movements	44	(26)	(447)		(638)	(11)	(1,078)	165	102	69	196	130	34	656	(274)	1,078
September movements	89	(202)	(206)		(85)	(31)	(435)	17	90	61	70	341	45	15	(204)	435
October movements	(76)	(26)	(758)	-	238	(27)	(649)	13	37	15	21	745	33	125	(340)	649
November movements	(55)	(26)	(116)		167	(49)	(79)	29	67	46	34	129	46	(107)	(165)	79
December movements	(21)	(26)	(443)		(386)	(128)	(1,004)	21	63	24	21	485	34	141	215	1,004
January movements	(79)	(26)	(17)		(94)	(54)	(270)	(101)	9	58	(35)	6	34	90	209	270
February movements	(28)	(33)	(61)		(132)	(27)	(281)	31	32	28	36	68	42	56	(12)	281
March																
EWTD					(119)		(119)	8	25	16	21	45	2	1	1	119
Recruitment & retention	(10)					(25)	(35)	1		11				23		35
ORCP funding			(25)				(25)	25								25
CQUIN			(13)				(13)				13					13
Other	(122)	(26)	89			(19)	(78)	8					35	124	(89)	78
Month 12 balances	446	2,445	2,713	44	2,213	1,008	8,869	4,134	8,560	5,392	10,503	10,147	1,458	6,383	7,692	54,269

Cover report to the Board of Directors meeting held in Public
To be held on Thursday 28 April 2016 at 11.00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title
16a. Financial Resources 2016/17
Sponsor and Author(s)
Sponsor: Paul Mapson, Director of Finance & Information **Author:** Paul Mapson, Director of Finance & Information

Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	

Executive Summary

Purpose
To present to the Board the Trust's Resources Book for 2016/17.

The resources book reports the same financial information as that presented in the Operational Plan. It describes the Trust's planned surplus of £14.2m after receipt of £13.0m sustainability funding, and provides further detail on the service level agreements, savings programme, capital programme and divisional budgets. It also sets out financial duties and guidance for budget mangers.

Each year the Trust is required to formally consider the Trust as a going concern to fulful statutory audit requirements for the annual accounts. The going concern status needs to be considered for the 12 months from the date of signing the accounts (25th May 2016). The resources book with a planned surplus and strong cash position forecast at 31st May 2017 supports that the Trust will be a going concern beyond 25th May 2017.

The resources book has been circulated electronically and is available in printed format by request to the Finance Department.

Recommendations

To receive the Resources Book and approve the going concern status of the Trust.

Impact Upon Board Assurance Framework

Impact Upon Corporate Risk

Implications (Regulatory/Legal)

Equality & Patient Impact

Resource Implications			
Finance	✓	Information Management & Technology	
Human Resources		Buildings	

Action/Decision Required							
For Decision		For Assurance	✓	For Approval		For Information	

Date the paper was presented to previous Committees					
Quality & Outcomes Committee	Finance Committee	Audit Committee	Remuneration & Nomination Committee	Senior Leadership Team	Other (specify)
	25/04/16				

FINANCIAL RESOURCES 2016/17

Finance Committee
25th April 2016

Trust Board
28th April 2016

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1. Overview

1.1 This report summarises the 2016/17 Resources position for the Trust including key financial areas such as the Source and Application of Revenue Funds, Cashflow, Income Analysis, Capital Programme, Statement of Financial Position, Savings Programmes and Financial Sustainability Risk Rating (FSRR).

1.2 The position described is based upon the Operational Plan submitted to NHS Improvement on 18th April 2016 which was approved by the Trust Board on 5th April 2016 but subsequently modified. The final approval of the Operational Plan will be on 28th April 2016. The plans relating to activity, capacity, workforce and quality within the Operational Plan are robust, giving confidence in its delivery. The financial plan, however, is not in its final form due to delays in Service Level Agreement (SLAs) negotiations requiring estimates to be used based on the best information available.

1.3 The financial plan is to deliver a £14.2m surplus (before donations and impairments). It is predicated on two key assumptions:

- Receipt of 80%-85% CQUIN income from Commissioners; and
- Receipt of Sustainability Funding of £13.0m.

Both assumptions carry significant risk as they have not yet been formally agreed with NHS England and NHS Improvement respectively. Should these assumptions subsequently be proved incorrect a revised plan may be required.

1.4 It should be noted that the current assessment of 2016/17 is based on Service Level Agreement (SLA) to Commissioners and Health Education England which have not yet been concluded and hence carry potential upside benefits but more likely further downside risks. The plan is based on the following key drivers:

- The Trust's CIP target is set at 2.2% of recurring budgets plus the assessed underlying deficit carried forward from 2015/16 generating a target of £21.9m or 4.6% for 2016/17. However, the Trust's Board view is that 4.6% is too high and not deliverable therefore we have agreed not to plan on this basis (corporate support of 1% or £4.5m is provided) leaving a net CIP requirement of £17.4m (3.6%);

- The net favourable impact of 2016/17 national tariff guidance, specifically the removal of the specialised services marginal tariff at £2.4m offset by the adverse impacts of the Stereotactic Radiosurgery Service (SRS) tender at £0.6m plus the reversal of previous Monitor guidance on MDT services which reduces income by £0.8m;

- The loss of Health Education England (HEE) Service Increment for Teaching (SIFT) funding of £1.1m in addition to a 5% CIP requirement likely to be advised by HEE – so in total a £2.1m loss of funding on top of the £0.3m SIFT transition loss already planned for;

- Sustainability funding (general element) of £13.0m is assumed to be received. This has not yet been confirmed by NHS Improvement. It is anticipated that discussions about the build-up of the Control Total for UH Bristol will inform this. In particular the impact of Health Education England changes (£2.0m) and the baseline for the calculation (i.e. using the 2015/16 balanced plan rather than the Q2 £1.6m surplus) are issues which the Trust believes require consideration for adjustments to the Control Total on which the receipt of Sustainability funding is predicated;

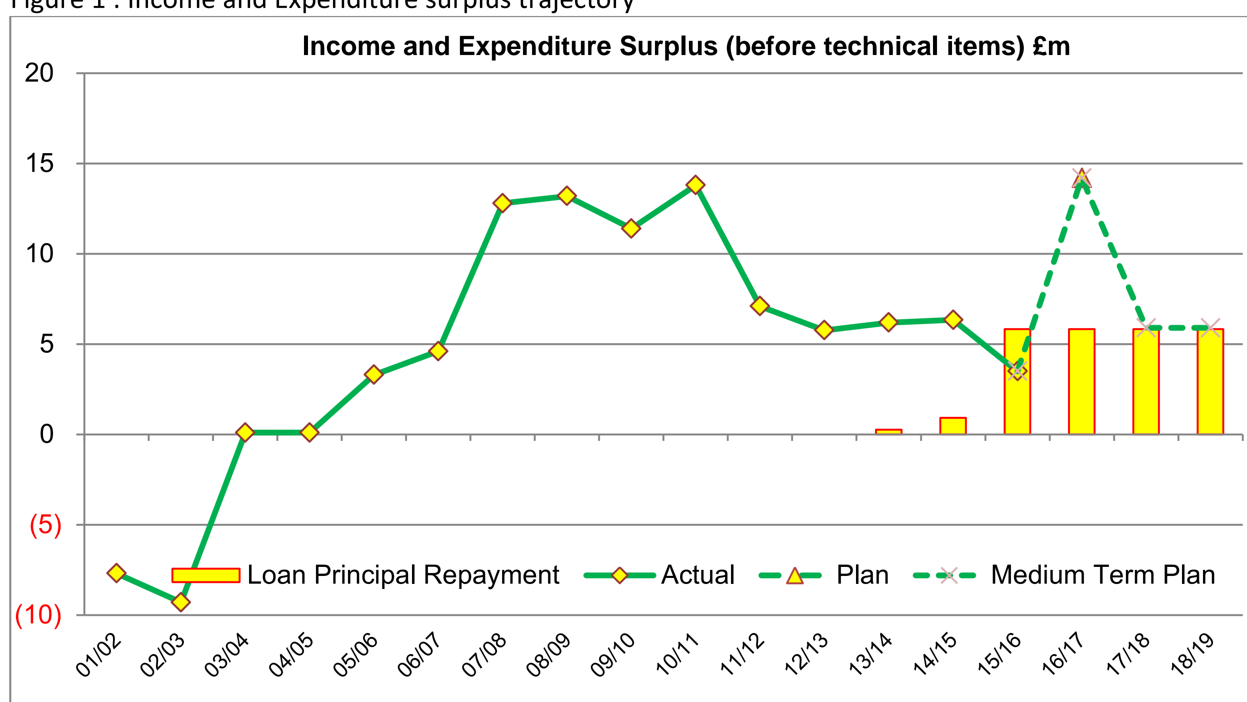
- Service Level Agreement (SLA) proposals are at an advanced stage from the Trust with Version 7 of our offers having been sent to Commissioners. Whereas good progress has been made with local Clinical Commissioning Group (CCG) contracts (the only significant issue is the National CQUINs

being largely undeliverable), the NHS England (specialist and non-specialist) contracts are at an early stage with only one full offer being received. The likely residual issues that could impact on the Trust's financial plan are largely for national resolution (CQUINS, QIPP and Pharmacy gain-share); and

- There is an expectation, however, that Heads of Terms could be signed by the end of April subject to the issue of CQUINs being resolved nationally. The Trust will consider using the dispute resolution process including Arbitration if the SLA issues cannot be resolved in April.

1.5 The Medium Term Financial Plan (MTFP) is shown at summary level in figure 1 below.

Figure 1 : Income and Expenditure surplus trajectory



This shows the delivery of the financial plan from 2003/04 through to 2015/16, together with the requirement to deliver a planned minimum surplus of c. £6m from 2015/16 to fund the loan principal repayment over the next 15 years. Hence any deviation from the planned £6m surplus has liquidity and Capital Service Cover (CSC) consequences that must be addressed by the Trust. The 2016/17 surplus of £14.2m will return to the £6m level from 2017/18 onwards.

1.6 The headlines for the 2016/17 financial plan are:

- A planned Income and Expenditure surplus of £14.2m before technical items;
- A planned surplus of £8.3m after technical items (such as impairments);
- A planned cash balance at year end of £70.8m;
- A savings programme of £17.4m;
- A capital programme of £29.1m; and
- A Financial Sustainability Risk Rating (FSRR) of 4.

1.7 National Tariff – the original 2015/16 Enhanced Tariff Offer (ETO) tariff structure has been rolled over into 2016/17 following the national judgement that the originally proposed 2016/17 tariff was not fit for purpose. The key characteristics of the 2016/17 tariff include:

• Gross inflation allowance	3.1%
• Efficiency requirement	(2.0%)
Net tariff inflator	1.1%
• Plus CNST in tariff prices	c. 0.7%
• Marginal tariffs:	
- Emergencies – retained at	70%
- Specialised Services – restored to	100%

The NHS Standard contract still mandates the levying of fines but the acceptance of the NHS Improvement Control Total results in core performance fines not being paid by Trusts. The residual provision for fines is £0.7m.

1.8 The Trust has a significant capital expenditure programme investing £452m from April 2008 until March 2021 in the development of its estate. In 2016/17, the Trust's planned gross capital expenditure totals £41.1m and incorporates slippage of £20.0m from 2015/16. With the remaining uncertainty regarding SLA agreement, the capital programme has been retained at £41.1m but assumes up to £12.0m slippage into 2017/18. This will be reviewed mid-year when the position is firmed up. The net 2016/17 capital expenditure plan is therefore £29.1m. Once the position regarding Sustainability funding and Commissioners SLAs has been confirmed, along with the arrangements for the other conditions required, the capital position will be re-assessed with additional schemes being agreed if possible.

1.9 To achieve the financial plan the following are required:

- Delivery of the planned savings for 2016/17 at £17.4m after abatement by the 1% support provided;
- Conversion of non-recurring savings from 2015/16, into recurring savings;
- A reduction in nursing expenditure of £4.0m due to improved controls and the compliance with agency price caps which assumes a reduction in nursing agency costs of £6.0m;
- Maintenance of strict cost control;
- Effective risk management of potential cost pressures;
- Delivery of planned activity as defined in Divisional Operating Plans;
- Delivery of National Performance targets and in particular minimising Service Level Agreement fines especially from RTT breaches;
- Delivery of clinical performance within any agreed Contract Limiters to avoid non-payment for activity by Commissioners;
- Proper recording and coding of activity leading to full income recovery;
- Achievement of significant clinical service improvement in a planned and effective manner as part of the Trust's Transformation Programme;
- Delivery of CQUIN targets agreed with Commissioners; and
- Close monitoring of the Trust's liquidity.

1.10 The financial year will be affected by the external environment as well as from within the NHS and more specifically to local health economy. These factors include:

- Acute Trusts are under unprecedented financial pressure. In 2015/16 the provider sector is incurring an estimated £2.8 billion deficit. The NHS vote is at risk of being breached overall which would have serious consequences for the 2016/17 NHS settlement with HM Treasury;
- Additional HM Treasury funding has been promised to the NHS in 2016/17 but the delivery of a balanced provider sector financial plan is a pre-requisite. The provider and commissioner sectors of the NHS are working to very different assumptions and contracting stances leading to this final plan being potentially compromised. The resolution of the big issues such as CQUINs, savings and pharmacy gain share must be achieved at national level to avoid contract disputes being proliferated throughout the country;
- Pressures on spending and delivery of the Savings Programme are intensifying and firm control is required to avoid the Trust's underlying financial positon deteriorating and its medium term plans being undermined. The level of nationally required savings are at unprecedented levels making the risk of failure far greater. The level of pay savings delivery in particular is at the lowest level for years;
- At the time of writing Service Level Agreements have not been signed. The 2016/17 income plan is subject to further negotiations with Commissioners and the resolution of key issues regarding the agreement of activity plans, CQUINs, reinvestment of fines, agreement of coding and counting changes and QIPP proposals; and
- The need to ensure savings do not compromise patient safety has always existed – however, the dynamic balance between delivering savings year on year and improving patient safety and quality is now subject to detailed public scrutiny. There is, however, a danger that risk management is replaced by risk avoidance with consequential non delivery of savings, unfunded cost pressures and a significantly deteriorating financial position in the Trust.

1.11 Financial Operating Plan

The build-up of the draft financial plan is described below:

Recurring Changes	£'m	Description
Underlying position brought forward	**3.3**	
Cost Pressures:		
- Capital charges	(1.0)	Strategic scheme completion
- BRI Old Building	0.9	Vacation in September 2016
- Dental SIFT	(0.5)	Reduction in student numbers
- Medical SIFT	(0.6)	Change in training ratio wte/weeks by HEE
- Risk provision for cost pressures	(0.5)	Unavoidable recurrent costs only
- Reduction in contingency	0.3	
- Tariff – capital charges	1.0	Tariff inflator funds capital growth
- Other	0.6	Various cost reductions
Sustainability Fund	13.0	Based on a revised control total of £14.2m
SLA Contracting Issues:		
- Specialised marginal tariff	2.4	Per NHS improvement guidance
- Impact of tariff – SRS tender	(0.6)	Tender reduces the SLA price
- Impact of tariff – MDT	(0.8)	Per Monitor prices team correction
- Other	0.6	Other tariff impacts
Non recurrent:		
- Change costs/spend to save	(1.0)	To fund schemes that generate recurring savings
- Risk provision for cost pressure	(0.5)	Unavoidable non-recurrent costs only
- Transition costs for strategic schemes	(0.7)	
- Clinical IT programme	(1.0)	Funds IT programme support costs
- SLA fines charge	(0.7)	Residual fines
Financial Plan 2016/17 Surplus excluding technical items	**14.2**	
Technical Items:		
- Donated income	2.7	
- Depreciation on donated assets	(1.5)	
Planned surplus including donations excluding impairments	**15.4**	
- Asset impairments (net)	(7.1)	
Planned surplus after technical items	**8.3**	

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

1.12 Divisional Operating Plans

Each division has undertaken a robust planning process to create operating plans for 2016/17 which describe the latest financial position built up from underlying positions, savings schemes which have already started, new savings requirements, new savings plans, cost pressures and the impact of activity changes to be incorporated into SLAs with Commissioners. The operating plans are underpinned by capacity and workforce plans. Each division is required to achieve a balanced operating plan. At present four out of the five clinical divisions have a deficit position and work continues to bring their plans into balance.

The current position for division's operating plans is summarised in Table 1 overleaf:

Table 1: Summary of Divisional Operating Plans

Surplus / (Deficit) Division	Underlying Position bfwd £'000	Nursing Cost Pressures re 1-1 and RMN £'000	Nursing Cost Pressures support £'000	2016/017 Savings Requirement £'000	Total Savings Requirement £'000	Savings Plans 2016-17 Identified £'000	Savings Plan surplus/ (shortfall) £'000
Diagnostics and Therapies	(725)			(917)	(1,642)	1,370	(272)
Medicine	(549)	(525)	525	(1,135)	(1,684)	1,238	(446)
Specialised Services	(396)	(241)	241	(1,114)	(1,510)	1,247	(263)
Surgery, Head & Neck	(3,030)	(513)	513	(1,926)	(4,956)	3,096	(1,860)
Women's and Children's	(2,364)	(144)	144	(2,274)	(4,638)	2,369	(2,269)
Total Clinical Divisions	**(7,064)**	**(1,423)**	**1,423**	**(7,366)**	**(14,430)**	**9,320**	**(5,110)**
Facilities & Estates	(142)			(643)	(785)	831	46
Finance				(170)	(170)	175	5
Trust HQ				(143)	(143)	143	
Trust HR	(145)			(100)	(245)	116	(129)
IM&T				(159)	(159)	215	56
Misc Support Services				(168)	(168)	168	
Corporate				(688)	(688)	688	
Capital Charges				(632)	(632)	690	58
Total Non Clinical	**(287)**			**(2,703)**	**(2,990)**	**3,026**	**36**
Total	**(7,351)**	**(1,423)**	**1,423**	**(10,069)**	**(17,420)**	**12,346**	**(5,074)**

Surplus / (Deficit) Division	Savings Plan surplus/ shortfall c/fwd £'000	Support funding balance £'000	Cost pressures £'000	Other £'000	Total Operating Plan Position £'000
Diagnostics and Therapies	(272)	478	(206)		0
Medicine	(446)	66	(1,375)	386	(1,369)
Specialised Services	(263)	339	(255)	(145)	(324)
Surgery, Head & Neck	(1,860)	491	(498)		(1,867)
Women's and Children's	(2,269)	1041	(152)		(1,380)
Total Clinical Divisions	**(5,110)**	**2,415**	**(2,486)**	**241**	**(4,940)**
Facilities & Estates	46	162	(209)		(1)
Finance	5				5
Trust HQ					0
Trust HR	(129)			128	(1)
IM&T	56		(56)		0
Misc Support Services					0
Corporate					0
Capital Charges	58				58
Total Non Clinical	**36**	**162**	**(265)**	**128**	**61**
Total	**(5,074)**	**2,577**	**(2,751)**	**369**	**(4,879)**

Underlying Positions – these are deficits built up on a recurrent basis from under-delivery of savings over recent years, unfunded cost pressures, overspending budgets and under-delivery of planned activity. These have to be managed to reach a balanced operating plan. Corporate support of £3.8m issued on a non recurrent basis in 2015/16 has been allocated to Divisions on a recurring basis from 2016/17 and is within the underlying positions brought forward.

Savings - The Trust's savings target is set at 2.2% of recurring budgets plus the assessed underlying deficit carried forward from 2015/16 generating a target of £21.9m or 4.6% for 2016/17. However, the Trust's Board view is that this level is too high and not deliverable therefore have agreed corporate support of 1% or £4.5m leaving a net savings requirement of £17.4m or 3.6%. This is summarised below:

	£'m
• NHS tariff efficiency requirement at 2% plus HEE at 5%	14.569
• Division's underlying deficit	7.351
• Recurring corporate support	(4.500)
	17.420

Support funding – As well as the support funding of £3.8m provided in 2015/16 which has been incorporated into the Divisions' underlying positions, a further £4.0m has been allocated in 2016/17. This is to fund £1.423m of nursing cost pressures relating to 1-1 care and RMN requirements and to provide £2.577m of further support to the Divisions' underlying positions.

Cost Pressures – The Trust has identified funding of £0.579m recurringly and £0.421m non-recurringly to support unavoidable cost pressures. A process has been followed to prioritise cost pressures identified by Divisions and Corporate Services resulting in funding for prioritised cost pressures within the relevant Divisions and Corporate Services Operating Plans. The funded schemes are detailed in the reserves schedules in 4.5.1 (recurring) and 4.5.2 (non-recurring).

Other cost pressures can only be afforded by the identification of further savings and cannot be allowed to lead to a further deterioration of Divisional underlying positions as has been the case in previous years.

The approach above, including the allocation of £7.8m support funding, represents a generous settlement for Divisions. Work is ongoing within Divisions to address the current shortfall with regards to the savings programme in order to reduce the current Operating Plan deficit. There must be a greater emphasis this year on Divisional financial performance and delivery of Operating Plans.

1.13 Financial Sustainability Risk Rating

The Financial Sustainability Risk Rating (FSRR) is NHS Improvement's view of the level of financial risk a provider faces to the ongoing delivery of key NHS services. The rating ranges from 1, the most serious risk, to 4, the lowest risk. The rating is designed to reflect the degree of financial concern NHS Improvement have about a provider and the level of regulatory action NHS Improvement would undertake.

The FSRR is the average of four metrics: liquidity; capital service cover; net surplus/(deficit) margin; and net surplus/(deficit) margin variance from plan. Should one of the four metrics score a 1, the Trust's overall FSRR would be capped at a 2.

The 2016/17 planned net surplus of £14.2m before technical items drives the overall FSRR of 4.

2. Source and Application of Funds Summary

2.1 A summary of the 2016/17 position is shown below:

Source of Funds	**£'000**	**£'000**
Patient Care Service Agreements:		
- BNSSG CCG Commissioners	225,281	
- Other NHS CCG Commissioners	55,409	
- Welsh and other Non-English Bodies	9,950	
- NHS England	243,013	
- Provider Trusts	2,030	
- Local authorities	4,469	540,152
Non-Patient Care Agreements:		
- Medical Service Increment for Teaching	6,626	
- Dental Service Increment for Teaching	9,175	
- Research and Innovation	22,038	
- Clinical Excellence Awards	3,259	
- Post Graduate Medical and Dental Education Levy	14,223	
- NMET	2,858	58,179
Other:		
- Income in Divisional Budgets (see section 2.2)		30,019
Total Sources before Technical Items		**628,350**
Technical Items		
- Donations re Assets		2,732
Total Sources after Technical Items		**631,082**

Application of Funds	**£'000**	**£'000**
Divisional Budgets – Full Year effect of Month 9 budget	546,533	
- 2016/17 Inflation issued to Divisions (see section 4.3.3)	4,561	
- Savings programme to Divisions	(8,749)	542,345
Other Applications		
- Research and Innovation	17,845	
- Trading Services	55	17,900
Reserves – Recurring		
- Contingency Reserve (see section 4.2)	700	
- Inflation Reserve (see section 4.3.2)	11,738	
- Operating Plan / Service Level Agreements (see section 4.4.2)	36,448	
- Other Reserves (see section 4.5.1)	2,526	51,412
Reserves – Non-Recurring Revenue (see section 4.5.2)		2,493
Planned I&E Account Surplus / (Deficit)		14,200
Total Applications before Technical Items		**628,350**
Technical Items		
- Donated Depreciation	1,542	
- Net Impairments	7,092	8,634
Planned Deficit on Technical Items		(5,902)
Total Applications after Technical Items		**631,082**

2.2 The Source and Application of Funds summary shows certain categories of income netted off in Divisional Budgets. These items include:-

	£'000	
Non-Protected Clinical Income		
- Private and overseas patients	2,265	
- Road traffic act income	881	
- SLA income / other	1,400	Note 1
Operations Income		
- Education research and training	1,921	Note 2
- Services provided to other bodies	9,289	Note 3
- Income from charitable bodies	534	
- Sale of goods and services	5,368	Note 4
- Salary recharges	4,165	Note 5
- Other income	4,196	Note 6
Total	**30,019**	

Note 1 Specialised Services primarily for cancer treatments account for £0.755m. The rest relates primarily to services within Diagnostics and Therapies including radiology and home enteral feeding of £0.325m.

Note 2 Research and Innovation activity accounts for £1.861m of which £1.366m is commercial trials. The remainder relates to education funding.

Note 3 Services provided to other bodies contains includes £2.702m from the delivery of peripheral clinics across various organisations, predominately North Bristol NHS Trust and Weston Area Health NHS Trust.

In addition, £5.682m relates to the delivery of services such as; nursing services to various organisations (£0.679m); Eye Hospital services (£0.229m); dental services (£0.231m); paediatric services, significantly growth hormone therapies (£1.312m); services offered by Diagnostics and Therapies such as clinical testing (£0.521m) and educational services (£0.203m).

Income relating to consortia services such as audit, occupational health and counter fraud provided to local organisations account for £0.905m.

Note 4 The sale of goods and services includes: security and parking (£1.118m); Estates and Facilities services (£0.520m); Diagnostics and Therapies services, significantly radiopharmacy and MEMO (£2.253m); IMT services provided externally (£0.441m); and various other smaller services offered by the Divisions.

Note 5 Salary recharges feature across all Divisions usually to other local NHS organisations mainly, North Bristol NHS Trust, Weston Area Health NHS Trust, Avon and Wiltshire Mental Health NHS Trust, and the University of Bristol.

Note 6 Other income includes: childcare vouchers (£1.366m); rental and operating lease income (£2.268m); and VAT savings (£0.410m).

3. Source of Funds

3.1 The Source of Funds is set out in Appendix 4 by funding organisation.

3.2 Patient Care Service Level Agreements

3.2.1 Service Level Agreements are negotiated through still evolving processes involving NHS England, local Commissioning Care Groups and other minority Commissioners supported by the local Commissioning Support Unit.

Service Level Agreements have not been fully agreed at the time of writing but are expected to be signed in May as Heads of Terms, following agreement of activity and value at the end of April.

3.2.2 The Service Level Agreements in 2016/17 will include the following characteristics: -

Service Level Agreements will be negotiated on a fully variable basis with no caps or ceilings. Certain services are still retained as Block where there are good reasons to do so e.g. where services are not activity based.

- There are a series of Performance Indicators in the 2016/17 SLA which are based around the National Standard Contract.

- A national list of drugs, devices and procedures are specifically defined as Payment by Results exclusions and charged at cost.

- The majority of activity related services are covered by Payment by Results arrangements. The main activity related services still outside of Payment by Results include Bone Marrow Transplants, Intensive Care, Neonatal Intensive Care, Paediatric Intensive Care, Cardiac High Dependency and other specific Payment by Results exclusions.

- Of the £540.2m planned income from Patient Care SLAs, £294.3m (54.5%) is covered by Payment by Results.

3.2.3 SLA activity supporting the income budgets by Commissioner and work type are set out in the Appendix 6.

3.2.4 Impact of 2016/17 National Tariff

- National prices for 2016/17 are based on the currencies and prices from the Enhanced Tariff Offer (ETO) for 2015/16 with adjustments for:

  - Cost inflation of 3.1%; and
  - An efficiency factor of 2.0%.

  In addition, funding equivalent to 0.7% has been included in national prices to reflect the impact of allocated costs of CNST.

- NHS Improvement had proposed to move to a revised currency design, HRG4+, designed to improve the case mix allocation to better reflect complexity and comorbidities. Although the sector has been largely supportive of the principles behind the proposals, there was concern about the impact of introducing a new currency design at a time of financial challenge in 2016/17. Its implementation has been delayed now until 2017/18.

- Top-ups for specialised services to reflect the additional costs for providers with more specialised patients were also due to be amended - however NHS Improvement's review of the top-ups was based on the assumption that the currency design to which it would apply would be HRG4+. This will now also be delayed until 2017/18.

- Similarly, NHS Improvement proposed a number of changes to best practice tariff (BPT) arrangements but as the currency design from 2015/16 has been retained, these changes will be delayed.

- NHS Improvement has removed the specialised services marginal tariff adjustment in 2016/17 to reflect the need to offer the sector stability.

- The emergency marginal tariff still applies at the 2015/16 rate of 70%. These savings must be reinvested in relevant schemes.

- National variations to prices, which are used where costs are not precisely captured in national prices, have been removed for the following areas based on an expectation that providers have had sufficient time to adapt to the new pricing methodology: maternity pathway payments, unbundled diagnostic imaging in outpatients & chemotherapy delivery and external beam radiotherapy.

3.2.5 Commissioning for Quality and Innovation (CQUIN) Framework

- The CQUIN framework was introduced in 2008 and has evolved year on year to the current scheme. The National Tariff for 2016/17 does not include a specific element for quality. Under the 2016/17 CQUIN framework, providers have the opportunity to earn up to an additional 2.5% of actual outturn value on Clinical Commissioning Group and NHS England Non-specialised contracts and, as a Hepatitis C Operational Delivery Network lead provider, up to 2.8% on the NHS England Specialised contract. Since 2014/15, CQUINs is no longer payable on PbR-excluded drugs and devices. In total, potential CQUIN income available to be earned is expected to be in the region of £11.1m for the Trust (CQUINs do not apply to Welsh activity). Providers must have the opportunity to earn a high percentage (80-90%) of this funding but do not have an automatic right to it. National CQUIN guidance, including Specialised CQUIN guidance, was published late. Negotiations on the CQUIN goals for 2016/17 are therefore continuing, but it is likely that they will include some or all of the following:

- National (1.25% £3.0m) – mandatory though not for NHS England:
  - Staff Wellbeing *(new)* - introduction of health and wellbeing initiatives covering physical activity, mental health and improving access to physiotherapy for people with musculoskeletal (MSK) issues; healthy food for NHS staff, visitors and patients; improving the uptake of flu vaccinations for frontline clinical staff – 0.75%;
  - Sepsis - identification and early treatment of sepsis - 0.25%; and
  - Antimicrobial resistance *(new)* - reduction in antibiotic consumption per 1,000 admissions; empiric review of antibiotic prescriptions – 0.25%.

- Non-specialised local CQUINs (1.25% £3.0m in total – detail still under discussion and may be allocated differentially across CQUINs):

  - Electronic discharge communication/transfer of care;
  - Timely treatment of cancer – reducing late inter-provider cancer referrals;
  - End of life care - treatment escalation plans;
  - Alcohol - shared decision aids – offer of effective, evidence-based screening for increasing risk and high risk alcohol consumption to patients in ED;

- Advice and guidance – establish proof of concept, to reduce outpatient referrals in two specialties;
- Surgical site infection surveillance - increase surveillance, benchmark against other Trusts and facilitate changes in practice to improve infection rates; and
- Urgent/ambulatory care – ensure assessment and investigation of children with difficult to control asthma through Paediatric Personal Asthma Action Plans.

- Specialised (2.8% £4.7m in total plus £0.4m NHSE Non-Specialised) - The national indicators are not mandatory for inclusion in NHS England contracts. Negotiations are continuing with NHS England; currently proposed Specialised CQUINs are all linked to QIPP (Quality, Innovation, Productivity and Prevention), and there are significant concerns regarding costs of delivery (recurrent in some cases) and deliverability. The CQUIN scheme is likely to include some or all of the following:

  - Hepatitis C Virus – improving treatment pathways through ODNs – governance and partnership working; stewardship and NICE compliance, including managing resources within indicative financial budget forecast - potentially 1.6%+;
  - Clinical Utilisation Review (CUR) - optimising patient flow and transfer out of acute settings – including procurement and implementation of Utilisation Review from a recognised UR provider;
  - Haemtrack patient reporting system for severe haemophilia patients at home;
  - Nationally standardised dose banding - adult intravenous Systemic Anticancer Therapy (SACT)
  - Optimal device – high cost tariff excluded cardiac devices – optimisation of device usage; compliance with national policies and specifications;
  - Adult critical care timely discharge - reducing delayed discharge from ICU to ward level care by improving bed management in wards;
  - Enhanced Supportive Care (ESC) access for advanced cancer patients - to secure better outcomes and avoidance of inappropriate treatments; and
  - Haemoglobinopathy - improving pathways through ODNs - to improve appropriate and cost-effective access to appropriate treatment for haemoglobinopathy patients by developing ODNs and ensuring compliance with ODN guidance through MDT review of individual patients' notes.

- The ability to earn at least 80% (net of costs to deliver) of the £11.0m CQUIN pot is essential to delivering a viable financial plan. It remains to be seen whether Commissioners will agree CQUINs that enable this to be achieved. If not, then the financial plan will be severely compromised. This remains relatively high risk based on current discussions.

- The requirement for a net earnability (i.e. CQUIN income earned less the costs of delivery) of at least 80% is being included in signed Heads of Terms for the main Commissioner SLAs.

3.3 Non Patient Care Agreements

3.3.1. Medical Service Increment for Teaching (Medical SIFT)

The Trust has a responsibility to support both undergraduate and postgraduate teaching. Agreements exist with Health Education England to provide this support for medical and dental undergraduate teaching in conjunction with the University of Bristol. Funding for this support is provided through Medical SIFT. Estimated funding for 2016/17 incorporates an estimated reduction of £0.146m resulting from funded inflation offset by a 5% efficiency requirement. A reduction in student weeks along with other tariff reductions will result in a further loss of Medical SIFT income of £0.887m.

3.3.2 Dental Service Increment for Teaching (Dental SIFT)

The Trust hosts the training of dental students and receives funding for this based on the number of students from Health Education England. The allocation included in this year's resources includes a net reduction of £0.188m resulting from funded inflation offset by a 5% efficiency requirement. A nationally planned reduction in Dental students reduces Dental SIFT over a five year period – with a £0.530m estimated loss in 2016/17.

3.3.3 Research & Innovation (R&I)

The arrangements for funding Research and Innovation include the following:

- Funding received from the Clinical Research Network (CRN) to cover the support costs associated with recruiting patients into clinical trials recognised by the National Institute for Health Research (NIHR) portfolio;
- Income received from the National Institute for Health Research (NIHR) in relation to grants which require a formal application; and
- Research Capability Funding (RCF) which is calculated as a percentage of the value of the previous year's NIHR grant income.

The Trust hosts the West of England Clinical Research Network, Bristol Health Partners and the South West Research Design Service. Funding for Research and Innovation in 2016/17 totals £11.9m, including £6.8m of direct costs in NIHR funded grants plus £5.1m in infrastructure funding.

3.3.4 Clinical Excellence Awards for Consultants

The cost of Clinical Excellence Awards is financed through an agreement with NHS England. The funding – for both NHS and University staff and covering Levels 9-12 (Clinical Excellence Awards) and A+, A and B distinction awards, is based each year on the level of awards prevailing at the 31 March in the preceding financial year. For locally awarded level 1 to 9 Clinical Excellence Awards Trusts are required to manage the implications of in-year new awards and awards relating to starters/leavers from within their own resources. The budget assumption is that the cost of additional locally awarded Excellence Awards will be partly offset by local awards being converted to nationally funded awards. The net cost is assumed to be £0.350m in 2016/17.

3.3.5 Postgraduate Medical and Dental Education Levy (MADEL)

There is an agreement with Health Education England to provide a support environment for postgraduate medical and dental education. The agreement relates to the training costs of junior doctors and dentists and is a fixed sum set at the start of the year based on the agreed number of posts, prevailing salary scales and employer's on costs. This is varied only by approved new posts and transfers. Specifically, the agreement covers 50% of the basic salary costs of all posts plus a placement fee of £13.4k per post. Associated travel, interview and removal expenses, library and postgraduate administration costs are also covered in the agreement. The allocation included in this year's resources includes a net reduction of £278k resulting from funded inflation offset by a 5% efficiency requirement.

3.3.6 NMET (Non-Medical Education and Training)

Teaching support provided by the Trust is also made available to nursing and other healthcare professionals through Health Education England, University of the West of England and other academic institutions. The allocation included in this year's resources includes a net reduction of £56k resulting from funded inflation offset by a 5% efficiency requirement.

3.3.7 A major re-costing of Education services commenced in 2013/14. Annual submissions are now required as part of the annual Reference Cost submission. Education tariffs may be updated in future years based on the cost collection, although the timing of this will be dependent on the national data quality. UH Bristol staff have been very active in this national process. It remains to be seen what the new cost data will be used for in practice.

4. Application of Funds

4.1 Divisional Budgets

Budgets have been set on the following basis:

Start Budget as per Resources Book 2015/16

+/- 2015/16	Changes made during the year including inflation, pay awards, developments, service changes, issues from reserves and transfers between Divisions.
+/- 2016/17	Allocation of known inflation (non-pay, provider to provider, drugs etc.)
+/- 2016/17	Other known adjustments such as CNST and capital charges
+/- 2016/17	Savings Programme

Start Budget 2016/17

Further information is provided in the appendices as follows:

Appendix 9	Summary of revenue budgets
Appendix 10	Reconciliation of revenue budgets for Divisional, Trust and Corporate Services
Appendix 11	Subjective analysis of 2016/17 Divisional budgets.

Further changes will be made during 2016/17, in particular with the transfer of funding from reserves for activity changes, developments and the pay award.

4.2 Contingency Reserve

A recurring provision of £0.7m has been incorporated. This includes £0.2m for the Chief Operating Officer's 'Fixit' budget.

	£'000
General Reserve	500
Chief Operating Officer 'Fixit' Budget	200
Total	**700**

This has been reduced from the £1m provided last year requiring an increased management of cost pressures in 2016/17.

4.3 Inflation Reserve

4.3.1 The National Tariff (gross 3.1% uplift) generates gross inflation funding of £13.977m which can be reconciled to the inflation reserve as follows:

	£'000
Gross tariff inflation funding	13,977
Inflation reserve brought forward from 2015/16	2,124
CNST	1,238
South Bristol	64
Less issued to Divisional budgets	(4,561)
Less transferred to / from other reserves:	
- Capital charges growth to corporate position	(954)
- CEA awards to Operating Plan/SLA reserve	(150)
Total	**11,738**

4.3.2 The residual inflation funding reserve provision includes the following items:

	£'000
Pay awards	
Incremental drift (2016/17)	2,142
National Insurance employers contracted out rebate	5,281
Energy	76
Inflation on reserves	207
Friends and Family/Staff Survey	25
Community premises	80
South Bristol FM/LIFT RPI uplift	64
Other	76
Total	**11,738**

4.3.3 Inflation issued to Divisions in start budgets includes:-

	Assumption	£'000
Incremental drift (to 1st April 2016)	-	922
Drugs	5.0%	685
General non pay	2.0%	1,188
Provider to provider services (net)	1.1%	(37)
Capital charges	2.0%	932
CNST / LTPS / PES	-	871
Total		**4,561**

4.4 Operating Plan/Service Level Agreements

4.4.1 The values in this section are based on the best information available. The 2016/17 income plan is subject to further negotiation of SLAs with Commissioners and there are likely to be further changes. Heads of Terms and SLAs are expected to be agreed at the end of April 2016. The reserve includes funding for activity related changes and investments/savings which are not directly linked to activity. Divisional budgets will be adjusted for these schemes using the following process:

- Non-activity related changes are directly allocated to Divisions based on the cost build-up of the scheme; and
- Activity related changes are allocated to Divisions based on their reference costs share of tariff. This includes an allocation to the Strategic Reserve as per the Financial Strategy (estimated at 15%).

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

	£'000
Service developments	3,287
Service transfers	(792)
2015/16 forecast outturn adjustments	4,104
IMAS recurrent gap	1,319
RTT non recurrent activity growth	4,460
Specialty activity growth	3,361
CQUINs	3,600
Resilience funding	2,618
Assumed corporate share of activity growth	(2,000)
Support for Divisional underlying position	4,000
2015/16 support to Divisions made recurrent	3,835
NICE	7,656
Capital charges volume growth	1,000
Total	**36,448**

4.5 Other Reserves

4.5.1 Recurring

	£'000
EWTD - annual leave and sickness payments	1,690
MPET placement funding	117
Risk management	15
CEA awards	350
BRI redevelopment – FM charges	185
BRI redevelopment – loss of HPA income	152
Bristol Health Partners	100
Corporate savings	(690)
Home enteral tube feeding	28
Recurring Risk Reserve	
MHRA compliance	129
Dementia Nurses	37
Palliative Care Consultant	34
ICNARC Data Reporting	40
MDT co-ordinators	45
Response to the Bristol Review	48
NVQ Associate Practitioners	185
Staff Survey & Friends and Family Test	19
West of England AHSN membership	20
Bristol Safeguarding Board	13
Patient Feedback System	25
Happy App	12
E-rostering system replacement	36
DMS administrator	25
Slippage	(89)
Total	**2,526**

4.5.2 Non-recurring

	£'000
Strategic scheme costs	700
Technology implementation	1,000
Change costs	1,000
Other non-recurring savings	(628)
Non Recurring Risk Reserve	
Sexual health operational development model	60
CCHP operational development model resource	40
Recruitment marketing	100
HON recruitment post	60
RTT validators	60
Outpatients review – spend to save	101
Total	**2,493**

4.6 Savings Programme

4.6.1 A summary of the savings programme by workstream is provided at Appendix 12b. The Trust target is derived as follows:-

	£'000
Divisional gross underlying deficit b/fwd	7,351
Additional nursing cost pressures	1,423
Less corporate support for nursing pressures	(1,423)
Net Divisional underlying deficit	7,351
New 2.2% national requirement	14,569
Less corporate support	(4,500)
Total	**17,420**

4.6.2 The Savings Programme has been developed by Divisions and Corporate Services. The Trust's savings target is set at 2.2% of recurring budgets plus the assessed underlying deficit carried forward from 2015/16 which generates a target of £21.9m or 4.6% for 2016/17. The Trust Board considers this to be at a level which is not deliverable and have therefore provided corporate support of 1% (£4.5m) leaving a net savings requirement of £17.4m (3.6%).

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

4.6.4 For 2016/17, as in 2015/16, the Trust will operate with a series of workstream groups headed by Executive Directors and reporting to the Savings Board. The workstreams will seek to identify efficiencies across key areas of expenditure. Lead responsibility is summarised in the table overleaf.

Table 2 : Summary of Savings Programme Workstreams and Lead Directors

Workstream	Lead Director
Theatre Productivity	Director of Finance
Allied Healthcare Professionals Productivity	Chief Nurse
Corporate	Director of Finance
Facilities & Estates	Chief Operating Officer
Medical Staff Efficiencies Productivity	Medical Director
Nursing Productivity	Chief Nurse
Operating Model	Chief Operating Officer
Improving Financial Controls	Director of Finance
Outpatient Productivity	Chief Operating Officer
Diagnostic Testing	Chief Operating Officer
Medicines savings	Medical Director
Blood and Blood products	Director of Finance
Reducing and Controlling Non Pay	Director of Finance

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

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

4.6.7 The savings programme identified within Divisions form an integral part of the Divisional Operating Plans for 2016/17 and delivery of savings plans is an essential element of Divisions achieving a balanced Operating Plan.

4.6.8 All workstream groups have agreed Key Performance Indicators (KPIs) covering quality impact assessment, patient safety and clinical risk. Performance against these KPIs is measured monthly and reviewed by the Programme Management Office at regular workstream accountability reviews. All workstreams are required to produce and maintain project templates which will include details of work being progressed, deliverable milestones and trajectories showing progress against agreed plans. Workstream progress is monitored monthly at workstream accountability reviews and the Savings Board.

4.6.9 The final Carter Report has been published and the Trust is addressing the key issues within it. Each workstream will be tasked with establishing a clear action plan to take forward the recommendations in the Carter report particularly those concerned with developing staff resourcing efficiencies given delivering savings from pay is recognised as a significant challenge. Benchmarking is a key element of the Carter approach. The Trust already uses Reference Costs and Service Line Reporting to identify areas of potential efficiency improvement and will use the benchmarking portal released by the Carter team. Whilst identifying areas of inefficiency is relatively easy, transferring this knowledge into practical, implementable cost reduction takes time and therefore improvements from this source will only become available later in 2016/17 at the earliest.

5. Financial Sustainability Risk Rating (FSRR)

5.1 The FSRR is NHS Improvement's view of the level of financial risk a provider faces to the ongoing delivery of key NHS services. The rating ranges from 1, the most serious risk, to 4, the lowest risk. The rating is designed to reflect the degree of financial concern NHS Improvement may have about a provider and the level of regulatory action NHS Improvement would undertake. The FSRR is the average of four metrics: liquidity; capital service cover; net surplus/(deficit) margin; and net surplus/(deficit) margin variance from plan. Should one of the four metrics score a 1, the Trust's overall FSRR would be capped at a 2.

5.2 The Trust's 2016/17 planned overall FSRR at 31st March 2017 is a rating of 4. The Trust's planned net surplus of £14.2m is the driver behind the individual metric scores of 4 and the overall FSRR of 4. The components of the FSRR are summarised below.

Table 3 : Summary of FSRR

	Metric	**Score**
Liquidity	14.3 days	4
Capital service cover	2.7 times	4
Net I&E margin	2.4%	4
Margin variance	0.3%	4
Overall FSRR		**4**

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

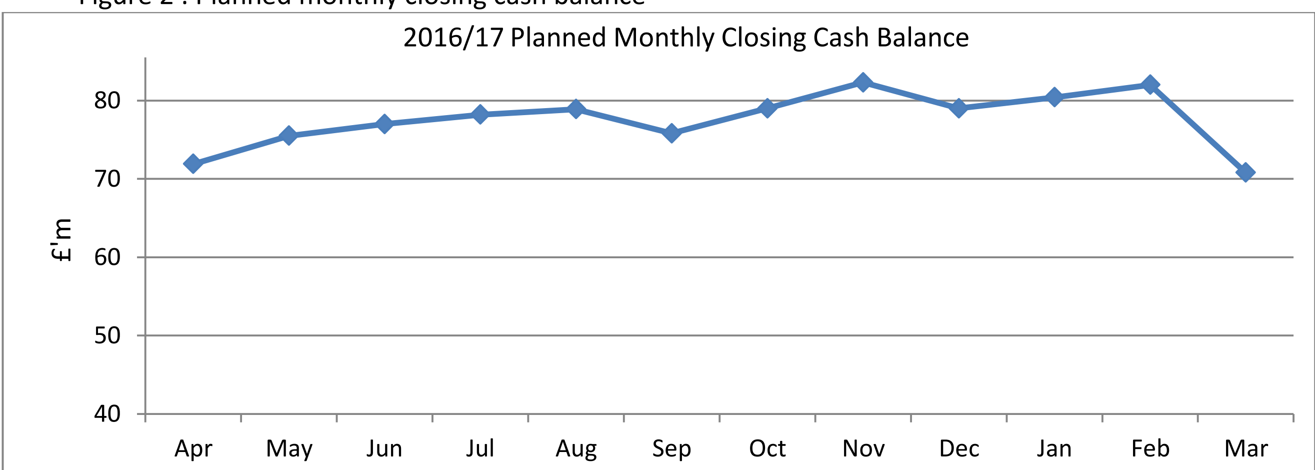
5.3 **Cash Position**

As an NHS Foundation Trust, UH Bristol is able to retain accumulated cash surpluses. The forecast closing cash balance is £70.8m, a reduction of £3.2m compared with the opening balance of £74.0m. The key changes for the movement in the cash balance are summarised belo.

	£m
Forecast opening cash balance – 1st April 2016	74.0
EBITDA / operating surplus	50.1
Movement in working capital	(5.7)
Capital cash outflow	(30.3)
Financing including loan principal repayment	(17.3)
Forecast closing cash balance – 31st March 2017	**70.8**

Figure 2 below shows the projected month end closing cash balances throughout 2016/17.

Figure 2 : Planned monthly closing cash balance



5.4 A monthly forecast cashflow plan for 2016/17 is provided at Appendix 3. This incorporates:

- A planned retained cash balance of £70.8m as at 31 March 2017; and
- Capital cash outflow of £30.3m.

5.5 The Trust will need to maintain its liquidity position in 2016/17 given the risks and uncertainties within the financial plan, for example, receipt of the Sustainability Funding of £13.0m. Close monthly monitoring and reporting will be needed to inform any required management action. Focus will be given to the planning, monitoring and management of cash and working capital balances, in accordance with the Trust's Treasury Management Policy.

6. Capital Programme

6.1 The Trust's expected capital resources and expenditure are shown in the Medium Term Capital Programme (MTCP), (see Appendices 14a to 14f). The MTCP sets out the indicative programme for 2016/17 through to 2020/21 taking into account the 2015/16 outturn of £24.6m. In 2016/17 the Trust's planned capital expenditure totals £41.1m. Expected slippage of £12.0m into 2017/18 reduces the capital programme in 2016/17 to £29.1m.

6.2 From 2016/17, capital spending will be financed from:

- Depreciation in respect of the Trust's existing assets;
- Use of the Trust's accumulated cash balance from prior year revenue surpluses;
- Charitable funding / donations; and
- Public Dividend Capital.

6.3 The Trust has identified £4.2m of capital projects that will be deferred into 2017/18. £3.6m of slippage is planned within the major strategic schemes. The 2016/17 major medical and operational capital prioritisation was approved by the Trust's Senior Leadership Team and has identified projects that will be deferred into 2017/18 of £0.6m. The remaining £7.8m of slippage will be allocated to schemes during 2016/17. The 2016/17 capital plan is summarised in Table 4 below.

Table 4 : 2016/17 Capital plan

Source of funds	2016/17 Plan £m	Application of funds	2016/17 Plan £m
Cash	16.5	Carry forward schemes	20.0
Depreciation	21.6	Estates replacement	2.5
Disposals	0.0	IM&T	2.6
Donations	2.7	Medical equipment	6.5
Public Dividend Capital	0.3	Operational capital	4.6
		Strategic schemes	4.9
Subtotal	**41.1**	**Total**	**41.1**
Net cash retention	(12.0)	Net slippage	(12.0)
Total	**29.1**	**Total**	**29.1**

6.4 Monitoring and management of the Capital Programme will be undertaken by the Capital Programme Steering Group, which reports to the Trust's Senior Leadership Team and Finance Committee.

7. Statement of Financial Position (Balance Sheet)

7.1 The Trust's forecast Statement of Financial Position at 31 March 2017, incorporating its planned income and expenditure position, capital investment and expected movements in working capital balances is shown at Appendix 2.

7.2 The forecast non-current asset value takes account of the current capital expenditure programme offset by the anticipated impact of any impairment reviews.

7.3 The projected value of stocks and work in progress held by the Trust as at 31st March 2017 is £10.8m and anticipates a £0.6m reduction in stocks during the year. The systematic review of stock holdings will be undertaken with service managers. The changes will not only secure the required contribution to improve Trust performance against the liquidity metric but will also enable better controls to be established and maintained.

7.4 The Trust's cash flow forecast (Appendix 3) shows the cash balance decreasing from £74.0m at the start of the year to a closing balance of £70.8m. The position reflects: the planned EBITDA of £50.1m; offset by cash outflows relating to capital of £30.3m; working capital of £5.7m and financing of £17.3m.

7.5 The forecast Statement of Financial Position shows net current assets of £34.1m as at 31st March 2017. This position includes forecast stock holdings of £10.8m leaving net working capital of £23.3m. These are the key factors driving the Trust's liquidity metric of 14.3 days and a score of 4.

8. Workforce

8.1 Introduction

The Workforce and Organisational Development Strategy recognises that achieving financial and operational sustainability depends on robust workforce planning, including effective recruitment, retention, sickness and staff engagement plans to meet service needs within an agreed financial envelope. These plans are key to achieving the required reduction in agency expenditure during 2016/17. There is also an increasing recognition of the need for transformational change to release productivity savings, engaging staff in the process, as described in the Carter (February 2016) report. Workforce KPIs have been set at a divisional and staff group level, taking account of historic performance and comparable benchmarks.

8.2 Agency

Recruitment, retention and sickness absence management are fundamental to the management of agency usage, which are described below. The scale of the challenge to achieve the agency and locum ceiling from a forecast outturn of £19.7m to £12.8m is well recognised, and is reflected in the scope and range of programmes which feed into the reduction plan.

Improved rostering and job planning ensures that there a fewer gaps, reducing the need for temporary staffing. Robust process and outcome KPIs are in place to evidence effective rostering, as outlined in the Carter report and re-procurement of an e-rostering system for nursing staff, to include acuity and dependency scoring, is underway. This will enable real time monitoring and reporting. Recognising a need for a contingent workforce to provide flexibility to cover unavoidable absence and peaks in demand, the Temporary Staffing Bureau (bank staff) has been strengthened through a range of initiatives and incentives.

8.3 Turnover

During 2016/17 turnover levels at UH Bristol have reduced against the background of other Teaching Trusts experiencing higher rates. Although this is encouraging, the Trust started at a higher baseline than many and this remains a key area of focus. A target for 2016/17 has been set to reduce from 13.6% to 12.1%, approximately 95 fewer leavers.

The key areas of work in the retention and engagement plan include the following:

- Visible leadership and improving two-way communication;
- Appraisal improvement project;
- Investment in staff development and team building;
- Local Engagement Plans;
- Health and Well-being programme; and
- Best Care Weeks.

8.4 Vacancies

Recruiting to vacancies is an important element in the agency reduction plan, together with reducing turnover given the link with increased vacancies on staff motivation and work pressure. The UH Bristol vacancy rate (5.2% in February 2016 for all staff) continues to compare favourably with other Teaching Trusts. With a thriving local economy with a high employment rate, highest vacancy rates are for administrative and clerical staff at 8.1% in February 2016. Vacancy rates are below 5% for nursing and midwifery, and 1.2% for medical staff. However, there are hotspots amongst these two groups, which have been the focus of specific campaigns, including overseas recruitment for hard to fill consultant posts such as radiology and targeted theatre nurse campaigns. An assessment centre approach has been implemented for nursing assistant recruitment and vacancies have reduced to 1.3% compared with 10.4% a year ago. Ancillary vacancies have also reduced by 28% in the last six months, due to the appointment of a Recruitment Lead to focus on this staff group.

A new recruitment IT system, TRAC, has been implemented to improve workflow management, and intelligence of pipeline recruitment. There continues to be an ongoing plan of work in place to sustain progress in reducing vacancies.

8.5 **Sickness Absence**

The 2015/16 sickness absence rate at 4.2% is similar to the average performance for other Teaching Trusts. The Trust is aiming to significantly reduce absence in the longer term, with a target of 3.9% during 2016/17. Benchmarking has identified that unregistered nursing and administrative and clerical sickness absence levels are above average and ancillary sickness absence rates are also a cause for concern, and targeted interventions are being actively pursued. The sickness absence management framework is considered robust, although continues to be tested to identify improvements.

A comprehensive Health and Well-being Programme has been put in place. The main programmes of work target the top three reasons for absence which are as:

- Stress related absence;
- Colds and flu; and
- Musculo-skeletal/back problems.

8.6 **Staff Engagement**

The second all-staff annual survey was carried out in 2015. The Trust's overall staff engagement score has improved from 3.69 in 2014 to 3.78 in 2015 compared with a national average score of 3.79. However, the Trust retains a key focus on this agenda aiming to be in the top 20 teaching hospitals. The work programme is multifaceted and the priority is to equip Trust leaders and managers at all levels to improve the following areas in the coming year:

- Effective Team working;
- Staff motivation at work;
- Percentage of staff satisfied with the opportunities for flexible working patterns;
- Staff satisfaction with the quality of work and patient care they are able to deliver; and
- Staff confidence around speaking up if they have concerns.

8.7 **Workforce Numbers**

The anticipated workforce plan, expressed in whole-time equivalents (wte) for 2016/17 and how this compares to the previous year is set out in Appendix 13.

9. Funding Policies

9.1 The funding policies will be consistent with the Financial Strategy agreed by the Trust Board in December 2006 and reiterated in the Integrated Business Plan submitted to Monitor in March 2008.

9.2 These include the following key principles:

- Inflation will be funded in full;
- Savings programme targets are applied to Divisions at 2.2% of Budgets;
- Increases in activity in SLAs above and below the baseline will be allocated to Divisions based on their managed cost share of each specialty's total Reference Costs. A review of cost allocation is undertaken annually to improve the accuracy of this process. The share of income relating to capital charges, estates costs and overheads will be retained by the Trust centrally to fund strategic investments;
- Divisions are expected to manage within their recurring budget including recurring costs and savings. Trust non-recurring funding issues will be managed corporately in year;
- All issues from the Contingency Reserve must be approved by the Director of Finance after consultation with the Chief Executive;
- All issues from the change costs / spend to save reserve must be approved by the Director of Finance. All schemes must demonstrate a defined payback or strong potential to deliver major productivity opportunities; and
- Increments are assessed on an individual staff member basis up to the 1 April each year. A further assessment is made in month 6 of incremental drift and funding is issued where necessary.

9.3 For 2016/17 the Trust will continue to participate in the Bristol, North Somerset and South Gloucestershire National Institute for Health and Care Excellence Commissioning College. Funding is pooled by Commissioning Care Groups and supplemented by Local Delivery Plan investment. This arrangement has worked well over the past few years. The Trust is working with commissioners to agree the funding for 2016/17.

10. Risk Analysis

10.1 Risk of insufficient funding from Commissioner SLAs

Commissioner SLAs are not yet agreed. There is a risk that the assumptions and estimates made by the Trust within the resources plan will not be realised in the final agreements. This risk is assessed as ***low***.

10.2 Risk of not delivering the savings programme

This includes the conversion of non-recurring savings to recurring schemes. Given the track record over the past three years this risk can be assessed as ***high***. Close monitoring of achievement and effective mitigation of any under-achievement will be in place. The 2016/17 target will be challenging.

10.3 Risk that CQUINs income target is not achieved

The resources plan is usually based on earning 80% (net of cost to deliver) of the potential CQUINs target. The resources plan includes a £5m risk regarding NHS England's proposal. This has been escalated to a national level and it is hoped that the position will improve. Achieving 80% of the local commissioning CQUINS as well as the final agreed level of national CQUINs will be challenging. The risk is assessed currently as ***high.***

10.5 Risk that activity is unfunded

This is unlikely due to the structure of the Service Level Agreements likely to be in place. There are issues with elective and out-patient activity which will be addressed. The risk is assessed overall as **medium.**

10.6 Risk of managing cost pressures

This includes inflation and other local/national pressures. The previous good track record of the Trust means that this risk is ***medium***. Likely factors, both locally and nationally, have been taken into account in setting the 2016/17 budget.

10.7 Risk of divisions overspending

This overlaps with item 10.2 above. Financial control is generally good but a number of divisions continue to struggle with their underlying financial position and four out of the five clinical divisions have yet to balance their operating plans. Therefore in 2016/17 this risk is rated ***high***.

10.8 Risk of external factors impacting on the financial position

The Trust has limited exposure to this and has allowed for factors in the budget e.g. energy prices. Therefore the risk is assessed as ***low.***

10.9 Risk of receipt of sustainability funding

The Trust's planned surplus before technical items of £14.2m assumes the receipt of £13.0m sustainability funding. This has not yet been formally agreed with NHS Improvement. This risk is rated ***medium.***

INCOME and EXPENDITURE	£'000	£'000
NHS Clinical Income		
Elective / Day Cases	89,414	
Emergency / Non-Elective	103,856	
Outpatient	78,628	
A&E	15,764	
'Pass Through' payments	88,081	
Other	160,217	535,960
Non NHS Clinical income		
Private patient income	2,265	
Other non protected income	5,378	7,643
Other income		
Education and Training	33,150	
Research & Innovation	23,650	
Other income	27,945	84,745
Total income		**628,348**
Pay costs	(362,797)	
Drug costs	(74,442)	
Clinical supplies and services	(67,650)	
Other costs	(76,111)	(581,000)
Earnings Before Interest, Tax, Depreciation and Amortisation		**47,348**
Total Depreciation & Amortisation	(21,634)	
Interest receivable	244	
Interest payable	(3,178)	
PDC Dividend	(8,580)	(33,148)
Surplus / (Deficit) Before Technical Items		**14,200**
Donated income	2,732	
Depreciation on donated assets	(1,542)	
Net impairments	(7,092)	(5,902)
Net Surplus / (Deficit) for the Year After Technical Items		**8,298**

Appendix 2 **Statement of Financial Position 2016/17**

		Statement of Financial Position as at 31st March 2016		Forecast Statement of Financial Position as at 31st March 2017	
		£'000	£'000	£'000	£'000
Non Current Assets			393,300		401,391
Assets, Current	Inventories	11,442		10,800	
	Current Tax Receivables	178		445	
	Trade and Other Receivables	20,829		18,291	
	Prepayments and Accrued Income	1,965		7,400	
	Cash and Cash Equivalents	74,011		70,757	
	Non Current Assets held for sale	-		-	
Assets, Current Total			108,425		107,693
Assets Total			501,725		509,084
Liabilities, Current	Interest Bearing Borrowings, Current	(5,834)		(5,834)	
	Finance Leases, Current	(300)		(326)	
	Trade and Other Payables, Current	(65,256)		(61,510)	
	Other Financial Liabilities, Current	(921)		(784)	
	Other Liabilities, Current	(5,623)		(5,436)	
Liabilities, Current Total			(77,934)		(73,890)
NET CURRENT ASSETS / (LIABILITIES)			30,491		33,803
Liabilities, Non Current	Interest Bearing Borrowings, Non Current	(82,095)		(76,266)	
	Finance Leases, Non Current	(4,980)		(4,653)	
	Other Liabilities, Non Current	(124)		(153)	
Liabilities, Non Current Total			(87,199)		(81,072)
	TOTAL ASSETS EMPLOYED		**336,592**		**354,122**
Taxpayers' and Others' Equity	Public Dividend Capital	194,156		194,429	
	Income and Expenditure Reserve	86,250	280,406	96,129	290,558
Other Reserves	Revaluation Reserve	56,101		63,479	
	Miscellaneous Other Reserves	85	56,186	85	63,564
	TOTAL FUNDS EMPLOYED		**336,592**		**354,122**

Appendix 3 **Monthly Cashflow 2016/17**

Month	Balance B/Fwd	Sources						Applications (see detail below)	Balance C/Fwd
		Capital Receipts	NHS Receipts SLAs	NHS Receipts Other	Interest Received	Other Income	Totals		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
April	74,011		41,939	5,372	20	2,302	49,632	(51,735)	71,908
May	71,908	2,000	44,603	5,830	20	2,058	54,511	(50,944)	75,476
June	75,476	443	49,974	5,830	20	2,058	58,325	(56,813)	76,987
July	76,987		45,412	5,830	20	2,058	53,320	(52,076)	78,231
August	78,231		46,221	5,830	20	2,058	54,129	(53,435)	78,925
September	78,925	100	45,474	5,830	20	2,058	53,482	(56,571)	75,835
October	75,835		45,412	5,830	20	2,058	53,320	(50,115)	79,040
November	79,040		45,474	5,830	20	2,058	53,382	(50,069)	82,353
December	82,353		43,793	5,830	20	2,058	51,701	(55,103)	78,951
January	78,951		45,412	5,830	20	2,058	53,320	(51,849)	80,422
February	80,422		42,359	5,830	20	2,058	50,267	(48,704)	81,985
March	81,985	462	42,543	5,834	24	2,056	50,919	(62,147)	70,757
Totals		3,005	538,616	69,506	244	24,938	636,308	(639,562)	

Month	Applications									
	Payroll	Capital	Traders	Tax / NI & Super	NHS Payments	PDC Dividend	Loan Repayment	Loan Interest	Finance Lease Interest	**Totals**
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
April	(17,124)	(2,067)	(15,444)	(11,702)	(5,398)					(51,735)
May	(17,141)	(2,288)	(14,976)	(11,427)	(5,039)				(73)	(50,944)
June	(17,158)	(3,574)	(15,279)	(11,438)	(5,111)		(2,787)	(1,465)	(1)	(56,813)
July	(17,175)	(2,746)	(15,512)	(11,450)	(5,194)					(52,076)
August	(17,191)	(3,284)	(16,067)	(11,461)	(5,359)				(73)	(53,435)
September	(17,208)	(2,718)	(15,525)	(11,472)	(5,189)	(4,291)	(130)	(37)	(1)	(56,571)
October	(17,225)	(785)	(15,438)	(11,484)	(5,183)					(50,115)
November	(17,242)	(609)	(15,414)	(11,495)	(5,236)				(73)	(50,069)
December	(17,259)	(3,135)	(14,155)	(11,506)	(4,847)		(2,787)	(1,413)	(1)	(55,103)
January	(17,276)	(2,519)	(15,319)	(11,517)	(5,218)					(51,849)
February	(17,293)	(2,122)	(13,154)	(11,529)	(4,534)				(73)	(48,704)
March	(17,310)	(4,421)	(19,224)	(11,600)	(5,135)	(4,291)	(130)	(35)	(1)	(62,147)
Totals	(206,602)	(30,267)	(185,506)	(138,081)	(61,443)	(8,583)	(5,834)	(2,950)	(296)	(639,562)

Appendix 4

Source of Revenue Funds 2016/17

Source of Funds	2015/16 Recurring Contract	Inflation	Efficiency Requirement	CNST	Tariff Impact	Recording Changes	Service Transfers	Service Developments	Forecast Outturn Variance	Forecast Outturn Adjustments	IMAS Recurrent Gap	Recurring Growth	Non-Recurring Growth	Savings	NICE	CQUINs	Other Adjustments	2016/17 Plan
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Patient Care Service Level Agreements																		
Local Clinical Commissioning Groups																		
NHS Bristol CCG	151,203	4,274	-2,717	601	157	-0	18	1,578	-2,800	2,020	199	2,296	165	-3,621	251	197	-119	153,705
NHS North Somerset CCG	38,928	1,075	-693	228	1	-0	239	386	694	387	37	766	81	-655	226	64	-128	41,635
NHS South Gloucestershire CCG	28,904	765	-493	62	6	-0	75	225	-252	311	28	530	41	-420	177	42	-53	29,946
NHS Somerset CCG	7,746	214	-138	27	5	0	15	26	335	-34	6	68	35	0	0	10	0	8,315
Local Clinical Commissioning Groups	**226,782**	**6,327**	**-4,041**	**917**	**169**	**-0**	**348**	**2,216**	**-2,024**	**2,684**	**269**	**3,660**	**321**	**-4,696**	**654**	**314**	**-300**	**233,601**
NHS England																		
NHSE South (South Central)	2,040	61	-39	2	1	0	0	0	71	-11	138	0	223	0	0	13	-0	2,498
NHSE South (South West)	13,045	391	-252	14	4	0	0	0	-787	-98	851	7	1,010	0	0	68	-8	14,246
NHSE South (Wessex)	100	3	-2	0	0	0	0	0	-13	0	7	-0	12	0	0	3	0	109
NHSE South West Specialised Hub	202,430	4,871	-3,143	204	-841	-0	-444	689	9,977	2,906	1	1,527	2,582	0	3,468	657	-339	224,543
NHSE South West Specialised Hub, Outside Contract	516	9	-6	0	-0	0	0	160	1,417	-435	0	29	33	0	0	0	0	1,722
NHSE Wessex Specialised Hub	8,177	0	0	0	0	0	0	0	-299	0	0	0	0	0	0	0	0	7,878
NHS England	**226,307**	**5,335**	**-3,442**	**220**	**-837**	**-0**	**-444**	**849**	**10,365**	**2,362**	**997**	**1,564**	**3,860**	**0**	**3,468**	**740**	**-347**	**250,996**
Other Clinical Commissioning Groups																		
NHS Bath And North East Somerset CCG	8,531	233	-150	25	-11	0	-8	74	143	41	8	78	20	0	0	13	0	8,996
NHS Dorset CCG	545	16	-10	3	-9	-0	-0	0	34	-13	2	6	3	0	0	1	0	576
NHS Gloucestershire CCG	4,373	117	-76	9	-1	0	-62	11	143	20	6	39	18	0	0	5	-16	4,586
NHS Herefordshire CCG	164	4	-3	1	0	0	0	0	-42	-3	1	1	1	0	0	0	0	124
NHS Kernow CCG	1,126	30	-20	3	2	0	0	29	130	-6	1	4	3	0	0	2	0	1,304
NHS North, East, West Devon CCG	1,684	48	-31	5	2	0	-0	47	65	-6	1	10	9	0	0	3	-5	1,832
NHS South Devon And Torbay CCG	553	16	-10	2	0	-0	0	16	-6	-1	1	2	4	0	0	1	0	578
NHS Swindon CCG	938	26	-17	2	1	0	0	1	8	-3	1	4	3	0	0	1	0	965
NHS Wiltshire CCG	4,288	114	-74	9	2	-0	-68	8	-242	10	2	40	14	0	0	4	0	4,106
Non-Contract Activity	3,074	88	-57	6	4	-0	-0	0	259	1	25	19	23	0	0	0	-7	3,436
Variable Estimates	6,954	123	-79	23	2,392	0	-4	-1,186	-10,040	-301	0	-2,094	0	4,164	0	265	12,381	12,599
Other NHS Primary Care Trusts Total	**32,231**	**815**	**-526**	**88**	**2,383**	**-0**	**-142**	**-999**	**-9,549**	**-262**	**49**	**-1,893**	**96**	**4,164**	**0**	**295**	**12,352**	**39,103**
Welsh Commissioners																		
Abertawe Bro Morgannwg Lhb	136	4	-3	0	-0	0	0	0	54	1	0	0	0	0	0	0	0	193
Aneurin Bevan Lhb	399	11	-7	1	1	0	-0	0	44	5	2	2	3	0	0	0	0	462
Cardiff & Vale Lhb	146	4	-3	1	0	0	0	0	6	1	1	0	1	0	0	0	0	157
Cwm Taf Lhb	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hywel Dda Lhb	101	3	-2	0	0	0	0	0	24	1	0	0	0	0	0	0	0	128
Welsh Health Specialised Services Committee	8,732	256	-165	11	2	-0	-1	0	-19	-5	0	26	176	0	0	0	0	9,014
Territorial Bodies Total	**9,514**	**279**	**-180**	**14**	**3**	**-0**	**-1**	**0**	**110**	**2**	**4**	**29**	**180**	**0**	**0**	**0**	**0**	**9,954**
Other Commissioners																		
Provider Trusts	2,173	66	-42	0	-1	0	-7	0	-159	0	0	0	0	0	0	0	0	2,029
Local Authorities	4,411	130	-84	0	-0	0	0	0	12	0	0	0	0	0	0	0	0	4,469
Other Commissioners Total	**6,583**	**196**	**-127**	**0**	**-1**	**0**	**-7**	**0**	**-147**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**6,498**
Patient Care Service Level Agreements Total	**501,417**	**12,952**	**-8,315**	**1,239**	**1,716**	**-0**	**-247**	**2,066**	**-1,244**	**4,786**	**1,319**	**3,360**	**4,458**	**-532**	**4,123**	**1,348**	**11,706**	**540,152**
Non-Patient Care Agreements																		
Clinical Excellence Awards	3,259	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3,259
Dental Service Increment for Teaching	9,893	307	-495	0	-0	0	0	0	0	0	0	0	0	0	0	0	-530	9,175
Medical & Dental Education Levy	14,649	454	-732	0	0	0	-148	0	0	0	0	0	0	0	0	0	0	14,222
Medical Service Increment for Teaching	7,659	237	-383	0	0	0	0	0	0	0	0	0	0	0	0	0	-887	6,626
Non Medical Education & Training Levy	2,914	90	-146	0	-0	0	0	0	0	0	0	0	0	0	0	0	0	2,859
Research & Development	22,038	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22,038
Non-Patient Care Agreements Total	**60,411**	**1,089**	**-1,756**	**0**	**0**	**0**	**-148**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**-1,417**	**58,178**
Other																		
Other Non SLA Income	30,305	0	0	0	0	0	-485	0	0	0	0	0	0	0	0	0	2,931	32,750
Other Total	**30,305**	**0**	**0**	**0**	**0**	**0**	**-485**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2,931**	**32,750**
Grand Total	**592,133**	**14,041**	**-10,071**	**1,239**	**1,716**	**-0**	**-880**	**2,066**	**-1,244**	**4,786**	**1,319**	**3,360**	**4,458**	**-532**	**4,123**	**1,348**	**13,219**	**631,080**

Appendix 5

Service Level Agreement Activity by Division, Worktype Speciality

Division / Point Of Delviery / Specialty	Values 2015/16 Contract	Recording Changes	Service Transfers	Service Developments	Forecast Outturn Variance	Tariff Impact Forecast Outturn	Forecast Outturn Adjustments	IMAS Recurrent Gap	Non-Recurring Growth	Recurring Growth	Savings	NICE	Other Adjustments	2016/17 Contract
Diagnostics & Therapies	**44,804**	**0**	**0**	**-1,788**	**621**	**0**	**-158**	**0**	**0**	**0**	**0**	**0**	**0**	**43,479**
Day Cases														
Chemical Pathology	263	0	0	0	-59	0	0	0	0	0	0	0	0	203
Interventional Radiology	141	0	0	0	90	0	-90	0	0	0	0	0	0	141
Elective Inpatients														
Chemical Pathology	0	0	0	0	9	0	0	0	0	0	0	0	0	9
Interventional Radiology	0	0	0	0	33	0	-33	0	0	0	0	0	0	0
Emergency Inpatients														
Chemical Pathology	8	0	0	0	-5	0	0	0	0	0	0	0	0	3
Interventional Radiology	0	0	0	0	16	0	-16	0	0	0	0	0	0	0
Vascular Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Excess Beddays														
Interventional Radiology	0	0	0	0	18	0	-18	0	0	0	0	0	0	0
Vascular Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Elective Inpatients														
Chemical Pathology	1	0	0	0	-1	0	0	0	0	0	0	0	0	0
Interventional Radiology	0	0	0	0	1	0	-1	0	0	0	0	0	0	0
Vascular Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Outpatients														
Anticoagulant	1,413	0	0	0	-240	0	0	0	0	0	0	0	0	1,173
Audiology - Adults	1,812	0	0	-1,788	27	0	0	0	0	0	0	0	0	51
Chemical Pathology	23	0	0	0	4	0	0	0	0	0	0	0	0	27
Dietetics - Adult	1,664	0	0	0	0	0	0	0	0	0	0	0	0	1,664
Occupational Therapy - Adult	2,732	0	0	0	0	0	0	0	0	0	0	0	0	2,732
Orthotics	2,616	0	0	0	89	0	0	0	0	0	0	0	0	2,705
Physiotherapy	300	0	0	0	316	0	0	0	0	0	0	0	0	616
Physiotherapy - Adult	26,797	0	0	0	0	0	0	0	0	0	0	0	0	26,797
Radiology	283	0	0	0	-54	0	0	0	0	0	0	0	0	228
Speech & Language Therapy - Adult	2,274	0	0	0	0	0	0	0	0	0	0	0	0	2,274
Vascular Surgery	2,220	0	0	0	226	0	0	0	0	0	0	0	0	2,447
Occupational Therapy	445	0	0	0	7	0	0	0	0	0	0	0	0	452
Clinical Neurophysiology	1,812	0	0	0	145	0	0	0	0	0	0	0	0	1,957
Medicine	**230,135**	**2,994**	**12**	**0**	**-698**	**0**	**880**	**0**	**800**	**3,211**	**0**	**0**	**0**	**237,333**
Accident & Emergency														
Accident & Emergency	66,419	0	0	0	-283	0	0	0	0	1,000	0	0	0	67,136
Critical Care Beddays														
Adult High Dependancy Unit	3,924	0	0	0	840	0	0	0	0	0	0	0	0	4,764
Day Cases														
Accident & Emergency	12	0	0	0	-3	0	0	0	0	0	0	0	0	9
Clinical Genetics	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clinical Haematology	12	0	0	0	-3	0	0	0	0	0	0	0	0	9
Dermatology	2,326	0	0	0	159	0	100	0	0	0	0	0	0	2,585
Endocrinology	28	0	0	0	-20	0	0	0	0	0	0	0	0	8

Appendix 5 **Service Level Agreement Activity by Division, Worktype Speciality**

	Values													
Gastroenterology	7,696	0	12	0	-356	0	0	0	0	511	0	0	0	7,863
General Medicine	1,176	0	0	0	-199	0	0	0	0	0	0	0	0	977
Geriatric Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hepatology	234	0	0	0	-34	0	0	0	0	0	0	0	0	200
Respiratory Medicine	287	0	0	0	-80	0	0	0	0	0	0	0	0	208
Respiratory Physiology	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Rheumatology	871	0	0	0	168	0	0	0	0	0	0	0	0	1,039
Elective Inpatients														
Clinical Haematology	1	0	0	0	2	0	0	0	0	0	0	0	0	3
Dermatology	87	0	0	0	38	0	0	0	0	0	0	0	0	125
Endocrinology	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gastroenterology	473	0	0	0	4	0	0	0	0	0	0	0	0	477
General Medicine	45	0	0	0	39	0	0	0	0	0	0	0	0	85
Geriatric Medicine	12	0	0	0	-5	0	0	0	0	0	0	0	0	7
Hepatology	37	0	0	0	-3	0	0	0	0	0	0	0	0	35
Respiratory Medicine	31	0	0	0	2	0	0	0	0	0	0	0	0	33
Respiratory Physiology	281	0	0	0	13	0	0	0	0	0	0	0	0	295
Rheumatology	19	0	0	0	-1	0	0	0	0	0	0	0	0	17
Emergency Inpatients														
Accident & Emergency	6,620	0	0	0	-24	0	0	0	0	0	0	0	0	6,596
Clinical Genetics	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Clinical Haematology	15	0	0	0	3	0	0	0	0	0	0	0	0	17
Dermatology	11	0	0	0	2	0	0	0	0	0	0	0	0	13
Diabetic Medicine	4	0	0	0	0	0	0	0	0	0	0	0	0	4
Endocrinology	180	0	0	0	62	0	0	0	0	0	0	0	0	243
Gastroenterology	733	0	0	0	80	0	0	0	0	0	0	0	0	813
General Medicine	9,370	0	0	0	-1,473	0	0	0	0	0	0	0	0	7,898
Geriatric Medicine	760	0	0	0	545	0	0	0	0	0	0	0	0	1,305
Hepatology	201	0	0	0	283	0	0	0	0	0	0	0	0	484
Respiratory Medicine	964	0	0	0	233	0	0	0	0	0	0	0	0	1,197
Excess Beddays														
Accident & Emergency	179	0	0	0	5	0	0	0	0	0	0	0	0	184
Clinical Haematology	26	0	0	0	49	0	0	0	0	0	0	0	0	74
Dermatology	29	0	0	0	48	0	0	0	0	0	0	0	0	78
Endocrinology	294	0	0	0	-81	0	0	0	0	0	0	0	0	213
Gastroenterology	798	0	0	0	513	0	0	0	0	0	0	0	0	1,311
General Medicine	5,915	0	0	0	-547	0	0	0	0	0	0	0	0	5,368
Geriatric Medicine	2,142	0	0	0	50	0	0	0	0	0	0	0	0	2,192
Hepatology	101	0	0	0	397	0	0	0	0	0	0	0	0	498
Respiratory Medicine	906	0	0	0	753	0	0	0	0	0	0	0	0	1,659
Rheumatology	3	0	0	0	-3	0	0	0	0	0	0	0	0	0
Non-Elective Inpatients														
Accident & Emergency	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Clinical Haematology	0	0	0	0	2	0	0	0	0	0	0	0	0	2
Dermatology	0	0	0	0	2	0	0	0	0	0	0	0	0	2
Gastroenterology	13	0	0	0	18	0	0	0	0	0	0	0	0	31
General Medicine	27	0	0	0	-5	0	0	0	0	0	0	0	0	22

	Values													
Geriatric Medicine	9	0	0	0	17	0	0	0	0	0	0	0	0	26
Hepatology	7	0	0	0	-1	0	0	0	0	0	0	0	0	5
Respiratory Medicine	8	0	0	0	-1	0	0	0	0	0	0	0	0	7
Outpatients														
Ambulatory Care, Deep Vein Thrombosis	2,823	0	0	0	74	0	0	0	0	0	0	0	0	2,897
Clinical Haematology	78	0	0	0	-27	0	0	0	0	0	0	0	0	51
Dermatology	28,979	168	0	0	1,021	0	-280	0	0	1,600	0	0	0	31,488
DEXA Growth	241	0	0	0	60	0	0	0	0	0	0	0	0	301
Diabetes Hot Clinic, Adults	37	0	0	0	-4	0	0	0	0	0	0	0	0	34
Diabetic Medicine	1,325	780	0	0	1,419	0	0	0	0	0	0	0	0	3,525
Endocrinology	2,879	40	0	0	646	0	0	0	0	0	0	0	0	3,565
Family Planning Service	10,898	0	0	0	0	0	0	0	0	0	0	0	0	10,898
Gastroenterology	4,223	24	0	0	-629	0	690	0	0	0	0	0	0	4,307
General Medicine	492	1,150	0	0	-306	0	0	0	0	0	0	0	0	1,337
Geriatric Medicine	2,101	0	0	0	-597	0	120	0	0	0	0	0	0	1,624
Hepatology	7,075	0	0	0	-1,702	0	200	0	0	100	0	0	0	5,673
Pleural Effusion	84	0	0	0	-9	0	0	0	0	0	0	0	0	75
Respiratory Medicine	14,382	520	0	0	-1,802	0	450	0	0	0	0	0	0	13,550
Respiratory Physiology	4,418	0	0	0	100	0	0	0	0	0	0	0	0	4,518
Rheumatology	8,221	312	0	0	-391	0	-400	0	800	0	0	0	0	8,542
Genito-Urinary Medicine	26,199	0	0	0	-410	0	0	0	0	0	0	0	0	25,789
Liaison Psychiatry	1,756	0	0	0	412	0	0	0	0	0	0	0	0	2,168
Transient Ischaemic Attack	635	0	0	0	237	0	0	0	0	0	0	0	0	872
Specialised Services	**119,807**	**0**	**0**	**0**	**500**	**-6**	**2,430**	**0**	**205**	**4,903**	**0**	**0**	**-230**	**127,609**
Critical Care Beddays														
Cardiac ITU	9,920	0	0	0	-667	0	0	0	0	0	0	0	-1	9,252
Day Cases														
Adult Mental Illness	3	0	0	0	-3	0	0	0	0	0	0	0	0	0
Blood And Marrow Transplantation	755	0	0	0	-192	0	0	0	0	0	0	0	0	563
Cardiac Surgery	3	0	0	0	0	0	0	0	0	0	0	0	0	2
Cardiology	2,253	0	0	0	-91	0	-46	0	90	0	0	0	0	2,206
Clinical Haematology	5,511	0	0	0	-2	0	400	0	0	615	0	0	0	6,525
Clinical Oncology	9,955	0	0	0	-1,534	0	49	0	0	0	0	0	0	8,470
Colorectal Surgery	1	0	0	0	-1	0	0	0	0	0	0	0	0	0
Gastroenterology	0	0	0	0	2	0	0	0	0	0	0	0	0	2
Haemophilia	469	0	0	0	50	0	0	0	0	0	0	0	0	520
Medical Oncology	2,840	0	0	0	533	0	0	0	0	0	0	0	0	3,373
Radiotherapy	0	0	0	0	1	-1	0	0	0	0	0	0	0	0
Urology	1	0	0	0	-1	0	0	0	0	0	0	0	0	0
Clinical Oncology (Healthcare At Home)	0	0	0	0	14	0	0	0	0	0	0	0	0	14
Elective Inpatients														
Blood And Marrow Transplantation	233	0	0	0	-145	0	0	0	0	0	0	0	0	88
Cardiac Surgery	1,047	0	0	0	-111	0	80	0	0	0	0	0	0	1,016
Cardiology	1,269	0	0	0	-131	0	-20	0	40	40	0	0	0	1,198
Clinical Haematology	496	0	0	0	-8	0	0	0	0	0	0	0	0	488
Clinical Oncology	725	0	0	0	-188	0	0	0	0	0	0	0	0	537
Colorectal Surgery	3	0	0	0	0	0	0	0	0	0	0	0	0	2

Appendix 5 — Service Level Agreement Activity by Division, Worktype Speciality

	Values													
General Medicine	1	0	0	0	-1	0	0	0	0	0	0	0	0	0
Haemophilia	4	0	0	0	1	0	0	0	0	0	0	0	0	5
Medical Oncology	459	0	0	0	46	0	0	0	0	0	0	0	0	505
Palliative Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Radiotherapy	0	0	0	0	6	-6	0	0	0	0	0	0	0	0
Emergency Inpatients														
Blood And Marrow Transplantation	20	0	0	0	1	0	0	0	0	0	0	0	0	21
Cardiac Surgery	185	0	0	0	-21	0	23	0	0	0	0	0	0	187
Cardiology	1,844	0	0	0	170	0	0	0	0	134	0	0	0	2,148
Clinical Haematology	109	0	0	0	115	0	0	0	0	0	0	0	0	224
Clinical Oncology	312	0	0	0	68	0	0	0	0	0	0	0	0	380
Colorectal Surgery	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Gastroenterology	0	0	0	0	7	0	0	0	0	0	0	0	0	7
General Medicine	19	0	0	0	-7	0	0	0	0	0	0	0	0	12
Haemophilia	1	0	0	0	-1	0	0	0	0	0	0	0	0	0
Medical Oncology	186	0	0	0	81	0	0	0	0	0	0	0	0	268
Palliative Medicine	3	0	0	0	-2	0	0	0	0	0	0	0	0	1
Excess Beddays														
Blood And Marrow Transplantation	103	0	0	0	151	0	0	0	0	0	0	0	-229	24
Cardiac Surgery	399	0	0	0	-157	0	0	0	0	0	0	0	0	242
Cardiology	1,744	0	0	0	-119	0	0	0	0	0	0	0	0	1,626
Clinical Haematology	1,044	0	0	0	559	0	0	0	0	0	0	0	0	1,603
Clinical Oncology	799	0	0	0	-106	0	0	0	0	0	0	0	0	693
Colorectal Surgery	0	0	0	0	22	0	0	0	0	0	0	0	0	22
Gastroenterology	0	0	0	0	5	0	0	0	0	0	0	0	0	5
Medical Oncology	574	0	0	0	-322	0	0	0	0	0	0	0	0	253
Palliative Medicine	108	0	0	0	-108	0	0	0	0	0	0	0	0	0
Non-Elective Inpatients														
Blood And Marrow Transplantation	5	0	0	0	-5	0	0	0	0	0	0	0	0	0
Cardiac Surgery	476	0	0	0	-63	0	65	0	0	0	0	0	0	478
Cardiology	835	0	0	0	-89	0	0	0	0	0	0	0	0	746
Clinical Haematology	12	0	0	0	7	0	0	0	0	0	0	0	0	19
Clinical Oncology	7	0	0	0	1	0	0	0	0	0	0	0	0	8
Gastroenterology	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Haemophilia	1	0	0	0	-1	0	0	0	0	0	0	0	0	0
Medical Oncology	19	0	0	0	-1	0	0	0	0	0	0	0	0	17
Outpatients														
Blood And Marrow Transplantation	1,848	0	0	0	-384	0	0	0	0	0	0	0	0	1,464
Cardiac Surgery	3,993	0	0	0	-1,499	0	-40	0	0	0	0	0	0	2,455
Cardiology	22,588	0	0	0	2,582	0	-62	0	75	1,583	0	0	0	26,766
Clinical Haematology	10,751	0	0	0	-1,221	0	361	0	0	1,175	0	0	0	11,066
Clinical Oncology	22,560	0	0	0	737	0	281	0	0	367	0	0	0	23,945
Clinical Psychology	421	0	0	0	7	0	0	0	0	0	0	0	0	428
Haemophilia	643	0	0	0	-11	0	0	0	0	0	0	0	0	633
Homeopathy	2,633	0	0	0	-901	0	991	0	0	0	0	0	0	2,724
Medical Oncology	9,418	0	0	0	3,518	0	347	0	0	989	0	0	0	14,272
Palliative Medicine	199	0	0	0	-93	0	0	0	0	0	0	0	0	105

Appendix 5 **Service Level Agreement Activity by Division, Worktype Speciality**

	Values													
Surgery, Head & Neck	**369,782**	**153**	**30**	**0**	**-20,078**	**0**	**3,990**	**7,974**	**9,062**	**3,074**	**0**	**0**	**1**	**373,988**
Accident & Emergency														
Accident & Emergency	22,840	0	0	0	449	0	0	0	0	0	0	0	0	23,289
Critical Care Beddays														
Adult ITU	7,319	0	0	0	137	0	0	0	0	0	0	0	1	7,456
Day Cases														
Anaesthetics	1	0	0	0	-1	0	0	0	0	0	0	0	0	0
Breast Surgery	3	0	0	0	0	0	0	0	0	0	0	0	0	2
Cleft Lip & Palate	1	0	0	0	9	0	0	0	2	0	0	0	0	11
Colorectal Surgery	425	0	0	0	14	0	-51	0	0	0	0	0	0	388
Dental Medicine Specialties	1	0	0	0	-1	0	0	0	0	0	0	0	0	0
ENT	1,617	0	0	0	235	0	-133	0	0	28	0	0	0	1,748
Hepatobiliary & Pancreatic Surgery	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Maxillo-Facial Surgery	173	0	0	0	-9	0	0	0	44	0	0	0	0	208
Ophthalmology	6,783	0	0	0	-1,628	0	562	0	0	0	0	0	0	5,717
Oral Surgery	3,239	0	0	0	-375	0	-21	135	0	0	0	0	0	2,977
Orthodontics	1	0	0	0	-1	0	0	0	0	0	0	0	0	0
Paediatric Dentistry	52	0	0	0	10	0	0	0	16	0	0	0	0	78
Paediatric Ophthalmology	1	0	0	0	-1	0	0	0	0	0	0	0	0	0
Paediatric Trauma And Orthopaedics	0	0	0	0	2	0	0	0	0	0	0	0	0	2
Pain Management	155	0	0	0	-17	0	0	0	0	0	0	0	0	138
Plastic Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Restorative Dentistry	76	0	0	0	10	0	0	0	17	0	0	0	0	103
Thoracic Surgery	17	0	15	0	79	0	0	0	0	0	0	0	0	111
Trauma & Orthopaedics	802	0	0	0	-52	0	0	156	0	0	0	0	0	906
Upper Gastrointestinal Surgery	645	0	0	0	190	0	-70	0	0	0	0	0	0	765
Urology	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Ophthalmology (CESP)	0	0	0	0	1,333	0	0	0	0	0	0	0	0	1,333
Elective Inpatients														
Cleft Lip & Palate	34	0	0	0	9	0	0	0	6	0	0	0	0	49
Colorectal Surgery	462	0	0	0	20	0	-36	0	0	0	0	0	0	447
ENT	708	0	0	0	-55	0	-100	0	0	59	0	0	0	612
Hepatobiliary & Pancreatic Surgery	0	0	0	0	10	0	0	0	0	0	0	0	0	10
Maxillo-Facial Surgery	444	0	0	0	-31	0	0	0	88	0	0	0	0	501
Ophthalmology	1,440	0	0	0	-135	0	-17	0	0	0	0	0	0	1,288
Oral Surgery	31	0	0	0	3	0	0	12	0	0	0	0	0	45
Paediatric Dentistry	1	0	0	0	4	0	0	0	5	0	0	0	0	10
Paediatric Maxillo-Facial Surgery	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Paediatric Ophthalmology	1	0	0	0	2	0	0	0	0	0	0	0	0	3
Paediatric Thoracic Surgery	0	0	0	0	5	0	0	0	0	0	0	0	0	5
Pain Management	4	0	0	0	0	0	0	0	0	0	0	0	0	4
Restorative Dentistry	3	0	0	0	1	0	0	0	1	0	0	0	0	4
Thoracic Surgery	832	0	0	0	-218	0	-24	0	0	0	0	0	0	590
Trauma & Orthopaedics	459	0	0	0	-103	0	0	0	0	0	0	0	0	357
Upper Gastrointestinal Surgery	857	0	15	0	-153	0	-85	0	0	0	0	0	0	634
Urology	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ophthalmology (CESP)	0	0	0	0	2	0	0	0	0	0	0	0	0	2

Appendix 5 **Service Level Agreement Activity by Division, Worktype Speciality**

	Values													
Emergency Inpatients														
Accident & Emergency	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Anaesthetics	1	0	0	0	-1	0	0	0	0	0	0	0	0	0
Breast Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colorectal Surgery	2,010	0	0	0	36	0	0	0	0	0	0	0	0	2,046
ENT	960	0	0	0	-13	0	0	0	0	0	0	0	0	946
Hepatobiliary & Pancreatic Surgery	0	0	0	0	36	0	0	0	0	0	0	0	0	36
Maxillo-Facial Surgery	171	0	0	0	78	0	0	0	0	0	0	0	0	249
Neurology	1	0	0	0	-1	0	0	0	0	0	0	0	0	0
Ophthalmology	678	0	0	0	-46	0	0	0	0	0	0	0	0	633
Oral Surgery	14	0	0	0	-3	0	0	4	0	0	0	0	0	15
Paediatric Dentistry	3	0	0	0	0	0	0	0	0	0	0	0	0	2
Paediatric Ophthalmology	1	0	0	0	1	0	0	0	0	0	0	0	0	2
Paediatric Surgery	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Paediatric Trauma And Orthopaedics	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pain Management	28	0	0	0	14	0	0	0	0	0	0	0	0	42
Thoracic Surgery	70	0	0	0	26	0	0	0	0	0	0	0	0	96
Trauma & Orthopaedics	1,610	0	0	0	-101	0	0	0	0	0	0	0	0	1,509
Upper Gastrointestinal Surgery	1,599	0	0	0	-14	0	0	0	0	0	0	0	0	1,586
Urology	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Critical Care Medicine	0	0	0	0	2	0	0	0	0	0	0	0	0	2
Excess Beddays														
Colorectal Surgery	338	0	0	0	139	0	0	0	0	0	0	0	0	478
ENT	935	0	0	0	-483	0	0	0	0	0	0	0	0	453
Hepatobiliary & Pancreatic Surgery	0	0	0	0	30	0	0	0	0	0	0	0	0	30
Maxillo-Facial Surgery	203	0	0	0	-42	0	0	0	0	0	0	0	0	161
Ophthalmology	484	0	0	0	-356	0	0	0	0	0	0	0	0	127
Oral Surgery	0	0	0	0	25	0	0	0	0	0	0	0	0	25
Paediatric Thoracic Surgery	0	0	0	0	3	0	0	0	0	0	0	0	0	3
Thoracic Surgery	21	0	0	0	22	0	0	0	0	0	0	0	0	44
Trauma & Orthopaedics	2,455	0	0	0	-272	0	0	0	0	0	0	0	0	2,183
Upper Gastrointestinal Surgery	537	0	0	0	-157	0	0	0	0	0	0	0	0	380
Ophthalmology (CESP)	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Non-Elective Inpatients														
Anaesthetics	1	0	0	0	-1	0	0	0	0	0	0	0	0	0
Colorectal Surgery	14	0	0	0	2	0	0	0	0	0	0	0	0	15
ENT	132	0	0	0	55	0	0	0	0	0	0	0	0	187
Hepatobiliary & Pancreatic Surgery	0	0	0	0	11	0	0	0	0	0	0	0	0	11
Maxillo-Facial Surgery	23	0	0	0	0	0	0	0	0	0	0	0	0	23
Neurosurgery	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Ophthalmology	234	0	0	0	-19	0	0	0	0	0	0	0	0	215
Oral Surgery	1	0	0	0	2	0	0	0	0	0	0	0	0	3
Paediatric Ophthalmology	4	0	0	0	-4	0	0	0	0	0	0	0	0	0
Pain Management	7	0	0	0	-2	0	0	0	0	0	0	0	0	4
Thoracic Surgery	142	0	0	0	-3	0	0	0	0	0	0	0	0	139
Trauma & Orthopaedics	35	0	0	0	10	0	0	0	0	0	0	0	0	45
Upper Gastrointestinal Surgery	36	0	0	0	-7	0	0	0	0	0	0	0	0	28

	Values													
Critical Care Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Outpatients														
AMD with treatment	7,101	0	0	0	-55	0	0	0	0	136	0	0	0	7,182
AMD without treatment	10,204	0	0	0	-971	0	0	0	0	37	0	0	0	9,270
Cleft Lip & Palate	930	0	0	0	404	0	0	0	0	0	0	0	0	1,334
Colorectal Surgery	7,236	153	0	0	-124	0	-503	298	0	0	0	0	0	7,060
Community Optometry	925	0	0	0	0	0	0	0	0	0	0	0	0	925
Community Orthoptics	4,376	0	0	0	0	0	0	0	0	0	0	0	0	4,376
Conservation	9,593	0	0	0	-436	0	-170	320	1,644	0	0	0	0	10,952
Dental Implants	32	0	0	0	-12	0	0	0	0	0	0	0	0	20
Dental Medicine Specialties	7,684	0	0	0	-1,143	0	-122	867	0	0	0	0	0	7,286
Dental Walk-in Clinic	4,135	0	0	0	-442	0	0	584	0	0	0	0	0	4,276
Dexamethasone	-1	0	0	0	1	0	0	0	0	0	0	0	0	0
ENT	26,975	0	0	0	3,329	0	0	0	0	1,356	0	0	0	31,659
Hepatobiliary & Pancreatic Surgery	332	0	0	0	991	0	0	0	0	0	0	0	0	1,323
Lucentis non-chargeable clinics	3,241	0	0	0	-424	0	0	0	0	145	0	0	0	2,962
Maxillo-Facial Surgery	8,013	0	0	0	292	0	0	0	1,730	0	0	0	0	10,034
Neurology	2,363	0	0	0	-72	0	0	0	0	0	0	0	0	2,290
Ophthalmology	91,859	0	0	0	-11,798	0	6,192	0	0	0	0	0	0	86,253
Optometry	7,171	0	0	0	474	0	0	0	0	0	0	0	0	7,645
Oral Hygiene	372	0	0	0	-51	0	0	85	0	0	0	0	0	405
Oral Surgery	16,600	0	0	0	-2,923	0	-1,176	3,132	3,539	0	0	0	0	19,172
Orthodontics	14,682	0	0	0	582	0	-20	1,369	92	0	0	0	0	16,705
Orthoptics	12,365	0	0	0	1,157	0	0	0	0	0	0	0	0	13,522
Paediatric Dentistry	4,880	0	0	0	-1,032	0	0	558	914	0	0	0	0	5,320
Paediatric Ophthalmology	4,431	0	0	0	-301	0	0	0	0	0	0	0	0	4,129
Paediatric Trauma And Orthopaedics	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pain Management	2,912	0	0	0	-798	0	0	0	0	0	0	0	0	2,114
Periodontic	2,192	0	0	0	-535	0	-74	455	735	0	0	0	0	2,772
Prosthetic Dentistry	1,006	0	0	0	-350	0	-36	0	198	0	0	0	0	817
Restorative Dentistry	142	0	0	0	228	0	-126	0	32	0	0	0	0	277
RVO With Treatment	895	0	0	0	576	0	0	0	0	335	0	0	0	1,806
RVO Without Treatment	733	0	0	0	784	0	0	0	0	466	0	0	0	1,983
SIFT - Non Consultant Clinics	1	0	0	0	-1	0	0	0	0	0	0	0	0	0
Thoracic Surgery	2,253	0	0	0	-287	0	0	0	0	0	0	0	0	1,965
Trauma & Orthopaedics	25,528	0	0	0	-1,331	0	0	0	0	0	0	0	0	24,197
Upper Gastrointestinal Surgery	4,774	0	0	0	-764	0	0	0	0	0	0	0	0	4,010
Diabetic Macular Oedema	116	0	0	0	-116	0	0	0	0	0	0	0	0	0
Macular Oedema (Retinal Vein Occulsion)	296	0	0	0	-296	0	0	0	0	0	0	0	0	0
Fluroscein	1,751	0	0	0	-196	0	0	0	0	0	0	0	0	1,554
Humphery Fields	17,564	0	0	0	-3,550	0	0	0	0	0	0	0	0	14,014
DMO with treatment (Ranibizumab)	1,109	0	0	0	116	0	0	0	0	408	0	0	0	1,633
DMO without treatment (Ranibizumab)	836	0	0	0	285	0	0	0	0	104	0	0	0	1,224
Women's & Children's	**212,263**	**1,625**	**-78**	**1,361**	**4,727**	**-321**	**-1,000**	**0**	**1,740**	**1,487**	**0**	**0**	**-13**	**221,790**
Accident & Emergency														
Accident & Emergency	31,541	0	0	0	2,688	0	0	0	0	1,040	0	0	0	35,268
Critical Care Beddays														

	Values													
NICU	18,938	0	0	0	-365	0	110	0	0	0	0	0	0	18,682
Paediatric (Cardiac) HDU	1,633	0	0	0	-68	0	0	0	60	0	0	0	0	1,625
Paediatric (Medical) HDU	1,917	0	0	0	749	0	0	0	0	48	0	0	0	2,714
Paediatric (Surgical) HDU	1,147	0	0	0	64	0	0	0	0	0	0	0	0	1,211
PICU	6,009	0	0	146	481	0	0	0	0	0	0	0	0	6,636
Day Cases														
Blood And Marrow Transplantation	19	0	0	0	9	0	0	0	0	0	0	0	0	27
Cleft Lip & Palate	6	0	0	0	4	0	1	0	0	0	0	0	0	11
ENT	4	0	0	0	-1	0	1	0	0	0	0	0	0	4
Gynaecological Oncology	6	0	0	0	4	0	0	0	0	0	0	0	0	10
Gynaecology	1,374	0	0	0	57	0	-47	0	0	0	0	0	0	1,383
Maternity Pathway, Recharges To Other Trusts	27	0	0	0	-15	0	0	0	0	0	0	0	0	12
Midwife Episode	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Neonatology	0	0	0	0	1	0	1	0	0	0	0	0	0	2
Neurosurgery	1	0	0	0	-1	0	0	0	0	0	0	0	0	0
Obstetrics	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Paediatric Cardiac Surgery	1	0	0	0	1	0	0	0	0	0	0	0	0	2
Paediatric Cardiology	114	0	0	0	-22	0	2	0	13	0	0	0	0	108
Paediatric Clinical Haematology	89	0	0	0	138	0	0	0	0	0	0	0	0	227
Paediatric Clinical Immunology And Allergy	39	0	0	0	12	0	68	0	0	0	0	0	0	120
Paediatric Dermatology	54	0	0	0	0	0	49	0	0	0	0	0	0	103
Paediatric Ear Nose And Throat	1,172	0	0	0	-162	0	-212	0	0	21	0	0	0	818
Paediatric Endocrinology	254	0	0	0	-96	0	91	0	0	0	0	0	0	250
Paediatric Gastroenterology	616	0	0	0	-77	0	9	0	0	0	0	0	0	548
Paediatric Intensive Care	1	0	0	0	-1	0	0	0	0	0	0	0	0	0
Paediatric Maxillo-Facial Surgery	6	0	0	0	51	0	-2	0	0	0	0	0	0	55
Paediatric Medical Oncology	53	0	0	0	106	0	0	0	0	0	0	0	0	160
Paediatric Metabolic Disease	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paediatric Nephrology	105	0	0	0	-56	0	0	0	0	0	0	0	0	49
Paediatric Neurology	191	0	0	0	37	0	21	0	0	0	0	0	0	249
Paediatric Neurosurgery	161	0	0	0	57	0	8	0	0	0	0	0	0	225
Paediatric Plastic Surgery	561	0	0	0	-97	0	-44	0	0	0	0	0	0	420
Paediatric Respiratory Medicine	275	0	0	0	-15	0	117	0	0	0	0	0	0	378
Paediatric Rheumatology	399	0	0	0	-80	0	101	0	0	0	0	0	0	420
Paediatric Surgery	1,239	0	0	0	-745	0	10	0	0	0	0	0	0	504
Paediatric Trauma And Orthopaedics	794	0	0	0	-116	-7	-51	0	23	0	0	0	0	643
Paediatric Urology	124	0	0	0	465	0	-29	0	0	0	0	0	0	561
Paediatrics	188	0	0	0	-15	0	85	0	0	0	0	0	0	258
Plastic Surgery	0	0	0	0	4	0	0	0	0	0	0	0	0	4
Trauma & Orthopaedics	0	0	0	0	3	0	0	0	0	0	0	0	0	3
Well Babies	1	0	0	0	-1	0	0	0	0	0	0	0	0	0
Paediatric Diabetic Medicine	0	0	0	0	4	0	3	0	0	0	0	0	0	8
Spinal Surgery Service	21	0	0	0	0	7	7	0	0	0	0	0	0	34
Elective Inpatients														
Blood And Marrow Transplantation	37	0	0	0	-13	0	0	0	0	0	0	0	0	24
Cardiac Surgery	1	0	0	0	2	0	-2	0	0	0	0	0	0	1
Cleft Lip & Palate	169	0	0	0	-13	0	0	0	27	0	0	0	0	184

	Values													
Clinical Oncology	3	0	0	0	-3	0	0	0	0	0	0	0	0	0
ENT	2	0	0	0	-1	0	0	0	0	0	0	0	0	1
General Medicine	1	0	0	0	-1	0	0	0	0	0	0	0	0	0
Gynaecological Oncology	7	0	0	0	9	0	0	0	0	0	0	0	0	15
Gynaecology	1,070	0	0	0	67	0	-14	0	0	0	0	0	0	1,123
Maternity Pathway, Recharges To Other Trusts	1	0	0	0	-1	0	0	0	0	0	0	0	0	0
Midwife Episode	-4	0	0	0	14	0	0	0	0	0	0	0	0	10
Neonatology	0	0	0	0	3	0	0	0	0	0	0	0	0	3
Neurosurgery	3	0	0	0	-2	0	0	0	0	0	0	0	0	1
Obstetrics	-27	0	0	0	34	0	0	0	0	0	0	0	0	8
Paediatric Cardiac Surgery	318	0	0	0	-92	0	0	0	20	0	0	0	0	246
Paediatric Cardiology	434	0	0	0	-32	0	0	0	53	0	0	0	0	455
Paediatric Clinical Haematology	72	0	0	0	40	0	0	0	0	0	0	0	0	112
Paediatric Clinical Immunology And Allergy	5	0	0	0	-4	0	0	0	0	0	0	0	0	1
Paediatric Cystic Fibrosis	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Paediatric Ear Nose And Throat	512	0	0	0	-175	0	-78	0	0	0	0	0	0	259
Paediatric Endocrinology	7	0	0	0	15	0	0	0	0	0	0	0	0	22
Paediatric Gastroenterology	40	0	0	0	30	0	-12	0	0	0	0	0	0	59
Paediatric Intensive Care	1	0	0	0	-1	0	0	0	0	0	0	0	0	0
Paediatric Maxillo-Facial Surgery	4	0	0	0	13	0	-2	0	0	0	0	0	0	15
Paediatric Medical Oncology	199	0	0	0	6	0	0	0	0	0	0	0	0	205
Paediatric Metabolic Disease	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paediatric Nephrology	116	0	0	0	-16	0	0	0	0	0	0	0	0	100
Paediatric Neurology	114	0	0	0	7	0	0	0	0	0	0	0	0	122
Paediatric Neurosurgery	203	0	10	0	0	0	22	0	0	0	0	0	0	235
Paediatric Plastic Surgery	229	0	0	0	16	0	-27	0	0	0	0	0	0	219
Paediatric Respiratory Medicine	44	0	0	0	119	0	0	0	0	0	0	0	0	163
Paediatric Rheumatology	28	0	0	0	9	0	0	0	0	0	0	0	0	37
Paediatric Surgery	637	0	0	0	-177	0	-28	0	0	0	0	0	0	432
Paediatric Trauma And Orthopaedics	437	0	0	0	-60	13	-45	0	12	0	0	0	0	358
Paediatric Urology	30	0	0	0	117	0	-7	0	0	0	0	0	0	140
Paediatrics	49	0	0	0	-18	0	0	0	0	0	0	0	0	32
Plastic Surgery	5	0	0	0	21	0	0	0	0	0	0	0	0	26
Trauma & Orthopaedics	2	0	0	0	2	0	0	0	0	0	0	0	0	4
Well Babies	11	0	0	0	13	0	0	0	0	0	0	0	0	24
Spinal Surgery Service	75	0	0	0	0	-13	0	0	50	0	0	0	0	111
Emergency Inpatients														
Accident & Emergency	4	4,393	0	0	6	0	0	0	0	0	0	0	0	4,403
Blood And Marrow Transplantation	19	0	0	0	-5	0	0	0	0	0	0	0	0	13
Cardiac Surgery	5	0	0	0	-2	0	0	0	0	0	0	0	0	3
Cardiology	4	0	0	0	-2	0	0	0	0	0	0	0	0	2
Cleft Lip & Palate	2	0	0	0	-1	0	0	0	0	0	0	0	0	1
Clinical Haematology	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clinical Oncology	4	0	0	0	-3	0	0	0	0	0	0	0	0	1
ENT	23	0	0	0	1	0	0	0	0	0	0	0	0	24
General Medicine	1	0	0	0	1	0	0	0	0	0	0	0	0	2
Gynaecological Oncology	17	0	0	0	3	0	0	0	0	0	0	0	0	21

	Values													
Gynaecology	1,038	0	0	0	-79	0	0	0	0	0	0	0	0	960
Maternity Pathway, Recharges To Other Trusts	8	0	0	0	-8	0	0	0	0	0	0	0	0	0
Neonatology	1	0	0	0	-1	0	0	0	0	0	0	0	0	0
Neurosurgery	12	0	0	0	4	0	0	0	0	0	0	0	0	16
Obstetrics	-4	0	0	0	12	0	0	0	0	0	0	0	0	8
Paediatric Burns Care	5	0	0	0	-5	0	0	0	0	0	0	0	0	0
Paediatric Cardiac Surgery	35	0	0	0	9	0	0	0	0	0	0	0	0	44
Paediatric Cardiology	117	0	0	0	18	0	0	0	0	1	0	0	0	135
Paediatric Clinical Haematology	72	0	0	0	51	0	0	0	0	1	0	0	0	123
Paediatric Clinical Immunology And Allergy	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Paediatric Cystic Fibrosis	1	0	0	0	-1	0	0	0	0	0	0	0	0	0
Paediatric Dermatology	1	0	0	0	1	0	0	0	0	0	0	0	0	2
Paediatric Ear Nose And Throat	162	0	0	0	25	0	0	0	0	1	0	0	0	188
Paediatric Endocrinology	9	0	0	0	7	0	0	0	0	0	0	0	0	16
Paediatric Gastroenterology	41	0	0	0	24	0	0	0	0	0	0	0	0	66
Paediatric Intensive Care	4	0	0	0	21	0	0	0	0	0	0	0	0	25
Paediatric Maxillo-Facial Surgery	8	0	0	0	3	0	0	0	0	0	0	0	0	11
Paediatric Medical Oncology	109	0	0	0	20	0	0	0	0	1	0	0	0	130
Paediatric Metabolic Disease	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paediatric Nephrology	152	0	0	0	-9	0	0	0	0	1	0	0	0	144
Paediatric Neurology	197	0	0	0	-9	0	0	0	0	1	0	0	0	189
Paediatric Neurosurgery	290	0	0	0	-39	0	0	0	0	1	0	0	0	252
Paediatric Plastic Surgery	655	0	0	0	22	0	0	0	0	4	0	0	0	680
Paediatric Respiratory Medicine	55	0	0	0	5	0	0	0	0	0	0	0	0	60
Paediatric Rheumatology	11	0	0	0	0	0	0	0	0	0	0	0	0	11
Paediatric Surgery	941	0	0	0	-36	0	0	0	0	5	0	0	0	910
Paediatric Trauma And Orthopaedics	627	0	0	0	-76	-1	0	0	0	4	0	0	0	555
Paediatric Urology	8	0	0	0	8	0	0	0	0	0	0	0	0	16
Paediatrics	5,770	-4,393	0	0	976	0	0	0	0	64	0	0	0	2,417
Plastic Surgery	64	0	0	0	-9	0	0	0	0	0	0	0	0	55
Trauma & Orthopaedics	11	0	0	0	-1	0	0	0	0	0	0	0	0	10
Well Babies	5	0	0	0	10	0	0	0	0	0	0	0	0	15
Paediatric Diabetic Medicine	3	0	0	0	6	0	0	0	0	0	0	0	0	9
Spinal Surgery Service	2	0	0	0	0	1	0	0	0	0	0	0	0	3
Excess Beddays														
Accident & Emergency	0	41	0	0	0	0	0	0	0	0	0	0	0	41
Blood And Marrow Transplantation	125	0	0	0	62	0	0	0	0	0	0	0	-13	174
Clinical Oncology	0	0	0	0	8	0	0	0	0	0	0	0	0	8
ENT	3	0	0	0	-3	0	0	0	0	0	0	0	0	0
Gynaecological Oncology	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Gynaecology	335	0	0	0	20	0	-15	0	0	0	0	0	0	340
Maternity Pathway, Recharges To Other Trusts	0	0	0	0	138	0	0	0	0	0	0	0	0	138
Medical Oncology	5	0	0	0	-5	0	0	0	0	0	0	0	0	0
Midwife Episode	172	0	0	0	-26	33	0	0	0	0	0	0	0	180
Nephrology	-3	0	0	0	3	0	0	0	0	0	0	0	0	0
Obstetrics	1,380	0	0	0	-287	-42	0	0	0	0	0	0	0	1,051
Paediatric Cardiac Surgery	258	0	0	0	-235	0	0	0	0	0	0	0	0	23

	Values													
Paediatric Cardiology	-122	0	0	0	247	0	0	0	0	0	0	0	0	125
Paediatric Clinical Haematology	620	0	0	0	-174	0	0	0	0	1	0	0	0	448
Paediatric Clinical Immunology And Allergy	39	0	0	0	-39	0	0	0	0	0	0	0	0	0
Paediatric Ear Nose And Throat	123	0	0	0	-94	0	0	0	0	0	0	0	0	30
Paediatric Endocrinology	1	0	0	0	5	0	0	0	0	0	0	0	0	7
Paediatric Gastroenterology	128	0	0	0	260	0	0	0	0	1	0	0	0	388
Paediatric Intensive Care	0	0	0	0	44	0	0	0	0	0	0	0	0	44
Paediatric Medical Oncology	829	0	0	0	-404	0	0	0	0	2	0	0	0	427
Paediatric Nephrology	154	0	0	0	21	0	0	0	0	0	0	0	0	175
Paediatric Neurology	1,252	0	0	0	-548	0	0	0	0	2	0	0	0	706
Paediatric Neurosurgery	447	0	0	0	-279	0	0	0	0	0	0	0	0	168
Paediatric Plastic Surgery	12	0	0	0	-7	0	0	0	0	0	0	0	0	5
Paediatric Respiratory Medicine	711	0	0	0	-551	0	0	0	0	0	0	0	0	161
Paediatric Rheumatology	19	0	0	0	9	0	0	0	0	0	0	0	0	27
Paediatric Surgery	-64	0	0	0	688	0	0	0	0	3	0	0	0	626
Paediatric Trauma And Orthopaedics	309	0	0	0	-97	27	0	0	0	0	0	0	0	240
Paediatric Urology	2	0	0	0	2	0	0	0	0	0	0	0	0	3
Paediatrics	639	-41	0	0	277	0	0	0	0	6	0	0	0	881
Paediatric Diabetic Medicine	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Spinal Surgery Service	40	0	0	0	0	-27	0	0	0	0	0	0	0	13
Non-Elective Inpatients														
Blood And Marrow Transplantation	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Cardiac Surgery	3	0	0	0	-2	0	0	0	0	0	0	0	0	1
ENT	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Fetal Medicine	29	0	0	0	-3	0	0	0	0	0	0	0	0	26
Gynaecology	19	0	0	0	1	0	0	0	0	0	0	0	0	20
Maternity Pathway, Recharges To Other Trusts	2,710	0	0	0	-165	0	0	0	0	0	0	0	0	2,545
Midwife Episode	1,017	0	0	0	29	-76	0	0	0	0	0	0	0	970
Neonatology	34	0	0	0	-15	0	0	0	0	0	0	0	0	20
Neurosurgery	5	0	0	0	-4	0	0	0	0	0	0	0	0	1
Obstetrics	4,521	0	0	0	-15	-236	0	0	0	0	0	0	0	4,270
Paediatric Cardiac Surgery	33	0	0	0	2	0	0	0	0	0	0	0	0	35
Paediatric Cardiology	43	0	0	0	8	0	0	0	0	0	0	0	0	50
Paediatric Clinical Haematology	5	0	0	0	0	0	0	0	0	0	0	0	0	5
Paediatric Clinical Immunology And Allergy	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paediatric Ear Nose And Throat	15	0	0	0	-6	0	0	0	0	0	0	0	0	9
Paediatric Endocrinology	0	0	0	0	2	0	0	0	0	0	0	0	0	2
Paediatric Gastroenterology	3	0	0	0	2	0	0	0	0	0	0	0	0	4
Paediatric Intensive Care	12	0	0	0	3	0	0	0	0	0	0	0	0	15
Paediatric Maxillo-Facial Surgery	1	0	0	0	-1	0	0	0	0	0	0	0	0	0
Paediatric Medical Oncology	9	0	0	0	-1	0	0	0	0	0	0	0	0	9
Paediatric Nephrology	9	0	0	0	-2	0	0	0	0	0	0	0	0	8
Paediatric Neurology	16	0	0	0	2	0	0	0	0	0	0	0	0	17
Paediatric Neurosurgery	15	0	0	0	9	0	0	0	0	0	0	0	0	24
Paediatric Plastic Surgery	101	0	0	0	10	0	0	0	0	0	0	0	0	112
Paediatric Respiratory Medicine	7	0	0	0	4	0	0	0	0	0	0	0	0	11
Paediatric Rheumatology	1	0	0	0	-1	0	0	0	0	0	0	0	0	0

	Values													
Paediatric Surgery	110	0	0	0	-1	0	0	0	0	0	0	0	0	109
Paediatric Trauma And Orthopaedics	12	0	0	0	6	0	0	0	0	0	0	0	0	18
Paediatric Urology	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Paediatrics	43	0	0	0	6	0	0	0	0	0	0	0	0	49
Plastic Surgery	16	0	0	0	-15	0	0	0	0	0	0	0	0	1
Well Babies	3,373	0	0	0	141	0	0	0	0	0	0	0	0	3,513
Paediatric Diabetic Medicine	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Outpatients														
Accident & Emergency	0	5,061	0	0	0	0	0	0	0	0	0	0	0	5,061
Audiology - Paediatrics	13,862	0	0	0	-583	0	0	0	0	0	0	0	0	13,279
Blood And Marrow Transplantation	0	0	0	0	86	0	0	0	0	0	0	0	0	86
Cardiology	336	0	0	0	7	0	0	0	0	0	0	0	0	343
Child And Adolescent Psychiatry	85	0	-47	0	-55	0	0	0	0	0	0	0	0	-17
Cleft Lip & Palate	7	0	0	0	-6	0	0	0	0	0	0	0	0	1
Clinical Genetics	1,881	0	0	0	-56	0	-117	0	70	0	0	0	0	1,778
Clinical Genetics Counselling	1,620	0	0	0	976	0	0	0	14	0	0	0	0	2,611
Clinical Psychology	0	1,625	0	135	0	0	0	0	0	0	0	0	0	1,760
Dietetics - Child	961	0	0	540	0	0	0	0	0	0	0	0	0	1,501
Endocrinology	22	0	0	0	-22	0	0	0	0	0	0	0	0	0
Gynaecological Oncology	2,548	0	0	0	160	0	0	0	0	0	0	0	0	2,708
Gynaecology	15,947	0	0	0	-516	0	0	0	0	0	0	0	0	15,432
Maternity Pathway, Recharges To Other Trusts	3,967	0	0	0	-269	0	0	0	0	0	0	0	0	3,698
Neonatology	1,034	0	0	0	-82	0	0	0	0	0	0	0	0	952
Neurosurgery	1	0	0	0	-1	0	0	0	0	0	0	0	0	0
Obstetrics	245	0	0	0	-68	0	0	0	0	0	0	0	0	177
Obstetrics - GUCH	20	0	0	0	242	0	0	0	0	0	0	0	0	262
Occupational Therapy - Child	346	0	0	0	0	0	0	0	0	0	0	0	0	346
Paediatric Burns Care	128	3,077	0	0	-128	0	0	0	0	0	0	0	0	3,077
Paediatric Cardiac Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paediatric Cardiac Surgery	276	0	0	0	-46	0	0	0	48	0	0	0	0	279
Paediatric Cardiology	4,103	0	0	0	726	0	-295	0	279	0	0	0	0	4,813
Paediatric Clinical Haematology	867	0	0	0	-50	0	0	0	0	0	0	0	0	816
Paediatric Clinical Immunology And Allergy	1,172	0	0	0	395	0	0	0	0	0	0	0	0	1,567
Paediatric Cystic Fibrosis	515	0	0	0	-492	0	0	0	0	0	0	0	0	23
Paediatric Dermatology	2,871	0	0	0	-57	0	35	0	0	0	0	0	0	2,849
Paediatric Diabetes Best Practice	7	0	0	0	28	0	0	0	0	0	0	0	0	36
Paediatric Ear Nose And Throat	4,312	0	0	0	503	0	-65	0	289	76	0	0	0	5,115
Paediatric Endocrinology	1,860	0	0	540	-21	0	0	0	0	0	0	0	0	2,379
Paediatric Gastroenterology	2,236	0	0	0	-411	0	-61	0	0	0	0	0	0	1,764
Paediatric HIV	137	0	0	0	7	0	0	0	0	0	0	0	0	145
Paediatric Medical Oncology	756	0	0	0	-36	0	0	0	0	0	0	0	0	720
Paediatric Nephrology	1,502	0	0	0	-3	0	0	0	0	0	0	0	0	1,499
Paediatric Neurology	2,417	0	0	0	-260	0	-71	0	87	0	0	0	0	2,174
Paediatric Neurosurgery	1,330	0	0	0	109	0	0	0	23	0	0	0	0	1,462
Paediatric Pain Management	52	0	-41	0	-6	0	0	0	0	0	0	0	0	5
Paediatric Plastic Surgery	5,429	-3,077	0	0	1,379	0	-60	0	34	0	0	0	0	3,706
Paediatric Respiratory Medicine	2,357	0	0	0	425	0	0	0	90	0	0	0	0	2,873

Appendix 5 **Service Level Agreement Activity by Division, Worktype Speciality**

	Values													
Paediatric Rheumatology	1,206	0	0	0	52	0	-20	0	0	0	0	0	0	1,238
Paediatric Surgery	2,111	0	0	0	-225	0	-70	0	23	0	0	0	0	1,839
Paediatric Trauma And Orthopaedics	14,337	-984	0	0	122	0	-100	0	440	0	0	0	0	13,816
Paediatric Urology	1,467	0	0	0	263	0	-70	0	32	0	0	0	0	1,692
Paediatrics	10,588	-5,061	0	0	-242	0	-198	0	53	200	0	0	0	5,340
Physiotherapy - Child	3,103	0	0	0	0	0	0	0	0	0	0	0	0	3,103
Pulmonary Hypertention	247	0	0	0	-51	0	0	0	0	0	0	0	0	197

Appendix 6

Service Level Agreement by Commisioner and Worktype

Source of Funds	Day Cases		Elective Inpatients		Non-Elective Inpatients		Emergency Inpatients		Excess Beddays		Critical Care Beddays		Outpatients		Accident & Emergency		Other	Grand Total
	Activity	Value (£000)	Activity	Value (£000)	Activity	Value (£000)	Activity	Value (£000)	Activity	Value (£000)	Activity	Value (£000)	Activity	Value (£000)	Activity	Value (£000)	Value (£000)	Value (£000)
Patient Care Service Level Agreements																		
Local Clinical Commissioning Groups																		
NHS Bristol CCG	19,852	14,694	3,560	7,088	5,809	7,639	24,672	41,028	13,741	3,206	5,185	4,625	228,095	25,427	84,205	10,555	39,442	153,705
NHS North Somerset CCG	7,303	5,897	1,429	3,168	2,504	3,635	4,746	8,512	3,127	739	1,067	1,106	75,162	8,699	13,492	1,779	8,101	41,635
NHS South Gloucestershire CCG	4,736	3,887	1,169	2,202	399	637	3,759	5,311	1,279	297	572	688	72,831	7,919	17,130	2,083	6,922	29,946
NHS Somerset CCG	1,228	1,139	565	1,623	267	780	453	807	268	74	418	593	11,331	1,348	1,740	220	1,732	8,315
Local Clinical Commissioning Groups	**33,119**	**25,617**	**6,723**	**14,081**	**8,979**	**12,691**	**33,629**	**55,658**	**18,415**	**4,316**	**7,243**	**7,013**	**387,421**	**43,392**	**116,566**	**14,637**	**56,196**	**233,601**
NHS England																		
NHSE South (South Central)	357	272	86	353	2	7	12	17	16	4	23	33	12,518	1,416	0	0	395	2,498
NHSE South (South West)	3,133	2,150	492	1,207	34	34	289	515	237	57	118	165	64,225	7,044	76	11	3,063	14,246
NHSE South (Wessex)	8	5	3	10	0	0	3	7	0	0	0	0	766	84	0	0	2	109
NHSE South West Specialised Hub	17,176	6,638	5,377	30,381	1,636	10,976	4,155	17,251	6,672	2,465	41,604	40,428	139,835	22,907	8	1	93,497	224,543
NHSE South West Specialised Hub, Outside Con	16	97	40	234	0	0	2	13	0	0	0	0	0	0	0	0	1,378	1,722
NHSE Wessex Specialised Hub	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,878	7,878
NHS England	**20,690**	**9,163**	**5,999**	**32,185**	**1,673**	**11,016**	**4,462**	**17,804**	**6,925**	**2,526**	**41,745**	**40,625**	**217,345**	**31,451**	**84**	**12**	**106,213**	**250,996**
Other Clinical Commissioning Groups																		
NHS Bath And North East Somerset CCG	1,304	1,072	342	805	280	460	783	1,476	468	105	220	235	13,716	1,627	2,798	368	2,849	8,996
NHS Dorset CCG	72	95	34	126	6	18	37	87	102	25	46	66	457	55	175	21	84	576
NHS Gloucestershire CCG	659	628	236	549	125	263	309	552	180	56	117	141	4,495	523	1,245	154	1,720	4,586
NHS Herefordshire CCG	18	24	10	26	2	3	20	18	0	0	0	0	106	12	60	7	34	124
NHS Kernow CCG	110	119	86	212	40	106	90	145	81	23	33	48	1,125	142	288	35	475	1,304
NHS North, East, West Devon CCG	237	242	103	282	38	100	156	286	102	37	18	19	1,785	245	617	73	547	1,832
NHS South Devon And Torbay CCG	70	62	32	75	15	36	44	70	11	3	19	20	554	74	171	21	215	578
NHS Swindon CCG	112	130	45	105	33	66	76	125	45	12	15	22	811	94	193	23	387	965
NHS Wiltshire CCG	628	529	258	597	106	286	208	382	90	23	157	225	5,503	777	780	99	1,188	4,106
Non-Contract Activity	270	281	101	211	77	164	724	903	162	79	77	67	3,950	393	3,504	419	919	3,436
Variable Estimates	-525	-8	-117	-160	-92	-153	-278	-542	-455	-353	0	0	-4,898	-649	-789	-105	14,568	12,599
Other NHS Clinical Commissioning Groups Total	**2,955**	**3,174**	**1,129**	**2,827**	**630**	**1,350**	**2,168**	**3,503**	**785**	**10**	**702**	**844**	**27,603**	**3,294**	**9,043**	**1,115**	**22,987**	**39,103**
Welsh Commissioners																		
Abertawe Bro Morgannwg Lhb	6	5	5	9	19	44	19	16	25	11	0	0	272	32	0	0	76	193
Aneurin Bevan Lhb	76	44	25	33	19	31	60	80	2	1	2	0	1,136	122	0	0	152	462
Cardiff & Vale Lhb	27	16	10	10	19	38	27	36	0	0	0	0	292	30	0	0	28	157
Cwm Taf Lhb	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hywel Dda Lhb	6	4	16	22	13	26	17	33	0	0	0	0	313	27	0	0	15	128
Welsh Health Specialised Services Committee	112	150	330	2,074	90	797	131	732	72	26	2,649	3,042	1,523	281	0	0	1,911	9,014
Territorial Bodies Total	**227**	**219**	**386**	**2,147**	**159**	**936**	**254**	**898**	**99**	**38**	**2,651**	**3,042**	**3,536**	**492**	**0**	**0**	**2,183**	**9,954**
Other Commissioners																		
Provider Trusts	12	7	0	0	2,447	1,325	0	0	133	53	0	0	3,311	327	0	0	316	2,029
Local Authorities	0	0	0	0	0	0	0	0	0	0	0	0	34,952	4,226	0	0	243	4,469
Other Commissioners Total	**12**	**7**	**0**	**0**	**2,447**	**1,325**	**0**	**0**	**133**	**53**	**0**	**0**	**38,263**	**4,553**	**0**	**0**	**560**	**6,498**
Patient Care Service Level Agreements Total	**57,003**	**38,180**	**14,237**	**51,240**	**13,888**	**27,317**	**40,513**	**77,863**	**26,357**	**6,942**	**52,341**	**51,524**	**674,168**	**83,182**	**125,693**	**15,764**	**188,140**	**540,152**
Non-Patient Care Agreements																		
Clinical Excellence Awards	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3,259	3,259
Dental Service Increment for Teaching	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9,175	9,175
Medical & Dental Education Levy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	14,222	14,222
Medical Service Increment for Teaching	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6,626	6,626
Non Medical Education & Training Levy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,859	2,859
Research & Development	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22,038	22,038
Non-Patient Care Agreements Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**58,178**	**58,178**
Other																		
Other Non SLA Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	32,750	32,750
Other Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**32,750**	**32,750**
Grand Total	**57,003**	**38,180**	**14,237**	**51,240**	**13,888**	**27,317**	**40,513**	**77,863**	**26,357**	**6,942**	**52,341**	**51,524**	**674,168**	**83,182**	**125,693**	**15,764**	**279,068**	**631,080**

Ref	Operational Standards / National Quality Requirements	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence
	OPERATIONAL STANDARDS				
	RTT waiting times for non-urgent consultant-led treatment				
OS	***Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral****	***Operating standard of 92% at specialty level (as reported on Unify)***	***Review of Service Quality Performance Reports***	***Where the number of Service Users waiting more than 18 weeks at the end of the month exceeds the tolerance permitted by the threshold, £300 in respect of each such Service User above that threshold***	***Monthly***
	Diagnostic Test Waiting times				
OS	***Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test****	***Operating standard of no more than 1%***	***Review of Service Quality Performance Reports***	***Where the number of Service Users waiting 6 weeks or more at the end of the month exceeds the tolerance permitted by the threshold, £200 in respect of each such Service User above that threshold***	***Monthly***
	A&E Waits				
OS	***Percentage of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department****	***Operating standard of 95%***	***Review of Service Quality Performance Reports***	***Where the number of Service Users in the month not admitted, transferred or discharged within 4 hours exceeds the tolerance permitted by the threshold, £120 in respect of each such Service User above that threshold. To the extent that the number of such Service Users exceeds 15% of A&E attendances in the relevant month, no further consequence will be applied in respect of the***	***Monthly***
	Cancer waits - 2 week wait				
OS	Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment*	Operating standard of 93%	Review of Service Quality Performance Reports	Where the number of Service Users who have waited more than two weeks during the Quarter exceeds the tolerance permitted by the threshold, £200 in respect of each such Service User above that threshold	Quarterly
OS	Percentage of Service Users referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment*	Operating standard of 93%	Review of Service Quality Performance Reports	Where the number of Service Users who have waited more than two weeks during the Quarter exceeds the tolerance permitted by the threshold, £200 in respect of each such Service User above that threshold	Quarterly

Ref	Operational Standards / National Quality Requirements	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence
	Cancer waits - 31 days				
OS	Percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers*	Operating standard of 96%	Review of Service Quality Performance Reportw	Where the number of Service Users who have waited more than 31 days during the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each such Service User above that threshold	Quarterly
OS	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery*	Operating standard of 94%	Review of Service Quality Performance Reports	Where the number of Service Users who have waited more than 31 days during the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each such Service User above that threshold	Quarterly
OS	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regimen*	Operating standard of 98%	Review of Service Quality Performance Reports	Where the number of Service Users who have waited more than 31 days during the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each such Service User above that threshold	Quarterly
OS	Percentage of Service Users waiting no more than 31 days for subsequent treatment where the treatment is a course of radiotherapy*	Operating standard of 94%	Review of Service Quality Performance Report	Where the number of Service Users who have waited more than 31 days during the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each such Service User above that threshold	Quarterly
	Cancer Waits - 62 days				
OS	***Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer****	***Operating standard of 85%***	***Review of Service Quality Performance Reports***	***Where the number of Service Users who have waited more than 62 days during the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each such Service User above that threshold***	***Quarterly***
OS	Percentage of Service Users waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers*	Operating standard of 90%	Review of Service Quality Performance Reports	Where the number of Service Users in the Quarter who have waited more than 62 days during the Quarter exceeds the tolerance permitted by the threshold, £1,000 in respect of each such Service User above that threshold	Quarterly
	Mixed Sex Accommodation				
OS	Mixed sex accommodation breach*	>0	Review of Service Quality Performance Reports	£250 per day per Service User affected	Monthly
	Cancelled Operations				
OS	All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and	Number of Service Users who are not offered another binding date within 28 days >0	Review of Service Quality Performance Reports	Non-payment of costs associated with cancellation and non-payment or reimbursement (as applicable) of re-scheduled episode of care	Monthly
	NATIONAL QUALITY REQUIREMENTS				
NQ	Zero tolerance methicillin-resistant Staphylococcus aureus (MRSA)*	>0	Review of Service Quality Performance Reports	£10,000 in respect of each incidence in the relevant month	Monthly
NQ	Minimise rates of Clostridium difficile*	45	Review of Service Quality Performance Reports	As set out in Schedule 4F, in accordance with applicable Guidance (£10,000 per case above the provider's nationally set	Annual
NQ	***Zero tolerance RTT waits over 52 weeks for incomplete pathways****	***>0***	***Review of Service Quality Performance Reports***	***£5,000 per Service User with an incomplete RTT pathway waiting over 52 weeks at the end of the relevant month***	***Monthly***

Ref	Operational Standards / National Quality Requirements	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence
NQ	***All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes****	***>0***	***Review of Service Quality Performance Reports***	***£200 per Service User waiting over 30 minutes in the relevant month***	***Monthly***
NQ	***All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes****	***>0***	***Review of Service Quality Performance Reports***	***£1,000 per Service User waiting over 60 minutes (in total, not aggregated with E.B.S.7a consequence) in the relevant month***	***Monthly***
NQ	***Trolley waits in A&E not longer than 12 hours****	***>0***	***Review of Service Quality Performance Reports***	***£1,000 per incidence in the relevant month***	***Monthly***
NQ	No urgent operation should be cancelled for a second time*	>0	Review of Service Quality Performance Reports	£5,000 per incidence in the relevant month	Monthly
NQ	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE, as defined in Contract Technical Guidance	95%	Review of Service Quality Performance Reports	Issue of Contract Performance Notice and subsequent process in accordance with GC9	Quarterly
NQ	Publication of Formulary	Continuing failure to publish	Publication on Provider's website	Withholding of up to 1% of the Actual Monthly Value per month until publication	
NQ	Duty of Candour	Each failure to notify the Relevant Person of a suspected or actual Reportable Patient Safety Incident in accordance with Regulation 20	Review of Service Quality Performance Reports	Recovery of the cost of the episode of care, or £10,000 if the cost of the episode of care is unknown or indeterminate	Monthly
NQ	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	99%	Review of Service Quality Performance Reports	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect of each excess breach above that threshold	Monthly
NQ	Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical	95%	Review of Service Quality Performance Reports	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect of each excess breach above that threshold	Monthly
NQ	(NEW) Full implementation of an effective e-Prescribing system for chemotherapy across all relevant clinical teams within the Provider (other than those dealing with children, teenagers and and young adults) across all tumour sites	Failure to produce a robust implementation plan, by 30 June 2016, to achieve full implementation as described under Service Specification B15/S/a Cancer: Chemotherapy (Adult) by 31	Review of Service Quality Performance Reports	5% of the Actual Monthly Value for the Services provided under Service Specification B15/S/a (Cancer: Chemotherapy (Adult) per month, until a robust implementation plan is produced	Monthly
NQ	(NEW) Full implementation of an effective e-Prescribing system for chemotherapy across all relevant clinical teams within the Provider dealing with children, teenagers and young adults across all tumour sites	Failure to produce a robust implementation plan, by 30 September 2016 to achieve full implementation as described under Service Specification B15/S/b Cancer: Chemotherapy (Children, Teenagers and Young Adults)	Review of Service Quality Performance Reports	5% of the Actual Monthly Value for the Services provided under Service Specification B15/S/b Cancer: Chemotherapy (Children, Teenagers and Young Adults) per month, until a robust implementation plan is produced	Monthly

Ref	Operational Standards / National Quality Requirements	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence

In respect of those Operational Standards and National Quality Requirements shown in bold italics, the provisions of SC36.37A apply - NB. Currently it is not anticipated that UH Bristol will receive Sustainability Funding in 2016/17, and therefore all penalties will apply:

36.37A If the Provider has been granted access to the Sustainability and Transformation Fund, and has, as a condition of access:
36.37A.1 agreed with the national teams of Monitor/NHSTDA (as appropriate) and NHS England an overall financial control total and other associated conditions; and
36.37A.2 (where required by those bodies):
36.37A2.1 agreed with those bodies and with the Commissioners specific performance trajectories to be achieved during the Contract Year 1 April 2016 to 31 March 2017 (as set out in an SDIP contained or referred to in Schedule 6D (Service Development and Improvement Plans)); and/or
36.37A2.2 submitted to those bodies assurance statements setting out commitments on performance against specific Operational Standards and National Quality Requirements to be achieved during the Contract Year 1 April 2016 to 31 March 2017 which have been accepted by those bodies (as set out in an SDIP contained or referred to in Schedule 6D (Service Development and Improvement Plans)),
no repayment will be required to be made, nor any deduction made, in relation to any breach of any threshold which occurs during that Contract Year in respect of any Operational Standard shown in bold italics in Schedule 4A (Operational Standards) or any National Quality Requirement shown in bold italics in Schedule 4B (National Quality Requirements).

*** (as further described in Technical Guidance for Commissioners, available at https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/)**

Ref	Operational Standards / National Quality Requirements	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence
	Local Quality Requirements - STILL UNDER NEGOTIATION	tbc	tbc	Sanctions levied in respect of Operational Standards, National Quality Requirements and Local Quality Requirements are limited to a maximum of 2.5% of Actual Quarterly Value in any	tbc

	Never Events - per detailed list of Never Events available at http://www.england.nhs.uk/ourwork/patientsafety/	The sanction associated with Never Events is now set out in SC36.38: If a Never Event occurs, the relevant Commissioner may deduct from payments due to the Provider, in accordance with Never Events Policy Framework, a sum equal to the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event.

Key:	
	OS - Operational Standards
	NQ - National Quality Requirements

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

Division / Service		Approved Budget 2015/16	Proposed Budget 2016/17
		£'000	£'000
Diagnostic and Therapies		45,887	49,107
Medicine		63,556	66,644
Specialised Services		78,246	90,128
Surgery, Head and Neck		89,104	95,921
Women and Children's		104,342	112,125
Estates and Facilities		33,997	34,564
Division of Trust Services	- Finance	4,503	7,625
	- Human Resources	4,555	4,466
	- IM&T	6,954	7,163
	- Trust HQ	5,654	6,413
	- Trading Services	54	55
Corporate Services	- Retained Community	44	43
	- Miscellaneous Support Services	8,111	8,480
	- Research and Innovation	17,632	17,845
	- Capital Charges (Depreciation/PDC Dividend)	28,715	29,647
	Sub Totals	**491,354**	**530,226**
Add back Income within Divisions		33,049	30,019
Funding in reserves for future issue		63,399	53,905
Surplus / (Deficit) before technical items		(5,000)	14,200
Totals before technical items		**582,802**	**628,350**
Technical Items		5,691	8,634
Planned surplus / (deficit) on technical items		(1,133)	(5,902)
	Total	**587,360**	**631,082**

Appendix 10

Reconciliation of Revenue Budgets 2015/16 to 2016/17

Reconciliation of Revenue Budgets 2015/16 to 2016/17	Diagnostic & Therapies	Medicine	Specialised Services	Surgery, Head & Neck	Women's & Children's	Estates & Facilities	Trust Services	Corporate Services	Totals
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Initial 2015/16 Budget per Resources Book	45,887	63,556	78,246	89,104	104,342	33,997	21,720	54,502	491,354
Inflation	295	362	233	526	576	394	160	364	2,910
Service Level Agreement Funding Changes	3,425	4,664	11,935	8,538	7,494	117	376	(60)	36,489
Other Developments	277	(219)	116	(80)	134	320	3,437	123	4,108
Inter Divisional Transfers	(172)	(796)	178	(428)	1,189	34	465	(470)	0
MPET	(2)	(28)	53	(412)	170	-	(133)	(95)	(447)
Month 9 Full Year Effect Budget	49,710	67,539	90,761	97,248	113,905	34,862	26,025	54,364	534,414
2016/17 Adjustments									
Incremental Drift	85	57	167	228	91	154	139	1	922
Drugs Inflation (5%)	44	142	180	139	176		4	0	685
Non Pay inflation (2%)	192	49	126	252	217	195	141	16	1,188
Provider to Provider (charges in) Inflation (1.1%)	34	2	12	2	36		10	0	96
Provider to Provider (charges out) Inflation (1.1%)	(41)	(10)	(4)	(22)	(26)	(4)	(25)	(1)	(133)
Capital Charges Inflation	-	-	-	-	-	-	-	932	932
CNST / LTPS / PES	-	-	-	-	-	-	-	871	871
Capital Charges adjustment	-	-	-	-	-	-	-	-	0
Non SLA activity changes	-	-	-	-	-	-	-	-	0
Savings Programme	(917)	(1,135)	(1,114)	(1,926)	(2,274)	(643)	(572)	(168)	(8,749)
DIVISIONAL REVENUE BUDGETS 2016/17	**49,107**	**66,644**	**90,128**	**95,921**	**112,125**	**34,564**	**25,722**	**56,015**	**530,226**

Add back income within Divisions	30,019
Funding in reserves for future issue	53,905
Planned surplus / (deficit)	14,200
TRUST REVENUE BUDGETS 2016/17 before technical items	**628,350**
Technical items	**8,634**
Planned defict on technical items	**(5,902)**
TRUST REVENUE BUDGETS 2016/17 after technical items	**631,082**

Notes

Appendix 10

Reconciliation of Revenue Budgets 2015/16 to 2016/17

	Trust Services						Corporate Services				
Analysis of Trust Services	Finance	Human Resources	IM&T	Trust HQ	Trading Services	Totals	Retained Community	Misc Support Services	Capital Charges	R & I	Totals
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Initial 2015/16 Budget per Resources Book	4,503	4,555	6,954	5,654	54	21,720	44	8,111	28,715	17,632	54,502
Inflation	23	40	69	28	-	160	-	369	- -	5	364
Service Level Agreement Funding Changes	67	50	163	96	-	376	- -	60	-	- -	60
Other Developments	3,146	64	0	226	1	3,437	- 1 -	578	-	702	123
Inter Divisional Transfers	- -	48	31	482	0	465	0	14	0	(484) -	470
MPET	- -	133	-	-	- -	133	- -	95	-	0 -	95
Month 9 Full Year Effect Budget	7,739	4,528	7,217	6,486	55	26,025	43	7,761	28,715	17,845	54,364
2016/17 Adjustments											
Incremental Drift	47	13	17	62	-	139	-	1	-	-	1
Drugs Inflation (5%)	-	4	-	-	-	4	-	-	-	-	-
Non Pay inflation (2%)	3	37	93	8	-	141	-	16	-	-	16
Provider to Provider (charges in) Inflation (1.1%)	9	1	-	-	-	10	-	-	-	-	-
Provider to Provider (charges out) Inflation (1.1%)	(3)	(17)	(5)	-	-	(25)	-	(1)	-	-	(1)
Capital Charges Inflation	-	-	-	-	-	-	-	-	932		932
CNST / LTPS / PES	-	-	-	-	-	-	-	871	-	-	871
Capital Charges adjustment	-	-	-	-	-	-	-	-	-	-	-
Non SLA activity changes	-	-	-	-	-	-	-	-	-	-	-
Savings Programme	(170)	(100)	(159)	(143)	-	(572)	-	(168)	-	-	(168)
DIVISIONAL REVENUE BUDGETS 2016/17	**7,625**	**4,466**	**7,163**	**6,413**	**55**	**25,722**	**43**	**8,480**	**29,647**	**17,845**	**56,015**

Note: Trading services budget includes capital charges relating to the Welcome Centre

Appendix 11

Subjective Analysis of Income Expenditure 2016/17

	Income / Expenditure Heading	Diagnostics and Therapies £'000	Medicine £'000	Specialised Services £'000	Surgery, Head and Neck £'000	Women's and Children's £'000	Estates and Facilities £'000	Trust Services £'000	Corporate Services £'000	Totals £'000
Income	Income From Activities Divisions	(434)	(563)	(1,491)	(574)	(900)	11	-	(881)	(4,832)
	Income From Operations Divisions	(4,774)	(1,822)	(1,697)	(4,556)	(3,966)	(3,756)	(5,170)	137	(25,604)
	Total Income	**(5,208)**	**(2,385)**	**(3,188)**	**(5,130)**	**(4,866)**	**(3,745)**	**(5,170)**	**(744)**	**(30,436)**
Expenditure										
Pay	Execs and Senior Managers	770	592	628	1,168	996	688	8,165	830	13,835
	Medical Staff Consultants	5,876	8,703	10,037	15,712	21,794	-	529	183	62,832
	Medical staff Others	890	7,603	5,508	11,189	12,825	-	122	2,091	40,226
	Dental Medical Staff	17	-	-	5,765	-	-	25	-	5,806
	Nurses and Midwives	765	26,507	17,170	24,477	41,284	-	2,310	152	112,664
	Other Clinical Staff	29,822	686	4,191	8,351	6,707	-	262	-	50,019
	Admin and Clerical and Estates	2,520	4,390	2,902	6,817	4,938	4,096	11,131	1,057	37,851
	Healthcare Assistants	175	510	169	1,989	262	15,232	72	-	18,407
	Pay Reserves	312	(869)	(119)	(136)	(117)	169	163	13	(585)
	Savings	(303)	(1,156)	-	-	-	-	-	-	(1,459)
	Incremental Drift	85	57	167	228	91	154	139	1	922
	Pay Total	**40,927**	**47,023**	**40,651**	**75,559**	**88,779**	**20,339**	**22,917**	**4,326**	**340,520**
Non Pay	Drugs	4,360	16,287	26,714	11,021	9,281	-	76	-	67,740
	Blood and Blood Products	3,304	(50)	7,170	1	630	-	-	-	11,056
	Clinical Supplies and Services	7,413	2,282	13,157	14,676	9,935	27	36	2	47,528
	General Supplies and Services	110	709	471	907	429	5,191	169	1	7,986
	Establishment Expenses	811	434	1,161	811	993	9,864	5,922	160	20,157
	Premises and Fixed Plant	-	-	-	11	1	6,786	73	8	6,879
	Services fron Other Bodies	3,153	180	1,121	192	3,281	14	880	111	8,932
	Other expenditure	(4,848)	3,300	3,985	(203)	5,936	(3,269)	(2,206)	22,672	25,369
	Savings	(917)	(1,135)	(1,114)	(1,926)	(2,274)	(643)	(572)	(168)	(8,749)
	Total Non Pay	**13,388**	**22,006**	**52,665**	**25,492**	**28,212**	**17,970**	**4,380**	**22,786**	**186,899**
	Total Expenditure	**54,315**	**69,029**	**93,316**	**101,051**	**116,991**	**38,309**	**27,297**	**27,112**	**527,419**
	Net Expenditure	**49,107**	**66,644**	**90,128**	**95,921**	**112,125**	**34,564**	**22,127**	**26,368**	**496,983**
	Depreciation and Amortisation	-	-	-	-	-	-	247	20,365	20,612
	PDC Dividend	-	-	-	-	-	-	86	9,283	9,369
	Other financing costs	-	-	-	-	-	-	3,263	-	3,263
	Net Budget	**49,107**	**66,644**	**90,128**	**95,921**	**112,125**	**34,564**	**25,722**	**56,015**	**530,226**

Note - Roundings on some headings will result in minor differences between totals shown on this page and those given on Appendices 9 and 10.

Note - Corporate services budget includes capital charges relating to the Welcome Centre

Division	Savings Target 2016/17	Balance to Full Year Effect 2015/16 Savings	New Schemes Current Year Effect 2016/17	Total Savings 2016/17	Shortfall Plans to be Identified
	£'000	£'000	£'000	£'000	£'000
Diagnostics and Therapies	1,642	59	1,311	1,370	272
Medicine	1,684	318	921	1,239	445
Specialised Services	1,510	116	1,131	1,247	263
Surgery Head and Neck	4,956	736	2,361	3,097	1,859
Women's and Children's	4,638	399	1,970	2,369	2,269
Estates and Facilities	785	50	781	831	- 46
Finance	170	79	96	175	- 5
Trust HQ	143	11	132	143	0
IM&T	159	212	2	214	- 55
Trust HR	245	16	100	116	129
Miscellaneous Support Services	168	-	168	168	-
Corporate	688	-	688	688	-
Capital Charges	632	-	690	690	- 58
Totals	**17,420**	**1,996**	**10,351**	**12,347**	**5,073**

<u>Plans identified</u> <u>Risk assessed values</u>	Balance to Full Year Effect 2015/16 savings	2016/17 New Schemes	Total Savings 2016/17
	£'000	£'000	£'000
Admin & Senior Managers	115	86	201
Allied Healthcare Professionals Productivity	72	422	494
Diagnostics	37	209	246
Facilities & Estates	46	682	728
Medical Staff Efficiencies Productivity	143	423	566
Outpatients Productivity		50	50
Nursing Productivity	124	205	329
Model of Care		14	14
Theatre Productivity		290	290
Reducing and Controlling Non Pay	615	3,169	3,784
Trust Services Savings	243	184	427
Pharmacy Savings	96	1,255	1,351
Income	505	1,526	2,031
Other		1,146	1,146
Capital Charges		690	690
Total Identified	**1,996**	**10,351**	**12,347**
Unidentified			**5,073**
Savings target			**17,420**

Subjective Summary	Subjective Detail	Balance to Full Year Effect 2015/16 Savings	New Schemes Current Year Effect 2016/17	Total Savings 2016/17
		£'000	**£'000**	**£'000**
Income	SLA Income	399	1,058	1,457
	Other income	53	533	586
	Private Patient Income	125	55	180
Income Total		**577**	**1,646**	**2,223**
Non Pay	Blood			0
	Drugs	96	1,252	1,348
	Clinical Supplies & Services	553	2,138	2,691
	Other expenditure	274	2,815	3,089
	Premises & Fixed Plant	35	189	224
Non Pay Total		**958**	**6,394**	**7,352**
Pay	Consultants	127	272	399
	Other Medical Staff		151	151
	Nursing & Midwifery	102	219	321
	Allied Healthcare Professionals	72	393	465
	Admin & Senior Managers	157	204	361
	Estates Staff		17	17
	Other Clinical	3	365	368
Pay Total		**461**	**1,621**	**2,082**
Capital Charges		**0**	**690**	**690**
Total plans identified risk assessed		**1,996**	**10,351**	**12,347**
Unidentified				5,073
Target				**17,420**

Demand

	Funded Establishme 2015/16 Actual wte	Service Developme wte	Service Transfers wte	Savings Program wte	Funded Establishmen Mar-17 wte	Change wte
Medical and Dental	1,204	57	(3)	0	1,258	55
AHP/Clinical scientists	1,333	37	(17)	(3)	1,350	17
Nursing and midwifery	3,126	108	0	(4)	3,230	104
Ancillary	858	4	0	(7)	855	(3)
Admin and Clerical	1,680	36	(10)	(4)	1,702	22
Total	**8,200**	**242**	**(30)**	**(17)**	**8,395**	195

Supply

	2015/16 Actual Employed	2015/16 Actual Bank	2015/16 Actual Agency	2015/16 Total Staffing	Change in Planned Employed	Change in Planned Employed	Change In Bank	Change in Agency	Total Changes	2016/17 Planned Employed	2016/17 Planned Bank	2016/17 Planned Agency	2016/17 Planned Total
	wte	wte	wte	wte	(Starters) wte	(Leavers) wte	wte	wte	wte	wte	wte	wte	Staffing wte
Medical and Dental	1,153	0	52	1,205	390	(330)	0	(8)	53	1,214	0	44	1,258
AHP/Clinical scientists	1,296	7	3	1,306	267	(228)	5	0	44	1,335	12.1	3	1,350
Nursing and midwifery	2,933	207	76	3,216	577	(453)	(55)	(56)	14	3,058	152.3	20	3,230
Ancillary	787	44	14	845	145	(96)	(29)	(9)	10	835	14.7	5	855
Admin and Clerical	1,544	79	23	1,646	307	(246)	(6)	1	56	1,605	73.1	24	1,702
Total	**7,713.0**	**337**	**168**	**8,218**	**1,687**	**(1,353)**	**(85)**	**(72)**	**177**	**8,047**	**252**	**96**	**8,395**

SOURCES

Subjective Head	Prior Years £000's	2015/16 Forecast Outturn £000's	2015/16 Deferred Slippage £000's	2015/16 Slippage £000's	2016/17 Allocation £000's	2016/17 Total £000's	Net Cash Retention £000's	2016/17 Total after I&E variation £000's	Slippage from 2016/17 £000's	2017/18 £000's	2017/18 Total £000's	2018/19 £000's	2019/20 £000's	2020/21 £000's	Total £000's
Public Dividend Capital	3,115	30	-	273	-	273	-	273	-	-	-	-	-	-	3,418
Retained Depreciation	53,754	20,738	-	-	21,634	21,634	-	21,634	-	23,115	23,115	24,272	24,170	23,157	190,840
Prudential Borrowing	94,950	-	-	-	-	-	-		-	-	-	-	-	-	94,950
Donations	9,763	2,855	-	2,170	562	2,732	-	2,732	-	243	243	-	-	-	15,593
Disposals	700	14,135	-	-	-	-	-	-	-	-	-	-	-	-	14,835
Grants & Contributions	-	1,176	-	-	-	-	-	-	-	-	-	-	-	-	1,176
Cash Requirements	(6,505)	(14,302)	6,647	10,936	(1,119)	16,464	(12,003)	4,461	12,003	-	12,003	-	-	-	(4,343)
Total Source of funds	**155,777**	**24,632**	**6,647**	**13,379**	**21,077**	**41,103**	**(12,003)**	**29,100**	**12,003**	**23,358**	**35,361**	**24,272**	**24,170**	**23,157**	**316,469**

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APPLICATIONS

Subjective Head	Prior Years £000's	2015/16 Forecast Outturn £000's	2015/16 Deferred Slippage £000's	2015/16 Slippage £000's	2016/17 Allocation £000's	2016/17 Total £000's	Net Slippage £000's	2016/17 Total after I&E variation £000's	Slippage from 2016/17 £000's	2017/18 £000's	2017/18 Total £000's	2018/19 £000's	2019/20 £000's	2020/21 £000's	Total £000's
Major Strategic Schemes	142,265	10,612	4,211	5,651	4,899	14,761	(3,627)	11,134	3,627	7,559	11,186	6,856	6,005	7,472	195,530
Medical Equipment	1,144	5,008	32	2,386	7,323	9,741	-	9,741	-	5,580	5,580	7,100	7,750	5,168	41,491
Information Technology	8,834	2,879	844	536	2,591	3,971	-	3,971	-	2,500	2,500	2,500	2,500	2,500	25,684
Estates Replacement	-	2,588	475	(380)	2,450	2,545	-	2,545	-	2,500	2,500	2,450	2,450	2,450	14,983
Operational Capital	3,534	5,545	1,085	5,186	5,450	11,721	(552)	11,169	552	5,450	6,002	5,450	5,450	5,570	42,720
Total	**155,777**	**26,632**	6,647	13,379	22,713	**42,739**	(4,179)	38,560	**4,179**	**23,589**	**27,768**	**24,356**	**24,155**	**23,160**	**320,408**
In year net slippage		(2,000)			(1,636)	(1,636)	-	(1,636)	-	(231)	(231)	(84)	15	(3)	(3,939)
Total Application of funds	**155,777**	**24,632**	**6,647**	**13,379**	**21,077**	**41,103**	**(4,179)**	**36,924**	**4,179**	**23,358**	**27,537**	**24,272**	**24,170**	**23,157**	**316,469**
Slippage not yet identified	-	-	-	-	-	-	(7,824)	(7,824)	7,824	-	7,824	-	-	-	-
Net Applications	**155,777**	**24,632**	**6,647**	**13,379**	**21,077**	**41,103**	**(12,003)**	**29,100**	**12,003**	**23,358**	**35,361**	**24,272**	**24,170**	**23,157**	**316,469**

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Source of Funds	Prior Years £000's	2015/16 Forecast Outturn £000's	2015/16 Deferred Slippage £000's	2015/16 Slippage £000's	2016/17 Allocation £000's	Net Cash Retention £000's	2016/17 Total £000's	Slippage from 2016/17 £000's	2017/18 £000's	2017/18 Total £000's	2018/19 £000's	2019/20 £000's	2020/21 £000's	Total £000's
Public Dividend Capital														
Public Dividend Capital	3,115	-	-	-	-	-	-	-	-	-	-	-	-	3,115
Genomes	-	30	-	273	-	-	273	-	-	-	-	-	-	303
Sub total Public Dividend Capital	3,115	30	-	273	-	-	273	-	-	-	-	-	-	3,418
Retained Depreciation														
Depreciation (Forecast 28.01)	53,754	20,738	-	-	21,634	-	21,634	-	23,115	23,115	24,272	24,170	23,157	190,840
Prudential Borrowing														
Prudential Borrowing	94,950	-	-	-	-	-	-	-	-	-	-	-	-	94,950
Donations														-
CSP - The Grand Appeal	4,542	208	-	-	-	-	-	-	-	-	-	-	-	4,750
HELP appeal - Air Ambulance	500	-	-		-	-	-	-	-	-	-	-	-	500
BHOC upgrade	4,350	-	-		-	-	-	-	-	-	-	-	-	4,350
BHOC upgrade - Above & Beyond Golden Gift	-	2,000	-	-	-	-	-	-	-	-	-	-	-	2,000
BRI Redevelopment - Above & Beyond Golden Gift	-	-	-	2,000	462	-	2,462	-	243	243	-	-	-	2,705
Above & Beyond - 2015/16	-	259	-	170	100	-	270	-	-	-	-	-	-	529
Grand Appeal - 2015/16	-	137	-		-	-	-	-	-	-	-	-	-	137
TCT- 2015/16	-	33	-		-	-	-	-	-	-	-	-	-	33
Above & Beyond - prior year approval	47	28	-	-	-	-	-	-	-	-	-	-	-	75
Friends of Bristol eye	65	-	-	-	-	-	-	-	-	-	-	-	-	65
Novartis	48	126	-	-	-	-	-	-	-	-	-	-	-	174
Watch	-	64	-	-	-	-	-	-	-	-	-	-	-	64
South West CSU	211	-	-	-	-	-	-	-	-	-	-			211
Sub Total New system funding	9,763	2,855	-	2,170	562	-	2,732	-	243	243	-	-	-	15,593
Disposals														
Sale of Kingsdown	700	-	-	-	-	-	-	-	-	-	-	-	-	700
Sale of The Grange	-	1,100	-	-	-	-	-	-	-	-	-	-	-	1,100
Sale of BRI Old Building (not demolished)	-	13,035	-	-	-	-	-	-	-	-	-	-	-	13,035
Sub Total Disposals	700	14,135	-	-	-	-	-	-	-	-	-	-	-	14,835
Grants / Contributions														
Welcome Centre	-	1,040	-	-	-	-	-	-	-	-	-	-	-	1,040
University of Bristol	-	136	-	-	-	-	-	-	-	-	-	-	-	136
	-	1,176	-	-	-	-	-	-	-	-	-	-	-	1,176
Cash Requirements														
Planned cash contribution	(6,505)	(14,302)	6,647	10,936	(1,119)	(12,003)	4,461	12,003	-	12,003	-	-	-	(4,343)
Sub Total Cash Requirements	(6,505)	(14,302)	6,647	10,936	(1,119)	(12,003)	4,461	12,003	-	12,003	-	-	-	(4,343)
Total Source of funds	**155,777**	**24,632**	**6,647**	**13,379**	**21,077**	**(12,003)**	**29,100**	**12,003**	**23,358**	**35,361**	**24,272**	**24,170**	**23,157**	**316,469**

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Job description	Prior Years	2015/16 Forecast Outturn	2015/16 Deferred Slippage	2015/16 Slippage	2016/17 Allocation	Net Slippage	2016/17 Total	Slippage from 2016/17	2017/18	2017/18 Total	2018/19	2019/20	2020/21	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Subtotal BRI Redevelopment	88,437	80	-	-	-	-	-	-	-	-	-	-	-	88,517
BRI Façade Project	800	2,672	350	14			364	-	-	-	-	-	-	3,836
Phase 4														
Phase 4: Completed Schemes	5,894	4,303	-	-	-		-	-	-	-	-	-	-	10,197
Phase 4: Clerk of Works	20	66	(20)	26	-		6	-	-	-	-	-	-	92
Phase 4: KEB	-	2,497	2,402	4,109	1,200		7,711	-	-	-	-	-	-	10,208
Phase 4: Strate Dev Office costs	-	146	-	54			54	-	-	-	-	-	-	200
Phase 4: Medical Physics	-	647	-	-			-	-	-	-	-	-	-	647
Phase 4: Level 8 & 9 & offices	-	-	485	1,210			1,695	-	-	-	-	-	-	1,695
Contingency/Unallocated	-		1,001	303	-		1,304	-	-	-	-	-	-	1,304
Subtotal Phase 4	5,914	7,659	3,868	5,702	1,200	-	10,770	-	-	-	-	-	-	24,343
Total - Approved BRI scheme	95,151	10,411	4,218	5,716	1,200	-	11,134	-	-	-	-	-	-	116,696
Specialist Paediatrics	30,800	146	-	-	-		-	-	-	-	-	-	-	30,946
Total BHOC Strategy	16,187	(10)	-	-	-		-	-	-	-	-	-	-	16,177
Strategic Capital - 28.01 adjusted for dep output	127	65	(7)	(65)	2,499	(2,427)	-	2,427	6,359	8,786	5,656	4,805	6,272	25,711
Strategic Capital - Contingency			-	-	1,200	(1,200)	-	1,200	1,200	2,400	1,200	1,200	1,200	6,000
	142,265	**10,612**	**4,211**	**5,651**	**4,899**	**(3,627)**	**11,134**	**3,627**	**7,559**	**11,186**	**6,856**	**6,005**	**7,472**	**195,530**

Job description	Prior Years	2015/16 Forecast Outturn	2015/16 Deferred Slippage	2015/16 Slippage	2016/17 Allocation	Net Slippage	2016/17 Total	Slippage from 2016/17	2017/18	2017/18 Total	2018/19	2019/20	2020/21	2021/22	Total
	£000's	£000's	£000's		£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Emergency Medical Equipment	152	151	-	-	-	-	-	-	-	-	-	-	-	-	303
Major Medical programme 2013/14 & prior	339	219	-	-	-	-	-	-	-	-	-	-	-	-	558
Major Medical programme 2014/2015	653	769	32	-	-	-	32	-	-	-	-	-	-	-	1,454
Major Medical programme 2015/16	-	3,606	-	2,211	-	-	2,211	-	-	-	-	-	-	-	5,817
Major Medical programme - Linacc	-	-	-		2,580	-	2,580	-	2,580	2,580	2,100	-	-		7,260
Major Medical programme - Major items	-	-	-		1,500	-	1,500	-	-	-	2,000	4,750	1,950		10,200
Major Medical programme - prioritised	-	-	-		2,500	-	2,500	-	2,500	2,500	2,500	2,500	2,718		12,718
Major Medical programme - Contingency	-	-	-		500	-	500	-	500	500	500	500	500		2,500
Major Medical programme 2016/17 onwards	-	-	-	-	7,080	-	7,080	-	5,580	5,580	7,100	7,750	5,168	-	32,678
										-					
Donated Equipment (Grand Appeal)	-	99	-	-	-	-	-	-	-	-	-	-	-	-	99
															-
Donated Equipment (Above & Beyond)	-	164	-	145	243	-	388	-	-	-	-	-	-	-	552
															-
Bristol Medical Simulation Centre	-	-	-	30	-	-	30	-	-	-	-	-	-	-	30
															-
Total	**1,144**	**5,008**	**32**	**2,386**	**7,323**	**-**	**9,741**	**-**	**5,580**	**5,580**	**7,100**	**7,750**	**5,168**	**-**	**41,491**
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INFORMATION TECHNOLOGY

Job description	Prior Years £000's	2015/16 Forecast Outturn £000's	2015/16 Deferred Slippage £000's	2015/16 Slippage £000's	2016/17 Allocation £000's	Net Slippage £000's	2016/17 Total £000's	Slippage from 2016/17 £000's	2017/18 £000's	2017/18 Total £000's	2018/19 £000's	2019/20 £000's	2020/21 £000's	2021/22 £000's	Total £000's
CSIP programme	7,728	1,719	800	275	866		1,941			226	400	-	-	-	12,014
IM&T Strategy	-	-	-	-	1,000		1,000			1,774	1,600	2,000	2,000	-	8,374
IM&T General		121	-	43	100		143			-	-	-	-	-	264
Genomes	-	150	-	-	125		125			-	-	-	-	-	275
Critical Care CIS	476	285	44	190	-		234			-	-	-	-	-	995
Trust wide critical care monitors	557	42	-	28	-		28			-	-	-	-	-	627
Portering System	73	7	-	-	-		-			-	-	-	-	-	80
Risk Management System	-	55	-	-	-		-			-	-	-	-	-	55
PC replacement	-	500	-	-	500		500			500	500	500	500	-	3,000
	8,834	**2,879**	**844**	**536**	**2,591**		**3,971**			**2,500**	**2,500**	**2,500**	**2,500**	**-**	**25,684**
															-

ESTATES REPLACEMENT

Job description	Prior Years £000's	2015/16 Forecast Outturn £000's	2015/16 Deferred Slippage £000's	2015/16 Slippage £000's	2016/17 Allocation £000's	Net Slippage £000's	2016/17 Total £000's	Slippage from 2016/17 £000's	2017/18 £000's	2017/18 Total £000's	2018/19 £000's	2019/20 £000's	2020/21 £000's	2021/22 £000's	Total £000's
Compliance with lease obligations	-	48	-	3	100		103			100	50	50	50		401
Feasibility fees	-	101	25	(33)	-		(8)			-	-	-	-		93
Fire precautions	-	96	50	-	150		200			150	150	150	150		896
Health & Safety	-	-	-	-	50		50			50	50	50	50		250
Vehicle Replacement	-	25	-	-	75		75			75	75	75	75		400
Works Replacement	-	2,318	400	(350)	2,075		2,125			2,125	2,125	2,125	2,125		12,943
	-	**2,588**	475	(380)	**2,450**		**2,545**			**2,500**	**2,450**	**2,450**	**2,450**	**-**	**14,983**
															-

Job description	Prior Years	2015/16 Forecast Outturn	2015/16 Deferred Slippage	2015/16 Slippage	2016/17 Allocation	Net Slippage	2016/17 Total	Slippage from 2016/17	2017/18	2017/18 Total	2018/19	2019/20	2020/21	2021/22	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Contingency allocations	73	416	-	52	-		52			-	-	-	-	-	541
VAT contingency	-	332	-	1	-		1			-	-	-	-	-	333
Operational capital 2013/14 & prior	1,498	809	623	440	-		1,063			-	-	-	-	-	3,370
Operational capital 2014/2015	850	603	121	64	-		185			-	-	-	-	-	1,638
Access Control Replacement	-	471	-	-	-		-			-	-	-	-	-	471
ENT transformation	-	50	-	-	-		-			-	-	-	-	-	50
Digital viewing of archived information	-	-	-	120	-		120			-	-	-	-	-	120
Pneumatic tube system	-	116	-	-	-		-			-	-	-	-	-	116
Refurbishment of the hand unit	-	-	-	38	-		38			-	-	-	-	-	38
Mobile Unit AMD services	-	271	-	35	-		35			-	-	-	-	-	306
Automated drug storage cabinets	-	-	-	164	-		164			-	-	-	-	-	164
Redevelopment of HDU	-	27	-	-	-		-			-	-	-	-	-	27
Video EEG storage	-	-	-	-	-		-			-	-	-	-	-	-
Refurbishment of patient changing area	-	-	-	64	-		64			-	-	-	-	-	64
Wayfinding Phase 2	-	60	-	100	-		100			-	-	-	-	-	160
Refurbishment A214	-	60	-	90	-		90			-	-	-	-	-	150
Operational Capital Contingency - inlcuding 2014/15 net underspend	-	197	-	-	-		-							-	197
Dermatology theatre AHU upgrade	-	-	-	320	-		320			-	-	-	-	-	320
ENT transformation	-	-	-	375	-	(375)	-			-	-	-	-	-	-
Replacement cardiology reporting	-	-	-	250	-		250			-	-	-	-	-	250
Redevelopment of HDU	-	-	-	308	-		308			-	-	-	-	-	308
Operational Capital Contingency	-	-	-	488	-		488			-	-	-	-	-	473
Operational Capital - Future years	-	-	-	(15)	-		(15)			-	-	-	-	-	-
Operational Capital 2015/16	-	1,252	-	2,337	-	(375)	1,962			-	-	-	-	-	3,214
Contingency					500		500			500	500	500	500		2,500
Annual allocation					3,500	(177)	3,323			3,500	3,500	3,500	3,620		17,443
Operational Capital - 2016/17 onwards	-	-	-	-	4,000	(177)	3,823			4,000	4,000	4,000	4,120	-	19,943
Cook / Freeze	-	-	-	46	-		46			-	-	-	-	-	46
										-					
Sterile Services	726	414	-	1,772	-		1,772			-	-	-	-	-	2,912
Dental Capital	52	264	-	293	450		743			450	450	450	450	-	2,859
Divisional Capital	-	957	-	162	1,000		1,162			1,000	1,000	1,000	1,000	-	6,119
Donated Operational Capital	-	458	-	19	-		19			-	-	-	-	-	477
Radiopharmacy	335	20	-		-		-			-	-	-	-	-	355
										-					
Spend to Save	-	20	341	-	-		341			-	-	-	-	-	361
	3,534	5,545	1,085	5,186	5,450	(552)	11,169			5,450	5,450	5,450	5,570	-	42,168
															-

Appendix 15- Financial Duties and Financial Regime

Financial Duties

It is a condition of Authorisation as an NHS foundation trust that financial viability is maintained. The Trust shall at all times remain a going concern as defined by relevant accounting standards in force from time to time. The Trust formally considers the Trust's going concern status when approving the resource plan for the year.

To understand and monitor financial risk the Finance Committee and Trust Board receives monthly information on the Financial Services Risk Rating.

Financial Regime

1. Trusts earn most of their income from service agreements with Commissioners to provide health services. Additionally, in the case of Teaching Trusts such as University Hospitals Bristol NHS Foundation Trust, a significant amount of income is received for Service Increment for Teaching, Research and Development, Post Graduate Medical and Dental Education and Distinction Awards (other than locally provided Discretionary Points).

2. Service Agreement tariffs are based on full cost recovery including depreciation on assets and a 3.5% rate of return on the current value of net assets

3. Each Trust owns its assets (i.e. land, buildings and equipment). The value of the assets on set up is matched by an originating capital debt of public dividend capital [form of long term Government finance on which the Trust pays dividends to the Government]. Public dividend capital has no fixed remuneration or repayment obligations.

4. A Trust may finance capital investment through additional borrowing or additional Public Dividend Capital (where available).

5. Foundation Trusts have a general duty to exercise its function effectively, efficiently and economically.

6. Any net operating surplus may be used to finance capital expenditure, repay loans, or for investment. Temporary cash surpluses can be held in Government securities, the National Loans Fund, the Trust's current account with Citibank or other financial institution in accordance with the Trust's Treasury Management Policy.

7. Foundation Trusts are directed by Monitor to keep accounts in the form as laid down in the annual reporting guidance for NHS Foundation Trusts within the NHS Foundation Trust Financial Reporting Manual that is in force for the relevant financial year.

8. The Prompt Payment Code (PPC) was introduced by the Confederation of British Industry (CBI) and the Department for Business Innovation and Skills in December 2008 with the aim of improving UK payments practices. The PPC requires organisations to pay suppliers within the contracted terms and within a maximum of 60 days (defined as paying 95% of invoices within 60 days unless there are exceptional circumstances) and work towards adopting 30 days as a norm. Signatories to the code are expected to report their performance against these standards on an annual or bi-annual basis depending on their size.

Appendix 16 - Budget Management

Management Responsibility

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

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

Budgetary Control

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

Director of Finance

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

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

Financial Managers

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

Guidance for Managers and Budget Holders

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

Training for Budget Holders and Managers

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

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

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

Please contact the Finance Department for further details.

FinWeb

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

Appendix 17 – Financial Controls

Guide for Budget Managers – Controlling and Managing Budgets

Introduction

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

Budget Holder Responsibilities

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

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

Further Guidance and Training

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

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

Pay Expenditure Controls Guidance

Introduction:

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

Pay expenditure can be categorised as:

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

Requirements for Budget Managers

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

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

Substantive staff paid via the payroll system

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

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

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

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

Requirements for Budget Managers

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

Bank Staff

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

Requirements for Budget Managers

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

Agency Staff

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

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

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

Requirements for Budget Managers

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

Invoices from organisations

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

- the time period the work will cover, including review periods,
- the number of hours to be worked and when and over what time period,

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

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

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

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

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

Requirements for Budget Managers

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

Payments of individuals via invoice:

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

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

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

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

Requirements for Budget Managers

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

Pay Expenditure Review

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

Requirements for Budget Managers

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

- Budget managers must review their monthly budget statements carefully to check that:

  - all staff listed are currently working in their department,
  - the contracted wte is correct,
  - any additional payments are properly due.

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

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

Non Pay Expenditure Controls Guidance

Managing non-pay budgets

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

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

Purchase Ordering through EROS

The Trust's **E**lectronic **R**equisitioning and **O**rdering **S**ystem (EROS) should be used when making a requisition for goods and services. There are separate arrangements for Pharmacy and Estates Services. There are controls that exist within EROS regarding the ability to place and approve an order. Staff responsible for placing orders on EROS must ensure that they comply with the processes and controls set out within the Trust's Standing Financial Instructions and supporting procedures (available on FinWeb).

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

Requirements for Budget Managers

- Familiarise yourself with procedures and processes,
- Only consider any proposed additions to the EROS catalogues that are absolutely necessary and seek approval from your Divisional Director or other authorised senior manager for an item to be added, following the New Produce Request process,
- Requisitioning on EROS is controlled via branch codes and staff are authorised to either order, vet or receipt against specific branch codes to ensure that segregation of duties is maintained,
- Changes in authorisation responsibilities must be emailed immediately to the Trust wide EROS lead using the appropriate forms,
- Seek advice from Procurement if you feel you are not getting value for money,
- Do not authorise expenditure above your delegated limit, see Scheme of Delegation,
- Do not sign to authorise any expenditure which you have not personally committed,

- Do not allow anyone else to authorise expenditure on your budget unless you have specifically delegated responsibility,
- Do not incur expenditure on your budget for which you don't have an available budget,
- Do not attempt to charge expenditure to a budget for which you don't have delegated authority,
- Confirm receipt of goods, having checked quantity, specification as ordered etc., or services promptly on EROS (this also applies in cases of partial delivery, over delivery and changes in specification as set in the EROS guidance note[1]),

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

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

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

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

Requirements for Budget Managers

- Familiarise yourself with procedures and processes in particular the non EROS procurement process invoice authorisation system and authorised signatory list.
- Only enter into a legally binding commitment for goods and services which are affordable, within your delegated budget and for the purpose for which the budget has been provided,
- Ensure you fully agree with the price charged and that the goods and services have been received before authorising payment,
- Check (quantity, specification etc.) and confirm receipt of goods or services promptly to the Accounts Payable department,
- Ensure all invoices are required to be sent directly to the Accounts Payable department at Trust Headquarters,
- Maintain the Trust's authorised signatory list by advising changes promptly using the process described on FinWeb.

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

Requirements for Budget Managers

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

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

- To enable budget managers to access information in a way that is convenient and timely,
- To support decision making by providing financial information in a consistent format,
- To provide a means of communication between budget holders and their management accountant,

- To allow the Trust to audit that reports are being checked by budget managers as required in the Standing Financial Instructions.

Budget holders are responsible for reviewing the reports and being satisfied that the reported position is accurate. Any inaccuracies must be reported promptly to management accounts for investigation and corrective action. Budget holders have a responsibility for understanding the reasons for any significant variances from budget and should be able to explain them at all times. Assistance from the relevant management accountant is available to help budget managers understand variances from budget.

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

Requirements for Budget Managers

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

Procurement Process

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

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

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

Requirements for Budget Managers

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

Leasing

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

Requirements for Budget Managers

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

Appendix 18 - Budgetary Flexibility and Guidelines for Budget Managers

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

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

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

1. Level of Service

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

2. Inflation

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

3. Virements

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

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

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

5. **Savings**

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

6. Capital

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

7. Leasing

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

8. Consultation with the Director of Finance/Financial Managers

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

9 Monitoring and Review

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

- Quarterly Divisional Reviews with Executive Directors

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

Appendix 19 – Non Current Assets and Capital Charging

The NHS White Paper "Working for Patients", published in 1989, introduced the concept that managers should be encouraged to make the most efficient use of their physical resources by recognising that the continuing use of those resources has a cost. This concept forms the basis of the Capital Charges Scheme.

1. Definition of an Asset for Capital Charging Purposes

An asset is defined as one which has a useful life in excess of 1 year and a value of at least £5,000.

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Buildings, installations and fittings are depreciated on their current value over the estimated remaining useful life of the asset as assessed by the NHS Foundation Trust's professional valuers. Leaseholds are depreciated over the primary lease term. Other items of property, plant and equipment are depreciated on a straight line basis over their estimated remaining useful lives, as assessed by the Trust

Asset Type	Minimum Life	Maximum Life
Buildings excluding dwellings	2 years	48 years
Dwellings	20 years	28 years
Plant and machinery	1 year	10 years
Transport equipment	1 year	7 years
Information technology	1 year	8 years
Furniture and fittings	2 years	8 years

2. Valuation of Assets

2.1 Land and Buildings

Land and buildings are subject to a full revaluation every 5 years by the District Valuer. This valuation assumes that the property will continue to provide NHS services for the foreseeable future. A full revaluation on the Modern Equivalent Asset basis took place in March 2014 for use in closing the Trust's 2013/14

Annual Accounts. A 'desk-top' review in conjunction with the District Valuer has informed the valuation of assets held on the register for inclusion in the Accounts of the Trust for year ending 31st March 2016.

2.2 Other Assets

Like land and buildings, all other assets are valued at current cost. This will initially be the purchase price, or the cost of construction.

3. Capital Charges

Capital Charges are incurred on all assets which are owned by the Trust. They comprise two elements - Depreciation and a Trust Debt Remuneration or Dividend.

3.1 Depreciation

This can be defined as 'the measure of the wearing out, consumption or other reduction in the useful economic life of an asset, whether arising from use, passage of time, or obsolescence through technological or market changes.'

The calculation of depreciation is dependent on the asset type (either "Buildings" or "All Other" assets) and, whilst both employ the "straight-line" method, the difference is described as follows:

Buildings

Depreciation Charge	= Opening value divided by remaining life
Closing value	= Opening values less depreciation for the period.

All other

Depreciation Charge	= Ongoing replacement cost divided by standard life
Written down values of the asset	= Replacement cost less closing accumulated depreciation

3.2 Trust Debt Remuneration Dividend

A key financial requirement set by the Secretary of State is the attainment of a rate of return of 3.5% on the value of average net relevant assets. This is achieved by including interest charges on all fixed assets owned by the Trust in price tariffs. The interest charge is based on the forecast average written down value of assets employed during the year and is calculated in the same way for both types of asset. The income received in respect of this interest charge is paid to the Department of Health as a Trust Debt Remuneration Dividend.

4. Forecast Capital Charges for 2016/17

	£'000
Depreciation	23,176
Trust Debt Remuneration Dividend	8,580
Total	**31,756**

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

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

	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
	vi. To and from Trust reserves	Director of Finance or nominated deputy	
4. ANNUAL ACCOUNTS AND REPORTS			
4a	Preparation of annual accounts and associated financial returns for Board approval	Director of Finance	SFIs section 4.2.1 - 2
4b	Preparation of Annual Report for Board approval	Trust Secretary	SFIs section 4.2.5
4c	Preparation of Quality Report for Board approval	Director of Nursing	SFIs section 4.2.6
5. SERVICE AGREEMENTS FOR THE PROVISION OF HEALTHCARE SERVICES			
5a	Agreeing and signing NHS contracts for the provisions of healthcare services to NHS commissioners, other NHS providers or private organisations	Chief Executive, Deputy Chief Executive or Director of Finance	SFIs section 3.2.7
5b	Agreeing changes and developments within existing contracts for healthcare services	Chief Executive, Deputy Chief Executive or Chief operating Officer with Director of Finance agreement	SFIs section 3.2.8
5c	Service agreement monitoring and reporting	Director of Finance	SFIs section 3.3.2
5d	Service agreement operational management	Clinical Chairs	SFIs section 3.3.5
6. BANKING AND CASH MANAGEMENT			
6a	Opening, operating and controlling all bank accounts referencing the Trust's name of Trust address.	Director of Finance	SFIs section 5.3.2
6b	Day to day operational management of the Trust's bank accounts	Deputy Director of Finance	SFIs section 5.3.6
6c	Determining when to subject commercial banking services to competitive tendering. Organising and evaluating the tender process.	Director of Finance	SFIs section 5.3.9
6d	Approval of bank signatories	Chief Executive or Director of Finance or nominated Senior Finance Manager	
6e	Approval of direct debit or standing order payment arrangements	Director of Finance	SFIs section 5.3.12
6f	Operation of Trust credit/purchasing cards	Director of Finance	SFIs section 5.3.13
6g	Investment of temporary cash surpluses	Director of Finance	SFIs section 5.5
7. EXTERNAL BORROWING AND PDC			
7a	Approval of short term borrowing	Finance Committee	SFIs section 6.2.4
7b	Approval of long term borrowing	Trust Board	SFIs section 6.2.7

	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
7c	Application for borrowing	Director of Finance	SFIs sections 6.2.4 and 6.2.8
8. WORKFORCE AND PAYROLL			
8a	Remuneration and terms of service for Directors	Remuneration Committee	SFIs section 7.2.1
8b	Remuneration and allowances of Chair and Non-Executive Directors	Council of Governors	SFIs section 7.2.4
8c	Approval of implementation of national pay directives and local variations	Director of Workforce and Organisational Development and Director of Finance	SFIs section 7.3.1
8d	Approval of non-payroll rewards to staff	Director of Workforce and Organisational Development and Director of Finance	SFIs section 7.3.4
8e	Appointment of permanent staff (subject to any vacancy control process in place) or extension of fixed term contract		
	i. to funded established post	Budget holder or nominated deputy and divisional finance manager and HR advisor	
	ii. to post not within formal establishment	Divisional Director or nominated deputy and divisional finance manager and HR advisor	
8f	Granting of additional increments to staff outside of national terms and conditions	HR Business Partner	
8g	Banding of new posts or re-banding of existing posts	Divisional/Corporate Director with Trust review panel scrutiny	
8h	Authorisation and notification to payroll of all starters, leavers and changes of conditions for staff	Budget holder or nominated deputy	SFIs section 7.4.1 - 4
8i	Authorisation of all timesheets, overtime, unsocial, oncall, bank shifts and any other approved form to vary pay	Budget holder or nominated deputy	SFIs section 7.5.3
8j	Authorisation and notification to payroll of all absences from work including sickness, special leave, maternity leave, paternity leave, time off in lieu,	Line manager in accordance with agreed policies and processes	SFIs section 7.5.3
8k	Authorisation of medical staff leave of absence	Clinical Chair/Medical Director	SFIs section 7.5.3
8l	Approve annual leave applications and carry forwards to next year		
	i. within national or local Trust approved limits	Line manager	SFIs section 7.5.3
	ii. outside of the limits above	Divisional/Corporate/Executive Director	SFIs section 7.5.3
8m	Approve staff departure		
	i. under compromise agreement	Director of Workforce and Organisational Development and the Director of Finance	SFIs section 15.5.7

	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
	ii. under redundancy scheme	Divisional/Corporate/Executive Director and Director of Finance	
8n	Early retirements in furtherance of efficiency or on ill health grounds.	Director of Workforce and Organisational Development and the Director of Finance	
8p	Authorise benefits in kind	In accordance with Trust policies:	
	i. new or changes to authorised car users	Budget Manager or nominated deputy	
	ii. mobile phones/land lines	Divisional/Corporate/Executive Director	
8q	Authorisation of travel and subsistence claims	Line Manager	SFIs section 7.7.1
8r	Authorisation of relocation expenses	Director of Finance	SFIs section 7.7.1
8s	Engaging staff to undertake work outside of the payroll (subject to contracting/procurement rules):		
	i. for consultancy work (excluding strategic capital projects)	Below £25k gross commitment – Divisional/Corporate Director Above £25k gross commitment – Chief Operating Officer or Corporate Executive Director Over £500k gross commitment – Chief Executive	SFIs section
	ii. to fill a defined post using self-employed, limited company or umbrella professional services agency	For posts on the Trust Board, Divisional Board or those with significant financial responsibility – Chief Executive Other posts over £20 per day and/or over 6 months - Director of Workforce and Organisational Development Other posts below £220 per day and less than 6 months – HR Business Partner	SFIs section 7.6.2 - 3
	iii. using agency or locum staff		
9 CONTRACTING TO PROVIDE GOODS AND SERVICES EXCLUDING SERVICE AGREEMENTS FOR HEALTHCARE SERVICES (SEE SECTION 5)			
9a	Setting of fees and charges		SFIs Section 10.2.6
	i. Private Patients	Director of Finance or nominated deputy	SFIs Section 10.2.7
	ii. Overseas Visitors	Director of Finance or nominated deputy	SFIs Section
	iii. Property rental (excluding residences)	Director of Estates and Facilities	SFIs Section
	iv. Residences	Director of Estates and Facilities	SFIs Section
	v. Trading services	Divisional/Corporate Director or nominated deputy	SFIs Section
	vi. Other income generation	Divisional/Corporate Director or nominated deputy	SFIs Section

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
9b	Agreeing/signing agreement/contract	All require Divisional Finance Manager agreement	SFIs Section 10.2.5
	i. Hosting arrangements	Director of Finance or nominated deputy	
	ii. Research and other grant applications	Director of Finance or nominated deputy	
	iii. Staff secondments	Service Manager	
	iv. Leases	Director of Finance or nominated deputy	
	v. Property rentals (excluding residences)	Below £5k per annum, Service Manager Above £5k and below £100k per annum, Director of Estates and Facilities or nominated deputy Over £100k per annum, Director of Finance or nominated deputy	
	vi. Residences	Residences Manager	
	vii. Peripheral clinics and provider to provider arrangements	Below £25k per annum, Service Manager Above £25k and below £250k per annum, Divisional/Corporate Director or nominated deputy Over £250k per annum, Director of Finance or nominated deputy	
	viii. Trading Services	Below £25k per annum, Service Manager Above £25k and below £250k per annum, Divisional/Corporate Director or nominated deputy Over £250k per annum, Director of Finance or nominated deputy	
	ix. Other income generation	Below £25k per annum, Service Manager Above £25k and below £250k per annum, Divisional/Corporate Director or nominated deputy Over £250k per annum, Director of Finance or nominated deputy	
10 PROCUREMENT OF GOODS AND SERVICES INCLUDING CAPITAL SCHEMES (financial limits exclude VAT and the whole order/contract should be considered) All capital schemes must have been approved as per section 17 before orders/tenders are made) Goods/services will only be available for ordering via EROS once matters referred to under 10a to 10d have been followed – therefore staff requisitioning via EROS need only comply with 10e and 10f			
10a	Obtaining quotes/tendering for the provision of Goods and Services		
	i. Below £5k, best value to be demonstrated	Budget holder	SFI section 13.4.3
	ii. Between £5k and £25k, minimum three quotes to be obtained	Budget holder	SFI section 13.4.2
	iii. Over £25k and upto £1m, minimum three tenders to be obtained	Divisional/Corporate Director	SFI section 13.4.1
	iv. Over £1m, three tenders to be obtained	Trust Board	
10b	Single tender actions – best value to be demonstrated		SFI section 13.4.6
	i. Between £5k and £25k	Divisional/Corporate Director and the Director of Purchasing and Supply	
	ii. Between £25k and £100k	As above plus Director of Finance	
	iii. Over £100k	As above plus Chief Executive	
10c	Waiving of tendering and single tender action procedures	Chief Executive, reported to Audit Committee	SFI section 14.2.2

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
10d	Signing of contract evaluations/contracts/agreements to procure good/services on behalf of the Trust	Following procurement processes described in 10a to 10c above	SFI section 13.2.1
	i. Contract evaluations/contracts/agreements following tendering process above unless specifically referred to below:	Below £25k, service manager Above £25k and below £100k, Divisional Director/Director of Purchasing and Supply Over £100k, Chief Operating Officer/Director of Finance	
	ii. for purchase of healthcare	Below £100k, Divisional Director Over £100k, Chief Operating Officer	
	iii. for property leases	Director of Finance	
	iv. for leases – non property	Director of Finance	
	v. for outsourcing services	Below £100k, Divisional Director Over £100k, Chief Operating Officer and Director of Finance	
	vi. facilities contracts	Director of Estates and Facilities or nominated deputy	
	vii. estates maintenance contracts	Director of Estates and Facilities or nominated deputy	
	viii. capital estates based contracts	Director of Estates and Facilities or nominated deputy, following approval as per section19	
10e	Requisitioning/ordering after procurement and contract/ agreement is in place:	Authorised requisitioner, ensuring segregation of duties from procuring and receipting	
10f	Receipting	Authorised receiptor, ensuring segregation of duties from procuring and ordering	
11 PAYMENT FOR GOODS AND SERVICES (FOLLOWING APPROPRIATE PROCUREMENTPROCESSES)			
11a	Authorisation of invoices for goods and services procured	(applies to all procurement methods, not just EROS)	SFIs section 8.4.1
	i. Where invoice price = order/quote	Budget holder or authorised signatory for the cost centre with regard to segregation of duties between ordering and approving in line with Trust procedures	
	ii. Where invoice price exceeds order/quote upto the lesser of 10% or £5,000	Budget holder	
	iii. Where invoice price exceeds order/quote over 10% or between £5,000 and £25,000	Divisional/Corporate Services Director	
	iv. Where invoice price exceeds order/quote over 10% or over £25,000	Director of Finance	
11b	Prepayments	Director of Finance or nominated deputy	SFIs section 8.5.1
11c	Receipting of goods and services procured via EROS	Budget holder or authorised receiptor for the cost centre, with regard to segregation of duties between ordering and approving in line with Trust procedures.	SFIs section 8.4.1
11c	Maintaining the Trust's authorised signature list	Budget holder to review and advise Deputy Director of Finance to update	SFIs section 8.4.2
11d	Authorisation of expenditure reimbursement via petty cash in line with the Trust's policy.	Below £50 budget holder or nominated deputy Over £50, Divisional Manager	SFIs section 8.7, 9.3.3

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
11e	Agreeing compromise arrangements with suppliers	Below £1k, Deputy Director of Finance Above £1k and below £25k, Director of Finance Above £25k, Finance Committee	SFIs section 8.8
12 STORES AND STOCKS			
12a	System of stock control, receipting, issues, returns and losses	Director of Finance	SFIs section 12.2.5
12b	Control of stores		
	i. Pharmaceutical	Director of Pharmacy	SFIs section 12.2.3
	ii. Fuel stores	Director of Estates and Facilities	SFIs section 12.2.4
	iii. All other stores	Relevant Divisional/Corporate Services Manager	SFIs section 12.2.2
12c	Condemning and disposal of goods (excluding fixed assets – see section x)	All losses must be reported to the Director of Finance in accordance with section 14	
	i. Pharmaceutical Items	Director of Pharmacy	SFIs section 12.2.3
	ii. X-ray films	Head of Radiology	SFIs section 12.2.4
	iii. Computer equipment	Director of Information Management and Technology	
	iv. All other goods with a current/estimate purchase price up to £1k	Relevant Divisional/Corporate Services Manager	SFIs section 12.2.2
	v. All other goods with a current/estimate purchase price between £1k and £25k	Divisional/Corporate Director or nominated deputy	
	vi. All other goods with a current/estimate purchase price over £25k	Director of Finance	
13 LOSSES WRITE OFFS AND SPECIAL PAYMENTS (to be reported to the Audit Committee on a quarterly basis)			
13a	Maintenance of losses and special payments register	Director of Finance	SFIs section 15.2.3
13b	Loss/damage due to theft, fraud, corruption or criminal activity	Chief Executive or Director of Finance	SFIs section 15.2.3
13c	Write off of bad debts, abandoned claims and fruitless payments	Below £1k – Deputy Director of Finance Above £1k and below £50k – Chief Executive Over £50k – Trust Board	SFIs section 15.4.1
13d	Ex-gratia payments to compensate for loss or damage to personal effects or for out of pocket expenses	Below £1k – Deputy Director of Finance Above £1k and below £50k – Chief Executive Over £50k – Trust Board	SFIs section 15.5.2
13e	Personal Injury Claims		SFIs section 15.5.3

	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
	• Up to £10,000	Director of Workforce and Organisational Development or Chief Executive or Director of Finance – without legal advisor	
	• Over £10,000	Director of Workforce and Organisational Development or Chief Executive or Director of Finance – in conjunction with NHS Litigation Authority	
13f	Public Liability Claims		SFIs section 15.5.4
	• Up to £3,000	Divisional/Corporate Director or Chief Executive or Director of Finance – without legal advice	
	• Over £3,000	Divisional/Corporate Director and Chief Executive or Director of Finance – in conjunction with NHS Litigation Authority	
13e	Compensation (no limit) payments made under legal obligation	Chief Executive and Director of Finance	
13f	Maladministration and distress payments where there was no financial loss by the claimant. • Remedy up to £1,000; • Remedy between the value of £1,001 and £50,000; • Remedy over the value of £50,000.	Director of Finance or Deputy Director of Finance Chief Executive Trust Board	SFIs section 15.5.10
13g	Cancellation of NHS debts • Up to £5,000 • Over £5,000	Deputy Director of Finance or Divisional Financial Manager Director of Finance or nominated deputy	
13h	Extra-contractual payments to contractors • Up to £25,000 • Between £25,000 and £100,000 • Over £100,000	Director of Finance or Deputy Director of Finance Chief Executive Trust Board	SFIs section 15.5.11
14 CHARITABLE FUNDS/DONATIONS			
14a	Administration of Trust charitable funds	Above and Beyond	SFIs section 16.2.2
14b	Acceptance of donations of goods or cash from charitable bodies relating to capital defined expenditure	Trust's Capital programme Steering Group	SFIs section 16.2.6
15 AUDIT			
15a	Establishment of an internal audit function	Director of Finance	SFIs section 17.3.1
15b	Appointment of External Auditors	Council of Governors	SFIs section 17.5.2
15c	Implementation of agreed internal and external audit recommendations	Divisional/Corporate Directors	

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
16 INFORMATION MANAGEMENT AND TECHNOLOGY			
16a	Security and accuracy of Trust computerised financial data	Director of Finance	SFIs section 18.2.1
16b	Implementation of new and amendments to existing financial IT systems and approval of any Trust systems with an impact on financial transactions	Director of Finance	SFIs section 18.2.3
16c	Compliance with Freedom of Information Act	Trust solicitor	SFIs section 18.3.1
16d	Implementation, upgrades or changes to general computer systems	Information Management and Technology Committee	SFIs section 18.3.2
17 CAPITAL INVESTMENT AND PRIVATE FINANCING			
17a	Approval of the Trust's Capital Investment Policy annually.	Trust Board	SFIs section 19.2.2
17b	Business case approval – high risk schemes		Capital Investment Policy
	i. >1% of Trust turnover (£5.87m)	Outline and Full business case to be approved by Trust Board and Council of Governors	
	ii. Between 0.25% and 1% of Trust turnover (between £1.47m and £5.87m)	Comprehensive business case to be approved by Trust Board and Council of Governors	
	iii. Less than 0.25% of Trust turnover (less than £1.47m)	Short form business case to be approved by Trust Board and Council of Governors	
17c	Business case approval – other schemes outside of high risk and less than 1% of trust turnover (£5.87m)		Capital Investment Policy
	i. > 0.5% of Trust turnover (between £2.94m and £5.87m)	Comprehensive business case to be approved by Finance Committee	
	ii. Between 0.25% and 0.5% of Trust turnover (between £1.47m and £2.94m)	Comprehensive business case to be approved by Senior Leadership Team	
	iii. Less than 0.25% of Trust turnover (less than £1.47m)	Short form business case to be approved by Capital Programme Steering Group	
17d	Approval of Trust's Medium Term Capital Programme	Trust Board	
17e	Approval of all finance and operating leases	Director of Finance	SFIs Section 19.3.3
17f	Private Finance Initiative	Trust Board	
18 CAPITAL EXPENDITURE – supported by section 10 re procurement			
18a	Approval of Trust's annual capital programme	Trust Board	
18b	Management of the Trust's annual capital programme	Capital Programme Steering Group	
18c	Approval of procurement based schemes within the annual capital programme	Director of Finance	

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
18d	Approval of estates based schemes within the annual capital programme	Director of Finance	
18e	Variations to approved capital schemes		
	i. Upto £250k	Capital programme steering Group	
	ii. Between £250k and £500k,	Senior leadership Team	
	iii. Over £500k	Trust Board	
18f	Procurement of main contractors for estates based capital schemes		
	iv. Below £5k, best value to be demonstrated	Requisitioner	
	v. Between £5k and £25k, three quotes to be obtained	Estates Manager	
	vi. Over £25k and upto £1m, three tenders to be obtained	Director of Estates and Facilities	
	vii. Over £1m	Capital Programme Steering Group	
18g	Enabling works for capital schemes		
	Below £5k, best value to be demonstrated	Requisitioner	
	ii. Between £5k and £25k, three quotes to be obtained or medium term contractor can be used	Estates Manager	
	iii. Over £25k and upto £1m, three tenders to be obtained	Director of Estates and Facilities	
	iv. Over £1m	Capital Programme Steering Group	
18h	Feasibility fees given compliance with 10a and 10b	Director of Estates and Facilities	
19 TRUST ASSETS			
19a	Maintenance of a fixed asset register	Director of Finance	SFIs section 20.2.1
19b	Authority to dispose of (sell or transfer to another organisation or scrap) a fixed asset	Director of Finance	SFIs section 20.5
19c	Security of fixed assets and notification of loss or transfer to another department	Service Manager	SFIs section 20.3
20 RETENTION OF DOCUMENTS			
20a	Retention of records and documents	Relevant Divisional/Corporate Director	
21 RISK MANAGEMENT AND INSURANCE			
21a	Risk management arrangements	Chief Executive	SFIs section 22.2.1
21b	Insurance Policies		
	i. Arranging and ensuring adequate cover	Director of Finance	SFIs section 22.3

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
	ii. Notifying Director of Finance of new or changed risks	All staff	SFIs section 22.3.2
22 GIFTS HOSPITALITY AND SPONSORSHIP			
22a	Maintaining a register of gifts, hospitality and sponsorship	Trust Secretary	SFIs section 23.2.3
22b	Acceptance of gifts		SFIs section 23.3
	i. Business articles less than £25 per gift	Receiving member of staff may accept with no requirement to register	SFIs section 23.3.1
	ii. Gifts over £25 but below £40 per gift or several small gifts of a value over £100 from same source over 12 month period	Receiving member of staff may accept with if declared and registered	SFIs section 23.3.2
	iii. Gifts over £40 per gift	Receiving member of staff should decline or seek Trust Secretary advice	SFIs section 23.3.3
22c	Acceptance of hospitality		SFIs section 23.4
	i. Modest hospitality if normal and reasonable in the circumstances	Receiving member of staff may accept but should refer to line manager or relevant Director if in doubt	SFIs section 23.4.1
	ii. Inappropriate hospitality offers	Member of staff should notify Trust Secretary.	SFIs section 23.4.2
22d	Sponsorship		SFIs section 23.5
	i. Commercial sponsorship for attendance at conference or course	Approval from line manager	SFIs section 23.5.1
	ii. Sponsorship of Trust events	Approval by Trust secretary, contractual agreement signed by Director of Finance	SFIs section 23.5.2
22e	Acceptance of preferential rates or benefits in kind for private transactions with companies with which there have been or could be dealings with on Trust business	Not permissible by any member of staff unless a concessionary agreement negotiated by the Trust or NHS on behalf of all staff.	SFIs section 23.5.5
23 Research and Development			
23a	Authorisation or research funding applications	Director of Finance or designated deputy for funding applications	
23b	Authorisation of commercial research contracts, site agreements, sub-contracts with participating organisations, contract variations and contract amendments.	Director of Research & Innovation or designated deputy	

	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
23c	The West of England Clinical Research Network (CRN:WoE) Decision to provide additional funding to an NHS partner of the CRN:WoE following a request for financial support; Of £50,000 or below In excess of £50,000	 West of England Clinical Research Network Executive Group West of England Clinical Research Network Partnership Group	
24 Other			
24a	Reporting of incidents to the police	Chief Executive, Director of Finance, Chief Internal Auditor	SFIs Section 15.3.2 & 17.3.1c
	▪ general	Appropriate departmental manager – need to inform Divisional Director or relevant Corporate Director as soon as possible. Also inform Local Security Management Specialist	
	▪ where a fraud is involved	Director of Finance or Local Counter Fraud Specialist	Counter Fraud Policy
24b	Compliance with Freedom of Information Act	Trust Secretary	Freedom of Information Policy – December 2009
24c	Grievance procedure/appeals board procedures	Director of Workforce and Organisational Development	Disciplinary Policy Managing Performance Policy Grievance Policy
24d	Dismissal	See Matrix	Disciplinary Policy and Procedure
24e	Authorisation of new drugs or significant change of use of existing drugs	Medicines Advisory Group– see specific guidelines and terms of reference of this committee	
	▪ Request for new drugs require authorisation before purchase	Senior Pharmacy Manager	
	▪ Orders placed to suppliers over £5,000 to be signed	Director of Pharmacy or Pharmacy Purchasing Manager	
	▪ Pharmacy Payment Lists to be authorised ▪ Copy invoices over £10,000 and invoices from NHS bodies to be sent with the Payments Lists to Creditor Payments	Director of Pharmacy or Pharmacy Purchasing Manager or Senior Pharmacy Clerical Officer	
	▪ Pricing agreements and quotations should be authorised	Director of Pharmacy and Pharmacy Purchasing Manager	
	▪ Authorisation of coding slips for invoices and credits requirement payment to be carried out	Senior Clerical Officer	
24g	Patients' & Relatives' Complaints :		
	▪ Overall responsibility for ensuring that all complaints are dealt with effectively	Chief Nurse	

	DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
	▪ Responsibility for ensuring complaints relating to a division are investigated thoroughly	Divisional Director and Head of Nursing / Midwifery	
	▪ Legal Complaints - Co-ordination of their management	Trust Solicitor	
24h	Relationship with the media	Head of Communications who reports to the Chief Executive	
24i	Infection Control and Prevention • Corporate Policy • Divisional and Clinical Delivery	Director of Infection Control and Prevention / Chief Nurse /Clinical Chairs	Standing Orders section 2.10
24j	Governance and Assurance Systems Corporate Risk Register Divisional Risk Registers Quarterly review of Risk Registers Reports on the Risk Registers quarterly Maintenance of the Assurance Framework Quarterly review of Assurance Framework Exception Reports on the Assurance Framework (1/4ly)	 Relevant Executive Directors Divisional Directors and Divisional Managers Risk Management Group Senior Leadership Team Trust Company Secretary Senior Leadership Team Audit Committee	SFIs Section 22
24k	All proposed changes in bed allocation	Chief Operating Officer	
24l	Review of Fire Precautions	Fire Safety Manager	Fire Safety Policy and Fire Standards Procedures and Guidelines
	Review of all statutory compliance: legislation and Health and Safety requirements including control of substances hazardous to health regulations	Director of Estates and Facilities / Health and Safety Advisor	Control of Substances Hazardous to Health (COSHH) Policy
24m	Review of compliance with environmental regulations for example those relating to clean air and waste disposal	Director of Estates and Facilities	Operational Policy for Handling Disposal of Waste – August 2005
24n	Review of Trust's compliance with Data Protection Act	Director of Information Management and Technology	Health Records Policy
24o	Review the Trust's compliance with the Access to Records Act	Director of Information Management and Technology	Health Records Policy
24p	Allocation of sealing in accordance with standing orders	Trust Company Secretary on behalf of the Chief Executive	
24q	The keeping of a Register of Sealing	Trust Company Secretary on behalf of the Chief Executive	Section 8 Standing Orders
24r	Affixing the Seal	Chief Executive (or, should the Chief Executive not be available, another Executive Director not from the contract's originating department) and Director of Finance or Head of Finance	
24s	Clinical Audit	Medical Director	

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
24t	Human Rights Act Compliance	Trust Solicitor	
24u	Equality and Diversity Schemes	Director of Workforce and Organisational Development	
24v	Child Protection	Chief Nurse	Section 2.10 Standing Orders
25 In the case of a Major Incident			
25a	Commitment of resource in the event of a major incident	Executive Director on call	

Appendix 21 - Glossary of Terms

Best Practice Tariffs
Best Practice Tariffs reflect the costs of delivering treatments in line with NICE guidance for example – by undertaking cholecystectomies (gall bladder removal) as a day-case procedure or admitting stroke patients directly to a dedicated stroke unit. They financially incentivise the clinically appropriate model against other treatments for the same condition.

Budget Profile
The budget profile is the likely spending or activity pattern during the time period covered by the budget – for example, the number of patients attending accident and emergency departments will be subject to seasonal variations and so the resources planned to be spent will fluctuate accordingly.

Bristol, North Somerset and South Gloucestershire (BNSSG)
This is a group of Clinical Commissioning Groups, (Bristol, South Gloucestershire and North Somerset) which constitute the 'local economy' i.e. the organisations responsible for commissioning services for local residents.

Financial Sustainability Risk Rating
The Financial Sustainability Risk Rating (FSRR) is NHS Improvement's view of the level of financial risk a foundation trust faces to the ongoing delivery of key NHS services and its overall financial efficiency. The rating ranges from 1, the most serious risk, to 4, the lowest risk. A rating indicating serious risk does not necessarily represent a breach of the provider licence but reflects the degree of financial concern NHS Improvement have about a foundation trust. The financial metrics used to calculate the FSRR are:

- Liquidity;
- Capital service cover;
- Income and expenditure margin; and
- Income and expenditure margin variance from plan.

Depreciation
An accounting charge to represent the use, or wearing out, of assets. As a result the cost of an asset is spread over its useful life.

EBITDA
Earnings before interest, taxation, depreciation and amortisation.

Foundation Trust Annual Financial Reporting Manual
The key document, published annually by Monitor, setting out the framework for the FT's accounts. Now called the Annual Reporting Manual.

Higher Education Funding Council for England (HEFCE)
This is the body responsible for allocating funding for the Educational costs of Medical students to Universities.

Impairment
A decrease in the value of an asset.

International Financial Reporting Standards (IFRS)
The new accounting standards that the NHS has adopted from April 2009.

Market Forces Factor (MFF)
This is a payment supplied to all NHS bodies providing services under the national tariff to account for the geographical variations in the cost of providing healthcare in different parts of the country.

Methicillin Resistant Staphylococcus Aureus (MRSA)
This is the well know infection that can be acquired by patients either in hospital or before admission to hospital.

National Institute for Clinical Excellence (NICE)
The body created to review the introduction of new drugs and techniques in the NHS. When drugs and techniques are approved by NICE the NHS has to ensure implementation within three months of such approval.

NHS England
NHS England leads the NHS in England, sets the priorities and direction of the NHS and encourages and informs the national debate to improve health and care. NHS England shares out more than £100 billion in funds and holds provider organisations to account for spending this money effectively for patients and efficiently for the tax payer. NHS England also commissions health care services in England, for example, contracts for GPs,

pharmacists, and dentists and local health services that are led by groups of GPs called Clinical Commissioning Groups (CCGs). CCGs plan and pay for local services such as hospitals and ambulance services.

NHS Litigation Authority (NHSLA) / Clinical Negligence Scheme for Trusts (CNST)
NHSLA is a special health authority that handles negligence clams and works to improve risk management practices in the NHS. It operations the CNST – a risk pooling scheme that covers all liability arising from medical negligence for employees while operating under their contract of employment with an NHS organisation. The scheme is also available to private providers.

NHS Improvement
NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. NHS Improvement seeks to ensure that providers give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, NHS Improvement intends to help the NHS to meet its short-term challenges and secure its future.

National Programme for Information Technology (NPfIT)
The term used to describe the overall National programme for the various Information Technology systems being implemented e.g. NCRS, PACs.

Non-Current Asset or Liability
An asset or liability the FT expects to hold for more than one year.

North Bristol NHS Trust (NBT)
UH Bristol partner NHS Trust covering the north of the city.

Payment by Results (PBR)
Introduced in 2003 was the system for reimbursing healthcare providers in England for the costs of providing treatment. Based on the linking of a present price to a defined measure of output or activity, it has been superseded by the national tariff.

Picture Archiving and Communication System (PACS)
The Radiology system that uses electronic images instead of film.

Private Finance Initiative (PFI)
This is a method to provide financial support between the public and private sectors.

Statement of Financial Position
Year-end statement prepared by all public and private sector organisations, which shows the net assets controlled by the organisation and how these have been funded. Historically it has also been known as the Balance Sheet.

Public Dividend Capital (PDC)
Taxpayers' equity or the taxpayers' stake in the FT, arising from the government's original investments in NHS trusts when they were first created.

Research and Innovation (R&I)
Funding provided to NHS Trusts in respect of Research and Development activities undertaken over and above the provision of clinical services.

Savings Programme or Cost Improvement Programme
These are savings that are required to be made by NHS Services i.e. they release cash to be used for other purposes – primarily investments. The 2.0% National savings requirement drives this process.

Service Increment for Teaching (SIFT)
The additional funding provided to NHS Trusts for the infrastructure costs of teaching Medical and Dental Students. The funding streams are described as Medical SIFT and Dental SIFT.

Standing Financial Instructions (SFI)
Provides details of the financial responsibilities policies and procedures to be adopted by the Trust.

Trust Debt Remuneration (TDR)
This is effectively the interest charge on Public Dividend Capital paid by NHS Trusts to the Department of Health.

Note: NHS Trusts include NHS Foundation Trusts

Cover report to the Board of Directors meeting held in Public
To be held on Thursday 28 April 2016 at 11.00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
17. Finance Committee Chair's Report									
Sponsor and Author(s)									
Sponsor & Author: Lisa Gardner, Non-Executive Director and Chair of the Finance Committee									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	
Executive Summary									
Purpose To provide assurance that the Finance Committee are meeting in accordance with their terms of reference and to advise on the business transacted at the meeting held on 25 April.									
Recommendations									
None.									
Impact Upon Board Assurance Framework									
Impact Upon Corporate Risk									
Implications (Regulatory/Legal)									
Equality & Patient Impact									
Resource Implications									

Finance	✓	Information Management & Technology	
Human Resources		Buildings	

Action/Decision Required							
For Decision		For Assurance	✓	For Approval		For Information	

Date the paper was presented to previous Committees					
Quality & Outcomes Committee	**Finance Committee**	**Audit Committee**	**Remuneration & Nomination Committee**	**Senior Leadership Team**	**Other (specify)**

Report to the Board of Directors meeting

From Finance Committee Chair Lisa Gardner

This report describes the business conducted at the Finance Committee held on 25 April, indicating the challenges made and the assurances received.

Non-Exec Directors in Attendance: Lisa Gardner (LG), Jill Youds (JY), Julian Dennis (JD), John Savage (JS), Emma Woollett (EW), David Armstrong (DA)

Item	Key Points	Challenges	Assurance
Matters Arising from Minutes	Performance/productivity opportunities in specialities to be taken to the Savings Board		Deborah Lee (DL) advised it had been taken to Savings Board who are keen to progress and liked the methodology. Need to work through resource implications e.g. Cardiology is focus for Specialised Services and they can support, but the review is across board for W&C who will need support. It is being considered whether future consultant appointments/ replacements require productivity consideration as part of business case.
	Attendance of SHN Divisional team will be at the June meeting to cover operating plan and new ways of working	(DL) sought clarification re the format of presentation and timescale (LG) asked whether new Head of Nursing could attend	(LG) Agreed 20 mins to include questions and a few slides would be an acceptable format. (DL) agreed

Briefing Reports Operational Plan & Resources Book	Paul Mapson (PM) presented the Operational Plan and Resources Book. Both gave the same message, the Resources Book is more detailed. Advised approach was to include sustainability funding but reject the control total following informal conversations. Centre has since indicated this would be a correct assumption. Accepting sustainability funding means we can limit fines. Need to be aware the plan may change significantly in the near future given the volatility of national discussions. Trust will not commit I&E surplus to spend on capital until the position becomes clearer in year. NHS England are moving towards a more sensible approach to contract agreements. Challenges to the plan are nursing spend and agency caps, savings, cost pressures and delivery of activity.	(JY) Re savings, noted £16.4m achieved for 15/16, gap of £5m in plans for 16/17. Will non-recurrent savings play into this? How concerned are we at this position? (JD) Asked what the Commissioners are doing to assist with managing pressures on the system. (DA) is there a breakdown of the £13m sustainability funding? (LG) Are there any further workforce issues that need to be considered? (JY) Reflected that if the supply of nursing is right figure it is then about turnover.	(PM) Right to be concerned. Hope to achieve nursing figures. Will need to find non-recurrent savings to assist in year position as is always the case. Need to focus on Carter review and hot spots in the Savings Board to identify and realise additional savings. Carter review is a good framework for this. (DL) Two Divisions have large shortfalls, SHN is discussing what practical support is required to assist with savings and who is best placed to do this. Concern still within W&C. There are gaps in operating plans and three divisions have been asked to reduce theirs by £0.5m by next submission. (DL)Trust has agreed activity levels with the CCGs with a normal level of assumed higher level of activity than the CCGs plan for, so scale of risk is low. NHS England is still unclear. (PM) It's a specific fund that we will either receive or not. (SD) It is understood that agency requirements are for a number of reasons (sickness, absence, rostering) will be tracked on a dashboard which will support the understanding and control.

		(JY) asked whether there is an estimate of numbers of apprenticeships. (LG) queried whether there were any additional performance issues to be considered. (JY) questioned the positive slant of operating plan. (LG) Will the Resources Book change in future – there were two iterations last year? (LG) Requested confirmation Trust was a going concern	(SD) 30 originally but may be increasing. (DL) Activity – expecting funds will be released quarterly in areas. Have had 4 different iterations of guidance. Have forecast trajectories but the ambition required is very high. Have submitted prudent plans. A&E and cancer targets are the concern. (PM) it's externally facing report and necessities positive approach to then hold others to account, Will need to report more effectively for 2017/18 and this will develop in quarter 1. (PM) only if control total / sustainability changes but will bring report rather than revised resources book (All) agreed

Finance Directors Report	PM presented year-end figures. Month 12 activity is estimated to provide the estimated income for month12 – as is always the case. There have been no Commissioner challenges about these estimates. Have conceded a number of Commissioner challenges regarding fines – including on service transferred from NBT. Nursing run rate is of great concern going into 2016/17.	(EW) Why weren't the challenges picked up when the service (specialist paediatrics) was at NBT? (DA) Are we expecting Divisions to be break-even in 16/17? How will the reality play out given we are so overspent on 15/16 outturn. Agency spend appears to be the greatest risk. (JY) Needed greater granularity in demand / supply of nursing.	(PM) Information and approach to fining has changed and a specialist review had been commissioned by NHS England which had picked this up. (PM) Operating plans are not balanced, working towards it. This has to be the assumption. (PM) Have put £4m into the underlying position plus tracking operating plans. (DL) Issue is also activity in the first few months last year was below run rate; we are not starting from this position in 16/17. (PM) Demand for nursing hours is the driver so need to control sickness, 1:1s etc. as a package. (SD) In May will have quarterly report for consideration showing supply and demand. (DL) need agency control report as well to understand whole picture.

		(DA) Welcomed explanation and need to focus on reporting and control mechanism. Questioned that the Carter review analysis showed the Trust had higher baseline nursing levels. (EW) if you reduce establishment it could reduce use of agency but this may need to be at specialty level. (JD) supports this approach (JS) Noted the success of delivering a balanced position for the 14th year in a row with hospitals that function well.	(DL) Focus has to be on controlling agency to maintain substantive staff morale – higher baseline shows this is achievable. She noted that if the agencies will not reduce their prices, then we would have to adjust our volumes. (PM) need to focus on rostering and controlling cover built into higher start point for ratios. Need to stick to establishment there is no need to reduce. (PM) agreed but we need to establish the 'norm' without changing establishments. Control needs to be through minimum staffing levels, rather than establishment reductions. (DL) Assured there was a controlled process before getting in agency but need to get all staff to consider the need to fill a shift automatically.

Matters Arising - BMT Report	(DB) presented the report.	(JD) questioned whether small paediatric numbers can support the analysis of actual against plans in graph format? Should a rolling mean be used?	(PM) Agreed and advised that the Trust is able to weather a poor year but consideration of smoothing the position given the length of stay of patients and when the income is received may be considered.

		(EW) Can we redeploy the BMT staff if activity is low?	(DL) Can work into the wider bed base in the unit, but they are highly specialised they can't be transferred into other highly specialised areas. (PM) Long length of stay necessitates use of nurses without more income coming through, so nurses may not be 'surplus'. (DL) Confirmed during low activity periods, the BMT specialist beds are 'squeezed' and used for other specialties.
		(DA) The report describes no changes in referral patterns and only an occasional capacity issue so can only affect demand to develop service further. (EW) Does blue line equate to 6 BMT patients (DB) We are trying to increase demand but considered whether there is a risk from overseas competitors. (DA) requested an update in three	Robert Woolley (RW) Agreed and this was the plan described, it is an area of volatility. (DL) we manage the 'pipeline' and plan activity. (RW) yes (PM) There is anecdotal information that referrals come from staff previously based here. (RW) Highly specialised services

		months' time on plans.	so new entrants are restricted and there are geographical restrictions.
Contract Income and Activity Report	Richard Smith (RS) presented the report. No significant changes from previous months.	No questions	
Divisional Financial Reports	DB presented reports	(LG) Looking at cardiac activity increase for next year, is this likely? (LG) Who is leading this? (DA) Is the use of real estate a big part of this?	(PM) No agencies are complying with the caps. (PM) There is an issue re activity levels given we maintain a lower level with no increase in waiting times, the Commissioners have rightly questioned assumed activity for 16/17. There will be a review in 6 months' time. The activity is moving activity towards cardiology. (RW) need to review with a strategic approach including reviewing referrals elsewhere. (DL) Part of Divisional Strategy. Focus is to deliver this year's plan. Need to protect the bed base when capacity issues occur elsewhere. The critical care bottlenecks need to be reviewed. (DL)It's part of a wider strategy which also includes workforce.

Savings Programme	(DB) presented the report. Overachievement apart from SHN & W&C. Unidentified CIPs at start of the year was the level of under achievement at the end. Lack of new schemes in year gives same issues for 16/17. Expecting improvement in next submission. Saving Board focussed on new ideas and there is an action plan . Discussed Carter review.	(EW) Medical staff productivity is still an issue. Is it unrealistic to expect these savings? Job Planning is understood, delivery is the issue. (DA) Need to look and think laterally and consider technology and investment to make savings. Tools and technologies could untapp areas to review.	(DL) Linked challenge to ENT review and use of this approach in other specialities. This will assist in medical productivity savings (SD) Waiting lists were part of this as they are part of the culture and work has been done to standardise rates and definitions.
Capital Programme	Kate Parraman (KP) presented report.	There were no questions.	
CPSG minutes	Jeremy Spearing presented the minutes	(EW) queried the risk on the KEB scheme. (DA) When reviewing capital applications there is a need to consider savings, even if the answer is none, this would bring a change in psychology.	(DL) Slight risk may incur penalties. Looking at mitigation. (DL) This is part of the process; there is a requirement of requests to identify savings but we do not go back through the benefits /realisation loop.
Statement of Financial Position & Treasury Management	(KP) presented report.	There were no questions	
Q4 Submission	(JS) presented report	There was no concern	
Any other business	None		

Cover report to the Board of Directors meeting held in Public
To be held on Thursday 28 April 2016 at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
18. Quarterly Capital Projects Status Report									
Sponsor and Author(s)									
Sponsor: Deborah Lee, Chief Operating Officer / Deputy Chief Executive **Author**: Andy Headdon, Strategic Development Programme Director									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	
Executive Summary									
Purpose The purpose of this report is to update the Board on the progress, issues and risks' arising from the Trust's remaining major capital developments which are governed through the Estates Capital Project Team and associated programme infrastructure. Key issues to note • Decommissioning of Old Building and office accommodation projects all on programme with the exception of levels 8&9 of Queen which remains dependent on histopathology and Public Health England relocating to NBT. • Queens facade on programme to complete in June with external signage due to be installed in next 4 weeks. • KEB currently has some programme pressures which require on-going management to ensure no further slippage. • Programme remains within budget, but still some issues to resolve with HMRC regarding VAT recovery on completed major strategic schemes.									
Recommendations									
The Board is asked to receive this update for **assurance** that the strategic development is on track and being effectively governed.									
Impact Upon Board Assurance Framework									
Central to delivery of strategic objective 2.1									
Impact Upon Corporate Risk									
N/A									
Implications (Regulatory/Legal)									
N/A									
Equality & Patient Impact									
N/A									

Resource Implications			
Finance	**X**	Information Management & Technology	
Human Resources		Buildings	**X**

Action/Decision Required							
For Decision		For Assurance	✓	For Approval		For Information	

Date report submitted to other sub-committee				
Finance Committee	**Quality and Outcomes Committee**	**Remuneration & Nomination Committee**	**Senior Leadership Team**	**Other (specify)**

STRATEGIC DEVELOPMENT QUARTERLY STATUS REPORT
Quarter 4
28th April 2016 Trust Board

1. Introduction

This status report provides a summary update for Quarter 4 on the Trust's strategic capital schemes, all of which are managed through their respective project boards, which in turn report to the Senior Leadership Team.

2. Project Updates

Bristol Royal Infirmary Redevelopment Phase 3, Centralisation of Specialist Paediatrics and the Bristol Haematology and Oncology Centre have all completed, with final accounts settled and final submissions in progress with HMRC to finalise VAT recovery amounts.

BRISTOL ROYAL INFIRMARY Phase 4 and Queens Facade		
1	**Decisions required**	None
2	**Progress**	**Old Building** Decommissioning of the Old building is progressing in line with the programme to vacate departments, with Hospital Radio, Medical Physics, Home Management Services, Medicine Division teams and SW Critical Care Network being located to their new locations within the period. A contractor has been appointed for the scheme to disconnect of all services by the vacant possession date of Oct 2106 and is on programme to complete. Discussion is on-going with utilities regarding the final routes for high voltage cable diversions, but this in not seen as a major issue. Unite have advised they require early access to the rear courtyard by 1st August to commence demolition works and a plan is in place to relocate all staff affected. **Contractors Site Village/ Office accommodation** A contract has been let for the works to the site village for temporary office accommodation with staff moving to this location in June. Additional space has been taken at Whitefriars Offices (offsite accommodation in central Bristol) to meet the requirements of the Human Resources department and to provide a new location for the Staff Counselling service and this is planned to be occupied by May/June. Plans to progress a scheme to convert levels 8&9 of the Queens building continue with department layouts now agreed, but remains dependent on the relocation to NBT of Pathology (scheduled for end April) and Public Health England in June /July. Unite have agreed to fund temporary short term accommodation in Whitefriars to assist the management of any slippage and to facilitate early access to the Old Building Courtyard.

<table>
<tr><td></td><td></td><td colspan="2">The conversion of 24 Upper Maudlin Street (owned by Above & Beyond) has been tendered and work is to commence shortly, which will also provide additional office accommodation for staff working in the Children's Hospital.

BRI Phase 4

Refurbishment of King Edward Building is now fully under way with works progressing in all areas.

The contract programme has some pressure but remains on programme to deliver the new departments in late September 2016, which allows vacation of the Old Building site by the contracted date of 1st October, but with no contingency now for further slippage. This will require continued careful management to ensure there is no further slippage to the contract programme.

Queens Façade

The main façade works are 99% complete with minor detailing to be completed. The free standing screen has progressed following sign off by the planners, as has the works to the courtyard area.

The scheme is on target to complete in June however the completion of the remaining internal works to 47 windows on level 6 wards has been delayed until August due to operational pressures. This will require the contractor to return to site to complete this element.

The external signage has received planning consent; however the proposed lighting to the high level sign was rejected. This will be subject to a further planning application in due course. Installation dates are awaited from the appointed contractor, but expected imminently.</td></tr>
<tr><td>3</td><td>Budget</td><td colspan="2">A total capital allocation for Phase4 and the Façade of £28.454m is in the capital programme which includes funding for façade and assumes charitable funding support of £2m. The project is currently within budget.

The final account has been settled on the major strategic schemes and final submissions made to HMRC to agree VAT recovery amounts, however discussions remain on-going with HMRC to finally conclude these issues.</td></tr>
<tr><td>4</td><td>Programme</td><td colspan="2">The phase 4 programme remains on programme to achieve the required vacation date of the Old Building however the slippage on previous schemes has created some programme pressures that require careful management to avoid any financial penalties arising from not vacating the Old Building.</td></tr>
<tr><td rowspan="2">5</td><td rowspan="2">Risks</td><td>Risk</td><td>Mitigation Actions</td></tr>
<tr><td>Programme is not delivered to time or cost with resulting operational impacts for both KEB and level 8&9 Queens</td><td>Additional external project management support has been retained to oversee largest projects to strengthen project management arrangements. Additionally the Strategic Development Programme</td></tr>
</table>

			Director has temporarily taken over management responsibility for all capital works to support the Director of Facilities and Estates.

3. Conclusion

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

Author: Andy Headdon, Strategic Development Programme Director
Date updated: 12.04.2016

Cover report to the Board of Directors meeting held in public
To be held on Thursday 28 April 2016 at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
19. Board Assurance Framework Report – Quarter 4 Update									
Sponsor and Author(s)									
Sponsor: Robert Woolley, Chief Executive **Author:** Brian Courtney, Interim Trust Secretary									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	

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 BAF now includes reference to the Corporate and Divisional Risk Registers where appropriate, and reference to Internal Audits in order to provide assurance that the Trust's principle objectives and risks are considered as part of the Internal Audit planning process and internal control.

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.

The BAF also details the residual risk to achieving annual objectives. This is a RAG rating as Red (expectation that the annual objective is unlikely to be achieved at the year-end), Amber (expectation that the annual objective is likely to be partially achieved at the end year-end) and Green (expectation that the annual objective will be fully achieved at the year-end).

Key issues to note:

- The BAF has been updated to provide a summary of the final position for 2015/16. This sets out the degree to which strategic and annual objectives have been delivered in 2015/16.

Recommendations

The Board is asked to approve the Quarter 4 Board Assurance Framework and note the changes to progress towards achievement of the Trust's strategic and annual objectives.

Impact Upon Board Assurance Framework

N/A

Impact Upon Corporate Risk

Corporate Risks contained within the Corporate Risk Register are included in the Board Assurance Framework, where applicable, to provide further assurance as to the actions taken to mitigate risks.

<table>
<tr><th colspan="10">Implications (Regulatory/Legal)</th></tr>
<tr><td colspan="10">N/A</td></tr>
<tr><th colspan="10">Equality & Patient Impact</th></tr>
<tr><td colspan="10">N/A</td></tr>
<tr><th colspan="10">Resource Implications</th></tr>
<tr><td colspan="4">Finance</td><td></td><td colspan="4">Information Management & Technology</td><td></td></tr>
<tr><td colspan="4">Human Resources</td><td></td><td colspan="4">Buildings</td><td></td></tr>
<tr><th colspan="10">Action/Decision Required</th></tr>
<tr><td>For Decision</td><td></td><td>For Assurance</td><td></td><td>For Approval</td><td>✓</td><td>For Information</td><td></td><td colspan="2"></td></tr>
<tr><th colspan="2">Finance Committee</th><th colspan="2">Audit Committee</th><th colspan="2">Quality and Outcomes Committee</th><th colspan="2">Senior Leadership Team</th><th colspan="2">Risk Management Group</th></tr>
<tr><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td></tr>
</table>

Reference	Strategic Objectives	Annual Objective 2015 - 16	Key Activities 2015/16	Progress Towards Achievement of 2015-16 Objective %	Progress Towards Achievement - Narrative	Current risks to achieving Annual Objectives 2015-16	How are the risks to achievement being mitigated? (controls)	Source of Assurance (Internal and External) that Risks are Actively Managed	Residual Risk To Achieving Annual Objective	Risk Register Reference (if applicable)	Executive Owner	Executive Management Group and Date last reviewed	Date last reviewed at Monitoring Group
1	We will consistently deliver high quality individual care, delivered with compassion.	**1.1.** To improve patient experience by ensuring patients have access to care when they need it and are discharged as soon as they are medically fit. We will achieve this by delivering the agreed changes to our Operating Model and our work with system partners.	Focus the improving early discharge (time of day) and reducing delayed discharges integrated discharge processes, team and hub. Undertake a review of the need for, and nature of, further additional out of hospital capacity and notably "discharge to assess" capacity. Introduce changes in the unscheduled care pathways which improve flow and promote prompt discharge including roll out of Ward Processes to all wards. Maintain and further develop the Planned Care model across surgical areas to improve throughput, efficiency and patient and staff experience. Deliver an agreed programme across surgical services in the Bristol Royal Hospital for Children (BRHC) to improve efficiency and throughput and align capacity and demand. Review adult critical care provision across the organisation with the aim of eliminating cancelled operations due to access to critical care. Plan and deliver Breaking the Cycle Together events to further embed the SAFER bundle across the Trust and support improvements introduced by the Operating Model projects.	25-50%	Initial improvements in delayed discharges have not been sustained in recent months despite a number of changes to the Operating Model. This reflects both increases in demand and capacity constraints in community services. The Trust has now signed Heads of Terms with a third party to deliver an out of hospital acute care model and work continues to promote effectiveness of Discharge To Assess pathways.	Risk that system partners do not sustain their focus on UH Bristol pathways and flow. Risk of a reduction in bed base of NBT, RUH and Clevedon. Risk relating to the recommissioning of large volume of homecare providers and significant shortfall in hospital based social work.	Urgent Care Working Group actively managing risks and developing mitigation plans. Weekly operational meetings with system partners to enable early escalation of emerging issues. Daily Alamac calls to enable cross partner discussion regarding flow and operational issues.	UCWG holds Bristol system risk register, and SRG holds BNSSG wide risk oversight. UH Bristol Executive Directors represented on both groups. Internal Audit: 28-14 Theatre Utilisation; 06-15 Discharge Planning; and 28-16 Urgent Care Recovery Plan	A	Corporate Risk Register Reference: 423; 801, 961 and 1366; Divisional Risk Register Reference: 1145	Chief Operating Officer	Senior Leadership Team (SLT)	Unschedule Care & Discharge Group January 2016
		1.2. To ensure patients receive evidence based care by achieving compliance with all key requirements of the service specifications for nationally defined specialist services or agree derogation with commissioners	Deliver action plan to achieve compliance with all areas where derogation has not been agreed, in line with timescales set by commissioners and mitigate any risks associated with on-going non-compliance.	75% - 100%	Trust largely compliant with all key requirements of national service specifications with a number of small exceptions where derogations were included in the 2015/16. Where non-compliance persists, risk assessments have been undertaken with no residual high risks remaining.	Paediatric Congenital Heart Disease - Risk that the number of centres being proposed for Congenital Heart Disease acts as a barrier to any individual centre to achieve required compliance. Risk that external expressions of interest will not be agreed by commissioners for investment in required staff to meet standards from April 2016.	Specific standard relating to number of cases derogated for three years until April 2019. Discussions regarding external expressions of interest to manage through 2016/17 contract round. Specifically highlighted as a risk to service specification compliance.	NHS England Commissioning Planning Group Internal Audit: 01-14 Quality Accounts review; 01-15 Quality Accounts; and 23-15 Management of Commissioning Contracts	G	Corporate Risk Register reference 856 Divisional Risk Register Reference: 872	Director of Strategy & Transformation	SLT via Clinical Strategy Group (CSG)	23/09/2015
		1.3. To address existing shortcomings in the quality of care and exceed national standards in areas where the Trust is performing well.	Delivery the quality improvements as per the 2015/16 CQUIN schedule. Deliver all annual quality objectives described in the Trust's quality report To ensure services are compliant with national quality standards including compliance with the draft standards for paediatric cardiac services	50% - 75%	Good progress on quality objectives with the exception of those that are "flow" related including Last Minute Cancelled Operations and the number of patients cared for in the right setting. These will remain quality objectives for 2016/17.	Risk of non-acheivement of the CQUIN quality improvements. Risk of non-acheivement of the Trust's Corporate Quality Objectives by year-end. Current prediction is that objectives relating to minimising inappropriate patient moves between wards, and improving patient discharge, will not be achieved. Risk of non-compliance with National Standards for Paediatric Cardiac Services.	Cancelled operations performance continues to be monitored through divisional performance reporting; patient moves performance continues to be monitored through the emergency access steering group; and patient discharge performance continues to be monitored through the Transformation Board. Arrangements in place for the ongoing review of compliance against national standards to be reported via the Quality and Outcomes Committee initially and the Clinical Quality Group thereafter.	Divisional performance reporting; Emergency Access Steering Group; Transformation Board; reporting via QoC/Board; CQUIN reports to CQG; reviews of standards of care by CQG; and Commissioners quality meeting. Internal Audit: 19-13 Clinical Audit of Histopathology; 21-13 SI & Incident Process; 10-14 MRSA Screening; 16-14 Consent from Vulnerable Adults/Speaking out over concerns of treatment of children; 24-14 Removing Health Inequalities; 25-14 Prescribing; 26-14 ED Performance Indicators; 31-14 Q&P CQUINS; 03-15 Operation of WHO Checklist; 15-15 Cleanliness Monitoring & Actions; 21-15 Meeting Nutritional Needs; 24-15 Q&P Management; 25-15 Patient Experience – Dementia; 15-16 Child Death Review Process; and 28-16 Urgent Care Recovery Plan	A	Corporate Risk Register Reference: 919 and 991	Medical Director/ Chief Nurse	SLT and CQG for CQUINs CQG for Quality Objectives; Quality and Outcomes Committee (QoC) and CQG for National Paediatric Cardiac Standards	SLT 20/1/16 CQG 7/1/16 CQC and QoC for National Standards to be confirmed following review

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		1.4. To ensure the Trust's reputation reflects the quality of the services it provides	Subject to resources, review and redevelop the Trust website to promote the Trust to as wide a group of stakeholders as possible. Work proactively with media and other key stakeholders to actively promote positive coverage of the Trust's activities.	50% - 75%	The Trust has suffered some reputational damage following national media coverage of matters affecting the Children's Hospital. The Trust has continued to influence reporting of potentially adverse coverage and has done this with some success throughout the year. Significant engagement with a number of programme makers has resulted in several nationally promoted positive features on the trust and notably BRHC. The balance of media has been overwhelmingly positive in the year.	Risk of funding not being achieved. Media work - negative events are extensively reported in the media - risk that we cannot maintain the same level of proactive work.	Substantial maintenance being done on current website to ensure it remains functional. Media - maintaining good relationships with the local media to maintain balanced reporting of negative events. Looking at longer term coverage that would not be as affected by short term negative events. Recent adverse coverage by national media in relation to BRHC but balancing coverage also acheived.	All media coverage is monitored and classified (positive/negative/neutral). Monthly Comms report to SLT. Internal Audit: 08-14 Clinical Audit Governance; 19-14 Learning from Complaints; 27-14 Friends & Family Test; and 15-16 Child Death Review Process.	A	Divisional Risk Register Reference: 869	Deputy CEO	Senior Leadership Team	16/12/2015
		1.5. Reduce avoidable harm by 50% and to reduce mortality by a further 10% by 2018.	Successful programme management of Trust Patient Safety Improvement Programme - deliver on process improvement measures and outcomes.	50 - 75%	The launch of Trust's Patient Safety Improvement Programme took place in July 2015, with the initial meeting of the Patient Safety Programme Board held on 24/11/2015. Work streams have been established and progress will report to the Quality and Outcomes Committee on a quarterly basis from January 2016, following deferral of the initial update in December. Precise measures for all programme work streams have been developed. Mortality outcomes to be measured by SHMI and avoidable harm to be measured by adverse event rate.	Risk of a reduced momentum due to lack of recources in the central patient safety team. Risk of the failure to identify and implement effective actions and reduce harm. Risk of a lack of focus on, and understanding of, reduction on 'avoidable' deaths	Ongoing fixed term resource in place to support the Patient Safety Programme. Robust processes are in place to identify causes of harm including the Serious Incident and Root Cause Analysis process. Increase understanding of 'avoidable' deaths.	Patient Safety Programme reports to the Patient Safety Group (PSG) and QoC.	G	Not currently applicable	Medical Director	Patient Safety Group Quality and Outcomes Committee	22/07/2015 QoC 27/1/16
2	We will ensure a safe, friendly and modern environment for our patients and our staff	**2.1.** To successfully complete phase 4 of the BRI Redevelopment	Complete the ward re-furbishments in Queens Building. Complete the refurbishment of the outpatient departments in the King Edward Building. Staff Restaurant opened Q1. Identify and implement solution for office accommodation, aligned to vacation of Old Building. Successfully deliver Queen's Building Façade Project.	100%	Complete – delivered on time and in budget	Risk of failure to successfully mobilise contingency plan for clearing Old Building of all services. Risk of further delay to service transfers. Risk of the failure to address budget constraints associated with KEB work programme.	Redevelopment Board (RB) continues to have oversight of all Phase 4 risks, and is responsible for developing actions to adequately mitigate risks.	Project Risk Register presented to RB on monthly basis. External Gateway Review GREEN rated, providing assurance re approach to project and risk management. Internal Audit: 07-16 Redevelopment Projects	G	Not currently applicable	Chief Operating Officer	BRI Redevelopment Group	21/12/2015
		2.2. Ensure Emergency Planning processes for the Trust are 'fit for purpose' and that recommendations from internal and external audit have been implemented	Review and restructure as appropriate the Civil Contingencies Committee and its sub groups (Major Incident Planning, Business Continuity and Communicable Disease). Embed and test for revised Major Incident Plan.	25% - 50%	Following changes to the leadership and team, significant work is in train to strengthen and develop the function. Notably the documentation and evidence, to secure external assurance but the Trust remains non-compliant in the areas of Emergency Planning training and plans are in train to address this.	Risk of a lack of input from divisions and clinical teams during periods of operational pressure.	New resilience Manager in post work programme agreed. Development of overarching Emergency Preparedness Resilience and Response strategy (EPRR) to bring together all aspects of this agenda. EPRR self-assessment submitted and response demonstrates signifcant non-compliance in some areas, largely in respect of paperwork. Work in hand to address non-compliance with first milestone end of Q4. EPRR self-assessment and review with NHS E complete and gaps identified relating primarily to out of date plans, or lack of training and exercising of plans.	Internal Audit: 03-14 Emergency Planning & Business Continuity. NHSE External Assessment confirms gaps in compliance.	R	TBC - Risk entry pending	Chief Operating Officer	Senior Leadership Team	CCSG January 2016
		2.3. Set out the future direction for the Trust's Estate	Agree and implement approach to future of Old Building Site.	75% - 100%	Sale agreed and completed with all funds received. Vacant possession date agreed as 1st October 2016.	Risk of inability to secure a transaction that reflects best value or development partner not able to be identified in timeline to support current decommissioning timeline.	External advisers (HTC) and District Valuer (DV) engaged to provide advice to capital team. Pre-application discussions with planners established. Governance structure and terms of reference in place to monitor and review progress.	DV and HTC have provided 3rd party assurance regarding Trust approach and value expectations. Capital Programme Steering Group. Internal Audit: 07-15 Estates Management Service; and 12-15 Business Planning & Capital Prioritisation.	A	Not currently applicable	Chief Operating Officer	Senior Leadership Team	16/12/2015
			Scope future priorities for refurbishment of remaining estate post BRI Redevelopment and incorporate into forward strategic capital programme - Campus Phase V.	75% - 100%	Process for Phase V evaluation being developed but programme on hold pending clarification of available capital. Multi-storey car park outline business case approved.								
			Agree and implement revised governance arrangements for forward capital programme.	75% - 100%	Strategy agreed and key 2015/16 milestone delivered which was sale of Old Building.								
3		**3.1.** Developing Leadership and Management Capability: Deliver a comprehensive approach to leadership and management training and development. The immediate focus will be front line supervisory and managerial roles across the Trust.	Roll-out new internal Leadership Programme for front line managers and supervisors following on from pilot. Launch monthly Leadership masterclasses based on the leadership healthcare competency model. These workshops encourage leaders to 'make leadership real in practice' and work as a community/action learning set to develop and consolidate skills. Use the Teaching and Learning system to record appraisals and support individuals with their learning records.	50% - 75%	The programme for supervisors and team leaders has been developed in partnership with our stakeholders and went live in January 2016. We have two full cohorts of 20 in each group going through a modular programme. The Leadership Masterclasses continue to run monthly and have been evaluated and are receiving excellent feedback. These will continue throughout 2016	Risk that we do not improve the capability of front line leaders as approach not targetted effectively.	A review of approach to leadership development is underway focussing on ensuring we are clear about capability gaps. Stakeholder meetings are underway and improvements have been introduced including a new website to target leadership groups and self-service leadership development.	Risks are managed through the Workforce & OD group and Transformation Board. Internal Audit: 10-15 Leadership on Wards.	A	Not currently applicable	Director of Workforce & OD	Senior Leadership Team 23/9/15 and Executive Team meeting 12/11/2015	Transformation Board 3/8/15, Staff Engagement & Leadership sub-group 26/8/15, Workforce & OD Group 25/9/15

Reference	Strategic Objectives	Annual Objective 2015 - 16	Key Activities 2015/16	Progress Towards Achievement of 2015-16 Objective %	Progress Towards Achievement - Narrative	Current risks to achieving Annual Objectives 2015-16	How are the risks to achievement being mitigated? (controls)	Source of Assurance (Internal and External) that Risks are Actively Managed	Residual Risk To Achieving Annual Objective	Risk Register Reference (if applicable)	Executive Owner	Executive Management Group and Date last reviewed	Date last reviewed at Monitoring Group
	We will strive to employ the best and help all our staff fulfil their individual potential.		Develop a 'development centre' approach for managers and leaders to enable them to understand and map their competencies and enable them to plan their development to support the Trusts priorities.										
		3.2. Staff Engagement: Improve two way communication, including a programme of listening events	a) Ensure the programme of listening events are responding to local actions to support staff survey outcomes. b) Develop with divisions other interactions that support listening opportunities for staff. c) Achieve a better understanding of staff concerns/issues by drilling down from themes of the Staff Survey. d) Undertake more regular pulse checks and ensure actions are fully and accurately reflected in Divisional Plans.	50% - 75%	Structured programme of listening events held corporately and mirrored within Divisions. Significant focus put on visible leadership by SLT and Divisional Management teams. Improvements made to leaders and staff briefings, including videos.	Risk that staff engagement does not improve as listening events not prioritised and/or not well attended. Failture to act on feedback.	Staff Experience/ Leadership Development Group debating the management of risk to the agenda. Recommendations are under consideration and will be shared with Workforce and OD group/SLT.	National Staff Survey findings. Staff Experience and Leadership Development Sub-Group, Workforce and OD group and Transformation Board	A	Corporate Risk Register Reference: 793	Director of Workforce & OD	SLT strategy session 4/11/2015	Workforce & OD Group September 2015 Staff Engagement Leadership Group 22/12/2015
			Conducted a full census staff survey. Carry out more regular pulse checks and ensure actions are fully and accurately reflected in Divisional plans.										
		3.3. Recruiting and retaining the best. Key priority; develop a structured marketing approach which is tailored to target staff groups, improve the speed of recruitment application to appointment	Identify and implement improvements within the end to end recruitment process, focussing particularly on the known areas of inefficiency.	50% - 75%	Innovative structured marketing campaigns run during 2015/16 covering wide range of roles, including difficult to recruit, eg theatres and ICU. New recruitment system introduced (TRAC) and KPI for time to recruit piloted.	Risk that the Trust fails to recruit and retain staff to key staff groups due to national shortages; timeliness of recruitment and failing to address high turnover. The risk appears greater around the turnover KPI than the Trust's vacancy KPI.	Recruitment group overseeing detailed plan to ensure we achieve staff numbers with OPP. WFOD Group overseeing retention/staff engagement plan. The WFOD Group escalated to SLT given the level of risk.	The Recruitment Sub-group of the Workforce and OD Group and the Workforce and OD Group. Internal Audit: 09-15 Recruitment Processes; and 14-15 Divisional Vacancy Control Process.	A	Corporate Risk Register Reference: 674	Director of Workforce & OD	Senior Leadership Team 16/12/2015	Recruitment sub-group 15/12/15, Workforce & OD Group 10/12/15
			Procure and implement a recruitment management system which delivers the required efficiencies within the recruitment process and deliver improved management information and performance monitoring.										
			Review processes, systems and practice within the Temporary Staffing Bureau to ensure a fit for purpose and efficient service delivery in order to meet the increasing demands of the Trust's temporary workforce.										
			For existing staff, develop retention and reward initiatives, informed by the exit data, Friends and Family Test (FFT) and staff survey, including mobilisation of staff engagement plans.										
			Improve exit data to understand key reasons for leaving.										
			Develop a strong identity through innovative branded advertising solutions.										
		3.4 Reward and Performance Management: Improve the quality and application of staff appraisal	Clarify role, responsibilities and objectives for all individuals and teams.	50% - 75%	Design work with IT supplier (Kallidus) well advanced.	Risk that a reduction in the quality of appraisals are not increased due to the lack of engagement/messaging that appraisal is a continuous process, not a one-off event.	Develop better understanding of the new appraisal approach including IT capability, targetting training and coaching resources to have maximum impact.	Risks reviewed by the Workforce & OD group. Internal Audit: 08-15 Doctors Revalidation; and 30-15 Medical Staff Appraisals.	A	Not currently applicable	Director of Workforce & OD	Senior Leadership Team 23/9/15	Staff Engagement and Leadership Group 22/12/2015 Pay and Rewards to Reward and Performance Group 1/12/2015
			Clearly identified competences and training to enable staff to deliver against objectives.										
			To include staff health appraisal process with 100% of appraisals conducted, which will change immunisation status, physical and emotional health and promote health and well being.										
			Regular recognition for achievement and holding to account where performance falls short of required levels.										
			Develop a better understanding of what constitutes a 'high performing team' including productivity of measures /KPIs derived from best practise benchmarking.	50% - 75%	Aston pilot on effective team working (including team objectives) underway. Two cohorts received training on team coaching and are currently working with teams across the Trust. High performing teams which have completed Aston will see an increase in the quality and effectiveness of care, improved inter-professional team working, increased well being of team members, and reduced turnover and sickness. Two Divisional Boards have commenced their Aston journey and this will be evaluated in March 2016.								
			Develop a pay and reward framework which supports the development of high performing individuals and teams.	50% - 75%	New appraisal approach scoped and actively consulted upon across the Trust.								
		3.5. Education, Learning and Development: Provide high quality training and development programmes to support a diverse, flexible workforce	Develop an appropriate infrastructure and strategy to deliver high quality training and development, including strengthening partnerships with other organisations.	75%	Strategy approved by Senior Leadership Team and Trust Board. New governance via Education Group and Learning & Development group in place. Work commenced to strengthen partnerships with Health Education South West (HESW), University of Bristol and University of the West of England (UWE).	Risk of limited external places for learners will impact on delivery of the Education Strategy	Engaged with HESW to ensure allocation of UH Bristol places for learners is increased for future intakes.	Risks reviewed by the Education Group and the Workforce & OD Group. Internal Audit: 09-14 Training Information Systems review.		Not currently applicable	Director of Workforce & OD	Senior Leadership Team 23/9/15	Education Group 16/12/15

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			Work with Divisions to scope priorities for training to deliver service and organisational requirements and to ensure safe and effective patient care to develop a trust wide plan.	75%	Education, learning and development strategy and plan developed and agreed. Educational governance strengthened to support programmes of work. Additional investment agreed for staff development as part of retention drive.				A				
			Monitor and evaluate equity of opportunity, consistency of approach and a measureable return on investment, highlighting gaps and implementing appropriate measures to respond.	50% - 75%	A quality assurance framework is embedded within learning and development and will be extended to cover all aspects of this strategy. We will review the approach to ensure equity of access during 2016/17. A review of existing funding across the Trust and divisions is underway.								
		3.6. Strategic Workforce Planning: Improve workforce planning capability, aligning our staffing levels with capacity and financial resource, using workforce models and benchmarks which ensure safe and effective staffing levels	Develop Trust wide workforce planning capability to ensure that key managers have the necessary skills to plan and develop their staffing needs. Support divisions to assess any hard to recruit staff groups or specialties impacted by age profiles and enable them to develop different ways of staffing their services where appropriate.	50% - 75%	Comprehensive workforce planning training provided to HR, Finance and Service Leads. Internal audit demonstrated good alignment to Business Plans. However, more work to do on strategic focus and workforce planning.	Risk to developing inadequate workforce KPIs for vacancy, turnover and agency due to national nursing recruitment challenges.	Mitigations including agency action plans, being led by the Chief Nurse, and recruitment action plans, being overseen by the Workforce & OD Group.	Risks reviewed by Workforce & OD Group and Risk Management Group. Finance Committee and Quality and Outcomes Committee. Internal Audit: 20-14 Medical Staff Job Planning; and 19-15 Workforce Planning.	A	Divisional Risk Register Reference: 922; and 737	Director of Workforce & OD	Workforce & OD Group / Risk Management Group	Workforce & OD Group 11/11/2015 (as part of mid-year review)
4		**4.1.** We will continue to deliver a programme to support the long-term vision of the Trust's Clinical Systems Strategy (2012) whereby 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.	Continue/commence implementation: UPACS, Electronic Document Management, Critical Care Information System, Laboratory Information Management System, Clinical Task Management & Communication, Electronic Prescribing, Connecting Care - Stage 2 and replace VPLS. Also introduce a number of Medway related projects i.e. Patient self check-in and clinical noting functionality. Start to work up and agree CSIP plans for the next phase.	75%-100%	Various projects within the programme remain on track and will be implemented by the year end, with the next phase being ongoing progress of development. Phase 3 will be scoped and agreed in Q4.	Risk to IT implementations are inherently high but adequate mitigation of all risks are in place and are reported to the Information Management and Technology Group and Risk Management Group on a quarterly basis.	Robust programme monitoring and management processes will manage the risks through the various Project Boards, IM&T Committee and CSIP Committee.	IM&T Committee and CSIP Committee. Internal Audit: 16-13 Back-ups Arrangements; 14-14 IT Technical Infrastructure; 18-14 Data Quality; 05-15 Medway Access Controls; 36-15 Data Storage; 03-16 Electronic Document Management; and 16-16 Wireless Networks	G	Not currently applicable	Director of Finance	Information Management and Technology Group	06/04/2016
		4.2. We will 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 National Institute of Health Research (NIHR) and maintain our performance in initiating research). Remain the top recruiting trust within the West of England Clinical Research Network (LCRN) and within the top 10% of Trusts nationally (published annually by NIHR)	(a) Develop and initiate project(s) within the 'delivering research' work stream to identify the opportunities to improve our performance to time and target for non commercial trials. (b) Following (a), make changes to the way we manage our research to increase the rate of delivery to time and target for non commercial research. (c) Support the Division of Medicine in developing a sustainable staffing model to deliver research by the end of 2015/16.	100%	We have maintained our positions both in the league tables for 'Performance Initiating and Delivering research' and as a top recruiting trust, both nationally and locally.	(a) (b) Risk of competing priorities for fixed resource. R&I staffing currently under pressure due to sickness and leavers. (c) Risk of a lack of high levels of expert resource required to support implementation of change, with strong buy-in from divisional management team. Absence/lack of this of this will put implementation at risk/delay plan.	(a) & (b) Plan adjusted to account for reduction in staffing. Focus on areas likely to give best return quickly in the first instance. (c) Close engagement with divisional management staff ensuring awareness of timelines of the plan and when input and leadership will be required. Monitoring of progress against the plan. Extensive oversight of Clinical Research Network (CRN) performance on a monthly basis via the Medical Director and Director of Finance.	Trust Research Group; CRN Annual Plan and Annual Report, reported to the Board of Directors; via the NIHR - review the performance of the CRN and feedback on any issues and concerns. Internal Audit: 22-16 R&D Governance.	G	Not currently applicable	Medical Director	Trust Research Group	Nov-15
		4.3. We will 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)	(a) Improve systems and processes for setting up NIHR grants within UH Bristol and across Bristol Health Partners, increasing the rate of meeting planned timelines for grant setup, and thereby optimising NIHR grant income. (b) Work with our partners in Bristol in developing strong bids for the expected NIHR biomedical research centre/unit call in 2016, to maintain the infrastructure already in place to support cardiovascular and nutrition research.	100%	We have maintained our position relative to other trusts in the rankings for RCF allocations, and are placed 15th out of 239 trusts in receipt of RCF.	(a) Risk that NIHR reduces the Research Capability funding. (b) Risk that BRU/BRC call is not in the form or scale expected, particularly following comprehensive spending review.	(a) (I) Engagement with BHP Director ongoing; group self monitors progress against plan; for UHBristol, regular updates to head of R&I by UHBristol team member (grants manager); (ii) Contributors to group from organisations are appropriate and can contribute to change. (b) Agile and flexible bid team will develop alternative strategies in parallel. Use of key contacts to develop intelligence.	Trust Research Group; CRN Annual Plan and Annual Report, reported to the Board of Directors; via the NIHR - review the performance of the CRN and feedback on any issues and concerns. Internal Audit: 22-16 R&D Governance.	G	Not currently applicable	Medical Director	Trust Research Group	Nov-15
		4.4. We will demonstrate the value of research to decision makers within and outside the trust	(a) Routinely identify recently completed grants and collate information about the outputs and potential impact. (b) Identify clinical areas where the conduct of research has had a defined impact on the service delivery.		We have continued to work with researchers to identify and publish internal and external impacts of research; notably, we have influenced commissioners through research outputs during the 15/16 financial year.	(a) Risk that completion rates of locally led grants is low, making momentum difficult to maintain. Staffing issues draw activity to other areas. (b) Risk that the tangible benefit difficult to quantify, reducing the likelihood of impacts being identified and reported.	(a) Incorporation into routine checklists within Research & Innovation for grants and contracts facilitator. Collaboration with library services. (b) Continual engagement with research staff via research matron and other routes. (c) Develop tailored approach as required	Trust Research Group; CRN Annual Plan and Annual Report, reported to the Board of Directors; via the NIHR - review the performance of the CRN and feedback on any issues		Not currently applicable	Medical Director	Trust Research Group	Nov-15

Reference	Strategic Objectives	Annual Objective 2015 - 16	Key Activities 2015/16	Progress Towards Achievement of 2015-16 Objective %	Progress Towards Achievement - Narrative	Current risks to achieving Annual Objectives 2015-16	How are the risks to achievement being mitigated? (controls)	Source of Assurance (Internal and External) that Risks are Actively Managed	Residual Risk To Achieving Annual Objective	Risk Register Reference (if applicable)	Executive Owner	Executive Management Group and Date last reviewed	Date last reviewed at Monitoring Group
	We will deliver pioneering and efficient practice, putting ourselves at the leading edge of research, innovation and transformation.		(c) Disseminate information to relevant stakeholders (internal and external).	100%		(c) Risk of low throughput so routine standard systems for dissemination may not be effective.	Ensure all relevant stakeholders are engaged in discussions around implementation. Reporting to Board and stakeholders via the Annual Quality Report.	and concerns. Internal Audit: 22-16 R&D Governance.	G				
		4.5. We will develop transformation priorities to deliver improved patient pathways and adopt innovation.	Support the objectives identified in the Operating Model initiatives. Review objectives for 2015/16 to further improve Trust wide efficiency. Deliver a theatre transformation programme to drive more efficient use of theatres, better patient and staff experience.	75-100%	We have made significant progress across all pillars of the Transforming Care Programme, significantly broadening the scope and reach of our transformational change We have continued to make progress in Improving Patient Flow, embedding the Integrated Discharge Hub and ways of working, and tolling out a package of Ward Process improvement across many of our inpatient wards. We have seen reductions in the number of Green to Go patients and increased number of timely discharges as a result of these programmes. We have mobilised work across the Delivering Best care pillar, to renew our patient letters in response to patient feedback. The new letters are being piloted now. We have mobilised work across outpatient teams to improve quality experience and timeliness of treatment, which is improving patient experience in clinics. The Theatres programme has engaged teams in each suite to make improvement within a Trust wide set of standards which has led to changes such as new portering arrangements and automatic patient sending to reduce start of day delays, and projects to reduce turnaround times between procedures. Focus on sustaining short term improvements through consistent and standardised leadership roles. Under Building Capability we moved forward the staff engagement agenda significantly, hearing detailed feedback from staff on communications and engagement and mobilising work within divisions which has supported an improvement in our staff survey results. This agenda will be a major area of focus for 2016/17. We are also driving forward a programme to renew our appraisal systems, and we have successfully piloted the Happy App across a number of clinical areas. We ran a very successful Bright Ideas competition, from which we not only took forward 4 simple but innovative ideas to improve care, but developed learning and a model for promoting ideas and helping staff turn them into reality. Finally we have renewed the portfolio of projects for 2016/17 and are now mobilising them, taking into account feedback from the Trust Board seminar in January	Risk of not fully understanding and evidencing the underlying causes and issues which require addressing. Risk of operational demands causing progress to drift. Risk of operational demands adversly affecting staff engagement and therefore improved performance is not sustained.	Structured review by Transformation Board. Detailed benefits realisation plans and performance tracking. Strong engagement of clinical teams at all levels.	Progress updates to Trust Board. Internal Audit: 28-14 Theatre Utilisation.	G	Not currently applicable	Director of Strategy & Transformation	Transformation Board	Transformation Board 07/12/2015
5		**5.1.** We will play an active roll in the urgent system with the aim of consistently achieving timely flow through our hospitals	Participate in the Better Care Fund (BCF) governance to ensure programmes and projects are impacting as predicted. Work with community partners to reduce delayed transfers of care by 50% over two years (Jan 15 - Dec 16).	50% - 75%	Both Executive and senior managers are engaged in all system partnership forums but impact of work programme and plans has not been sufficient to support flow through acute care as required. This will remain a key objective for 2016/17, working closely with new Director of Strategy & Transformation who has experience of working in integrated care models.	Risk that community partners do not engage with objectives of BCF programme. Risk of insufficient capacity in community to support 50% reduction in delayed discharges. Risk that these are complex problems to resolve (e.g. revised front door model) and will not deliver in year solutions.	Multiple actions are in place to mitigate the impact of any single initiative failing. The collective impact of individual actions exceeds that required in total.	UCWG , BCFB and SRG all retain oversight of progress and internal group reports directly to Trust Service Delivery Group, whilst Divisional actions are scrutinised through the Divisional review framework. Recent external review of the system in respect of delayed transfers of care - draft report received and under review. A number of recommendations have been received.	A	Not currently applicable	Chief Operating Officer	Senior Leadership Team	December 2015 - Unscheduled Care and Discharge Group
	We will provide leadership to the networks we are part of, for the benefit of the region and people we serve.	**5.2.** We will effectively host the Operational Delivery Networks that we are responsible for.	Establish governance arrangements for both Critical Care Networks.	100%	ODNs established. Oversight of functioning through MD membership of NHS E South West Oversight Group.	Risk to maintaining robust governance arrangements.	Governance arrangements in place and continually monitored. Governance arrangements for organisations hosted by the Trust was reported to the Audit Committee in September 2014. A further review and update will be submitted to the Audit Committee in March 2016.	Report to NHS England Governing Body. Report and assurance regarding hosting arrangements to be reported via the Audit Committee	G	Not currently applicable	Medical Director	Senior Leadership Team	22/07/2015

Reference	Strategic Objectives	Annual Objective 2015 - 16	Key Activities 2015/16	Progress Towards Achievement of 2015-16 Objective %	Progress Towards Achievement - Narrative	Current risks to achieving Annual Objectives 2015-16	How are the risks to achievement being mitigated? (controls)	Source of Assurance (Internal and External) that Risks are Actively Managed	Residual Risk To Achieving Annual Objective	Risk Register Reference (if applicable)	Executive Owner	Executive Management Group and Date last reviewed	Date last reviewed at Monitoring Group
		5.3. We will play an active part in the research and innovation landscape through our contribution to Bristol Health Partners (BHP), West of England Academic Health Science Network (WEAHSN) and Collaboration for Leadership and Applied Research and Care (CLAHRC).	Fully engage with BHP agenda and ensure strong governance arrangements. Fully engage with WEAHSN governance and assist with strategic planning.	100%	We have played an active part in strategic leadership across the region alongside our partners and have contributed to all of the appropriate regional networks, led by the Chief Executive.	Risk of failure to effectively engage with partners.	Full engagement in place. The Chief Executive and Medical Director are members of the BHP Board Chief Executive is a member of the WEAHSN Board. Quarterly reports on the work of the WEAHSN are submitted to the Board of Directors.	Regular reporting to SLT and Board of Directors WEAHSN quarterly reports to the Board	G	Not currently applicable	Medical Director	Senior Leadership Team	21/10/2015
		5.4. We will be an effective host to the networks we are responsible for including the CLAHRC and Clinical Research Network (CRN)	Establish robust internal governance including Board reporting for the CRN and CLARHC	100%	Executive Group established for LCRN and meets monthly to review CRN activity.	Risk to maintaining robust governance arrangements.	Governance arrangements in place and continually reviewed. Governance arrangements for organisations hosted by the Trust was reported to the Audit Committee in September 2014. A further review and update will be submitted to the Audit Committee in March 2016.	Report and assurance regarding hosting arrangements to be reported via the Audit Committee. Internal Audit: 22-16 R&D Governance	G	Not currently applicable	Medical Director	Senior Leadership Team	21/10/15
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	**6.1.** Deliver agreed financial plan	Achieve positive contract settlement with Clinical Commissioning Group and NHS England commissioners.	100%	Achieved. The agreed financial plan for 2015/16 was a break-even income and expenditure position before technical items. The 2015/16 outturn delivered an income and expenditure surplus of £3.46m before technical items	Risk of failure of under performance of activity Risk of under delivery of CIPS Risk of failure to deliver performance Risk of failure to recruit and retain staff, manage staff absence resulting in high agency expenditure	Monthly Operational and Finance reviews with divisions. Monthly reporting to the Finance Committee and Board of Directors.	Oversight by operational planning core group, monthly operational and finance reviews with divisions. Internal Audit: 02-14 Procurement ; 13-14 Financial Reporting & Budgetary Control; 21-14 Main Accounting; 22-14 Payroll review; 23-14 Contract Income; 02-15 Non-Purchase Order Procurement; 04-15 Capital Accounting; 27-15 Main Accounting; 28-15 Payroll; and 31-15 Accounts Payable	G	Corporate Risk Register Referece: 959 Divisional Risk Register Reference: 80, 872 and 951	Director of Finance	Finance Committee	25/04/2016
		6.2. Develop better understanding of service profitability using Service Line Reporting and use these insights to reduce the financial losses in key areas.	Service Line Reporting development. Use of result to inform strategic and business planning.	75% - 100%	Largely achieved. The quarter 2 position for 2015/16 was received by the Finance Committee on 23rd March 2016 and the Trust Board on 30th March 2016. The information was also made available to Divisions in March 2016 and published via Qlikview in April 2016.	Risk of failure to retain of staff.	Finance Department staff development and succession planning.	Director of Finance oversight	G	Not currently applicable	Director of Finance	Finance Committee	25/04/2016
		6.3. Deliver minimum cash balance	Maintain a liquidity metric of at least 0 days thus achieving Monitor's Risk Assessment Framework liquidity metric of rating of 4. Maintain a cash balance of no less than £15 million.	100%	Achieved. The minimum required cash balance as at 31st March 20016 of £15 million was delivered with an actual year end cash balance of £74 million. The requirement to maintain a liquidity metric of at least 0 days and a metric score of 4 was also delivered with an actual year end liquidity metric of 12.2 days giving a metric score of 4.	Risk of failing to deliver financial plan.	Monthly cash flow projections and liquidity performance reported monthly to Finance Committee.	Monthly reports to Finance Committee and Trust Board. Monthly reporting to Monitor. Internal Audit: 06-14 Treasury Management; and 31-15 Accounts Payable.	G	Not currently applicable	Director of Finance	Finance Committee	25/04/2016
		6.4. Deliver the annual Cost Improvement Plan (CIP) programme in line with the Long Term Financial Plan (LTFP) requirements	Ensure robust in year oversight of Divisional CIPs through monthly Finance and Operations Review. Develop robust CIP plans to ensure annual CIP is delivered in 15/16 in addition to carry forward shortfalls from 14/15 and ensure plans for 16/17 are developed in a timely way.	75% - 100%	Largely achieved. The Trust delivered CIP of £16.4 million in 2015/16 against a planned requirement of £19.9 million, equating to 83% delivery. The Trust's risk assessed CIP plans for 2016/17 is currently £12.4 million, a £5 million shortfall against the target of £17.4 million.	Risk that further opportunities to reduce costs cannot be identified and / or planned CIP schemes are delayed or do not materialise.	Savings Board supports identification of CIP opportunities, including commissioning of work looking at RCI and service opportunities there in. Monthly Divisional CIP Review meetings to monitor progress of current plan and ensure recovery actions if required.	Monthly Reports to Savings Board and Finance Committee. External benchmarking to provide assurance on Trust approach taken. Internal Audit: 12-14 Financial Planning Efficiency Review; and 26-15 Financial Sustainability & CIPs	A	Corporate Risk Register Reference: 959	Chief Operating Officer	Savings Board	25/04/2016
		6.5. Ensure 2015-16 Operating Plans addresses risks to sustainability	Ensure 15/16 Operating Plans are robust and subsequently reviewed at Quarterly Reviews where risks are identifed at an early stage and plans to mitigate and/or recover developed.	50% - 75%	Significant financial risks have manifested in most Divisions relating to both underperformance of activity and income as well as expenditure above plan. Key areas of overspends is temporary staffing, notably nursing. Service quality has been maintained and significant improvements in cancer and RTT standards have been achieved.	Risk that plans are unable to be implemented due to factors outside Trust control such as failure to recruit.	Monthly and quarterly operational and finance reviews flag early warning to risks to delivery, which in turn require recovery plans to be developed for review and implementation.	Well Led Governance Review provided external assurance. Internal Audit: 12-15 Business Planning & Capital Prioritisation. Reports to monthly operational and finance	A	Corporate Risk Register Reference: 674	Chief Operating Officer	Senior Leadership Team	25/04/2016

Reference	Strategic Objectives	Annual Objective 2015 - 16	Key Activities 2015/16	Progress Towards Achievement of 2015-16 Objective %	Progress Towards Achievement - Narrative	Current risks to achieving Annual Objectives 2015-16	How are the risks to achievement being mitigated? (controls)	Source of Assurance (Internal and External) that Risks are Actively Managed	Residual Risk To Achieving Annual Objective	Risk Register Reference (if applicable)	Executive Owner	Executive Management Group and Date last reviewed	Date last reviewed at Monitoring Group
		6.6. Thoroughly evaluate the major strategic choices facing the Trust in the forward period so the Board is well placed to take decision as they arise.	Appraise the risks and benefits associated with forthcoming major, strategic choices and decision e.g. South Bristol Community Hospital (SBCH) and Community Child Health (CCH) and ensure the Board is adequately briefed and supported to make choices.	75-100%	Strategic Implementation Planning process was completed across the Trust in 2015/16. The process validated strategic choices outlined in 2014-19 five year strategy document and these, along with any additional surfaced have been fully located in the 16/17 operating plans, with associated delivery objectives for all divisions to identify and confirm next steps in making strategic choices against specific clinical service areas. The agreed areas of initial focus are on Trauma and Orthopaedics, Stroke and Interventional Radiology. Actions to progress to a point of potential decision making in each of these areas is being progressed through the relevant clinical division. Further strategic choices for the Trust into 16/17 are emerging thought the Sustainability and Transformation Plan development and a full refresh of the Trust Strategy will be conducted in Autumn 2016 to reflect any required amendments to the organisational plan and our established approach to the strategic choices we face, to align with and support delivery of the emerging system plan. A new approach for testing options as they emerge from the system thinking, through scenario planning has been reviewed at a Board Seminar in January 2016. In addition a new Strategy Governance Group is in the process of being established, along with a review of the	Risk of lack of capacity across the Bristol Health and Well Being System to collaborate in strategic activity for the benefit of Bristol patients.	Review our partnership activity as part of routine monitoring and reporting; proposals in development to increase the impact of this work.	Regular reporting to Senior Leadership Team. Internal Audit: 12-15 Business Planning & Capital Prioritisation.	G	Corporate Risk Register Reference: 949	Director of Strategy & Transformation	Senior Leadership Team	18/11/2015
		6.7. Continue to develop private patient offer for the Trust	Develop robust systems and controls for private and overseas patients, working closely with finance function. Develop a co-ordinated Trust-wide programme of private patient activity.	50%	During the year the position has been maintained at a stable level with some individual areas of development e.g. paediatric specialist surgery in partnership with Circle Bath. A review of financial controls and assurance has been completed and the recommendations of this are being taken forward with the formation in March 2016 of the Private Patient and Overseas Visitor Steering Group and the appointment of a new Non NHS Patient Income Manager.	Risk of a lack of resilience in this area until review completed and post recruited into.	Development of post which is attractive to potential candidates.	Review of Overseas and PP processes complete and will report to SDG in January 2016. Internal Audit: 14-16 Private Patients.	A	Not currently applicable	Chief Operating Officer	Senior Leadership Team	SDG January 2016
7		**7.1.** Maintain a Monitor Continuity of Services Risk Rating (COSRR) of 3 or above.	Achieve Liquidity, Capital Servicing Capacity, Income and Expenditure margin, and variance in income and expenditure margin metrics in line with the 2015/16 revised plan.	100%	Achieved. Monitor replaced the COSRR with the Financial Sustainability Risk Rating (FSRR) in August 2015. The Trust achieved a FSRR of 4 as at 31st March 2016.	Risk of not succeeding in the delivery of CIP plans, a reduction in premium cost services. Improvement in workforce retention, recruitment and management of absence is a pre-requisite to delivering a reduction in agency expenditure and delivering contracted clinical activity to secure income in line with Commissioners SLAs and the Trust's 2015/16 planned income.	Monthly Operational and Financial Reviews chaired by Chief Operating Officer with Executive Director support. Monthly FSRR performance reported monthly to Finance Committee.	Monthly reports to Finance Committee and Trust Board. Monthly reporting to Monitor via Finance Committee and Trust Board.	G	Divisional Risk Register Reference: 50 and 872	Director of Finance	Finance Committee	25/04/2016
		7.2. Restore Trust's Monitor governance rating to GREEN and maintain throughout 2015/16.	Delivery of recovery plans in areas of A&E, cancer services and Referral To Treatment Time targets. Develop response and implement agreed actions arising from Well Led Review. Develop and implement RTT Reporting Migration Plan in line with agreed timescale.	50% - 75%	Achieved	Risk that activity exceeds plans and partners do not deliver benefits in flow as predicted, recruitment is delayed or unsuccessful.	Performance Improvement "architecture" established for all three areas and reporting to SLT. Divisional actions closely monitored through monthly review mechanism. System oversight achieved through UCWG.	Monthly reports to Quality & Outcome Committee and Trust Board. Quarterly Reporting to Monitor via QOC and Trust Board. Oversight by Urgent Care Working Group (UCWG)	G	Corporate Risk Register Reference: 801	Chief Operating Officer	Senior Leadership Team	16/12/2015
		7.3. Establish an effective Trust Secretariat to ensure all principles of good governance are embedded in practice and policy	Conclude the Well Led Governance Review and ensure action is taken to remedy any identified short-comings in Trust Governance and push forward on exemplar practice.	75-100%	Significant improvements in functioning of secretariat and notably recruitment to all key posts and development of a new team. Risk management function significantly strengthened and new risk management system successfully deployed. Well Led Governance Review recommendations all completed and residual themes captured and work in hand to progress.	Risk of a lack of commitment due to other priorities to push forward trust wide change and improvement. Risk of a lack of resource to support the required actions. Risk that Pan-Governance issues are not addressed and picked up via the wider governance structure.	Continuation of the task and finish groups led by NEDs and Execs, with support from senior managers. Implementation of actions and accountability at the lowest level of possible to ensure resource is effective. Regular monitoring of progress at both Executive Team and Board of Directors.	Regular updates to Executive Team and Trust Board. Internal Audit: 15-14 IG Toolkit Review.	A	Divisional Risk Register Reference: 895 and 177	Deputy CEO	Executive Team and Board of Directors for Well Led Review oversight Risk Management Group for DMS oversight	Board 30/11/15 Exec Team 22/12/15 Risk Management Group 13/1/16 and meeting with Trust Secretary, Head

Reference	Strategic Objectives	Annual Objective 2015 - 16	Key Activities 2015/16	Progress Towards Achievement of 2015-16 Objective %	Progress Towards Achievement - Narrative	Current risks to achieving Annual Objectives 2015-16	How are the risks to achievement being mitigated? (controls)	Source of Assurance (Internal and External) that Risks are Actively Managed	Residual Risk To Achieving Annual Objective	Risk Register Reference (if applicable)	Executive Owner	Executive Management Group and Date last reviewed	Date last reviewed at Monitoring Group
			To agree direction of travel for Trust Document Management System (DMS) and agree plan for forward approach.	75-100%	Options appraisal undertaken for the development of a new fit for purpose DMS, which addresses shortcomings in current system. Requirements agreed by Trust Secretary and CSIP Director. Project scheduled for full completion in Q2 2016/17.	Risk that the infrastructure for the new Document Management System and Procedural Document Framework remains not fit for purpose, or is not complete before the end of the year.	DMS Administrator undertaken significant work to address housekeeping issues and review of all documentation prior to transfer. Regular reporting to Risk Management Group. Cost provision made in 2015/16 Trust Services Operating Plan to support the development. Agreement with Internal Audit to re-audit the system before and following implementation to ensure all risks have been mitigated.	Quarterly Updates to Risk Management Group. Internal Audit: 17-14 Policy Management.					of IT and COO 5/1/16
	We will ensure we are soundly governed and are compliant with the requirements of our regulators	**7.4.** To achieve regulatory compliance against CQC fundamental standards.	Deliver all aspects of CQC action plans: - Must do's -Should do's - System wide (UH Bristol objectives) Implement the revised CQC compliance assurance process and ensure ongoing compliance.	75% - 100%	Inspection plans have been closed with agreement of Senior Leadership Team and Quality and Outcomes Committee. Remaining actions have been subsumed into 'business as usual' (for UH Bristol and for Bristol Urgent Care Working Group) and will be reviewed in March 2016. An internal audit of the process of monitoring these plans has returned an Amber rating. Further evidence of completion was required for four 'must do' actions, which will be addressed in the March 2016 update. Clinical Quality Group is routinely monitoring compliance with CQC fundamental standards; each month, the group receives a detailed report on one standard and exception reports for all others. Delivering Best Care in Outpatients week took place in November and tested key areas of compliance - Divisional action plans to be reported to CQG in February 2016. The Trust continues to monitor and follow up any concerns raised to the Trust by the CQC.	Risks that assurances which led to the closure of inspection action plans were not sufficiently robust. Risk that governance arrangements are not robust to facilitate adequate oversight of ongoing compliance. Risk that the Trust does not achieve regulatory compliance.	Fundamental standards assurance is monitored monthly by Clinical Quality Group. Any concerns raised by the CQC are followed up and monitored via the appropriate process and reviewed monthly by the Clinical Quality Group and on an ad hoc basis by the Quality and Outcomes Committee.	Fundamental standards assurance is monitored monthly by Clinical Quality Group and annually by the Board of Directors. Internal Audit: 02-13 Outcome 13 (Staffing); 11-14 Outcome 21 (Outpatient Medical Records); 21-15 Meeting Nutritional Needs; 04-16 Management of Resuscitation Equipment; 10-16 Management of CQC Action Plan; and 05-16 Fire Safety.	G	Not currently applicable	Chief Nurse	Clinical Quality Group Quality & Outcomes Committee	Clinical Quality Group 3/12/15 Quality and Outcomes Committee 18/12/15
		7.5. Agree clear recovery plans by specialty to delivery RTT performance for admitted, non-admitted and on-going pathways	To achieve compliance with the national RTT standard of 92% of patients on an on-going pathway waiting less than 18 weeks, from January 2016 and maintain thereafter.	75% - 100%	Achieved – RTT recovered two months ahead of plan.	Risk of continued increase in outpatient referrals, as recently evidenced. Difficulties in sustaining the required level of capacity in dental specialties, and also potential risk to elective flow at the BCH due to higher than expected levels of emergencies. Neurology service also below capacity due to challenges in recruitment.	Divisions review options for increasing/restoring capacity, which has fed into the recent review of trajectories. Issues escalated to monthly Divisional Reviews. Weekly reporting of progress against RTT trajectories, with opportunities for over-performing in some areas to compensate for delivery risks, explored.	Weekly RTT Ops Group reviews management of longest waiters and backlog management more generally at a patient level. Monthly RTT Steering Group, overseeing progress with backlog reductions and implementation of the wider RTT plan. Internal Audit: 28-16 Urgent Care Recovery Plan; and 25-16 Data Quality.	G	Divisional Risk Register Reference: 888	Chief Operating Officer	Senior Leadership Team	16/12/2015
		7.6. Improve cancer performance to ensure delivery of all key cancer targets	Delivery of Internal milestones within the Cancer Improvement Plan and Trust recovery trajectory for performance. To work through the Tripartite to agree and implement a pan-BNSSG Cancer Performance Improvement Plan.	50%-75%	Performance continues ahead of trajectory through high level of cancellations will jeopardise sustained delivery through Q1	Risk of late referrals from other providers remains the leading cause of breaches in the 62 day GP standard. Medical deferral and clinical complexity are also increasing and result in a high proportion of breaches. Critical care capacity and temporary shortfalls in operating capacity also impact on performance.	Leading on work to redesign cancer pathways, sharing this with other providers to support agreement of timely referral milestones. The BNSSG Cancer Working Group is in place and meets regularly. The Trust is well represented and an active member. Plan to improve critical care recruitment and retention in place. Actions also being taken to identify co-morbidites earlier in the pathway.	Weekly cancer performance assurance meeting chaired by the Associate Director of Performance. Performance Improvement Plan managed through Cancer Performance Improvement Group (CPIG) with escalation to the Cancer Steering Group and SLT. IMAS review completed in early December, with no material areas of concern identified.	G	Corporate Risk Register Reference: 932	Chief Operating Officer	Senior Leadership Team	16/12/2015

RAG	Definition
RED	Expectation that the annual objective is unlikely to be achieved at the year-end
AMBER	Expectation that the annual objective is likely to be partially achieved at the year-end
GREEN	Expectation that the annual objective will be fully achieved at the year-end

KEY TO TABLE STRUCTURE	
Key activities	key activities which underway to achieving the annual objective (and associated progress toward achieving the strategic objective
Progress towards achieving the annual objective	progress in percentage terms and a narrative of achievement of the annual objective as it currently stands
Current risks and mitigation of risks	risks to achieving the annual objective, and actions and controls currently in place to mitigate these risks.
Source of Assurance	including internal and external to ensure the risks are being mitigated appropriately.
Residual risk to achieving annual objective	RAG rated as Red, Amber and Green (definitions are provided to the left).

Cover report to the Board of Directors meeting held in public
To be held on Thursday 28 April 2016 at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title								
20. Corporate Risk Register								
Sponsor and Author(s)								
Sponsor: Robert Woolley, Chief Executive **Author**: Sarah Wright, Risk Manager								
Intended Audience								
Board members	✓	Regulators		Governors		Staff		Public
Executive Summary								

The Corporate Risk Register contains risks with a current score of 12 or more identified as having a potential impact on corporate objectives, including risks identified in and escalated from divisions.

Risks are formally approved for inclusion on and removal from the Corporate Risk Register by the Senior Leadership Team (SLT).

There are 15 risks on the Corporate Risk Register, this is a summary update of activity since the last report:

Risks Escalated to the Corporate Risk Register

- 588 -Risk of patients coming to harm or having sub-optimal outcomes due failure to recognise and respond to deterioration (subsequently re-assessed, see below
- 869 - Risk of reputational damage arising From adverse media coverage of trust activities
- 921 - Risk of not achieving 90% compliance for Essential Training for all Trust staff -
- 949 -Risk that perinatal mental health services are not adequate to the needs of those requiring to access the service
- 959 - Risk that Trust does not deliver 2016/17 financial plan due to Divisions not achieving their current year savings target.
- 970 -Potential risk of non-compliance with some of Monitor's core 4-hour Wait Clinical Indicator.
- 1366 - Risk of drain blockages leading to unavailability of bed spaces and the need to move patients (subsequently mitigated, see below)
- 1395 -Risk of administrative errors due to insufficient cancer administrative support
- 1497 - Risk of Delays in Transfer of North Somerset patients due to temporary closure of Clevedon Hospital

Risks Reverted to Divisional Risk Registers

- 421 - Risk to staff safety and patient safety and care due to limited availability on site of bariatric equipment
- 588 - Risk of patients coming to harm or having sub-optimal outcomes due failure to recognise and respond to deterioration.
- 872 - Risk of non-delivery of contracted levels of clinical activity
- 991 - Risk to quality of care, due to failure of pneumatic chute
- 1145 -Risk that patients' requiring domiciliary care may have a delay in their discharge due to reduced service capacity
- 1366 - Risk of drain blockages leading to unavailability of bed spaces and the need to move patients

Corporate Risks Re-assessed

- 932 - Risk of failure to deliver care that meets National Cancer Waiting Time Standards (from 16 to 20)
- 949 - Risk that perinatal mental health services are not adequate to the needs of those requiring to access the service (From 12 to 16)

Risks Closed

- 964 - Risk of non-compliance with Department of Health Safety Alert related to window restriction.

Recommendations

The Board of Directors is asked to receive the Corporate Risk Register for assurance.

Impact Upon Board Assurance Framework

Corporate Risks are identified, where appropriate on the Board Assurance Framework

Impact Upon Corporate Risk

N/A

Implications (Regulatory/Legal)

N/A

Equality & Patient Impact

There are no equality or patient experience implications as a result of this report.

Resource Implications

Finance		Information Management & Technology	
Human Resources		Buildings	

Action/Decision Required

For Decision		For Assurance	✓	For Approval		For Information	

Date the paper was presented to previous Committees

Quality & Outcomes Committee	Finance Committee	Audit Committee	Remuneration & Nomination Committee	Senior Leadership Team	Risk Management Group
26/04/16	N/A	09/03/16	N/A	20/04/16	07/04/16

Corporate Risk Register 20/04/2016							Inherent				Controls		Current				Actions Summary	Target				Review
ID	**Division**	**Risk Domain**	**Manager**	**Executive Lead**	**Title**	**Description**	**C**	**L**	**S**	**Risk level**	**Controls in place**	**Adequacy**	**C**	**L**	**S**	**Risk level**	**Action**	**C**	**L**	**S**	**Risk level**	**Review date**
423	Trust Services	Quality	Lee, Deborah	Chief Operating Officer	Risk that length of stay does not reduce in line with planning assumptions resulting in an increase in bed occupancy	Risk that length of stay does not reduce in line with plans resulting in increased occupancy that impacts on flow, ED performance, staff workload and patient experience. Links to following risks: 766 - Delays in discharge or transfer to community services; 759 - Redevelopment Programme not to time; 2168 - CSP; 1798 - Emergency admissions above bed capacity.	Major	Likely	16	Very High Risk	-Constant work with system partners to support timely discharge of patients who are medically fit for discharge -Transformation programme to support effective and timely discharge -Board rounds, enhanced recovery, day of admission initiatives, improved day surgery rates, accelerated discharge, TTAs, access to pathology, order comms, review of ED rota, review of medical model of care for general medicine take -Whole system approach to be developed through Urgent Care Board. -Drive to reduce Length of Stay and improve bed efficiency. -Weekly system wide operational group, Acute Services Transfers city wide group.	Inadequate	Moderate	Likely	12	High Risk	-Continue to work with partners to improve timeliness of discharge from hospital (complete). -Work with partners through the Urgent Care Group on an agreed integrated action plan to deliver system wide improvement. Within this, deliver the internal Unscheduled Care Operating Model project scope to improve flow through our wards.	Moderate	Unlikely	6	Moderate Risk	27/06/2016
674	Trust Services	Workforce	Donaldson, Sue	Director of Workforce & Organisational Development	Risks of excessive agency and bank costs, low staff morale and service impact arising from higher than sector turnover of staff	A risk of increased costs for recruitment, agency and bank cover, low staff morale and staffing levels due to an increase in turnover. Turnover is above the benchmark of similar Trusts.	Moderate	Likely	12	High Risk	-Review at Workforce and OD Group, Divisional Reviews, QOC, Trust Board -Identification of reasons for leaving through exit process -Engagement Action Plan -Retention Action Plan.	Adequate	Moderate	Likely	12	High Risk	-Understanding reasons for leaving.Improved exit interview and questionnaire process. Progress is included in the quarterly Workforce & OD report which goes to Workforce & OD, QOC and Board (complete). -Develop a range of retention incentives as part of an overall work programme. Additional money (£200k) allocated for training and development across the Trust.Reward and Benefits paper at Workforce & OD on 11th November. Retention update paper at Workforce & OD on 11th November, including further development and appraisal workstream. Additional money (£200k) allocated for trainiing and development across the Trust (complete). -Preceptorship - preceptorship role has been appointed to, and first cohort has run, second cohort in February 2016. Review of turnover of newly qualified due in early 2016 (complete). -Career Progression for nursing roles through competence development and intranet site to showcase nursing.Job description template completed and agreed. All core nursing job descriptions have been revised and updated to ensure standardisation and consistency. Core nursing role education, development and learning plans are being developed for	Minor	Possible	6	Moderate Risk	29/04/2016
793	Trust Services	Health & Safety	Donaldson, Sue	Director of Workforce & Organisational Development	Risk of work related stress affecting staff across the organisation	Our staff are at risk of work related stress with evidence from staff surveys and occupational health information that this is affecting a wide range of different staff. Impact is on both individual and service, when staff are not able to work fully or at all.	Moderate	Almost certain	15	Very High Risk	-Annual audits are conducted to check that each ward or dept. has conducted the stress check list and proceeded to a risk assessment as required by law. -All dept. managers where stress is recognised as a risk are advised to implement the HSE management standards and proceed to the HSE questionnaire process, facilitated by the Safety Dept. -The annually completed Staff attitude survey looks at 10% of the workforce and includes work related stress as part of the question set. -An action plan is then formulated at Trust and Divisional level, Conflict resolution training is delivered to all clinical staff described in the NHS protect target audience and offered to those that are non clinical dependant on role/ location.	Inadequate	Moderate	Likely	12	High Risk	-Safety dept team facilitate the HSE process throughout the trust. Requests to complete the HSE process, come from a wide range of sources including hot spot areas for stress related absence identified by Divisions, at the request of Divisional leads where change management occuring for example during the change from three shift system to two in nursing, as an action following stress risk assessments being undertaken to mitigate the risk of stress at work. -Resilience building utilising two extended modules from the 5 module Lighten up programme, namely Making changes and Identifying and managing stress being rolled out to a maximum of 300 staff - 150 places per module. This will be followed by full evaluation and consideration of further opportunity to deliver in the next financial year (complete). Counselling business case to expand the service has been submitted as a cost pressure within the operating plan. In 2014 182 staff accessed the current counselling service and the offering of 6 planned sessions, 157 of which remained in work or returned to work during their counselling programme. -'Step into health programme' in partnership with Loughborough College has commenced which is free to access looking at Nutrition and weight management, Physical activity and Stress management. 46 applicants for first cohort (complete). -Mapping of all wellbeing activity that could impact on staff health in progress, plus monthly calender of events that can be accessed (complete).	Moderate	Possible	9	High Risk	30/04/2016
801	Trust Services	Statutory	Lee, Deborah	Deputy Chief Executive	Risk that the Trust does not mainain a GREEN Monitor Governance Rating	Prolonged failure of one of the following performance indicators, or concurrent failure of 4 or more indicators leading to loss of green status in Monitor Governance risk rating: Referral to Treatment Time Standards Cancer Standards ED Standards (A&E 4-hours) Healthcare Acquired Infections	Major	Likely	16	Very High Risk	-RTT Ops/Steering Group (monthly and weekly) -Cancer Performance Improvement/Steering Group (fortnightly/six-weekly) -Emergency Access Improvement Group/Divisional reviews (fortnightly/monthly) -Reporting against performance indicators and escalation to Steering Groups, Service Delivery Group and Senior Leadership Team as appropriate -Action plans for all targets not currently being delivered, or at risk.	Inadequate	Major	Possible	12	High Risk	-Work commenced with Interim Management & Support (IMAS) team, with an internal review scheduled as agreed with NHS England and Monitor. Review and develop action plan in response to recommendations of IMAS team (complete). -Develop action plan from Deloitte Well Led Governance Review and submit to Monitor. -Undertake Monthly monitoring calls with Monitor (complete).	Major	Rare	4	Moderate Risk	30/06/2016

Corporate Risk Register 20/04/2016							Inherent				Controls		Current				Actions Summary	Target				Review
ID	**Division**	**Risk Domain**	**Manager**	**Executive Lead**	**Title**	**Description**	**C**	**L**	**S**	**Risk level**	**Controls in place**	**Adequacy**	**C**	**L**	**S**	**Risk level**	**Action**	**C**	**L**	**S**	**Risk level**	**Review date**
856	Womens & Childrens	Quality	Marnell, Caitlin	Chief Nurse	Risk that the emotional & Mental Health needs of children and young people are not being fully met	Risk that the emotional & Mental Health needs of children and young people admitted to the Children's Hospital for mental health reasons only are not fully met due to the BHRC not being a provider of mental health services. The outcome is children with mental health needs admitted to the Children's Hospital do not receive the standards of care that they would receive if they were being cared for in a specialist mental health service.	Moderate	Likely	12	High Risk	-Use of CAMHS services for appropriate patients. -Use of new, small liaison psychiatry resource in post at BRHC. -Involvement of multiple specialities to gain additional knowledge and input. -Use of psychology service to support emerging situation, but this is limited to certain specialities. -Can pursue Individual Funding Request to commissioners, if CAMHS have capacity in their team to provide the input. However this can create delays, and there is no commissioned resource.	Inadequate	Moderate	Likely	12	High Risk	-Ongoing reporting to commissioners of any related admissions/incidents. -Complete scoping exercise working with BRHC staff to understand and define need for further service. Create business case based on this work and propose model. Once signed off by children's mental health operational group, submit EOI to commissioners for 2016/17(complete). -Recruit to Liason roles. -NICE guidance for self-harm, for depression with a chronic physical illness NICE quality framework.National documentation (No Health without Mental Health). Review National standards and undertake gap analysis against recommendations. (complete) -Await outcome of EOI to commissioners around expanding the liaison team. CCG response has said that the cost needs to be spread across commissioners inc. NHSE.	Moderate	Unlikely	6	Moderate Risk	15/06/2016
869	Trust Services	Reputational	Lee, Deborah	Chief Operating Officer	Risk of Reputational Damage Arising From Adverse Media Coverage of Trust Activities	Risk of reputational damage arising from adverse media coverage of Trust actiivties and notably coverage of paediatric cardiac issues old and new.	Moderate	Possible	9	High Risk	-Pro-active monitoring of forthcoming publications and inquests -Robust inquest preparation for these including pro-active & reactive communication -Media and stakeholder management and monitoring of social media as considered appropriate.	Adequate	Moderate	Likely	12	High Risk	-Identify Trust actiivties at risk of attracting adverse media and ensure proactive management and mitigation of these risks and associated supporting communications(complete).	Minor	Rare	2	Low Risk	01/05/2016
919	Trust Services	Quality	Lee, Deborah	Chief Operating Officer	Risk that the Trust does not meet the national standard for cancelled operations	Risk that the Trust does not meet the national standard for cancelled operations resulting in poor patient and staff experience, adverse impact on access standaards and contractual penalties.Risk of cancelled operations arisies from multiple sources including lack of ward beds, critical care beds, booking errors, theatre over runs.	Moderate	Likely	12	High Risk	-Twice monthly monitoring at the EA-PIG and the SDG meeting monthly. Reported monthly to the Trust Board and reviewed at monthly performance monitoring meetings. -Three times daily patient flow meetings supporting proactive management of cancellations with review of all elective admissions on a daily basis. -Weekly operational meetings to validate cancellations and review action plan. -Productive theatre initiative successfulyl brings on additional controls over theatre utlisation increaidng capacity and reducing cancllations, Protocol for use of intensive care between cardiac and surgical teams resulting in immediate reduction of cancllaations of cases due to shortage of bed. -Protocol agreed with medical director for priority use of ITU beds and embedded from 23/12/2010, Additional ITU capacity planed for 2011 with interim capaity in 2010, Programme of work to improve patient flow in the Trust will reduce the risk of cancellations due to lack of beds. -Paper presented to Service Development Group on cancelled ops and all divisions developing a plan to tackle. -All Division have implemented a new escalation process such that LMCs can only be approved by a DM, HoD or HoN.	Inadequate	Moderate	Likely	12	High Risk	-Children's Flow Programme to improve planning, communication and decision making to reduce LMCs (complete).	Minor	Rare	2	Low Risk	30/06/2016
921	Trust Services	Workforce	Donaldson, Sue	Director of Workforce & Organisational Development	Risk of not achieving 90% compliance for Essential Training for all Trust staff	Risk of not maintaining compliance with Essential Training, which results in the workforce not being trained with their Essential Training requirements; which could lead to issues with patient and/or staff safety.	Major	Likely	16	Very High Risk	-Continuous training is carried out as per risk management training plan. -Annual TNA (Training Needs Analysis) is in place and training courses and schedules developed as required. -The Essential Training Core Group, Essential Training Steering Group and the Workforce Management Group and Service Delivery group govern the TNA and all divisions have robust recovery trajectories in place.	Adequate	Moderate	Possible	9	High Risk	-Monthly meetings with HR Business Partners to provide priority lists and future bookings to ensure all training places are secured by the Divisions(complete). -Monthly escalation meetings in place with Teaching and Learning and Business Intelligence to work towards developing a robust trajectory to close the compliance gap by December 2014(complete). -Continue to monitor compliance on a monthly basis(complete). -A proposal to separate out Fire and Information Governance(IG) is being presented to SDG on 8th February 2016, the purpose of this is to mitagate the impact of the change(complete).	Minor	Unlikely	4	Moderate Risk	30/06/2016

Corporate Risk Register 20/04/2016							Inherent				Controls		Current				Actions Summary	Target				Review
ID	**Division**	**Risk Domain**	**Manager**	**Executive Lead**	**Title**	**Description**	**C**	**L**	**S**	**Risk level**	**Controls in place**	**Adequacy**	**C**	**L**	**S**	**Risk level**	**Action**	**C**	**L**	**S**	**Risk level**	**Review date**
932	Trust Services	Quality	Whittaker, Xanthe	Chief Operating Officer	Risk of failure to deliver care that meets National Cancer Waiting Time Standards	Failure to meet Cancer Targets, specifically 2-week, 31-day and 62-day target, resulting in poor patent experience, reputational and regulatory issues. Clincial risks as a result of delayed pathways are covered by separate risks when applicable.	Major	Almost certain	20	Very High Risk	-Weekly meetings held with all Divisions to review cancer patient tracking. -Performance reviewed every two weeks at the Service Delivery Group and at the Trust Management Executive via SDG. -Performance reported to Cancer Board at every meeting. -Cancer performance action plan in place and reviewed at fortnightly Cancer Performance Improvement Group, with new actions identified and added regularly. -Ongoing efforts to engage other providers and commissioners in performance improvement.	Inadequate	Major	Almost certain	20	Very High Risk	-Manage response to new NICE guidance together with BNSSG colleagues. -Use of ongoing cancer performance target action plan to manage specific actions to improve performance e.g. pathway redesign. Actions identified via monthly breach reviews and weekly PTLs. Action plan updated fortnightly and reviewed by Service Delivery Group. -Ongoing close patient level management of cancer PTL, including a weekly cross-divisional review meeting.	Major	Unlikely	8	High Risk	01/07/2016
949	Womens & Childrens	Quality	Windfeld, Sarah	Medical Director	Risk that perinatal mental health services are not adequate to the needs of those requiring to access the service	Risk that patients receive inadequate service/ treatment in relation to perinatal mental health due to non-compliance with NICE Guidelines CG192, as no provider is currently commissioned to provide a community specialist service. The consequence of not being able to access treatment could have an adverse effect on mothers and their infants.	Catastrophic	Possible	15	Very High Risk	- The obstetric consultant lead for perinatal mental health now has a psychiatric nurse who works alongside the antenatal clinic three days per week. -The psychiatric nurse has access to RIO which allows them to checking past mental health history and involvement with services. -Psychiatric nurse and midwife triaging patients screened to be 'at risk'. - There is no input from New Horizon's for specialist advice for antenatal patients with mental health diagnosis. This is a reduction in the service previously provided.	Inadequate	Major	Likely	16	Very High Risk	-To support the antenatal clinic at St Michael's with provision of mental health expertise and access to mental health records to enable a cohesive approach to patient care and treatment during the course of a pregnancy. -To ensure that healthcare professionals working in St Michaels Hospital check the main Medway patient information system. This will enable them to able to interrogate the system for previous interventions in relation to patients presenting with mental health concerns (complete). -To revise the guidelines on breastfeeding to include the information regarding guidance on taking anti-psychotic medication when breast feeding (complete). -Mental Health services within Maternity services to be put into BNSSG strategy by commissioners (complete). -The process for triaging patient with mental health problems appears to be working well. The new guideline has been introduced which signposts women to the appropriate level of care. Work with commissions on -going. Awaiting NICE guidance Regulation 28 served on Commissioners by Coroner awaiting action by Commissioners. Mental health nurse in post working alongside Maternity Services (complete). -Plan to appoint to extra midwifery time (2 days) which will also enhance risks identification and allow for co-ordination of care within maternity services (complete). -Commissioners have been requested to consider commissioning a community perinatal mental health service by HM Coroner and UH Bristol.	Minor	Possible	6	Moderate Risk	30/04/2016
959	Trust Services	Financial	Lee, Deborah	Director of Finance	Risk that Trust does not deliver 2016/17 financial plan due to Divisions not achieving their current year savings target.	Risk that Trust does not deliver future years financial plan due to under delivery of recurrent savings in year. Only around 80% of the required savings havebeen idenitfed and delivered however, the impact on the financial plan has reduced due to other compensatory factors.	Major	Likely	16	Very High Risk	-Monthly Divisional CIP reviews -Monthly Divisional Performance reviews -Monthly review by CIP Programme Steering Group -Monthly updated at a glance reports -Benefits tracking systems - all schemes are tracked based on actual savings to specific budget line and this is monthly reviewed and end of year forecast risk assessed -Divisional control of vacancies and procurement monitored at monthly performance meetings. -Those Divisions who have challenges meeting the target are given additional external and internal support to assist in managing the recovery. -Regular Reporting to the Finance Committee and Trust Board, Risk is partially mitigated by slippage on reserves.	Adequate	Major	Possible	12	High Risk	-Divisions, Corporate and transformation team are actively working to promote the pipelines schemes into deliverable savings schemes. -Trust is working to develop savings plans to meet 2015/16 target.	Minor	Unlikely	4	Moderate Risk	30/06/2016

Corporate Risk Register 20/04/2016

							Inherent				Controls		Current				Actions Summary	Target				Review
ID	**Division**	**Risk Domain**	**Manager**	**Executive Lead**	**Title**	**Description**	**C**	**L**	**S**	**Risk level**	**Controls in place**	**Adequacy**	**C**	**L**	**S**	**Risk level**	**Action**	**C**	**L**	**S**	**Risk level**	**Review date**
961	Medicine	Patient Safety	Green, Rowena	Chief Operating Officer	Risk of harm to patients awaiting discharge, once medically fit	There is evidence of harm to patients who are awaiting discharge - classified as Green To Go Patients - this includes functional deterioration with mobility leading to falls potentially resulting in fracture, pressure ulcers and hospital acquired infection. These have occurred on at least a monthly basis.	Major	Likely	16	Very High Risk	-Enhanced Observation of patients at risk in place across all wards. -Standard Operating Procedure in place and compliance regularly monitored. -All incidents investigated and any learning, to prevent future incidents, acted upon. -Weekly Patient Progress Meetings with partners . -Fortnightly Unscheduled Care and Discharge Steering Group. -Three month project in which there is an enhanced REACT service which will cover OPAU and MAU in addition to the Emergency Department. -A Social care Practitioner has been seconded to the team to assist in the rapid turnaround of appropriate patients. -A clinical alert system is established to alert the Hospital Discharge Team when identified patients re-present in the emergency department. -New Fast Track nurse assessor posts are now in place facilitating earlier discharge for end of life patients. -The two orthopaedic wards have been identified as having the majority of delayed patients in the Division SHN and they are now routinely involved in the weekly Progress Meeting. -Discharge to Assess pathways all operational. Monitoring and further development continues in conjunction with the CCG and BCC. -New DToC codes introduced in December 2015. -Agreed standards for Social care are included and reported weekly. -Choice policy implemented including workshops for ward staff. -Checklist for Choice policy on medway for audit purposes.	Inadequate	Major	Possible	12	High Risk	-Discharge to Assess Pathways to be agreed and delivered (complete). -Develop weekly Patient Progress meeting to provide a seperate meeting for Surgery (complete). -Integrated Discharge Project actions in progress following workshops held in July 2014. Monitored weekly and reporting to the Unscheduled care and Discharge Steering Group. This project is being overseen by the Transformation Team at UHB with individual projects led by senior staff from UHB, Bristol CCG and Bristol city Council. -Monitor performance standards for Social Services (complete). -Pathways required for bariatric patients. -Audit new Choice policy being implemented in Adult wards across the Trust. -To continue workshops for ward staff around Choice policy.	Moderate	Possible	9	High Risk	31/05/2016
970	Medicine	Statutory	Green, Rowena	Chief Operating Officer	Potential risk of non-compliance with some of Monitor's core 4-hour Wait Clinical Indicator.	Failure to meet some of the core ED clinical indicators results in non-compliance with Monitor and this will incur significant financial penalty to the Trust. Potentially resulting in: 95th Percentile achievement of the 4 hour arrival to disposal standard not being achieved Initial assessment to be completed within 15 minutes of arrival for ambulance being achieved Time to treatment - 60 minute median for all ED patients arrival to start of treatment not being achieved Number of patients who did not wait to be seen being achieved. Number of patients who return to the ED for the same complaint being achieved. Suboptimal patient experience and non-compliance with Monitor requirements if patients wait longer than 4 hours in the Emergency Department. Failure of clinical indicator incurring financial penalty. Trust wide non-compliance.	Major	Almost certain	20	Very High Risk	-Clinical Site Management Team resposible for ensuring that all actions have been unertaken to discharge transfer or admit an ED patient in less than 4 hours -ED electronic tracking board located in ED, MAU, CSM team offices, STAU and on Connect -ED staffing structure to support compliance with the standard, validation processes for all 4 hour breaches in place, additional portering staff to assist with transfers and admissions -Minimum of 2 daily patient flow meetings, weekend and bank holiday planning -Daily Operational Grip Meetings held in ED at 08.30 and 4.30 pm to review status and actions with MAU,STAU,OPAU,ED and the CSMT -Daily Medicine and Surgery Leadership in Flow meetings in place -Daily validation process and review of performance -Each Division to review 4 hour performance and feedback improvement plans to weekly EAPIG -Closer working with social services and other community agencies -Attendance and daily ward rounds being monitored. Discharge to assess pathways in place. CDCC overseeing rehab pathways for all patients. Medical ward KPIs have been set, and include numbers of patients vacating beds prior to 12 MD., Weekly Patient Progression meetings with external partners commenced January 2015. New Integrated Discharge Hub is now functional. Brings Discharge Team, Social Services, Community Care Managers and other discharges services in one central location.	Inadequate	Moderate	Likely	12	High Risk	-Business case for ED Minors Consultant being written (complete). -MAU review session took place on 22/01/2015 to identify actions to progress flow through MAU. Actions plan to follow with named owners (complete). -ED Minors action plan in progress.Includes the addition of 24/7 NA cover (complete). -Recritument process for a 1x WTE ED Consultant in train. This will increse the number of consultants on a late shift Monday to Friday(complete). -Trial of mental health practitioner / liaison psych team member working shifts Saturday & Sunday 9am to 5pm to reduce blockage of minors stream flow. -Ideal week in ED - to assess how the department runs with full sign up and accordance to the professional standards for specialities and the ED (complete). -Benchmarking with other local (& non-local but comparable) Trusts on staffing models, sickness & turnover rates. -Consider option of displaying ED (& SBCH, boots etc) waiting times on Trust website as per Gloucester Hospitals NHSFT. Consider tweeting Trust status when in extremis N2/12/2015 approved by SLT awaiting cofirmation with Comms Team on start date for pilot (complete). -Review and propose increase to ED weekend medical staffing 24/12 Business case submitted for 2xWTE ED Consultants(complete).	Minor	Possible	6	Moderate Risk	31/05/2016
1395	Trust Services	Quality	Whittaker, Xanthe	Chief Operating Officer	Risk of administrative errors due to insufficient cancer administrative support	There is a risk of administrative errors due to insufficient numbers of cancer administrative support staff (MDT coordinators and similar). These errors incur risk of failing access target standards and of poorer patient experience. There is also the risk of very low morale reflected by high sickness rates and high turnover, which in turn exacerbate the problem. There is also a low risk to patient safety and outcomes. Evidence shows inadequate staffing increases errors, and benchmarking demonstrates UH Bristol is significantly understaffed compared to comparable organisations. The risk is highest in peak leave periods, when staff are sick, or there are vacancies. The risk exists across three divisions. The risk was highlighted by the Intensive Management and Support Team visit to assess cancer performance management in November/December 2015.	Major	Possible	12	High Risk	-Work is prioritised to ensure the most critical tasks to safety are completed. -Numerous safety nets are in place to identify common errors, however these are retrospective and may not pick up the problem fast enough to prevent impacts.	Inadequate	Major	Possible	12	High Risk	-Put forwards proposal for additional staffing to mitigate the risk by ensuring adequate cover for service, to the Trust Services OPP. -Review by Access Improvement Manager of processes in use within coordinator team, to ensure maximum efficiency and effectiveness. -Support pilot of electronic tertiary referrals between different installations of the cancer register. -Work with commissioners to introduce direct booking of fast track referrals via the e-referrals system, potentially reducing processing steps within the fast track team and thus reduce pressure on the wider cancer administrative team (note action currently entirely with commissioners to take forwards).	Major	Rare	4	Moderate Risk	30/06/2016
1497	Trust Services	Quality	Lee, Deborah	Chief Operating Officer	Risk of Delays in transfer of North Somerset patients due to temporary closure of Clevedon Hospital	Clevedon Hospital is temporarily closing inpatient beds due to essential maintenance work and the local commissioners are not providing alternative beds locally, but instead promoting the new D2A pathway. There is a risk that patients waiting for a rehab bed or package of care in North Somerset will be delayed within UHB due to their capacity. Impact on patients of delay and longer spell in acute hospital, and potential to impact on patient flow at the BRI and increased G2G	Moderate	Likely	12	High Risk	Discharge manager to liaise closely with North Somerset CCG and ensure that all actions are taken to mitigate impacts.	Inadequate	Moderate	Likely	12	High Risk		Moderate	Possible	9	High Risk	01/05/2016

Cover report to the Board of Directors meeting held in public
To be held on Thursday 28 April 2016 at 11.00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
21. Monitor Q4 Risk Assessment Framework Declaration									
Sponsor and Author(s)									
Sponsor: Robert Woolley, Chief Executive **Authors:** Deborah Lee, Chief Operating Officer / Deputy Chief Executive; Paul Mapson, Director of Finance and Information; Xanthe Whittaker, Associate Director of Performance									
Intended Audience									
Committee members	✓	Regulators	✓	Governors		Staff		Public	
Executive Summary									
Purpose All NHS Foundation Trusts require a licence from Monitor stipulating specific conditions that they must meet to operate including financial sustainability and governance requirements. The 'Risk Assessment Framework' constitutes Monitor's approach and their use of the framework to assess individual FT compliance with two specific aspects of their work: the Continuity of Services and Governance conditions in their provider licences. The purpose of a Monitor assessment under the framework is to highlight when there is a significant risk to the financial sustainability of a provider of key NHS services which endangers the continuity of those services; and/or poor governance. It is important to note that concerns do not automatically indicate a breach of the licence or trigger regulatory action. Rather, they will prompt Monitor to consider where a more detailed investigation may be necessary to establish the scale and scope of any risk. Key issues to note This report provides an analysis of governance risk (Appendix A). Following making the necessary enquiries, the Senior Leadership Team confirmed that it is not aware of any matters arising during the quarter requiring an exception report to Monitor which have not previously been reported. The recommendation to the Board is to declare the standards failed in quarter 4 to be the A&E 4-hour standard, the 62-day GP and 62-day Screening cancer standards. It is also recommended that the ongoing risks to achievement of the 62-day screening and 62-day GP cancer standards, and the A&E 4-hour standard, are flagged as part of the narrative that accompanies the declaration, along with the specific performance risks to the 31 day first definitive and 31-day subsequent surgery cancer standards for quarter 1.									
Recommendations									
The Board of Directors are asked to approve the following Quarter 4 declaration for submission to Monitor: • A submission against the 'Governance Rating' reflecting the standards failed in quarter 4 to be the A&E 4-hour standard, the 62-day GP and 62-day Screening cancer standards;									

- The recommendation that the planned ongoing failure of the listed standards continues to be flagged to Monitor, as part of the narrative that accompanies the declaration;
- Confirmation that the Board anticipates that the Trust will continue to maintain a financial sustainability risk rating of at least 3 over the next 12 months; and
- Confirmation that the Board anticipates that the Trust's capital expenditure for the remainder of the financial year will not materially differ from the forecast in the financial return.

Impact Upon Board Assurance Framework

This report does not result in any changes to the Board Assurance Framework.

Impact Upon Corporate Risk

This report does not result in any changes to the Corporate Risk Register.

Implications (Regulatory/Legal)

None.

Equality & Patient Impact

N/A

Resource Implications

Finance		Information Management & Technology	
Human Resources		Buildings	

Action/Decision Required

For Decision		For Assurance		For Approval	✓	For Information	

Date report submitted to other sub-committee

Finance Committee	Quality & Outcomes Committee	Remuneration & Nomination Committee	Senior Leadership Team	Other (specify)
	26th April 2016		20th April 2016	

Monitor Quarter 4 declaration against the 2015/16 Risk Assessment Framework for Governance

1. Context

The Trust is required to make its quarter 4 declaration of compliance with the 2015/16 Monitor Risk Assessment Framework by the 30th April 2016.

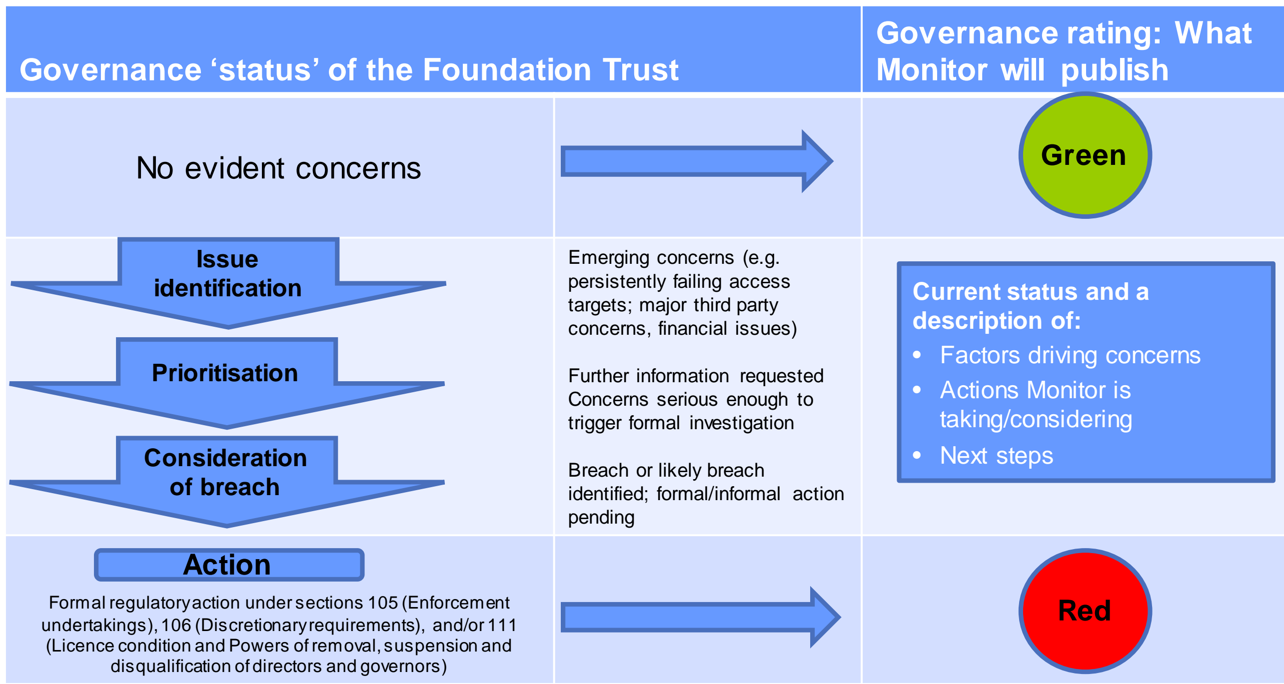
The Trust's scores against the Risk Assessment Framework are used to derive a Governance Rating for quarter 4, by counting the number of 'Governance Concerns' that have been triggered in the period. These Governance Triggers at present include the following:

- Service Performance Score of 4 or greater (i.e. four or more standards failed in the period)
- A single target being failed for three consecutive quarters
- The A&E 4-hour standard being failed for two quarters in any four-quarter period *and* in any additional quarter over the subsequent three-quarter period
- Breaching the annual *Clostridium difficile* objective by failing three consecutive year-to-date quarters *or* failing the full-year objective at any point in the year
- CQC warning notices

Monitor also uses other information to signal potential Governance Concerns, using patient and staff metrics such as satisfaction rates, turn-over rates, levels of temporary staffing and other information from third party organisations.

The resultant Governance Rating that Monitor publishes will depend on further investigations it conducts following Governance Concerns being triggered. The following shows the rationale for the application or either a GREEN or a RED rating:

Table 1 Monitor's process for determining the Governance 'status' of a Foundation Trust



Each quarterly declaration to Monitor must take account of performance in the quarter, and also note expected performance risks in the coming quarter. The forecast risks will be declared to Monitor as part of the narrative that accompanies the submission.

Monitor compares the quarterly declarations a trust makes with its Annual Plan risk assessment. If a trust declares a standard as not met as part of its quarterly declaration, which it did not declare at risk in the annual plan risk assessment, the trust may be required to commission an independent

review of its self-certification and associated processes. In the Trust's Annual Plans the standards declared to be at risk of failure in quarter 4 2015/16 and quarter 1 2016/17 were as shown below:

	Quarter 4 2015/16	Quarter 1 2016/17
Standards not forecast to be met	RTT Admitted* A&E 4-hours 62-day GP cancer 62-day Screening cancer	A&E 4-hours 62-day GP cancer 62-day Screening cancer 31-day first definitive† 31-day subsequent surgery†
Score	**3.0**	**4.0**

*Please note: these standards are no longer scored under the Risk Assessment Framework
†Subject to agreement to include in the Annual Plan

2. Performance in the period

Table 2 shows the performance in quarter 4 against each of the standards in Monitor's Risk Assessment Framework. The following standards were not achieved in the quarter:

- A&E 4-hour standard (1)
- 62-day GP and 62-day Screening cancer standards (combined score of 1)

Overall the Trust scores 2 against the Risk Assessment Framework, although under the rules set-out within the Risk Assessment Framework, the failure of the 62-day GP and screening standards, and the A&E 4-hour standard, in quarter 4 would trigger Governance Concerns for repeated failures of the same standard. However, Monitor has restored the Trust to a GREEN rating but will continue to monitor progress with achievement of recovery trajectories.

Please note that performance against the cancer standards is still subject to final national reporting at the beginning of May and therefore the position shown in Table 2 remains draft.

Quarter 1 2016/17 risk assessment

The risk assessment detailed in Table 2 sets-out the performance against each standard in Monitor's 2015/16 Risk Assessment Framework in quarter 4, along with the key risks to target achievement for quarter 1 2016/17. The mitigating actions that are being taken are also provided, along with the residual risk.

The national standard of at least 92% of patients waiting less than 18 weeks at month-end from Referral to Treatment (RTT) was achieved in each month in quarter 4, in line with the RTT improvement trajectories. Although the sustained high levels of emergency admissions and the loss of activity resulting from the junior doctor industrial action pose risks to the longer term achievement of the 92% standard, it is forecast that the 92% national Incomplete Pathways standard will continue to be achieved in each month in quarter 1 2016/17.

The A&E 4-hour 95% standard failed to be achieved in the period. Performance deteriorated early in January with high levels of emergency attendances and emergency admissions through the Adult and Paediatric Emergency Departments, and rising patient acuity. The deterioration in the Trust's performance mirrored that seen nationally, with the Trust performing around the national average for most of the quarter. Levels of delayed discharges remained above plan, which in combination with rising demand and acuity, resulted in a significant increase in bed occupancy. In addition to the impact on 4-hour performance, the pressure on beds led to an increase in elective cancellations and a slowing in the progress being made in reducing the number of patients on admitted RTT waiting over 18 weeks.

There continues to be the potential for failure of the 62-day Screening standard, following the transfer out of the Avon Breast Screening service. This is because the bowel screening pathway is now the highest volume reported pathway, but is a difficult one to complete within 62-days due to a

high proportion of breaches resulting from patient choice and other causes outside of the Trust's control. A total of nine patients (8.5 breaches in accountability terms) were not treated within 62 days of referral in quarter 4. The reasons for the breaches were: medical deferral/clinical complexity (3 patients), patient choice (2 patients), elective capacity (2 patients), delayed radiology diagnostic (1 patient) and late referral by another provider (1 patient). The capacity problems experienced within the colorectal service during quarters 2 and 3 also impacted, but to a lesser extent than in previous quarters. An additional colorectal consultant will come into post in late April, which should reduce the risk of further breaches of standard for this reason. However, as noted in previous quarters, although it is expected the 90% standard will be achieved in some quarters, it is unlikely to be achieved every quarter. It is therefore recommended that the high risk of failure of this standard continues to be flagged to Monitor for quarter 1, and future quarters.

The 62-day GP cancer standard continued to be failed in quarter 4. However, the improvement trajectory was met in aggregate for the quarter (with January performance being 6.3% better than trajectory, February being 4.9% worse that trajectory and the March performance expected to be better than trajectory – subject to reporting). However, due to emergency pressures the improvement in performance seen in quarters 2 and 3 did not continue. These risks continue into quarter 1, further details of which are provided below. It is recommended that the potential risk to failure of the 62-day GP cancer standard that our case-mix and late tertiary referrals brings, continues to be flagged to Monitor as part of the narrative that accompanies the declaration, along with the likely failure of the A&E 4-hour standard.

Unusually, the Trust is expecting to report a failure of the 31-day first definitive and 31-day subsequent surgery cancer waiting times standards in quarter 1 2016/17. This is due to exceptional levels of demand on the adult Intensive Therapy Unit (ITU) / High Dependency Unit (HDU), in terms of both numbers and increasing patient acuity. This heightened demand is arising from emergency patients. The result has been the cancellation of most ITU/HDU elective surgical cases, the majority of which were cancer patients, over a three week period in March and early April. Plans are being progressed to try to treat these patients as quickly as possible, including the establishment of additional HDU capacity in Heygroves Theatres Recovery, diverting some cancer cases to other centres, repatriating as many emergency ITU cases as possible, outsourcing (mainly benign) cases to the independent sector and the use of Cardiac Intensive Care Unit capacity where possible and appropriate. In addition to the impact on the 31-day cancer standards, there is expected to be a negative impact on 62-day GP cancer waiting times, but to a lesser extent due to the smaller number of patients involved.

The RTT Incomplete pathways standard has a moderate residual risk of failure, for the reasons set-out above. This standard along with all those at risk remain under close scrutiny through the Service Delivery Group (SDG) and the Senior Leadership Team (SLT).

3. Recommendation

The recommendation to the Senior Leadership Team (SLT) is to declare the standards failed in quarter 4 to be the A&E 4-hour standard, the 62-day GP and 62-day Screening cancer standards. It is also recommended that the ongoing risks to achievement of the 62-day screening and 62-day GP cancer standards, and the A&E 4-hour standard, are flagged as part of the narrative that accompanies the declaration, along with the specific performance risks to the 31 day first definitive and 31-day subsequent surgery cancer standards for quarter 1.

Table 2 Summary of performance in quarter 3 2015/16, and the risks to quarter 4 compliance

Indicator	Score	Achieved in Q4 2015/16?	New risks to Q1 2016/17?	Risks/Issues	Steps being taken to mitigate risks	Original risk rating	Residual risk rating[1]
18-weeks Referral to Treatment for incomplete pathways	1.0	Yes – 92% standard met in each month	No – ongoing risk of high levels of demand and junior doctor industrial action continuing from Q4	- Non admitted RTT treatments difficult to plan because an RTT clock may or may not stop at each outpatient attendance; - Longer than planned waits for first outpatient appointments in dental specialties in particular, due to recruitment challenges and loss of capacity; - Ongoing growth in outpatient demand above planning assumptions; - Higher than predicted emergency admissions which may result in further elective cancellations ;	- IMAS (Interim Management & Support) Capacity and Demand models used to plan activity required in 2016/17 for continued achievement of the 92% standard, and further reduction of backlogs in non-achieving specialties; - Validation of long waiters to improve data quality and waiting list management; - Robust monitoring and escalation to optimise the number of long waiters booked each month; - Planned move to direct reporting from Medway (Patient Administration System) which will enable real time reporting and as a result improve pathway management capabilities; - RTT steering group overseeing the recovery plans.	High	Moderate
A&E Maximum waiting time 4 hours	1.0	No	No – Ongoing risks from Q3	- Levels of emergency admissions via the Bristol Royal Infirmary and Bristol	- Wide-ranging internal improvement plan including ORLA community-based patient	High	High

[1] The 'Residual' Risk Rating represents the most likely risk level that will remain once the impact of mitigating actions have been applied to the 'Original' risk. The 'Original' risk is the risk rating before any mitigating actions have been taken. For this reason the terms are different from the 'Current' and Target' risk categories used on the Trust's Risk Register for the management of risk.

				Children's Hospital Emergency Departments significantly higher in quarter 4 than the same period last year and materially above plan; patient acuity also higher; - Delayed Discharges have risen and remain well above plan; - Other local providers reporting a high proportion of over 4-hour waits, increasing the potential for ambulance diverts and high levels of variation in demand; - Performance trajectory based upon impact of system-wide actions not forecasting achievement of 95% standard in Q1.	management (latter half of 16/17), improved ward-based discharge processes, and changes in the management of particular patient pathways, which should reduce length of stays for a large cohort of medical patients; - Escalation of risks relating to delayed discharges to partner organisation Execs; - Continued implementation of system-wide Resilience Plan.		
Cancer: 62-day wait for first treatment – GP Referred	1.0	No – although improvement trajectory expected to be met in aggregate in Q4	Yes – exceptional demand for ITU/HDU resulting in very high levels of cancellation	- High levels of late tertiary referrals continuing to be main cause of breaches - High levels of medical deferral, patient choice, and clinical complexity (none of which can be accounted for in waiting times and are difficult to mitigate) - Increasing/high volumes of patients for tumour sites that nationally perform well below the 85% standard	- Cancer Performance Improvement Group overseeing action plan, which includes implementation of 'ideal timescale' pathways (complete) and offering patients a first appointment within 7 days, wherever possible; - Monthly and quarterly breach reviews, along with benchmarking against an equivalent peer group, being used to inform further	High	High

				- Intensive Therapy Unit (ITU) / High Dependency Unit (HDU) bed related cancellations - Awareness raising campaigns likely to continue to increase demand	improvement work; - Patients on the cancer patient tracking list continue to be actively managed, with oversight of the waiting list through divisional and Trust-wide weekly meetings, and any delays escalated to Divisional Directors and Chief Operating Officer; - Further capacity and demand modelling for ITU/HDU to be undertaken due to exceptional sustained levels of demand seen in quarter 4 2015/16; - Action plan developed for Q1 to increase the HDU capacity in order to re-book cancelled patients.		
Cancer: 62-day wait for first treatment – Screening Referred		No – performance below 90% (65% of breaches outside of the control of the Trust)	No	- Following the transfer of the Avon Breast Screening Service in quarter 2 2014/15, the majority of the Breast Screening pathways will no longer be reported under this standard; breast pathways normally completed in under 62 days, unlike bowel which nationally performs well below the 90% standard; - All bowel screening pathways originate at the Trust, and capacity constraints at other	- Specialist practitioner and colonoscopy waiting times remain short and continue to be closely monitored; - Any patients on shared pathways continue to be actively tracked via our Cancer Register until treated at other providers; - Need for additional elective capacity for colorectal surgery continuously reviewed; - All CT colon scanning and reporting delays escalated, and further capacity and demand modelling has been undertaken	High	High

				providers will have a knock-on impact on performance for shared pathways; - Patient choice in bowel screening pathway; - Patient choice and medical deferral related breaches cannot be fully mitigated, and for this reason the residual risk remains high; - Numbers of cases reported under this standard are now low, due to the loss of the breast pathways, so small numbers of breaches may have a large impact.	to reduce waits; - Capacity and demand review undertaken for colorectal service; additional consultant appointed and starts in April 2016.		
Cancer: 31-day wait for subsequent treatment - subsequent surgery	1.0	Yes	Yes – exceptional demand for ITU/HDU resulting in very high levels of cancellation	- Cancellations of surgery due to emergency pressures (mainly ITU/HDU beds) - Having enough surgical capacity to meet peaks in demand, especially for the colorectal and hepatobiliary services - Unpredictably high volume of delays due to medical deferrals in some quarters.	- See actions under 62-day GP regarding ITU/HDU bed capacity - Ongoing proactive management of cancer patient tracking list, to identify bulges in demand as early as possible; - Due to high levels of cancellations in Q4 15/16, this standard is likely to be failed in Q1 16/17, with additional capacity being provided to re-book the cancelled cases.	High	High
Cancer: 31-day wait for subsequent treatment - subsequent drug therapy		Yes	No	- No significant risks	- Continue to pro-actively manage patients on the Cancer patient tracking list	Low	Low

Cancer: 31-day wait for subsequent treatment - subsequent radiotherapy		Yes	No	- No significant risks	- Continue to pro-actively manage patients on the Cancer patient tracking list	Low	Low
Cancer: 31-day wait for first definitive treatment	1.0	Yes	Yes – exceptional demand for ITU/HDU resulting in very high levels of cancellation	- Cancellations of surgery due to emergency pressures (mainly ITU/HDU beds); - Lack of ward beds to admit elective patients to, as a result of emergency pressures	- See actions under 62-day GP regarding ITU/HDU bed capacity; - Plan being developed to improve patient flow in order to protect elective bed capacity and re-book cancelled cases (now breaches of standard); - Divisions to continue to pro-actively manage patients on the Cancer patient tracking list; - Due to high levels of cancellations in Q4 15/16, this standard is likely to be failed in Q1 16/17, with additional capacity being provided to re-book the cancelled cases.	High	High
Cancer: Two-week wait - urgent GP referral seen within 2 weeks	1.0	Yes	No	- The Trust's skin cancer clinic capacity is limited at Weston, but patient demand relatively high, with patients choosing to wait over 14 days; - Very high levels of demand now being experienced in some months, for reasons not well understood.	- Patients referred with a query skin cancer being offered an earlier appointment at the BRI first, before being offered an appointment at Weston; - Continue to pro-actively manage patients on the Cancer patient tracking list	Low	Low
Clostridium difficile	1.0	Yes, although still awaiting	No	- Flat profiling of annual target continues to be	- Procalcitonin testing of high risk patients in the Elderly	Low	Low

		confirmation of the number of cases deemed by the commissioners to be potentially avoidable.		imposed by Monitor; - Bristol community is an outlier for antibiotic prescribing	Assessment Unit (EAU) and Medical Assessment Unit (MAU) continues, to reduce the use of un-necessary antibiotics - An antibiotic prescribing phone application has been implemented - Use of Fidaxomicin to treat patients at high risk of C. diff recurrence or relapse - Awareness sessions for GPs and Nursing Home Managers - Rigorous Root Cause Analysis of cases to continue to enable any C. diff cases not resulting from a lapse in quality of care to be demonstrated to the commissioners.		
Certification against compliance with requirements regarding access to healthcare for patients with a learning disability	1.0	Yes	No	- No significant risks	See the standard set-out in Appendix 1, which the Trust is declaring compliance with.	Low	Low

Appendix 1 – Learning Disability Access Criteria

<table>
<tr><th>Criteria</th><th>Trust evidence</th></tr>
<tr><td>1. Does the NHS foundation trust have a mechanism in place to identify and flag patients with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients?</td><td>The Trust has a clinical alert system which has approximately 3,000 patients registered and is managed by the learning disabilities Nurse/team. This system has proven to be an effective way of identifying known patients with learning disabilities when accessing both inpatient and outpatient services
The Trust has an informative learning disabilities internal web page which includes referral pathways and documentation tools to support assessments, implementation and reasonable adjustments. The learning disabilities risk assessment gives opportunity for staff teams to record all reasonable adjustments made against the identified needs
When individuals with learning disabilities are referred to the learning disabilities team from carers or external providers (local authority), the team is able to support pre-planned admissions and make reasonable adjustments according to identified needs. As a Trust we are able to provide multiple procedures under one general anaesthetic, bringing diverse teams together as required for treatment and/or investigations</td></tr>
<tr><td>2. Does the NHS foundation trust provide readily available and comprehensive information to patients with learning disabilities about the following criteria:
Treatment options
Complaints and procedures and
Appointments?</td><td>The Trust has a series of `Easy Read' leaflets. Easy Read uses pictures to support the meaning of text. It can be used by a carer/staff teams in support of the decision making process regarding treatment and care
The Trust 'Easy Read' range includes:
Healthcare and treatment options
Consent
How to contact patient support and complaints team
Going into hospital and what happens
Learning disabilities liaison nurse
Being discharged from hospital
The Trust has various appointment letters to support individuals individual needs</td></tr>
<tr><td>3. Does the NHS foundation trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities?</td><td>The trust has a `Welcome pack' which profiles the Trust providing a range of information around admission and orientation when visiting
The learning disabilities risk assessment has a section to identify the needs of family and carers to ensure reasonable adjustments are made for them as well</td></tr>
</table>

	as the individual receiving direct care • The learning disabilities team provide support to all carers identified for individuals accessing both inpatient and outpatient services and continues from preadmission through to discharge planning. • The Trust has a Carers' Strategy and Carer support worker to support the needs of carers
4. Does the NHS foundation trust have protocols in place to routinely include training on providing health care to patients with learning disabilities for all staff?	• The Trust `essential training' programme including at Trust induction learning disabilities awareness training for non-clinical and clinical staff and includes medical staff • The LD nurse delivers custom made training to meet the needs of existing staff groups as required • Annual training events are hosted for link nurses to support their knowledge and skills in caring for patients with learning disabilities
5. Does the NHS foundation trust have protocols in place to encourage representation of people with learning disabilities and their family carers?	• The Trust consults with Learning Disability user groups when strategies and Easy Read materials are in draft format for comments • The Trust provides annual training events whereby users groups attend and receive training around health needs, procedures and support systems available when accessing acute services
6. Does the NHS foundation trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports?	• The Trust has a Learning Disabilities Strategy that informs the work plan for the Steering Group and sets the standards • Service delivery and outcomes are captured by the learning disabilities team and are incorporated into Trust and divisional objectives • The learning disabilities team monitor monthly the risk assessment and reasonable adjustment compliance to deliver the CQUIN and ensure best care • The Learning Disability Steering Group reports to the Patient Experience Group

Appendix 2 – Draft declaration

Click to go to index

Declaration of risks against healthcare targets and indicators for 201516 by University Hospitals Bristol NHS Foundation

Targets and indicators as set out in the Risk Assessment Framework (RAF) - definitions per RAF Appendix A

NOTE: If a particular indicator does not apply to your FT then please enter "Not relevant" for those lines.

Key:
must complete
may need to complete

Target or Indicator (per Risk Assessment Framework)		Threshold or target YTD	Scoring Per Risk Assessment Framework	Annual Plan: Risk declared	Annual Plan: Scoring Per Risk Assessment Framework	Quarter 4: Performance	Quarter 4: Declaration	Quarter 4: Comments / explanations
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	i	92%	1.0	Yes	1	92.6%	Achieved	
A&E Clinical Quality - Total Time in A&E under 4 hours	i	95%	1.0	Yes	1	83.5%	Not met	
Cancer 62 Day Waits for first treatment (from urgent GP referral) - post local breach re-allocation	i	85%	1.0	Yes	1	80.6%	Not met	Subject to national reporting
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - post local breach re-allocation	i	90%	1.0	Yes		65.3%	Not met	Subject to national reporting
Cancer 62 Day Waits for first treatment (from urgent GP referral) - pre local breach re-allocation	i					80.6%		
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - pre local breach re-allocation	i					65.3%		
Cancer 31 day wait for second or subsequent treatment - surgery	i	94%	1.0	No		96.9%	Achieved	Subject to national reporting
Cancer 31 day wait for second or subsequent treatment - drug treatments	i	98%	1.0	No	0	98.3%	Achieved	Subject to national reporting
Cancer 31 day wait for second or subsequent treatment - radiotherapy	i	94%	1.0	No		97.7%	Achieved	Subject to national reporting
Cancer 31 day wait from diagnosis to first treatment	i	96%	1.0	No	0	97.0%	Achieved	Subject to national reporting
Cancer 2 week (all cancers)	i	93%	1.0	No	0	96.1%	Achieved	Subject to national reporting
C.Diff due to lapses in care (YTD)	i	45	1.0	No	0	9	Achieved	
Total C.Diff YTD (including: cases deemed not to be due to lapse in care and cases under review)	i					40		
C.Diff cases under review	i					10		
Compliance with requirements regarding access to healthcare for people with a learning disability	i	N/A	1.0	No	0	N/A	Achieved	
Risk of, or actual, failure to deliver Commissioner Requested Services		N/A	Report by Exception	N/A			No	
Date of last CQC inspection	i	N/A		N/A			08/09/2014	
CQC compliance action outstanding (as at time of submission)		N/A		N/A			No	
CQC enforcement action within last 12 months (as at time of submission)		N/A		N/A			No	
CQC enforcement action (including notices) currently in effect (as at time of submission)		N/A		N/A			No	
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	i	N/A		N/A			No	
Major CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	i	N/A		N/A			No	
Overall rating from CQC inspection (as at time of submission)	i	N/A		N/A			Requires improvement	
CQC recommendation to place trust into Special Measures (as at time of submission)		N/A		N/A			No	
Trust unable to declare ongoing compliance with minimum standards of CQC registration		N/A		N/A			No	
Trust has not complied with the high secure services Directorate (High Secure MH trusts only)		N/A		N/A			N/A	

The board is unable to make one of more of the confirmations in the section above on this page and accordingly responds:

A There are two targets in Monitor's Risk Assessment Framework for which the Board is unable to declare compliance with in quarter 4. These are: the A&E 4-hour standard and the combined 62-day GP and 62-day screening cancer standards.

The Trust performed at 83.5% against the A&E 4-hour standard in the period. This was against the recovery trajectory for the quarter of 91.9%. During the quarter the Trust experienced exceptional levels of growth in Emergency Department attendances (up 14%) and emergency admissions (up 11%) relative to the same period in the previous year, mirroring the national picture. There was a 10% increase ambulance arrivals, and a significant increase in the proportion of patients that did not require an admission that were classified as 'major', suggesting a rise in patient acuity alongside the increase in total emergency activity volumes. In addition to the heightened level of emergency demand, there was an increase in delayed discharges from 42 at the end of December to 64 at the end of March.The risks associated with the re-commissioning of domiciliary care packages within the community, from 51 to 4 providers, and the acute shortage of social workers was flagged to Monitor earlier in the year, and in routinely monthly reporting. Although the A&E 4-hour standard was not achieved, the number of patients managed within 4 hours was 3% higher than in the same in the previous year. The Trust is continuing to mitigate system risks through an action plan with partner organisations, with additional actions being taken to address delayed discharges and improve the ability of partner organisations to respond to demand.

B The 62-day GP cancer standard has been failed since quarter 4 2013/14, primarily due to high levels of unavoidable breaches (late referrals, medical deferrals/clinical complexity and patient choice) and tumour site case-mix. A significant programme of Cancer pathway improvement work has been implemented in 2015/16 including reductions in waits for the 2-week wait step, and implementation of ideal timescale pathways. In addition to this work to minimise internal causes of breaches, the Trust has also been working with other providers to reduce late referrals. The case mix of patients treated (typically having a -3.5% impact on performance) and late referrals into the Trust continues to make achievement of the 62-day GP standard challenging. However, the Trust continues to meet its improvement trajectory (in aggregate in quarter 4). During quarter 2 of 2014/15 the Avon Breast Screening service transferred to North Bristol Trust. As a result performance against the screening standard is largely based on a relatively small number of bowel screening treatments, which nationally performs well below 90%. In quarter 4 15/16, 9 screening referred patients (8.5 breaches in accountability terms) were not treated within 62 days of referral. Breach analysis demonstrates 6 of the 9 screening breaches were for reasons outside of the control of the Trust (i.e. patient choice, late referral froom another provider and medical deferral/clinical complexity). There were also breaches attributable to high levels of demand, following a period of extended unplanned leave by one of the clinicians. A capacity and demand review was undertaken in quarter 3 and service capacity has been increased on a substantive basis with the appointment of an additional consultant in April 2016.

C The Trust had failed the RTT incomplete pathways standard since Q2 2014/15, but met the 92% national standard in November 2015, and every month in quarter 4, in line with the agreed recovery trajectories. As part of the 2016/17 business planning round, the Trust again undertook detailed capacity and demand modelling using the Interim Management and Support (IMAS) models. Delivery plans to meet the required level of both recurrent and non-recurrent capacity have been established and the activity required to deliver these agreed with commissioners. The Trust is now expecting to report compliance against the 92% standard during each month of 2016/17, although noting the risks associated with the continued loss in activity as a consequence of industrial action by junior doctors which has slowed backlog reduction in March and April.
Unusually, the Trust is expecting to report a failure of the 31-day first definitive and 31-day subsequent surgery cancer waiting times standards in quarter 1 2016/17. This is due to exceptional levels of demand on the adult Intensive Therapy Unit (ITU) / High Dependency Unit (HDU), in terms of both numbers and increasing patient acuity. This heightened demand is arising from emergency patients. The result has been the cancellation of most ITU/HDU elective surgical cases, the majority of which were cancer patients, over a three week period in March and early April. Plans are being progressed to treat these patients as quickly as possible. In addition to the impact on the 31-day cancer standards, there is expected to be a negative impact on 62-day GP cancer waiting times, but to a lesser extent due to the smaller number of patients involved. Our recovery plan is expected to recover 31-day performance back to standard by the end of May.

Cover report to the Board of Directors meeting held in public
To be held on Thursday 28 April 2016 at 11:00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title									
22. Board of Directors Register of Interests and Gifts									
Sponsor and Author(s)									
Sponsor: John Savage, Chairman **Author**: Amanda Saunders, Head of Membership & Governance									
Intended Audience									
Board members	✓	Regulators		Governors		Staff		Public	
Executive Summary									
<u>Purpose</u> The purpose of this report is to present the Register of Directors' Interests and gifts for consideration by the Trust Board of Directors for assurance.									
Recommendations									
The Board is recommended to receive the report for **assurance.**									
Impact Upon Board Assurance Framework									
N/A									
Impact Upon Corporate Risk									
N/A									
Implications (Regulatory/Legal)									
Regulatory and statutory requirement to undertake this report annually									
Equality & Patient Impact									
N/A									
Resource Implications									
Finance		Information Management & Technology							
Human Resources		Buildings							
Action/Decision Required									
For Decision		For Assurance	✓	For Approval		For Information			

Date the paper was presented to previous Committees					
Quality & Outcomes Committee	**Finance Committee**	**Audit Committee**	**Remuneration & Nomination Committee**	**Senior Leadership Team**	**Other (specify)**

<u>Trust Board</u> - **Register of Business Interests - Updated April 2016**

First Name	Surname	Trust Position	Description of Interest	Remunerated	Date of declaration
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	No No No No No Yes	31.03.2016
Robert	Woolley	Chief Executive	Director of West of England Academic Health Science Network Member of the governing body of Health Education South West	No No	04.04.2016
Deborah	Lee	Deputy Chief Executive and Chief Operating Officer	Nil return	N/A	29.03.2016
Paul	Mapson	Director of Finance and Information	Nil return	N/A	04.04.2016
Carolyn	Mills	Chief Nurse	Nil return	N/A	08.04.2016

<u>Trust Board</u> - Register of Business Interests - Updated April 2016

First Name	Surname	Trust Position	Description of Interest	Remunerated	Date of declaration
Sean	O'Kelly	Medical Director	Non-Executive Director Somerset Clinical Commissioning Group Special Advisor, Care Quality Commission Member of Monitor's Clinical Advisory Forum	Yes No No	29.03.2016
Paula	Clarke	Executive Director of Strategy and Transformation	Nil return (start date April 2016)	N/A	21.04.2016
Sue	Donaldson	Director of Workforce & Organisational Development	Nil return	N/A	11.04.2016
Emma	Woollett	Non- Executive Director, Vice-Chair	Woollett Consulting Ltd, consultancy services to NHS organisations, avoid conflict of interest with UH Bristol role Associate with KPMG including NHS projects, avoid conflict of interest with UH Bristol role	Yes Yes	03.04.2016
John	Moore	Non-Executive Director, Chair of Audit Committee	Owner, Home Instead Senior Care, Bristol (first declared July 2015) (Until May 2015 only - Managing Director at Ezitracker Ltd)	Yes	31.03.2016

Trust Board - Register of Business Interests - Updated April 2016

First Name	Surname	Trust Position	Description of Interest	Remunerated	Date of declaration
Lisa	Gardner	Non-Executive Director, Chair of Finance Committee	Interim Finance Director at Above & Beyond Director of and Company Secretary for Watershed Trading Limited & Watershed Trust	Yes No	07.04.2016
Alison	Ryan	Non-Executive Director, Chair of Quality & Outcomes Committee	Nil Return	N/A	07.04.2016
David	Armstrong	Non-Executive Director	Corporate Function Manager for Business Processes and Assurance, Ministry of Defence (Until Dec 2015 - Head of Profession at Chartered Quality Institute, registered charity under Royal Charter)	Yes	31.03.2016
Julian	Dennis	Non-Executive Director	Nil return	N/A	31.03.2016
Guy	Orpen	Non-Executive Director	Deputy Vice-Chancellor and Provost Bristol University Director of the Bristol 2015 Company – links with Bristol City Council and Bristol Green Partnership Member of the Council (Board) of the Natural Environment Research Council Director of Bristol Green Capital Partnership (Board)	Yes No Yes No	21.04.2016

First Name	Surname	Trust Position	Description of Interest	Remunerated	Date of declaration
Jill	Youds	Non-Executive Director	Trustee of the National Employment Savings Trust Non-executive Director of the NEST Corporation Board Chair, Judicial Pensions Board on behalf of the Ministry of Justice Chair, Northern Ireland Pensions Board on behalf of the Northern Ireland Department of Justice	Yes Yes Yes Yes	29.03.2016
Board Members who left the Trust in 2015/2016					
James	Rimmer	Executive Director of Strategy and Transformation	Trustee of St. Matthew's Church, Bristol Trustee, Changing Times	No No	08.06.15

Cover report to the Board of Directors meeting held in Public
To be held on Thursday 28 April 2016 at 11.00am in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Report Title

23. Governors' Log of Communications

Sponsor and Author(s)

Sponsor: John Savage, Chairman
Author: Amanda Saunders, Head of Membership & Governance

Intended Audience

Board members	✓	Regulators		Governors	✓	Staff	✓	Public	✓

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.

Key issues to note:
In the period one new query has been added to the log, Item 149, for which a response has been provided. Responses have also been circulated for Item 147 and 148. No items are outstanding. There is agreement to monitor some responses via the Governors Quality Focus Group, as part of their existing procedure of monitoring items at a period of 6 month review.

Recommendations

None.

Impact Upon Board Assurance Framework

Impact Upon Corporate Risk

Implications (Regulatory/Legal)

Equality & Patient Impact

Resource Implications

Finance		Information Management & Technology	
Human Resources		Buildings	

Action/Decision Required

For Decision		For Assurance		For Approval		For Information	✓

Date the paper was presented to previous Committees

Quality & Outcomes Committee	Finance Committee	Audit Committee	Remuneration & Nomination Committee	Senior Leadership Team	Other (specify)

ID **Governor Name**

149 **Mo Schiller** ***Theme:*** Bristol Eye Hospital ***Source:*** Governor Direct

Query **07/04/2016**

What priority will be given to improving the tired waiting areas in pre-op assessment and OPD department at BEH. Any improvement will enhance the patient experience. Some chairs that are easier for the elderly/disabled are needed. Patients have to wait 4+ hours in these areas and hard chairs are not good for the elderly. White boards and communicating long waits would be helpful.

Division: Surgery, Head & Neck ***Executive Lead:*** *Chief Operating Officer* ***Response requested:*** 07/04/2016

Response **12/04/2016**

The management team at the BEH has recently met with the Trust Governors to hear first-hand about their experience of the eye outpatient department. An action plan, which has been shared with the Governor, has been developed which describes the steps that will be taken to improve the patient experience. This includes bidding to the Friend of BEH to secure funds to make physical enhancements to the seating in the waiting area. The action plan will be ciruclated by email as an attachment to this response.

Status: *Responded*

ID	Governor Name		
148	**Ed Brooks**	***Theme:*** Maternity Services	***Source:*** Governor Direct

Query **16/03/2016**

Following a recent Chair, Chief Executive and Governor 'Walk Around' visit to St. Michael's, please can more detail be provided with regards to the reported proposed trial of husbands and partners staying overnight with new mothers. How long would a trial run for, how would the trial be managed, who would be included from the staff side and how would it be assessed?

Division: Women's & Children's Services ***Executive Lead:*** *Chief Nurse* ***Response requested:*** 22/03/2016

Response **23/03/2016**

The maternity team in response to feedback from mothers and their partners that the ability to stay with partners overnight would enhance their experience of using our services are running a 6 month pilot project in ward 73 supporting partners to stay if they want to. The project is being led by the midwifery team and has been discussed at the maternity liaison Committee (Maternity Voices). Evaluation of the project will include feedback from service users, staff and a review of any risks/incidents that have occurred in this period. Staff side are not involved in the pilot. The review of the pilot and next steps will be via the Women's Executive meeting and post- natal working party.

Status: *Awaiting Governor Response*

ID **Governor Name**

147 **Mo Schiller** ***Theme:*** Recruitment ***Source:*** Governor Direct

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Query **14/03/2016**

Can the Board give governors assurance that there is an effective and rigorous approach to the selection process for Senior Executive and NED positions including the involvement of focus groups,panel interviews and presentations if required. How satisfied is the Board that the preparation and planning for selection process activities is robust and that communication and adherence to Trust values is maintained at all times?

Division: Trust Services ***Executive Lead:*** *Director of Human Resources and Organisational Development* ***Response requested:*** 14/03/2016

Response **11/04/2016**

The criteria and process for selection of the senior executive directors of the Trust Board is overseen by the Remuneration and Nominations Committee (comprising all Non-Executive Directors). The task is to be open and transparent in line with the Trust's Recruitment Policy, including an assessment of values in line with the organisation's standards and expectations. The selection process is planned with rigour and typically includes an interview, focus groups and a presentation. Appointments are made on the basis of ability and experience and not on the basis of seniority. We would generally employ a selection company to help us plan and execute the process.

The recruitment and appointment of Non-executive Director's at the Trust is supported by the Nomination and Appointment Committee, the membership of which comprises governors, the Trust Secretary and the Trust Chairman. A thorough recruitment and selection process has been outlined and approved by the Committee, including that all applications will need to be assessed against the job description and person specification. Shortlisting will be undertaken by the Nomination and Appointments Committee, led by Chairman (and the Senior Independent Director in the recruitment of a Chair), with the Director of Workforce and Organisational Development and the Trust Secretary in attendance in an advisory role. As well as a formal interview, candidates will be required to attend a discussion group comprising of members of the wider Council of Governors, and members of the Board of Directors.

Status: *Closed*

ID	Governor Name		
146	**Bob Bennett**	***Theme:*** Mental Health Services	***Source:*** Governor Direct

Query **19/02/2016**

In light of the report on NHS mental health service problems, can the Trust confirm if and how many staff are trained in the treatment and handling of patients suffering from mental health disorders? Do we have psychiatric specialists available throughout the Trust? If extra funding in the provision of our mental health services is required, is funding available within the existing Trust budget?

Division: Trust-wide ***Executive Lead:*** *Chief Nurse* ***Response requested:*** 19/02/2016

Response **11/03/2016**

Can the Trust confirm if and how many staff are trained in the treatment and handling of patients suffering from mental health disorders? Do we have psychiatric specialists available throughout the Trust?

We have a number of staff formally trained to a high level and employed by UHB in the treatment and handling of patient with a mental health disorder. They in turn train many more. In this trust there is diverse and complex system for the assessment and management of patients suffering from mental health disorders.

The Older Adults Service within the Trust is provided by Avon and Wiltshire Partnership the staff in the team are detailed in the table below.

Clinical Staff
Consultants
Specialty Doctors
Team Manager band 7
Nurses band 6

The Older Adults service works across the campus providing mental health input into older inpatients. There is a not a specific outpatient service. They specialise in the assessment and treatment of patients with cognitive impairment, and is a needs led referral system rather than criterion led. Their working hours are 9-5 5 days a week. There is increased service provision for 16/17 for 2 sessions of consultant time and further band 6 nursing time. This is to support older adults in OPAU, and attempt to reduce the length of stay of this vulnerable. The service has a variable number of core trainees at any one time.

The Adults of Working Age (AOWA) Service

Details of staff in the adults of working age service are in the table below. These are all funded via UHBristol, with the Consultant posts being joint posts with AWP.

Clinical Staff
Consultants
Specialty Doctors
Team Manager band 8
Nurses band 7
Nurse band 7 (St Michaels)

This service works 07:00 until 21:00, 7 days a week. The team provide an ageless service into ED and observation ward, inpatient review in all departments, and a specialised outpatient service including Medically Unexplained Symptoms. This team also had a variable number of trainees at any one time.

Child and Adolescent Mental Health Service (CAMHS)

The CAMHS service into the Children's hospital is commissioned and provided separately. It was provided by NBT as part of their broader CAMHS remit, but from April 2016 will revert to AWP for one year until a full re-tendering process can take place. This service is provided within office hours.

Psychological services

There are a variety of psychological services available through the Trust. The psychological service can refer into psychiatry.

If extra funding in the provision of our mental health services is required, is funding available within the existing Trust budget?

If extra funding is required to support mental health services by UHBristol this would be identified and prioritised through the annual operating plan process. Liaison Psychiatry has the potential to change the culture of hospitals and the care of all patients. Any expansion must be thoughtful and mindful of the impact on the rest of the healthcare system.

Status: *Closed*

ID	Governor Name		
145	**Angelo Micciche**	***Theme:*** Medical Equipment	***Source:*** Governor Direct

Query **12/02/2016**

In light of a recent item in the media regarding radiation beam equipment such as CT scanners and equipment used to give radiotherapy to cancer patients, etc., does the Trust have any equipment in current use that is past its recommended "scrappage date"?

If so, how are the Trust assured that the equipment is still fit for purpose and are these items on the capital expenditure/ asset list?

Division: Trust-wide ***Executive Lead:*** *Chief Operating Officer* ***Response requested:*** 12/02/2016

Response **22/02/2016**

All assets purchased by, or gifted to, the Trust have a notional asset life assigned to them. This is the period after which time the equipment is eligible for replacement and as such the item is depreciated over this timespan which in essence means that the capital is notionally available to re-procure the item.

There is no such thing as a “scrappage” date, as equipment that remains demonstrably fit for purpose may be retained beyond this life. However, and of note, assets are only used within the Trust if they are deemed to be operating satisfactorily & compliant with all relevant regulations. Dependent on the nature of the equipment, it may be serviced and repaired by the original supplier, an external third party or the Trust’s own Medical Equipment Maintenance Organisation (MEMO) which is hosted by the Division of Diagnostics and Therapies. The Trust is required to have maintenance contracts on all equipment capable of giving exposure to radiation e.g. the CT and radiotherapy equipment mentioned and the Trust is compliant with this statutory requirement; this is a requirement of the Ionising Radiations Regulations – Regulation 32.

The Trust has a rolling replacement programme for medical equipment. Items valued in excess of 500k – which will include the equipment identified in the item i.e. CT scanners and equipment used to give radiotherapy – are planned over a five year horizon and their replacement factored into the Trust’s Medium Term Capital Plan. For medical equipment below 500k, priorities are determined on an annual basis through the Business Planning Cycle.

Status: *Closed*

ID **Governor Name**

144 **Mo Schiller** ***Theme:*** Hospital facilities for carers ***Source:*** Governor Direct

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Query **05/02/2016**

Following my involvement with Face to Face visits in the hospital this week can the Trust outline the overnight sleeping facilities for parents/carers of adult patients (being cared for in an adult setting). For example parents of young adults with special needs who feel it is necessary to stay with the patient overnight. I observed a mattress on the floor by the patient's bedside in use, which does not seem acceptable, especially given some of the carers may also have underlying health issues and the possible implications for Health & Safety and Infection Control.

Division: Trust-wide ***Executive Lead:*** *Chief Nurse* ***Response requested:*** 05/02/2016

Response **22/03/2016**

Within adult services the Trust will always support patients carers who want to stay with their family member overnight. The Trust has dedicated rooms for carers who have a relative in intensive care. In other impatient areas armchairs are available for carers to use. The Trust via the carers forum is currently exploring options for purchasing arms chairs that recline to form a "bed" which would be accessible to carers if they wanted to stay overnight.

Status: *Responded*

ID **Governor Name**

143 **Mo Schiller** ***Theme:*** Workforce ***Source:*** Trust Board Meeting

Query **05/02/2016**

Following on from workforce reporting provided to the Trust Board, what additional resources are being utilised and what work is being undertaken regarding the continually high percentage of staff sickness, turnover rate and difficulties in recruitment in the Estates and Facilities Department. What measures can be taken to improve the staff morale to reduce the high turnover?

Division: Trust Services ***Executive Lead:*** *Director of Human Resources and Organisational Development* ***Response requested:*** 05/02/2016

Response **15/02/2016**

In order to address the turnover and recruitment difficulties, from October 2015, the Division of Facilities and Estates recruited a fixed term Recruitment and Retention Manager as a dedicated resource for the Division. Due to the stringent checks required by all staff working in clinical areas, recruitment times can vary between six weeks and six months. The post holder has reviewed the recruitment documentation and processes, enabling a more efficient recruitment timeline and is working towards a planned reduction in overall recruitment times. In addition to their Trust induction, Health Services Assistants are required to undertake clinical skills training and the Division has increased the number of places available from 9 to 18 per month thus increasing the throughput of new starters in the organisation. In January, offers were made to 60 potential new recruits and we anticipate these will reduce our vacancy rates and subsequently bank and agency usage.

The Division is also reviewing all long term sickness cases to ensure they are being managed in the most proactive, supportive and timely way. Benchmarking with other private and public sector organisations is undertaken to ensure we are adopting best practice with the aim of reducing our sickness levels.

The Division continues to implement its 2015/16 engagement plan. This includes the Facilities staff Champions project, where facilities staff from each main clinical hospital site meet with senior managers to provide feedback, raise issues and concerns. Each champion shares meeting information with their local teams to improve morale and engagement. An issues log has also been created to ensure robust resolution and response is in place. A recognition scheme is already in place recognising individual and team successes, with winners being nominated towards the Trust's annual Recognising Success event. Trade staff in Estates staff are being issued with hand held devices and we are looking to utilise the 'Happy App' on these to receive real time staff feedback. Listening events are held in both Facilities and Estates as well staff briefing for those facilities staff who work out of hours. Estates staff have been actively involved in changes to working practices and local decision-making.

Data and information from the 2015 staff survey (due to be released this month) will be used to develop staff engagement plans and retention plans. Focused work, such as increased marketing of the Trust's total reward package, comprehensive sickness management and best practices in staff engagement will be critical for both recruitment and retention across the Division.

Status: *Closed*

ID **Governor Name**

142 **Wendy Gregory** ***Theme:*** Cancer services ***Source:*** Project Focus Group

Query **22/01/2016**

Whilst it is very encouraging to see the Trust's improvement against the overall 62 day cancer standard, it is concerning to see that for the sub-specialities of Head & Neck, Lower GI and Lung Cancer the Trust is failing to achieve the local and national target. Please can assurance be provided with regards to the underlying causes and actions being undertaken to address the matter, and the expected timeframes for improvement or recovery of the position. (Reference Appendix 3, page 49 of the December 2015 Quality & performance Report)

Division: Specialised Services ***Executive Lead:*** *Chief Operating Officer* ***Response requested:*** 22/01/2016

Response **26/01/2016**

It is recognised within the national standards that not every speciality will achieve the 85% standard, due to some cancers being more complex to diagnose and treat than others. Lung and head & neck cancer are two of the most complex specialities. For all three specialities mentioned, we have recently developed and are working to 'ideal timescale' pathways. We have also encouraged our referring partners to work to these, as late referrals are a key contributor to delays and breaches of the national standard.

In October, none of the lung cancer patients who waited more than 62 days did so for reasons avoidable by the Trust. Nine were referred late by other providers, one was highly complex, and one was patient choice. The national average performance in October for lung was 74%, UH Bristol performance was 68% The national performance will reflect a large number of Trusts for whom pathways are delivered in a single organisation. UH Bristol's performance for "internal" pathways i.e. those that start and finish in the Trust was 87.5%

The national average performance in October for head and neck was 70%, UH Bristol performance was 67%. Some head and neck patients were impacted by slight delays to diagnostics, which is a problem in these highly complex pathways. Even a one day delay to a single step can cause the whole pathway to exceed 62 days. This should be resolved with the ideal timescales and also demand and capacity in this speciality has been reviewed. UH Bristol's performance for "internal" pathways i.e. those that start and finish in the Trust was 70%.

Two-thirds of the colorectal cases that breached the standard in October were potentially avoidable, and these were due to a capacity shortfall in that speciality. This shortfall has arisen due to unforeseen increases in demand and difficulty in increases capacity within the same timeframe. Additional capacity was created in quarter 3 to ensure everyone was given a treatment plan but some of them were treated beyond day 62. As a result, capacity and demand modelling has been undertaken and a new consultant post approved, which will increase capacity to meet demand. The consultant will start in April 2016. The national average performance in October for colorectal was 72%, UH Bristol performance was 40% and as such this is the biggest focus of our cancer improvement work but the area with the greatest opportunity for a step change improvement on the back of the planned increase in consultant capacity.

Status: *Closed*

ID	Governor Name
141	Chairman and NEDs Counsel

Theme: Cardiac Surgery

Source: Chairman's Counsel

Query **18/12/2015**

Following a point made at the Governors Counsel, it would be helpful if we could be briefed on:
1. Level of cancelled operations in cardiac surgery
2. Method for prioritising use of theatres by surgeons
3. Method of prioritising who is put on each list
4. Whether any of the above is impacted on by the private practice being carried out at the weekends.

(Query logged by Alison Ryan, Non-exectutive Director on behalf of Governors)

Division: Specialised Services

Executive Lead: *Medical Director*

Response requested: 18/12/2015

Response **29/01/2016**

1) The level of cancellations in cardiac surgery has been very high in recent weeks ranging between 25 and 36% over the last 4 weeks. This has led to a high level of poor patient experiences and is primarily a direct consequence of the acute pressures facing the hospital. Excel files with a detailed breakdown on a weekly basis of the cancellations and the reasons for these are kept. The files contain patient specific information and therefore inappropriate to share. The specific figures for the last few weeks have been W/c 14/12 28% cancellations, w/c 7/12 36%, w/c 30/11 25%, w/c 23/11 26% . The commonest causes for cancellation are currently
i) Shortage of theatre staff
ii) Lack of Hospital bed for admission
iii) Lack of CICU bed for admission
Although these causes will vary depending on the pressure on the service.
2) There is a matrix for scheduling as part of the SOP. This creates a balance to ensure that elective and urgent priority patients are balanced. There is always an opportunity to alter this based on clinical priority. This can never be perfect and but offers a practical way of organising the service. Given the multiprofessional environment in which we work on occasion it might be open to criticism from some.
3) The exact scheduling is a complex process based on taking into account the clinical priority of urgent patients but also ensuring that elective patients are treated within appropriate RTT timescales and also taking into account the available surgical expertise as well as issues like numbers of cancellations. This is outlined in the SOP also
4) There is currently no private practice being undertaken in cardiac surgery at the weekend. There are some waiting list initiative lists being undertaken on a Saturday when the acute pressures allow this . The idea of these is to utilise the theatre time at weekends when the level of acute pressure may be less on a Saturday. The idea is that doing these cases deals with some urgent cases and keeps us within RTT. Whether these cases impact on 1-3 is unlikely and would be hard to quantify objectively.

Status: *Closed*

ID **Governor Name**

140 **Florene Jordan** ***Theme:*** ***Source:*** Governor Direct

Query **22/12/2015**

In relation to the Centralisation of Specialist Paediatrics, what process was put in place to ensure adequate training of all operating theatre staff and recovery staff? What training took place prior to the transfer and during the early stages post transfer, and what measures were put in place to ensure that this training was adequate?

Division: Women's & Children's Services ***Executive Lead:*** *Chief Nurse* ***Response requested:*** 22/12/2015

Response **15/02/2016**

Training and education was a key part of the project plan to ensure the safe transfer of services to University Hospitals Bristol NHS Foundation Trust (UHBristol) under the centralisation of specialist paediatrics project. The education and training programme for theatres started in October 2013, with North Bristol NHS Trust (NBT) providing training placements to the theatre team from UHBristol to support them to gain experience in the specialist areas of neurosurgery, scoliosis, burns and plastic surgery. Training competencies were developed for these specialities and the consultants from NBT delivered educational sessions for UHBristol theatre staff.

Further practical training commenced in January 2014, with four staff from UHBristol working in NBT theatres alongside the expert specialist teams. This was focussed primarily in the areas of neurosurgery and spinal surgery.Plastic surgery and anaesthetic training was also offered. The knowledge and skills required to support this additional work was less because UHBristol already had some skills in these specialities.

Since the CSP transfer in May 2014 training and educational opportunities have continued. Theatre staff undertaking clinical training in the department has a set of core competencies to complete relevant to each speciality area in which they will be working.

With reference to the equipment for the transferring services from NBT, there was forensic oversight of the requirements by the clinical teams from Trusts, the CSP Operational Delivery Group and the Strategic CSP Project Board to ensure the correct equipment was available at the point of transfer. Prior to the transfer, the delivery of specialist equipment to UHBristol enabled training sessions to take place, these were delivered by the specialist companies who supplied the equipment.

The programme put in place to ensure the training on equipment was adequate was based on 4 key elements: delivery of training from the respective companies who supplied specialist equipment, clinician input into training and developing the required competencies in neurosurgery supported by working with competencies developed at Birmingham Children's Hospital, Supernumerary time was dedicated for training within the speciality. A senior supernumerary theatre coordinator was available on shift Monday to Friday to discuss and resolve any issues of concern requiring escalation or to discuss training opportunities/issues that needed resolving. These 4 elements allowed staff to develop at a pace to meet their individual needs and ensured that individuals had sufficient knowledge and skills to be on-call. Scoliosis training was implemented using a similar model to neurosurgery, a big advantage was having a representative from the company

supplying the implants being used always on-site.

Status: *Responded*