University Hospitals Bristol
NHS Foundation Trust

PUBLIC TRUST BOARD

Meeting to be held on Thursday 30th March 2017 2017, 11:00 am - 1:00pm, Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

AGENDA

NO.	AGENDA ITEM	PURPOSE	SPONSOR	PAGE NO.
Preliminary Business				
1	Apologies for absence	Information	*Chairman*	**Verbal**
2	Declarations of Interest	Information	*Chairman*	**Verbal**
3	Patient Experience Story	Information	*Chief Nurse*	**Verbal** /3
4	Minutes of the last meetings	Approval	*Chairman*	6
5	Matters arising and Action Log	Approval	*Chairman*	18
6	Chief Executive Report	Information	*Chief Executive*	20
Care and Quality				
7	Outcome of the Care Quality Commission Inspection	Assurance	*Chief Executive*	24
8	Quality and Performance Report To receive and consider the report for assurance: a) Performance Overview b) Board Review – Quality, Workforce, Access	Assurance	*Chief Operating Officer and Deputy Chief Executive*	27
9	Quality and Outcomes Committee Chair's Report	Assurance	*Quality & Outcomes Committee Chair*	**To be tabled**
10	Independent Review of Children's Cardiac Services progress report	Assurance	*Chief Nurse*	83
11	a) Quarterly Complaints Report b) Quarterly Patient Experience Report	Assurance	*Chief Nurse*	116
Financial Performance				
12	Finance Report	Assurance	*Director of Finance & Information*	179
13	2017/18 Financial Resources Book and 2017/19 revised Operational Plan	Assurance	*Director of Finance & Information*	207

NO.	AGENDA ITEM	PURPOSE	SPONSOR	PAGE NO.
14	Finance Committee Chair's Report	Assurance	*Finance Committee Chair*	**To be tabled**
15	Operating Plan 2017/18	Approval	*Director of Strategy and Transformation*	Attached
Items for Information				
16	Governors' Log of Communications	Information	Chairman	210
17	Quarterly Report from the West of England Academic Health Science Network Board	Information	Chief Executive	217
Concluding Business				
18	Any Other Urgent Business	Information	*Chairman*	**Verbal**
19	Date and time of next meeting **Friday 28th April 2017, 11:00am - 1:00pm, Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU**		*Chairman*	**Verbal**

Cover report to the Public Trust Board meeting to be held on Thursday, 30 March 2017 at 11.00 am -1.00 pm in the Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

		Agenda Item	3
Meeting Title	Public Trust Board	**Meeting Date**	Thursday, 30 March 2017
Report Title	Patient Story		
Author	Tony Watkin, Patient and Public Involvement Lead		
Executive Lead	Carolyn Mills, Chief Nurse		
Freedom of Information Status		Open	

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

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

Executive Summary

Purpose

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

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

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

Key issues to note

In this story we explore the role of Healthwatch as an independent patient representative organisation to help us further understand the relatively low patient experience metric in the board report from patient feedback at South Bristol Community Hospital care of the elderly wards. The involvement of Healthwatch ensured that we were being as objective as possible in our assessment of reasons for the feedback and more importantly what actions we could take.

The "enter and view" carried out at South Bristol Community Hospital by Healthwatch in October 2016 generated positive feedback about inpatient care at the hospital. Most of the recommendations focussed on non-clinical aspects of care. In particular, it was highlighted that many inpatients at the hospital have relatively long stays for rehabilitation, so it is important to ensure that they have access to magazines, activities, and the hospital café. A response from South Bristol Community Hospital which details the actions to be taken against agreed timescales has been provided to Healthwatch and was approved at the Trust's Patient Experience Group in February 2017.

By way of background, Healthwatch is the official framework through which local people can have their say about health and social care services. The work of Healthwatch breaks down into the following main strands:

- Healthwatch actively consults with, and listens to what local people think about local health and social care services;
- Healthwatch supports volunteers to conduct 'Enter and View" of health facilities;
- Healthwatch creates clear and timely information about what is working well and what needs to change, to enable stakeholders to make necessary changes.

Local Healthwatch organisations are represented at the Trust's Patient Experience Group and Healthwatch Bristol has a statutory place on the health and wellbeing board, sharing evidence and feedback on what people think about their health and social care services to ensure that these services meet the needs of and are shaped by local communities.

Recommendations

Members are asked to:

- **Note** the patient story

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

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

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

Failure to maintain the quality of patient services.	☐	Failure to develop and maintain the Trust estate.	☐
Failure to act on feedback from patients, staff and our public.	☒	Failure to recruit, train and sustain an engaged and effective workforce.	☐
Failure to enable and support transformation and innovation, to embed	☐	Failure to take an active role in working with our partners to lead and shape our	☐

research and teaching into the care we provide, and develop new treatments for the benefit of patients and the NHS.		joint strategy and delivery plans, based on the principles of sustainability, transformation and partnership working.	
Failure to maintain financial sustainability.	☐	Failure to comply with targets, statutory duties and functions.	☐

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

Impact Upon Corporate Risk
N/A

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

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

University Hospitals Bristol
NHS Foundation Trust

Minutes of the Public Trust Board Meeting

Held on Tuesday 28th February 2017 11:00-13:00, Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

Present
Board Members

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

In Attendance

Name	Job Title/Position
Pam Wenger	Trust Secretary
Owen Ainsley	Interim Chief Operating Officer
Tony Watkin	Patient and Public Involvement Lead (for Item 3)
Sheena Vernon	Lead Nurse – Congenital Heart Disease Network (for Item 3)
Caryl Evans	Clinical Nurse Specialist (for Item 3)
Abbie Brown	Member of the public
Wayne Liddle	Local EMIS
Nikki Evans	Care Quality Commission
Garry Williams	Patient/Carer Governor
Ian Davies	Appointed Governor
Florene Jordan	Staff Governor
Sue Milestone	Patient/Carer Governor
Bob Bennett	Public Governor
Carole Dacombe	Public Governor
Clive Hamilton	Public Governor
Graham Briscoe	Public Governor
Ian Davies	Staff Governor

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Minutes:

Zainab Gill	Corporate Governance & FOI Administrator

The Chair opened the Meeting at 11:00am

Minute Ref	Item Number	Action
24/02/17	**1. Welcome and Introductions**	
	The Chairman welcomed everyone to the meeting. There were no apologies.	
25/02/17	**2. Declarations of Interest**	
	In accordance with Trust standing orders, all Board members present were required to declare any conflicts of interest with items on the meeting agenda. There were no new declarations made.	
26/02/17	**3. Patient Experience Story**	
	The meeting began with a patient story, introduced by Carolyn Mills Chief Nurse. In this story, Sheena Vernon (lead nurse for the Congenital Heart Disease Network) and Rais Hyder (one of the Trust's adult in-patient Face2Face interview volunteers), reflected on the feedback patients had shared about the quality of care they had received. Their story included insights on the experiences of patients waiting to come into hospital; the hospital and ward environment; the care and treatment they received and feedback from the staff who provided care. The quality of the feedback confirmed that patients were very engaged in understanding their condition and had high expectations of the care and treatment provided. The Board noted the impact on the patients of having a lifespan condition specifically that patients wanted to be in control of their journey through hospital and expected excellent levels of information about their condition and the treatment options available. The feedback also suggested that this is achieved, and noted the importance this patient group placed on good relationships and communication with the clinical team. **Members RESOLVED to:** • **Receive** the patient story.	

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Minute Ref	Item Number	Action
27/02/17	**4. Minutes of the last meeting**	
	The minutes of the meetings held on the 31st January 2017 were agreed as a true and accurate record. **Members RESOLVED to:** • **Approve** the minutes as a true and accurate record from the meeting held on 31st January 2017.	
28/02/17	**5. Matters arising and Action Log**	
	Members received and reviewed the action log. The progress against completed actions was noted, there were no outstanding actions to review in this meeting. **Members RESOLVED to:** • **Note** the update against the action log.	
29/02/17	**6. Chief Executive's Report**	
	Robert Woolley, Chief Executive, discussed the highlights from the Chief Executive's report and updated the Board on several further matters which were not covered in the report: <u>Congenital Heart Services</u> Robert Woolley reported to the Board that in relation to congenital heart services, there was currently a national consultation in progress around the national standards of care and the implications of these standards, in particular relating to surgeons and operations performed. He explained that services nationally could potentially change which would have a direct impact on the Trust and could reduce the number of sites that perform complex heart surgeries. The Board would receive an update on this, and the Trust's plan for implementation, for approval in due course. <u>Publicity re discharges in hospital</u> Robert Woolley explained that the Trust had received a large amount of publicity in February 2017 relating to the state of the health care system, with a large focus on delayed discharges and the national increase in delayed discharge year on year. The Board noted that there had been particular media coverage on the case of Iris Sibley, an 89-year-old woman who spent more than six months at the Bristol Royal Infirmary after a place in a local nursing home could not be found. Robert Woolley confirmed that he would be appearing on the BBC's One Show with the son of Iris Sibley, to discuss how the Trust had supported him and his mother, as well as to discuss the state of the	

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Minute Ref	Item Number	Action
	health care system. Visit to Scrutiny Committees of Bristol and South Gloucestershire in common Robert Woolley reported to the Board that he, Carolyn Mills, Sean O'Kelly and Bryony Strachan (Clinical Chair) had attended the Scrutiny Committees of Bristol and South Gloucestershire to provide them with an update on the recommendations from the Independent Review of Children's Cardiac Services and recommendations from the Verita report. He confirmed that both reports had been received well and that they would be providing a progress update in 12 months' time on the impact of the implementation the recommendations from the Independent Review of Children's Cardiac Services Care Quality Commission Robert Woolley reported to the Board that the CQC would be publishing their report on Thursday 2 March 2017, following the Trust's inspection in November 2016. He confirmed that there was a communication plan in place to support the report and that the Trust would set up open meetings to brief staff on the content of the findings. The Trust was hopeful of a positive result. Joint Working with Weston Area Health NHS Trust and North Bristol Trust Robert Woolley advised the Board that the Trust had been exploring closer working relationships with Weston Area Health Trust and North Bristol Trust. Following a series of Board to Board meetings with both Trusts separately, they had formally agreed a partnership arrangement with both Trusts, to help to address local issues and provide a higher quality of care jointly. Sustainability and Transformation Plan (STP) Robert Woolley reported to the Board that the Sustainability and Transformation Plan for Bristol, North Somerset and South Gloucestershire was now in the public engagement phase, with a review of the programme architecture, appointments being made and a review of the resourcing requirements to some key project management posts. Robert Woolley confirmed the Trust's agreement to ensure that the public is made aware of and fully engaged in any changes to services prior to implementation. More information would be published to staff and the public in due course. Nationally it had been agreed that regulators would provide some financial support to STPs and that there may be a formal appointment process. Robert Woolley confirmed that the Trust is expecting NHS England to produce a Five Year Forward View delivery plan in March to help drive national	

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Minute Ref	Item Number	Action
	priorities. The Board formally welcomed Dr Mark Smith Chief Operating Officer and Deputy Chief Executive. The Board also formally thanked Owen Ainsley (Interim Chief Operating Officer) for his continued support and hard work during the interim period. Emma Woollett asked for clarity in relation to the register of external visits, which was referred to in the chief executive report, under finance and governance. Robert Woolley explained that it was a mechanism to keep track of all external activities that had implications for services and management. Robert Woolley explained that it was not restricted to visits only, but included peer reviews, review of processes and any other commissioning interaction within the Trust that helped to identify any risks arising and common themes. He confirmed that divisions were required to have appropriate recording in place and ensure the Trust Secretary is sighted on these. Graham Briscoe Public Governor, queried whether the appointment of STP chairs was on the agenda for the Trust, as this process had begun to take place across other STP sites. Robert Woolley confirmed that the STP was in the process of appointing a chair. **Members RESOLVED to:** • **Receive** the Chief Executive report for information.	
30/02/17	**7. Quality and Performance Report**	
	Owen Ainsley, Interim Chief Operating Officer, provided an overview of the performance against national access standards for January 2017. The Board noted that the most challenging area remained A&E performance and delayed transfers had had an impact on performance. Performance against the A&E 4-hour standard (the percentage of patients discharged, admitted or transferred within four hours of arrival) continued to be significantly below trajectory. Owen Ainsley confirmed that medically expected patients were now being managed via the newly-established Acute Care Unit (ACU) to avoid adding to the Emergency Department queue. The Board were updated on the appointment of two acute physicians whose focus would be on turnaround of patients at the front door. The Trust was also making flexible use of domiciliary care packages. *The Board noted:*	

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Minute Ref	Item Number	Action
	• Achievement of the 92% national standard for the percentage of patients waiting under 18 weeks from Referral to Treatment (RTT); • Whilst performance against the 6-week diagnostic waiting times standard continued to be below the 99% standard, there was a small reduction in the number of long waiters. Owen Ainsley explained that this standard was not achieved due to the backlog in sleep studies, which had had a direct impact on this target. • Performance against the 62-day GP cancer standard fell below the 85% national standard in December, following achievement in November. Owen Ainsley confirmed that the Trust had, however, achieved 82.4% in quarter 3, which was above the national average. • Performance against A&E 4-hour standard continued to be below the in-month trajectory, although there was an improvement in performance between December and January. • The overall level of emergency admissions into Bristol Children's Hospital in January was marginally above the same period last year, but significantly down on December's levels. This led to an improvement in 4-hour performance, although the 95% national standard was not met. • Performance against the metrics related to the management of patients who have sustained a fractured neck of femur continues to be disappointing, and the focus of significant attention. • System pressures continue to provide context to the ongoing workforce challenges, especially bank and agency usage. Levels of staff sickness have shown a further increase, and pose risks to sustained recovery of access standards and further bank and agency spend. The Board noted that the Trust had not compromised on quality, and had managed to achieve 100% compliance for each of the three measures of Serious Incident management; the Friends & Family Test coverage for the Emergency Department had met the 20% standard for the first time since March 2015 and achievement of the 72-hour food chart review standard. **Members RESOLVED to**: • **Receive** the Quality and Performance Report for assurance.	

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Minute Ref	Item Number	Action
31/02/17	**Item 9 Quality and Outcomes Committee Chair's Report** It was agreed to take Item 7 and 9 together.	
	Members received a written report following the meeting of the Quality and Outcomes Committee held on 24th February 2017. Members also received a verbal account of the meeting held on 24th February 2017 from Alison Ryan, Non-executive Director and Chair of the Quality and Outcomes Committee, covering the following key areas: - The Committee had received an update in response to January's patient board story; this included an overview of the contractual arrangements in place for providing translation and interpreting services. - The Committee had received the first quarterly report from the Guardian of Safe Working on the implementation of the 2016 junior doctors' contract within the Trust. In relation to this, the Committee had received assurance regarding implementations of new rotas whilst ensuring they are not compromising patient care and the quality of care. - The Committee had considered the recent serious incidents reported in the Trust, and had sought assurance that improvements were being made as a result of the issues that these had identified. - The Committee had received the quarterly workforce report which highlighted the performance against the key performance indicators. Members had also received a presentation which focused on staff age profiles. - The Committee was assured of the processes and actions in place across the Trust in relation to A&E performance. - Alison Ryan explained that the Committee had discussed in detail the continued poor performance against fractured neck of femur and had heard about the actions in place to improve performance. She confirmed that members would continue to closely monitor progress on this target. - The Committee received an update on the process for mortality reviews within the Trust. The Board noted that, following a	

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Minute Ref	Item Number	Action
	number of reviews, the existing process and reporting would need to be revised as a result of publication of the guidance from the Care Quality Commission. It was agreed that the evaluation and feedback on how the Trust should support bereaved families and carers would be important. John Moore asked for assurance in relation to the essential training target, which was currently amber and had a target date of March 2017. Robert Woolley explained that the essential training compliance was up to 89%. But it was difficult to achieve 90% compliance as there was a constant change in staffing levels, but performance against this target was being closely monitored. Alex Nestor highlighted the change in Fire and Information Governance training requirements which was why these numbers were low in the report, but that all divisions were aware that this target needed to be met by March 2017 and had individual action plans in place to aid achievement. Alex Nestor confirmed that individual staff records were kept up to date and managers were made aware of outstanding training. The Board discussed the current sickness levels in estates and facilities. Alison Ryan explained that the Quality and Outcomes Committee had received an update in relation to this at their last meeting. Members had asked for further information around occupational health trends as estates and facilities had the highest level of stress-related sickness in the Trust. The Board were pleased to note that turnover had improved across the Trust. The Board raised concerns over the delay in completing outstanding recommendations relating to the neck of femur review. Alison Ryan explained that that the Trust was achieving the NICE guidance relating to the treatment of fractured neck of femur patients; however it was noted that the best practice tariff was more stringent. The Board felt that it was important to understand how the division was prioritising those patients who may need faster intervention. The Board acknowledged that the Trust's systems were good. There was a discussion in relation to the business case for neck of femur and it was noted that the operational plan had not been finalised yet. **Members RESOLVED to:** • **Receive** the Quality and Outcomes Committee Chair's Report for	

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Minute Ref	Item Number	Action
	assurance.	
32/02/17	**8. Independent Review of Children's Cardiac Services progress report**	
	The Board received a progress report relating to the recommendations from the Independent Review of Children's Cardiac Services and a CQC expert review of clinical outcomes of the children cardiac service published on 30 June 2016. The key highlights from the report included : • Five recommendations have been confirmed as complete • Two risks, on the project delivery risk register, identified as risks to the delivery of specific recommendations within the defined timescales have been closed. • Parent representatives are now an established part of the steering group. • The Virtual Parents Reference Group continues with its review work of actions to deliver the recommendations of the Independent Cardiac Review, prior to these actions being submitted to the Steering Group for closure. • The young person's involvement consultation has been completed and a proposed programme of activity has been approved by the delivery group. • The completion of actions to support closure of all the recommendations should be complete by June 2017. Jill Youds commended the report and had found it particularly encouraging in terms of assurance. In follow up to this, she asked for clarity around timescales in relation to page 84 in the report, which was around the "Trust's Information Management Group to approve the establishment of a closed Facebook group to encourage a different group of people to be involved in our feedback process. Outcome expected April 2017". Carolyn Mills clarified that this related to the development of the site and this action was with the head of communications. She confirmed that engagement from patients and families was good. The Trust was still working on ways to improve engagement with young adults. David Armstrong asked for clarity around the criteria for when an action becomes red, Carolyn Mills confirmed that this was on the report but she would review and re-write to provide greater clarity to Board members.	

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Minute Ref	Item Number	Action
	Members RESOLVED to: • **Receive** the Independent Review of Children's Cardiac Services progress report • **Receive** clarity on action criteria in relation to the recommendations of the Independent Review of Children's Cardiac Services progress report	Chief Nurse
32/02/17	**9. Quality and Outcomes Committee Chair's Report**	
	This item had been discussed earlier in the meeting.	
33/02/17	**10.6 Monthly Nurse Staffing Levels Report.**	
	Carolyn Mills, Chief Nurse, introduced this report, the purpose of which was to provide the Board with assurance that the Trust's wards had been safely staffed over the last six months. The key highlights from the report included : • Increased staffing levels have been agreed in a number of areas, with a clear rationale for the changes, all with the aim of providing safe and efficient staffing numbers and skill mix. • The Trust level quality performance dashboard for the last six months indicates that overall the standard of patient care during this period was of good quality (safety/clinically effective/patient experience). There were no questions on the report from the Board. **Members RESOLVED to:** • **Receive** the 6 Monthly Nurse Staffing Levels Report for assurance.	
34/02/17	**11. Finance Report**	
	Members received the report on the Trust's current financial position from Paul Mapson, Director of Finance and Information. The Trust is reporting a surplus of £12.272m (before technical items) at the end of January 2017. The Operational Plan to date required a surplus of £13.387m and therefore the Trust is £1.115m behind plan. The adverse position was due to the loss of Sustainability and Transformation (S&T) funding reflecting the Trust's failure to achieve the access performance standard trajectories and the rejection of the Trust's appeal by NHS Improvement relating to quarter two access performance. It was agreed to take Item 11 and 12 together.	

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Minute Ref	Item Number	Action
	Members RESOLVED to: • **Receive** the Finance Report for assurance.	
35/021/17	**12. Finance Committee Chair's Report**	
	Members received reports from the meetings of the Finance Committee held on 24th February 2017. Lisa Gardner, Non-executive Director and Chair of the Finance Committee, highlighted that there had been a lengthy discussion about the increase in non-pay expenditure, which had slightly reduced this month. The Committee had received a presentation which focused on sickness absence and provided detailed information at a Divisional level in relation to the main reasons for absence. Other areas of assurance received by the Committee were: - Divisional Financial Reports - Savings Programme - Contract and Activity Income - Service Profitability and Efficiency. Julian Dennis asked a question in relation to non-pay and overspends in stock and medicine. In particular he queried the increase in price for a drug used to treat hepatitis. Paul Mapson confirmed that the increase in cost for the drug had had a direct impact on the Trust. He assured the Board that this would be picked up in discussions with commissioners to understand the increase in cost and investigate further. John Moore raised an issue in terms of financial presentation of reporting and Paul Mapson provided details in terms of what was included in identified pay savings. **Members RESOLVED to:** • **Receive** the Finance Committee Chair's report for assurance.	
36/02/17	**13. Quarterly update on Capital Projects (Quarter 2)**	

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Minute Ref	Item Number	Action
	Members received the report Quarterly update on Capital Projects. The purpose of the report was to update the Board on the progress, issues and risks arising from the Trust's remaining major capital developments, which are governed through the Estates Capital Project Team and associated programme infrastructure. <u>The key highlights from the report included :</u> - The Old Building is now fully vacated and handed over to Unite. All services to the building have been decommissioned. - The King Edward Building project completed in December 2016 and all areas are now fully occupied. - Agreement has now been reached with Bristol City Council on the scope of remedial works to the pavement outside the new façade. Work will be commissioned in March / April 2017. - Public Health England (PHE) vacated site on the 21st November 2016 as planned thus allowing the Level 8&9 works to proceed to their revised programme. **Members RESOLVED to:** • **Note** the report and receive assurance that the strategic development is on track and being effectively governed.	
37/02/17	**14. Governors' Log of Communications**	
	The report provided the Board with an update on governors' questions and responses from Executive Directors. **Members RESOLVED to:** • **Note** the Governors' Log of Communications.	
38/02/17	**15. Any Other Business**	
	The Board had no other urgent business.	
39/02/17	**16. Date of Next Meeting**	
	Tuesday 30th March 2017, 11:00am-1:00pm, Conference Room, Trust HQ, Marlborough Street, Bristol, BS1 3NU.	

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

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University Hospitals Bristol
NHS Foundation Trust

Trust Board of Directors meeting held in Public 28th February 2017
Action tracker

Outstanding actions following meeting held 28th February 2017					
No.	**Minute reference**	**Detail of action required**	**Responsible officer**	**Completion date**	**Additional comments**
1.	**11/01/17**	**Item 11 – Quarter 2 Patient Experience and Involvement Report** Receive a report on the Trust's response to the Healthwatch review of South Bristol Community Hospital inpatient areas (March Trust Board meeting)	Chief Nurse	March 2017	**Work in progress.** The update will be incorporated into the Quarter 3 Patient Experience Report for March 2017. Agenda Item 11b.
2.	**32/02/17**	**Independent Review of Children's Cardiac Services progress report** Receive clarity on action criteria in relation to the recommendations on the Independent Review of Children's Cardiac Services progress report	Chief Nurse	March 2017	**Work in progress.** Agenda Item 10.

Completed actions following meeting held 28th February 2017					
No.	**Minute reference**	**Detail of action required**	**Responsible officer**	**Completion date**	**Additional comments**
3.	**114/10/16**	**Transforming Care Programme Board** Receive an evaluation on the benefits experienced from use of the Happy App.	Chief Executive	February 2017	**Completed.** The evaluation has been approved by the Senior Leadership Team in February 2017, and will be considered at the Quality and Outcomes Committee in March 2017.
3.	**10/01/17**	**Item 10 – Quarter 2 Complaints Report** Receive a further report on the disproportionate number of complaints received in relation to the BRI in this quarter.	Chief Nurse	February 2017	**Completed.** This will be addressed as part of the Quarter 3 Complaints Report to the Quality and Outcomes Committee.

Cover report to the Public Trust Board meeting to be held on Thursday, 30 March 2017 at 11.00 am -1.00 pm in the Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

		Agenda Item	6
Meeting Title	Trust Board	**Meeting Date**	30 March 2017
Report Title	Chief Executive Report		
Author	Robert Woolley, Chief Executive		
Executive Lead	Robert Woolley, Chief Executive		
Freedom of Information Status		Open	

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

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

Executive Summary

Purpose

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

Key issues to note

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

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

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

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

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

Corporate Impact Assessment
(please tick any which are impacted on / relevant to this paper)

Quality	☐	Equality	☐	Legal	☐	Workforce	☐

Impact Upon Corporate Risk
N/A

Resource Implications
(please tick any which are impacted on / relevant to this paper)

Finance	☐	Information Management & Technology	☐
Human Resources	☐	Buildings	☐

Date papers were previously submitted to other committees

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

APPENDIX A

SENIOR LEADERSHIP TEAM

REPORT TO TRUST BOARD – MARCH 2017

1. INTRODUCTION

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

2. QUALITY, PERFORMANCE AND COMPLIANCE

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

The group **received** updates on the current financial position for 2016/2017 and forward look into 2017/2018.

The group **approved** the Corporate Quality Objectives for 2017/2018.

3. STRATEGY AND BUSINESS PLANNING

The group **noted** an update on the Operating Plan, **approved** the prioritised programme for major medical and operational capital for 2017/2018 and **noted** an update on the completion of the Quality Impact Assessments to support decisions made not to proceed with either internal or external investment proposals.

The group **noted** the Commissioning and Quality Innovation Schemes (CQUINs) for 2017-2019 and **approved** the leads for each.

The group **noted** an update on the patient catering project, noting that go-live was now expected in July.

The group **noted** work around an Innovation and Improvement Framework to achieve a more joined up approach to quality improvement across the Trust, and the establishment of a Quality Improvement Academy.

The group **agreed**, in principle, a proposal to introduce a framework for Trust-wide staff recognition that supported existing processes for recognising staff contributions and achievements, noting the need to identify how best to design the approach for implementation.

The group **noted** the evaluation of Recognising Success 2016 and **agreed** objectives and proposed changes for Recognising Success 2017.

4. RISK, FINANCE AND GOVERNANCE

The group received and noted the Quarter 3 Complaints and Patient Experience Reports for ongoing submission to the Quality and Outcomes Committee and Trust Board.

The group **agreed** to establish a task and finish group, to develop a clear governance framework for the oversight of projects being led externally to the Trust, but which involved or had an impact on the Trust's service delivery.

The group **noted** the decision to name the new integrated Sexual Health Service UnitySexualHealth and the plan for branding implementation.

The group **received** the draft Strategic Internal Audit Plan for 2017/2018 to 2019/20120 prior to submission to the Audit Committee in April for sign-off.

The group **approved** revised terms of reference for the Clinical Quality Group and Safety of Patients Programme Board.

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

The group **approved** the process behind declaring an interest and/or gift/hospitality, which had been revised to reflect new guidance produced by NHS England.

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

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

The group **noted** the overview of the Trust's performance against key national access and quality standards relative to national and regional providers for Quarter 3 2016/2017.

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
March 2017

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Public Trust Board meeting to be held on Thursday, 30 March 2017 at 11.00 am -1.00 pm in the Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

		Agenda Item	7
Meeting Title	Trust Board	**Meeting Date**	30 March 2017
Report Title	Outcome of the Care Quality Commission Inspection		
Author	Robert Woolley, Chief Executive		
Executive Lead	Robert Woolley, Chief Executive		
Freedom of Information Status		Open	

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

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

Executive Summary

Purpose

To apprise the Board of the outcome of the Care Quality Commission's inspection of the Trust's Main Site which took place between 22 and 24 November 2016. CQC inspectors also returned for an unannounced visit on 1 December 2016.

Key issues to note

In CQC registration terms, the 'Main Site' is a collective term describing the hospitals located around the Bristol Royal Infirmary precinct. It does not include the Central Health Clinic and South Bristol Community Hospital, which are separately registered sites and were not included in this latest inspection.

The CQC inspected four core services at the Main Site:

- Urgent and emergency services
- Medical care
- Surgery
- Outpatients and diagnostic imaging

As a result of the inspection, the Trust's overall rating has moved to **Outstanding**. The CQC's detailed judgements in respect of core services and domains of quality are contained in the attached reports.

The CQC reports contain four 'requirement notices' pertaining to:

- Secure storage of patient records
- Access to MRI rooms
- Use of sluice rooms for storage
- Essential training compliance

Please note full reports can be found on the following links:
http://www.cqc.org.uk/sites/default/files/new_reports/AAAG3535.pdf
http://www.cqc.org.uk/sites/default/files/new_reports/AAAG3536.pdf

The Trust is required to submit an action plan by 6th April.

Recommendations

Members are asked to:

- **Note** the report.

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

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

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

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

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

Impact Upon Corporate Risk
N/A

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

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

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Public Trust Board meeting to be held on Thursday, 30 March 2017 at 11.00 am -1.00 pm in the Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

		Agenda Item	8
Meeting Title	Trust Board	**Meeting Date**	30 March 2017
Report Title	Quality and Performance Report		
Author	• Xanthe Whittaker, Associate Director of Performance • Anne Reader, Head of Quality (Patient Safety) • Heather Toyne, Head of Workforce Strategy & Planning		
Executive Lead	Mark Smith, Chief Operating Officer/Deputy Chief Executive		
Freedom of Information Status		Open	

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

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

Executive Summary

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

Key issues to note
Please refer to the Executive Summary in the report.

Recommendations
Members are asked to: • **Note** report for Assurance

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

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

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

Impact Upon Corporate Risk
N/A

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

Date papers were previously submitted to other committees				
Audit Committee	**Finance Committee**	**Quality and Outcomes Committee**	**Remuneration & Nomination Committee**	**Other (specify)**
		28th March 2017		

University Hospitals Bristol NHS
NHS Foundation Trust

Quality & Performance Report

March 2017

Executive Summary

Further progress has been made in recovering performance against the national access standards this month, in line with the Trust's recovery forecasts. This includes a fourth consecutive month's achievement of the 92% national standard for the percentage of patients waiting under 18 weeks from Referral to Treatment (RTT) and achievement of the recovery trajectory for the number of patients waiting over 6 weeks for a diagnostic test. Performance against the 62-day GP cancer standard remained below the 85% national standard in January. However, the 85% standard was met for internally managed pathways and performance exceeded the national average performance by a significant margin. Disappointingly, performance against the A&E 4-hour standard continued to be below the in-month performance trajectory, although there was a small improvement in performance between January and February. The Overview page of this report provides further details of the priorities, risks and threats for the coming months, to access, quality and workforce standards, along with noteworthy successes in the period.

The number of patients on the new outpatient waiting list stayed similar to last month despite a decrease in the number of outpatient attendances in the period. The size of the elective waiting list remains significantly above that of the same period last year, which in the context of a rising RTT backlog, puts continued achievement of the 92% RTT standard at risk for the end of March. The number of operations cancelled at last minute for non clinical reasons in February was high. However, more recently the level of cancellations has dropped and this will reduce the amount of elective capacity lost in March, but is unlikely to offset in full the increase in demand associated with the current size of the elective waiting list. There are also ongoing risks to restoring achievement of the 6-week wait for a diagnostic test due to high demand for Sleep Studies tests in February, which has followed a period of constraints in the service's capacity outside of its control.

The overall level of emergency admissions into the Bristol Children's Hospital (BCH) in February was below the same period last year, and significantly down on January's levels. This reduction in demand supported a further improvement in 4-hour performance at the BCH, although the 95% national standard was not met. Although the number of emergency admissions via the Bristol Royal Infirmary (BRI) Emergency Department (ED) was down by 3.7% on the same period last year, the total number of emergency admissions into the hospital remained at similar levels to that seen in February 2016. The percentage of emergency admissions for patients aged 75 years and over continues to be above last year's levels signalling continued high levels of patient acuity. Despite a significant rise in the number of patients discharged in February who had stayed 14 days or over in hospital, there was only a marginal decrease in the number of current over 14 day stays in hospital at month-end. BRI Bed occupancy (as a percentage of the funded bed-base) remains above the 2015/16, but is at similar levels to last year when the total number of beds available, which includes escalation beds, is taken into account. The significant decrease in the number of days patients spent outlying from their correct specialty ward in February may in part explain worsening flow out of the ED, and hence 4-hour performance, with delays being introduced in accessing the 'right' bed for a patient. However, this focus on reducing the level of outlying improves patient experience, and will in time decrease length of stay, thereby contributing to a reduction in the current heightened levels of occupancy.

There have again been only a small number of changes in performance against the headline measures of quality that sit within the Trust Summary Scorecard, or other core measures of the quality of care provided by wards, despite the evident pressure from ongoing high levels of bed occupancy. In addition to the reduction in outlier bed-days other noteworthy improvements in measures of quality this month were zero reported cases of

Clostridium difficile, the achievement of the non-purposeful omitted doses of listed critical medicines 1% standard for the twelfth consecutive month and the SHMI mortality indicator being restored to a green rating for the most recently reported rolling 12-month period. Performance against the metrics related to the management of patients who have sustained a fractured neck of femur have showed an improvement this month. But the performance against these metrics continues to be disappointing, and the focus of significant attention.

Emergency pressures continue to provide context to the ongoing workforce challenges, especially bank and agency usage. Levels of staff sickness have, encouragingly, shown a decrease this month, which should lead to a reduction in bank and agency spend. Turn-over rates have been maintained at the recent improved levels, and vacancy rates remain Green rated and continue to fall, reflecting the continued strong internal focus on recruitment and retention of staff. We continue to work in partnership with other organisations within the community to mitigate these system risks, and improve the responsiveness of the Trust's services.

Performance Overview

External views of the Trust

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

Care Quality Commission

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

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

NHS Choices

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

Site	User ratings	Recommended by staff	Mortality rate (within 30 days)	Food choice & Quality
BCH	5 stars	OK	OK	✓ 98.5%
STM	4.5 stars	OK	OK	✓ 98.4%
BRI	3.5 stars	OK	OK	✓ 96.5%
BDH	3 stars	OK	OK	Not avail
BEH	4.5 Stars	OK	OK	✓ 91.7%

Stars – maximum 5
OK = Within expected range
✓ = Among the best (top 20%)
! = Among the worst
Please refer to appendix 1 for our site abbreviations.
Last month's ratings shown in brackets where these have changed

NHS Improvement Single Oversight Framework

For the latest month reported (i.e. February for A&E, RTT and 6-weeks and January for 62-day GP) the Trust failed to achieve the trajectory for the A&E 4-hours and 6-week diagnostic access standards in the Single Oversight Framework (SOF). The 92% Referral to Treatment (RTT) standard was achieved for a fourth consecutive month. Although the 85% national standard for 62-day GP cancer was not met, the Sustainability & Transformation Fund trajectory was achieved.

The Trust has been off trajectory for the A&E 4-hour and 6-week diagnostic waiting times standards for greater than two consecutive months. Under the rules of the SOF this means that NHS Improvement (NHSI) may consider providing additional support to the Trust to recover performance. NHSI has recently undertaken an Emergency Department Critical Friend visit, for which the Trust received a written report after the follow-up visit on the 28th February. The recommendations made in this report are currently under review.

Access Key Performance Indicator		Quarter 2			Quarter 3			Quarter 4		
		Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
A&E 4-hours	Actual	89.3%	90.0%	87.3%	82.9%	78.5%	79.6%	80.4%	80.7%	
	STF trajectory	87.6%	88.4%	92.2%	93.3%	90.0%	89.3%	88.5%	87.4%	91.0%
62-day GP cancer	Actual	72.9%	84.5%	80.5%	79.5%	85.2%	81.5%	84.7%		
	STF trajectory*	84.7%	81.7%	85.0%	85.0%	85.1%	86.9%	83.6%	85.7%	85.9%
Referral to Treatment Time (RTT)	Actual	92.0%	90.5%	90.4%	91.2%	92.0%	92.0%	92.2%	92.0%	
	STF trajectory*	93.2%	93.2%	93.4%	93.4%	93.4%	92.8%	92.8%	92.8%	93.0%
6-week wait diagnostic	Actual	96.1%	95.5%	96.9%	98.9%	99.0%	98.2%	98.4%	98.7%	
	STF trajectory*	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%

*minimum requirement is achievement of the national standard

Summary Scorecard

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

Key changes in indicators in the period:

RED to AMBER:
- Cancer waiting times
- Diagnostic waiting times
- Sickness absence

AMBER to RED:
- Complaints response

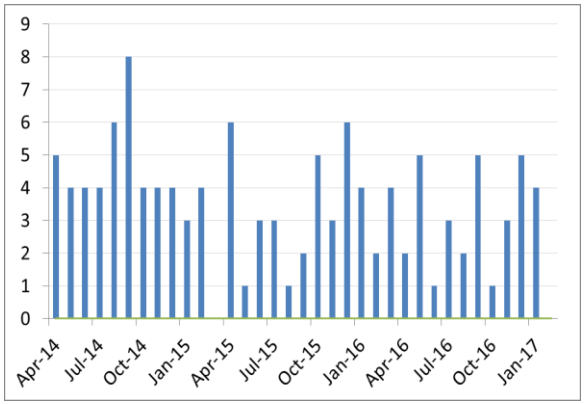
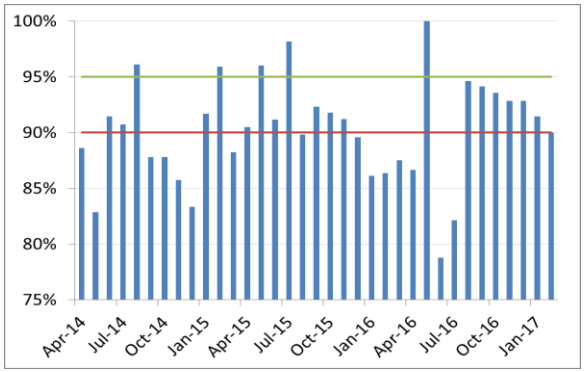
RED to GREEN:
- Outliers
- Heart Reperfusion

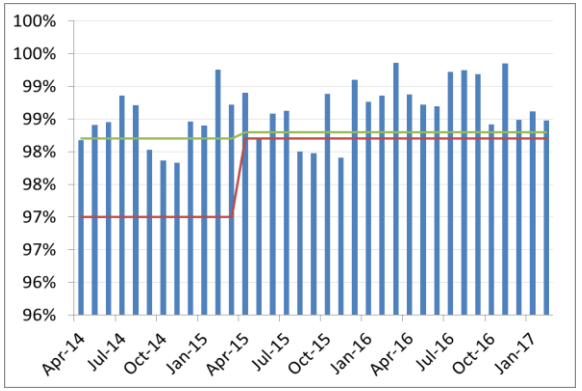
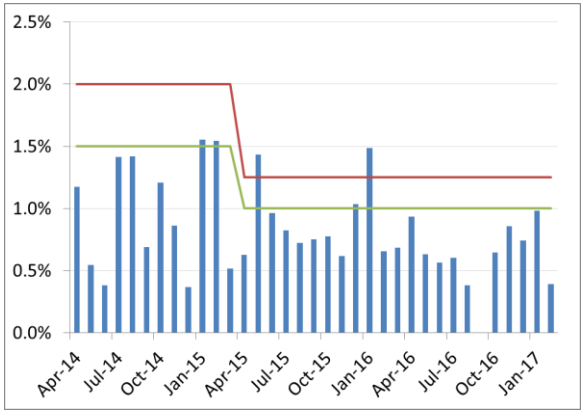
AMBER to GREEN:
- Mortality

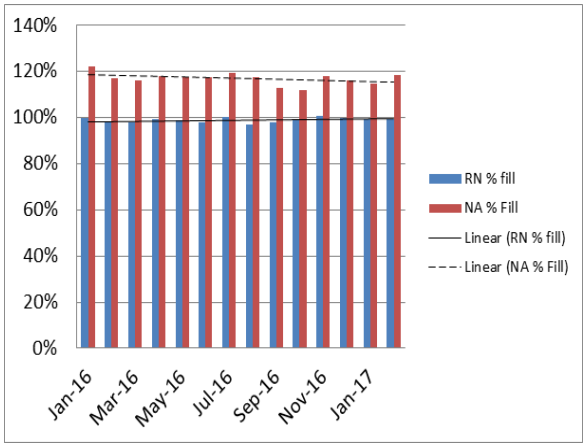
Overview

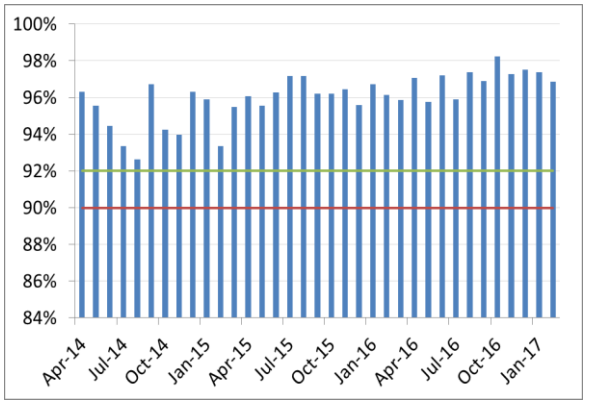
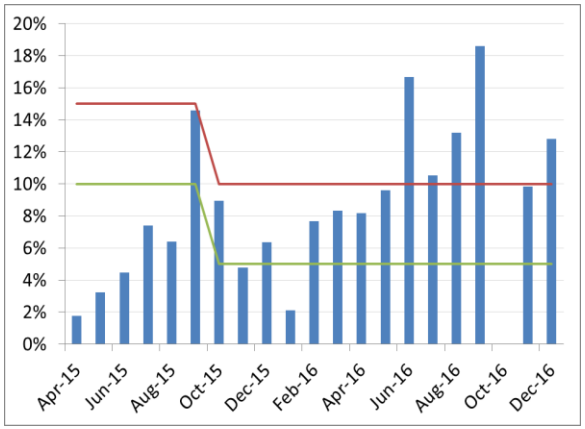
The following summarises the key successes in February 2017, along with the priorities, opportunities, risks and threats to achievement of the quality, access and workforce standards in quarter 4 2016/17.

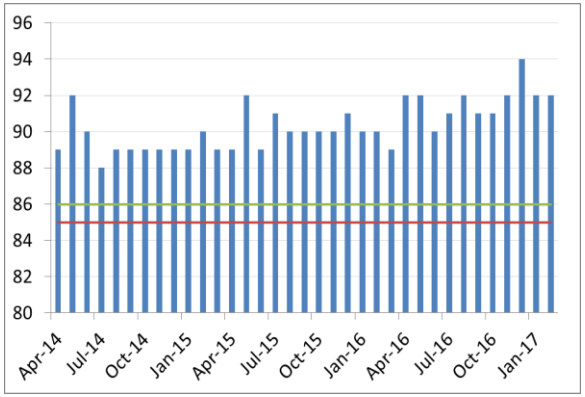
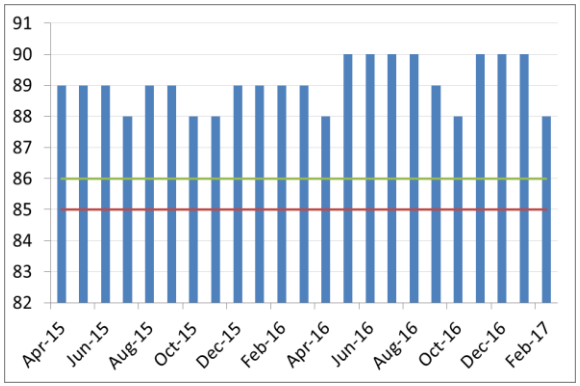
Successes	Priorities
• After a period of elevated levels, sickness absence has reduced from 5.0% to 4.5%, which is lower than the same month in both 2016 and 2015; • The outlier bed-day figure for February 2017 was 735, which was 193 bed-days fewer that the figure for January 2017 of 972; • In February 2017 the figure for non-purposeful omitted doses of listed critical medicines was 0.39%. This means that the target of fewer than 1% has been achieved every month since February 2016; • There were no reported cases of Clostridium difficile infections in February 2017. This is the first time that that no cases have been reported in a month, since March 2015; • All fractured neck of femur metrics have improved significantly in February despite the continued emergency pressures, although there were fewer fractured neck of femur patients admitted (21 patients) compared with the previous three months (26-29 patients); • The 92% national standard for the percentage of patients waiting under 18 weeks from Referral to Treatment was met for a fourth consecutive month.	• There is a continued focus on the reduction of agency usage and sickness absence, and this will be an ongoing priority in the operating plans for 2017/18; • Sustained improvements in fractured neck of femur metrics; • Reduction in the number of patients waiting over 18 weeks Referral to Treatment (RTT), by delivering additional activity in March and April; • Sustained improvement in performance against the 62-day GP cancer waiting times standard during quarter 4, relative to the national average; • Recovery of performance against the 6-week diagnostic waiting times standard by the end of April.
Opportunities	**Risks & Threats**
• Piloting and training has commenced on the new Rostering system, which goes live in April, bringing the opportunity for improved booking and rostering; • The E-Appraisal system will go live in May 2017; this is in response staff feedback from the staff survey and our commitment to ensuring appraisals are of real value and quality.	• Our sickness absence KPI threshold of 3.9% is not likely to be achieved. Average sickness for 2016/17 is now expected to be in the region of 4.2%; • Ongoing emergency pressures could make sustained achievement of the 92% RTT national waiting times standard challenging, especially in the context of an elective waiting list that has increased in size; • Late referrals from other providers continue to impact on achievement of the 62-day GP cancer waiting times standard; • Six-week diagnostics waiting times are expected to increase at the end of March, due to high demand in Sleep Studies and an unexpected increase in the Cardiac CT over 6 week waiters.

Description	Current Performance	Trend	Comments
Infection control The number of hospital-apportioned cases of Clostridium difficile infections. The Trust limit for 2016/17 is 45 avoidable cases of clostridium difficile (the same as 2015/16).	There were no cases of *Clostridium difficile* (C. diff) attributed to the Trust in February 2017.	**Total number of C. diff cases**  A total of 31 cases (unavoidable + avoidable) have been reported in the year to date against a limit of 45 for April 2016 to March 2017.	The annual limit for the Trust for 2016/17 is 45 avoidable cases. The monthly assessment of cases continues with the Clinical Commissioning Group. The total number of cases to date attributed to the Trust is twenty nine. Twenty cases have been assessed as unavoidable, and nine cases assessed as avoidable. There are two cases from January still be assessed by the Clinical Commissioning Group.
Deteriorating patient National early warning scores (NEWS) acted upon in accordance with the escalation protocol (excluding paediatrics). This is an area of focus for our Sign up to Safety Patient Safety Improvement Programme. Our three year goal is sustained improvement above 95%.	Performance in February 2017 was 93% (two breaches) against a three-year improvement goal of 95%. This is a slight improvement from January's position of 91 % (three breaches). The two breaches both occurred in the Division of Surgery, Head & Neck. One breach was due to a patient with a NEWS of three in one parameter not being escalated to the medical team due to a communication breakdown between two nurses. The second breach was due a patient scoring three for blood pressure less than 90mmHg systolic. Nothing was documented on the observation chart, or in the patient's medical notes. Neither patient came to harm.	**Deteriorating patient: percentage of early warning scores acted upon** 	This is measured by a monthly point prevalence audit. Work continues in the deteriorating patient work stream of our patient Safety Improvement Programme and is reported in detail to the Programme Board. Details of the actions being taken are described in the actions section (Actions 1A to 1G).

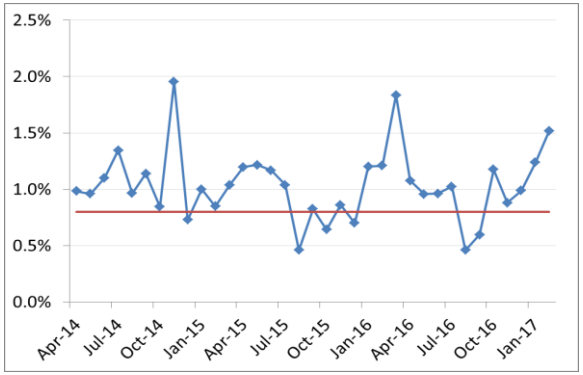
Description	Current Performance	Trend	Comments
Safety Thermometer – No new harm. The NHS Safety Thermometer comprises a monthly audit of all eligible inpatients for 4 types of harm: pressure ulcers, falls, venous-thromboembolism and catheter associated urinary tract infections. New harms are those which are evident after admission to hospital.	In February 2017, the percentage of patients with no new harms was 98.5% (12 patients had new harms), against an upper quartile target of 98.26% (GREEN threshold) of the NHS Improvement patient safety peer group of Trusts.	**The percentage of patients surveyed showing No New Harm each month** 	The February 2017 Safety Thermometer point prevalence audit showed six new catheter associated urinary tract infections, two falls with harm, two new pressure ulcers and two new venous thrombo-emboli
Non-purposeful omitted doses of listed critical medicines Monthly audits by pharmacy incorporate a review of administration of critical medicines: insulin, anti-coagulants, Parkinson's medicines, injected anti—infectives, anti-convulsants, short acting bronchodilators and 'stat' doses.	In February 2017, 0.39% of patients reviewed (4 out of 1017) had one or more omitted critical medications in the past three days. The target for omitted doses is no more than 1.25%, the average for the year to date is 0.62%. The 0.39% for February 2017 is a significant improvement from the January 2016 figure of 0.98% (9 out of 916).	**Percentage of omitted doses of listed critical medicines** 	Month-on-month performance has remained consistently below the target for omitted doses of no more than 1.25%. Actions being taken are described in the actions section (Actions 2A and 2B)

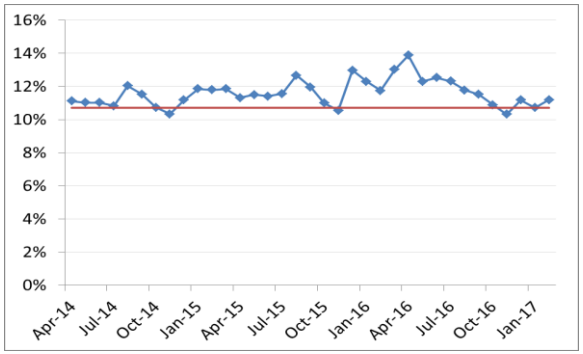
Description	Current Performance	Trend	Comments
Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%	Overall compliance is 89% (excluding Child Protection Level 3), the same as last month. Compliance with each of the reporting categories is provided below. **February 2017 / UH Bristol** **Total: 89%** Three Yearly (14 topics): 89% Annual (Fire): 82% Annual (IG): 77% Induction: 97% Resuscitation: 85% Safeguarding: 90%	There are four graphs which are included in Appendix 2 which show performance against trajectory for fire and information governance, which are the most challenged topics.	Action plan 3 provides details of the ongoing work to achieve compliance across all topics. Achievement of the Green threshold depends on all categories of Essential Training achieving 90%, and Information Governance achieving 95%.
Nurse staffing levels unfilled shifts reports the level of registered nurses and nursing assistant staffing levels against the planned.	The report shows that in February 2017 the Trust had rostered 202,421 expected nursing hours, with the number of actual hours worked of 211,600. This gave a fill rate of 104.5% **Division / Actual Hours / Expected Hours / Difference** Medicine: 59,031 / 52,510 / +6,521 Specialised Services: 36,979 / 36,765 / +214 Surgery Head & Neck: 40,631 / 38,446 / +2,185 Women's & Children's: 74,960 / 74,700 / +260 **Trust: 211,601* / 202,421 / +9,180*** *The difference between this figure and the narrative above is explained by rounding of part-hours at divisional level.	**The percentage overall staffing fill rate by month** 	Overall for the month of February 2017, the Trust had 99% cover for Registered Nurses (RN) on days and 100% RN cover for nights. The unregistered level of 115% for days and 122% for nights reflects the activity seen in February. This was due primarily to Nurse Assistant specialist assignments to safely care for confused or mentally unwell patients in adults particularly at night. Close monitoring continues (Action 4).

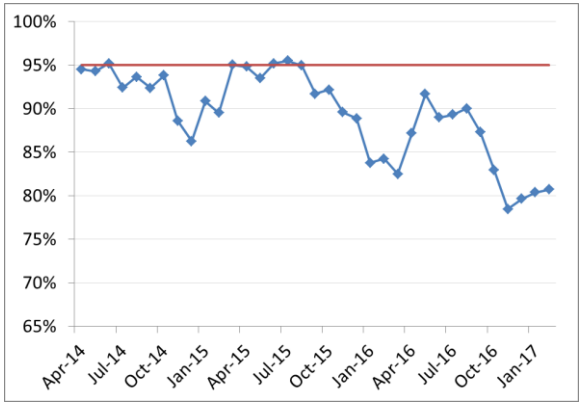
Description	Current Performance	Trend	Comments
Friends & Family Test inpatient score is a measure of how many patients said they were 'very likely' to recommend a friend or family to come to the Trust if they needed similar treatment. The scores are calculated as per the national definition, and summarised at Division and individual ward level.	Performance for February 2017 was 96.9%. This metric combines Friends & Family Test scores from inpatient and day-case areas of the Trust, for both adult and paediatric services. Division and hospital-level data is provided to the Trust Board on a quarterly basis in the quarterly Patient Experience and Involvement report	**Inpatient Friends & Family scores each month** 	The scores for the Trust are in line with national norms. A very high proportion of the Trust's patients would recommend the care that they receive to their friends and family. These results are shared with ward staff and are displayed publically on the wards. Division and hospital-level data is provided to the Trust Board and is explored within the Quarterly Patient Experience report.
Dissatisfied Complainants. By October 2015 we are aiming for less than 5% of complainants to report that they are dissatisfied with our response to their complaint by the end of the month following the month in which their complaint response was sent.	Following an agreed change, dissatisfied cases are now measured as a proportion of complaints responses and reported two months in arrears. This means that the latest data in the board dashboard is for the month of December 2016. Performance for December was 12.8% against a green target of 5%. As of 13th March 2017, 5 of the 39 responses sent out in December had resulted in dissatisfied replies.	**Percentage of compliantaints dissatisfied with the complaint response each month** 	Our year to date performance for 2016/17 is 11.1%, compared with 6.1% for 2015/16 and 11.1% reported in the Trust's 2014/15 Quality Report. Informal Benchmarking with other NHS Trusts suggests that the rates of dissatisfied complainants are typically in the range of 8% to 12%. Actions continue as previously reported to the Board (Actions 5A to 5E).

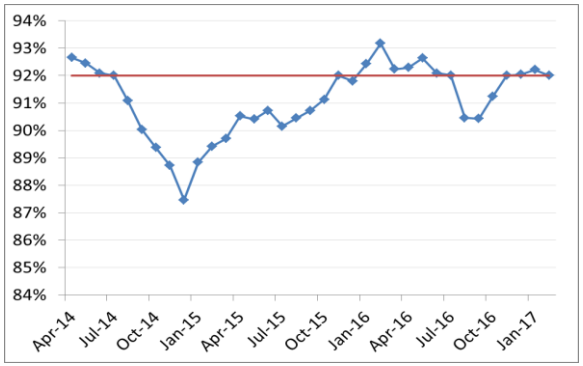
<table>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th><th>Comments</th></tr>
<tr>
<td>Inpatient experience tracker comprises five questions from the monthly postal survey: ward cleanliness, being treated with respect and dignity, involvement in care decisions, communication with doctors and with nurses. These were identified as “key drivers” of patient satisfaction via analysis and focus groups.</td>
<td>For the month of February 2017, the score was 92 out of a possible score of 100, and 92 for Q3 as a whole. Divisional level scores are provided on a quarterly basis to ensure sample sizes are sufficiently reliable.
<table>
<tr><th></th><th>Q2 2016/2017</th><th>Q3 2016/2017</th></tr>
<tr><td>Trust</td><td>91</td><td>92</td></tr>
<tr><td>Medicine</td><td>88</td><td>90</td></tr>
<tr><td>Surgery, Head & Neck</td><td>92</td><td>92</td></tr>
<tr><td>Specialised Services</td><td>92</td><td>92</td></tr>
<tr><td>Women's & Children's (Bristol Royal Hospital for Children)</td><td>92</td><td>94</td></tr>
<tr><td>Women's & Children's Division (Postnatal wards)</td><td>92</td><td>91</td></tr>
</table></td>
<td>Inpatient patient experience scores (maximum score 100) each month
 
</td>
<td>UH Bristol performs in line with national norms in terms of patient-reported experience. This metric would turn red if patient experience at the Trust began to deteriorate to a statistically significant degree – alerting the Trust Board and senior management that remedial action was required. In the year to date the score remains green. A detailed analysis of this metric (down to ward-level) is provided to the Trust Board in the Quarterly Patient Experience Report.</td>
</tr>
<tr>
<td>Outpatient experience tracker comprises four scores from the Trust’s monthly survey of outpatients (or parents of 0-11 year olds):
1) Cleanliness
2) Being seen within 15 minutes of appointment time
3) Being treated with respect and dignity
4) Receiving understandable answers to questions.</td>
<td>The score for the Trust as whole was 88 in February 2017 (out of score of 100). Divisional scores for quarter 3 are provided as numbers of responses each month are not sufficient for a monthly divisional breakdown to be meaningful.
<table>
<tr><th></th><th>Q2 2016/2017</th><th>Q3 2016/2017</th></tr>
<tr><td>Trust</td><td>90</td><td>90</td></tr>
<tr><td>Medicine</td><td>89</td><td>89</td></tr>
<tr><td>Specialised Services</td><td>87</td><td>89</td></tr>
<tr><td>Surgery, Head & Neck</td><td>92</td><td>88</td></tr>
<tr><td>Women's & Children's (Bristol Royal Hospital for Children)</td><td>89</td><td>85</td></tr>
<tr><td>Diagnostics & Therapies</td><td>94</td><td>96</td></tr>
</table></td>
<td>Outpatient Experience Scores (maximum score 100) each month
 
</td>
<td>The Trust’s performance is in line with national norms in terms of patient-reported experience.

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

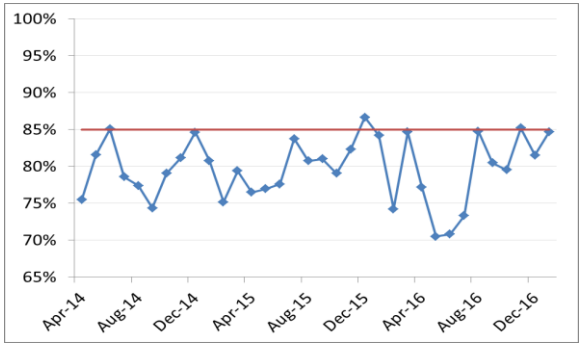
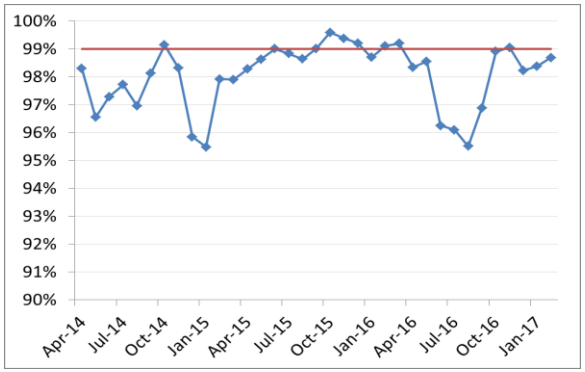
<table>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th><th>Comments</th></tr>
<tr>
<td>Last Minute Cancellation is a measure of the percentage of operations cancelled at last minute for non-clinical reasons. The national standard is for less than 0.8% of operations to be cancelled at last minute for reasons unrelated to clinical management of the patient.</td>
<td>In February the Trust cancelled 89 (1.52% of) operations at last-minute for non-clinical reasons. The reasons for the cancellations are shown below:
<table>
<tr><th>Cancellation reason</th><th></th></tr>
<tr><td>No ward bed available</td><td>39 (44%)</td></tr>
<tr><td>Emergency patient prioritised</td><td>17 (19%)</td></tr>
<tr><td>Surgeon ill/unavailable</td><td>14 (16%)</td></tr>
<tr><td>Technician not available</td><td>9 (10%)</td></tr>
<tr><td>Other causes (5 different breach reasons - no themes)</td><td>10 (11%)</td></tr>
</table>
Six patients cancelled in January were readmitted outside of 28 days. This equates to 92.4% of cancellations being readmitted within 28 days, which is below the former national standard of 95%.</td>
<td>Percentage of operations cancelled at last-minute
 

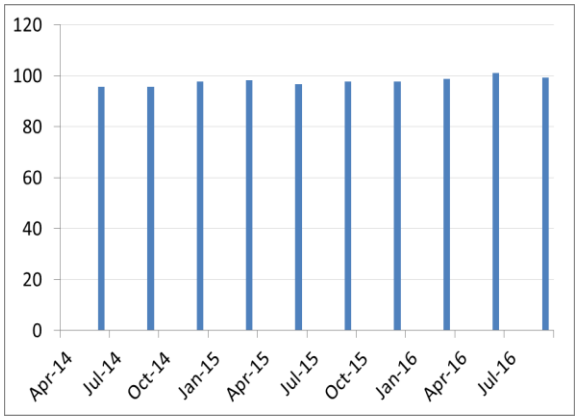
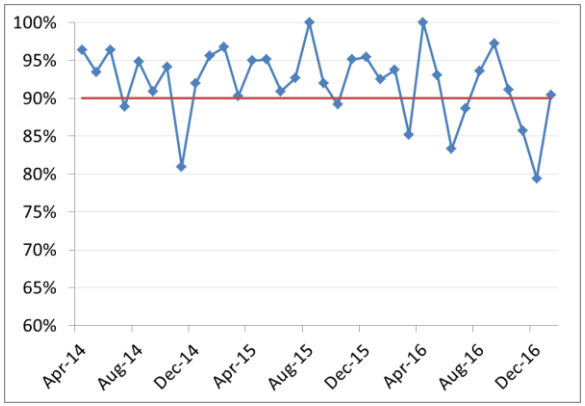
The national 0.8% standard is currently not forecast to be met in March due to continued high bed occupancy levels.</td>
<td>Emergency pressures continues to be the predominant cause of cancellations this month, with ward bed availability and emergency patients needing to be prioritised, making-up 63% of all cancellations. An action plan to reduce elective cancellations continues to be implemented (Actions 6A and 6B). However, please also see actions detailed under A&E 4 hours (8A to 8L) and outlier bed-days (13).</td>
</tr>
<tr>
<td>Outpatient appointments cancelled is a measure of the percentage of outpatient appointments that were cancelled by the hospital. This includes appointments cancelled to be brought forward, to enable us to see the patient more quickly.</td>
<td>In February 11.2% of outpatient appointments were cancelled by the hospital, which is above the Red threshold of 10.7%. This is a 0.5% increase on last month. But the level of cancellation remains lower than earlier in the year.</td>
<td>Percentage of outpatient appointments cancelled by the hospital
 
</td>
<td>Ensuring outpatient capacity is effectively managed on a day-to-day basis is a core part of the improvement work overseen by the Outpatients Steering Group. The improvement plan for this key performance indicator is prioritising those actions that are likely to reduce the current underlying rate of cancellation by the hospital (Actions 7A to 7C).</td>
</tr>
</table>

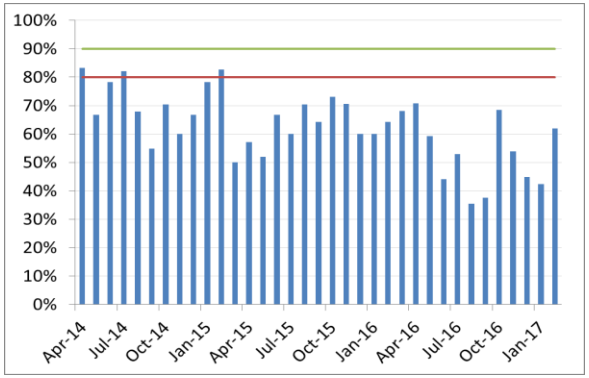
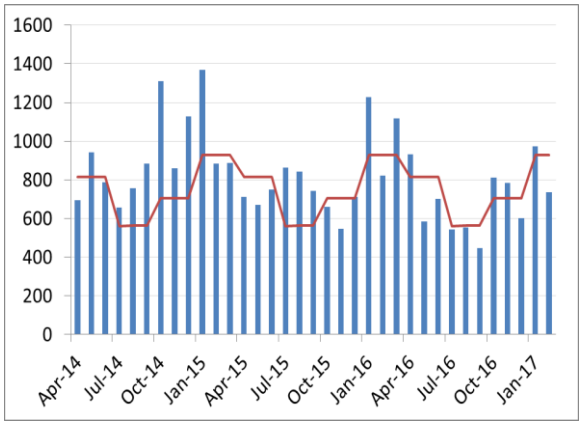
<table>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th><th>Comments</th></tr>
<tr>
<td>A&E Maximum 4-hour wait is measured as the percentage of patients that are discharged, admitted or transferred within four hours of arrival in one of the Trust's three Emergency Departments (EDs). The national standard is 95%.</td>
<td>The 95% national standard was not achieved in February. Trust-level performance improved to 80.7%, but was below the in-month trajectory (87.4%). Performance and activity levels for the BRI and BCH Emergency Departments are shown below.
<table>
<tr><th>BRI</th><th>Feb 2016</th><th>Jan 2017</th><th>Feb 2016</th></tr>
<tr><td>Attendances</td><td>5,519</td><td>5,366</td><td>4,977</td></tr>
<tr><td>Emergency Admissions</td><td>1,871</td><td>1,948</td><td>1,739</td></tr>
<tr><td>Patients managed < 4 hours</td><td>4367
79.1%</td><td>3695
68.9%</td><td>3392
68.2%</td></tr>
<tr><th>BCH</th><th>Feb 2016</th><th>Jan 2017</th><th>Feb 2016</th></tr>
<tr><td>Attendances</td><td>3,464</td><td>3,200</td><td>2,927</td></tr>
<tr><td>Emergency Admissions</td><td>812</td><td>872</td><td>735</td></tr>
<tr><td>Patients managed < 4 hours</td><td>2933
84.7%</td><td>2886
90.2%</td><td>2696
92.1%</td></tr>
</table>
</td>
<td>Performance of patients waiting under 4 hours in the Emergency Departments
 

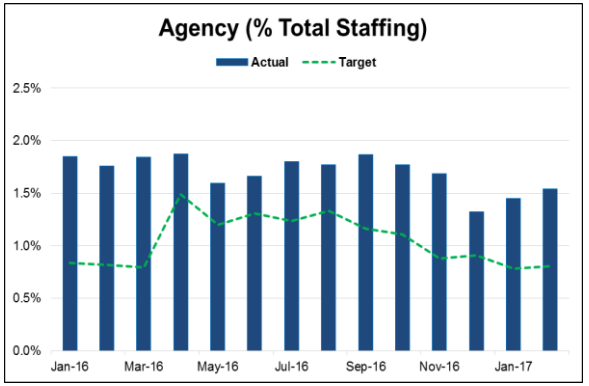
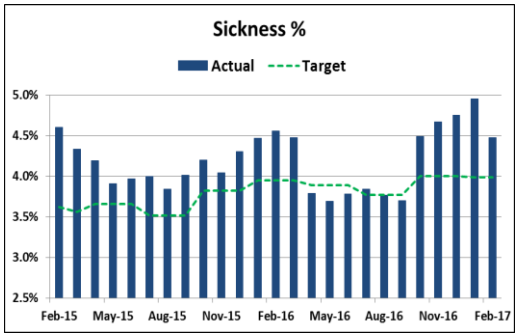
The trajectory of 91.0% is not forecast to be met in March.</td>
<td>Levels of emergency admissions via the BRI ED were 3.7% down on the same period last year (leap year adjusted), although total emergency admissions into the BRI were very similar. The number of over 14 day stays has decreased slightly but remains high. There has, however, been a decrease in outlier bed-days, which will help drive a reduction in length of stay. The time taken to access the 'right' bed, and also escalation beds, may explain poorer 4-hour performance relative to last year. Actions continue to be taken to reduce length of stay (Actions 8A to 8L).</td>
</tr>
<tr>
<td>Referral to Treatment (RTT) is a measure of the length of wait from referral through to treatment. The target is for at least 92% of patients, who have not yet received treatment, and whose pathway is considered to be incomplete (or ongoing), to be waiting less than 18 weeks at month-end.</td>
<td>The 92% national standard was met at the end of February, with reported performance of 92.0% against the recovery forecast of 92.0% (see Appendix 3). The number of patients waiting over 40 weeks RTT at month-end increased in February, mainly due to continued theatre capacity pressures in the Division of Women's & Children's. There were three over 52-week waiters, one (paediatric) due to patient choice and two (cardiology) due to errors made in recording pathways.
<table>
<tr><th></th><th>Dec</th><th>Jan</th><th>Feb</th></tr>
<tr><td>Numbers waiting > 40 weeks RTT</td><td>93</td><td>86</td><td>106</td></tr>
<tr><td>Numbers waiting > 52 weeks RTT</td><td>1</td><td>3</td><td>3</td></tr>
</table>
</td>
<td>Percentage of patients waiting under 18 weeks RTT by month
 

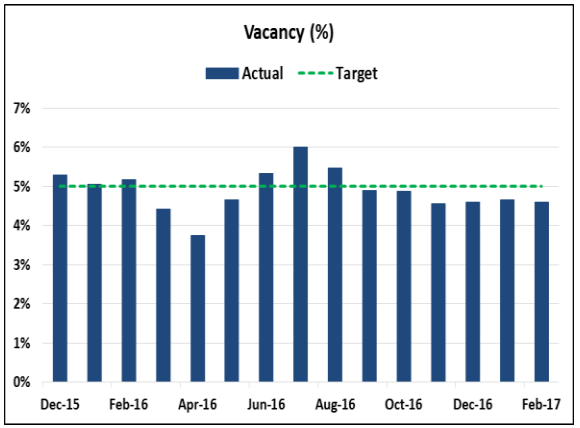
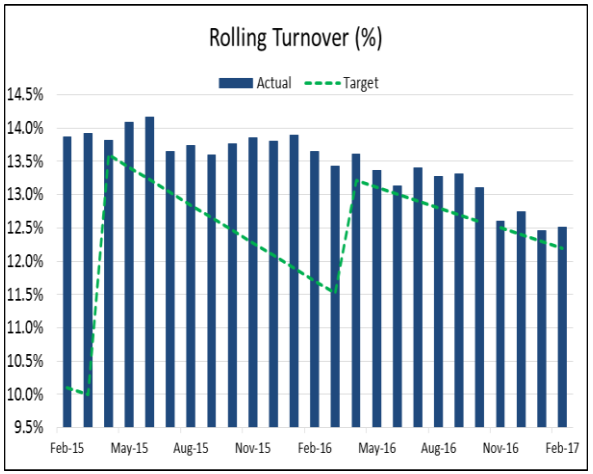
Achievement of the 92% standard in March is at risk, due to size of the current backlog and size of the elective waiitng list.</td>
<td>The total number of patients on an incomplete RTT pathway has increased, as has the number of patients waiting over 18 weeks. This is likely in part due to a decrease in outpatient attendances, and the high level of cancellations of surgery in the month. The current size of the elective waiting list continues to pose a risk to sustained achievement of the 92% standard. The RTT recovery plan continues to be monitored through fortnightly meetings with Divisions (Action 9).</td>
</tr>
</table>

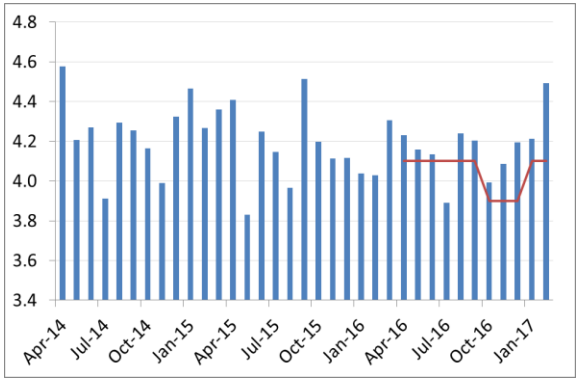
Description	Current Performance	Trend	Comments
Cancer Waiting Times are measured through eight national standards. These cover a 2-week wait to see a specialist, a 31 day wait from diagnosis to treatment, and a 62-day wait from referral to treatment. There are different standards for different types of referrals, and first and subsequent treatments.	January's performance was 84.7% against the 85% 62-day GP standard, and a trajectory of 83.6%. The 85% standard was met for internally managed pathways with performance at 91.7%. The main reasons for failure to achieve the 85% 62-day GP standard for individual patients is shown below. **Breach reason** / **Jan 17** Late referral by/delays at other provider: 7.5 Medical deferral/clinical complexity: 2.5 Patient choice: 2.0 Delayed outpatient appointment: 2.0 Administrative/tracking error: 0.5 **TOTAL: 14.5**	**Percentage of patients treated within 62 days of GP referral**  Performance against the 90% 62-day screening standard in January was 57.1% with 3 breaches of standard. The 31-day subsequent surgery standard failed to be met due to elective capacity constraints and cancellations.	Whilst performance for January was below 85%, it was above both trajectory and national average performance for the month. Performance continues to be impacted by factors outside of the Trust's control, including late referrals and medical deferrals. A CQUIN came into effect on the 1st October, along with a national policy for 'automatic' breach reallocation of late referrals. Adjusted performance based upon the reallocation rules was 89.9%. An improvement plan continues to be implemented to minimise avoidable delays (Action 10).
Diagnostic waits – diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is for 99% of patients referred for one of the 15 high volume tests to be carried-out within 6 weeks, as measured by waiting times at month-end.	Performance was 98.7% in February, which is below the 99% national standard, but above the agreed recovery trajectory. The number and percentage of over 6-week waiters at month-end, is shown below: **Diagnostic test** / **Dec** / **Jan** / **Feb** MRI: 1 / 16 / 15 Ultrasound: 1 / 0 / 0 Sleep: 9 / 51 / 31 Endoscopies: 30 / 19 / 19 CT: 22 / 36 / 40 Echo: 63 / 0 / 0 Other: 10 / 4 / 3 **TOTAL: 136 / 126 / 108** Percentage: **98.2% / 98.4% / 98.7%** Recovery trajectory: 99.0% / 99.0% / 98.2%	**Percentage of patients waiting under 6 weeks at month-end**  Achievement of the recovery trajectory at the end of March is at risk due to a rise in Sleep Studies demand and the Cardiac CT backlog.	There was a significant reduction in the number of patients waiting over 6 weeks for a Sleep Studies test. However, the number of referrals into the service during the last three weeks of February, doubled. An increase in long waiters is now forecast. The service continues to put-on extra lists to catch-up on the capacity lost due to the 'snagging' issues associated with the new facility, along with sessions having to be cancelled to free-up physicians to undertake additional ward rounds. (Action 11A to 11B).

Description	Current Performance	Trend	Comments
Summary Hospital Mortality Indicator is the ratio of the actual number of patients who died in hospital or within 30 days of discharge and the number that were 'expected' to die, calculated from the patient case-mix, age, gender, type of admission and other risk factors. This is nationally published quarterly, six months in arrears.	Summary Hospital Mortality Indicator (SHMI) for September 2016 was 99.4 This statistical approach estimates that there were 11 fewer actual deaths than expected deaths in the 12-month period up to September 2016.	**Summary Hospital Mortality Indicator (SHMI) for in hospital deaths each month** 	Our overall performance continues to indicate that fewer patients died in our hospitals than would have been expected given their specific risk factors. The Quality Intelligence Group continues to conduct assurance reviews of any specialties that have an adverse SHMI score in a given quarter. We will continue to track Hospital Standardised Mortality Indicator monthly to give earlier warning of a potential concern.
Door to balloon times measures the percentage of patients receiving cardiac reperfusion (inflation of a balloon in a blood vessel feeding the heart to clear a blockage) within 90 minutes of arriving at the Bristol Heart Institute.	In January (latest data), 38 out of 42 patients (90.5%) were treated within 90 minutes of arrival in the hospital. Performance for the year as a whole remains above the 90% standard at 90.5%.	**Percentage of patients with a Door to Balloon Time < 90 minutes by month** 	Routine monthly analysis of the causes of delays in patients being treated within 90 minutes continues. There were no emerging themes in January.

<table>
<tr><th>Description</th><th>Current Performance</th><th>Trend</th><th>Comments</th></tr>
<tr>
<td>Fracture neck of femur Best Practice Tariff (BPT), is a basket of indicators covering eight elements of what is considered to be best practice in the care of patients that have fractured their hip. For details of the eight elements, please see Appendix 1.</td>
<td>In February 2017 we achieved 61.9% (13/ 21 patients) overall performance in Best Practice Tariff (BPT), against the national standard of 90%. The time to theatre within 36 hours performance was 81% (17/21 patients).
<table>
<tr><th>Reason for not going to theatre within 36 hours</th><th>Number of patients</th></tr>
<tr><td>Lack of theatre capacity.</td><td>1</td></tr>
<tr><td>Complex fractures requiring specialist hip surgeon.</td><td>2</td></tr>
<tr><td>Not prioritised over other clinically urgent case</td><td>1</td></tr>
</table>
Six patients did not receive any ortho-geriatrician review due to sickness and the clinician having to cover the Older Person Assessment Unit.</td>
<td>Percentage of patients with fracture neck of femur whose care met best practice tariff standards.
 
</td>
<td>Actions are being taken to establish a future service model across Trauma & Orthopaedics, and ensure that consistent, sustainable cover is provided (Actions 12A to 12D).</td>
</tr>
<tr>
<td>Outlier bed-days is a measure of how many bed-days patients spend on a ward that is different from their broad treatment speciality: medicine, surgery, cardiac and oncology. Our target is a 15% reduction which equates to a 9029 bed-days for the year with seasonally adjusted quarterly targets.</td>
<td>In February 2017 there were 735 outlier bed-days against a target of 928 outlier bed days.
<table>
<tr><th>Outlier bed-days</th><th>Feb 2017</th></tr>
<tr><td>Medicine</td><td>511</td></tr>
<tr><td>Surgery, Head & Neck</td><td>168</td></tr>
<tr><td>Specialised Services</td><td>51</td></tr>
<tr><td>Women's & Children's Division</td><td>1</td></tr>
<tr><td>Diagnostics and Therapies</td><td>4</td></tr>
<tr><td>Total</td><td>735</td></tr>
</table>
In the month there were significant reductions in outlier bed-days in both the Division of Medicine and Division of Surgery, Head & Neck.</td>
<td>Number of days patients spent outlying from their specialty wards
 
</td>
<td>Performance showed a significant improvement in February with a decrease of 193 bed-days over January’s figure of 972.
Ongoing actions are shown in the action plan section of this report. (Action 13).</td>
</tr>
</table>

Description	Current Performance	Trend	Comments
Agency usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets for 2015/16. The red threshold is 10% over the monthly target.	Agency usage increased by 8.5 FTE, up from 1.4% to 1.5% of total staffing. Nursing agency usage increased by 6.4 FTE, associated with extra capacity beds and increased acuity and dependency, together with higher requirements for vacancy cover. **February 2017** / **FTE** / **Actual %** / **KPI** **UH Bristol** / **131.0** / **1.5%** / **0.8%** Diagnostics & Therapies / 7.0 / 0.7% / 0.6% Medicine / 47.1 / 3.7% / 0.9% Specialised Services / 10.4 / 1.1% / 1.2% Surgery, Head & Neck / 20.3 / 1.1% / 0.4% Women's & Children's / 17.3 / 0.9% / 0.4% Trust Services / 18.3 / 2.5% / 2.1% Facilities & Estates / 10.7 / 1.3% / 1.0%	**Agency usage as a percentage of total staffing by month** 	The agency action plans continue to be implemented and the headlines are in the improvement plan (Action 14). A summary of compliance with agency caps is attached in Appendix 2.
Sickness Absence is measured as percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2015/16. The red threshold is 0.5% over the monthly target.	Sickness absence reduced from 5.0% to 4.5%. There have been reductions across all the main reasons for absence, including an 18% reduction in absence for psychological reasons, and a 21% reduction in cold and flu related absence. **February 2017** / **Actual** / **KPI** **UH Bristol** / **4.5%** / **4.0%** Diagnostics & Therapies / 3.4% / 2.9% Medicine / 4.3% / 4.5% Specialised Services / 3.6% / 3.6% Surgery, Head & Neck / 5.0% / 3.7% Women's & Children's / 4.0% / 4.2% Trust Services / 3.9% / 3.1% Facilities & Estates / 7.7% / 5.9%	**Sickness absence as a percentage of full time equivalents by month**  *Please note: Sickness data is refreshed retrospectively to capture late data entry, and to ensure the data are consistent with what we finally submit for national publication*	Average monthly sickness absence for the year to date stands at 4.2%. Action 15 describes the ongoing programme of work to address sickness absence.

Description	Current Performance	Trend	Comments
Vacancies - vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a Trust-wide target of 5%.	Overall vacancies reduced slightly from 4.7% to 4.6%. Registered nursing vacancies increased from 4.5% (111 FTE) to 4.9% (120.6FTE), with the greatest increase being in Surgery Head and Neck, going up by 6.6 FTE to 6.9%. Ancillary vacancies remained unchanged at 7% (60 FTE). **February 2017** / **Rate** **UH Bristol** 4.6% Diagnostics & Therapies 6.7% Medicine 5.4% Specialised Services 4.7% Surgery, Head & Neck 5.3% Women's & Children's 1.5% Trust Services 4.7% Facilities & Estates 6.5%	**Vacancies rate by month** 	The recruitment action plan is summarised in Action 16. Appendix 2 details progress in reducing specialist nursing vacancies hotspots.
Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 12.1% by the end of 2016/17. The red threshold is 10% above monthly trajectory**.**	Turnover remained at 12.5%. There were increases in Specialised Services, Surgery Head & Neck and Women`s & Children`s Divisions. Registered nurse turnover increased from 12.1% to 12.5%. **February 2017** / **Actual** / **Target** **UH Bristol** **12.5%** **12.2%** Diagnostics & Therap. 11.2% 12.6% Medicine 14.6% 13.3% Specialised Services 12.6% 12.6% Surgery, Head & Neck 11.7% 12.2% Women's & Children's 11.7% 10.8% Trust Services 12.4% 11.5% Facilities & Estates 14.6% 13.5%	**Staff turnover rate by month** 	Programmes to support staff recruitment remain a key priority for the Divisions and the Trust (Action 17).

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 February the average length of stay for inpatients was 4.49 days, which is above the quarter 3 RED threshold of 3.90 days. This is the highest length of stay reported since September 2015. In the month there was a sharp rise in the percentage of patients discharged who were long-stay stay patients (14 day plus stays), with the highest level being reported since April 2015. But despite this increase in the volume of long stay patients being discharged, there was only a small decrease in the number of long stay patients in hospital at month-end.	**Average length of stay (days)**  Length of stay is forecast to remain above the RED threshold in March, and remain high until the current cohort of long-stay patients are discharged.	The total number of Green to Go patients in hospital remains more than double the jointly agreed planning assumption of 30 patients. The number of 14-day plus stays is currently at a high level, despite a decrease relative to last month. The percentage of emergency patients admitted aged 75 years and over continues to be higher than last winter. Work to reduce delayed discharges and over 14 days stays continues as part of the emergency access community-wide plan (Actions 8A to 8L and 13).

Improvement Plan

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

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

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

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

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		Clinical Effectiveness) and Acting Patient Support and Complaints Manager undertook a detailed review of all dissatisfied cases from August and September 2016.	Experience Group on 23rd February 2017.	Experience Group. In five of the 12 cases, the opinion of the reviewers was that opportunities were missed which may have had a bearing on the dissatisfied outcome. Heads of Nursing have committed to review these cases for local learning. No common themes.	
	5E	The Trust will be establishing a new complaints review panel in 2017.	Terms of Reference established March 2017	Evidence that the panel is in place and learning identified and shared with Divisions	Achieve and maintain a green RAG rating for this indicator
Last minute cancelled operations	6A	Continued focus on recruitment and retention of staff to enable all adult BRI HDU/ITU beds to be kept open, at all times. Training package developed to support staff retention. Staff recruited and in post. Development and implementation of a strategy for managing ITU/HDU beds across general adult and cardiac units, to improve ability to manage peaks in demand.	Ongoing To be confirmed – expected to be by quarter 4, when virtual ward up to full impact, relieving ward bed pressures	Monthly Divisional Review Meetings; Relevant Steering Group to be confirmed, but likely to be Clinical Strategy Group.	Sustained reduction in critical care related cancellations in 2017/18. Achievement of quality objective on a quarterly basis.
	6B	Specialty specific actions to reduce the likelihood of cancellations.	Ongoing	Monthly review of plan with Divisions by Associate Director of Operations.	As above.

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
Outpatient appointments cancelled by hospital	7A	Select six highest hospital cancellation specialities and investigate reasons for cancellations with frontline staff and Performance & Operations Managers. Share learning with all over specialities via the Outpatient Steering Group.	Ongoing	Report provided for Outpatient Steering Group	Amber threshold expected to be achieved again by the end of March.
	7B	Confirm that no leave is being agreed within six weeks (or timescale locally agreed).	Ongoing	Report provided for Outpatient Steering Group	

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
Responsive					
A&E 4-hours	8A	Extended escalation capacity (A518) likely to end of quarter 4, and continued use of ORLA	Ongoing	Monitoring of expected improvement in relevant KPI through the Emergency Access Improvement Group (EAPIG)	Achievement of 90% at a system level by the end of March 2017.
	8B	Flexible use of community beds via system partners	Duration of quarter 4 2016/17	Progress monitored through daily ALAMAC calls. Actions expected to reduce and/or smooth demand. Monitoring of expected improvement in relevant KPI through the Emergency Access Improvement Group (AEPIG)	
	8C	Additional GPSU and Urgent care capacity	Duration of quarter 4 2016/17		
	8D	Alternative transport to smooth flow of medically expected patients	Ongoing		
	8E	Commissioning of Pulse to provide domiciliary care packages, to support early supported discharge	Complete	Contract monitoring	
	8F	Review of formal feedback from NHS Improvement Critical Friend Visit, to feed into refresh of the action plan	Mid April	Review and monitoring of agreed actions by EAPIG.	
	8G	BCH to review cover for general paediatrics (end of winter plan for additional cover ends in the first week of March) and look at options to cover any perceived peaks across March where possible	End March	Progress with plans to be monitored through EAPIG	

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
	8H	BRHC to review staffing across inpatient wards to avoid beds being closed due to staffing, which impacts on ED flow	End March		
	8I	Division of Medicine to embed new medical model of Acute Physicians and develop clear strategy of medical admissions flow from ED, learning from their first two weeks in post	End March		
	8J	ED to pilot escalation of delayed speciality review of patients in ED to Silver (operational meetings) for respective divisions (Surgery and Specialised Services) using ipods. This is Monday to Friday with the purpose of capturing in real-time what the issues are, and looking for innovative ways to improve access to speciality review. Contributes to implementation of refreshed professional standards	End March		
	8K	Breaking the Cycle Together event – to be planned for end of March or pre-Easter. Focus on the transition from DTA to admission to ward bed, using metrics of total time in ED for patients.	End March		
	8L	Consideration of strategic solutions to potential bed capacity shortfalls	End April	Review of options to be considered at Senior	Achievement of STF trajectory in 2017/18

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		for 2017/18, including ways of increasing early supported discharge.		Leadership Team	
Referral to Treatment Time (RTT)	9	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 92% in each month in quarter 4.
Cancer waiting times	10	Implementation of Cancer Performance Improvement Plan, including ideal timescale pathways, and reduced waits for 2-week wait appointments.	Ongoing	Oversight of implementation by Cancer Performance Improvement Group, with escalation to Cancer Steering Group.	Achieve 85% for internally managed pathways and 85% with application of CQUIN. Sustain performance above national average.
Diagnostic waits	11A	Additional Sleep Studies waiting list sessions being undertaken to help address the bulge in demand;	End February	Weekly monitoring by Associate Director of Performance, with escalation to monthly Divisional Review meetings as required.	Recovery of 99% standard by end of October - achieved for October and November, but not in December. Additional sessions now being booked in February, March and April, with achievement expected by end of April.
	11B	Additional cardiac CT sessions to be established to meet unmet demand in March.	End April	Weekly monitoring by Associate Director of Performance, with escalation to monthly Divisional Review meetings as required.	Achievement of 99% standard again for this diagnostic modality by the end of April.

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

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
Outlier bed-days	13	Ward processes to increase early utilisation of discharge lounge to facilitate patients from Acute Medical Unit getting into the correct speciality at point of first transfer. See also actions 8A to 8L.	Ongoing	Oversight in Ward Processes Project Group	Linked to increased and timely use of discharge lounge

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

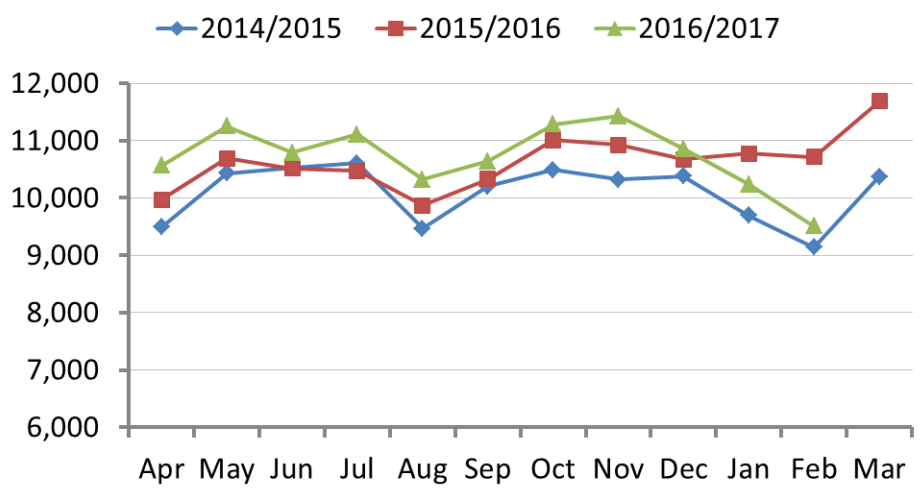
Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
		Musculo-skeletal: Interventions by Occupational Health, Physio Direct, and Manual Handling Team	Ongoing	Workplace Wellbeing Steering Group (quarterly) /CQUIN Delivery Group	
		Mental health: Draft Stress management strategy framework	Senior Leadership May 2017		
		Staff Health and Well Being: Trust review of model for well-being including healthy food and beverages	January 2017 to January 2018		
Vacancies	16	**Recruitment Performance:** • Divisional Performance and Operations Meetings monitor vacancies and performance against KPI of 45 days to recruit.	Review quarterly	Workforce and OD Group /Recruitment Sub Group.	Detailed trajectories are in place for key recruitment hotspots, including theatres; critical care, haematology and ancillary staff
		Marketing and advertising: • Nursing recruitment website supported by digital and social media advertising campaigns • Radiology mirroring the approach for nursing recruitment	Ongoing April 2017		
		Support for recruitment and retention initiatives in specialist areas: • Heygroves Theatres and CICU. Trajectories (see Appendix 2)	Reviewed monthly	Divisional Performance and Operational Reviews	

Domain	Action number	Action	Timescale	Assurance	Improvement trajectory
Turnover	17	**Complete review of appraisal**: Including: • Revised policy; • E-Appraisal; • Engaging staff.	March 2017	Transformation Board	January performance is in line with the mid-year review forecast out turn for March 2017 of 12.4% compared with the 2016/17 KPI of 12.1%.
		Engagement Plans: Detailed action plans and milestones incorporated into Divisional operating plans.	November 2015 - March 2017	Divisional Boards/ Senior Leadership Team/Workforce and OD Group.	
		Transformational Engagement and retention: Leadership Behaviours workshops complete, update to Senior Leadership Team March 2017	Workshops December 2016 to January 2017.	Senior Leadership Team/Board	
		Staff Survey: Staff survey closed December 2017, results available in March/April.	March/April 2017	Workforce and OD Group	

Operational context

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

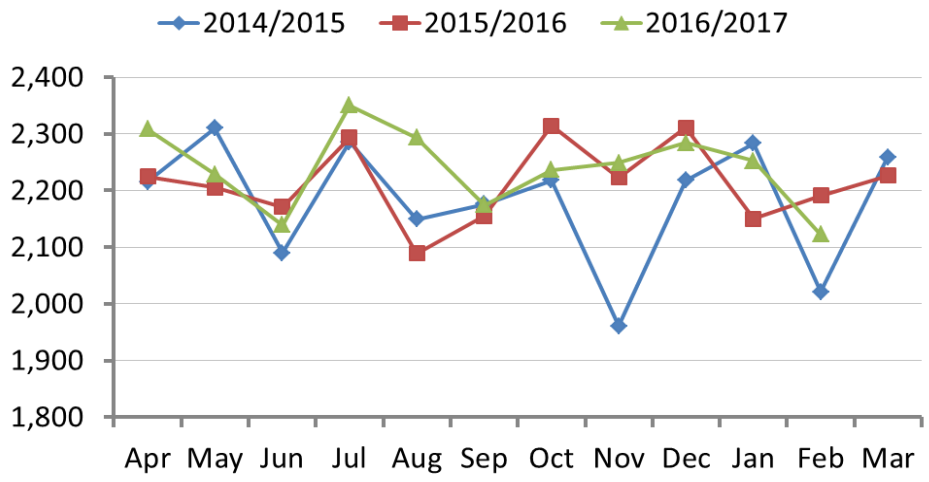
Emergency Department (ED) attendances



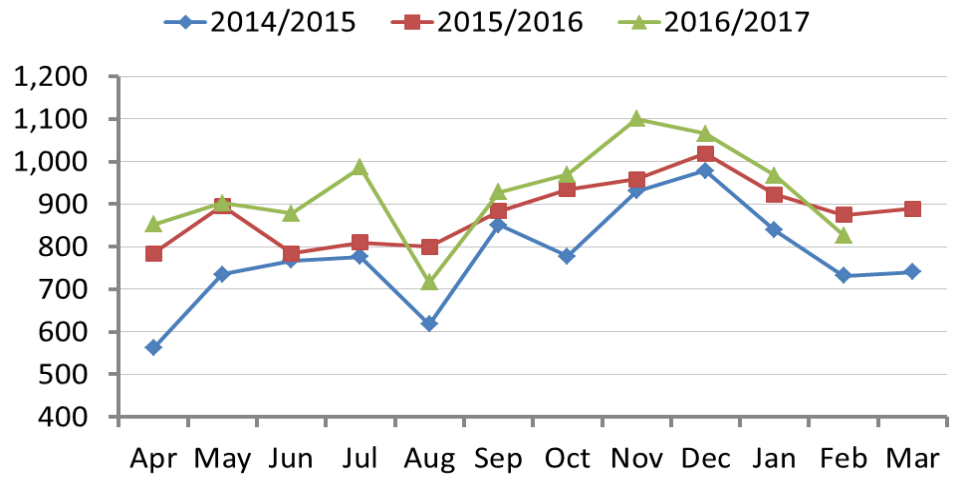
Summary points:

- Emergency attendances have fallen to below last year's levels;
- The total number of emergency admissions into the BRI decreased below the 2015/16 seasonal norm, although was at a similar level when leap-year adjusted; BCH levels were below that of last year (adjusted);
- The number of new outpatient attendances has decreased below the level of February 2016 (even leap-year adjusted);
- The number of elective admissions has also decreased below the level of the February 2016, impacted in part by higher level of cancellations due to emergency pressures;
- The number of patients waiting over 18 weeks for treatment has increased, as has the total number of pathways; last month's rise in the elective waiting list means there is a 'bulge' in the waiting list that will need to be met to prevent an increase in over 18 week waiters in future months (see Assurance and Leading Indicators section).

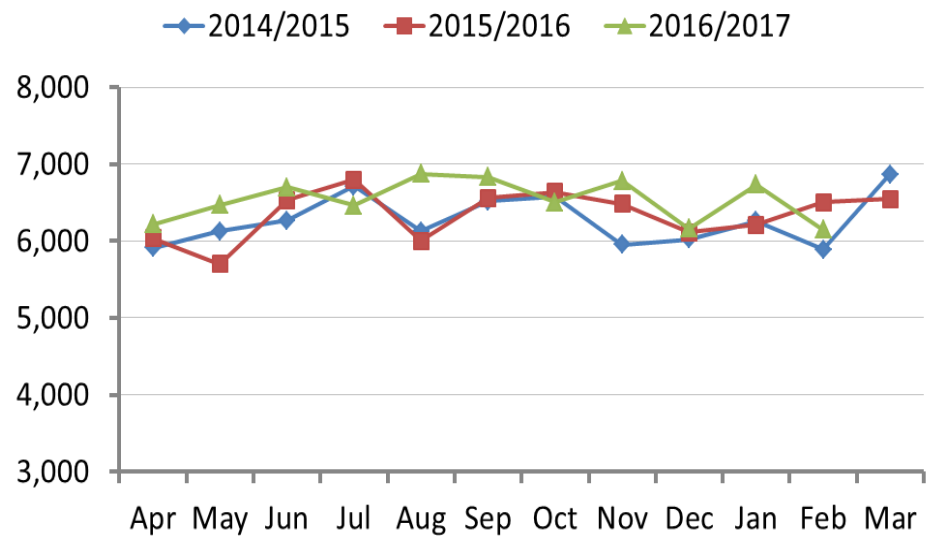
Emergency admissions (BRI)



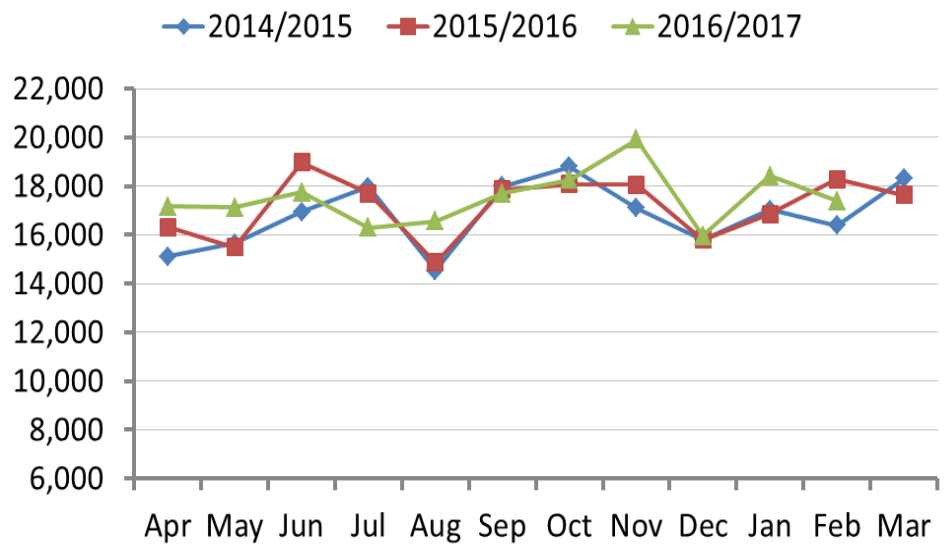
Emergency admissions (BCH)



Elective admissions



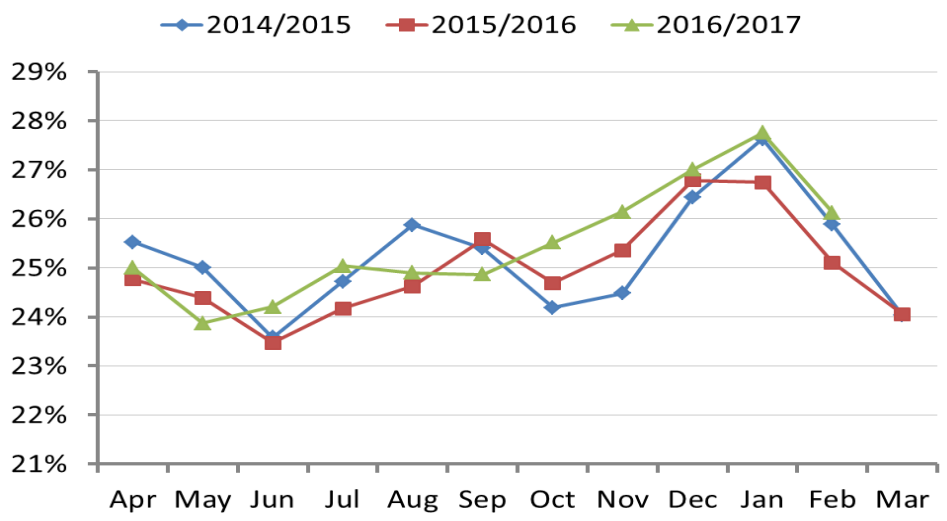
New outpatient attendances



Assurance and Leading Indicators

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

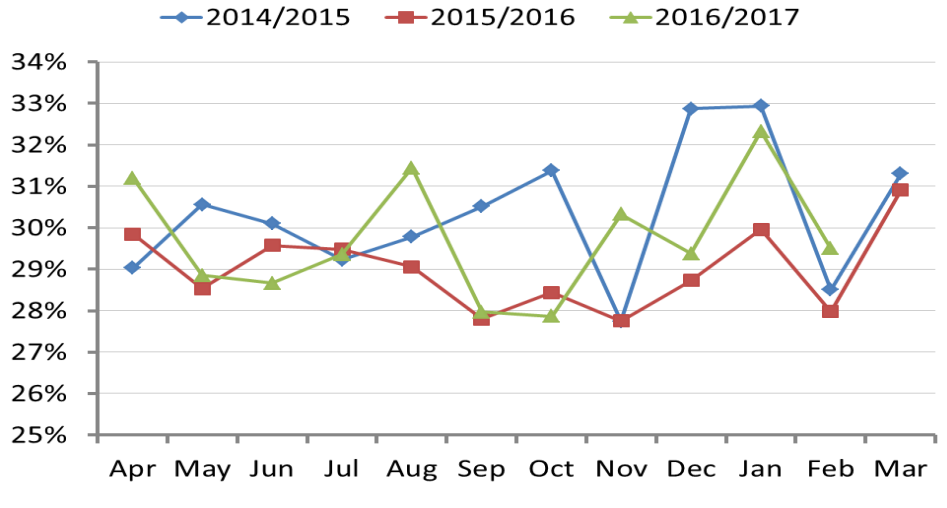
Percentage ED attendances resulting in admission



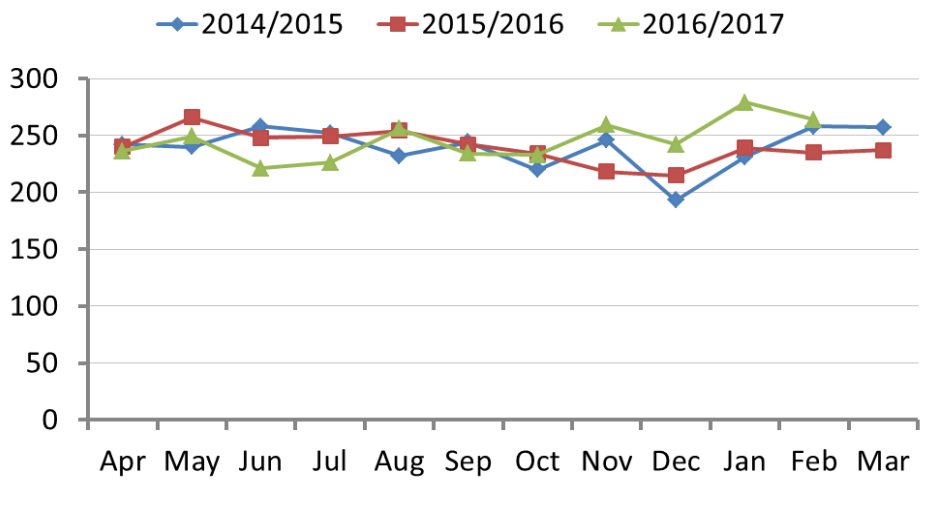
Summary points:

- The percentage of patients arriving in our Emergency Departments and converting to an admission continues to show the usual seasonal pattern; the percentage of patients admitted aged 75 years and over is also following the usual seasonal profile, but remains above the same period last year;
- The number of over 14 days stays is at the high levels seen in 2014/15; BRI bed occupancy levels have now also risen to the levels seen in 2014/15;
- The number of patients on the outpatient waiting list has stayed similar to that of the previous two months; this appears to be due to a reduction in referral volumes rather than a higher than normal level of outpatient attendances; the elective waiting list has also stayed similar to last month;
- The number of patients referred by their GP with a suspected cancer (2-week waits) has returned to above 2015/16 levels.

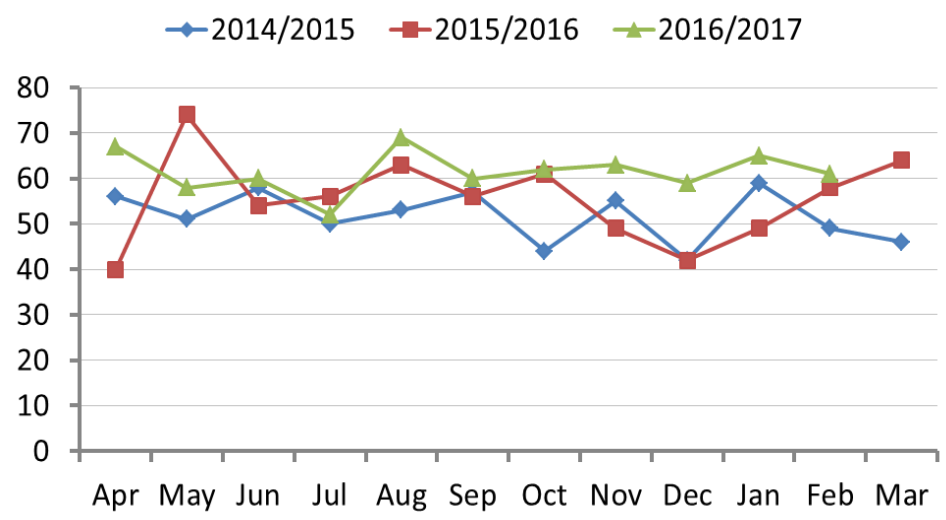
Percentage of Emergency BRI spells patients aged 75 years and over



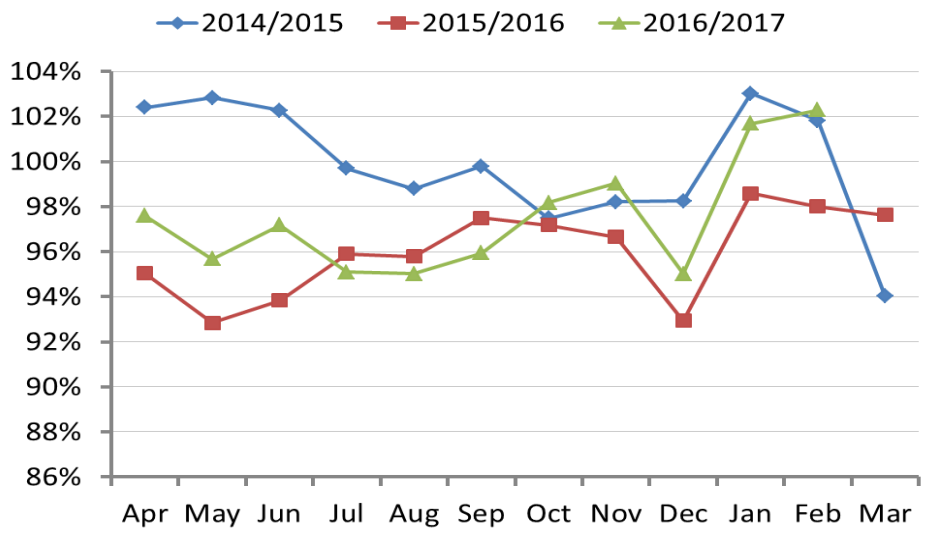
Over 14 day stays



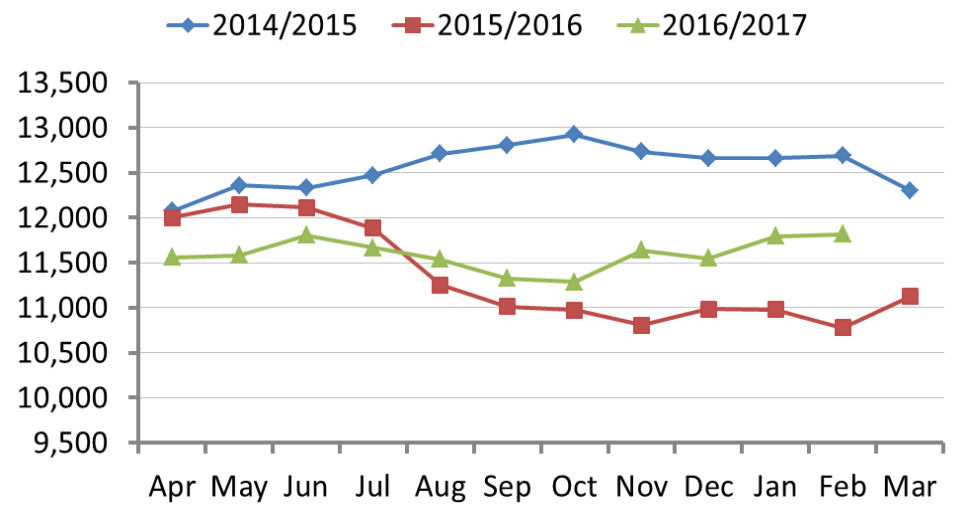
Delayed discharges (Green to Go)



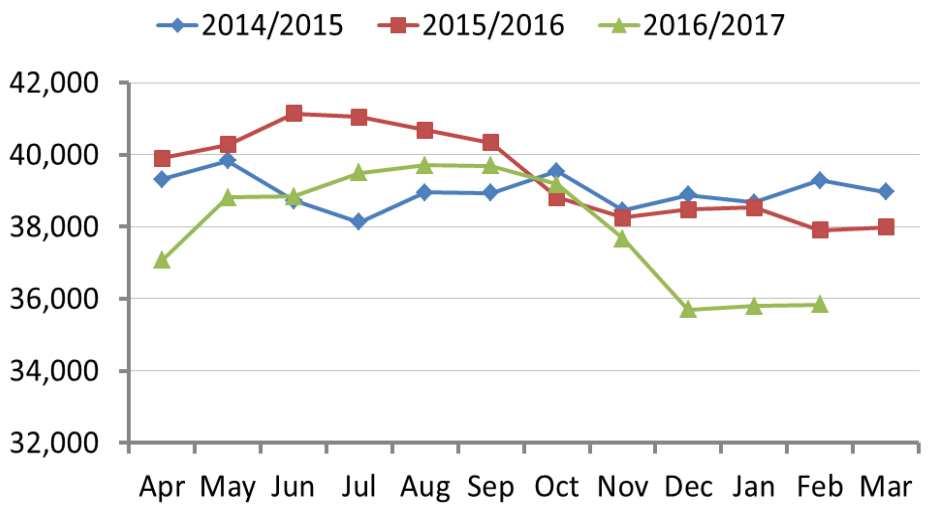
BRI Bed Occupancy



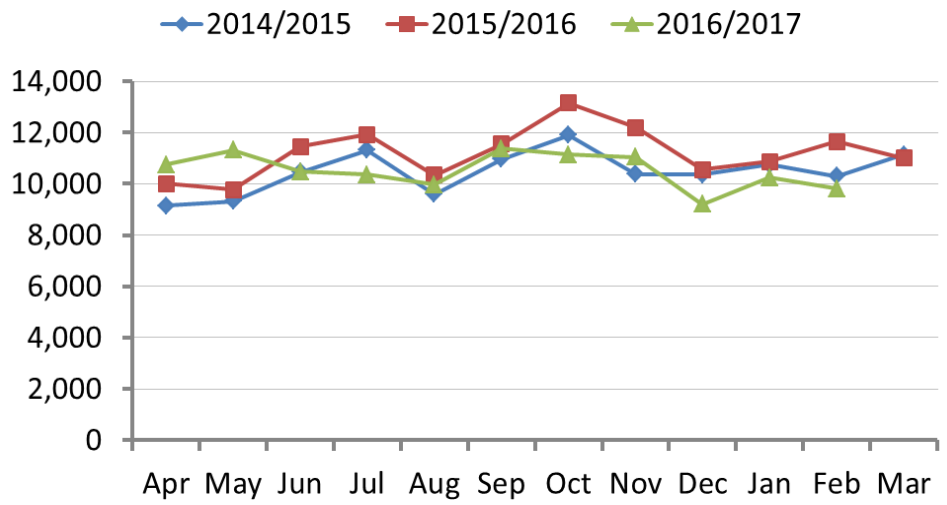
Elective waiting list size



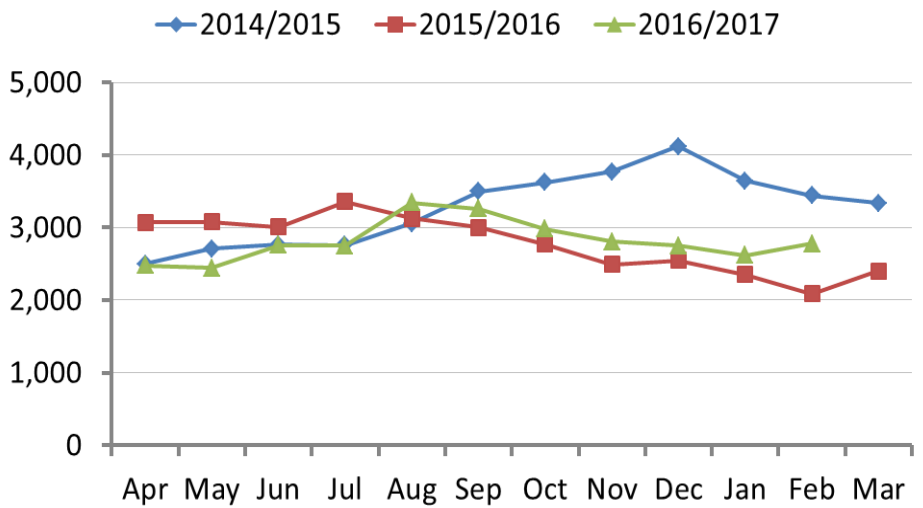
Outpatient waiting list size



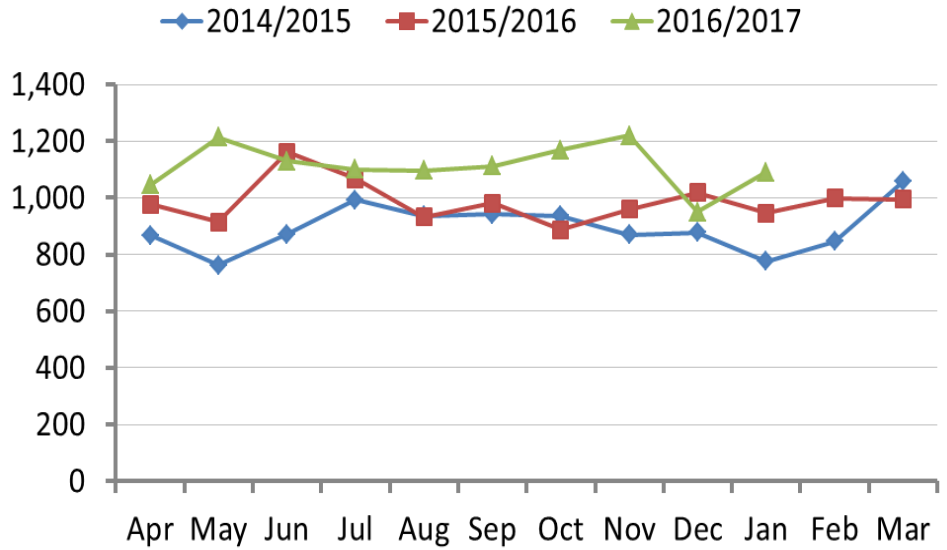
Number of RTT pathways stopped (i.e. treatments)



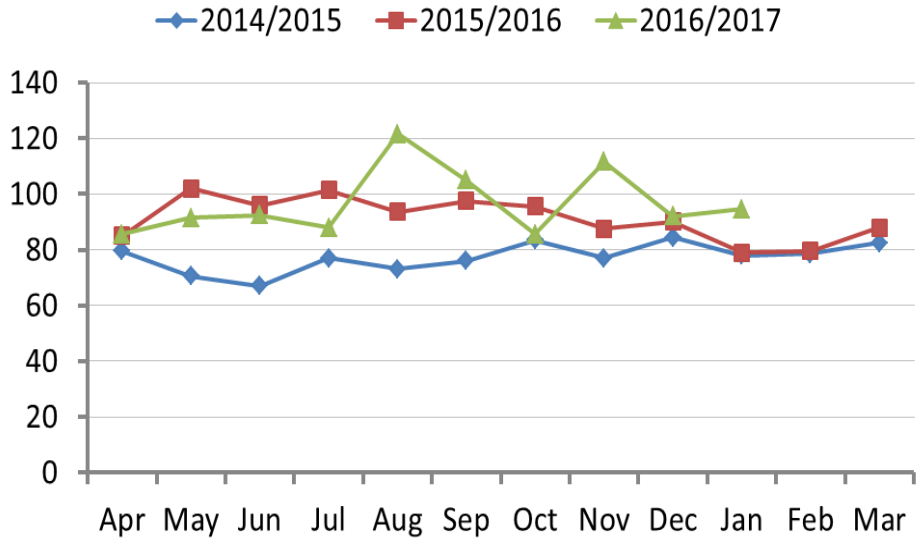
Number of RTT pathways over 18 weeks



Cancer 2-week wait – urgent GP – referrals seen



Cancer 62-day GP referred treatments



Trust Scorecards

SAFE, CARING & EFFECTIVE

			Annual		Monthly Totals												Quarterly Totals			
Topic	ID	Title	15/16	16/17 YTD	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
Patient Safety																				
Infections	DA01a	MRSA Bloodstream Cases - Cumulative Totals	-	-	3	0	0	0	0	0	0	0	1	1	1	1	-	-	-	-
	DA01	MRSA Bloodstream Cases - Monthly Totals	3	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0
	DA03	C.Diff Cases - Monthly Totals	40	31	4	2	5	1	3	2	5	1	3	5	4	0	8	10	9	4
	DA02	MSSA Cases - Monthly Totals	26	35	0	2	3	3	7	4	2	0	6	2	3	3	8	13	8	6
C.Diff "Avoidables"	DA03c	C.Diff Avoidable Cases - Cumulative Totals	-	-	17	0	1	2	3	4	5	5	8	-	-	-	-	-	-	-
Infection Checklists	DB01	Hand Hygiene Audit Compliance	97.3%	96.6%	96.8%	96.6%	97.3%	98%	96.9%	98.4%	94.9%	97%	96.5%	95.7%	95.5%	95.4%	97.3%	96.8%	96.4%	95.5%
	DB02	Antibiotic Compliance	87.6%	88.3%	86.1%	84.4%	85.3%	83.9%	88.2%	86.5%	86.8%	90.9%	90.3%	91.2%	91.7%	92%	84.5%	87.4%	90.8%	91.8%
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	-	-	94%	95%	95%	95%	96%	97%	95%	95%	96%	96%	96%	94%	-	-	-	-
	DC02	Cleanliness Monitoring - Very High Risk Areas	-	-	98%	98%	98%	98%	98%	98%	98%	97%	97%	97%	98%	97%	-	-	-	-
	DC03	Cleanliness Monitoring - High Risk Areas	-	-	95%	96%	96%	96%	96%	97%	97%	96%	96%	97%	96%	96%	-	-	-	-
Serious Incidents	S02	Number of Serious Incidents Reported	69	47	10	3	8	2	6	8	1	4	5	3	5	2	13	15	12	7
	S02a	Number of Confirmed Serious Incidents	55	35	5	3	7	2	5	7	1	4	5	1	-	-	12	13	10	-
	S02b	Number of Serious Incidents Still Open	5	10	0	0	1	0	0	0	0	0	0	2	5	2	1	0	2	7
	S03	Serious Incidents Reported Within 48 Hours	84.1%	93.6%	100%	66.7%	100%	100%	83.3%	87.5%	100%	100%	100%	100%	100%	100%	92.3%	86.7%	100%	100%
	S03a	Serious Incidents - 72 Hour Report Completed Within Timescale	-	89.4%	-	66.7%	100%	100%	100%	87.5%	100%	75%	80%	66.7%	100%	100%	92.3%	93.3%	75%	100%
	S04	Serious Incident Investigations Completed Within Timescale	74.1%	97.8%	100%	100%	100%	100%	100%	100%	100%	100%	100%	75%	100%	100%	100%	100%	93.3%	100%
Never Events	S01	Total Never Events	3	2	0	0	0	0	1	0	0	1	0	0	0	0	0	1	1	0
Patient Safety Incidents	S06	Number of Patient Safety Incidents Reported	13787	12323	1226	1145	1216	1258	1173	1139	1263	1220	1389	1185	1335	-	3619	3575	3794	1335
	S06b	Patient Safety Incidents Per 1000 Beddays	44.75	47.67	46.78	45.19	46.88	50.22	45.32	44.67	50.77	45.61	52.93	46.21	48.94	-	47.41	46.88	48.25	48.94
	S07	Number of Patient Safety Incidents - Severe Harm	97	83	3	2	8	9	10	10	2	10	12	10	10	-	19	22	32	10
Patient Falls	AB01	Falls Per 1,000 Beddays	3.95	4.26	4.16	4.26	3.93	4.59	4.6	3.84	4.42	4.86	4.04	3.74	3.74	4.9	4.26	4.29	4.22	4.29
	AB06a	Total Number of Patient Falls Resulting in Harm	30	31	5	1	4	3	3	3	3	2	2	4	3	3	8	9	8	6
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.221	0.145	0.114	0.276	0.154	0.04	0.077	0.196	0.161	0.075	0.114	0.195	0.11	0.201	0.157	0.144	0.127	0.153
	DE02	Pressure Ulcers - Grade 2	61	37	3	7	3	1	2	5	4	1	3	5	3	3	11	11	9	6
	DE03	Pressure Ulcers - Grade 3	7	4	0	0	1	0	0	0	0	1	0	0	0	2	1	0	1	2
	DE04	Pressure Ulcers - Grade 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	98.2%	99.1%	96.9%	99.3%	99.1%	99%	99.1%	99.1%	99%	99%	99.4%	99%	99.1%	98.9%	99.2%	99.1%	99.1%	99%
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	94.6%	96.4%	94.5%	94.8%	96.3%	96.6%	97.3%	95.7%	94.1%	97%	96.5%	97%	97.8%	98%	95.8%	95.8%	96.8%	97.9%
Nutrition	WB03	Nutrition: 72 Hour Food Chart Review	90.4%	89.5%	91.4%	83.6%	94%	86.3%	89.4%	89.8%	89.7%	86.5%	87.1%	94.3%	92.7%	89.1%	88.5%	89.6%	89.4%	90.9%
Nutrition Audit	WB10	Fully and Accurately Completed Screening within 24 Hours	-	86.6%	-	-	-	80.8%	-	-	88%	-	-	91.2%	-	-	80.8%	88%	91.2%	-
Safety	Y01	WHO Surgical Checklist Compliance	99.9%	99.2%	100%	99.8%	100%	98.9%	99.6%	99.9%	100%	99.6%	-	97.7%	98.4%	98%	99.6%	99.9%	98.7%	98.2%

SAFE, CARING & EFFECTIVE (continued)

			Annual		Monthly Totals												Quarterly Totals			
Topic	ID	Title	15/16	16/17 YTD	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
Patient Safety																				
Medicines	WA01	Medication Incidents Resulting in Harm	0.8%	0.39%	0.41%	0%	0.51%	0%	0.55%	0%	1.01%	0.55%	1.19%	0%	0%	-	0.16%	0.51%	0.64%	0%
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	0.87%	0.62%	0.69%	0.93%	0.63%	0.56%	0.6%	0.38%	0%	0.65%	0.86%	0.74%	0.98%	0.39%	0.73%	0.33%	0.75%	0.67%
Safety Thermometer	AK03	Safety Thermometer - Harm Free Care	97.1%	97.9%	97.3%	97.1%	97.7%	98.3%	98.4%	98.6%	98.6%	97.6%	97.5%	97.4%	98%	97.3%	97.7%	98.6%	97.5%	97.7%
	AK04	Safety Thermometer - No New Harms	98.6%	98.8%	99.4%	98.9%	98.7%	98.7%	99.2%	99.2%	99.2%	98.4%	99.3%	98.5%	98.6%	98.5%	98.8%	99.2%	98.7%	98.5%
Deteriorating Patient	AR03	National Early Warning Scores (NEWS) Acted Upon	90%	91%	88%	87%	100%	79%	82%	95%	94%	94%	93%	93%	91%	93%	89%	90%	93%	92%
Out of Hours	TD05	Out of Hours Departures	10.7%	7.8%	9.6%	8.1%	7.5%	7.2%	7.8%	8.7%	7.3%	7.1%	7.6%	7.9%	8.3%	9%	7.6%	7.9%	7.5%	8.6%
Timely Discharges	TD03	Percentage of Patients With Timely Discharge (7am-12Noon)	20.3%	22.3%	23.3%	23%	22.3%	23.4%	23.1%	21.1%	22.3%	21.9%	22.3%	22.3%	22.1%	21.8%	22.9%	22.1%	22.2%	22%
	TD03D	Number of Patients With Timely Discharge (7am-12Noon)	10444	10416	990	970	952	989	1004	909	939	978	971	943	928	833	2911	2852	2892	1761
Staffing Levels	RP01	Staffing Fill Rate - Combined	103.1%	103.7%	103.1%	104.7%	104%	103.1%	104.3%	102.7%	101.9%	102.6%	105.3%	104.2%	103.6%	104.5%	103.9%	103%	104%	104%
Clinical Effectiveness																				
Mortality	X04	Summary Hospital Mortality Indicator (SHMI) - National Data	97.7	100.3	98.7	-	-	101.2	-	-	99.4	-	-	-	-	-	101.2	99.4	-	-
	X02	Hospital Standardised Mortality Ratio (HSMR)	97.2	92.7	103.6	85.1	86.7	90	100	89.7	81.6	91.1	110.3	100	-	-	87.2	90.5	100.8	-
Readmissions	C01	Emergency Readmissions Percentage	2.74%	1.79%	1.5%	1.74%	1.56%	1.7%	1.76%	2%	2.29%	1.48%	1.7%	1.93%	1.75%	-	1.67%	2.01%	1.7%	1.75%
Maternity	G04	Percentage of Spontaneous Vaginal Deliveries	62.1%	60.6%	62.5%	66.6%	60.9%	56.4%	62.1%	61.5%	59.4%	58.8%	62.8%	58.3%	60%	59.3%	61.2%	61%	60%	59.7%
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	75.9%	69.6%	80%	87.5%	74.1%	72%	73.5%	61.3%	58.3%	73.7%	69.2%	51.7%	69.2%	81%	77.6%	65.2%	63.5%	74.5%
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	82.5%	74.1%	84%	83.3%	81.5%	72%	79.4%	64.5%	58.3%	89.5%	69.2%	86.2%	61.5%	71.4%	78.9%	68.5%	81.1%	66%
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	63.5%	51%	68%	70.8%	59.3%	44%	52.9%	35.5%	37.5%	68.4%	53.8%	44.8%	42.3%	61.9%	57.9%	42.7%	54.1%	51.1%
	U05	Fracture Neck of Femur - Time To Treatment 90th Percentile (Hours)	-	-	40.5	35.8	61.4	44.1	44.4	72.2	53.5	49.4	51.7	53.2	48.8	43.3	-	-	-	-
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	61.5%	58.9%	60.6%	69.2%	67.6%	65.9%	59%	51.4%	63.4%	56.8%	61.8%	35.3%	52.4%	-	67.7%	58.3%	51.4%	52.4%
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	93.5%	91.1%	84.8%	88.5%	88.2%	93.2%	92.3%	85.7%	92.7%	97.3%	88.2%	94.1%	90.5%	-	90%	90.4%	93.3%	90.5%
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	66.4%	67.2%	80%	58.3%	68.8%	61.5%	76.5%	71.4%	80%	60%	65.2%	81.8%	51.7%	72.2%	63.4%	76.5%	68.2%	59.6%
Dementia	AC01	Dementia - FAIR Question 1 - Case Finding Applied	91.6%	91%	96.7%	94.5%	95.8%	94.1%	98%	96.3%	93.2%	93.1%	88.9%	89.1%	80.8%	80.1%	94.8%	96%	90.2%	80.5%
	AC02	Dementia - FAIR Question 2 - Appropriately Assessed	95.8%	96.9%	96.8%	96.8%	97.8%	98.1%	98.1%	97.8%	100%	96.8%	94.1%	97.6%	97.6%	88.9%	97.5%	98.6%	96.3%	93.5%
	AC03	Dementia - FAIR Question 3 - Referred for Follow Up	92.3%	94.5%	100%	95.2%	100%	100%	100%	100%	85.7%	100%	100%	71.4%	100%	100%	97.2%	92.3%	88.2%	100%
	AC04	Percentage of Dementia Carers Feeling Supported	88.3%	75%	100%	75%	-	-	-	-	-	-	-	-	-	-	75%	-	-	-
Outliers	J05	Ward Outliers - Beddays Spent Outlying.	9666	7668	1117	933	583	702	545	554	447	811	784	602	972	735	2218	1546	2197	1707

SAFE, CARING & EFFECTIVE (continued)

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			15/16	16/17 YTD	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
Patient Experience																				
Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	89	92	92	90	91	92	91	91	92	94	92	92	91	91	92	92
	P01g	Patient Survey - Kindness and Understanding	-	-	93	96	96	94	93	96	96	95	96	97	96	95	95	95	95	95
	P01h	Patient Survey - Outpatient Tracker Score	-	-	89	88	90	90	90	90	89	88	90	90	90	88	89	90	90	88
Friends and Family Test Coverage	P03a	Friends and Family Test Inpatient Coverage	19.5%	35.4%	26.3%	35.2%	42.4%	40.5%	36.5%	36.8%	30.7%	33.7%	35.9%	30.6%	31.7%	34.8%	39.4%	34.6%	33.5%	33.2%
	P03b	Friends and Family Test ED Coverage	13%	16.2%	12.3%	14.8%	13.5%	15.5%	12%	16.8%	15.5%	17.3%	18.9%	15.4%	21.2%	17.7%	14.6%	14.7%	17.2%	19.5%
	P03c	Friends and Family Test MAT Coverage	22.7%	22.3%	33.7%	16.2%	26.3%	19%	24.4%	20.4%	21.1%	22.6%	22.1%	19.8%	24.6%	29.7%	20.5%	21.9%	21.6%	27%
Friends and Family Test Score	P04a	Friends and Family Test Score - Inpatients	96.3%	97%	95.9%	97.1%	95.8%	97.2%	95.9%	97.4%	96.9%	98.2%	97.3%	97.5%	97.4%	96.9%	96.6%	96.7%	97.7%	97.1%
	P04b	Friends and Family Test Score - ED	75.4%	78%	71.5%	80.2%	78.1%	74.4%	71.8%	79.6%	78.6%	79.3%	78.9%	74.1%	80.8%	79.6%	77.5%	77.1%	77.6%	80.2%
	P04c	Friends and Family Test Score - Maternity	96.6%	96.7%	95.8%	96.6%	98.9%	95.5%	96.2%	97.8%	97.3%	97.7%	94.3%	94.5%	98.2%	96.2%	97.2%	97%	95.6%	97.2%
Patient Complaints	T01	Number of Patient Complaints	1941	1707	150	176	146	198	200	155	162	140	139	118	129	144	520	517	397	273
	T01a	Patient Complaints as a Proportion of Activity	0.252%	0.234%	0.221%	0.272%	0.218%	0.296%	0.315%	0.246%	0.24%	0.204%	0.19%	0.19%	0.186%	0.222%	0.262%	0.266%	0.195%	0.204%
	T03a	Complaints Responded To Within Trust Timeframe	75.2%	86.3%	86.1%	81.6%	73.1%	73.8%	86.8%	90.6%	86%	92.3%	93.4%	97.4%	87.5%	87.5%	76.2%	88.1%	94.2%	87.5%
	T03b	Complaints Responded To Within Divisional Timeframe	91.3%	87.9%	100%	87.8%	92.3%	95.2%	89.5%	94.3%	81.4%	92.3%	85.2%	76.9%	85.4%	85%	91.6%	88.8%	84.9%	85.2%
	T04c	Percentage of Responses where Complainant is Dissatisfied	6.15%	11.06%	8.33%	8.16%	9.62%	16.67%	10.53%	13.21%	18.61%	0%	9.84%	12.82%	-	-	11.19%	14.18%	7.91%	-
Cancelled Operations	F01q	Percentage of Last Minute Cancelled Operations (Quality Objective)	1.03%	0.98%	1.84%	1.08%	0.96%	0.96%	1.03%	0.46%	0.6%	1.18%	0.88%	0.99%	1.24%	1.52%	1%	0.69%	1.01%	1.37%
	F01a	Number of Last Minute Cancelled Operations	713	671	108	63	59	61	63	30	39	73	57	58	79	89	183	132	188	168

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

RESPONSIVE

Topic	ID	Title	Annual Target		Annual		Monthly Totals												Quarterly Totals			
			Green	Red	15/16	16/17 YTD	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
Referral to Treatment (RTT) Performance	A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	92%	92%	91.3%	91.8%	92.2%	92.3%	92.6%	92.1%	92%	90.5%	90.4%	91.2%	92%	92%	92.2%	92%	92.3%	91%	91.8%	92.1%
	A03a	Referral To Treatment Number of Ongoing Pathways Over 18 Weeks	-	-	-	-	2397	2480	2442	2753	2749	3344	3256	2978	2805	2751	2619	2777	-	-	-	-
Referral to Treatment (RTT) Wait Times	A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	0	1	8	9	0	0	0	0	0	0	1	0	1	1	3	3	0	1	2	6
	A07	Referral To Treatment Ongoing Pathways 40+ Weeks	-	-	471	563	26	24	22	14	27	33	27	53	78	93	86	106	60	87	224	192
	A09	Referral To Treatment Ongoing Pathways 35+ Weeks	-	-	1738	1858	77	80	80	85	117	113	179	209	188	252	276	279	245	409	649	555
Cancer (2 Week Wait)	E01a	Cancer - Urgent Referrals Seen In Under 2 Weeks	93%	93%	95.9%	94.6%	96.6%	94.5%	94.6%	93.5%	95.4%	93.7%	91.6%	94.3%	96.2%	96%	95.8%	-	94.2%	93.6%	95.5%	95.8%
	E01c	Cancer - Urgent Referrals Stretch Target	93%	93%	-	66.4%	-	64.8%	68%	65.3%	67.6%	68.4%	67%	55.1%	71%	60.8%	75.4%	-	66.1%	67.6%	62.4%	75.4%
Cancer (31 Day)	E02a	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	96%	96%	97.5%	96.7%	97.7%	91.5%	96.2%	96.7%	99.1%	96.5%	97.4%	97.8%	98.3%	96.1%	96.8%	-	94.9%	97.6%	97.4%	96.8%
	E02b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98%	98%	98.9%	98.6%	99%	97.7%	100%	97.3%	97.5%	97.7%	99.1%	97.5%	100%	99.1%	100%	-	98.3%	98.1%	98.9%	100%
	E02c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	94%	94%	96.8%	94.3%	95%	80%	94%	97.7%	97.1%	92.6%	98.4%	96.4%	98%	95.9%	92.9%	-	90.2%	96.1%	96.8%	92.9%
	E02d	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	94%	94%	97.1%	96.5%	98.6%	97.9%	98.4%	96.8%	96.7%	95.2%	92%	95.4%	98.1%	98.2%	96.8%	-	97.7%	94.5%	97.3%	96.8%
Cancer (62 Day)	E03a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85%	85%	80.6%	79.2%	84.7%	77.2%	70.5%	70.8%	73.3%	84.8%	80.5%	79.5%	85.2%	81.5%	84.7%	-	72.7%	80.1%	82.4%	84.7%
	E03b	Cancer 62 Day Referral To Treatment (Screenings)	90%	90%	68.6%	65.2%	70%	41.7%	35.3%	85.7%	66.7%	55.6%	44.4%	100%	83.3%	100%	57.1%	-	47.2%	55.6%	94.3%	57.1%
	E03c	Cancer 62 Day Referral To Treatment (Upgrades)	85%	85%	91.1%	88.7%	100%	75.9%	86.6%	96.9%	89.3%	91.1%	92.5%	88%	90.1%	82.1%	92.9%	-	86.8%	90.8%	86.5%	92.9%
Cancelled Operations	F01	Last Minute Cancelled Operations - Percentage of Admissions	0.8%	0.8%	1.03%	0.98%	1.84%	1.08%	0.96%	0.96%	1.03%	0.46%	0.6%	1.18%	0.88%	0.99%	1.24%	1.52%	1%	0.69%	1.01%	1.37%
	F01a	Number of Last Minute Cancelled Operations	-	-	713	671	108	63	59	61	63	30	39	73	57	58	79	89	183	132	188	168
	F02c	Number of LMCs Not Re-admitted Within 28 Days	34	34	76	57	12	23	2	2	4	3	0	3	6	4	4	6	27	7	13	10
Admissions Cancelled Day Before	F07	Percentage of Admissions Cancelled Day Before	-	-	1.28%	1.38%	1.68%	1.35%	1.82%	1.14%	1.5%	1.12%	1.33%	2.11%	1.61%	1.38%	0.67%	1.16%	1.43%	1.31%	1.7%	0.91%
	F07a	Number of Admissions Cancelled Day Before	-	-	887	942	99	79	112	72	92	73	87	131	104	81	43	68	263	252	316	111
Primary PCI	H02	Primary PCI - 150 Minutes Call to Balloon Time	90%	70%	75.4%	69.8%	63%	83.8%	55.2%	66.7%	70.5%	76.6%	75%	73.5%	57.1%	64.7%	69%	-	69.8%	74%	65%	69%
	H03a	Primary PCI - 90 Minutes Door to Balloon Time	90%	90%	93.3%	90.5%	85.2%	100%	93.1%	83.3%	88.6%	93.6%	97.2%	91.2%	85.7%	79.4%	90.5%	-	92.7%	92.9%	85.4%	90.5%
Diagnostic Waits	A05	Diagnostics 6 Week Wait (15 Key Tests)	99%	99%	98.97%	97.7%	99.2%	98.34%	98.55%	96.25%	96.09%	95.51%	96.88%	98.91%	99.05%	98.23%	98.38%	98.69%	97.68%	96.17%	98.74%	98.54%
Outpatients	R03	Outpatient Hospital Cancellation Rate	6%	10.7%	11.8%	11.7%	13%	13.9%	12.3%	12.5%	12.3%	11.8%	11.5%	10.9%	10.3%	11.2%	10.7%	11.2%	12.9%	11.9%	10.8%	11%
Delayed Discharges	Q01A	Acute Delayed Transfers of Care - Patients	-	-	-	-	31	34	23	22	29	31	25	30	28	28	29	29	-	-	-	-
	Q02A	Non-Acute Delayed Transfers of Care - Patients	-	-	-	-	10	3	6	4	5	6	5	4	2	3	4	2	-	-	-	-
Green To Go List	AQ01	Numbers on the Green to Go List (Acute)	-	-	-	-	48	59	48	50	46	60	45	56	56	51	59	52	-	-	-	-
	AQ02	Numbers on the Green to Go List (Non-Acute)	-	-	-	-	16	8	10	10	6	9	15	6	7	8	6	9	-	-	-	-
Length of Stay	J03	Average Length of Stay (Spell)	-	-	4.16	4.16	4.31	4.23	4.16	4.13	3.89	4.24	4.2	3.99	4.09	4.19	4.21	4.49	4.17	4.11	4.09	4.35

RESPONSIVE (continued)

Topic	ID	Title	Annual Target		Annual		Monthly Totals												Quarterly Totals			
			Green	Red	15/16	16/17 YTD	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
Emergency Department Indicators																						
ED - Time In Department	B01	ED Total Time in Department - Under 4 Hours	95%	95%	90.43%	85.18%	82.49%	87.17%	91.66%	88.99%	89.33%	90.01%	87.33%	82.94%	78.45%	79.64%	80.37%	80.73%	89.32%	88.89%	80.35%	80.54%
		This is measured against the national standard of 95%																				
ED - Time in Department (Differentials)	BB14	ED Total Time in Department - Under 4 Hours (STP)	-	-	90.43%	85.18%	82.49%	87.17%	91.66%	88.99%	89.33%	90.01%	87.33%	82.94%	78.45%	79.64%	80.37%	80.73%	89.32%	88.89%	80.35%	80.54%
	BB07	BRI ED - Percentage Within 4 Hours	-	-	87.4%	77.74%	75.11%	79.8%	87.73%	81.8%	83.73%	83.71%	80.78%	73.39%	71.69%	73.47%	68.86%	68.15%	83.17%	82.77%	72.85%	68.52%
	BB03	BCH ED - Percentage Within 4 Hours	-	-	90.56%	89.99%	85.59%	93.02%	93.84%	95.11%	93.58%	97.29%	91.57%	90.65%	78.6%	79.38%	90.19%	92.11%	94.01%	93.94%	82.63%	91.11%
	BB04	BEH ED - Percentage Within 4 Hours	99.5%	99.5%	99.48%	98.95%	98.94%	99.33%	99.54%	99.24%	98.65%	98.61%	99.26%	98.06%	99.06%	99.15%	98.56%	99%	99.37%	98.84%	98.74%	98.78%
		This is measured against the trajectories created to deliver the Sustainability and Transformation Fund targets																				
Trolley Waits	B06	ED 12 Hour Trolley Waits	0	1	12	40	6	0	1	0	0	0	1	2	1	11	19	5	1	1	14	24
Time to Initial Assessment	B02c	ED Time to Initial Assessment - Under 15 Minutes (Excludes BCH)	95%	95%	99%	97.4%	97.5%	96.2%	98.2%	94.7%	97%	97.9%	97.3%	98.3%	97.9%	97.9%	98%	98.5%	96.4%	97.4%	98%	98.2%
	B02b	ED Time to Initial Assessment - Data Completness	95%	95%	93%	92.8%	94.1%	93.3%	94.2%	92.1%	91.7%	91.8%	91.2%	91.8%	92.7%	93.7%	93.6%	94.1%	93.2%	91.6%	92.7%	93.8%
Time to Start of Treatment	B03	ED Time to Start of Treatment - Under 60 Minutes	50%	50%	52.8%	52.7%	45.8%	55.2%	51.7%	51.7%	51.1%	56.5%	55.2%	52.8%	48.2%	50.5%	53.3%	54.3%	52.8%	54.2%	50.5%	53.8%
	B03b	ED Time to Start of Treatment - Data Completeness	95%	95%	98.9%	98.5%	98.6%	98.8%	98.9%	98.5%	98.3%	98.9%	98.5%	98%	98.5%	98.3%	98.7%	98.1%	98.7%	98.6%	98.3%	98.4%
Others	B04	ED Unplanned Re-attendance Rate	5%	5%	3%	2.6%	3.1%	3%	2.4%	2.3%	2.2%	2.2%	2.3%	2.4%	2.5%	3.3%	2.5%	3.1%	2.6%	2.3%	2.7%	2.8%
	B05	ED Left Without Being Seen Rate	5%	5%	2.4%	2.2%	2.5%	2.1%	2%	2.5%	2.9%	1.8%	2.2%	2.6%	2.2%	2.4%	1.4%	1.8%	2.2%	2.3%	2.4%	1.6%
Ambulance Handovers	BA09	Ambulance Handovers - Over 30 Minutes	-	-	1102	1205	140	62	72	114	77	125	140	161	119	114	138	83	248	342	394	221
Acute Medical Unit (AMU)	J35	Percentage of Cardiac AMU Wardstays	-	-	4.1%	4.1%	2.6%	2.1%	4.2%	3.1%	6.2%	5.1%	6.2%	4.8%	5.6%	2.8%	2.8%	2.2%	3.1%	5.8%	4.4%	2.5%
	J35a	Percentage of Cardiac AMU Wardstays Under 24 Hours	-	-	49.5%	38.5%	63.2%	56.3%	29%	52.4%	29.2%	25%	37.2%	30.3%	52.6%	33.3%	55%	57.1%	42.6%	30.5%	40.2%	55.9%

EFFICIENT

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			15/16	16/17 YTD	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
Sickness	AF02	Sickness Rate	4.2%	4.2%	4.5%	3.9%	3.7%	3.8%	3.8%	3.8%	3.7%	4.6%	4.8%	4.8%	5%	4.5%	3.8%	3.7%	4.8%	
	For 2015/16, the Trust target for the year is 3.7%. Divisional targets are: 3.0% (DAT), 5.5% (FAE), 4.1% (MDC), 3.7% (SPS), 3.5% (SHN), 3.9% (WAC), 2.6% (Trust Services, excl FAE)																			
	Different targets were in place in previous years. There is an amber threshold of 0.5 percentage points above the target. These annual targets vary each quarter.																			
Staffing Numbers	AF08	Funded Establishment FTE	8258.8	8436	8258.8	8241.7	8239	8304	8334.2	8364.5	8364.5	8393.1	8402.2	8407.6	8434.2	8436	8304	8364.5	8407.6	
	AF09A	Actual Staff FTE (Including Bank & Agency)	8319.4	8496.4	8319.4	8339.7	8277.5	8315.7	8322.1	8398.3	8436.4	8427.7	8468.8	8412.7	8458.1	8496.4	8315.7	8436.4	8412.7	
	AF13	Percentage Over Funded Establishment	0.7%	0.7%	0.7%	1.2%	0.5%	0.1%	-0.1%	0.4%	0.9%	0.4%	0.8%	0.1%	0.3%	0.7%	0.1%	0.9%	0.1%	
	Green is below 0.5%. Amber is 0.5% to below 1% and Red is 1% or above																			
Bank Usage	AF04	Workforce Bank Usage	350.9	398.9	350.9	337.2	370	394.7	429.9	437.9	410.7	376.3	387	358.5	378.3	398.9	394.7	410.7	358.5	
	AF11A	Percentage Bank Usage	4.2%	4.7%	4.2%	4%	4.5%	4.7%	5.2%	5.2%	4.9%	4.5%	4.6%	4.3%	4.5%	4.7%	4.7%	4.9%	4.3%	
	Bank Percentage is Bank usage as a percentage of total staff (bank+agency+substantive). Target is an improvement trajectory going from 4.7% in Apr-15 to 2.7% in Mar-16																			
Agency Usage	AF05	Workforce Agency Usage	153.4	131	153.4	156.4	131.9	138.3	149.8	148.5	157.4	149.1	142.7	111.5	122.5	131	138.3	157.4	111.5	
	AF11B	Percentage Agency Usage	1.8%	1.5%	1.8%	1.9%	1.6%	1.7%	1.8%	1.8%	1.9%	1.8%	1.7%	1.3%	1.4%	1.5%	1.7%	1.9%	1.3%	
	Agency Percentage is Agency usage as a percentage of total staff (bank+agency+substantive). Target is an improvement trajectory going from 1.6% in Apr-15 to 0.8% in Mar-16																			
Vacancy	AF06	Vacancy FTE (Funded minus Actual)	361	384	361	305.8	380	439.2	494.8	452.7	404.5	404.5	379.6	383.7	389.4	384	439.2	404.5	383.7	
	AF07	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	4.4%	4.6%	4.4%	3.8%	4.7%	5.3%	6%	5.5%	4.9%	4.9%	4.6%	4.6%	4.7%	4.6%	5.3%	4.9%	4.6%	
	For 2015/16, target is below 5% for Green, 5% or above for Red																			
Turnover	AF10A	Workforce - Number of Leavers (Permanent Staff)	148	111	148	229	191	137	169	367	205	128	109	133	165	111	137	205	133	
	AF10	Workforce Turnover Rate	13.4%	12.5%	13.4%	13.6%	13.3%	13.1%	13.4%	13.3%	13.3%	13.1%	12.6%	12.7%	12.5%	12.5%	13.1%	13.3%	12.7%	
	Turnover is a rolling 12 months. It's number of permanent leavers over the 12 month period, divided by average staff in post over the same period. Average staff in post is staff in post at start PLUS stafff in post at end, divided by 2.																			
	Green Target is an improvement trajectory going from 13.6% in Apr-15 to 11.5% in Mar-16.There is an Amber threshold of 10% of the Green threshold (i.e. 15% in Apr-15, falling to 12.7% in Mar-16)																			
Training	AF20	Essential Training Compliance	91%	-	91%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Green is above 90%, Red is below 85%, Amber is 85% to 90%																			
Essential Training 2016/17	AF21a	Essential Training Compliance - Three Yearly Training	-	89%	-	-	88%	88%	88%	85%	88%	88%	88%	89%	89%	89%	88%	88%	89%	
	AF21b	Essential Training Compliance - Annual Training (Fire & IG)	-	-	-	-	56%	63%	66%	67%	73%	75%	-	-	-	-	63%	73%	-	
	AF21f	Essential Training Compliance - Fire Safety		82%	-	-	-	-	-	-	-	-	80%	81%	82%	82%	-	-	81%	
	AF21g	Essential Training Compliance - Information Governance		77%	-	-	-	-	-	-	-	-	76%	76%	76%	77%	-	-	76%	
	AF21c	Essential Training Compliance - Induction	-	97%	-	-	96%	95%	96%	94%	96%	96%	96%	96%	96%	97%	95%	96%	96%	
	AF21d	Essential Training Compliance - Resuscitation Training	-	85%	-	-	78%	79%	79%	77%	81%	81%	81%	83%	85%	85%	79%	81%	83%	
	AF21e	Essential Training Compliance - Safeguarding Training	-	90%	-	-	88%	88%	89%	86%	88%	89%	90%	90%	90%	90%	88%	88%	90%	
	Green is above 90%, Red is below 85%, Amber is 85% to 90%																			

Appendix 1

Glossary of useful abbreviations, terms and standards

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

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

Appendix 2

Breakdown of Essential Training Compliance for January 2017:

All Essential Training

	UH Bristol	Diagnostics & Therapies	Facilities & Estates	Medicine	Specialised Services	Surgery Head & Neck	Trust Services	Women's & Children's
Three Yearly	89%	90%	89%	90%	90%	90%	88%	88%
Annual Fire	82%	84%	83%	80%	85%	82%	88%	82%
Annual IG	77%	82%	75%	76%	75%	73%	83%	78%
Induction & Orientation	97%	99%	99%	98%	97%	97%	97%	96%
Resuscitation	85%	75%	N/A	87%	84%	87%	88%	84%
Safeguarding	90%	93%	88%	92%	91%	90%	91%	87%

Timeline of Trust Essential Training Compliance:

	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%
Compliance	85%	86%	87%	85%	86%	87%	88%	88%	89%

Safeguarding Adults and Children

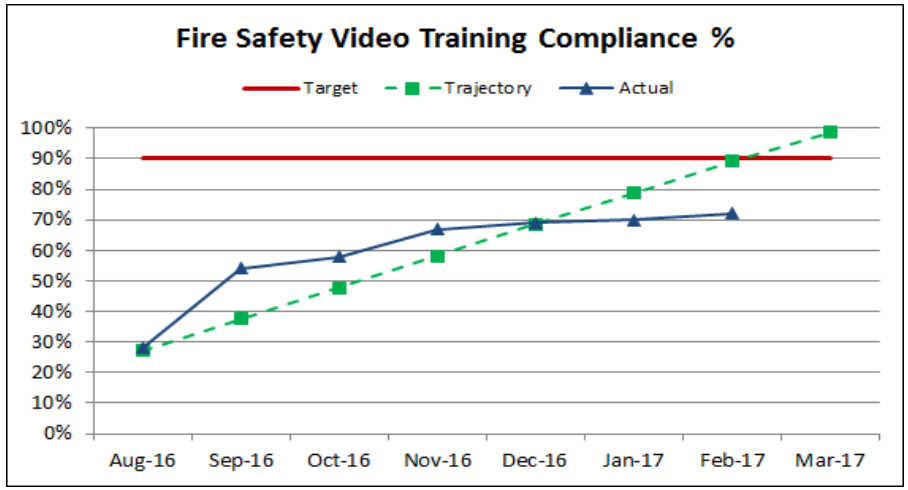
	UH Bristol	Diagnostics & Therapies	Facilities & Estates	Medicine	Specialised Services	Surgery Head & Neck	Trust Services	Women's & Children's
Safeguarding Adults L1	90%	95%	90%	90%	91%	85%	90%	90%
Safeguarding Adults L2	90%	92%	80%	94%	92%	92%	86%	86%
Safeguarding Adults L3	80%	75%	-	79%	100%	69%	64%	64%
Safeguarding Children L1	91%	94%	89%	93%	92%	88%	92%	
Safeguarding Children L2	90%	92%	84%	92%	88%	90%	87%	94%

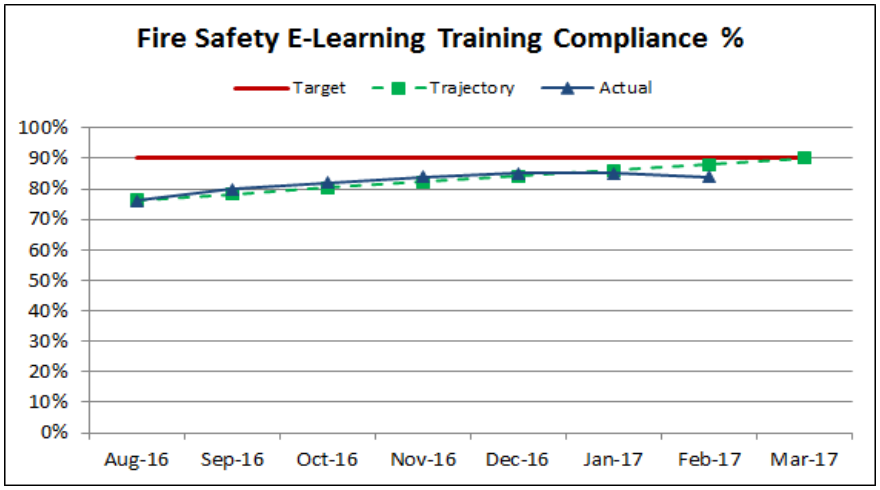
Child Protection Level 3

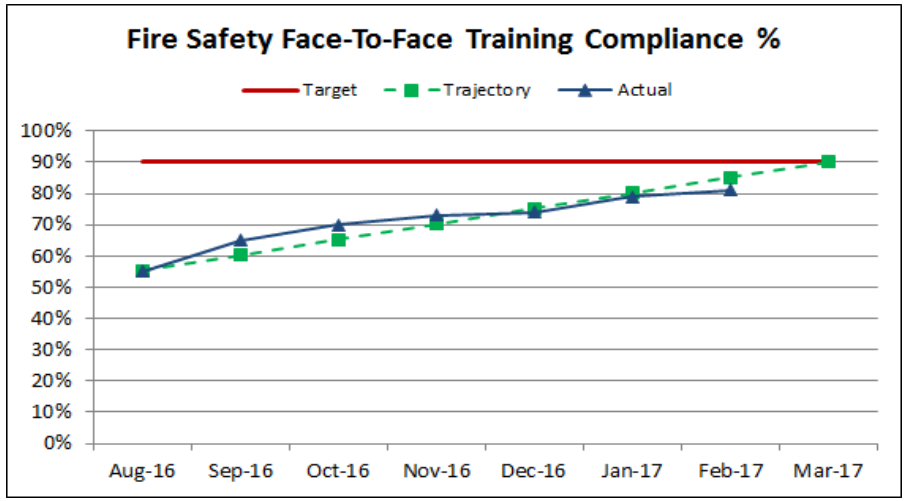
	UH Bristol	Diagnostic & Therapies	Medicine	Specialised Services	Surgery Head & Neck	Trust Services	Women`s & Children`s
Core	76%	92%	63%	68%	59%	67%	79%
Specialist	73%	-	-	-	-	100%	73%

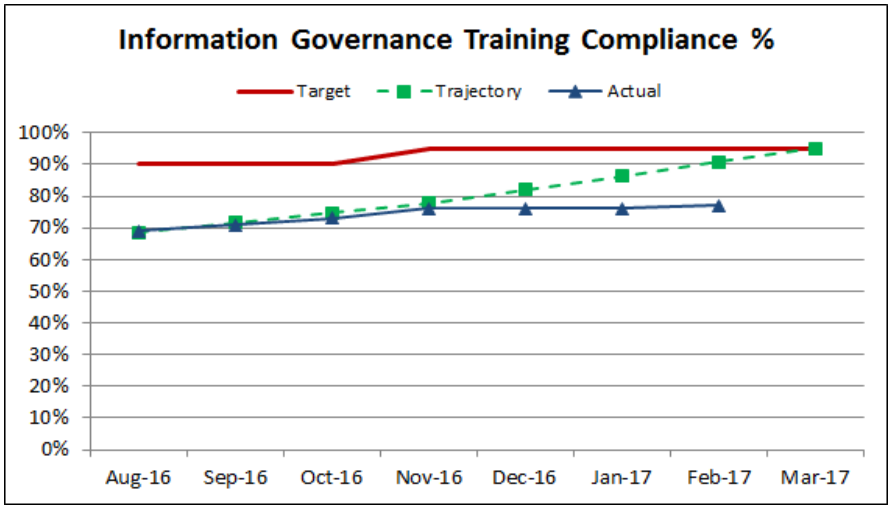
Appendix 2 (continued)

Performance against Trajectory for Fire and Information Governance









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

Appendix 2 (continued)

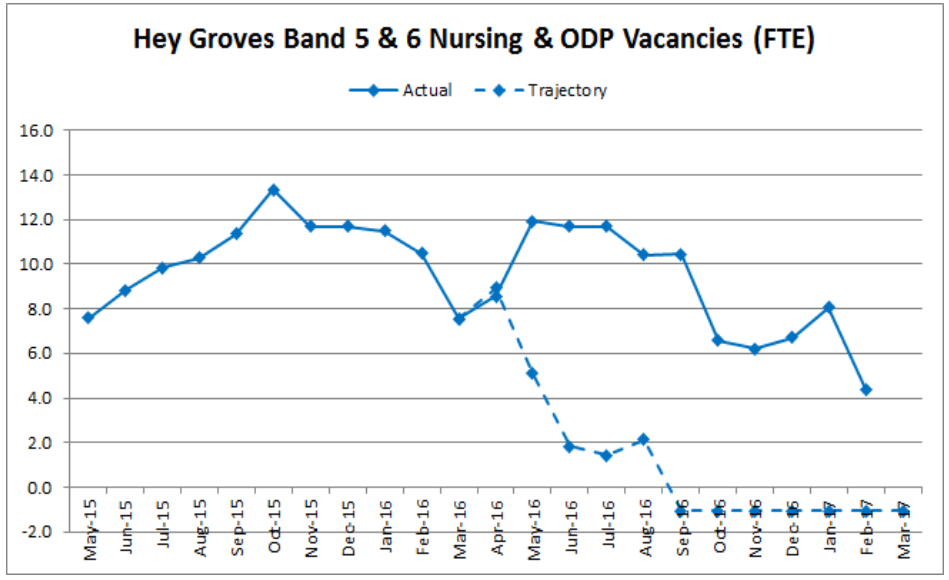
Agency shifts by staff group for 16th January to 12th February 2017

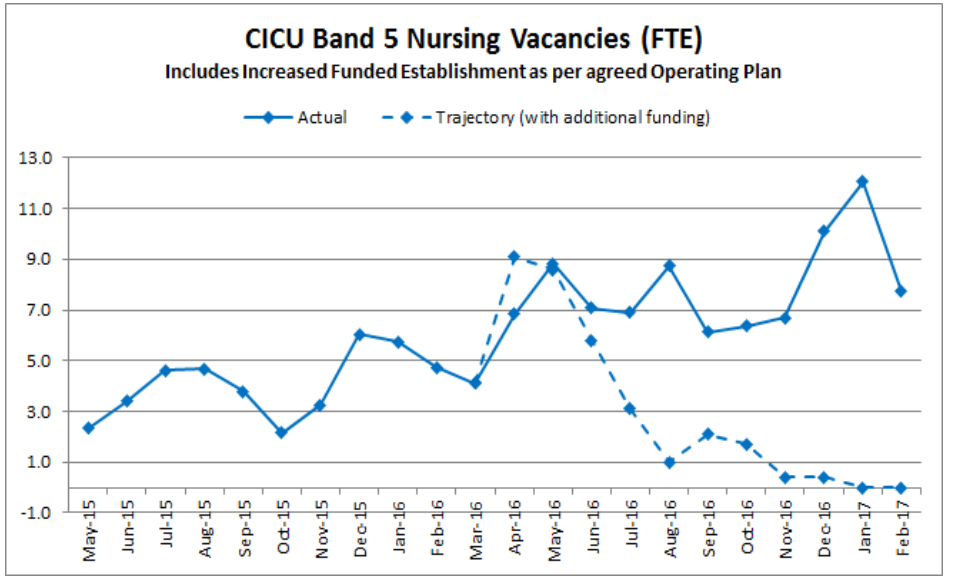
This report provides the Trust with an opportunity to do a retrospective submission to NHS Improvement of all our agency activity for the preceding four calendar week period, confirming over-rides with agency rates, worker wage rates and frameworks.

Staff Group	Within framework and price cap	Exceeds price cap	Exceeds wage cap	Non framework and above both price and wage cap	Exceeds price and wage cap	Total
Nursing and Midwifery	3	38	0	237	897	**1175**
Health Care Assistant & other Support	30	20	41	6	11	**108**
Medical & Dental	0	0	3	0	34	**37**
Scientific, therapeutic / technical Allied Health Professional (AHP) & Healthcare Science	0	0	0	0	0	**0**
Administrative & Clerical and Estates	972	0	0	0	0	**972**

Appendix 2 (continued)

Recruitment compared with trajectory for Heygroves Theatres and CICU





Heygroves have 4 new starters before April. CICU is off trajectory as a result of 8 leavers during December and January. Retention measures including teaching practice facilitators are in place in CICU, and assuming there are no further leavers, vacancy levels should reduce significantly by April.

Appendix 3

Access standards – further breakdown of figures

A) 62-day GP standard – performance against the 85% standard at a tumour-site level for January 2017, including national average performance for the same tumour site

Tumour Site	UH Bristol	Internal operational target	National
Brain*	100%	-	71.4%
Breast†	100%	-	95.2%
Gynaecology	92.9%	85%	76.6%
Haematology (excluding acute leukaemia)	100%	85%	80.4%
Head and Neck	89.5%	79%	56.9%
Lower Gastrointestinal	60.0%	79%	68.0%
Lung	47.6%	79%	69.3%
Other*	100%	-	70.9%
Sarcoma*	100%	-	61.6%
Skin	98.5%	96%	94.8%
Upper Gastrointestinal	82.4%	79%	70.5%
Urology*†	50.0%	-	73.5%
Total (all tumour sites)	**84.7%**	**85.0%**	**79.5%**
Improvement trajectory	**85.0%**		
Performance for internally managed pathways	**91.7%**		
Performance for shared care pathways	**62.2%**		
Performance with breach reallocation/CQUIN applied	**89.9%**		

*3 or fewer patients treated in accountability terms

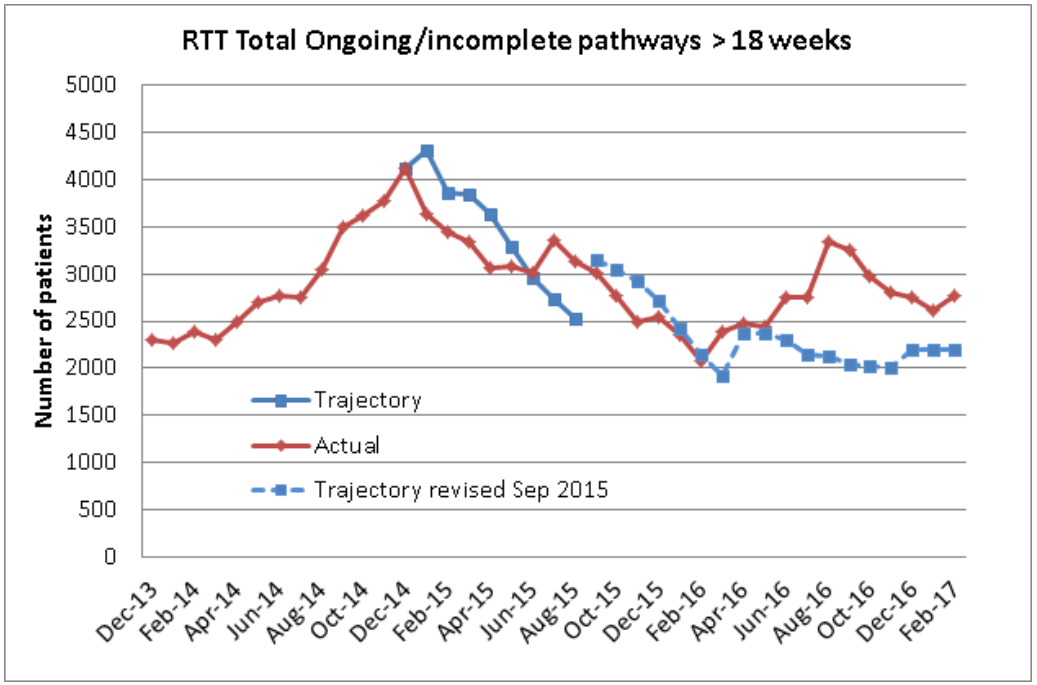
†Tertiary pathways only (i.e. no internally managed pathways), with management of waiting times to a great extent outside of the control of the Trust

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 February 2017

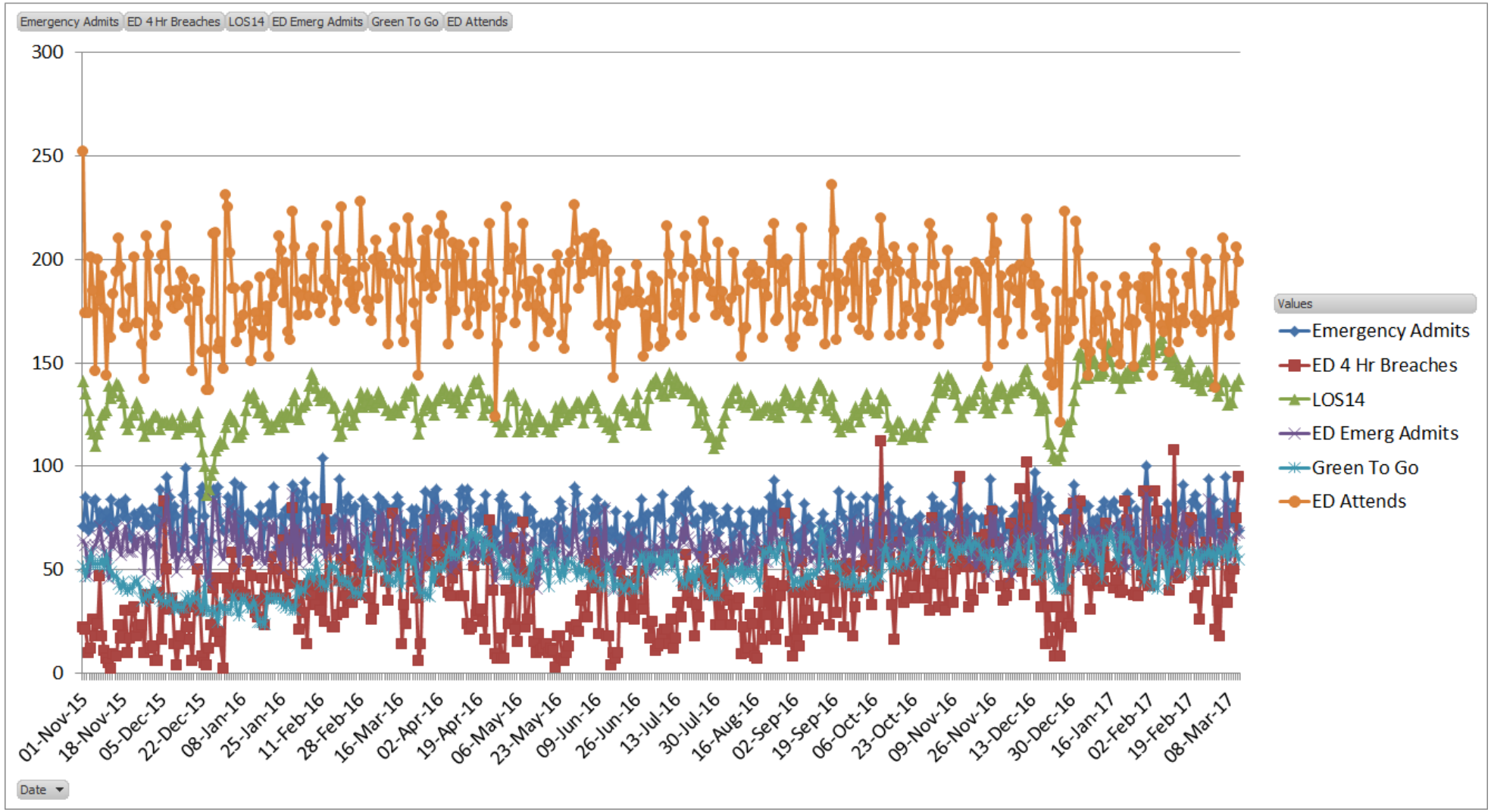
RTT Specialty	Ongoing Over 18 Weeks	Ongoing Pathways	Ongoing Performance
Cardiology	252	2,150	88.3%
Cardiothoracic Surgery	10	276	96.4%
Dermatology	76	2,280	96.7%
E.N.T.	37	2,412	98.5%
Gastroenterology	31	431	92.8%
General Medicine	0	47	100.0%
Geriatric Medicine	3	175	98.3%
Gynaecology	119	1,629	92.7%
Neurology	99	492	79.9%
Ophthalmology	214	5,139	95.8%
Oral Surgery	161	2,013	92.0%
Other	1,676	15,193	89.0%
Rheumatology	10	546	98.2%
Thoracic Medicine	6	826	99.3%
Trauma & Orthopaedics	83	1,125	92.6%
Grand Total	**2,777**	**34,734**	**92.0%**



	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Non-admitted pathways (target/actual)	1202/1741	1185/2189	1106/2060	1140/1852	1123/1677	1306/1594	1306/1528	1306/1592
Admitted pathways (target/actual)	940/1008	940/1155	940/1196	890/1126	890/1128	890/1157	890/1091	890/1185
Total pathways (target/actual)	2142/2749	2125/3344	2046/3256	2030/2978	2013/2805	2196/2751	2196/2619	2196/2777
Target % incomplete < 18 weeks	93.2%	93.2%	93.4%	93.4%	93.4%	92.8%	92.8%	92.8%
Actual target % incomplete < 18 weeks	92.0%	90.5%	90.4%	91.2%	92.0%	92.0%	92.2%	92.0%
Recovery forecast	N/A	N/A	N/A	90.8%	91.4%	91.6%	92.0%	92.0%

Appendix 3 (continued)

BRI Flow metrics



University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Public Trust Board meeting to be held on Thursday, 30 March 2017 at 11.00 am -1.00 pm in the Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

		Agenda Item	10
Meeting Title	Trust Board	**Meeting Date**	30 March 2017
Report Title	Independent Review of Children's Cardiac Services Progress Report		
Author	Carolyn Mills, Chief Nurse		
Executive Lead	Carolyn Mills, Chief Nurse		
Freedom of Information Status		Open	

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

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

Executive Summary

Purpose

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

Key issues to note

Three recommendations have been closed since the last report, five actions are rated amber and twelve recommendations have moved from amber to a red status.

The delivery group status reports and action plans show where the variations to delivery within the original timescales are and details the reasons for the changes. Ten of the twelve red rated recommendations ten should be closed at the March meetings of the relevant delivery groups and by the steering group meeting on the 4th of April.

The aim remains to complete all the actions by June 2017.

Recommendations

Members are asked to:

- **Note** the report.

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

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

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

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

Corporate Impact Assessment
(please tick any which are impacted on / relevant to this paper)

Quality	☒	Equality	☐	Legal	☐	Workforce	☐

Impact Upon Corporate Risk

N/A

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

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

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

1.0 Introduction

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

2.0 Programme management

The tables below details a high level progress update of delivery against the agreed programme plan for the three delivery groups. The plan shows the progress of the work that is ongoing to deliver the actions to support the closure of the recommendations. It also shows where delivery of the actions is not within the initially set timescales.

Table one shows three recommendations were closed since the last report, five actions are rated amber and twelve recommendations have moved from amber to a red status. The delivery group status reports and action plans show where the variations are. A more detailed explanation of the reasons for the change in status to a red rating is detailed later in the report. Out of the twelve red rated recommendations ten should be closed at the March meetings of the relevant delivery groups and by the steering group meeting on the 4th of April.

Table 1: Status all actions

	Actions in Progress						RECOMMENDATIONS CLOSED BY STEERING GROUP
MONTH	**Red**	**Amber**	**Blue- on target**	**Green- completed**	**TBC**	**Not started**	
Sept '16	0	0	16	1	11	4	**0 of 32**
Oct '16	0	0	26	5	1	0	**0 of 32**
Nov'16	0	5	19	8	0	0	**0 of 32**
Dec'16	0	5	19	8	0	0	**2 of 32**
Jan'17	0	18	6	8	0	0	**5 of 32**
Feb'17	12	5	6	9	0	0	**8 of 32**

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

	Actions in Progress						RECOMMENDATIONS CLOSED BY STEERING GROUP
MONTH	**Red**	**Amber**	**Blue- on target**	**Green- completed**	**TBC**	**Not started**	
Sept '16	0	0	13	1	4	0	**0 of 32**
Oct '16	0	0	15	3	0	0	**0 of 32**

Nov'16	0	3	9	6	0	0	**0 of 32**
Dec'16	0	3	9	6	0	0	**2 of 32**
Jan'17	0	9	3	6	0	0	**5 of 32**
Feb'17	6	3	3	6	0	0	**5 of 32**

Table 3: Consent Delivery Group (total= 5)

	Actions in Progress						RECOMMENDATIONS CLOSED BY STEERING GROUP
MONTH	**Red**	**Amber**	**Blue- on target**	**Green- completed**	**TBC**	**Not started**	
Sept '16	0	0	1	0	1	3	**0 of 32**
Oct '16	0	0	5	0	0	0	**0 of 32**
Nov'16	0	0	5	0	0	0	**0 of 32**
Dec'16	0	0	5	0	0	0	**0 of 32**
Jan'17	0	4	1	0	0	0	**0 of 32**
Feb'17	4	0	1	0	0	0	**0 of 32**

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

	Actions in Progress						RECOMMENDATIONS CLOSED BY STEERING GROUP
MONTH	**Red**	**Amber**	**Blue- on target**	**Green- completed**	**TBC**	**Not started**	
Sept '16	0	0	1	0	4	0	**0 of 32**
Oct '16	0	0	5	0	0	0	**0 of 32**
Nov'16	0	2	3	0	0	0	**0 of 32**
Dec'16	0	2	3	0	0	0	**0 of 32**
Jan'17	0	3	2	0	0	0	**0 of 32**
Feb'17	1	2	2	0	0	0	**0 of 32**

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

	Actions in Progress						RECOMMENDATIONS CLOSED BY STEERING GROUP
MONTH	**Red**	**Amber**	**Blue- on target**	**Green- completed**	**TBC**	**Not started**	
Sept '16	0	0	1	0	2	1	**0 of 32**
Oct '16	0	0	1	2	1	0	**0 of 32**

Nov'16	0	0	2	2	0	0	**0 of 32**
Dec'16	0	0	2	2	0	0	**0 of 32**
Jan'17	0	2	0	2	0	0	**0 of 32**
Feb'17	1	0	0	3	0	0	**3 0f 32**

Exception report- Red actions

Recommendation 7 – All actions to deliver the recommendations have been complete, however validation of the cardiac outpatient follow up waiting list was incomplete at the Feb '17 meeting and the delivery group required this to be completed prior to agreeing closure of the action. This validation will be completed by the May 2017. In view of the delay a new risk has been added to the risk register.

Recommendations 9 &11 – Data analysis has been completed and is being shared with the provider sites, the action plan resulting from this exercise for the BRCH was presented to the Cardiac Business meeting on 03/03/2017. Request to close the recommendation will return to the March 2017 delivery group meeting.

Recommendation 12 - the new information booklet has been written but not yet signed off. The request to close will be submitted to the March 17 delivery group meeting.

Recommendation 13 & 14 - All actions completed however the group has not met to sign off the evidence to support closure of the recommendations.

Recommendation 16 -. leaflets have been finalised and have been signed off by the Cardiac Business Meeting on 3rd March 2017. Request to close the recommendation will return to the March 2017 delivery group meeting.

Recommendation 18 - two standard operating procedures to minimise and manage the risk of cancelling patients has been revised, and circulated for comment. The completed SOPs will return to the March 2017 meeting with a request to close the recommendation.

Recommendation 24 – there has been a delay in progressing due to a delay in signing off the proposed changes to the terms of reference for quality risk summits within NHSE. Will return to April 2017 steering group for closure.

CQC 1- paediatric consent group are still to finalise format of paediatric patient information to inform the consent process. Will return to the March 2017 delivery group meeting for closure.

CQC 4 – a new process has been implemented to record discussions with families. A request to close will follow with a forward plan of further audit of compliance. Will return to the March 2017 delivery group meeting for closure.

Recommendation 28 – completion delayed by the lack of dates for patients association led focus groups; date now set for May 2017, a request to close agreed by March '17 delivery group.

3.0 Risks to Delivery

Two new risks to delivery have been added to the project risk register:

- Risk to completion of recommendation 7 within agreed timescales due to validation work required to establish status of outpatient waiting list to provide full assurance on timing of follow up appointments. The score for this recommendation was agreed at the steering group to be 6.
- Risk of completion of recommendation 24 within agreed timescales due to a delay in approving the proposal for ensuring that there is a clear process for allocating a lead for communicating with patients/families who raise quality concerns regarding a provider with commissioners. The score for this recommendation was agreed at the steering group to be 6.

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

A further four open evening listening events are planned around the region to facilitate cardiac families coming together to share stories and learning; each one is attended by the LIAISE team and/or psychology team with a member of the network management team also in attendance.

A questionnaire from the Network requesting feedback on families experiences of accessing foetal services across the network has been shared with the virtual reference group for their comments prior to dissemination .

4.0 Wider Communications

The progress review document has been drafted to provide an overview of progress to date for staff, families and members of the public.

7.0 Recommendations closed

The March 2017 Steering Group approved the closure of three recommendations:

- recommendation 32
- recommendation 22
- recommendation 31

Appendix 1

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

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

W&C Recommendation's delivery timeframe

MONTH	Oct '16	Nov '16	Dec '16	Jan '17	Feb '17	Mar '17	Apr' 17	May '17	Jun '17
Recommendations	**8-** Outpatients experience **Approved as closed by Steering Group (09/01/17)**	**18-** Cancelled Operations risk assessment - timescale change request to Feb'17 **Feb mtg - Change req to Mar'17 SOPs for cancellation and next steps in review/progress**	**16-** communication with families about team working/ involvement of other operators timescale change request to Feb'17 **Feb mtg -Change request to Mar'17 Intervention leaflet amendment & printing as a trial pending additions; VFG required to comment**	**7-** periodic audit of follow up care timescale change request to Feb'17 **Feb mtg -Change request to May'17 in view of numbers of outpatients and inpatients requiring validation to establish risk – added to RR**		**21-** (Commissioner) - provision of a comprehensive service of Psychological support, Trust-Expression of Interest submission **(green-provider actions)** Feb mtg – recruitment in progress, close recommendation once post appointed to.	**2-** NCHDA data team staffing Feb mtg – request for management team to review current resources to identify any resources that could be redirected		
		20- End of life care and bereavement support **(approved as closed by Steering group 07/02/17)**	**23-** reporting and grading of patient safety issues **(approved as closed by Steering group 07/02/17)**	**9 &11-** Benchmarking exercise (gaps/actions/implement plan) timescale change request to Feb'17 **Feb mtg - Change request Mar'17 – benchmarking almost complete, share with cardiac team, action plan to be devised**			**3 & CQC 5-** review access to information – diagnosis and pathway of care Feb mtg - Visual web pages devised; work with network for an interactive option; leaflets updated, presented to cardiac team, for formatting and publication.		
		CQC 3- Pain and comfort scores **Approved as closed by Steering Group (06/12/16)**	**CQC 4** CNS recording of discussions with families in notes timescale change request to Feb'17 **Feb mtg - meeting pending to finalise plans for all staff solution; Change request to Apr 17 to allow for additional training**	**CQC 6-** Discharge planning to include AHP advice **(approved as closed by Steering group 07/02/17)**			**4-** Support for women accessing foetal services between Wales and Bristol *–timescale change request to Jun '17*		
		CQC 2 Formal ECHO report during surgery *– timescale change request to Mar'17 to allow re-audit*					**5-** Improved pathways of care paed. cardiology services between Wales and Bristol *– timescale change request to May '17*		

	Progress overview						Detailed actions				
No.	**Recommendation**	**Lead Officer**	**Completion date**	**Status**	**Delivery Risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
2	That the Trust should review the adequacy of staffing to support NCHDA's audit and collection of data.	Deputy Divisional Director	Apr '17	**Blue- on target**	None		Review of staffing	Assistant General Manager for Paediatric Cardiac Services	Sept '17	**Green- complete**	Staffing review report
							Results and recommendations reported at Women's and Children's Delivery Group in Sept. '16.	Assistant General Manager for Paediatric Cardiac Services	Sept '17	**Green- complete**	Women's and Children's Delivery Group Agenda and minutes 20.09.16
							Requirement for additional staff will feed into business round 2016-17	Assistant General Manager for Paediatric Cardiac Services	Apr' 17	**Blue- on target**	Expression of interest form and Women's and Children's Operating Plan Feb Meeting – review of current resources (FU/VM)
3	That the Trust should review the information given to families at the point of diagnosis (whether antenatal or post-natal), to ensure that it covers not only diagnosis but also the proposed pathway of care. Attention should be paid to the means by which such information is conveyed, and the	Specialist Clinical Psychologist	Apr '17	**Blue- on target**			Information given to families at the point of diagnosis reviewed by the clinical team and the cardiac families – remaining information for Catheter Procedures and Discharge leaflet. Website and leaflets updated to reflect improvements	Clinical Team & Cardiac Families	Jan' 16	**Green- complete**	Revised patient information leaflets
							Links to access relevant information to be added to the bottom of clinic letters for patients.	Specialist Clinical Psychologist	Dec '16	**Green - Complete**	Clinic letter with links (examples Feb mtg docs)
							Review and amendment of Catheter and Discharge leaflet	Cardiac CNS team	Feb' 17	**Amber – behind plan**	Revised Catheter and Discharge leaflet Feb mtg – this may replicate work in recomm 16 CNS team to check (JH/ST)

	Progress overview						Detailed actions				
No.	**Recommendation**	**Lead Officer**	**Completion date**	**Status**	**Delivery Risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
	use of internet and electronic resources to supplement leaflets and letters.						Enhance existing information with a visual diagram displaying pathways of care (FI).	Specialist Clinical Psychologist	Apr' 17	**Blue- on target**	Pathways of Care devised – update to come to Mar'17 mtg re opportunities to link with Network website to enable interactive functionality VG/LS to discuss timescales to share with Virtual group
							Website proposal to be written for new Children's website including cardiac information similar to Evelina to improve accessibility of our information. *This will be additional and not essential for delivery of the recommendation* (FI).	LIAISE Team Manager and Specialist Clinical Psychologist	tbc	**Started**	
							Smart phone App proposal to be written for Cardiac Services to enable patient/families to access information electronically (FI). *This will be additional and not essential for delivery of the recommendation*	LIAISE Team Manager and Specialist Clinical Psychologist	tbc	**Not started**	
4	That the Commissioners and providers of fetal cardiology services in Wales should review the availability of support for women, including for any transition to Bristol or other specialist tertiary centres. For example, women whose fetus is	CHD Network Clinical Director	Apr '17	**Amber – behind plan**	Risk that we are unable to get commitment / agreement on the changes that are required across the two hospitals / commissioning bodies	Jun 17 due to delay in engagement with UHW and the operational challenges in their fetal cardiology service	Meeting arranged for 18th November with English and Welsh commissioners as well as Bristol and Cardiff trusts to establish: 1. Commissioner oversight of network 2. Commissioner support for IR actions (4,5 &11) 3. Establishment of working group(s) to address the specific changes in practices required	CHD Network Clinical Director and Network Manager	Nov '16	**Green - complete**	Agreed pathway of care in line with new CHD standards and in line with patient feedback
							Ahead of the meeting: define specifics of recommendation (e.g. approaches to diagnosis and counselling); options for patient involvement (survey then focus group); CHD standards that relate to this	CHD Network Clinical Director and	Nov '16	**Green- complete**	

	Progress overview						Detailed actions				
No.	**Recommendation**	**Lead Officer**	**Completion date**	**Status**	**Delivery Risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
	diagnosed with a cardiac anomaly and are delivering their baby in Wales should be offered the opportunity, and be supported to visit the centre in Bristol, if there is an expectation that their baby will be transferred to Bristol at some point following the birth				Risk that operational challenges in delivery of the fetal cardiology service in UHW prevent focus on the achievement of this recommendation business plan		recommendation; examples of practice from other centres	Network Manager			
							University Hospital Wales to define how additional foetal sessions will be delivered and who from foetal cardiology will lead the recommendation implementation and collaborate with Bristol to set up working group in January	Clinical Director for Acute Child Health, university hospital wales	~~Dec '16~~ Revised to Mar '17. UHW have appointed lead, but have not yet resolved operational issues	**Green - Complete**	Feb mtg – outline plan for foetal sessions, process to manage referral through acceptance criteria in short term
							Foetal working group to define changes / new pathways, taking account of patient feedback	Working group	~~Jan '17~~ Revised to Feb '17. Working group established, but struggling to coordinate diaries for meeting	**Amber – behind plan**	Feb mtg - Changes defined; joint review of approach to counselling; establishment of joint service review meeting Outstanding – patient feedback; survey complete ready to go to QIS group before circulation
							Undertake patient survey and focus groups (FI).	CHD Network Manager	~~Jan '17~~ Revised to Jun 17due to delay in engagement	**Amber – behind plan**	As above

	Progress overview						Detailed actions				
No.	**Recommendation**	**Lead Officer**	**Completion date**	**Status**	**Delivery Risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
									with UHW and the operational challenges in their fetal service		
							Co-design the offer with patient representatives for women whose fetus has been diagnosed with cardiac anomaly and deliver agreed model.	CHD Network Manager	Apr 17	**Blue- on target**	Feb mtg -Focus group to come from survey results
							New pathways in place	CHD Network Clinical Director and Network Manager	~~Apr '17~~ Revised to Jun 17	**Amber – behind plan**	Feb mtg - Summary paper showing previous and new ways of working, detailing an assessment of the benefits; Pathways to follow completion of actions above
5	The South West and Wales Network should regard it as a priority in its development to achieve better co-ordination between the paediatric cardiology service in Wales and the paediatric cardiac services in Bristol.	CHD Network Clinical Director	Apr '17	**Amber – behind plan**	Risk that we are unable to get commitment / agreement on the changes that are required across the two hospitals / commissioning bodies Risk that	Final completion delayed to May 17 due to initial delay getting engagement from UHW	Network Manager and Network Clinical Director to contact Welsh Commissioners and University of Hospital of Wales to meet to discuss and agree process including method of monitoring its implementation	CHD Network Manager	Nov 16	**Green-complete**	
							Set up joint working group set up with Network Team facilitating. UHB, UHW and commissioners to deliver the relevant actions and improvements required for service.	CHD Network Manager	Dec 16	**Green-complete**	Minutes of meeting and action plan
							To define the opportunities for improvement in coordination and the actions to achieve this	CHD Network Manager	Dec 16	**Green-complete**	Action plan
							To undertake a patient engagement exercise (e.g. focus group, survey, online reference group) to test the proposed options for improvement	CHD Network Manager	Jan 17	**Green - complete**	Feb mtg - Proposal sent to virtual ref group, 1 response to date

	Progress overview						Detailed actions				
No.	**Recommendation**	**Lead Officer**	**Completion date**	**Status**	**Delivery Risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
					lack of paediatric cardiology lead in UHW delays the ability to undertake actions						which will be incorporated into plans; any further feedback received will be incorporated
							Deliver actions to improve coordination	CHD Network Manager	May 17	**Blue- on target**	Feb mtg - improved in-pt transfer process; joint audit and training; improved IT for sharing images; standardised patient information; further changes required to meet recommendation
7	The paediatric cardiac service in Bristol should carry out periodic audit of follow-up care to ensure that the care is in line with the intended treatment plan, including with regards to the timing of follow-up appointments.	Deputy Divisional Director	Jan '17	**Red - behind plan, impact on recommendation delivery date and/or benefits delivery**	None	Timescale change request to Feb'17 to provide assurance about backlog validation Timescale change request to May 17 in view of requirement to validate backlog to establish risk – item added to risk register	Audit proposal submitted to the audit facilitator for inclusion on the Children's annual audit plan	Patient Safety Manager	Aug '16	**Green-complete**	Audit proposal
							Conduct 1st annual audit into follow up care for cardiac patients as per recommendation	Patient Safety Manager	Nov '16	**Green-complete**	Audit report
							Report findings of the audit	Patient Safety Manager	Jan '17	**Green-complete**	Audit presentation and W&C delivery group Agenda and minutes November meeting
							System developed for the regular reporting and review of follow up waiting lists at monthly Cardiac Business meeting.	Assistant General Manager for Paediatric Cardiac Services	Aug '16	**Green-complete**	Follow up backlog report, Cardiac Monthly Business meeting standard agenda Feb mtg – validation work ongoing; added to RR (VM/FU) action can be

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

	Progress overview						Detailed actions				
No.	**Recommendation**	**Lead Officer**	**Completion date**	**Status**	**Delivery Risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
											update (Appendix 7. Project on a Page: Outpatient Productivity at BRHC (Appendix 7)
9	In the light of concerns about the continuing pressure on cardiologists and the facilities and resources available, the Children's Hospital should benchmark itself against comparable centres and make the necessary changes which such an exercise demonstrates as being necessary.	Divisional Director	Jan'17	**Red - behind plan, impact on recommendation delivery date and/or benefits delivery**	Risk that other sites are unable to share data required to complete a comprehensive benchmarking exercise Dependent on the action required to address the gaps it may not be possible to have	Request to delay to Feb '17 due to late return of benchmarking Request to delay to Mar'17 as some benchmarking data received late; analysis ongoing with visits	Undertake benchmarking exercise with other CHD Networks, reviewing a defined list of criteria including aspects such as: job planning, IT and imaging links, information governance. To include site visits as appropriate	CHD Network Manager	Jan '17	**Red - behind plan, impact on recommendation delivery date and/or benefits delivery**	Feb mtg - Benchmarking data collection analysis ongoing Site visits dates to be agreed for Mar mtg (JD)
							Identification of actions required to address the gaps	CHD Network Manager	Jan '17	**Red - behind plan, impact on recommendation delivery date and/or benefits delivery**	Gaps to be identified from completion of analysis; action held by Cardiac business group (JD)

	Progress overview						Detailed actions				
No.	**Recommendation**	**Lead Officer**	**Completion date**	**Status**	**Delivery Risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
					implemented all the changes in the timescale.	to be planned by Mar'17	Progress to implementing any changes in practice that are deemed necessary	CHD Network Manager and Divisional Director	Jan '17 Revised to Feb '17. Delayed responses from other centres	**Red - behind plan, impact on recommendation delivery date and/or benefits delivery**	As above, change implementation plan to be devised following gap analysis (JD)
11	That the paediatric cardiac service benchmarks its current arrangements against other comparable centres, to ensure that its ability, as a tertiary 'Level 1' centre under the NCHD Standards, to communicate with a 'Level 2' centre, are adequate and sufficiently resourced. Benchmarking would require a study both of the technical resources underpinning good communication, and the physical capacity of clinicians to attend planning meetings such as the JCC (Links to	CHD Network Clinical Director	Jan'17	**Red - behind plan, impact on recommendation delivery date and/or benefits delivery**	Linked to recommendation no.9. Actions detailed under recommendation no. 9 will also achieve recommendation no. 11. Risks to delivery, timescales, progress against delivery and evidence will be the same as per recommendation no. 9						

	Progress overview						Detailed actions				
No.	**Recommendation**	**Lead Officer**	**Completion date**	**Status**	**Delivery Risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
	recommendation no. 5)										
16	As an interim measure pending any national guidance, that the paediatric cardiac service in the Trust reviews its practice to ensure that there is consistency of approach in the information provided to parents about the involvement of other operators or team members.	Clinical Lead for Cardiac Services and Consultant Paediatric Cardiac Surgeon	Dec '16	**Red – second revision of timescales**		Request delay to Feb'17 to allow update of catheter leaflets in line with surgery ones Request delay to Mar'17 to allow completion of intervention leaflet and consideration for any others requiring this information to be included.	Enhance existing guidance to describe team working and in particular the involvement of other operators and team members in patient care. Review by the Trust wide consent group and Cardiac Clinical Governance for approval and then implement.	Consultant Paediatric Surgeon and Specialist Clinical Psychologist	Dec '16	**Green-complete**	Revised 'Preparing for Surgery' leaflet and email to surgeons about new guidance VG/LS to add updated leaflets to website Consider revision of ward 32's leaflet to replicate changes made (ST) Complete changes to interventional leaflet (AP) and produce in draft as a trial for use with patients (ST).
18	That steps be taken by the Trust to review the adequacy of the procedures for assessing risk in in relation to reviewing cancellations and the timing of re-scheduled procedures within paediatric cardiac services.	Deputy Divisional Director	Nov '16	**Red – second revision of timescales**		Request delay to Feb'17 to allow implementation of new cancellation policy Request delay to Mar'17 to allow developm	Assessment of current process of risk assessing patients who have been cancelled and the timing of their rescheduled procedure	Cardiac Review Programme Manager	Aug '16	**Green-complete**	Current process review report
							Develop new and improved process for risk assessing cancelled patients ensuring outcomes of this are documented	Consultant Paediatric Surgeon and Cardiac Review Programme Manager	Nov '16	**Green-complete**	JCC performance review meeting agenda and cancelled operations report Sops for cancellation and

	Progress overview						Detailed actions				
No.	**Recommendation**	**Lead Officer**	**Completion date**	**Status**	**Delivery Risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
						ent of next steps SOP to support process					next steps being reviewed/devised for presentation at Mar'17 mtg (ST)
20	That the Trust should set out a timetable for the establishment of appropriate services for end-of-life care and bereavement support.	Deputy Divisional Director	Nov '16	**Green-complete**	None		End-of-life care and bereavement support pathway developed (FI)	Deputy Divisional Director	Sept '16	**Green-complete**	End-of-life and bereavement support pathway
							Implementation and roll out of new pathway	Deputy Divisional Director	Nov '16	**Green-complete**	Communication and presentations to roll out
21	Commissioners should give priority to the need to provide adequate funds for the provision of a comprehensive service of psychological support	Commissioners		**Green-complete (provider actions)**			Previous submission to commissioners for psychological support updated	Head of Psychology Services	Sept '16	**Green-complete**	Submission to Commissions
							Expression of Interest for increased resource to be submitted as part of business planning	Head of Psychology Services / Deputy Divisional Director	Mar'17	**Green-complete**	Expression of interest and W&C Business plan Recruitment in progress; rtc following successful appointment
23	That the BRHC confirm, by audit or other suitable means of review, that effective action has been taken to ensure that staff possess a shared understanding of the nature of patient safety incidents and how they should be ranked.	Deputy Divisional Director	Dec '16	**Green-complete**	None		Review results of Trust wide Manchester Patient Safety (MAPSAF) to understand current baseline for both team level and divisional staff views on patient safety incident reporting and management	Deputy Divisional Director	Sept '16	**Green-complete**	
							Annual programme- Targeted approach to all staff groups to be developed with implementation of bespoke training and regular updates to clinical staff	Deputy Divisional Director	Dec '16	**Green-complete**	Training plan and log of attendance

	Progress overview						Detailed actions				
No.	**Recommendation**	**Lead Officer**	**Completion date**	**Status**	**Delivery Risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
CQ C.2	Provision of a formal report of transoesophageal or epicardial echocardiography performed during surgery	Clinical Lead for Cardiac Services	Nov '16	**Amber- behind target**		Mar '17 Delayed to allow audit to demonstrate improvement	ECHO form for reporting in theatres implemented	Consultant Paediatric Cardiologist	Aug '16	**Green- complete**	
							Audit to assess implementation (Nov'16) and request to Steering Group to close	Patient Safety Manager	~~Nov '16~~ Revised to Mar 17	**Amber- behind target**	Repeat audit results expected at Mar'17 delivery group with a view to proposing closure of recommendation (JM/BS)
CQ C. 3	Recording pain and comfort scores in line with planned care and when pain relief is changed to evaluate practice	Ward 32 Manager	Aug '16	**Green- complete** **22/11/16- approved for closure by W&C delivery group**			Documentation developed to record pain scores more easily	Ward 32 Manager	Jan'16	**Green- complete**	Nursing documentation
							Complete an audit on existing practise and report findings	Ward 32 Manager	Aug '16	**Green- complete**	Audit of nursing documentation
CQ C. 4	Ensuring all discussions with parents are recorded to avoid inconsistency in communication. This includes communications with the Cardiac Liaison Nurses, who should record contacts with families in the patient records (links with review recommendation 12)	Head of Nursing	Dec '16	**Red - behind plan, impact on recommendation delivery date and/or benefits delivery**		Request delay to Feb'17 to ensure process is robust Request delay to Apr'17 in view of potential training needs for staff	Work with Cardiac Nurse Specialists to improve recording communication in the patients' medical records and review option of Medway proforma's to support recording in notes	Head of Nursing	~~Dec '16~~ Feb 17 revised timescale for wider issue	**Green- complete**	Examples of stickers in notes and Heart suite entries Audit of compliance to be undertaken by MG/VG pre Mar mtg Process to provide consistent recording in accessible patient records to be established (ST)
CQ C. 5	Providing written material to families relating to diagnosis and recording this in the records. (links to review recommendation 3)	Clinical Lead for Cardiac Services	Apr '17	**Blue- on target**	Linked to recommendation no. 3. Actions detailed under recommendation no. 3 will also achieve CQC recommendation no. 5						

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

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

TW Consent delivery timeframe

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

	Progress overview						Detailed actions				
No.	**Recommendation**	**Lead Officer**	**Completion date of recommendation**	**Status**	**Delivery Risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
12	That clinicians encourage an open and transparent dialogue with patients and families upon the option of recording conversations when a diagnosis, course of treatment, or prognosis is being discussed.	Medical Director	~~Dec '16~~ Agreed delay to Feb 17	**Red due to second request to delay**		Request to delay to Feb '17 to enable new guidance to be incorporated into cardiac surgery leaflet Feb 17 – Req to delay to Mar 17 Details not currently in cardiac surgery or intervention leaflet	**12.1** Guidance developed to medical staff to ensure patients and families are given the option to record conversations when a diagnosis, course of treatment, or prognosis is being discussed	Medical Director	Aug '16	**Green-completed**	Medical Staff Guidance
							12.2 Review of new existing guidance to reflect the recommendation and include recommendation in updated consent policy , guidance notes and e-learning	Deputy Medical Director	Nov '16	**Green-Completed**	Consent policy Guidance on consent policy e-learning for consent
							12.3 Incorporate new guidance into existing Children's Consent pathway (existing letter that goes to families before their surgical appointment) (FI)	Consultant Paediatric Cardiac Surgeon	Dec '16	**Red**	Parent/Patient information booklet to be sent with letter to families Feb 17 Not currently added to patient letter or information Further discussion around storage of recordings before adding to leaflets
13	That the Trust review its Consent Policy and the training of staff, to ensure that any questions regarding the capacity of parents or carers to give consent to treatment on	Deputy Medical Director	~~Jan '17~~ Agreed delay to Feb 17	**Red due to second request to delay**	E-learning lead is currently on long term sick which has led to a delay in updating e-learning material	Request to delay to Feb '17. Actions are complete, but need to be reviewed and signed off by Delivery Group.	**13.1** Trust wide Consent delivery group set up	Deputy Medical Director	Sept '17	**Green-Completed**	Terms of reference for Trust Wide Consent Group Minutes and actions from meetings
							13.2 Review the consent policy and agree a re-write policy or amend existing policy to ensure patients and clinicians are supported to make decisions together	Consent Group	Nov'16	**Green Completed**	Revised consent policy ratified by CQC December 2016

	Progress overview						Detailed actions				
No.	**Recommendation**	**Lead Officer**	**Completion date of recommendation**	**Status**	**Delivery Risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
	behalf of their children are identified and appropriate advice sought					Request to delay to Mar 17 steering as consent group have not met; plan to agree evidence virtually in order to progress	**13.3** Develop training and communication plan	Deputy Medical Director	Dec '16	**Green Completed**	Training and communications plan Multi professional Consent workshop 6th April 2017
							13.4 Advice from legal team and safeguarding on revised consent policy and e-learning	Deputy Medical Director	Nov '16	**Green Completed**	Legal and safeguarding agreement and comments on consent policy and e-learning
							13.5 Update e-learning for any changes to consent policy and process	Deputy Medical Director	Jan '17	**Green Completed**	Updated E-learning package for consent
14	That the Trust reviews its Consent Policy to take account of recent developments in the law in this area, emphasising the rights of patients to be treated as partners by doctors, and to be properly informed about material risks	Deputy Medical Director	**Linked to recommendation no. 13, actions, timescales and status as detailed under this recommendation – Red – delayed, date completion now anticipated to be Mar 17**								
17	That the Trust carry out a review or audit of (I) its policy concerning obtaining consent to anaesthesia, and its	Deputy Medical Director	May'17	**Blue-on target**			**17.1** Anaesthetic group to be set up to review current practise in pre-op assessment in relation to consent for anaesthesia and how they can implement a consent for anaesthesia process trust wide (FI)	Consultant Paediatric Cardiac Anaesthetist	Dec '16	**Blue on target**	Minutes and actions from meeting
							17.2 Liaise with Royal College of Anaesthesia and other appropriate professional bodies with	Paediatric Anaesthesia	Jan' 17	**Green Completed**	Correspondence with Royal College of Anaesthetists

	Progress overview						Detailed actions				
No.	**Recommendation**	**Lead Officer**	**Completion date of recommendation**	**Status**	**Delivery Risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
	implementation; and (ii) the implementation of the changes to its processes and procedures relating to consent						regarding national policy	consent group			and Associations AAGBNI Guidance on Consent January 2017
							17.3 Implementation plan for trust wide consent process	Paediatric Anaesthesia consent group	May '17	**Blue on Track**	Business case for paediatric pre-op assessment
CQC. 1	Recording the percentage risk of mortality or other major complications discussed with parents or carers on consent forms	Deputy Medical Director	Jan' 17	**Red due to second request to delay**		Request to delay to Feb '17. Actions have been completed, but there was insufficient time to get new consent forms printed in time for January sign off. Request to delay to Mar'17 mtg to allow for all consent forms to be amended and agreed by group for closure	**1.1** Review trust wide consent form in use to agree whether they should be amended to improve recording of risk	Consent Group	~~Dec '17~~ Agreed delay to Feb 17	**Green – complete**	Updated / amended trust consent forms with the print room to produce a final draft of amended form before printing/circulating
							1.2 Paediatric Cardiac Services to agree whether service would benefit from a bespoke cardiac consent form that includes percentage risk	Consultant Paediatric Cardiac Surgeon	Nov '16	**Green**	Agreement of Paediatric Consent Group to utilise bespoke consent forms where appropriate
							1.3 Cardiac Services- agree and implement process for discussing percentage risk with families (FI)	Consultant Paediatric Cardiac Surgeon	Nov '16	**Red**	Information and consent forms available to parents Feb update – action with paediatric consent group for addition of % risk

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

TW Incidents and complaints delivery timeframe

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

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

	Progress overview						Detailed actions				
No	**Recommendation**	**Lead Officer**	**Completion date of recommendation**	**Status**	**Delivery risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
								Governance		**on at February 17 meeting Now rated red as not approved at meeting**	to be incorporated and represented at March 2017 meeting
							26.6 Develop the above **staff** guidance for **adult** patients and families (minus CDR)	Head of Quality (Patient Safety)	Dec '16	**Red; not ready for February 17 meeting – to be amended and presented to March 17 meeting**	As above
							26.7 Develop the above **family** guidance for **adult** patients and families (minus CDR) **(FI).**	Head of Quality (Patient Safety)	Apr '17	**Blue- on target**	
							26.8 Review options for how patients / families can participate (if they want to) with the SI RCA process implement preferred options **(FI).**	Head of Quality (Patient Safety)	Jun '17	**Blue- on target**	
							26.9 Implement a process for gaining regular feedback from patients / families involved in a SI RCAs process to understand what it felt like for them and how we can improve the process for them **(FI)**	Head of Quality (Patient Safety)	Jun '17	**Blue- on target**	
27	That the design of the processes we refer to should take account also of the need for guidance and training for clinical staff as regards liaising with families and enabling effective	Chief Nurse	Jun '17	**Blue- on target**			**27.1** Guidance developed for staff for the preparation and conduct of meetings with parents/families to discuss concerns and/or adverse event feedback	Medical Director	Jun '16	**Green- complete Action approved 10.01.17 pending any further comments within 1 week.**	Guidance for the Preparation and Conduct of Meetings with Parents/Families to discuss concerns and/or adverse event feedback, June 2016

	Progress overview						Detailed actions				
No	**Recommendation**	**Lead Officer**	**Completion date of recommendation**	**Status**	**Delivery risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
	dialogue.						As per actions 26.4 and 26.5, included in recommendation no. 26 to develop guidance for staff				
							27.2 Develop a framework for training staff to support them to effectively and sensitively manage processes relating to CDR/SI's and complaints. Develop and pilot session. Existing complaints training materials to be reviewed and updated to include guidance on supporting families in circumstances where a complaint is being investigated alongside a CDR or SI. January 2017. Other bespoke training opportunities to be considered in light of development of staff guidance by Children's Services (see 26.5), due April 2017.	Head of Quality (Patient Experience and Clinical Effectiveness) And Head of Quality (Patient Safety)	Jun '17	**Blue- on target**	Feb 17 Information added to the trust wide complaints training; BRHC patient safety training has been amended but is being reviewed in light of comments regarding the information given to families and staff
28	That guidance be drawn up which identifies when, and if so, how, an 'independent element' can be introduced into the handling of those complaints or investigations which require it.	Chief Nurse	Dec '16	**Red – behind target.**		Request to delay to Feb ' 17	**28.1** To review UHBristol's previous use of independent review / benchmarking from other trusts to inform above. - Complaints - RCA's	Patient Support and Complaints Manager and Patient Safety Manager	Nov '16 Nov '16	**Green- complete Action approved 10.01.17**	Reports of the Reviews undertaken and available in evidence folder
							28.2 Develop guidance for when to access 'independent advise / review' for - Complaints - SI RCAs	Head of Quality (Patient Experience and Clinical Effectiveness) And Head of Quality (Patient Safety)	Oct '16 Dec '16	**Green – Complete Action approved 14.2.17**	Complaints policy Serious Incident Policy (appendix 9, pg. 33) Email from CS to all divisions on 6th February 2017
							28.3 The Trust has entered into exploratory discussions with the Patients Association about developing a model for exceptional independent	Head of Quality (Patient	Mar '17	**Amber -**	Focus group meeting March 17. This is

	Progress overview						Detailed actions				
No	**Recommendation**	**Lead Officer**	**Completion date of recommendation**	**Status**	**Delivery risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
							investigation/review. This work will commence with a focus group of previous dissatisfied complainants in February 2017.	Experience and Clinical Effectiveness		**behind target**	an additional element to the initial recommendation. This will be closed following feedback from the first meeting Frist meeting scheduled for May 17 due to availability of patient representatives
29	That as part of the process of exploring the options for more effective handling of complaints, including the introduction of an independent element, serious consideration be given to offering as early as possible, alternative forms of dispute resolution, such as medical mediation.	Chief Nurse	Apr '17	**Blue-on target**			**29.0** Consider how an independent review can be introduced for 2nd time dissatisfied complainants / involve users in developing a solution.	Head of Quality (Patient Experience and Clinical Effectiveness)	Oct '16	**Green-complete**	Complaints policy
							29.1 Visit the Evelina to understand their model for mediation and possible replication at UHBristol. A report will be presented following the visit to consider next steps and possible resource implications.		Feb 17	**Amber – behind target**	Evelina visit to UHB 9.3.17; key issues to be summarised and submitted to Mar delivery group Feb 17 – agreed to have Medical Medication Foundation visit UHB rather than visiting the Evelina; attending 9.3.17

	Progress overview						Detailed actions				
No	**Recommendation**	**Lead Officer**	**Completion date of recommendation**	**Status**	**Delivery risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
											– feedback at the March mtg
30	That the Trust should review its procedures to ensure that patients or families are offered not only information about any changes in practice introduced as a result of a complaint or incident involving them or their families and seek feedback on its effectiveness, but also the opportunity to be involved in designing those changes and overseeing their implementation.	Chief Nurse	Dec '16	**Amber-behind target**		Apr '17 Revised to allow for family involvement	**30.1** Develop a clear process with timescales trust-wide for feedback to families / patients outcomes involved in SI panels / review and actions ongoing from this and staff **(FI).**	Head of Quality (Patient Safety) and Clinical Effectiveness)	Apr '17	**Blue- on target**	Links to other engagement work; likely to be completed in conjunction
							30.2 Ensure complainants are routinely asked whether and how they would like to be involved in designing changes in practice in response to the concerns they have raised **(FI)**	Head of Quality (Patient Experience and Clinical Effectiveness)	Oct '16	**Green-complete**	Evidence pro forma of questions used. Agreed additional action 30.3 before closing.
							30.3 Use of process for asking patients how they would like to be involved in designing changes in practice in response to the concerns they have raised to be audited at the end of February 2017, including review of survey replies.	Head of Quality (Patient Experience and Clinical Effectiveness)	Feb '17	**Amber behind target**	Audit results due to be presented at March 2017 delivery group
							30.4 Regular complainant focus groups to be held from April 2017 onwards as part of routine follow-up of people's experience of the complaints system. Ambition is for these focus groups to eventually be facilitated by previous complainants.	Head of Quality (Patient Experience and Clinical Effectiveness)	April '17	**Blue – on target**	Out with the scope of the recommendation but will enhance the overall outcome

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

Other Recommendation's delivery timeframe

MONTH	Sept'16	Oct '16	Nov '16	Dec '16	Jan '17	Feb '17	Mar '17	Apr' 17
Recommendations	**22 -** That the Trust review the implementation of the recommendation of the Kennedy Report that a member of the Trust's Executive, sitting on the Board, has responsibility to ensure that the interests of children are preserved and protected, and should routinely report on this matter to the Board. – **complete Sept 16 signed off by steering group Mar 17**	31 That the Trust should review the history of recent events and the contents of this report, with a view to acknowledging publically the role which parents have played in bringing about significant changes in practice and in improving the provision of care. **Completed Oct 16; signed off by steering group Mar 17**		32 That the Trust re designate its activities regarding the safety of patients so as to replace the notion of "patient safety" with the reference to the safety of patients, thereby placing patients at the centre of its concern for safe care. **Completed Feb 17, signed off by Steering group Mar 17**	24 -That urgent attention be given to developing more effective mechanisms for maintaining dialogue in the future in situations such as these, at the level of both the provider and commissioning organisations. Mar 17 Added to the IR risk register in view of delayed completion of action by CCG, CM in communication with CCG leads			

	Progress overview						Detailed actions				
No.	**Recommendation**	**Lead Officer**	**Completion date of recommendation**	**Status**	**Delivery Risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
22	That the Trust review the implementation of the recommendation of the Kennedy Report that a member of the Trust's Executive, sitting on the Board, has responsibility to ensure that the interests of children are preserved and protected, and should routinely report on this matter to the	Trust Secretary	Sept '16	**Green-complete**			Review of current arrangements and processes (Sept '16)	Trust Secretary	Sept '16	**Green-complete**	Executive Lead Role description April 2015 Board annual report BRCH 2015/2016 Steering group Mar 7th agreed closure of action

	Progress overview						Detailed actions				
No.	**Recommendation**	**Lead Officer**	**Completion date of recommendation**	**Status**	**Delivery Risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
	Board.										
24	That urgent attention be given to developing more effective mechanisms for maintaining dialogue in the future in situations such as these, at the level of both the provider and commissioning organisations.	Commissioners and Trust	Jan '16	**Red**		Proposal for addressing developed./in the process of being approved via NHSE governance framework.	Discussion with commissioners about the issues and agreement to mitigate a similar occurrence	Commissioners and Trust	Jan '16	**Red**	Added to the IR risk register in view of delayed completion of action by CCG; CM in communication with CCG leads
31	That the Trust should review the history of recent events and the contents of this report, with a view to acknowledging publically the role which parents have played in bringing about significant changes in practice and in improving the provision of care.	Chief Nurse	Oct '16	**Green-complete**			Trust board paper presented in July acknowledging the role which parents have played in bring about significant changes in practice and in improving the provision of care	Chief Executive	July '16	**Green-complete**	Trust Board Paper and Trust Board Agenda, July '16 Steering group Mar 7th agreed closure of action
							Presentation to Health and Overview Scrutiny Committee	Chief Executive, Medical Director, Chief Nurse and Women's and Children's Divisional Director	Aug '16	**Green-complete**	Meeting minutes - August 2016 & February 2017 Two visits – February 2016 Steering group Mar 7th agreed closure of action
							Presentation to the Bristol Safeguarding Children's Board	Chief Nurse	Oct '16	**Green-complete**	Minutes of BSCB Sept 2016 Steering group Mar 7th agreed closure of action

	Progress overview						Detailed actions				
No.	**Recommendation**	**Lead Officer**	**Completion date of recommendation**	**Status**	**Delivery Risks**	**Revised timescale & reason**	**Actions to deliver recommendations**	**By**	**When**	**Status**	**Evidence**
32	That the Trust redesignate its activities regarding the safety of patients so as to replace the notion of "patient safety" with the reference to the safety of patients, thereby placing patients at the centre of its concern for safe care.	Medical Director	Dec '16	**Amber**		To be signed off as complete at March 7th meeting	Adoption of the term "Safety of Patients" in place of "Patient Safety" going forward and communication of preferred term Trust wide . Terms of Reference of Patient Safety Group Revised and approved by CCG Feb 2, 2017 Role descriptions for Patient safety staff revised and to be approved by end Feb 2017	Medical Director	Feb '17	**Green-complete**	Steering group Mar 7th agreed closure of action

Key	
R	Milestone behind plan, requirement to revise delivery date on more than one occasion; impact on recommendation delivery date and/or benefits delivery
A	Milestone behind plan, delivery date revised on one occasion
B	Blue - Activities on plan to achieve milestone
TBC	To be confirmed
G	Complete / Closed
FI	Indicates family involvement in the action(s)

Cover report to the Trust Board meeting to be held on Thursday, 30 March 2017 at 11.00 am -1.00 pm in the Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

		Agenda Item	11
Meeting Title	Trust Board	**Meeting Date**	Thursday, 30 March 2017
Report Title	A)Quarterly Complaints Report B) Quarterly Patient Experience Report		
Author	Carolyn Mills, Chief Nurse		
Executive Lead	Carolyn Mills, Chief Nurse		
Freedom of Information Status		Open	

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

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

Executive Summary

Purpose

To share insight and learning from patient-reported experience generated from complaints, patient surveys and patient and public involvement activities during Quarter 3.

Key points to note

Complaints

Improvements in Q3:

The number of complaints received in Q3 represents a significant decrease on previous

quarters. This reduction applies across all Divisions except Women's & Children's Services and to all major complaints categories.

- The Trust also achieved its goal of less than 0.21% of patient attendances resulting in a complaint.
- In Q3, 94.2% of responses were posted within the agreed timescale, compared to 88.1% in Q2, 76.2% in Q1 and 74.6% in Q4 (2015/16). In December, the Trust achieved its target of 95% of responses within timescale.
- In Q3, fewer complainants expressed dissatisfaction with our response to their concerns (<10%)
- Complaints about the GUCH (Grown up congenital heart disease) service, which had increased in Quarter 2, decreased significantly in Q3. Complaints about trauma and orthopaedics – highlighted in Q2 – also fell in Q3.

However:

- Complaints about gynaecology services increased in Q3. The reason for this increase has been identified and addressed.
- Complaints regarding appointments and admissions in the Division of Diagnostics and Therapies increased in Q3, although the number of complaints remains small and there are no common themes arising.

Corporate plans include:

- Establishing a new complaint review panel, planned for May 2017
- Working with the Patients Association to develop a potential model for exceptional external investigation or review of high-risk complaints. This work will commence with an invited focus group of previous dissatisfied complainants in May 2017.

Patient Experience and Involvement

This report incorporates current Patient and Public Involvement activity and patient survey data received during Quarter 3 2016/17. The key messages from this report are:

- The "enter and view" carried out at South Bristol Community Hospital by Healthwatch in October 2016 generated positive feedback about inpatient care at the hospital. Most of the recommendations focussed on non-clinical aspects of care. In particular, it was highlighted that many inpatients at the hospital have relatively long stays for rehabilitation, so it is important to ensure that they have access to magazines, activities, and the hospital café. A response from South Bristol Community Hospital has been provided to Healthwatch and was discussed at the Trust's Patient Experience Group in February 2017.
- Feedback obtained from patients via the Trust's corporate survey programme remained positive about the quality of care at UH Bristol. For example, 98% of inpatients would recommend the care to their friends and family and praise for staff was by far the most frequent type of written feedback received.

A number of survey scores / issues are highlighted in the report, in particular:

- Wards primarily providing care to elderly patients consistently receive *relatively* low

survey scores in our key surveys (although it should be noted that the feedback is still very positive). However, this does not correlate with other quality data reviewed by the Division of Medicine. In order to explore the survey results further, and to provide further assurance that the quality of care is of the highest standards in these areas, in Quarter 1 the Patient Experience and Involvement Team will engage with "care of the elderly" service-users and staff in a variety of ways (e.g. via the Involvement Network, *Face2Face* interview programme, and Patient Experience at Heart staff workshops).

- Postnatal wards received a relatively low Friends and Family Test score in Quarter 3. This may be linked to staffing levels on the wards in this period, which saw a high incidence of staff sickness (although these staffing levels were still within recommended limits).
- Ward A605 ("delayed discharge ward") is a notable outlier in the Trust's inpatient experience tracker in Quarter 3 and a number of recent service improvements are identified in the report
- Below target response rates in the Bristol Royal Hospital for Children Friends and Family Test survey (26% in Quarter 3, against a target of 30%): the Head of Nursing has discussed this with the ward teams and a positive improvement is evident in Quarter 4 to date (32%).

Recommendations

Members are asked to:

- **Note** the report.

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

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

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

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

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

Impact Upon Corporate Risk
N/A

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

Date papers were previously submitted to other committees				
Audit Committee	**Finance Committee**	**Quality and Outcomes Committee**	**Remuneration & Nomination Committee**	**Other (specify)**
		28th March 2017		Senior Leadership Team (22nd March 2017) Patient Experience Group (23rd February 2017)

University Hospitals Bristol
NHS Foundation Trust

Complaints Report

Quarter 3, 2016/2017

(1 October 2016 to 31 December 2016)

Authors: Louise Townsend, Acting Patient Support and Complaints Manager
Chris Swonnell, Head of Quality (Patient Experience and Clinical Effectiveness)

Overview

Successes	Priorities
• The number of complaints received in Q3 represents a significant decrease on previous quarters. This reduction applies across all Divisions except Women's & Children's Services and to all major complaints categories. • The Trust also achieved its goal of less than 0.21% of patient attendances resulting in a complaint. • In Q3, 94.2% of responses were posted within the agreed timescale, compared to 88.1% in Q2, 76.2% in Q1 and 74.6% in Q4 (2015/16). In December, the Trust achieved its target of 95% of responses within timescale. • The majority of complaints continue to be resolved by the Trust informally. • Fewer complainants have expressed dissatisfaction with our response to their concerns (<10% to date) • Complaints about the GUCH (Grown up congenital heart disease) service, which had increased in Quarter 2, decreased significantly in Q3. Complaints about trauma and orthopaedics – highlighted in Q2 – also fell in Q3.	• To continue to implement learning arising from the complaints and incidents delivery group following the independent review of children's cardiac services, including strengthening the patient/family voice within the complaint process. • To retain an ongoing focus on delivery of training to senior divisional staff about conducting complaints investigations and writing effective responses.
Opportunities	**Risks & Threats**
• To establish a new complaint review panel in Q1 2017/18. • To continue to work with the Patients Association to develop a potential model for external patient advocacy for high-risk complaints. • To apply learning from: the recent NHS Improvement review of the complaints service; the recent Care Quality Commission inspection and the forthcoming internal audit of learning from complaints. All to be incorporated into complaints work plan for 2017/18.	• Complaints about gynaecology services increased in Q3. The reason for this increase has been identified and addressed. • Complaints regarding appointments and admissions in the Division of Diagnostics and Therapies increased in Q3, although the number of complaints remains small and there are no common themes arising. • In Q3, 24 written complaints were not acknowledged within three working days in accordance with the NHS Constitution (instead they were acknowledged in four working days). The reasons for this have been identified and addressed for the future.

1. Complaints performance – Trust overview

The Board monitors three indicators of how well the Trust is doing in respect of complaints performance:

- Total complaints received as a proportion of activity;
- Proportion of complaints responded to within timescale; and
- Numbers of complainants who are dissatisfied with our response.

1.1 Total complaints received

The Trust's preferred way of expressing the volume of complaints it receives is as a proportion of patient activity, i.e. total inpatient admissions and outpatient attendances in a given month.

We received 397 complaints in Q3, which equates to 0.19% of patient activity. This includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)[1]. This figure does not include concerns which may have been raised by patients and dealt with immediately by front line staff. The number of complaints received in Q3 represents a significant decrease of 23% compared to Q2 and an 11% decrease on the corresponding period one year previously.

Figure 1 shows the pattern of complaints received in the last 15 months. Figure 2 shows the complaints received as a percentage of patient activity and Figure 3 shows the numbers of complaints dealt with via the formal investigation process compared to those dealt with via the informal investigation process.

1.2 Complaints responses within agreed timescale

Whenever a complaint is managed through the formal resolution process, the Trust and the complainant agree a timescale within which we will investigate the complaint and write to the complainant with, or arrange a meeting to discuss, our findings. The timescale is agreed with the complainant upon receipt of the complaint and is usually 30 working days.

The Trust's target is to respond to at least 95% of complaints within the agreed timescale. The end point is measured as the date when the Trust's response is posted to the complainant. In Q3, 94.2% of responses were posted within the agreed timescale, compared to 88.1% in Q2, 76.2% in Q1 and 74.6% in Q4 (2015/16). This represents 8 breaches out of 97 formal complaints which were due to receive a response during Q3[2]. Figure 4 shows the Trust's performance in responding to complaints since July 2015.

[1] Informal complaints are dealt with quickly via direct contact with the appropriate department, whereas formal complaints are dealt with by way of a formal investigation via the Division.
[2] Note that this will be a different figure to the number of complainants who *made* a complaint in that quarter.

Figure 1: Number of complaints received

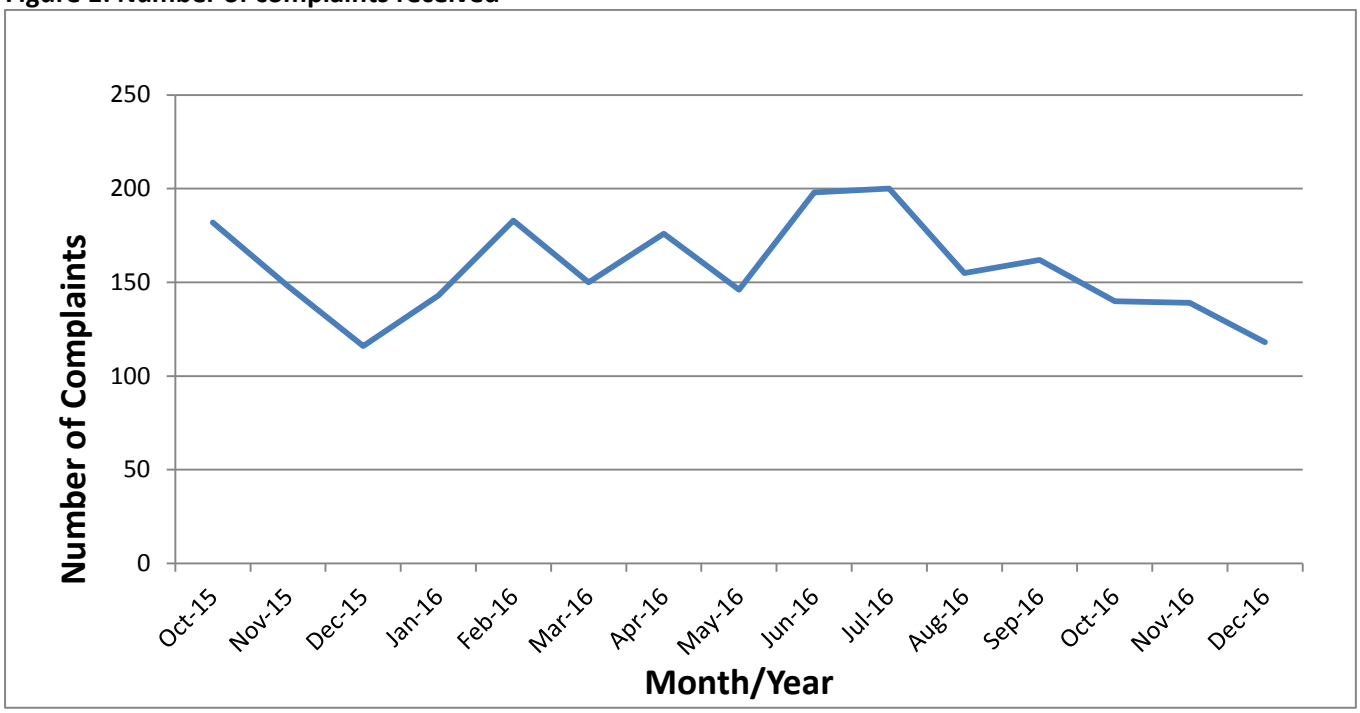


Figure 2: Complaints received, as a percentage of patient activity

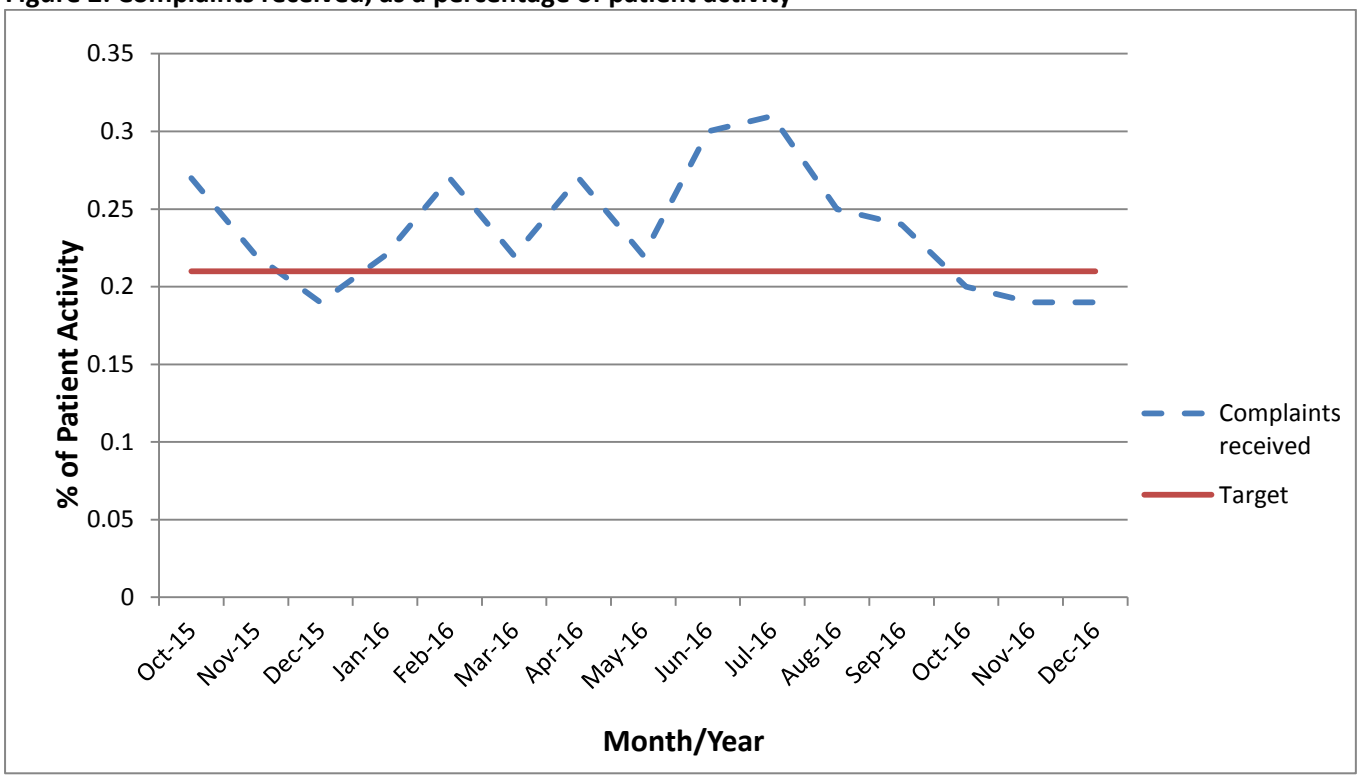


Figure 3: Numbers of formal v informal complaints

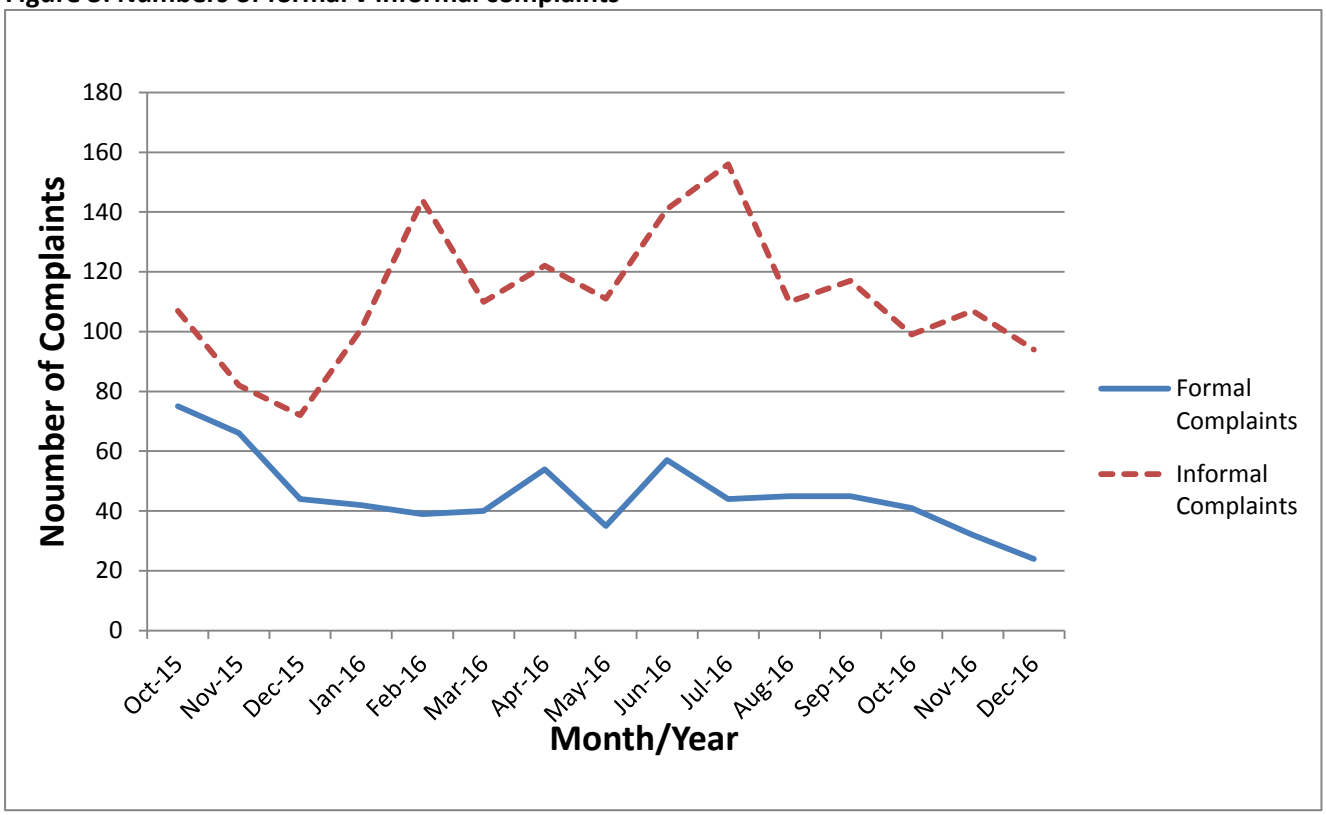


Figure 4: Percentage of complaints responded to within agreed timescale

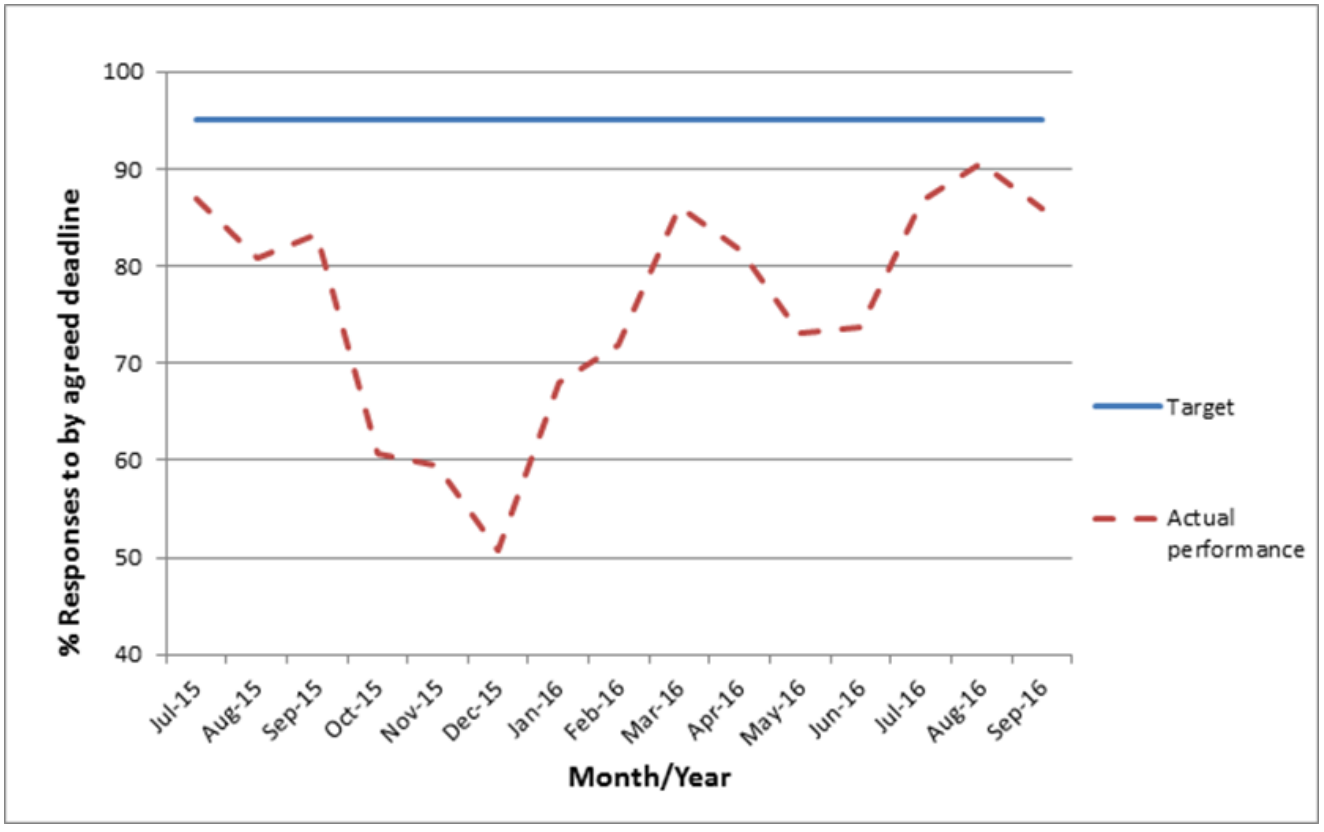


Table 1: Complaints performance

Items in italics are reportable to the Trust Board. Other data items are for internal monitoring/reporting to the Patient Experience Group where appropriate.

		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
Total complaints received (inc. TS and F&E from April 2013)	TOTAL	182	148	116	143	183	150	176	146	198	200	155	162	140	139	118
	Formal	75	66	44	42	39	40	54	35	57	44	45	45	41	32	24
	Informal	107	82	72	101	144	110	122	111	141	156	110	117	99	107	94
Number and % of complaints per patient attendance in the month	%	0.27%	0.22%	0.19%	0.22%	0.27%	0.22%	0.27%	0.22%	0.30%	0.31%	0.25%	0.24%	20.37%	19.02%	19.02%
	Complaints	182	148	116	143	183	150	176	146	198	200	155	162	140	139	118
	Attendances	68,131	67,434	61,126	63,582	68,391	67,932	64,750	66,973	66,816	63,580	63,073	67,371	68,730	73,088	62,047
% responded to within the agreed timescale (i.e. response posted to complainant)	%	60.70%	59.50%	50.80%	68.10%	71.80%	86.10%	80.00%	73.10%	73.80%	86.80%	90.60%	86.00%	92.31%	93.44%	97.44%
	Within timescale	34	25	32	32	28	31	40	38	31	33	48	37	36	57	38
	Total	56	42	63	47	39	36	49	52	42	38	53	43	39	61	39
% responded to by Division within required timescale for executive review	%	80.40%	81.00%	90.50%	91.50%	84.60%	100%	86.00%	92.30%	92.90%	89.50%	94.30%	81.40%	92.31%	85.25%	76.92%
	Within timescale	45	34	57	43	33	36	43	48	39	34	50	35	36	52	30
	Total	56	42	63	47	39	36	50	52	42	38	53	43	39	61	39
Number of breached cases where the breached deadline is attributable to Division	Attributable to Division	7	7	20	12	10	5	3	8	7	4	4	4	2	3	1
	Total Breaches	22	17	31	15	11	5	9	14	11	5	5	6	3	4	1
Number of extensions to originally agreed timescale (formal investigation process only)		23	13	26	21	14	25	21	8	11	15	18	12	15	16	13
% of complainants dissatisfied with response and case re-opened	%	10.70%	4.80%	7.90%	6.40%	7.70%	8.30%	8.00%	9.60%	16.70%	10.50%	13.20%	18.6%	0%	9.83%	12.82%
	Reopened Dissatisfied	6	2	5	3	3	3	4	5	7	4	7	5	0	6	5
	Total Responses Due	56	42	63	47	39	36	50	52	42	38	53	43	39	61	39

1.3 Dissatisfied complaints

Reducing numbers of dissatisfied complainants was one of the Trust's corporate quality objectives for 2015/16 and remains a priority in 2016/17. We are disappointed whenever anyone feels the need to complain about our services; but especially so if they are then dissatisfied with the quality of our investigation into and response to their concerns. For every complaint we receive, our aim is to identify whether and where we have made mistakes, to put things right if we can, and to learn as an organisation to that we do not make the same mistake again. Our target is that nobody should be dissatisfied with the quality of our response to their complaint[3].

An additional level scrutiny of dissatisfied cases has been incorporated into the process for dealing with cases where the complainant is unhappy with our response. This involves the Head of Quality (Patient Experience and Clinical Effectiveness) reviewing all dissatisfied responses before they are sent to the Executives for sign-off. This additional review ensures that we are learning from these cases, i.e. is there anything we could or should have done differently in our original response. This learning is then shared with the Division responsible for the response.

The way in which dissatisfied cases are reported is expressed as a percentage of the responses the Trust has sent out in any given month. From Q3 2015/16 onwards, our target has been for less than 5% of complainants to be dissatisfied. This data is now reported two months' in arrears in order to capture the majority of cases where complainants tell us they were not happy with our response.

In Q3, of the 139 responses sent out in October, November and December 2016, and by the cut-off point of mid-January 2017 (the date on which the dissatisfied data for October 2016 was finalised); 11 people had contacted us to say they were dissatisfied. This represents 7.9% of the responses sent out during this period.

Previously, in Q2, a total of 134 responses were sent out. By the cut-off point of mid-October 2016 (the date on which the dissatisfied data for August 2016 was finalised), 19 people had contacted us to say they were dissatisfied with our response. This represented 14.8% of the responses sent out.

Figure 5 shows the percentage of complainants who were dissatisfied with aspects of our complaints response up until August 2016.

Each case where a complainant advises they are dissatisfied, the case is reviewed by the Patient Support and Complaints Officer. This review leads to one of the following courses of action, according to the complainant's preference:

- The lead Division is asked to reinvestigate the outstanding concerns and send a further response letter to the complainant addressing these issues;

- The lead Division is asked to reinvestigate the outstanding concerns and arrange to meet with the complainant to address these issues

- On rare occasions, a letter may be sent to the complainant advising that the Trust feels that it has already addressed all of the concerns raised and reminding the complainant that if they remain unhappy, they have the option of asking the Ombudsman to independently review their complaint. This option might be appropriate if, for example, if a complainant

[3] Please note that we differentiate this from complainants who may raise new issues or questions as a result of our response.

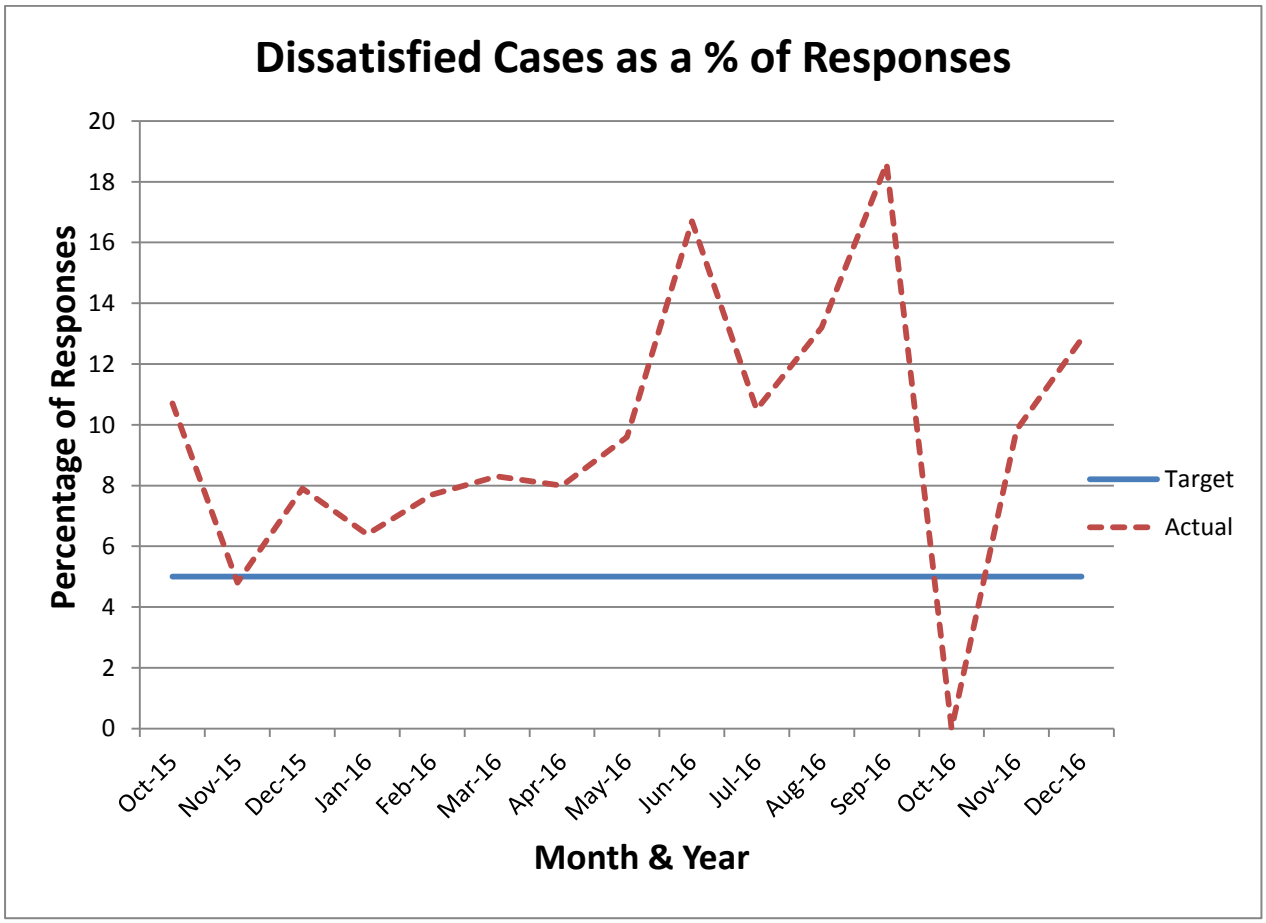
was disputing certain events that had been captured on CCTV and were therefore incontrovertible.

In the event that we do not have enough information to initiate the process outlined above, the allocated caseworker from the Patient Support and Complaints Team will contact the complainant to clarify which issues remain unresolved and, where possible, identify some specific questions that the complainant wishes to be answered. Following this, the process noted above would then be followed.

In all cases where a further written response is produced, the draft is reviewed by the Patient Support and Complaints Manager and by the Head of Quality (Patient Experience and Clinical Effectiveness) before sending it to an Executive Director for signing.

In the event that a complainant comes back to us again, having received two responses (whether in writing or by way of a meeting), the case will be escalated to the Chief Nurse for review.

Figure 5: Percentage of complainants dissatisfied with complaint response



2. Complaints themes – Trust overview

Every complaint received by the Trust is allocated to one of eight major categories, or themes. Table 2 provides a breakdown of complaints received in Q3 2016/17 compared to Q2 2016/17. The noteworthy changes compared to Q2 are the reductions of complaints in all categories/themes especially appointments and admissions (170 to 118) and a continued reduction of complaints about staff attitude and communication (116 to 99). Complaints about access also decreased from 10 in Q2 to 1 in Q3. This category includes complaints about physical access to our hospitals, services not being available and dissatisfaction with visiting hours.

Table 2: Complaints by category/theme

Category/Theme	Number of complaints received in Q3 (2016/17)	Number of complaints received in Q2 (2016/17)
Access	1 (0.2%) ↓	10 (1.9% of total complaints)
Appointments & Admissions	118 (29.7%) ↓	170 (32.9%)
Attitude & Communication	99 (24.9%) ↓	116 (22.4%)
Clinical Care	104 (26.2%) ↓	132 (25.5%)
Discharge/Transfer/Transport	20 (5.3%) ↓	28 (5.4%)
Documentation	3 (0.7%) =	3 (0.6%)
Facilities & Environment	20 (5.3%) ↓	26 (5%)
Information & Support	32 (8.6%) =	32(6.2%)
Total	**397**	**517**

Each complaint is also assigned to a more specific sub-category, for which there are over 100. Table 3 lists the ten most consistently reported sub-categories. In total, these sub-categories account for approximately two thirds of the complaints received in Q3 (397/517).

Table 3: Complaints by sub-category

Sub-category	Number of complaints received in Q2 (2016/17)	Q2 (2016/17)	Q1 2016/17	Q4 2015/16
Cancelled/delayed appointments and operations	66 ↓(37.7% decrease compared to Q2)	106	142	111
Communication with patient/relative	25 ↑ (8% increase complained to Q2)	23	34	62
Clinical Care (Medical/Surgical)	54 ↓ (10% decrease compared to Q2)	60	70	41
Failure to answer telephones/failure to respond	24 ↓ (11.1% decrease compared to Q2)	27	34	29
Clinical Care (Nursing/Midwifery)	13 ↓ (31.6% decrease compared to Q2)	19	22	25
Attitude of Medical Staff	14 ↓ (41.7% decrease compared to Q2)	24	23	18

Attitude of Admin/Clerical Staff	11 =	11	16	13
Attitude of Nursing Staff	5 ↓ (70.5% decrease compared to Q2)	17	12	8
Appointments Administration Issues *(new sub-category)*	15 ↓ (60.5% decrease compared to Q2)	38	20	-
Transport (Late/Non Arrival/Inappropriate)	2 ↓ (81.8% decrease compared to Q2)	11	6	2

Complaints about 'cancelled or delayed appointments or operations/procedures' have decreased from 106 in Q2 to 66 in Q3[4].

Figures 6, 7, and 8 show the four most commonly recorded sub-categories of complaint as detailed above, tracked since July 2015. These graphs suggest a deteriorating pattern in respect of complaints about cancelled or delayed appointments and operations since December 2015 and a similar rise in complaints about clinical care (medical/surgical). However, complaints about communication with patients/relatives have fallen significantly from a previous high point in February 2016 (one of the Trust's corporate quality objectives for 2016/17 is to reduce complaints about failures in communication).

Figure 6: Cancelled or delayed appointments and operations

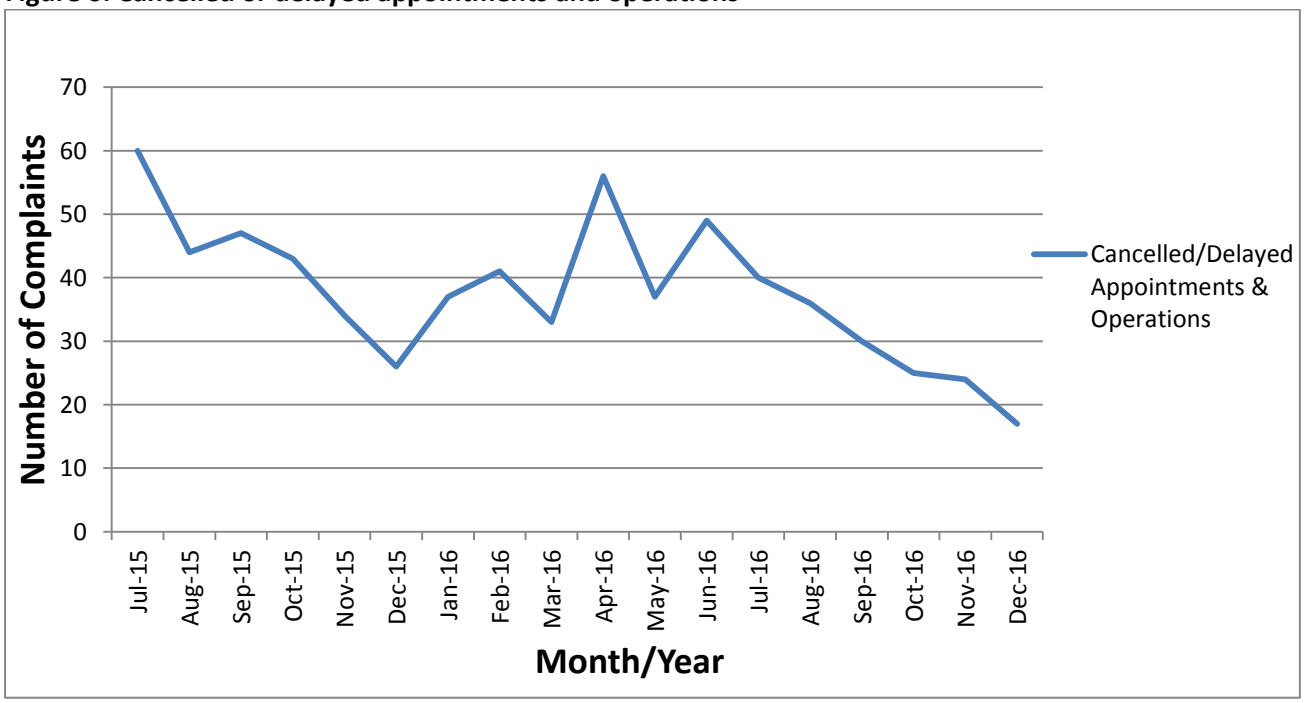


Figure 7: Clinical care – medical/surgical

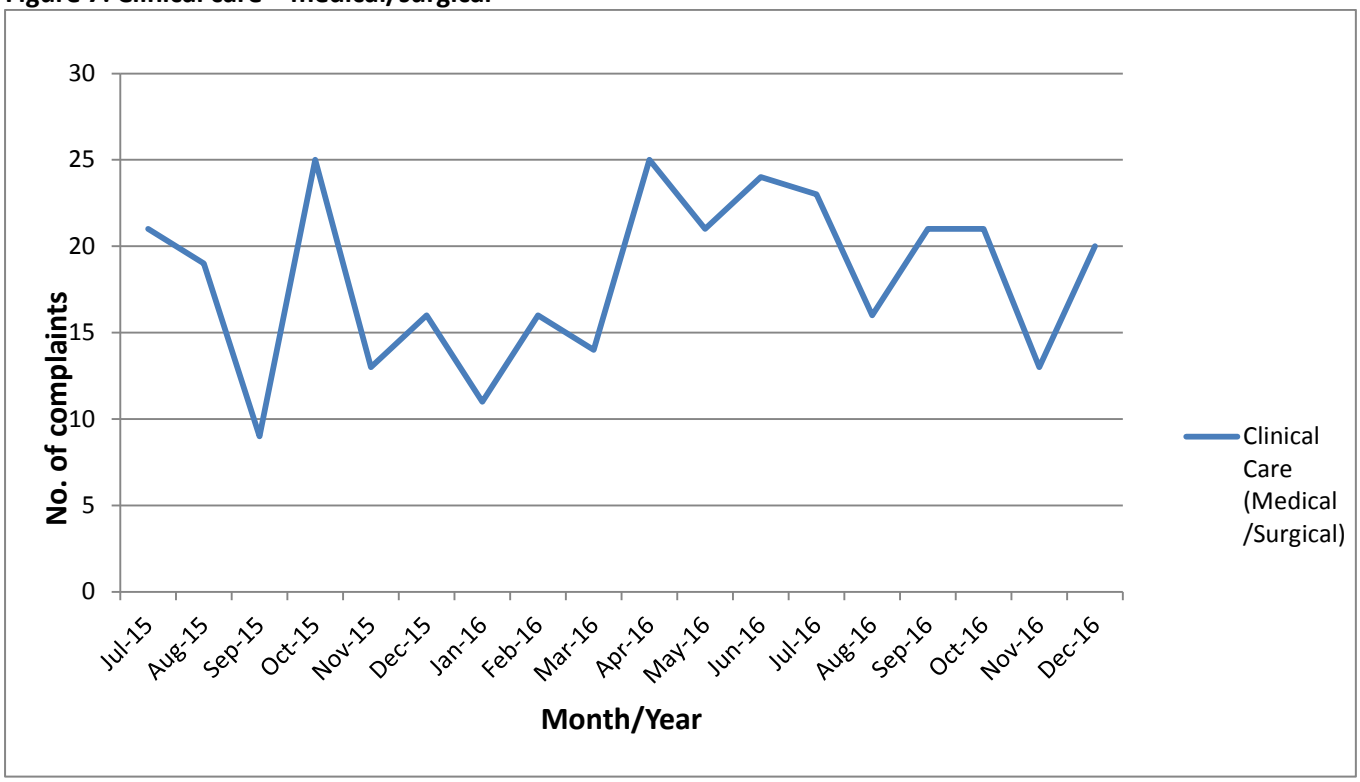
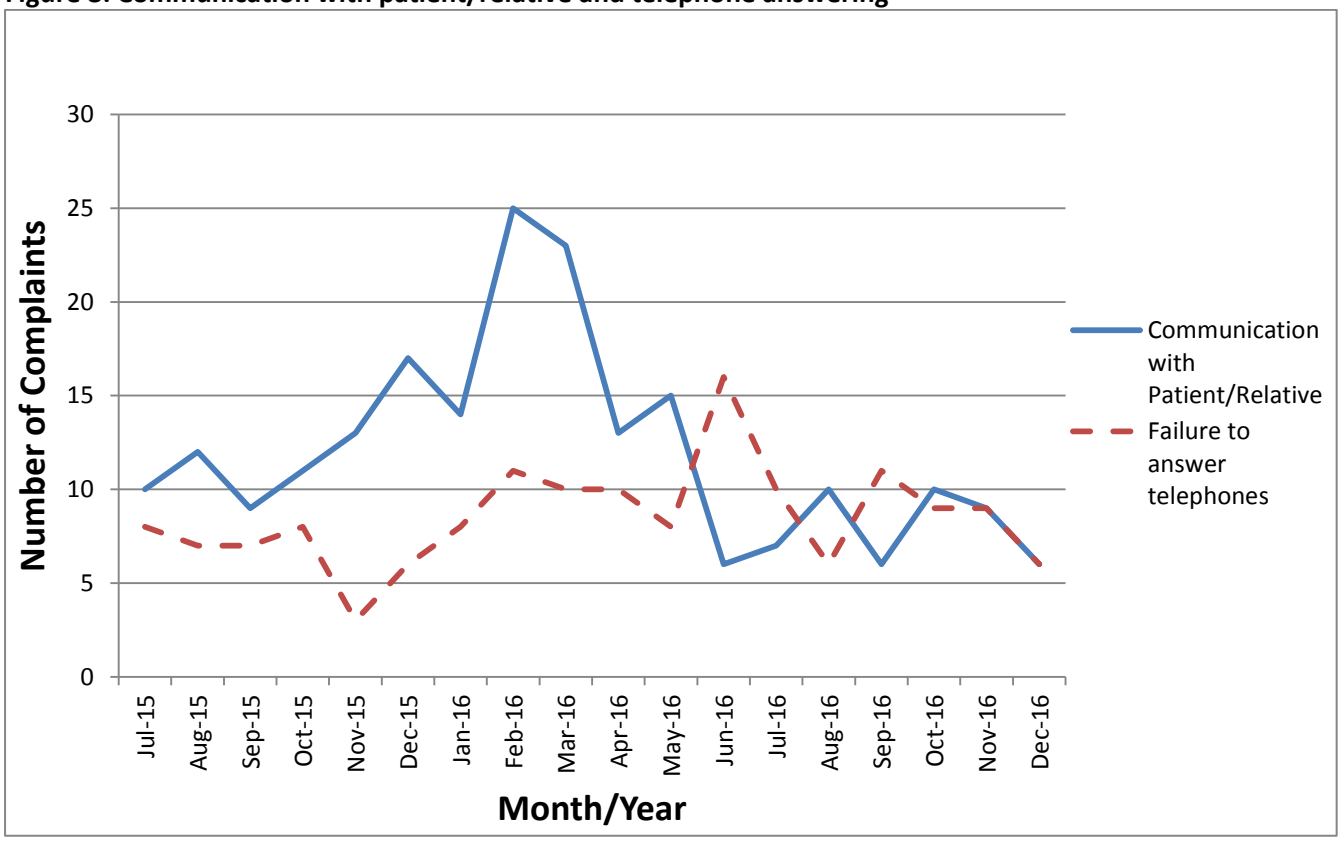


Figure 8: Communication with patient/relative and telephone answering

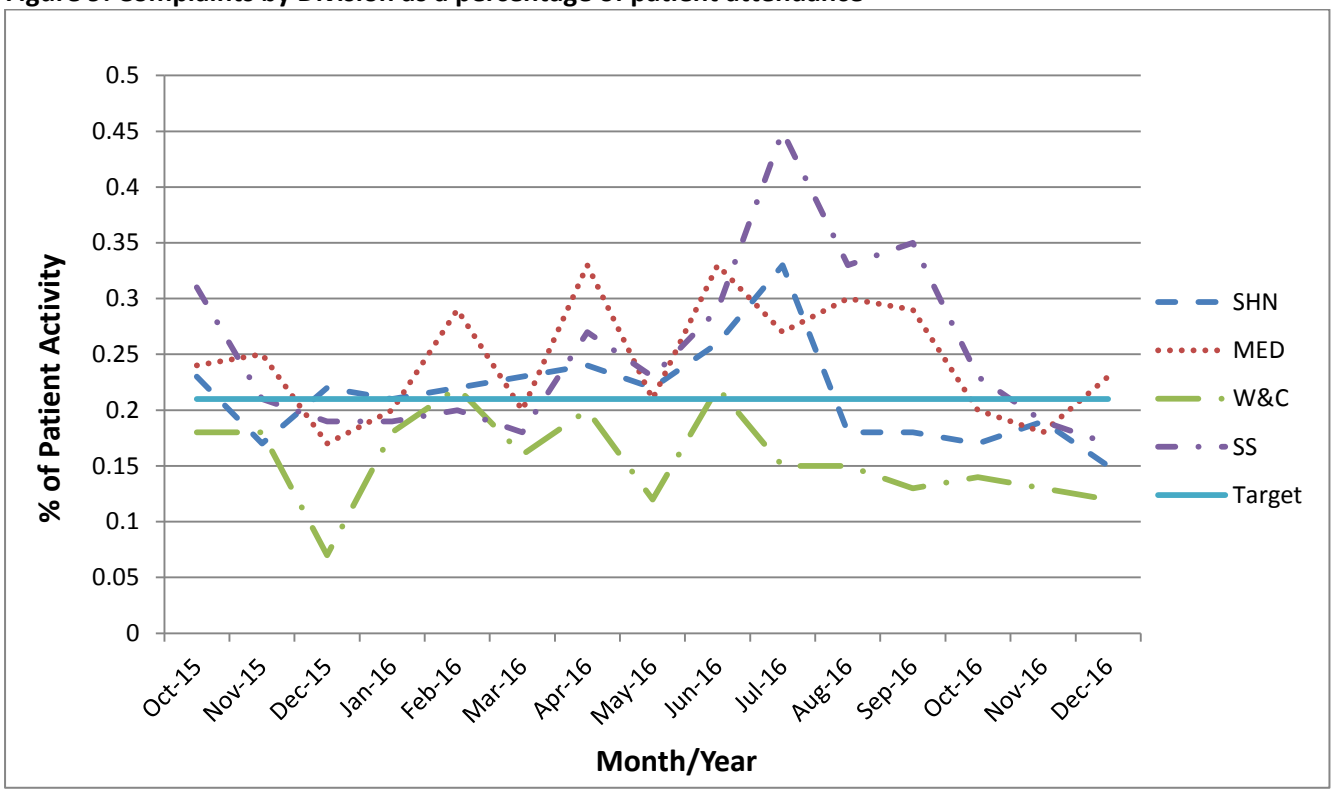


3. Divisional performance

3.1 Total complaints received

A divisional breakdown of the percentage of complaints per patient attendance is provided in Figure 9. This shows an overall increase in the volume of complaints received in the bed holding Divisions during Q4, with only Specialised Services showing a decrease in the number of complaints received.

Figure 9: Complaints by Division as a percentage of patient attendance



It should be noted that data for the Division of Diagnostics and Therapies is excluded from Figure 9 because this Division's performance is calculated from a very small volume of outpatient and inpatient activity. Overall, reported Trust-level data includes Diagnostics and Therapies complaints, but it is not appropriate to draw comparisons with other Divisions. Since July 2015, the number of complaints received by the division has been as follows:

Table 4: Complaints received by Division of Diagnostics and Therapies

	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
No. of complaints received	12	5	7	5	13	6	5	7	12	4	9	6	7	3	7

3.2 Divisional analysis of complaints received

Table 5 provides an analysis of Q3 complaints performance by Division[5]. In addition to providing an overall view, the table includes data for the three most common reasons why people complain: concerns about appointments and admissions; concerns about staff attitude and communication; and concerns about clinical care.

Table 5	**Surgery, Head & Neck**	**Medicine**	**Specialised Services**	**Women & Children**	**Diagnostics & Therapies**
Total number of complaints received	145 (182) ↓	89 (123) ↓	49 (95) ↓	64 (62) ↑	17 (19) ↓
Total complaints received as a proportion of patient activity	0.19% (0.23%) ↓	0.21% (0.29%) ↓	0.2% (0.38%) ↓	0.13% (0.14%) ↓	N/A
Number of complaints about appointments and admissions	60 (87) ↓	20 (26) ↓	11 (27) ↓	15 (18) ↓	11 (6) ↑
Number of complaints about staff attitude and communication	41 (32) ↑	25 (34) ↓	7 (22) ↓	15 (15) =	3 (3) =
Number of complaints about clinical care	28 (37) ↓	30 (29) ↑	21 (32) ↓	23 (19) ↑	2 (6) ↓
Area where the most complaints have been received in Q3	Trauma & Orthopaedics – 37 (47) Bristol Eye Hospital – 33(40) Bristol Dental Hospital – 31(34) ENT – 13(10) Upper GI – 10(13)	Emergency Department (BRI) – 20(22) Dermatology – 9(18) Ward A300 (AMU) – 5(7) Rheumatology Department – 3(1)	BHI (all) – 41(66) BHI Outpatients – 11(11) GUCH Services – 7(21) Ward C708 – 5(11)	Gynaecology Outpatients (StMH) – 9(2) Children's ED & Ward 39 (BRHC) – 9(7) Paediatric Orthopaedics – 5 (5)	Physiotherapy – 5(4) Radiology – 3(8) Audiology – 3(4)
Notable deteriorations compared to Q2	None	None	None	Gynaecology Outpatients (StMH) – 9(2)	None
Notable improvements compared to Q2	Bristol Eye Hospital – 33(40)	Dermatology – 9(18)	BHI (all) – 41(66) GUCH Services – 7(21) Ward C708 – 5(11)	None	Radiology – 3(8)

[5] It should be noted that the overall percentage of complaints against patient activity as shown in Table 5 differs slightly from the overall Trust percentage of 0.24% as the latter includes complaints from non-bed-holding Divisions.

3.2.1 Division of Surgery, Head & Neck

In Q3, the Division of Surgery Head & Neck had an increase in complaints about attitude and communication (up from 32 in Q2 to 41 in Q3). There were significant decreases in complaints about discharge transfer and transport, and trauma and orthopedics. Complaints relating to the Bristol Eye Hospital have continued on a long term downwards (improving) trend.

Table 6: Complaints by category type

Category Type	Number and % of complaints received – Q3 2016/17	Number and % of complaints received – Q2 2016/17
Access	0 (0% of total complaints) ↓	2 (1.1% of total complaints)
Appointments & Admissions	60 (41.4%) ↓	87 (47.8%) ↓
Attitude & Communication	41 (28.3%) ↑	32 (17.6%) ↓
Clinical Care	28 (19.3%) ↓	37 (20.3%) ↓
Facilities & Environment	2 (1.4%) ↓	3 (1.6%) ↑
Information & Support	8 (5.5%) ↑	6 (3.3%) ↓
Discharge/Transfer/ Transport	6 (4.1%) ↓	12 (6.6%) ↑
Documentation	0 (0%) ↓	3 (1.6%) ↑
Total	**145**	**182**

Table 7: Top sub-categories

Category	Number of complaints received – Q3 2016/17	Number of complaints received – Q2 2016/17
Cancelled or delayed appointments and operations	35 ↓	49 ↓
Clinical Care (Medical/Surgical)	16 =	16 ↓
Communication with patient/relative	15 ↑	7 ↓
Attitude of Medical Staff	4 =	4 ↓
Attitude of Nursing/Midwifery	1 ↓	3 ↓
Attitude of Admin/Clerical Staff	2 ↓	4 ↓
Clinical Care (Nursing/Midwifery)	1 ↓	2 ↓
Failure to answer telephones	14 ↑	13 ↓

Figure 10: Surgery, Head & Neck – formal and informal complaints received

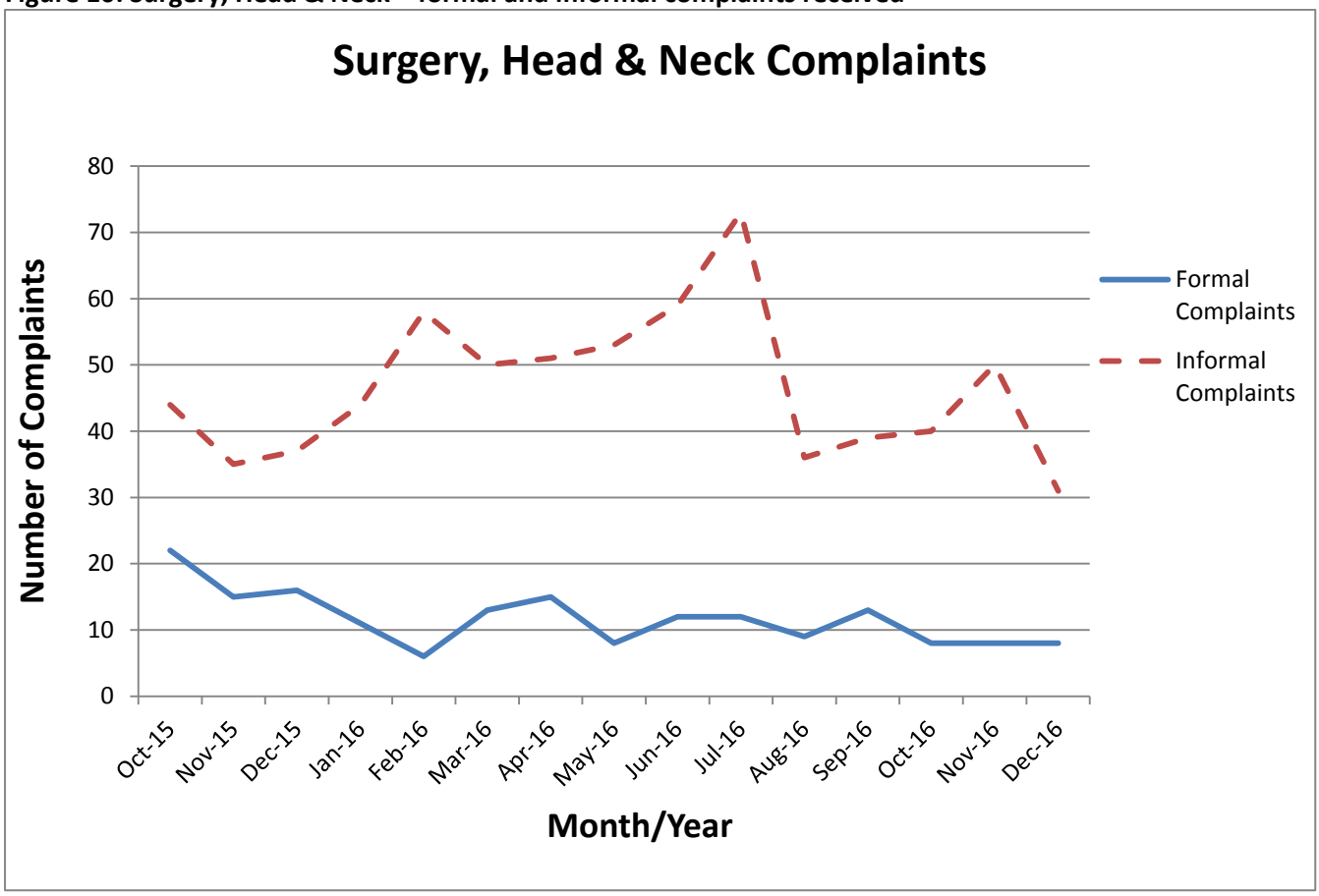
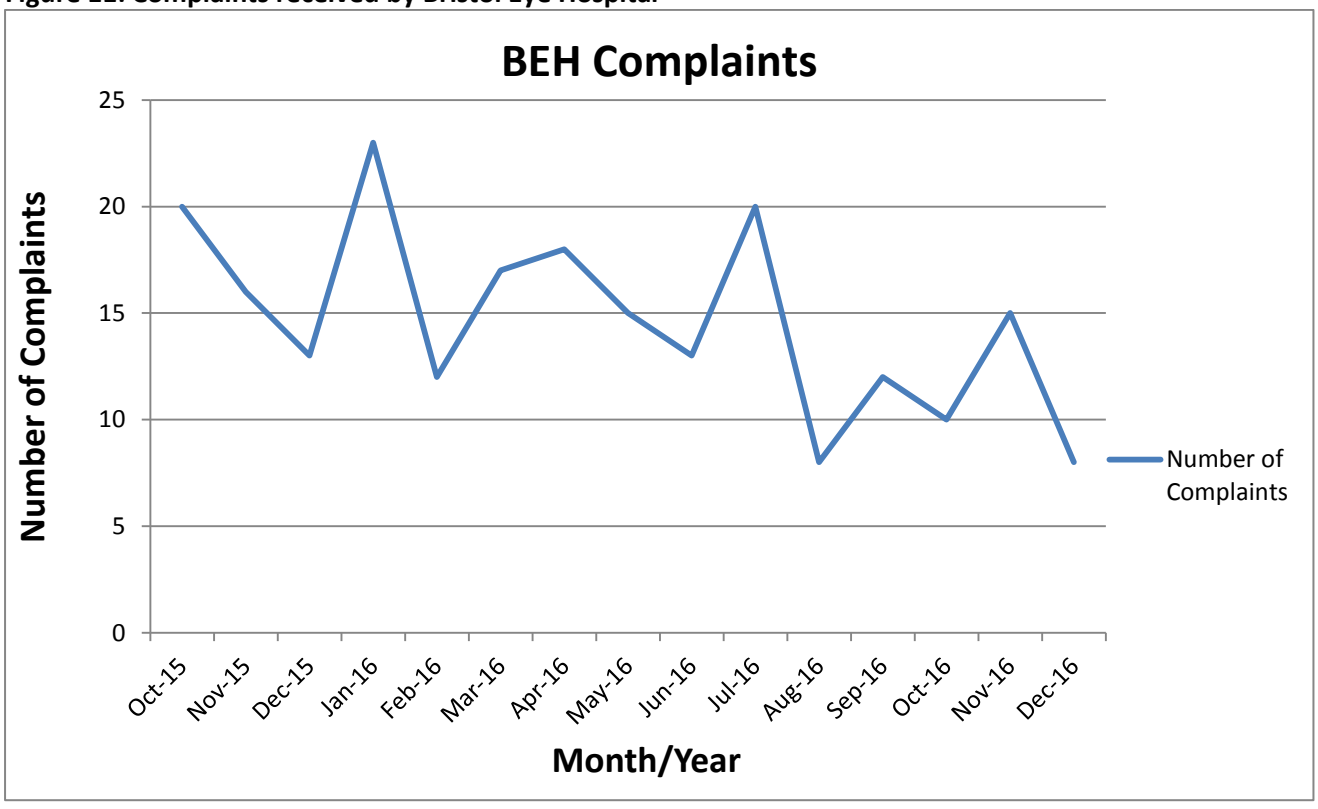


Figure 11: Complaints received by Bristol Eye Hospital



3.2.2 Division of Medicine

In Q3, there was a reduction in complaints in all major complaints categories except clinical care. Q3 data also shows a concerted shift toward informal resolution of concerns.

Table 8: Complaints by category type

Category Type	Number and % of complaints received – Q3 2016/17	Number and % of complaints received – Q2 2016/17
Access	0 (0%) ↓	2 (1.6% of total complaints) ↑
Appointments & Admissions	20 (22.5%) ↓	26 (21.1%) ↓
Attitude & Communication	25 (28.1%) ↓	34 (27.6%) ↓
Clinical Care	30 (33.7%) ↑	29 (23.6%) ↓
Facilities & Environment	6 (6.7%) ↓	9 (7.3%) ↑
Information & Support	3 (3.4%) ↓	9 (7.3%) ↑
Discharge/Transfer/ Transport	5 (5.6%) ↓	11 (8.9%) ↓
Documentation	0 (0%) ↓	3 (2.4%) ↑
Total	**89**	**123**

Table 9: Top sub-categories

Category	Number of complaints received – Q3 2016/17	Number of complaints received – Q2 2016/17
Cancelled or delayed appointments and operations	9 ↓	17 =
Clinical Care (Medical/Surgical)	15 ↑	14 ↓
Communication with patient/relative	4 ↓	5 ↓
Attitude of Medical Staff	3 ↓	9 ↑
Attitude of Nursing/Midwifery	1 ↓	7 ↑
Attitude of Admin/Clerical Staff	3 ↓	4 ↓
Clinical Care (Nursing/Midwifery)	6 ↓	5 =
Failure to answer telephones	5 ↓	6 ↑

Figure 12: Medicine – formal and informal complaints received

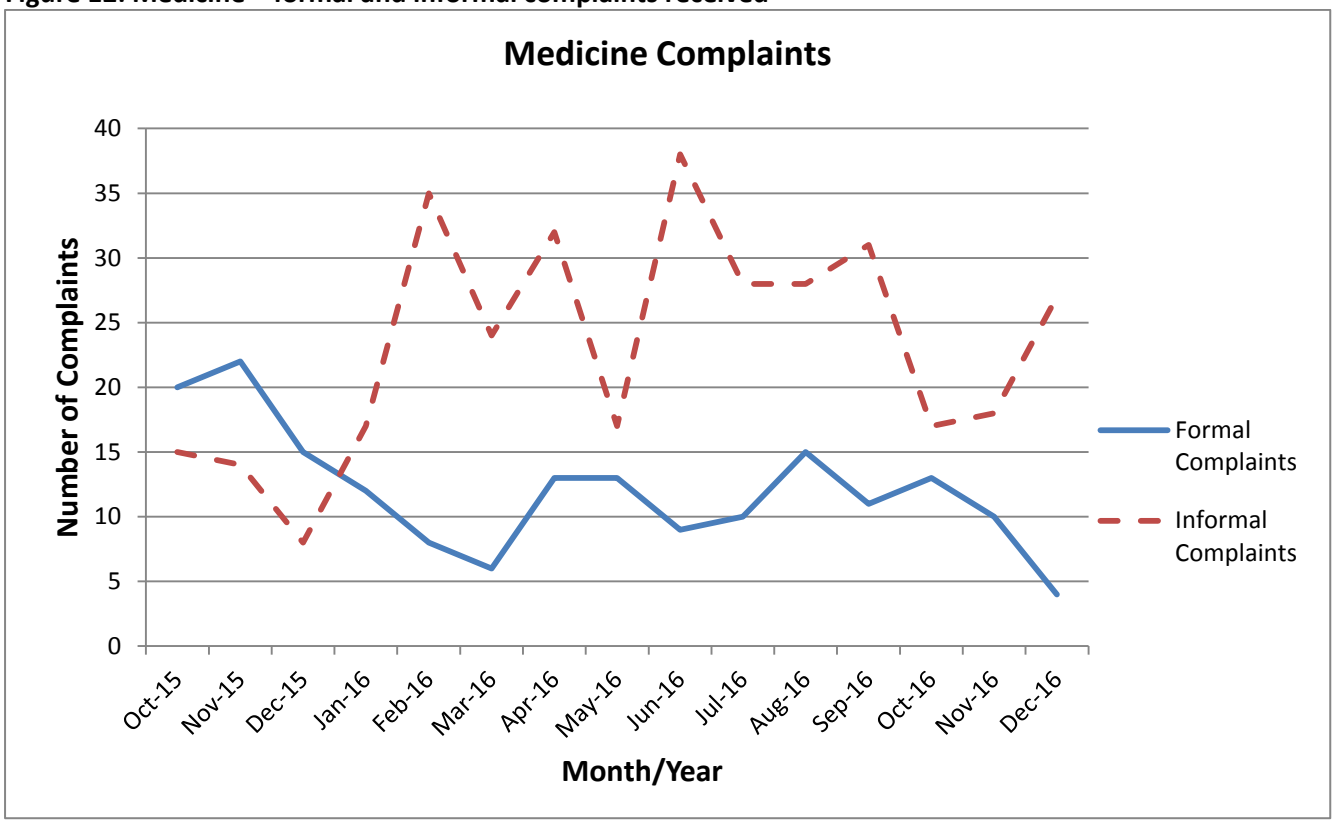
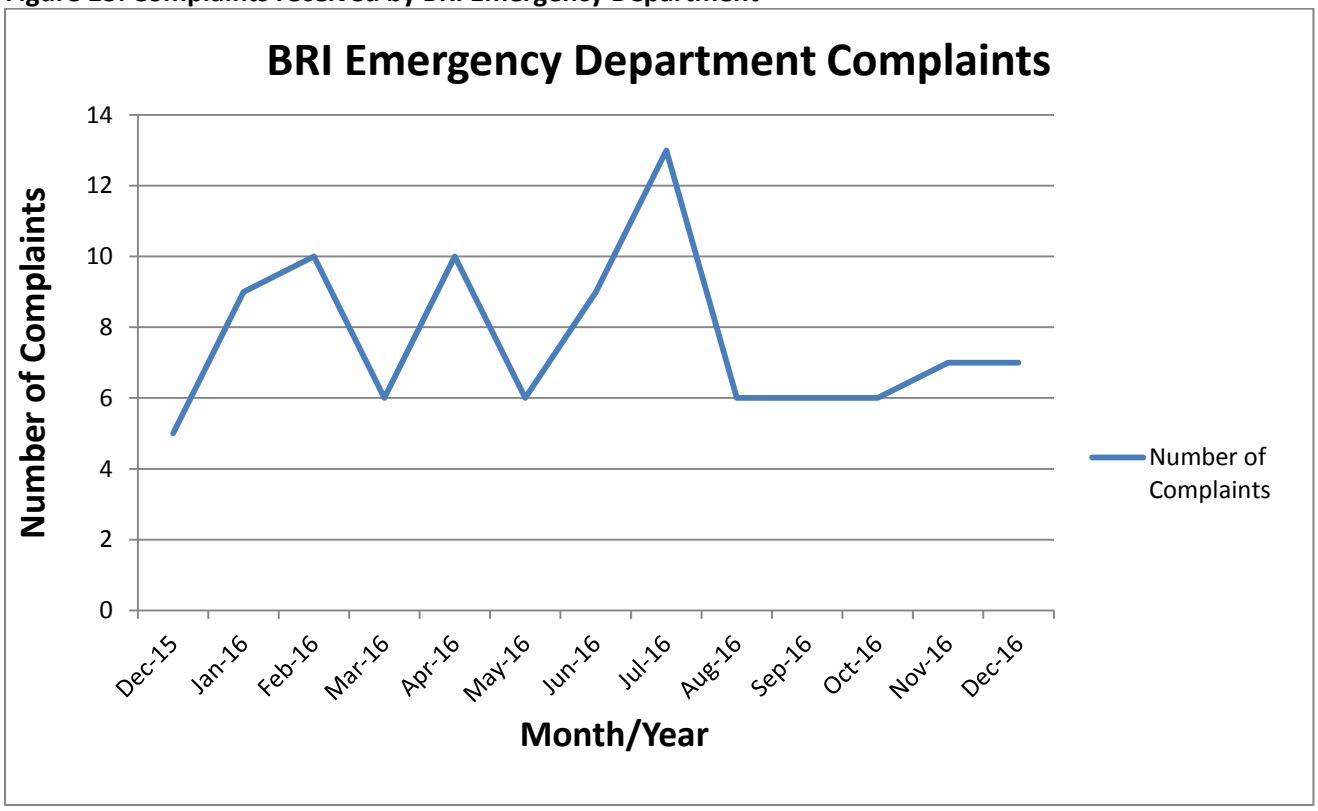


Figure 13: Complaints received by BRI Emergency Department



3.2.3 Division of Specialised Services

In Q3, the Division of Specialised Services experienced a significant decrease in complaints from 92 in Q2 to 49 in Q3. This included substantial reductions in complaints relating to cancelled or delayed appointments, and operations and clinical care.

Table 10: Complaints by category type

Category Type	Number and % of complaints received – Q3 2016/17	Number and % of complaints received – Q2 2016/17
Access	0 (0% of total complaints) ↓	2 (2.18% of total complaints) ↑
Appointments & Admissions	11 (22.4%) ↓	32 (34.8%) ↑
Attitude & Communication	7 (14.3%) ↓	21 (22.8%) =
Clinical Care	21 (43.8%) ↓	31 (33.7%) ↑
Facilities & Environment	2 (4.0%) ↓	1 (1.09%) ↑
Information & Support	4 (8.2%) ↓	3 (3.2%) ↑
Discharge/Transfer/Transport	4 (8.2%) ↓	1 (1.09%) ↓
Documentation	0 (0%) ↓	1 (1.09%) =
Total	**49**	**92**

Table 11: Top sub-categories

Category	Number of complaints	Number of complaints received – Q2 2016/17
Cancelled or delayed appointments and operations	8 ↓	27 ↑
Clinical Care (Medical/Surgical)	10 ↓	17 ↑
Communication with patient/relative	3 ↓	5 ↓
Attitude of Medical Staff	2 ↓	5 ↑
Attitude of Nursing/Midwifery	0 ↓	2 ↑
Attitude of Admin/Clerical Staff	0 ↓	1 =
Clinical Care (Nursing/Midwifery)	3 ↓	4 ↑
Failure to answer telephones	0 ↓	5 =

Figure 14: Specialised Services – formal and informal complaints received

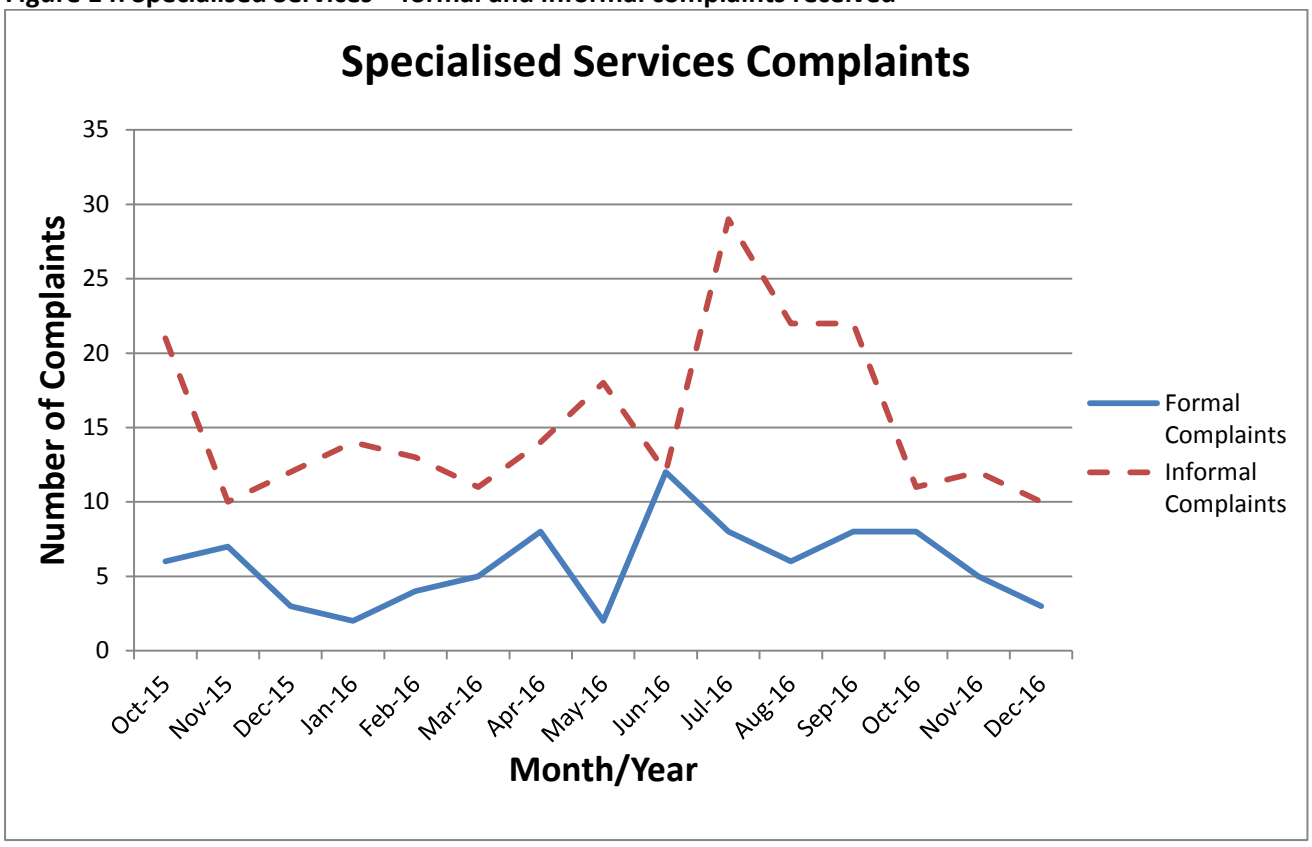
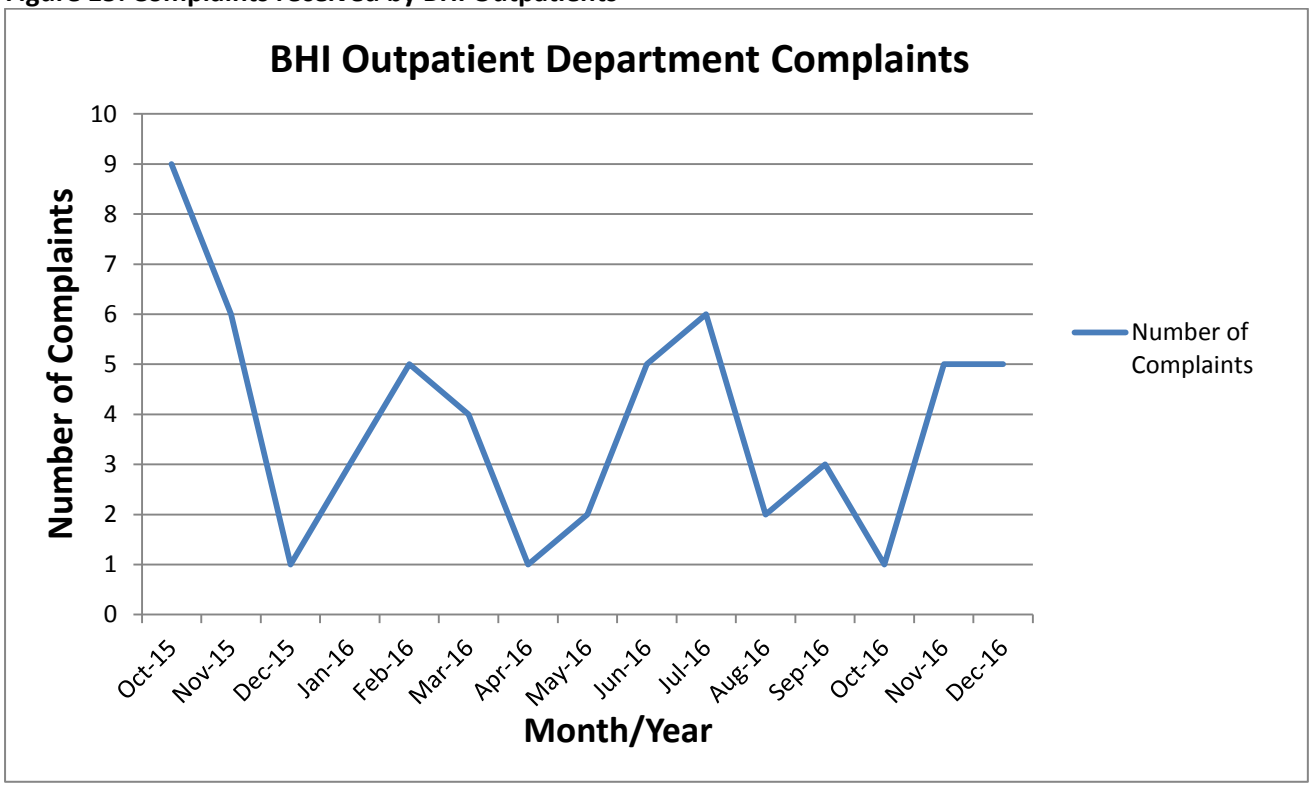


Figure 15: Complaints received by BHI Outpatients



3.2.4 Division of Women's and Children's Services

In Q3, the Division of Women's and Children's Services continued to receive fewer complaints about appointments and admissions. Complaints about clinical care however increased slightly in Q3 (from 19 to 23).

Table 12: Complaints by category type

Category Type	Number and % of complaints received – Q3 2016/17	Number and % of complaints received – Q2 2016/17
Access	0 (0% of total complaints) ↓	1 (1.6% of total complaints) ↑
Appointments & Admissions	15 (23.4%) ↓	18 (29%) ↓
Attitude & Communication	15 (23.4%) =	15 (24.2%) ↓
Clinical Care	23 (35.9%) ↑	19 (30.6%) ↓
Facilities & Environment	1 (1.6%) ↓	2 (3.2%) ↑
Information & Support	6 (9.4%) ↑	3 (4.8%) ↓
Discharge/Transfer/Transport	4 (6.2%) ↑	2 (3.2%) =
Documentation	0 (0%) ↓	2 (3.2%) ↑
Total	**64**	**62**

Table 13: Top sub-categories

Category	Number of complaints received	Number of complaints received
Cancelled or delayed appointments and operations	7 ↓	11 ↓
Clinical Care (Medical/Surgical)	13 ↓	7 ↓
Communication with patient/relative	2 ↓	4 ↑
Attitude of Medical Staff	5 ↓	6 ↑
Attitude of Nursing/Midwifery	3 ↓	4 ↑
Attitude of Admin/Clerical Staff	2 ↑	0 ↓
Clinical Care (Nursing/Midwifery)	3 ↓	7 ↑
Failure to answer telephones	1 =	1 ↓

Table 14: Divisional response to concerns highlighted by Q3 data

Concern	Explanation	Action
Complaints about Gynaecology (StMH) increased (from 2 to 9). Of these nine complaints received, three were in respect of appointment and admission issues. Two complaints were in respect of attitude and communication and three complaints were in respect of clinical care.	Four complaints related to a new consultant – concerns related to their attitude, communication and clinical care. One complaint was about lack of patient information on the management of miscarriage	Assistant divisional manager and medical lead have spoken with the new consultant and provided appropriate support for them in their new role. A leaflet is being developed for patients who are awaiting a second scan to determine viability of pregnancy.

Figure 16: Women & Children – formal and informal complaints received

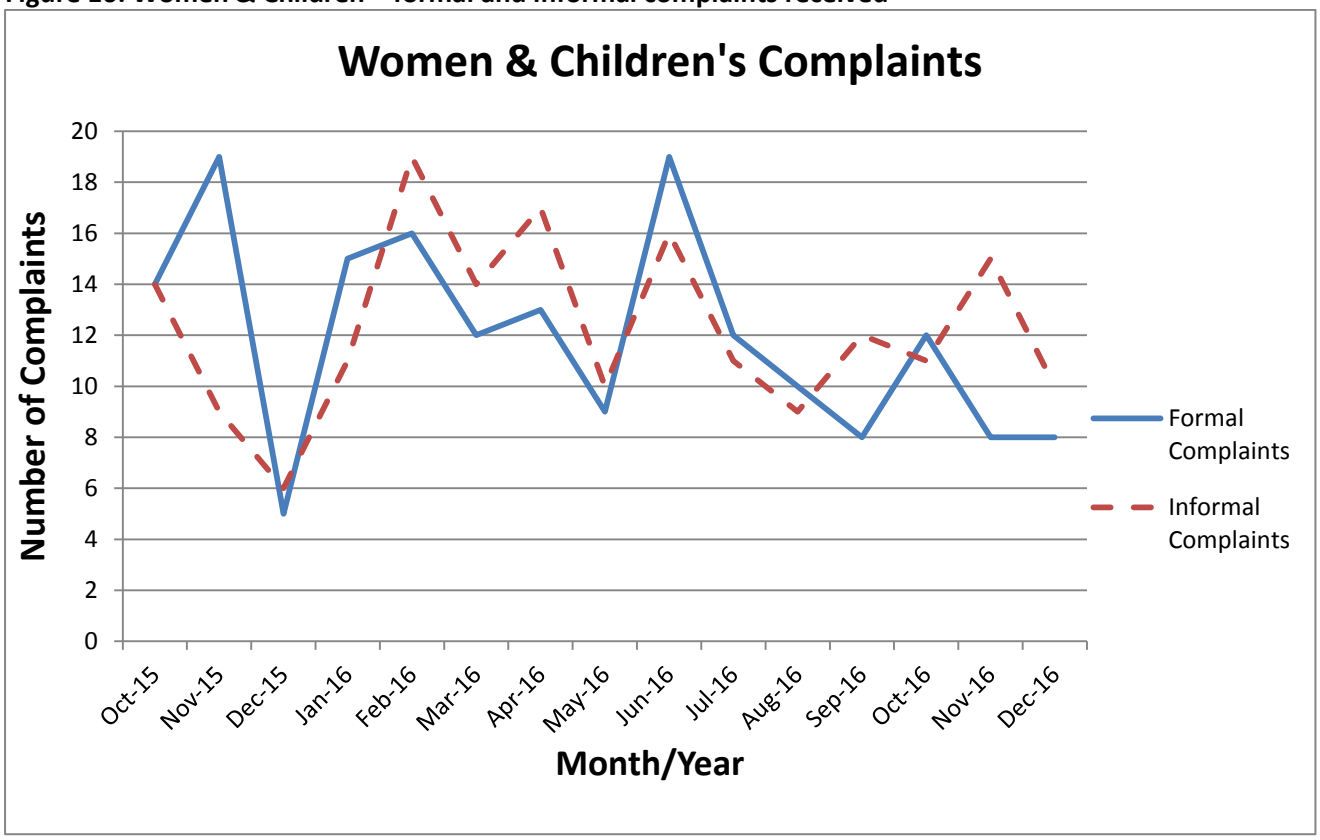
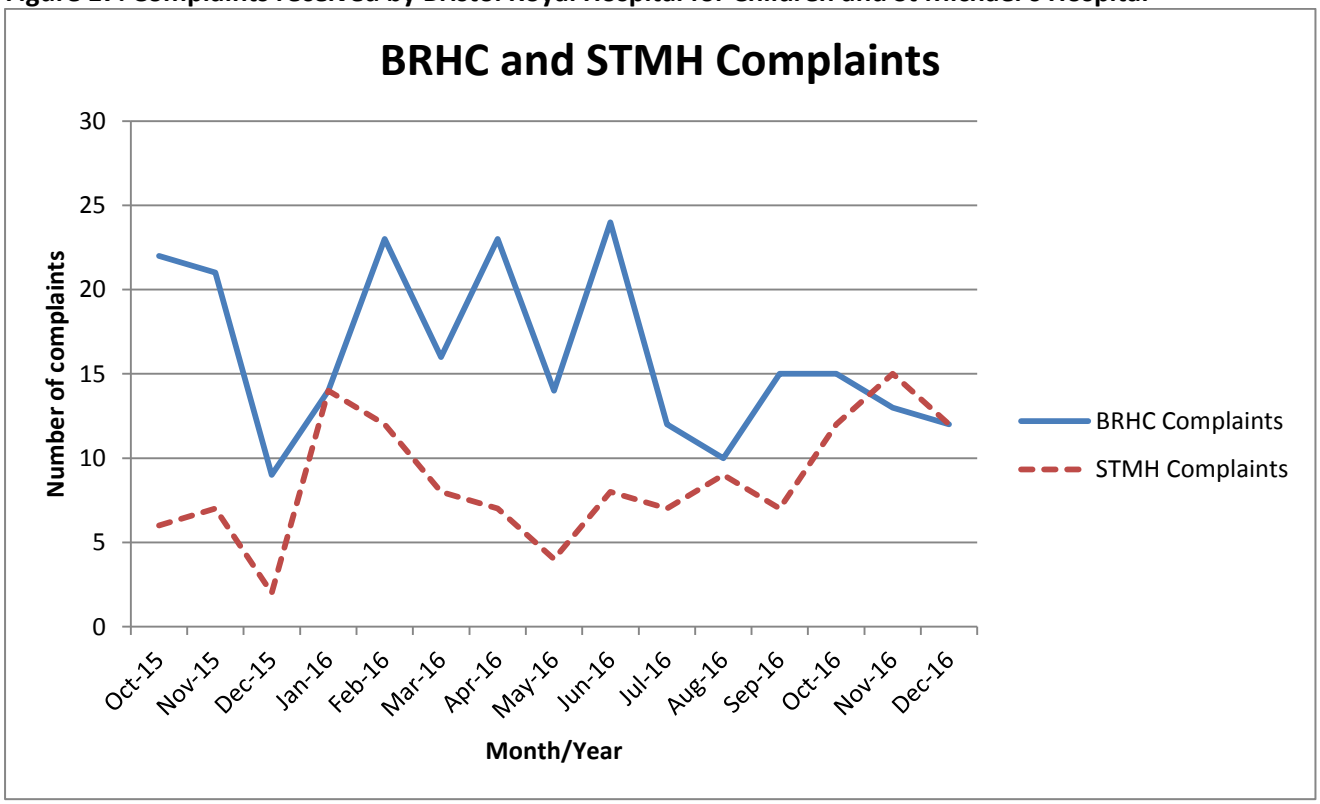


Figure 17: Complaints received by Bristol Royal Hospital for Children and St Michael's Hospital



3.2.5 Division of Diagnostics & Therapies

In Q3, complaints received by the Diagnostics and Therapies Division continued to fall from 19 to 17. However, there was a significant increase in the number of complaints received in Q3 regarding appointments and admissions (11 compared to 6 in Q2).

Table 15: Complaints by category type

Category Type	Number and % of complaints received – Q3 2016/17	Number and % of complaints received – Q2 2016/17
Access	0 (0% of total complaints) ↓	2 (10.5% of total complaints) ↑
Appointments & Admissions	11 (64.7%) ↑	6 (31.6%) ↓
Attitude & Communication	3 (17.6%) =	3 (15.8%) ↓
Clinical Care	2 (11.7%) ↓	6 (31.6%) ↓
Facilities & Environment	0 (0%) ↓	1 (5.3%) ↓
Information & Support	1 (5.9%) ↑	0 (0%) =
Discharge/Transfer/Transport	0 (0%) ↓	1 (5.3%) ↑
Documentation	0 (0%) =	0 (0%) =
Total	**17**	**19**

Table 16: Divisional response to concerns highlighted by Q3 data

Concern	Explanation	Action
Complaints regarding appointments and admissions increased (6 to 11). Of these seven complaints received, related to delayed appointments for Audiology, Neurophysiology and Adult Therapies. Three complaints were in relation to follow up appointments for Physiotherapy and one complaint related to the appointment reminder system for the Orthotic department.	An analysis of these complaints reveals no common themes, however examples of individual complaints are provided below: Examples of audiology complaints (both informal): Complaint received from MP regarding a patient who was unhappy with the delay in waiting for hearing aid repairs. Complaint from a patient who was requesting assistance in getting an earlier hearing test for their mother to fit in with a follow up consultation. Examples of physiotherapy complaints: Complaint from a patient who had to wait six months for a physiotherapy appointment	 The patient was offered an appointment the day before the MP's letter was received. The patient was provided with an appointment before the follow up consultation and they thanked the service for facilitating their request (via PSCT). The service apologised for the delay of six months and acknowledged that such a long

	(Women's Health).	wait was unacceptable. They confirmed that the target wait is 11 weeks and explained that this is a specialist area in physiotherapy that has a limited number of staff trained to carry out this work. The service explained to the complainant that it is striving to get back on track with this clinic by freeing up the physiotherapists from other duties to undertake this activity. Additional physical capacity is also being explored to support patients being seen in a timely fashion.
	Complaint from a patient's father who had difficulties obtaining physiotherapy appointments for their child.	The service was unable to offer the specific time and date requested by the family due to availability and explained to the complainant that patients are booked in order of priority. The complainant remained unhappy and, as an exceptional arrangement, the therapy service arranged for a senior physiotherapist from orthopaedics to treat the patient on the date requested. The Head of Therapies and Divisional Director also spoke personally with the complainant.

Figure 18: Diagnostics and Therapies – formal and informal complaints received

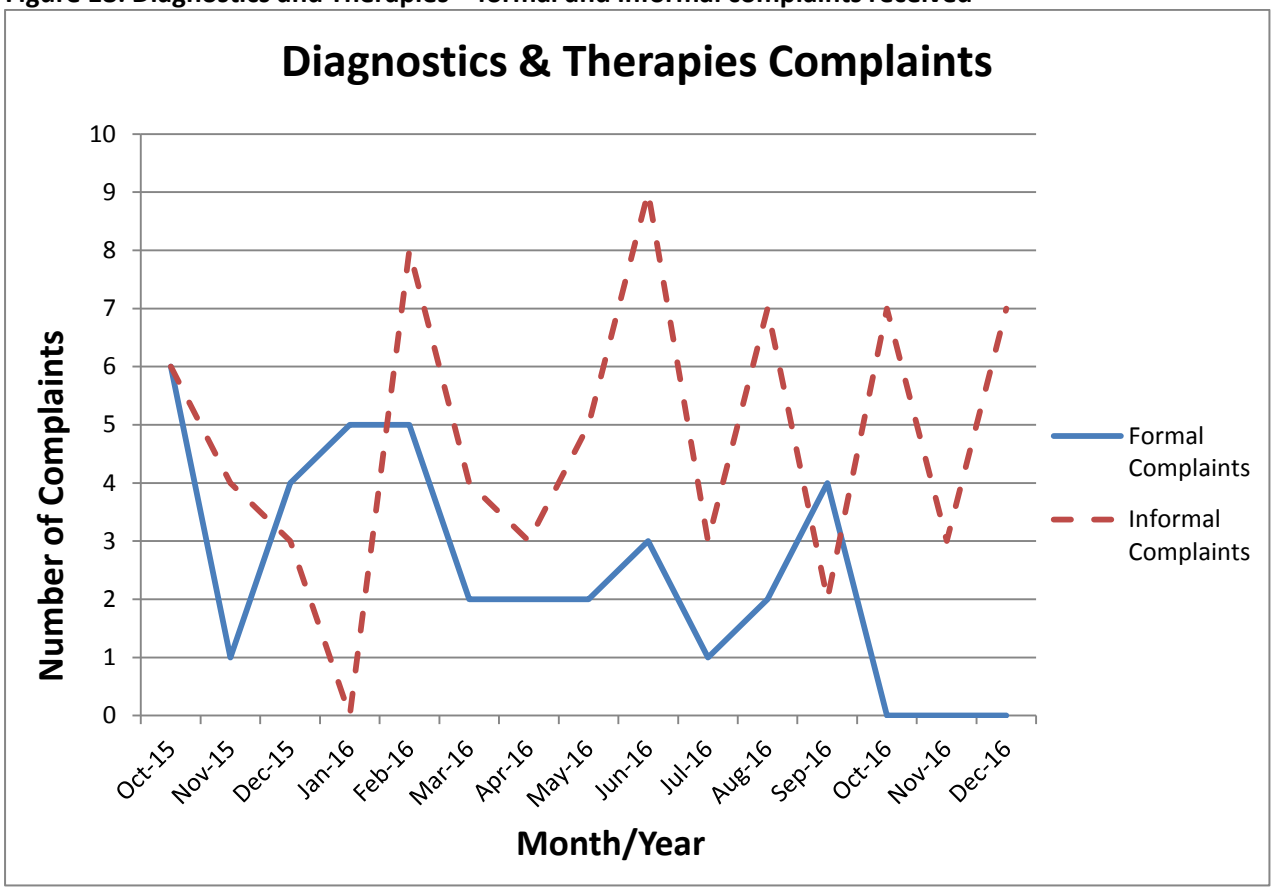
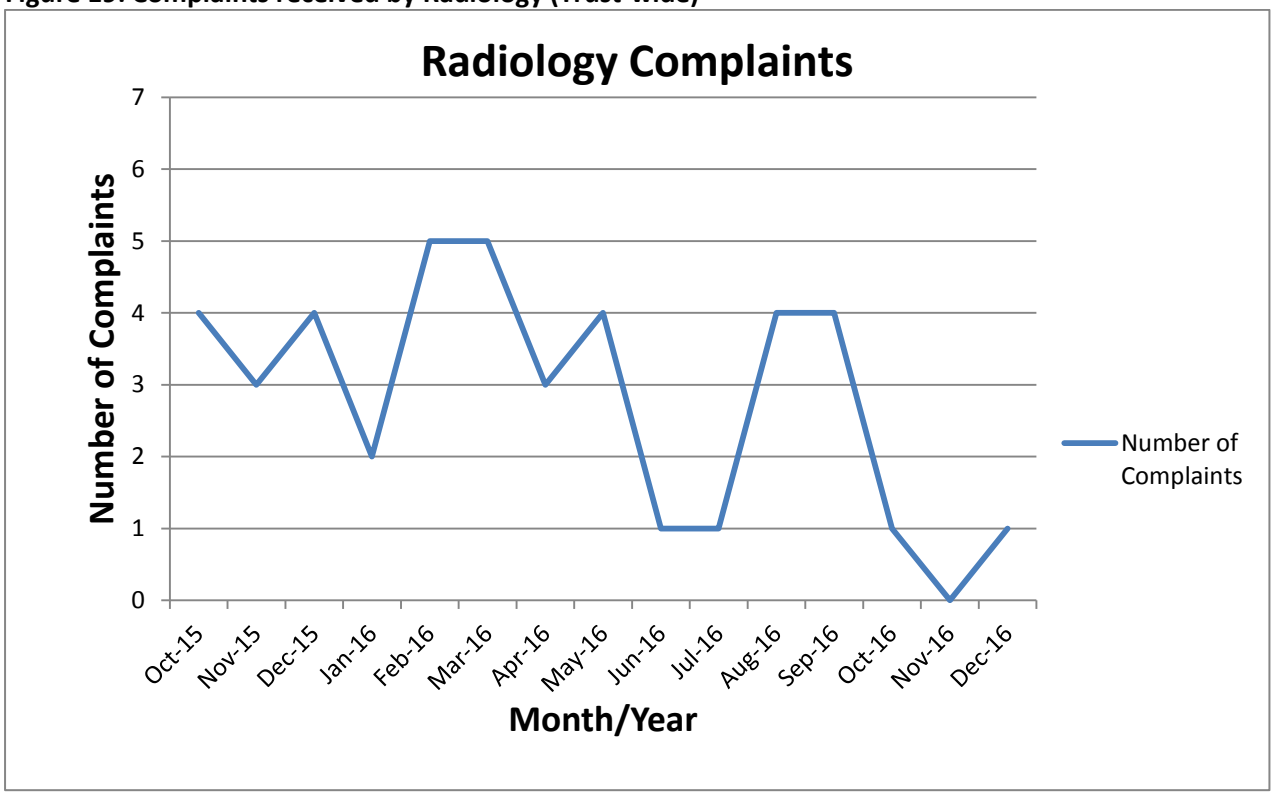


Figure 19: Complaints received by Radiology (Trust-wide)



3.3 Complaints by hospital site

Of those complaints with an identifiable site, the breakdown by hospital is as follows:

Table 17: Breakdown of complaints by hospital site

Hospital/Site	Number and % of complaints received in Q3 2016/17	Number and % of complaints received in Q2 2016/17
Bristol Royal Infirmary (BRI)	178 (44.9%) ↓	234 (45.3%)
Bristol Eye Hospital (BEH)	33 (8.3%) ↓	41 (7.8%)
Bristol Dental Hospital (BDH)	29 (7.3%) ↓	34 (6.6%)
St Michael's Hospital (StMH)	39 (9.8%) ↓	40 (7.7%)
Bristol Heart Institute (BHI)	41 (10.3%) ↓	66 (12.8%)
Bristol Haematology & Oncology Centre (BHOC)	13 (3.3%) ↓	35 (6.8%)
Bristol Royal Hospital for Children (BRHC)	40 (10.1%) ↑	38 (7.4%)
South Bristol Community Hospital (SBCH)	11 (2.8%) ↓	12 (2.4%)
Trust Headquarters	2 (0.5%) ↑	0 (0%)
Southmead Hospital (UHB)	1 (0.2%)	1 (0.19%)
Central Health Clinic	2 (0.5%) ↓	7 (1.4%)
Car parks	2 (0.5%) ↑	1 0.19%)
Community Midwifery Services	0 (0%) ↓	2 (0.39%)
Community Sexual Health	0 (0%) ↓	1 (0.19%)
Other Trust Concerns	6 (1.5%) ↑	5 (0.84%)
Total	**397**	**517**

Table 18 below breaks this information down further, showing the complaints rate as a percentage of patient activity for each site and whether the number of complaints each hospital site receives is broadly in line with its proportion of attendances. For example, in Q3, the BRI accounted for 30.18% of all attendances and 44.9% of all complaints.

Table 18: Complaints rates by main hospital sites

Site	No. of complaints	No. of attendances	Complaints rate	Proportion of all attendances	Proportion of all complaints
BRI	178	61,389	0.29%	30.18%	44.9%
BEH	33	32,726	0.10%	16.09%	8.31%
BDH	29	22,894	0.13%	11.26%	7.30%
StMH	39	23,211	0.17%	11.41%	9.82%
BHI	41	5,043	0.81%	2.48%	10.3%
BHOC	13	18,023	0.07%	8.86%	3.27%
BRHC	40	33,136	0.12%	16.29%	10.08%
SBCH	11	6,971	0.16%	3.43%	2.77%
Other	15	472	3.18%	0.23%	3.78%
Total	**397**	**203,865**			

Figures 20 and 21 below show that the Bristol Royal Infirmary consistently receives more complaints than other UH Bristol sites, measured in terms of total complaints received. With the exception of the Bristol Heart Institute, the BRI also receives more complaints than other sites when measured as

a proportion of patient attendances. Reasons for this longstanding difference are currently being explored; one hypothesis being that this may be statistical artefact of a different inpatient to outpatient activity ratio. However, the number of complaints about the Bristol Royal Infirmary reduced significantly in Q3 (178 compared to 234 in Q2) reflecting the overall downward trend in complaints described in this report.

Figure 20: Complaints received by hospital site

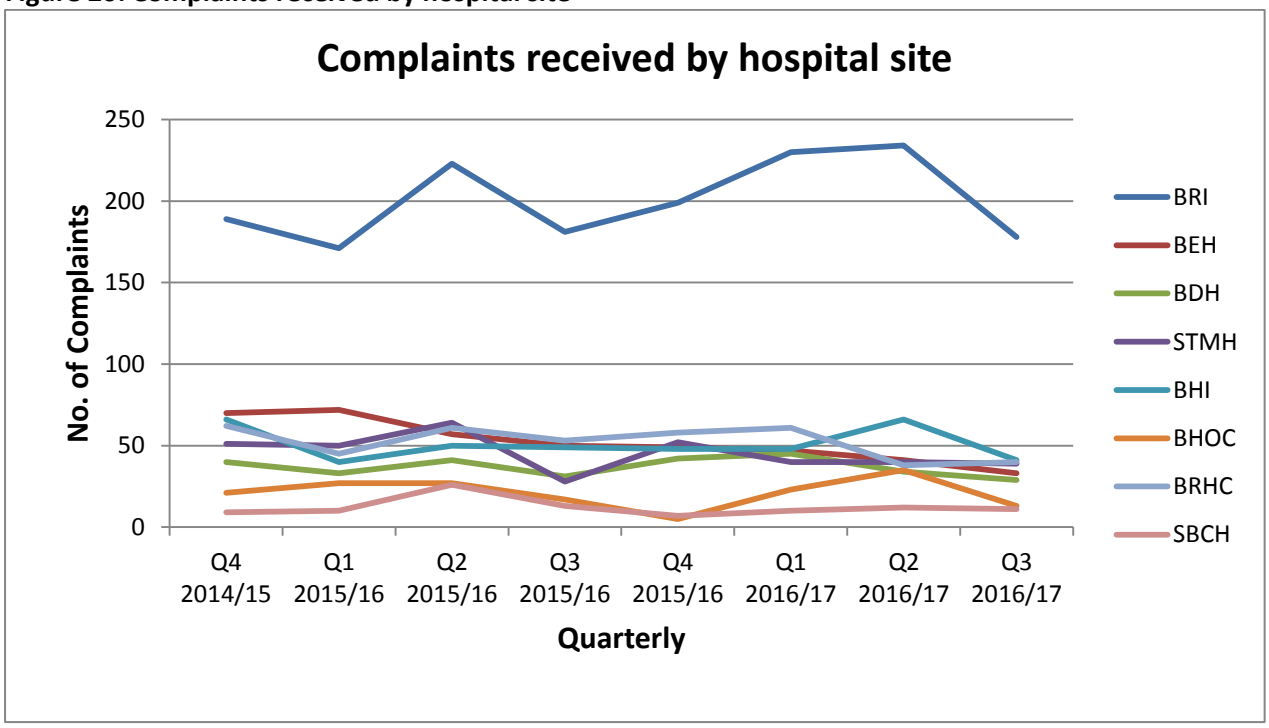
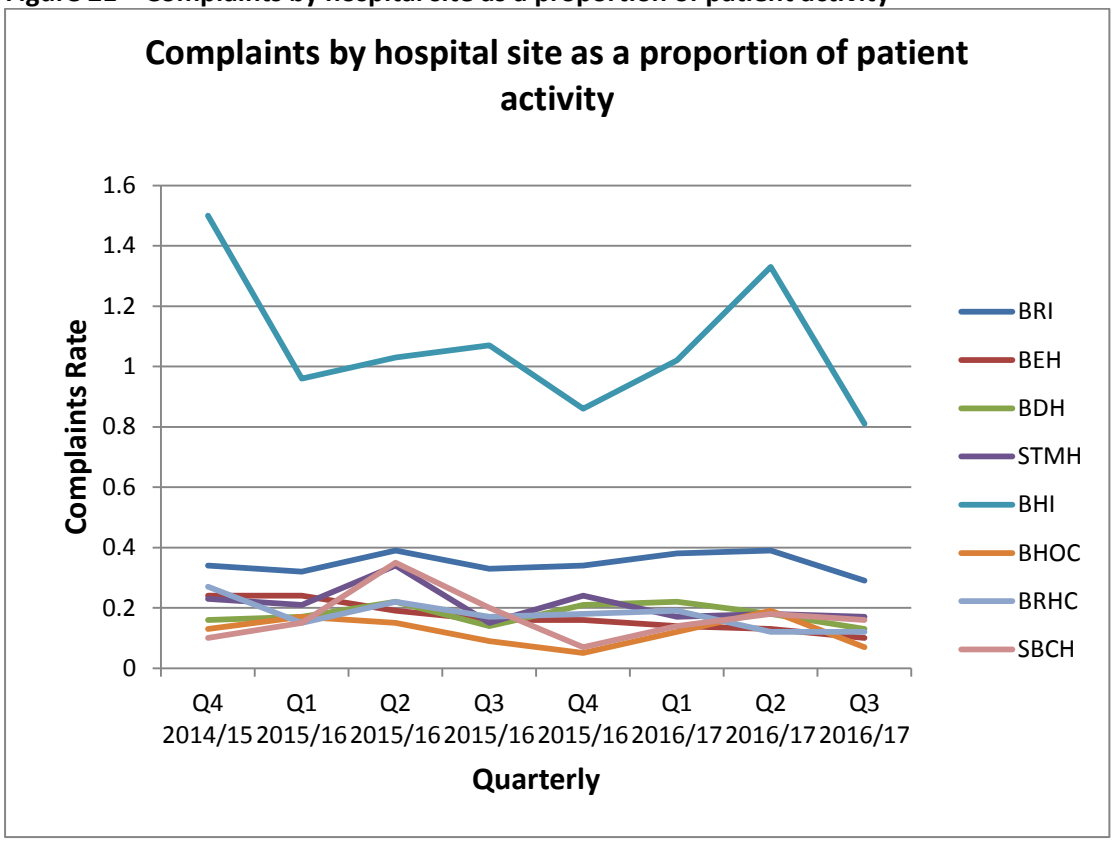


Figure 21 – Complaints by hospital site as a proportion of patient activity



3.4 Complaints responded to within agreed timescale

The Divisions of Surgery, Head and Neck, Specialised Services and Women and Children reported breaches in Q3, totalling eight breaches, which is a decrease on the 12 breaches recorded in Q2. Table 21 shows that the division of Specialised Services has recorded four breaches in Q3, compared to one breach in Q2, however there continues to be a quarterly pattern of reductions in breached deadlines across the clinical divisions.

Table 19: Breakdown of breached deadlines

Division	Q3 (2016/17)	Q2 (2016/17)	Q1 2016/17	Q4 2015/16
Surgery, Head & Neck	1 (0.69%)	0 (0%)	6 (14.6%)	10 (24.4%)
Medicine	0 (0%)	4 (11.1%)	12 (36.4%)	10 (28.6%)
Specialised Services	4 (8.9%)	1 (4.5%)	2 (15.4%)	3 (23.1%)
Women & Children	3 (4.7%)	5 (16.7%)	12 (30.8%)	8 (34.8%)
Diagnostics & Therapies	0 (0%)	0 (0%)	2 (18.2%)	0 (0%)
Trust Services	0 (0%)	2 (0.1%)	0 (0%)	0 (0%)
All	**8 breaches**	**12 breaches**	**34 breaches**	**31 breaches**

(So, as an example, there were four breaches of timescale in the division of Specialised Services in Q3, which constituted 8.2% of the complaints responses which had been due in that division in Q3).

Breaches of timescale were caused either by late receipt of draft responses from Divisions which did not allow adequate time for Executive review and sign-off; delays in processing by the Patient Support and Complaints Team; any delays during the sign-off process itself; and/or responses being returned for amendment. Sources of delay are shown in the table below.

Table 20: Source of delays

	Source of delays in Q3 2016/17				Totals
	Division	**PSCT**	**Executive sign-off**	**Other**	
Surgery, Head & Neck	1	0	0	0	**1**
Medicine	0	0	0	0	**0**
Specialised Services	4	0	0	0	**4**
Women & Children	1	2	0	0	**3**
Diagnostics & Therapies	0	0	0	0	**0**
Trust Services	0	0	0	0	**0**
All	**6**	**2**	**0**	**0**	**8 breaches**

Actions being taken to improve the quality of responses and reduce the number of breaches include:

- All response letters received from Divisions are checked by the caseworker managing the complaint and then reviewed by the Patient Support & Complaints Manager prior to Executive sign-off.
- A random selection of complaint responses are also reviewed by the Head of Quality (Patient Experience & Clinical Effectiveness) prior to Executive sign-off.
- Training aimed at improving the quality of written complaint responses is being rolled out to all Divisions, with two sessions having already been delivered at the time of writing this report.
- Standard Operating Procedures (SOPs) have been produced in respect of the process for checking and signing off response letters and for the escalation of more serious or complex complaints for Executive review.

- During Q4 of 2015/16, the process was changed to allow seven working days for the review and sign-off process.

3.5 Outcome of formal Complaints

In Q3 we responded to 97 formal complaints, table 21 below shows a breakdown, by divisions of how many cases were upheld, partially upheld or not upheld.

Table 21: Outcome of formal complaints

	Upheld	Partially Upheld	Not Upheld
Surgery, Head & Neck	5	21	9
Medicine	5	12	0
Specialised Services	1	9	3
Women & Children	2	20	5
Diagnostics & Therapies	0	1	1
Trust Services	0	1	2
Total	13	64	20

4. Information, advice and support

In addition to dealing with complaints, the Patient Support and Complaints Team is also responsible for providing patients, relatives and carers with help and support, including:

- Non-clinical information and advice;
- A contact point for patients who wish to feedback a compliment or general information about the Trust's services;
- Support for patients with additional support needs and their families/carers; and
- Signposting to other services and organisations.

In Q3, the team dealt with 151 such enquiries, compared to 212 in Q2. These enquiries can be categorised as:

- 117 requests for advice and information (124 in Q2)
- 34 compliments (80 in Q2)[6]
- 1 request for support (8 in Q2)

The table below shows a breakdown of the 117 requests for advice, information and support dealt with by the team in Q3.

Table 22: Enquiries by category

Category	Number of enquiries
Information about patient	25
Hospital information request	15
Signposting	15
Clinical information request	14
Medical records requested	5

[6] This figure includes compliments added directly to the Datix system by Divisions.

Clinical care	5
Accommodation enquiry	5
Transport request	4
Employment and volunteering	4
Appointments administration issues	4
Support with access	3
Communication with patient/relative	2
Freedom of information request	2
Delayed appointment	2
Benefits and social care	1
Discharge arrangements	1
Expenses claim	1
Transfer arrangements	1
Personal property	1
Patient choice information	1
Confidentiality	1
Failure to answer phone	1
Privacy and Dignity	1
Services not available	1
Disability Support	1
Family support referral	1
Total	**117**

5. Acknowledgement of complaints by the Patient Support and Complaints Team

One of the Key Performance Indicators (KPIs) used by the Patient Support and Complaints Team is the length of time between receipt of a complaint and sending an acknowledgement.

The Trust's Complaints and Concerns Policy states that when the Patient Support and Complaints Team reviews a complaint following receipt:

- a risk assessment will be carried out;
- agreement will be reached with the complainant about how we will proceed with their complaint and a timescale for doing so;
- The appropriate paperwork will be produced and sent to the Divisional Complaints Coordinator for investigation; and
- An acknowledgement letter confirming how the complaint will be managed will be sent to the complainant.

The NHS Complaints Procedure (2009) states that complaints must be acknowledged within three working days. This is also a requirement of the NHS Constitution. The Trust's own policy states that complaints made in writing (including emails) will be acknowledged within three working days and that complaints made orally (via the telephone or in person) will be acknowledged within two working days.

In Q3, 233 complaints were received in writing (email, letter or complaint form) and 164 were received orally (18 in person via drop-in service and 146 by telephone). Of the 164 oral complaints, 163 (99.4%) met the Trust's standard of being acknowledged within two working days. Of the 233 complaints received in writing, 209 (89.7%) met the NHS standard of being acknowledged within

three working days (the remaining 24 cases were all acknowledged within four working days). Overall compliance in Quarter 3 was therefore 93.7% (372/397).

The reasons why 24 cases submitted in writing missed the NHS standard have been investigated. In the past, it has been routine practice to send an acknowledgement letter for all complaints received in writing – in effect, a holding letter. This practice stopped in 2016 at a point when the Patient Support and Complaints Team was responding to complaints in 'real time', i.e. complaints were being processed without delay. However, at a later point when the team was no longer able to respond immediately, the practice of sending acknowledgement letters was not reinstated. As of March 2017, we have reintroduced this as standard practice.

6. PHSO cases

During Q3, the Trust was advised of new Parliamentary and Health Service Ombudsman (PHSO) interest in one complaint. During Q3, six existing cases were closed, four of which were not upheld and two of which were partially upheld. Actions and learning from the partially upheld cases are described below.

Table 23: complaints opened by the PHSO during Q3

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
2095	NH	MH	16/6/16 [26/10/16]	BRI	Lower GI	Surgery, Head and Neck
Copy of complaint file and medical records sent to the PHSO. Pending further contact from the PHSO.						

Table 24: complaints ongoing with the PHSO during Q3

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
3983	AG	LCY	29/9/15 [7/9/16]	BRI	Trauma and Orthopaedics	Surgery, Head and Neck
Copy of complaint file and medical records sent to the PHSO. The PHSO have advised the Trust that their draft decision is not to uphold this complaint. Pending the PHSO's final report.						
4841	AJ		9/11/15 [30/9/16]	BEH	Outpatients	Surgery, Head and Neck
Copy of complaint file and medical records sent to the PHSO on 17 November 2016. Currently awaiting PHSO response.						
17173	DF	DJ	29/10/14 [21/9/15]	BDH	Adult Restorative Dentistry	Surgery, Head & Neck
Currently awaiting further contact from the PHSO.						

18856	SC	VP	22/5/15 [15/2/16]	BRI	Ward B501	Medicine
Information relating to this case was most recently submitted to the PHSO in July 2016. Currently waiting to hear further from PHSO.						

Table 25: complaints closed by the PHSO during Q3

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date original complaint received Trust [and date notified by PHSO]	Site	Department	Division
14561	HB	PB	5/12/13 [15/6/16]	STMH	ENT	Surgery, Head & Neck
The Trust has received the PHSO's final report - not upheld						
18315	SOC		19/3/15 [13/1/16]	BRI	Rheumatology	Medicine
The Trust has received the PHSO's final report - not upheld						
18318	SOC		27/3/15 [13/1/16]	BRI	Adult Therapy	Diagnostics & Therapies
Note: Case handled by PHSO in conjunction with 18315 The Trust has received the PHSO's final report - not upheld						
17763	AP-S	CW	16/1/15 [6/4/16]	BDH	Adult Restorative Dentistry	Surgery, Head & Neck
The PHSO's report was received by the Trust on 3 June 2016 however the 'partially upheld' judgement was subsequently challenged by the Trust. Following discussion between UH Bristol consultants and the PHSO's clinical advisor, the 'partially upheld' judgement has been retracted and the case has not been upheld.						
18479	NK		9/4/15 [8/6/16]	BEH	Outpatients	Surgery, Head & Neck
The PHSO advised the Trust on 11 October 2016 that they have decided to partially uphold this complaint, pertaining to the adequacy of a pre-operative assessment prior to eye surgery and how the risks associated with the surgery were shared with the patient. The PHSO recommended that the Trust, within four weeks of the date of their final decision, write to the patient. In this letter the Trust should: • Acknowledge that the Trust failed to complete an adequate pre-operative assessment; • Acknowledge that the Trust failed to give the patient an adequate appraisal of the increased risks of surgery and increased likelihood of poor outcome in this case; • Acknowledge that the patient suffered distress because their treatment had not achieved the improvement they expected in their vision; • Pay the patient £400 in recognition of the distress the patient suffered in consequence of these failings. The PHSO also directed the Trust to develop an action plan to address the failings identified and said that where possible the Trust should explain any learning the Trust has taken from this complaint. A letter of apology and a cheque for £400 was sent to the patient on 16 November 2017.						

Note: since the end of Q3, a further letter and action plan has been sent to the patient detailing that the Trust's clinical lead has reviewed the details of this case with the manager of the pre-operative assessment service and concluded that the clinician who consented the patient on the day of surgery failed to note the patient's past medical history which was documented in his medical records. As a result he therefore did not discuss this with the patient or note the increased risk on the consent form.

The clinician concerned has since left the service however the clinical lead for the Bristol Eye Hospital has committed to ensuring that this situation does not occur again with any other surgeons and will be writing to all ophthalmic specialty leads reminding them of the need for careful review of patient records prior to consenting patients for cataract surgery where consent has not been completed by the pre-operative assessment department.

15534	AN		22/4/14 [12/4/16]	BDH	Adult Restorative Dentistry	Surgery, Head & Neck

The PHSO advised the Trust on 31 October 2016 that they have decided to partially uphold this complaint, pertaining to how the Trust responded to a patient's concerns about pain they were experiencing following wisdom tooth extraction surgery.

The PHSO considered all the available evidence related to the patient's complaint and did not find any failings in the wisdom tooth extraction surgery. However, they found that the follow up action, when the patient was experiencing pain, fell below the relevant standards, causing delays in a nerve damage diagnosis and further surgery caused the patient ongoing distress.

The PHSO recommended that within one month of the date of their report the Trust should:

- Write to the patient and acknowledge the failings identified in their report and apologise for the distress and additional pain caused;
- Pay the patient £1,000 for the injustice they have identified.

A letter was sent to the patient on 5 December 2016 and a cheque for £1,000 was sent on 15 December 2016.

The PHSO also directed the Trust to produce an action plan addressing the failings identified within three months of the date of the report.

Note: since the end of Q3, a covering letter and action plan have been sent to the patient explaining that the clinical leads for the Bristol Dental Hospital have agreed that patients should be reviewed if they raise concerns about altered sensation. At this review, after thorough examination to ensure that no immediate remedial treatment is required, patients will be advised to return should the sensation not resolve in order that the clinician can arrange for further review/treatment or onward referral depending on the patient's needs.

Learning was shared at the Bristol Dental Hospital oral and maxillofacial team meeting in January 2017 and the relevant patient information leaflet revised to include appropriate phone number to use to seek help; the leaflet was also altered following the initial complaint to include more information to direct patients who wish to investigate their treatment more thoroughly.

University Hospitals Bristol
NHS Foundation Trust

Quarterly Patient Experience and Involvement Report

Incorporating current Patient and Public Involvement activity and patient survey data received up to Quarter 3 2016/17

Author: **Paul Lewis, Patient Experience and Involvement Team Manager**

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1. Overview of patient-reported experience at UH Bristol: update since the last Quarterly Report

Successes	Priorities
• Consistently high service-user satisfaction scores were achieved in Quarter 3, with praise for staff being the most common feedback theme. 98% of inpatients would recommend the care to their friends and family • The Patient Experience at Heart workshops in maternity services have been shortlisted for a Health Services Journal national award. These workshops provide a forum for staff to discuss the delivery of a positive patient experience. • *#Conversations* (parent and patient engagement activities at the Bristol Royal Hospital for Children) has been shortlisted for a Patient Experience Network award	• For 2017/18, the Trust has been set a challenging response rate target for the outpatient Friends and Family Test by the Bristol Clinical Commissioning Group. An options appraisal has been carried out by the Trust's Patient Experience and Involvement Team, which supports the use of an SMS (text message) based approach in this setting. This has support in principle from the Trust's Outpatient Steering Group and a funding bid has been put forward (a decision in respect of this bid is anticipated in March 2017).
Opportunities	**Risks & Threats**
• In light of the Trust's new Quality Strategy, to enhance the collection and use of patient feedback via the procurement of a new "real-time feedback" IT system. A working group re-convened in early December 2016 to design the procurement specification. This project will move forward to a business case in April 2017, and then on to a formal tender exercise (if the current funding bid for this system is successful – a decision in respect of this bid is anticipated in March 2017).	The following wards received relatively low survey scores in Quarter 3 (a full exploration of these results is provided in Section 3 of the current report): • Wards primarily providing care to elderly patients: there is a consistent theme of relatively low survey scores for these areas (although it should be noted that the feedback is still very positive). This does not correlate with other quality data received by the Division, and we continue explore the reasons why these scores are occurring. • Postnatal wards received a relatively low Friends and Family Test score in Quarter 3. This may be linked to staffing levels on the wards in this period, as there was a high incidence of staff sickness (although these staffing levels were still within recommended limits). • In Quarter 3, there were a cluster of low survey scores in outpatient services around informing patients of delays in clinic. This theme is the focus of a corporate quality (improvement) objective. • Below target response rates in the Bristol Royal Hospital for Children Friends and Family Test survey (26% in Quarter 3, against a target of 30%): the Head of Nursing has discussed this with the ward teams and a positive improvement is evident in Quarter 4 to date (32%).

2. Update on recent and current Patient and Public Involvement (PPI) Activity

2.1 Overview

The UH Bristol Patient Experience and Involvement Team carries out a range of activities to ensure that patients and the public influence and shape the services that the Trust provides. There are three broad areas of work in this respect:

- The corporate Patient and Public Involvement (PPI) programme (principally the Involvement Network, *Face2Face* patient interviews, Patient Experience at Heart staff workshops, and the "15 steps challenge" – see Appendix B for a summary)
- Service-level PPI activity
- Engagement with partner organisations (e.g. Healthwatch, Patient's Association, local health and social providers)

This section of the Quarterly Report provides an update on key PPI developments/activity.

2.2 Corporate Patient and Public Involvement Programme

A plan of quarterly patient and public involvement projects for 2017/18 was agreed by the Patient Experience Group in December 2016:

- Quarter 1 (April-June 2017): Patient experience in care of the elderly services
- Quarter 2 (July-September 2017): exploring the theme of "customer service"
- Quarter 3 (October-December 2017): providing a positive patient experience to patients with a learning disability
- Quarter 4: "Quality Counts" – informing the Trust's corporate quality objectives for 2018/19

Specific improvement actions will be derived from these activities, but the main aim is to produce generalisable learning that can be used across the Trust to promote the delivery of a positive patient experience. This programme will form a spine of Patient and Public Involvement (PPI) work over 2017/18, with additional PPI activity in response to issues and themes as they arise over the year.

2.2.1 Involvement Network

In November 2016 members of the Involvement Network participated in an NHS Improvement Quality and Safety review at the Trust. These Involvement Network participants have since gone on to volunteer for the Trust's Patient Led Assessments of the Care Environment (PLACE) inspections in 2017.

The "Quality Counts" event was held January 2017, where members of the Trust's Involvement Network engaged with UH Bristol colleagues (including the Chief Nurse, Medical Director) to talk about the attitudes, behaviours and actions that define outstanding customer care. The ideas generated by the Quality Counts event are being used to inform the development of the Trust's corporate quality objectives for 2017/18[1].

2.2.2 Face2Face volunteer interview programme

In a joint project between the Patient Experience and Involvement Team, the Trust's Redevelopment Project Office, and Ecofund Partners Ltd (who worked with the Trust on the new external cladding for the Bristol Royal Infirmary), during February 2017 members of the *Face2Face* interview team talked to patients and members of

[1] Corporate quality objectives are a set of Trust-wide service improvement goals.

the public about the impact the new façade to the front of the Bristol Royal Infirmary has had on their perception of the hospital. The feedback received was generally very positive, as these examples demonstrate:

> "It's so much better. I want to come here now!"
> "Feels welcoming. The entrance in particular reminds me of my hospital back home (Honduras)"

2.2.3 Patient Experience at Heart

Patient Experience at Heart is a facilitated workshop where maternity staff reflect on how they can deliver a positive patient experience. There are plans in place to roll this model out to "care of the elderly services" in the Division of Medicine. It was anticipated that this would take place in Quarter 3, but due to service pressures this was not possible. However, in Quarter 1 (April-June 2017) the thematic focus of the Patient Experience and Involvement Team will be on care of the elderly services (see page 3) and this will involve two Patient Experience at Heart workshops (one in April and one in June).

UH Bristol's Patient Experience at Heart workshops in maternity services have been shortlisted for the 2017 Health Services Journal Value in Healthcare Awards. A presentation will be made to the judging panel at the end of March, with the awards announced in May 2017.

2.3 Service-level Patient and Public Involvement activity

A wide range of PPI activity is carried out at UH Bristol and, at each meeting of the Trust's Patient Experience Group, a Patient and Public Involvement (PPI) Activity Log is reviewed. A notable recent project involves Sexual Health Services in Bristol. This service was subject to a re-tendering exercise in 2016, with the contract awarded to UH Bristol. A number of service changes are planned and colleagues at the Bristol Sexual Health Centre have been engaging stakeholders in conversations about these proposals. This included working with Healthwatch to plan and deliver an information and consultation event at The Care Forum in December 2016. The team are also working with service users to agree the branding of the new service, which goes live on 1 April 2017.

An ongoing series of patient and family engagement events at the Bristol Royal Hospital for Children (#Conversations), led by the management team and staff with support from the Trust's Patient Experience and Involvement Team, has been shortlisted for a national award by the Patient Experience Network.

2.4 Engaging with partner organisations

As noted in the previous Quarterly Report, Healthwatch Bristol carried out an "enter and view" of inpatient areas at South Bristol Community Hospital in October 2016. In general positive feedback was received:

"Inpatient wards 100 and 200 at South Bristol Community Hospital are to be commended for providing a friendly, caring, clean and functional environment for stroke and rehab' patients to recover in. It was clear that the staff team were happy in their work, treated well by UHB and dedicated to aiding patient recovery. Patients and visitors said very complimentary things about the staff team."

(Healthwatch, South Bristol Community Hospital enter and view report, December 2016)

Several improvement opportunities were identified by Healthwatch. In respect of clinical care, these included:

- A review of staffing levels to ensure that there are enough nurses on the ward, and the employment of a "floating" member of the nursing team who can be assigned to different inpatient areas depending on need
- Closer liaison with social care to ensure timely discharge from hospital

Reassurance has been provided to Healthwatch that at least daily reviews of staffing levels are carried out to ensure these are at safe / recommended levels. A "floating" member of staff is already employed in the capacity described above. In terms of discharge from hospital, Healthwatch were advised that a "discharge hub" is in operation that brings together staff from UH Bristol, Bristol Community Health and Bristol City Council, to ensure that care packages and onward arrangements for patients are coordinated effectively.

Most of the recommendations from Healthwatch focussed on non-clinical aspects of care. In particular, it was highlighted that many inpatients at South Bristol Community Hospital have relatively long stays for rehabilitation, so it is important to ensure that they have access to magazines, activities, and the hospital café. It is recognised that there are opportunities to improve in this respect and so a review of non-clinical care at the hospital will take place in Quarter 1 2017/18.

The Trust's Patient Experience Group received South Bristol Community Hospital's full response to the Healthwatch enter and view in February 2017, and will monitor progress against the resulting actions.

3. Patient survey data

3.1 Trust-level patient reported experience

The Trust's Patient Experience and Involvement Team is also responsible for measuring patient-reported experience, primarily via the Trust's patient survey programme[2]. This ensures that the quality of UH Bristol's care, as perceived by service-users themselves, can be monitored on an ongoing basis to ensure that high standards are maintained. It should be noted that the postal survey methodology changed in April 2016, to provide the data a month earlier than had previously been the case: this appears to have had a marginally positive effect on the scores, so caution is needed in directly comparing 2016/17 data with previous years[3]. The key messages from Quarter 3 are:

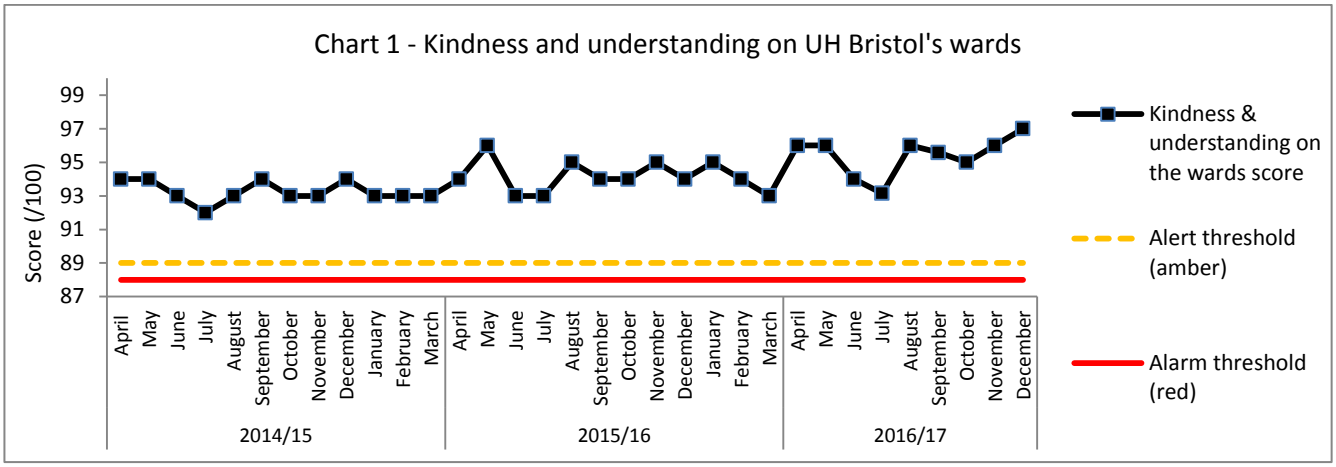
- All of the UH Bristol's Trust-level patient survey measures remained above target - demonstrating the continued provision of a high quality inpatient and outpatient experience (Charts 1-6).
- UH Bristol has a contractual obligation with the Bristol Clinical Commissioning Group to meet specified Friends and Family Test response rate targets. In Quarter 3 the Trust continued to meet these response rate targets (Charts 7-9). However, for the inpatient and day case element of this survey, these rates had started to decline to be just above target by the end of the Quarter. The Heads of Nursing have therefore

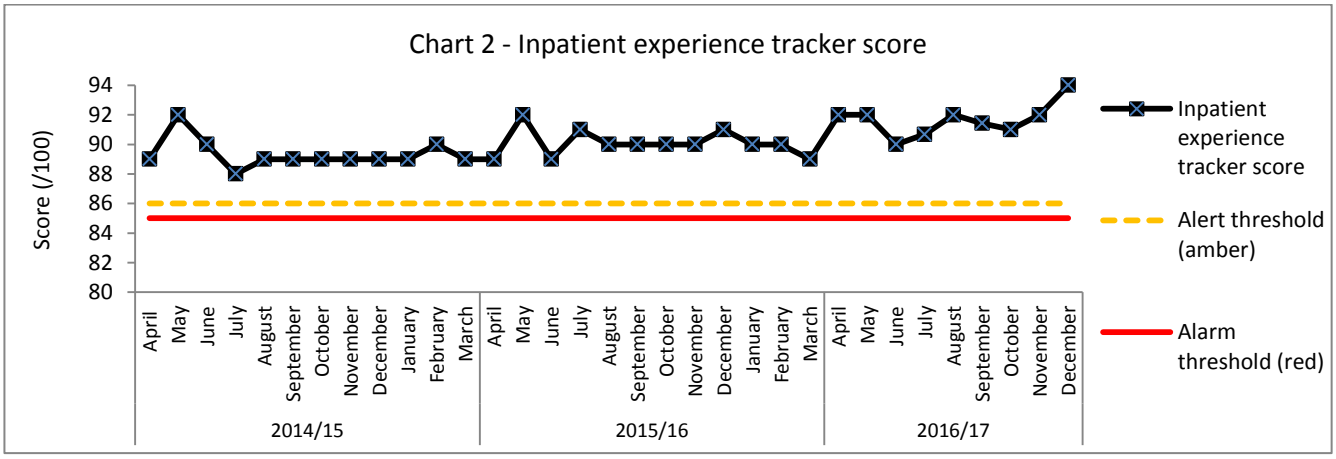
[2] A description of the key Trust surveys is provided in Appendix B. The headline metrics that are used to track patient-reported experience are: being treated with kindness and understanding, the inpatient and outpatient trackers (which combine several scores across the surveys relating to cleanliness, respect and dignity, communication, and waiting times), and the Friends and Family Test score. The postal survey target thresholds are set to detect a deterioration of around two standard deviations below the Trust's average (mean) score, so that these measures can act as an "early warning" if the quality of patient experience significantly declines, and action can be taken in response.

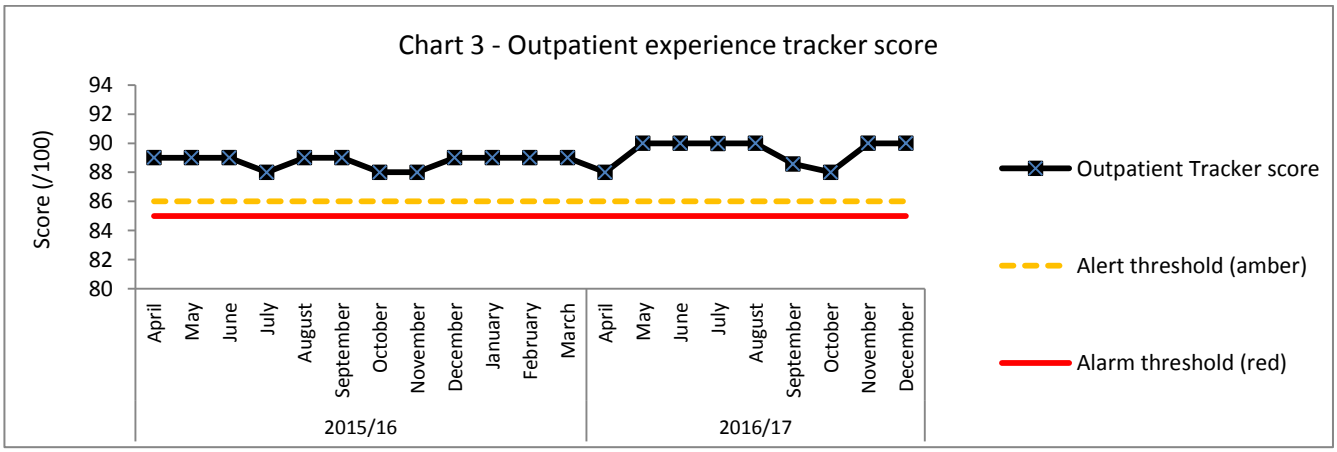
[3] In light of these increases in the scores, a review of the target thresholds will be conducted in Quarter 4 with a view to increasing the minimum target thresholds from 2017/18. It is important to note that in survey terms these effects are marginal: even discounting the inflationary effect of these changes, at a Trust level we would not be scoring below our target levels. The effects at Divisional and site level have yet to be analysed however and the effects may be more marked at this level: an analysis will be carried out by the Patient Experience and Involvement Team in Quarter 4 to assess this.

reminded their teams about the importance of this feedback process and we expect to see an improvement in these rates as a result.

- As noted in previous Quarterly Reports, it has not been possible to set a target FFT score for the Emergency Department Friends and Family Test so far in 2016/17 (Chart 5). This is because of the ongoing trialling of different approaches to collecting feedback in this setting, including cards, touchscreen and more recently SMS (text message). These methods have varying effects on the score, making it difficult to set an appropriate minimum target score. It seems likely that the current mixed-methods model will be the adopted approach going forward and therefore it should be possible to set a minimum threshold for these scores during early 2017/18.







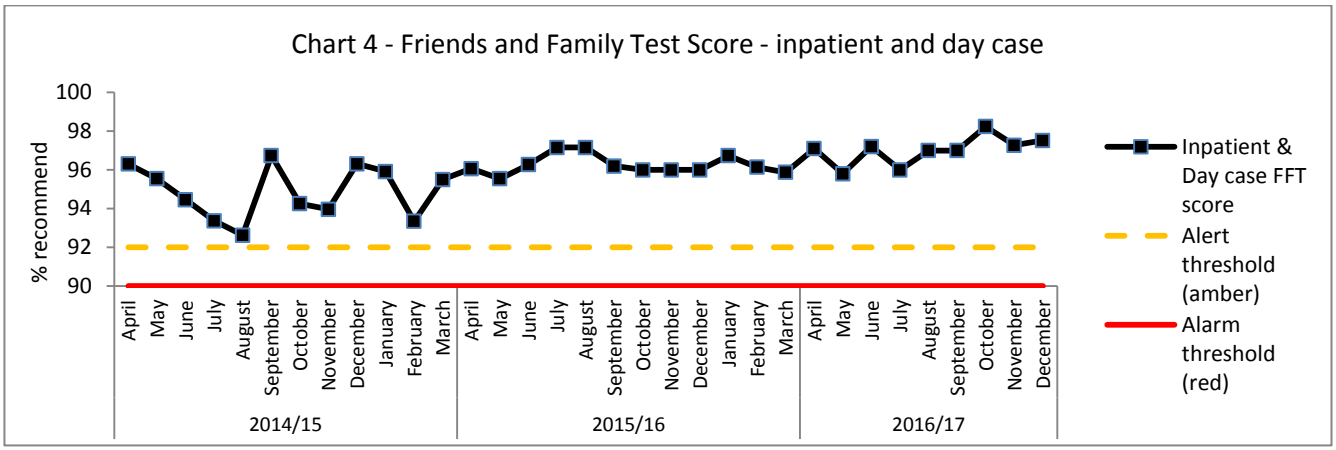


Chart 4 - Friends and Family Test Score - inpatient and day case
% recommend
100
98
96
94
92
90
April May June July August September October November December January February March
2014/15
2015/16
2016/17
Inpatient & Day case FFT score
Alert threshold (amber)
Alarm threshold (red)

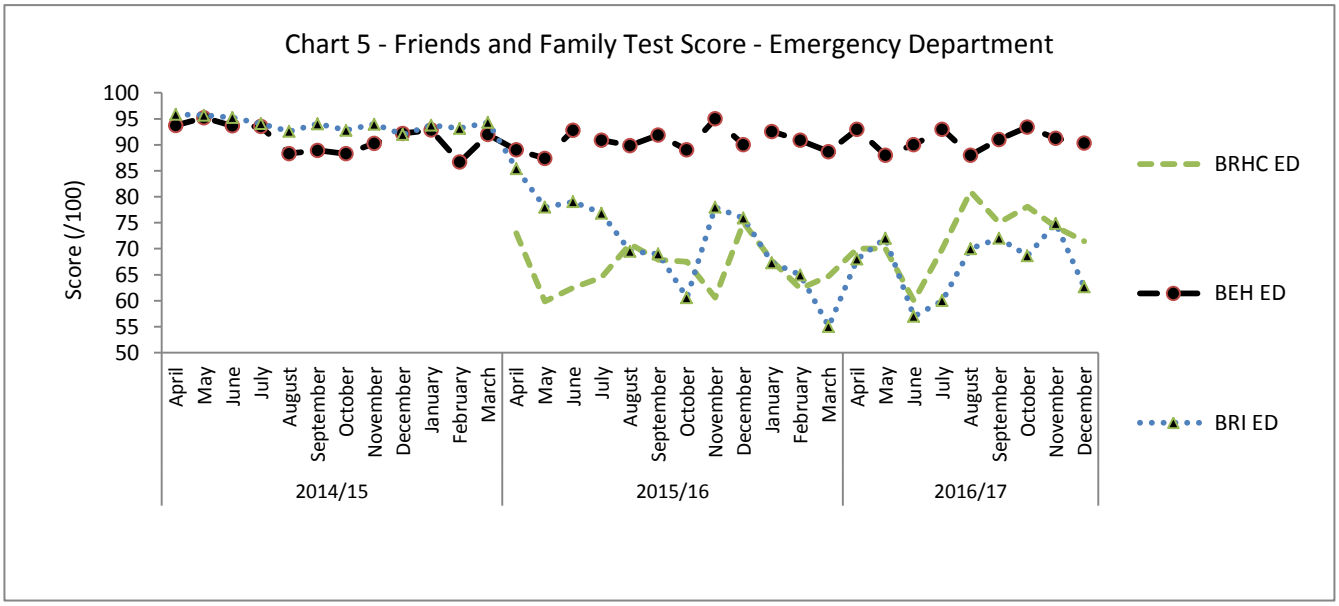


Chart 5 - Friends and Family Test Score - Emergency Department
Score (/100)
100
95
90
85
80
75
70
65
60
55
50
April May June July August September October November December January February March
2014/15
2015/16
2016/17
BRHC ED
BEH ED
BRI ED

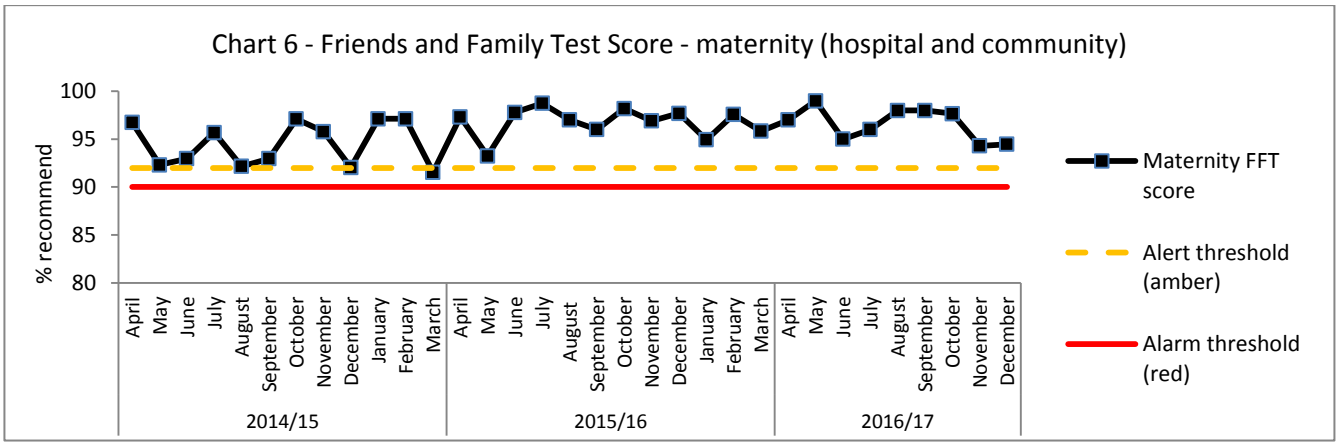
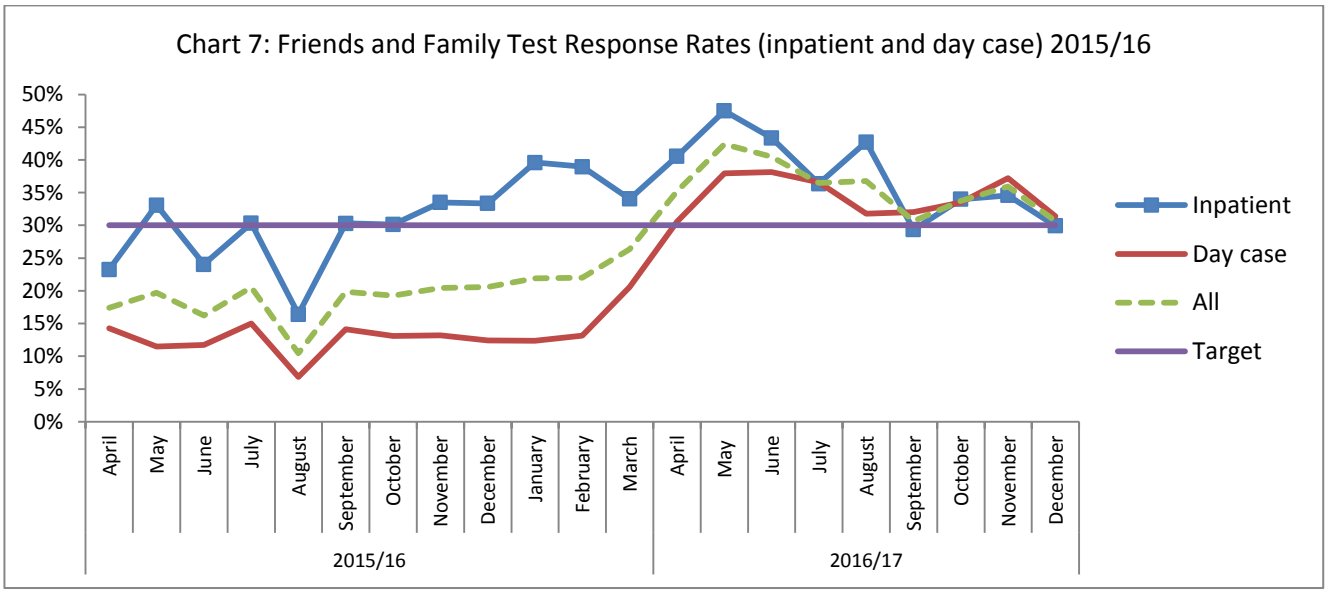
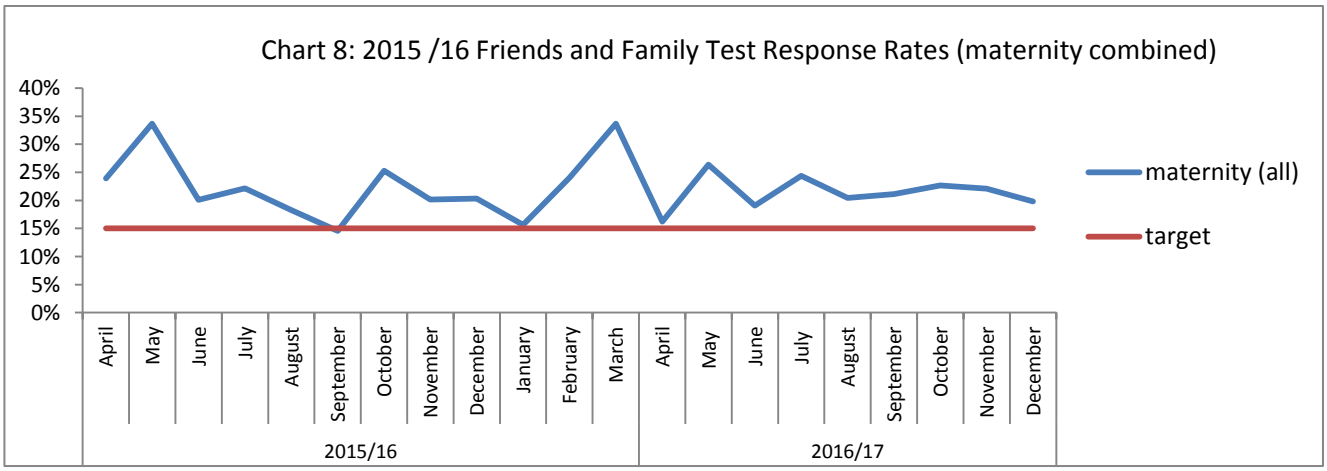
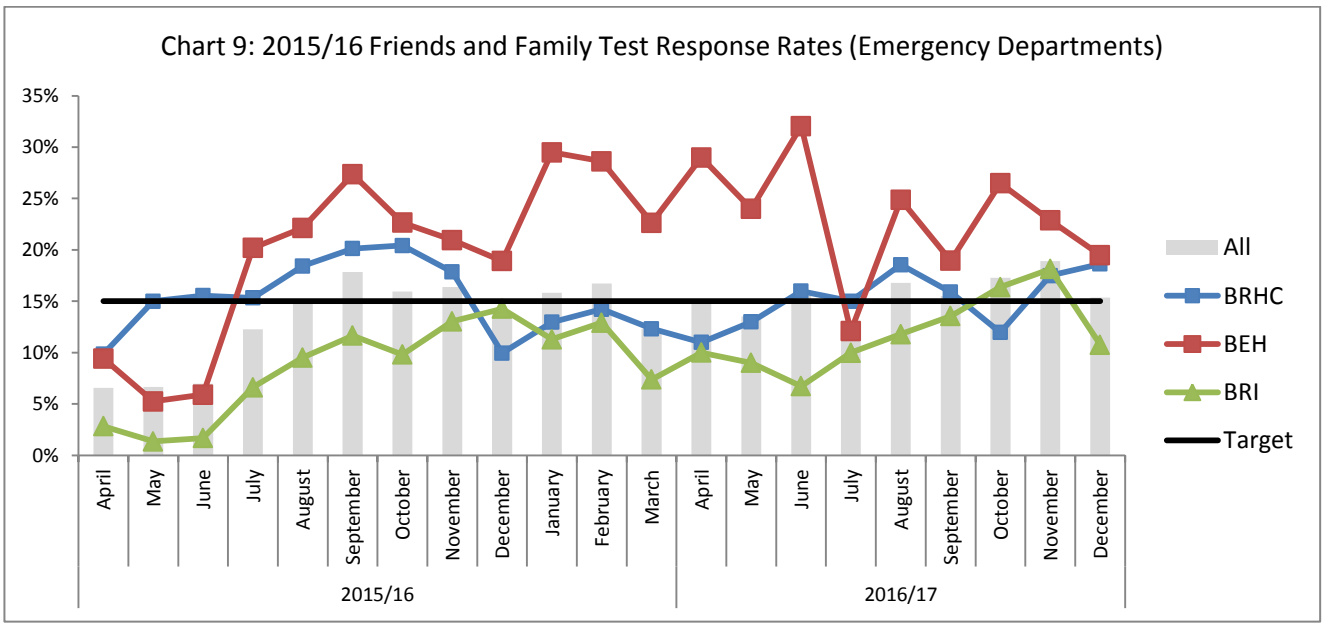


Chart 6 - Friends and Family Test Score - maternity (hospital and community)
% recommend
100
95
90
85
80
April May June July August September October November December January February March
2014/15
2015/16
2016/17
Maternity FFT score
Alert threshold (amber)
Alarm threshold (red)







(Key: BRI = Bristol Royal Infirmary; BEH = Bristol Eye Hospital; BRHC = Bristol Royal Hospital for Children; ED = Emergency Department)

3.2 Divisional, hospital and ward-level patient-reported experience

3.2.1 Themes arising from free-text comments

Table 1: Quarter 3 themes arising from free-text comments in the patient surveys (the comments are taken from the Trust's postal survey programme, unless otherwise stated)[4]

	Theme	*Sentiment*	*Percentage of comments containing this theme*
Trust (excluding maternity[5])	Staff	Positive	69%
	Staff	Negative	9%
	Communication/information	Negative	9%
	Food/catering	Negative	9%
	Waiting / delays	Negative	5%
Division of Medicine	Staff	Positive	68%
	Information/communication	Negative	10%
	Staff	Negative	10%
Division of Specialised Services	Staff	Positive	65%
	Staff	Negative	13%
	Food/catering	Negative	12%
Division of Surgery, Head and Neck	Staff	Positive	71%
	Staff	Negative	12%
	Communication/information	Negative	9%
Women's and Children's Division (excluding Maternity)	Staff	Positive	74%
	Staff	Negative	14%
	Communication/information	Positive	11%
Maternity	Staff	Positive	61%
	Care during labour and birth	Positive	22%
	Staff	Negative	11%
Outpatient Services	Staff	Positive	60%
	Waiting/delays	Negative	11%
	Environment/facilities	Negative	10%
Accident & Emergency Services (sample of 350 Friends and Family Test cards)	Staff	Positive	73%
	Waiting	Positive	23%
	Waiting	Negative	16%

At the end of the Trust's postal survey questionnaires, respondents are invited to comment on any aspect of their stay. The themes from these comments are provided in Table 1 (above). By far the most frequent type of feedback is praise for staff. Key improvement themes focus on communication, staff behaviour and waiting times. Although these categories do not directly overlap with the way that the Trust classifies complaints, there are similarities between these issues and themes seen in the complaints data (see accompanying Quarterly Complaints Report).

[4] The percentages shown refer to the number of times a particular theme appears in the Quarter 3 free-text comments. As each comment often contains several themes, the percentages in Table 1 add up to more than 100%. "Sentiment" refers to whether a comment theme relates to praise ("positive") or an improvement opportunity ("negative).

[5] The maternity inpatient comments have a slightly different coding scheme to the other areas, and maternity is not part of the outpatient survey due to the large number of highly sensitive outpatient clinics in that area of care.

Hospital food regularly features as a "top five" negative comment in our inpatient postal survey. This is a relatively divisive issue for patients: a clear majority (64%) rate the food as very good or good, but clearly people who do not like the food feel strongly enough to raise this as an improvement concern in a written comment. The Patient Experience and Involvement Team recently carried out an in-depth analysis of our survey data relating to hospital food and insights from this will inform a forthcoming tender exercise for the Trust's food service contract.

The Patient Experience and Involvement Team have carried out a thematic analysis of a large sample of Friends and Family Test comments from each of UH Bristol's Emergency Departments received in Quarter 3 (Table 1)[6]. It is encouraging to note that the great majority of comments (73%) contain praise for staff. Perhaps surprisingly, positive comments about waiting times (i.e. the waiting times was short and / or acceptable) easily outnumbered negative comments about waits. A positive development in this respect in Quarter 3, was the installation of new signage in the Bristol Royal Infirmary Emergency Department. These signs, developed by the Design Council, convey information to patients / visitors about what happens at each stage of the "emergency department experience", to ensure people are aware of why they are waiting and what will happen next.

3.2.2 Survey scores at Division and site level

Charts 10-20 provide a view of patient-reported experience at UH Bristol, from a Division to ward-level. Please note that the margin of error gets larger as the data is broken down and so the Trust alert / alarm threshold shown on the charts is only a guide at this level (at a ward level in particular it becomes important to look for consistent trends across more than one of the surveys). The full Divisional-level inpatient and outpatient survey question data is provided in Tables 2 and 3 (pages 16-18).

The Friends and Family Test (FFT) score for postnatal wards was relatively low in Quarter 3 (Charts 12 and 13). The FFT is a useful rapid-time feedback tool, but caution should be applied in using this as a robust measure of patient experience (particularly as none of the other postnatal survey scores showed this decline). However, in the comments received via the Trust's monthly maternity postal survey, there was a notable increase in the number of respondents commenting negatively about staffing levels on postnatal wards (Table 1 / page 9). The Head of Midwifery has reviewed this data and confirmed that November and December were a very busy period and unfortunately this also coincided with a relatively high level of staff sickness. Staffing levels remained within recommended limits, but it is possible that this negatively affected the survey data. A recent assessment of the maternity work force was carried out and showed higher than recommended levels of full-time staff in the maternity department, but that the relative proportion of unregistered to registered staff was higher than recommended. This analysis is currently being finalised in conjunction with the Finance Department and once completed will be shared with Divisional leads for further discussion.

[6] This was based on the Friends and Family Test cards completed in the Emergency Department, as the "written" comments received via the SMS and touchscreen elements of this survey are of relatively low data quality.

Chart 10 - Kindness and understanding score - Last four quarters by Division (with Trust-level alarm limit)

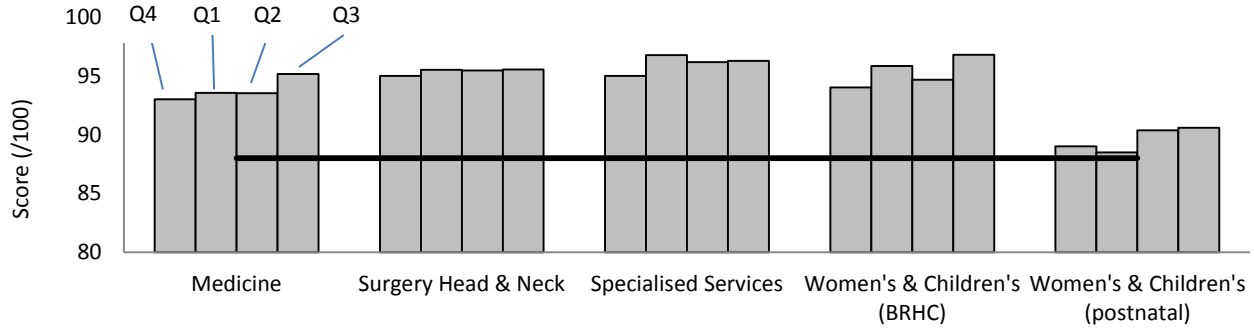


Chart 11 - Inpatient experience tracker score - Last four quarters by Division (with Trust-level alarm limit)

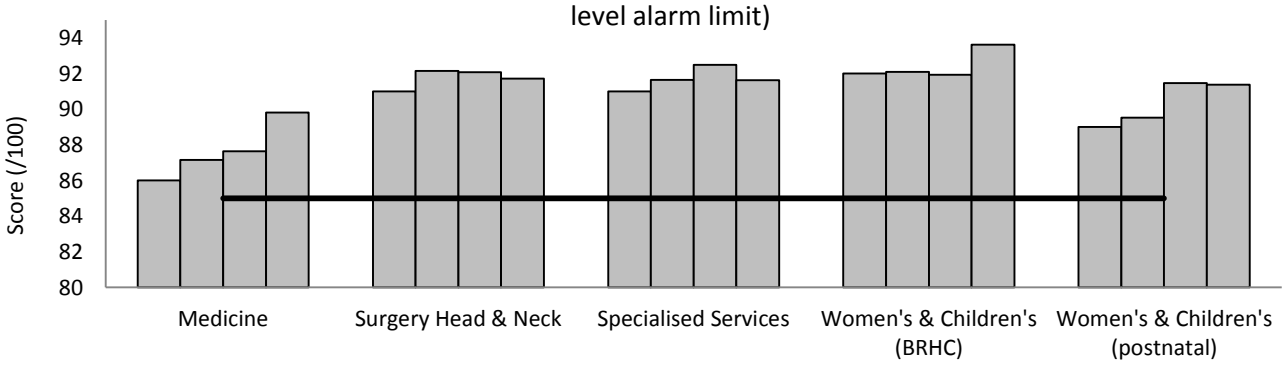


Chart 12 - Inpatient Friends and Day Case Family Test score - last four quarters by Division (with Trust-level alarm limit)

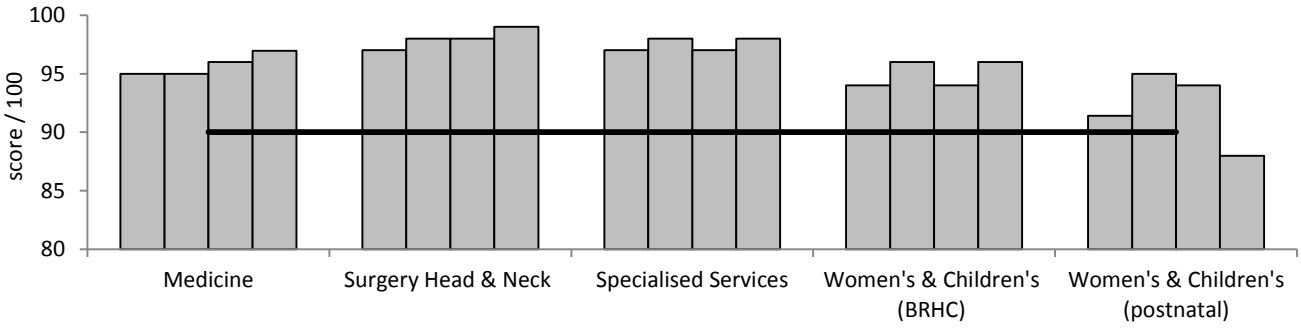


Chart 13 - Outpatient experience tracker score by Division - with Trust-level alarm limit

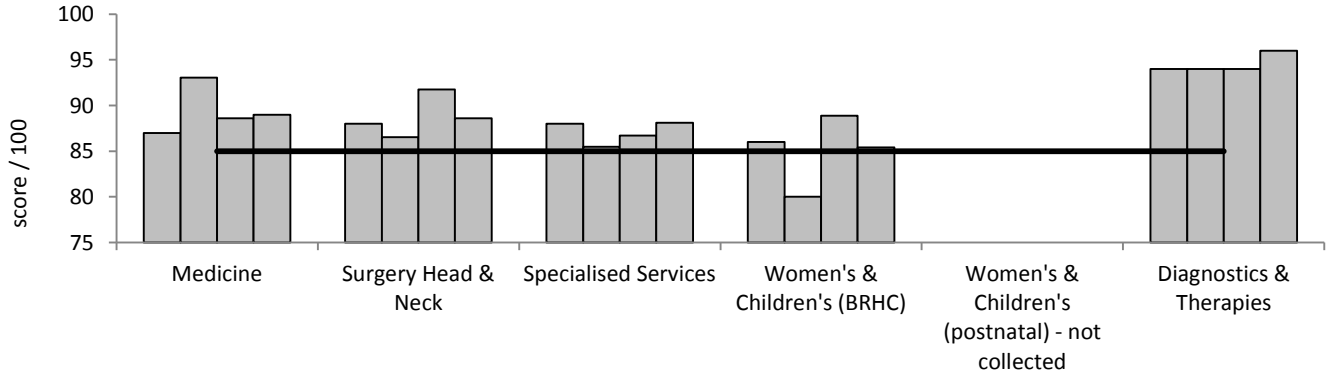


Chart 14: Kindness and understanding score by hospital (last four quarters; with Trust-level alert limit)

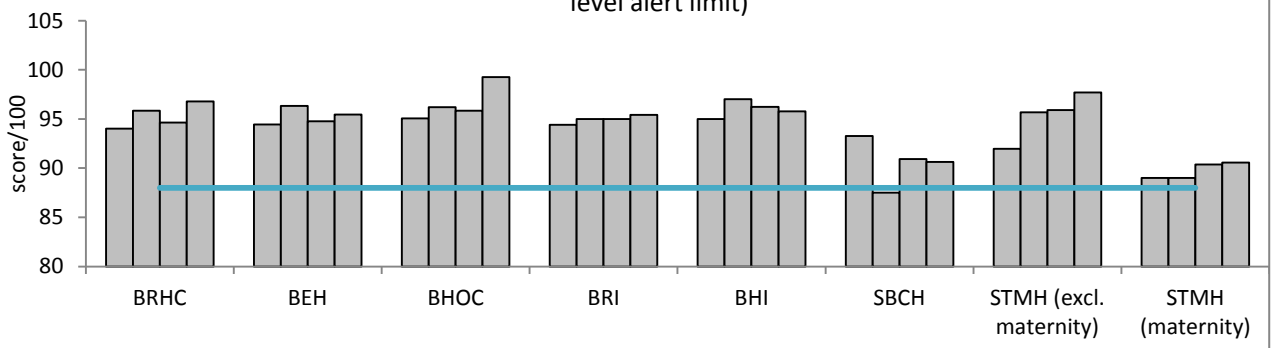


Chart 15: Inpatient experience tracker score by hospital (last four quarters; with Trust-level alarm limit)

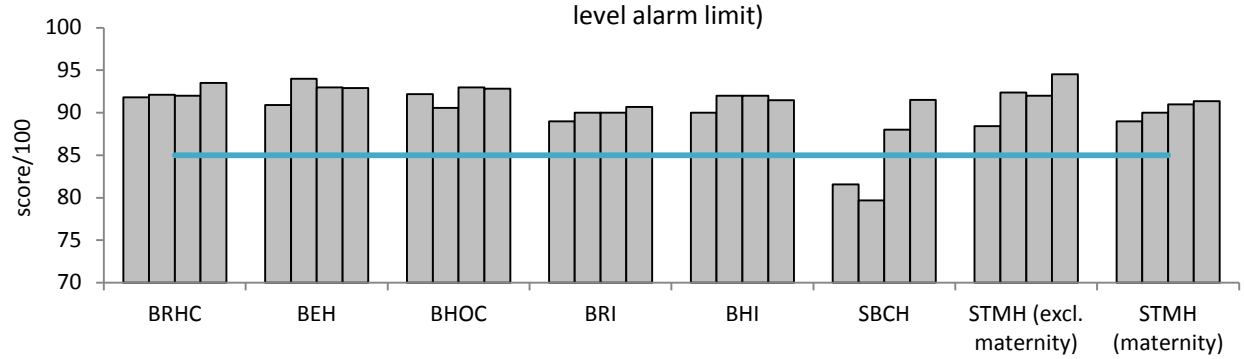


Chart 16: Inpatient and day case Friends and Family Test score (last four quarters; with Trust-level alarm limit)

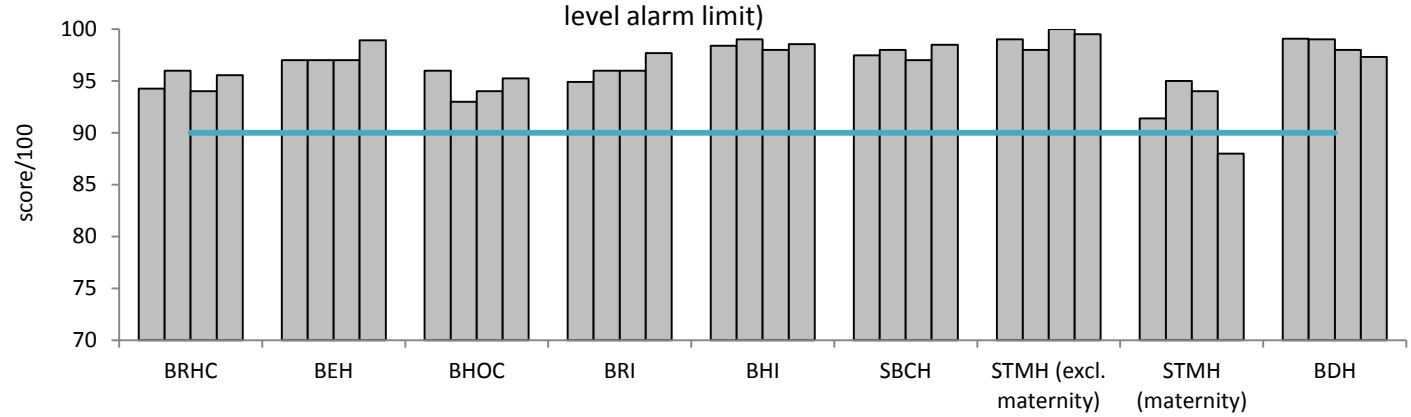
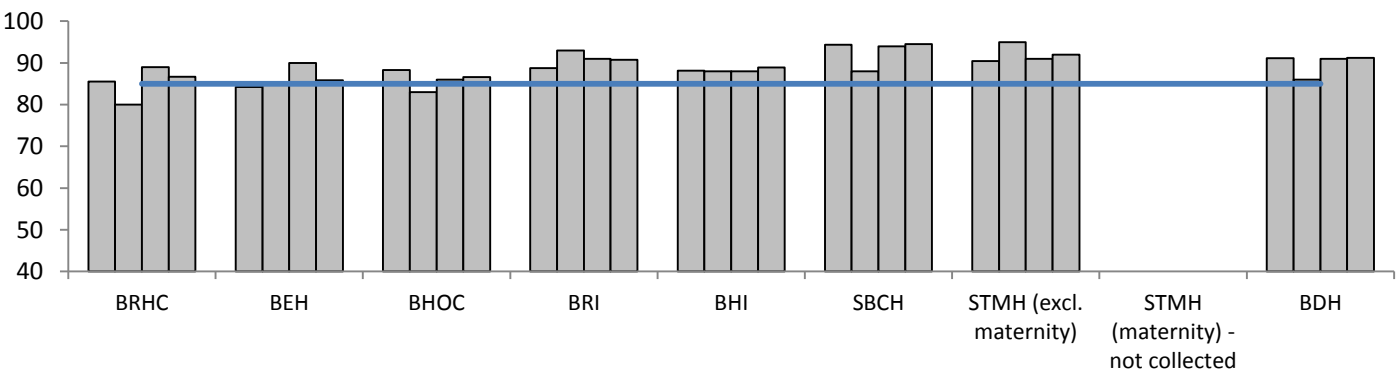


Chart 17: Outpatient experience tracker score by hospital (with Trust-level alarm limit)



3.2.3 Survey scores at ward level

Ward 38A at the Bristol Royal Hospital for Children had a relatively low Friends and Family Test score in Quarter 3 (Chart 20). This is an unusual result for this ward and further analysis suggests that it is primarily an artefact of the FFT scoring methodology: in Quarter 3 the ward received 19 FFT responses, with 84% of respondents saying they would be likely or extremely likely to recommend the care (the Trust's target "recommend" level is 90%). The main reason for the low score was that two parents ticked "don't know" and one ticked that they were neither "likely nor unlikely to recommend". So there were no negative responses as such, but some responses weren't explicitly positive and unfortunately these are counted as negatives in the FFT score calculation. The comments received for 38A in this period were universally positive and the scores from our more robust postal surveys were also within the expected range (Charts 18 and 19). Nevertheless, there are always opportunities to improve patient and family experience and Ward 38A are currently working towards the "You're Welcome" accreditation[7]. This is based on a framework developed by the Department of Health to assess how young person friendly acute hospital services are. It is expected that Ward 38A will achieve this accreditation in March 2017.

As noted in previous Quarterly Patient Experience and Involvement reports, care of the elderly services tend to receive relatively low patient survey ratings compared to other areas of the Trust (though it is important to note that these ratings are still almost always very positive in themselves). In Quarter 3, wards A400, C808 and A528 all appeared as negative outliers (Charts 18-20). It has been difficult to understand these results because they do not correlate with other performance and monitoring data that the Division collects (including visits to these areas to assess the quality of care). The working hypothesis is that these scores are a realistic reflection of the challenges in caring for patients who have complex health / social care needs, which are often accompanied by a cognitive impairment. We continue to test this hypothesis, for example by inviting Healthwatch to carry out an "enter and view" of South Bristol Community Hospital, and the Patient Experience and Involvement Team's focus on care of the elderly services in Quarter 1 (see Section 2 of the current report) will be a further opportunity to do this.

Ward A605 is the Division of Medicine "delayed discharge ward". This was a notable outlier in the Trust's inpatient experience tracker in Quarter 3 (Chart 19). It is acknowledged that providing a positive patient experience in this context is challenging, however the Division are carrying out / planning a number of improvements to this ward, including:

- A Nursing Assistant is now working during the middle of the day, whose role includes providing activities to patients (e.g. painting, walking group, reading dementia club)
- Volunteers are now used to support patients at meal times. Further volunteering opportunities are being developed around providing purposeful activities for patients
- A book trolley has been introduced to the ward
- A small seating area has been put in place on the ward to allow patient to rest away from the bed area
- The ward team are working with dieticians with a view to providing coloured crockery for patient mealtimes

The Division of Medicine consistently achieves relatively low survey scores around telling patients information about operations / procedures (Table 2, page 16). This result has been difficult to interpret because the Division does not routinely perform these types of clinical intervention. The Patient Experience and Involvement Team has therefore carried out a detailed analysis of this data and shared it with the Division. Few Division of Medicine

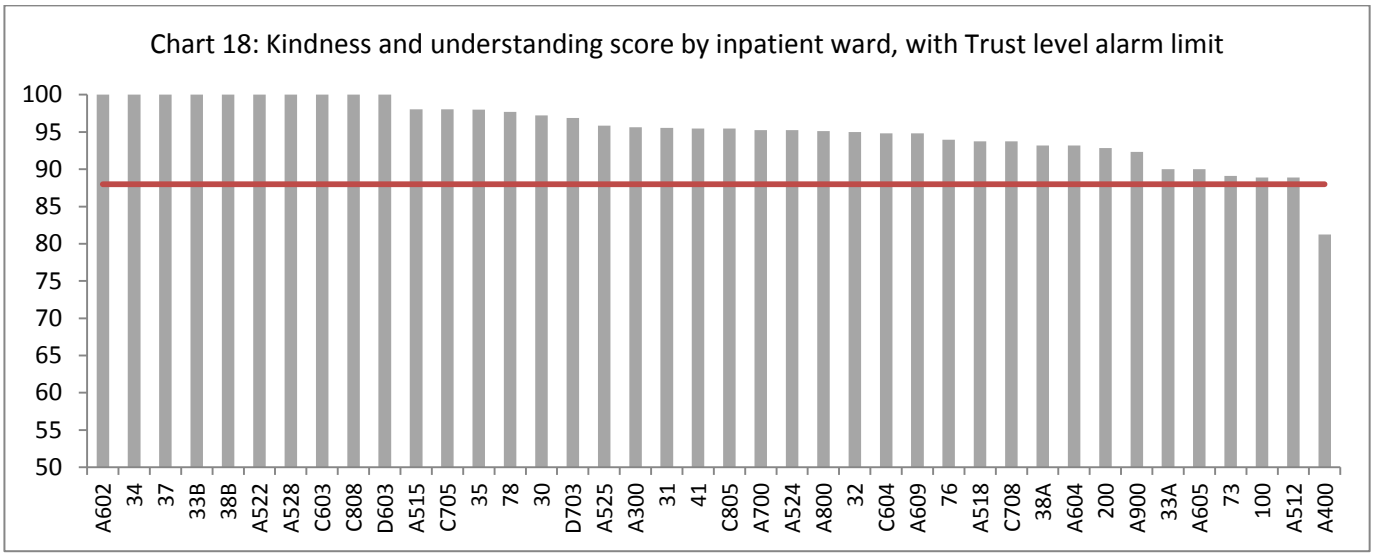
[7] https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services

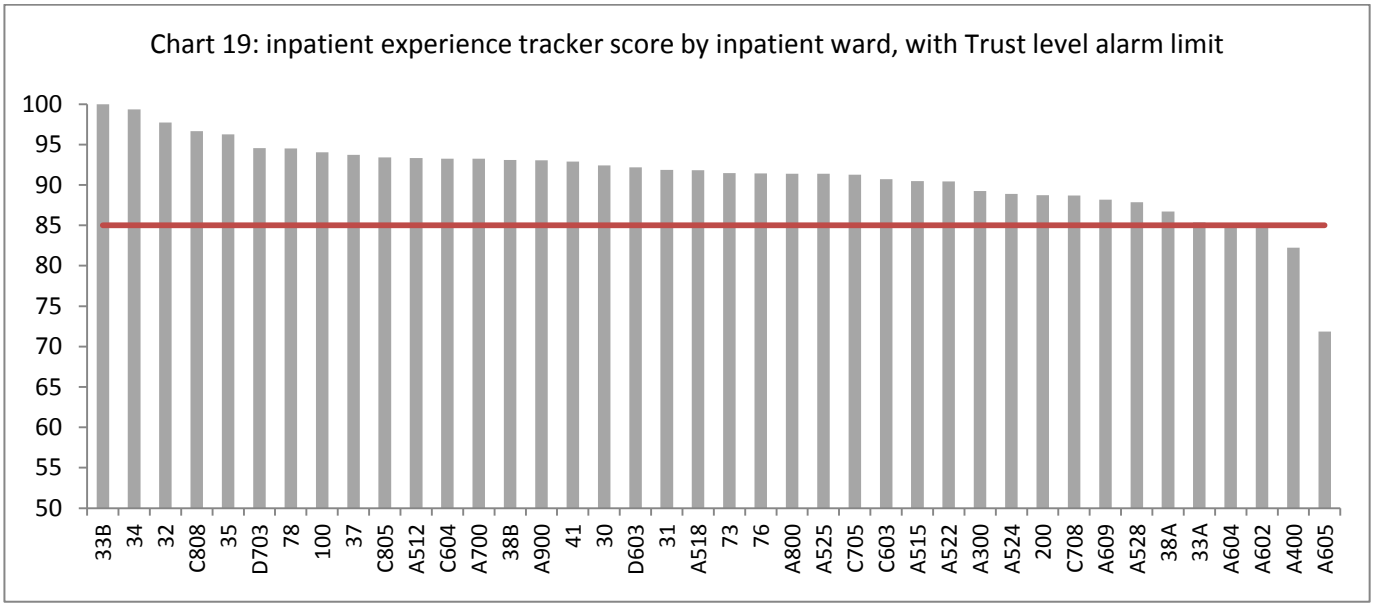
respondents answer this survey question, which in itself can skew the data[8], but the exception here is Ward A515 (acute stroke care). Further discussion with the ward suggests that this might be understood in the context of patients often coming into the ward soon after having a suspected stroke: this tends to involve intensive clinical interventions / tests and it is easy to imagine that whilst clinically necessary, this experience could feel overwhelming. The Ward Sister will share this result with the ward staff to remind them that, wherever possible, the purposes of any tests should be clearly explained to the patient before they are carried out. Opportunities to further explore this issue with patients are being discussed with the Stroke Clinical Nurse Specialist (e.g. using the *Face2Face* volunteer team) and will be incorporated into the Quarter 1 focus on care of the elderly services.

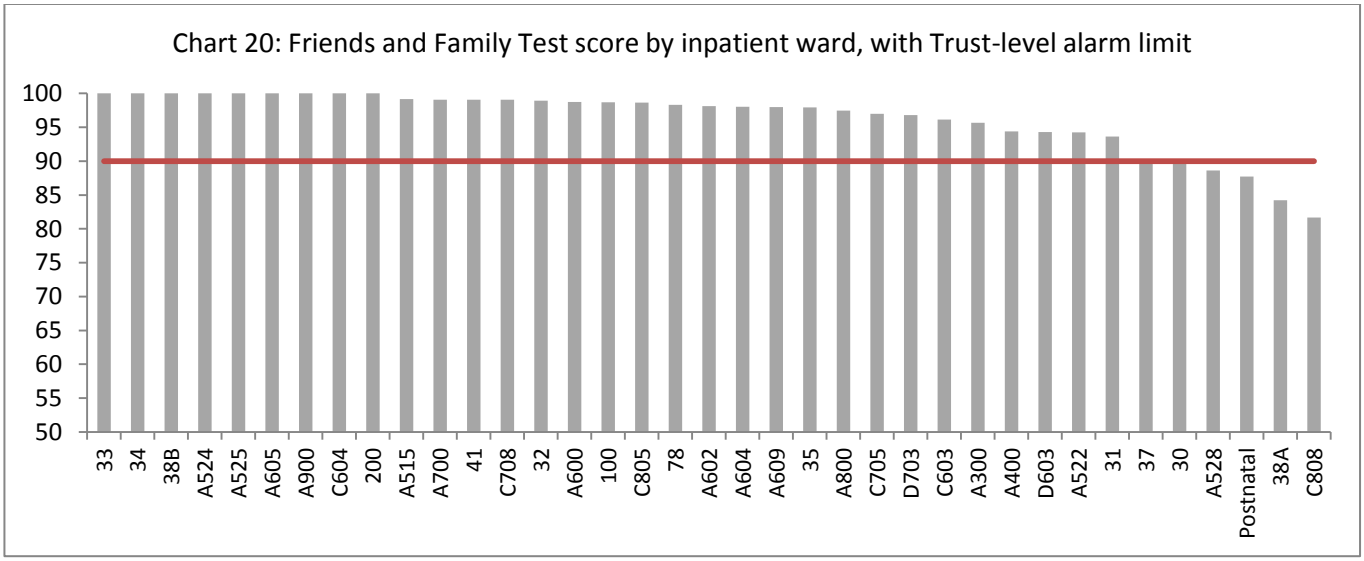
The Division of Medicine also received a relatively low score around ensuring patients were told who to contact if they had concerns after leaving hospital. An analysis of this data shows a large disparity between the highest and lowest performing wards on this measure and this has been shared with these wards as a point of learning.

A cluster of low survey scores are present in the outpatient survey data (Table 3), relating to ensuring patients are kept informed about delays in clinic, either via a member of staff or an information board (ideally both). The Trust recognises these issues and ensuring that patients are kept informed of delays is currently a corporate quality objective, which means that it is a key focus of improvement for the Trust during 2016/17 (a separate report about progress against these objectives is provided to the Trust Board each quarter). For example, standardised clinic information boards have now been implemented in a large number of outpatient departments. Alongside this, a Standard Operating Procedure associated with keeping the information on the boards up to date has been reviewed and re-circulated to clinics. It should be noted that whilst the Diagnostics and Therapies Division doesn't generally have information boards in place (hence their particularly low survey score on this question), relatively few of their patients report delays in clinic.

[8]The data also suggests that many of the Division of Medicine patients who do answer this question aren't following the questionnaire routing correctly, which would ask them to skip this question if they didn't have an operation or procedure: the exception again being ward A515.







(Please note that as per NHS England guidelines the Friends and Family Test data is reported at "postnatal ward" level and is not split down into wards 73 and 76).

Table 2: Full Quarter 3 Divisional scores from UH Bristol's monthly **inpatient** postal survey (cells are highlighted if they are 10 points or more below the Trust score). Scores are out of 100 unless otherwise stated – see appendices for scoring mechanism. Note: not all inpatient questions are included in the maternity survey.

	Medicine	**Specialised Services**	**Surgery, Head & Neck**	**Women's & Children's**	**Maternity (postnatal wards)**	**Trust (excl. Maternity)**
Were you given enough privacy when discussing your condition or treatment?	92	93	95	92		93
How would you rate the hospital food?	67	62	63	64	57	63
Did you get enough help from staff to eat your meals?	91	91	83	81		87
In your opinion, how clean was the hospital room or ward that you were in?	95	95	96	94	93	95
How clean were the toilets and bathrooms that you used on the ward?	92	90	93	91		91
Were you ever bothered by noise at night from hospital staff?	78	81	86	82		83
Do you feel you were treated with respect and dignity by the staff on the ward?	97	97	97	97	92	97
Were you treated with kindness and understanding on the ward?	95	96	96	97	91	96
Overall, how would you rate the care you received on the ward?	88	91	91	92	86	91
When you had important questions to ask a doctor, did you get answers that you could understand?	85	91	90	93	89	90
When you had important questions to ask a nurse, did you get answers that you could understand?	89	89	89	94	93	90
If your family, or somebody close to you wanted to talk to a doctor, did they have enough opportunity to do so?	74	76	78	82	78	77
If your family, or somebody close to you wanted to talk to a nurse, did they have enough opportunity to do so?	85	88	86	91	88	87
Were you involved as much as you wanted to be in decisions about your care and treatment?	83	86	86	91	90	86

	Medicine	Specialised Services	Surgery, Head & Neck	Women's & Children's	Maternity (postnatal wards)	Trust (excl. Maternity)
Do you feel that the medical staff had all of the information that they needed in order to care for you?	88	91	89	92		90
Did you find someone on the hospital staff to talk to about your worries or fears?	69	74	78	82	85	76
Did a member of staff explain why you needed these test(s) in a way you could understand?	84	86	86	92		86
Did hospital staff keep you informed about what would happen next in your care during your stay?	80	85	84	88		84
Were you told when this would happen?	81	83	81	84		82
Beforehand, did a member of staff explain the risks/benefits in a way you could understand?	80	92	94	95		93
Beforehand, did a member of staff explain how you could expect to feel afterwards?	70	73	80	84		78
Were staff respectful of any decisions you made about your care and treatment?	90	94	94	95		94
During your hospital stay, were you ever asked to give your views on the quality of your care?	27	32	29	34	31	30
Do you feel you were kept well informed about your expected date of discharge from hospital?	78	81	87	89		84
On the day you left hospital, was your discharge delayed for any reason?	62	57	67	65	65	63
Did a member of staff tell you about medication side effects to watch for when you went home?	52	53	67	66		60
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	67	81	82	92		81
How likely are you to recommend our ward to friends and family if they needed similar care or treatment?	89	92	90	92	91	91
Sample size (number of respondents)	218	428	505	252	205	1608

Table 3: Full six-monthly Divisional-level scores from UH Bristol's monthly **outpatient** postal survey (cells are highlighted if they are 10 points or more below the Trust score). Scores are out of 100 unless otherwise stated – please see appendices for scoring mechanism.

	Diagnostic & Therapy	Medicine	Specialised Services	Surgery, Head & Neck	Women's & Children's	Trust
Were you given a choice of appointment date and time?	86	64	88	63	45	72
Was the appointment cancelled and re-arranged by the hospital?	96	93	95	95	98	95
When you contacted the hospital, was it easy to get through to a member of staff who could help you?	75	58	60	55	81	64
When you arrived at the outpatient department, how would you rate the courtesy of the receptionist?	87	85	87	85	85	86
Were you able to find a place to sit in the waiting area?	100	99	99	99	96	99
In your opinion, how clean was the outpatient department?	94	93	94	94	92	94
How long after the stated appointment time did the appointment start?	95	70	68	73	57	74
Were you told how long you would have to wait?	52	31	35	21	36	32
Were you told why you had to wait?	63	53	56	54	63	56
Did you see a display board in the clinic with waiting time information on it?	22	57	53	35	45	43
Did the health professional have all of the information needed to care for you?	93	86	96	91	90	92
Did he / she listen to what you had to say?	99	97	97	97	95	97
If you had important questions to ask him / her, did you get answers that you could understand?	94	92	93	90	93	93
Did you have enough time to discuss your health or medical problem?	93	93	94	91	90	92
Were you treated with respect and dignity during the outpatient appointment?	99	98	97	97	98	98
Overall, how would you rate the care you received during the outpatient appointment?	100	98	99	99	96	99
If you had any treatment, did a member of staff explain any risks and/or benefits in a way you could understand?	91	88	88	92	88	90
If you had any tests, did a member of staff explain the results in a way you could understand?	78	89	73	76	90	79
Did a member of staff tell you about medication side effects to watch for when you went home?	67	79	63	59	75	67
How likely are you to recommend the outpatient department to friends and family if they needed similar care or treatment?	94	90	92	93	90	92
Total responses	**83**	**88**	**114**	**90**	**47**	**422**

4 Specific issues raised via the Friends and Family Test in Quarter 3

The feedback received via the Trust's Friends and Family Test is generally very positive. Table 4 provides an overview of activity that has arisen from the relatively small number of negative ratings, where this rating is accompanied by a specific, actionable, comment from the respondent.

Table 4: Divisional response to specific issues raised via the Friends and Family Test in Quarter 3, where patients / parents stated that they would not recommend the care provided by UH Bristol

Division	Area	Issue raised	Response
Medicine	BRI Emergency Department (ED)	Sending me home in the rain to walk 5/6 miles after a TIA and rheumatoid arthritis	Unfortunately hospital transport is only available to patients requiring ambulance transport on discharge from the hospital. Patients are offered to use the telephone to arrange a lift with friends and family. There is a taxi service available to patients at their expense from the Emergency Department (ED) and a hospital bus service. We are sorry if this was not explained to this patient and will remind our staff to ensure this happens.
	BRI Emergency Department	7 hours in the corridor before being seen by a doctor with no proper monitoring is not good at all. It was also not nice as I was put next to a dead person on a trolley.	We are sorry that the patient experienced a long delay in the corridor. Unfortunately the demands on our services mean that we do have to care for patients in a corridor until space in a clinical area becomes available. The trust is working on a variety of models to improve the capacity and flow issues faced by patients coming in to our hospitals. We have investigated the comment and have been unable to identify the event described: patients who have died in the ED are cared for in manner to maintain their privacy and dignity, which is done behind a curtained off area if the side room is not available at the time.
	BRI Emergency Department	Lack of first aiders, I collapsed twice in the waiting area and twice I vomited and twice it was fellow patients who came to my aid.	A triage nurse is available to make early assessments of patients and manage any patients in the waiting room, and the ED receptionists can escalate any concerns to the medical and nursing team in the ED. This comment will be shared with the team to as a point of learning.
	100	Personally I didn't enjoy my stay but not because of the staff they were fantastic but the environment wasn't. I was bored with nothing to do.	Following the recent Healthwatch enter and view at South Bristol Hospital *(where ward 100 is situated)*, which raised similar points, we will carry out a review meeting to discuss the issues raised, including the potential to increase activities available to patients.
	C808	Came in to find my mum on the floor, and at night the bed buzzer was pressed and 35 minutes later her son had to go find someone and only found two nurses for the whole ward.	We are very sorry to hear about this experience and have shared it with the ward staff: the patient should not have had to wait this long for a response. There are currently five nurses on at night, but they may be behind curtains or in the single side rooms delivering personal care and therefore may not be visible at all times. Patients who are at high risk of falling are in bays where enhanced supervision takes place.

Division	Area	Issue raised	Response
Medicine (continued)	A300	Some staff singing loudly nearby which is really not OK when trying to comfort an end of life patient. Ward noisy, side room should be standard requirement. No privacy.	It is usually our practice for end of life patients to stay in side rooms, but unfortunately on occasions this cannot be accommodated if the cubicles are required for patients needing isolation. The unit is often noisy due to the large amount of admission and transfers that the unit does 24 hours a day. The staff will be spoken to about singing.
	A300	Ward freezing not offered gown despite requesting. Left to wear day clothes overnight like tramp. Confused old lady shouted at by orderly until I complained at 1 am.	The heating in AMU is an ongoing issue and has been raised with the Facilities and Estates department. The heating system was reviewed by Facilities and Estates in November 2016. The contractor (Laing O'Rouke) visited the ward in early February 2017 to identify potential solutions.
	A300	It would have been really helpful to be given an induction to the ward sheet eg. visiting times, name of ward, telephone and the fact that children can't visit.	All patients on the ward should be given a leaflet about the unit. Staff will be reminded to do this.
Surgery, Head and Neck	Bristol Eye Hospital Emergency Department (ED)	Magazines were quite limited - OK if you like caravans and camping!	The department relies on magazine donations. The Senior Sister will investigate if any newsagent would be willing to donate to the department.
	Bristol Eye Hospital ED	Seats facing away from staff who call number that is collected at reception. It is extremely difficult to hear staff call and I am not elderly I am 45-55!	The seats are facing the TV to provide patients with a more pleasant waiting experience. We are that some of our patients are hard of hearing and walk around the waiting area to call / look for them. This comment has been shared with our staff as a reminder to do this.
	Bristol Eye Hospital ED	There is no indication of waiting time. I understand that this is difficult but if I knew how many people are before me, I could go to buy sandwiches for example.	We do try to keep patients informed at all stages of the flow through ED. The sister/staff in the department will make announcements if particularly busy and we have a yellow board explaining the running of an ED. Unfortunately the number of people in front of someone is not a predictor of waiting times.
	A604	noise at night.	The Division is exploring using a pop up board to identify when patients are sleeping. We are looking to purchase a "hearing ear" that lights up depending on the level of noise within the clinical area. The use of ear plugs and their availability is also being explored.
	A700	My only concern was that no one could find me a bible!	We have clarified the process of obtaining Bibles with the Chaplaincy Team and this information has been shared with the ward team

Division	Area	Issue raised	Response
Bristol Royal Hospital for Children	Emergency Department	Blood on the bed which my four year old touched. How could it not be cleaned?	This has been fed back to the care team and cleaners in the Emergency Department as a point of learning.
	CIU	Two similar comments in October relating to communication about appointments and test results	We are sorry that these families experienced these difficulties. We have not been able to identify these patients to properly investigate / review their experience. Our clinic staff do not recall this as a widespread issue at the time and, as there has not been a consistent trend following these two comments, it seems to have been a temporary problem. The nurse on duty, that we believe was at this clinic at this time, has now left the Trust. In order to ensure that we have a more reliable audit trail in the future, the nurse in charge has asked the team to record any delayed appointments or cancellations on the Trust's risk management system (Datix).
	30A	1) Playroom was shut as no play therapist - surely we can supervise our own children without play therapist. Children could have done with this. 2) Why does it take so long for drug delivery - can't we go to pharmacy ourselves rather than wait 3 hours on ward.	Unfortunately not all parents supervise their children if there isn't a therapist present, which due to the location of the playroom is a safety concern. The ward have created activity trolleys on the ward which contain toys and craft activities for patient to use at any time. The nurses on the ward need to give advice and go through the medications with the parents before discharge. We proactively try to organise medications before the day of discharge, to enable a quick and effective discharge. We are sorry that this respondent experienced a long wait.
Maternity	Ward 73	Mixed experience, no formal introduction to the ward so did not know where toilet and baby room was and did not get breakfast until 11am. Catheter was removed 2-3 hours after advised which meant I could not look after baby.	We are sorry that this patient did not have a formal introduction to the ward: the maternity service normally performs comfort rounds four times a day to make sure that all women have been shown where the toilets, dining room etc are on the ward and are informed about meal times. The ward sisters will re iterate to the staff the importance of this. In addition, a new Welcome Guide is being developed specifically for Maternity services. We are unsure why this lady's catheter was removed later than expected and are sorry for any distressed caused. Having a catheter in situ should not impair the ability to care for a baby, and the ward sister will ask staff to ensure this is discussed with women who have a catheter.
	Ward 76	Spouse cannot stay overnight.	From January 2017 the maternity service is officially launching spouses/partners staying on the post natal wards.

Division	Area	Issue raised	Response
Specialised Services	C705	The nursing care was excellent, but the noise in the ward was unbearable at times. 2 patients suffering from dementia. One in the next bed kept me awake all night. Feel exhausted and annoyed no provision made to keep them quiet.	These comments will be shared with the ward. Staff encouraged to review situations such as this and try to move patients into appropriate areas to facilitate rest.
	D703	Many staff do not understand what is needed for sickle cell care. Even after telling the staff over and over.	A sickle cell CNS has been recently employed and will be delivering and supporting new staff with education.
	D603	The room was too hot, the night staff also noisy when doing their ward round. The washing facilities are outdated compared to D703.	Comments will be shared with the team so that they can be more aware of noise levels. The Division are currently exploring options to update the décor in D603 and aim to progress these in 2017.

5 Update on key issues identified in the previous Quarterly report

Previous Quarterly Patient Experience reports identified various issues relating to survey scores that required further attention. Table 5 provides a summary and update on these issues.

Table 5: update on key issues identified in the previous Quarterly Patient Experience report

Issue / area	*Main action(s) cited*	*Outcome*
Low survey scores on Ward 38b (paediatric neurology).	A member of the LIAISE Team to visit Ward 38b and talk to parents about their levels of satisfaction with their experience, and identify improvements where necessary. This action is from Quarter 4 2016/7, but was delayed due to ward moves.	This visit took place in February 2017. An immediate "quick win" was identified and as a result the ward now has a portable hoist. However, these initial conversations with families suggested that there are a number of improvement opportunities. Further visits from LIAISE, this time with the Matron, are planned for Quarter 1 17/18, to fully understand these issues and develop an appropriate response.
Relatively low survey scores in South Bristol Community Hospital and care of the elderly wards	Healthwatch South Bristol Community Hospital enter and view in October 2016	The enter and view was carried out and a summary of findings is presented in the current report. The outcomes / actions will be monitored by the Patient Experience Group
Outpatient Friends and Family Test response rate	To explore funding for an SMS based solution to increasing the outpatient Friends and Family Test response rate, in line with 2017/18 commissioning contractual requirements	This funding bid has been submitted and is being considered. We expect the outcome to be determined in March 2017.
Patient Experience at Heart workshops in care of the elderly wards	To carry out these patient-focussed workshops with members of staff in the service during Quarter 2/3 2016/17.	As noted in the current report, staffing pressures mean that this has not taken place. However, it will be incorporated into the Quarter 1 focus on care of the elderly services.

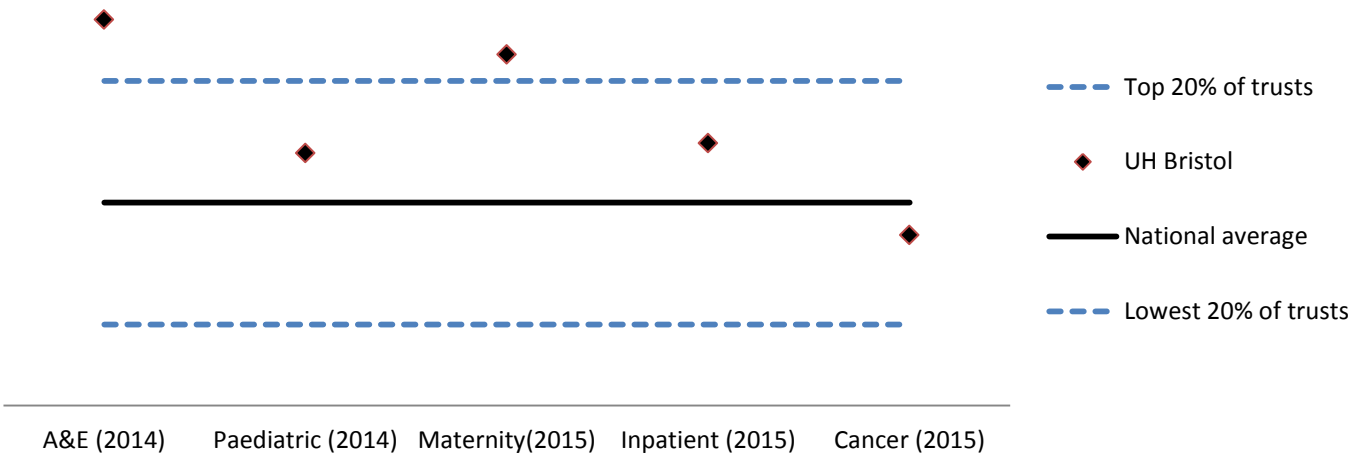
Issue / area	*Main action(s) cited*	*Outcome*
Setting a minimum target score for the Emergency Department Friends and Family Test	As new methodologies continue to be trialled in this setting, with varying effects on the scores, it has not been possible to set a target threshold	With the successful introduction of SMS surveying in the Bristol Royal Hospital for Children and Bristol Royal Infirmary Emergency Departments, we anticipate that it will be possible to set a target during Quarter 1 2017/18.
Ward 37	Relatively low survey scores for this ward in Quarter 2. These were explored by the Division but could not be triangulated with other quality data. It therefore appeared to be a "statistical blip".	The scores are now within the expected range. They will continue to be monitored by the Patient Experience and Involvement Team, but it does appear that they were a statistical blip.
Ward A400	Lowest kindness and understanding score in Quarter 2.	The ward continued to achieve low scores in Quarter 3. However, the Division have reviewed this data and it does not triangulate with other quality metrics. The Trust's Patient Experience Team Manager and Head of Nursing visited the ward together in February 2017 to discuss the results, but it is still not clear why they are occurring. A400 will be included in the focus on care of the elderly services in Quarter 1
Ward C808	Lowest inpatient tracker score in Quarter 2.	As discussed in the current report, the survey results for care of the elderly services are consistently lower than the "Trust average". This will be the focus of Patient and Public Involvement activity in Quarter 1
Develop a timetable of Patient and Public Involvement activity for 207/18.	To develop a core quarterly activity schedule.	This has been done and approved by the Patient Experience Group. Details are provided in the current report. Outcomes will be reviewed by the Patient Experience Group and summarised in forthcoming Quarterly Patient Experience and Involvement Reports.

6 National Patient Surveys

The Care Quality Commission's (CQC's) National Patient Survey programme is a mandatory survey programme for acute English trusts. It provides a robust national benchmark against which the patient experience at UH Bristol can be compared to other organisations. Chart 21 provides a broad summary of the Trust's position[9]. The Trust Board receives a full report containing an analysis of each national survey and UH Bristol's response to these results (see Appendix A for a summary).

There have been no further national survey results since the last Quarterly Patient Experience and Involvement Report was published and therefore Chart 21 is provided for information only.

Chart 21: Indication of UH Bristol patient-reported satisfaction relative to the national average



[9] It is difficult to directly compare the results of different surveys, and also to encapsulate performance in a single metric. Chart 21 is an attempt to do both of these things. It should be treated with caution and isn't an "official" classification, but it is broadly indicative of UH Bristol's performance relative to other trusts.

Appendix A: summary of national patient survey results and key actions arising for UH Bristol (note: progress against action plans is monitored by the Patient Experience Group)

Survey	*Headline results for UH Bristol*	*Report and action plan approved by the Trust Board*	*Action plan review*	*Key issues addressed in action plan*	*Next survey results due (approximate)*
2015 National Inpatient Survey	61/63 scores were in line with the national average. One score was below (availability of hand gels) and one was (privacy when discussing the patients treatment or condition)	July 2016	Six-monthly	• Availability of hand gels • Awareness of the complaints / feedback processes • Asking patients about the quality of their care in hospital	July 2017
2015 National Maternity Survey	9 scores were in line with the national average; 10 were better than the national average	March 2016	Six-monthly	• Continuity of antenatal care • Partners staying on the ward • Care on postnatal wards	January 2018
2015 National Cancer Survey	45/50 scores were in line with the national average; one score was above the national average (being assigned a nurse specialist); four were worse (related to holistic care)	September 2016	Six-monthly	• Support from partner health and social care organisations • Providing patients with a care plan • Coordination of care with the patient's GP	September 2017
2014 National Accident and Emergency surveys	33/35 scores in line with the national average; 2 scores were better than the national average	February 2015	Six-monthly	• Keeping patients informed of any delays • Taking the patient's home situation into account at discharge • Patients feeling safe in the Department • Key information about condition / medication at discharge	August 2017
2015 National Paediatric Survey	All scores in line with the national average, except one which was better than this benchmark	November 2015	Six-monthly	• Information provision • Communication • Facilities / accommodation for parents	November 2017
2011 National Outpatient Survey	All scores in line with the national average	March 2012	n/a	• Waiting times in the department and being kept informed of any delays • Telephone answering/response • Cancelled appointments	No longer part of the national programme

Appendix B – UH Bristol corporate patient experience programme

The Patient Experience and Involvement Team at UH Bristol manage a comprehensive programme of patient feedback and engage activities. If you would like further information about this programme, or if you would like to volunteer to participate in it, please contact Paul Lewis (paul.lewis@uhbristol.nhs.uk) or Tony Watkin (tony.watkin@uhbristol.nhs.uk). The following table provides a description of the core patient experience programme, but the team also supports a large number of local (i.e. staff-led) activities across the Trust.

Purpose	Method	Description
Rapid-time feedback	The Friends & Family Test	Before leaving hospital, all adult inpatients, day case, Emergency Department patients, and maternity service users should be given the chance to state whether they would recommend the care they received to their friends and family.
	Comments cards	Comments cards and boxes are available on wards and in clinics. Anyone can fill out a comment card at any time. This process is "ward owned", in that the wards/clinics manage the collection and use of these cards.
Robust measurement	Postal survey programme (monthly inpatient / maternity surveys, annual outpatient and day case surveys)	These surveys, which each month are sent to a random sample of approximately 1500 patients, parents and women who gave birth at St Michael's Hospital, provide systematic, robust measurement of patient experience across the Trust and down to a ward-level. A new monthly outpatient survey commenced in April 2015, which is sent to around 500 patients / parents per month.
	Annual national patient surveys	These surveys are overseen by the Care Quality Commission allow us to benchmark patient experience against other Trusts. The sample sizes are relatively small and so only Trust-level data is available, and there is usually a delay of around 10 months in receiving the benchmark data.
In-depth understanding of patient experience, and Patient and Public Involvement	Face2Face interview programme	Every two months, a team of volunteers is deployed across the Trust to interview inpatients whilst they are in our care. The interview topics are related to issues that arise from the core survey programme, or any other important "topic of the day". The surveys can also be targeted at specific wards (e.g. low scoring areas) if needed.
	The 15 steps challenge	This is a structured "inspection" process, targeted at specific wards, and carried out by a team of volunteers and staff. The process aims to assess the "feel" of a ward from the patient's point of view.
	Involvement Network	UH Bristol has direct links with a range of patient and community groups across the city, who the Trust engages with in various activities / discussions
	Focus groups, workshops and other engagement activities	These approaches are used to gain an in-depth understanding of patient experience. They are often employed to engage with patients and the public in service design, planning and change. The events are held within our hospitals and out in the community.

The methodology for the UH Bristol postal survey changed in April 2016 (inclusive), and so caution is needed in comparing data before and after this point in time. Up until April 2016, the questionnaire had one reminder letter for people who did not respond to the initial mail out. In April we changed the methodology so that the questionnaire had no reminder letters. A larger monthly sample of respondents is now taken to compensate for the lower response rate that the removal of the reminder letter caused (from around 45% to around 30%). This change allowed the data to be reported two weeks after the end of month of discharge, rather than six weeks. It appears to have had a limited effect on the reliability of the results, although at a Trust level they are perhaps marginally more positive following this change (these effects will be reviewed fully later in 2016/17, and the target thresholds adjusted if necessary). The survey remains a highly robust patient experience measure.

Appendix C: survey scoring methodologies

Postal surveys

For survey questions with two response options, the score is calculated in the same was as a percentage (i.e. the percentage of respondents ticking the most favourable response option). However, most of the survey questions have three or more response options. Based on the approach taken by the Care Quality Commission, each one of these response options contributes to the calculation of the score (note the CQC divide the result by ten, to give a score out of ten rather than 100).

As an example: Were you treated with respect and dignity on the ward?

	Weighting	**Responses**	**Score**
Yes, definitely	1	81%	81*100 = 81
Yes, probably	0.5	18%	18*50= 9
No	0	1%	1*0 = 0
Score			*90*

Friends and Family Test Score

The inpatient and day case Friends and Family Test (FFT) is a card given to patients at the point of discharge from hospital. It contains one main question, with space to write in comments: How likely are you to recommend our ward to Friends and Family if they needed similar care or treatment? The score is calculated as the percentage of patients who tick “extremely likely” or “likely”.

The Emergency Department (A&E) FFT is similar in terms of the recommend question and scoring mechanism, but at present UH Bristol operates a mixed card and touchscreen approach to data collection.

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Public Trust Board meeting to be held on Thursday, 30 March 2017 at 11.00 am -1.00 pm in the Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

		Agenda Item	12
Meeting Title	Trust Board	**Meeting Date**	30 March 2017
Report Title	Finance Report		
Author			
Executive Lead	Paul Mapson, Director of Finance and Information		
Freedom of Information Status		Open	

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

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

Executive Summary

Purpose

To inform the Finance Committee of the financial position of the Trust at the end of February 2017 and the performance against the financial drivers key to achieving the 2016/17 plan.

Key issues to note

The Trust is reporting a surplus of £13.168m (before technical items) at the end of February. The Operational Plan to date is a surplus of £14.479m and therefore the Trust is £1.311m behind plan. This position includes £10.427m sustainability and transformation (S&T) funding but is £1.490m behind the planned receipt of £11.917m. Therefore the Trust is reporting a surplus of £0.179m excluding S&T funding.

Recommendations
Members are asked to: • Note the contents of this report

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

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

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

Impact Upon Corporate Risk
N/A

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

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

University Hospitals Bristol NHS Foundation Trust

REPORT OF THE FINANCE DIRECTOR

1. Overview

The Trust is reporting a surplus of £13.168m (before technical items) at the end of February. The Operational Plan to date requires a surplus of £14.479m and therefore the Trust is £1.311m behind plan. The adverse position is due to the loss of Sustainability and Transformation (S&T) performance funding reflecting the Trust's failure to achieve the access performance standard trajectories and the rejection of the Trust's appeal by NHS Improvement relating to quarter two access performance.

The Trust receives S&T funding as follows:

- S&T core funding – this represents £10.075m of the total of £13.000m and is dependent on meeting the plan excluding S&T funding. The surplus excluding S&T funding has been achieved in February, the surplus being £0.179m above plan. This metric is often referred to by NHS Improvement as the 'underlying position'.

- S&T performance funding – this represents £2.925m of the total £13.000m and is dependent on meeting the control total and then delivery of cumulative performance trajectories for RTT, Cancer and A&E targets. The cumulative loss against the performance S&T funds is £1.49m to February and is forecast to be £1.680m at the year end. This is a deterioration of £0.080m due to the likely failure of RTT for February offset by the post-validated actual achievement of Cancer in January which was reported as failure last month (subject to validation). The forecast for March assumes achievement of RTT only in March.

The position to date is summarised in the table below:

Excluding technical items: Surplus/(deficit)	Operational Plan £m	Plan to date £m	Actual to date £m	Variance Fav/(adv) £m	Forecast outturn £m
Net surplus including S&T core funding only	12.975	11.879	12.058	0.179	12.981
S&T performance funding	2.925	2.600	1.110	(1.490)	1.245
Net surplus including all S&T funding	15.900	14.479	13.168	(1.311)	14.226

The overspend in Clinical Divisions and Corporate Services for February increased this month by £1.160m which is disappointing. The year to date overspend is now £12.056m compared with the operating plan trajectory to date of £2.976m. It also needs to be compared with the control totals set for the Division (based on their month 6 forecast out-turn) which is £9.740m for the year end.

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

	Budget Variance favourable/(adverse)			Operating Plan Trajectory favourable/(adverse)		Control Total
	To 31 Jan £m	February £m	To 28 Feb £m	Trajectory To Feb £m	Variance £m	£m
Diagnostic & Therapies	0.482	0.170	0.652	(0.013)	0.665	-
Medicine	(3.549)	(0.493)	(4.042)	(0.877)	(3.165)	(2.480)
Specialised Services	(1.444)	(0.151)	(1.595)	(0.179)	(1.416)	(1.060)
Surgery, Head & Neck	(3.374)	(0.239)	(3.613)	(0.890)	(2.723)	(3.700)
Women's & Children's	(3.436)	(0.457)	(3.893)	(1.014)	(2.879)	(2.500)
Estates & Facilities	0.030	0.014	0.044	(0.010)	0.054	-
Trust Services	(0.039)	0.009	(0.030)	0.007	(0.037)	-
Other corporate services	0.434	(0.013)	0.421	-	0.421	-
Totals	**(10.896)**	**(1.160)**	**(12.056)**	**(2.976)**	**(9.080)**	**(9.740)**

The adverse variance of £1.160m in February compares with £0.861m in January, £1.544m in December, and £1.234m in November. Analysis of the variances by subjective heading is shown below:

(Adverse)/Favourable	Feb £m	Jan £m	Quarter 3 £m	Quarter 2 £m	Quarter 1 £m	2016/17 to date £m
Nursing & midwifery pay	(0.290)	(0.541)	(1.151)	(0.963)	(1.154)	(4.099)
Medical & dental staff pay	(0.041)	(0.104)	(0.347)	(0.453)	(0.419)	(1.364)
Other pay	0.133	0.135	0.629	0.506	0.630	2.037
Non-pay	(1.415)	(0.829)	(3.222)	(0.938)	(0.926)	(7.330)
Income	0.453	0.478	0.783	(2.179)	(0.832)	(1.297)
Totals	**(1.160)**	**(0.861)**	**(3.308)**	**(4.027)**	**(2.701)**	**(12.054)**

The nursing pay adverse variance decreased this month across all of the clinical divisions. Whilst Bank and Agency expenditure associated with additional capacity and vacancies was unchanged the cost of payments for unsocial working reduced. The year to date overspend of £4.099m compares with the 2015/16 outturn overspend of £2.8m (after £1.4m of 1:1 costs were funded).

The other pay underspend was largely unchanged this month.

The non-pay overspend increased by £1.415m in February compared with £0.829m last month and over £1m a month in the two months before that. Activity was higher in February compared to January which is reflected in non-pay expenditure, and in particular out-sourcing costs.

There was an improvement in income with a favourable variance in month of £0.478m, of which £0.421m related to income from activities. The cumulative income under-performance on activity based SLA lines is £1.999m, of which £2.023m relates to elective activity, a deterioration of £0.451m in the month.

2. Forecast outturn assessment

The forecast outturn has been assessed in line with the protocol introduced by NHS Improvement. The forecast reported at quarter 3 to NHS Improvement of a £14.200m net surplus is unchanged. This represents a reduction of £1.7m against the Control Total surplus of £15.9m although the Trust is forecasting delivery of a £12.981m surplus before the receipt of S&T performance funding in line with the Operational Plan.

3. Key Financial Drivers

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

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

These are described in the following sections.

a) Sustainability Funding

The Trust's financial position to date includes £10.427m of sustainability funding, £1.490m behind the plan to date of £11.917m.

For February, the Trust failed to achieve the A&E standard and is reporting failure of the Cancer and RTT standards which is subject to validation, losing S&T funding of £0.325m available. The position is summarised in the following table. Further detail is provided in Appendix 9.

	Q1	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Total YTD
Control Total achieved	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
STF earned £m	3.250	0.758	0.758	0.759	0.758	0.759	0.759	0.758	0.758	9.317
A&E trajectory achieved		Yes	Yes	Yes	No	No	No	No	No	
STF earned £m		0.135	0.135	0.135	0.000	0.000	0.000	0.000	0.000	0.405
Cancer trajectory achieved		No**	Yes	No**	No	Yes	No	Yes	No	
STF earned £m		0.000	0.055	0.000	0.000	0.055	0.000	0.055	0.000	0.165
RTT National target achieved		Yes	No**	No**	No	Yes	Yes	Yes	No	
STF earned £m		0.135	0.000	0.000	0.000	0.135	0.135	0.135	0.00	0.540
Total STF £m	3.250	1.028	0.948	0.894	0.758	0.949	0.894	0.948	0.758	10.427

** appeal rejected by NHS Improvement

Of the £13.0m S&T funding, £2.925m is available for the delivery of the Trust's access performance trajectories. The current forecast performance assumes that only RTT will be achieved in March resulting in a potential loss of S&T performance funding of £1.680m for the year.

b) Nursing & Midwifery Pay

The nursing and midwifery pay variance for the month is £0.290m adverse. The table below shows the analysis between substantive, bank and agency for the last three months, previous quarters and year to date. The 2015/16 position is shown for comparison.

	Feb	Jan	Dec	Quarter 3	Quarter 2	Quarter 1	2016/17 to date	2015/16 Outturn exc. 1:1 funding
	£m	£m	£m	£m	£m	£m	£m	£m
Substantive	0.813	0.581	0.759	2.236	2.466	2.23	8.326	10.099
Bank	(0.543)	(0.553)	(0.475)	(1.551)	(1.599)	(1.440)	(5.686)	(5.684)
Agency	(0.56)	(0.569)	(0.456)	(1.836)	(1.830)	(1.945)	(6.740)	(7.268)
Total	**(0.290)**	**(0.541)**	**(0.172)**	**(1.151)**	**(0.963)**	**(1.154)**	**(4.099)**	**(2.853)**
Restated for agency accrual					(0.387)	-	(0.387)	
Reversal of 15/16 accrual					0.387		0.387	
Total	**(0.290)**	**(0.541)**	**(0.172)**	**(1.151)**	**(0.963)**	**(1.154)**	**(4.099)**	**(2.853)**

The adverse variance on nursing continues to be driven by high bank and agency usage, offset by a favourable variance on substantive posts due to vacancies. The adverse variance of £0.290m in February shows an improvement compared to January, driven by an improvement in the substantive nursing position. The favourable variance on substantive staff increased reflecting a reduction in the amount paid for unsocial working.

The improvements in permanent staffing from recruitment and retention initiatives are not yet being matched by the expected equivalent reduction in bank and agency spend. This is almost certainly due to significantly higher sickness levels.

The Nursing and ODP price and volume variance for February is shown at appendix 3. Nursing and ODPs were £0.322m adverse with a £0.318m adverse variance due to volume above the funded establishment and a £0.004m adverse variance due to price. The individual authorisation for non-framework agency has had an impact.

The nursing control dashboard is attached at appendix 4. Surgery Head & Neck's sickness rate has increased in each of the last 4 months, from 4.5% in November to 5.9% in February. The Division's vacancy rate has also increased from 4.8% to 6.9% in the same period. Despite these increases the Division's nursing variance has generally improved. Agency expenditure has reduced from £0.179m in November to circa £0.100m from December to February and variances relating to bank use have remained broadly unchanged.

Medicine's sickness rate has fluctuated but it does not show a month on month increase. Its vacancy rate has steadily increased from a low point of 5.3% in November to 7.8% in February. The increased vacancy rate is likely to be a contributing factor to Medicine's deteriorating variance against nursing expenditure; however the use of escalation capacity remains the primary cause. Medicine's agency expenditure has generally been increasing and reached a high of £0.277m in February. Expenditure on RMNs and one to one nursing has remained constant throughout the year and was £0.088m in February.

The Women's and Children's and Children's division has reduced its sickness rate from a high of 5.8% in November to 4.4% in February, and although its vacancy rate has increased slightly its remains low at 2.0%. During the same period monthly agency expenditure has reduced from £0.187m to £0.116m. The Division's overall nursing variance fluctuates but does not show a particular trend.

Specialised Services' nursing variance also follows no particular trend over recent months. Its sickness rate has varied between 3.7% and 4.5%, and whilst its vacancy rate reached 6.9% in January it reduced to 5.6% in February. Agency nursing expenditure was £0.075m in February.

c) Non Pay

The non-pay variance in the month was £1.415m adverse, and compares with an adverse variance of £0.829m in January, £1.091m in December, and £1.539m in November. This is analysed between categories of non-pay expenditure in the following table.

(Adverse)/Favourable	Feb £m	Jan £m	Dec £m	Nov £m	2016/17 to date £m
Blood	(0.191)	(0.138)	0.070	(0.104)	(0.446)
Clinical supplies & services	(0.154)	0.258	(0.565)	(0.473)	(1.101)
Drugs	(0.100)	0.032	(0.165)	(0.143)	(0.470)
Establishment	0.003	(0.021)	(0.001)	(0.024)	0.040
General supplies & services	(0.002)	(0.004)	(0.059)	(0.044)	(0.098)
Premises	(0.002)	0.047	0.019	(0.051)	0.254
Services from other bodies					
- Excluding research	(0.369)	(0.167)	(0.314)	(0.242)	(2.220)
- Research	(0.079)	(0.082)	0.104	(0.208)	(0.375)
Other non-pay expenditure	(0.264)	(0.433)	0.089	0.016	0.414
Unidentified non-pay savings	(0.257)	(0.321)	(0.269)	(0.266)	(3.337)
Totals	**(1.415)**	**(0.829)**	**(1.091)**	**(1.539)**	**(7.337)**

The variance on blood expenditure continued to deteriorate in February due to the continued treatment of a high cost patient in Specialised Services.

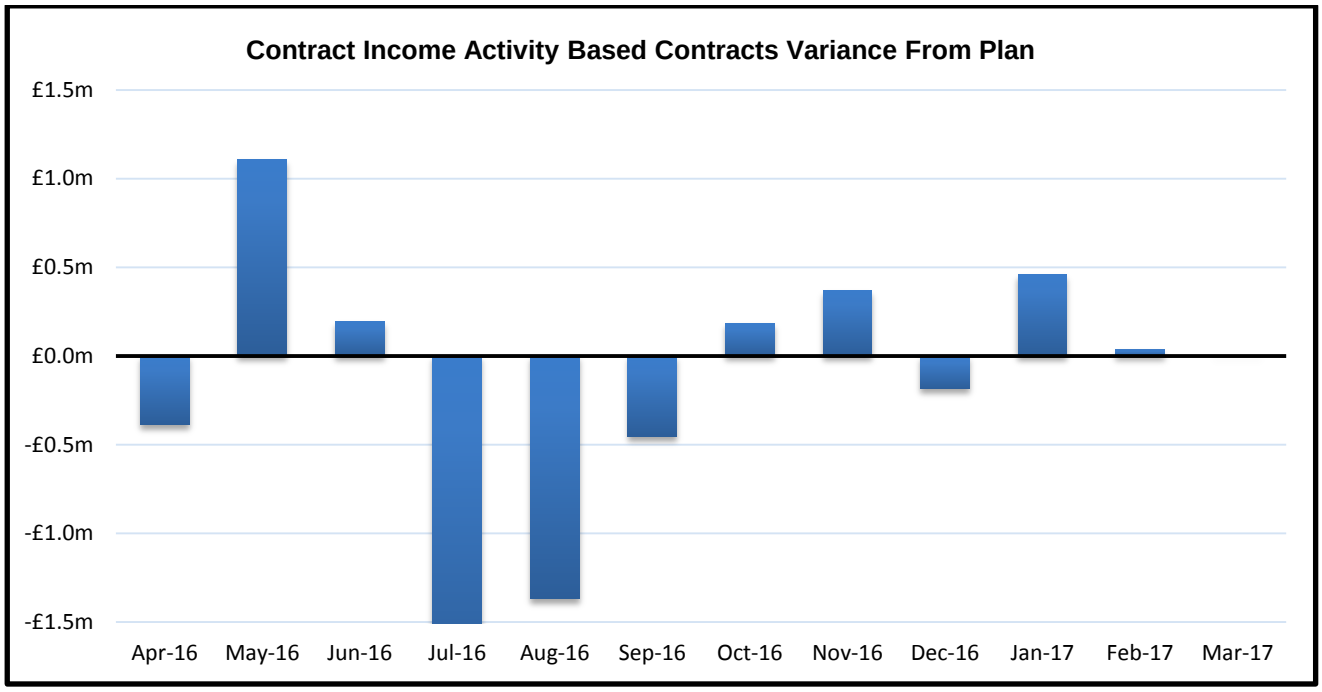
In January a review of activity and clinical supplies budgets led to an allocation of contract transfer funding. The overspend in February relates to increased activity and specific high cost surgical cases.

The overspend on services from other bodies excluding research relates to BMT donor charges, maternity pathway costs from NBT, outsourcing of Dermatology services and costs relating to community premises.

The overspend against Other Expenditure was caused by the outsourcing of surgical activity to Glanso and ophthalmic activity to CESP. Research and Innovation also overspent on external hosting costs, however this was offset by an underspend against pay budgets.

d) Clinical Activity

Activity based contract performance increased by £0.032m in February to give a cumulative under performance of £1.999m. Specialised Services improved in the month by £0.123m, Diagnostic and Therapies by £0.080m and Medicine by £0.137m. Women's and Children's worsened by £0.280m. Performance at Clinical Divisional level is shown at appendix 5a. The graph below shows the monthly performance for all activity based contracts.



The table below summarises the overall clinical income by work type, which is described in more detail under agenda item 2.2.

	In Month Variance Fav/(Adv) £m	Year to Date Plan £m	Year to Date Actual £m	Year to Date Variance Fav/(Adv) £m
Activity Based				
Accident & Emergency	(0.054)	14.376	14.561	0.184
Bone Marrow Transplants	0.041	7.523	6.756	(0.767)
Critical Care Bed days	(0.166)	40.446	40.251	(0.195)
Day Cases	0.300	35.232	35.880	0.648
Elective Inpatients	(0.451)	46.414	44.391	(2.023)
Emergency Inpatients	0.516	71.188	74.698	3.510
Excess Bed days	0.029	6.346	6.468	0.122
Non – Elective Inpatients	(0.256)	24.984	21.945	(3.039)
Other	(0.180)	74.252	73.730	(0.522)
Outpatients	0.253	75.293	75.375	0.083
Sub Totals	**0.032**	**396.054**	**394.055**	**(1.999)**
Contract Penalties	(0.021)	(0.879)	(1.589)	(0.710)
Contract Rewards	0.185	7.402	8.173	0.771
Pass through payments	(0.435)	79.227	76.527	(2.700)
Sustainability and Transformation Funding	(0.271)	11.917	10.427	(1.490)
2016/17 Totals	**(0.510)**	**493.721**	**487.593**	**(6.128)**
Prior year income	0.335	-	3.687	3.687
Overall Totals	**(0.175)**	**493.721**	**491.280**	**(2.441)**

Outpatient activity improved in the month by £0.253m and reflects ongoing increased activity notably cardiology and ophthalmology. The cumulative position is ahead of plan by £0.083m.

Elective inpatients and day cases together were £0.151m below plan in month. The position to date is £1.375m below plan. The Women's and Children's Division is £2.790m behind plan mainly in spinal surgery (£0.970m below plan) and cardiac surgery (£0.620m below plan). Specialised Services is £0.95m above plan mainly in clinical/medical oncology and haematology (£0.880m above plan).

Bone Marrow Transplants are £0.767m below plan to date, of which £0.440m relates to adults and £0.330m to paediatrics.

Emergency inpatients, offset by non-electives, were £0.471m above plan to date reflecting the high volume of emergency activity mainly within gastrointestinal surgery (£0.850m above plan), trauma & orthopaedics (£0.580m above plan) offset by cardiac surgery £1.070m below plan).

Performance against CQUIN continues higher than plan. The year to date assessment shows an overachievement against plan of £0.771m. The planning assumption was to achieve 75% however delivery of 90% at year end is considered achievable.

Performance against penalties was £0.021m below plan this month, increasing the cumulative performance to £0.710m below plan. Of this £0.640m relates to the emergency marginal tariff adjustment.

Pass through payments were £0.435m higher than plan in February, increasing the adverse cumulative position to £2.700m. The year to date adverse variance relates to excluded drugs (£1.530m), excluded devices (£0.910m) and blood products (£0.710m).

e) Savings Programme

The savings requirement for 2016/17 is £17.420m. Savings of £11.830m have been realised to date, a shortfall of £4.114m against divisional plan. The shortfall is a combination of unidentified schemes of £2.911m and a further £1.203m for scheme slippage. The 1/12th phasing adjustment increases the shortfall to date by £0.025m.

The year-end forecast outturn has decreased this month by £0.039m; the main reasons for the deterioration are changes in income schemes and diagnostic testing following a reassessment of forecast savings. The revised outturn is now £13.155m, a shortfall of £4.265m against plan, which represents delivery of 76%. The fundamental driver for savings delivery is that the unidentified sum of £2.9m at the start of the year has never moved and remains unidentified in February. This suggests that progress has not been made in-year by Divisions.

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

	Savings Programme to 28th February 2017				
	Plan £m	Actual £m	Variance fav / (adv) £m	Phasing adjustment fav/(adv) £m	Total variance Fav/(adv) £m
Diagnostics & Therapies	1.492	1.461	(0.031)	(0.014)	(0.045)
Medicine	1.541	1.287	(0.254)	(0.003)	(0.257)
Specialised Services	1.385	1.121	(0.264)	0.001	(0.263)
Surgery, Head and Neck	4.494	2.633	(1.861)	(0.049)	(1.910)
Women's and Children's	4.273	2.317	(1.956)	0.021	(1.935)
Estates and Facilities	0.711	0.773	0.062	(0.008)	0.054
Trust Services	0.685	0.626	(0.059)	0.027	(0.032)
Corporate Services	1.363	1.612	0.249	-	0.249
Totals	**15.944**	**11.830**	**(4.114)**	**(0.025)**	**(4.139)**

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

	Year to Date			Variance Against Adjusted Plan £m	Forecast Outturn		
	Plan £m	Actual £m	Variance £m		Plan £m	Actual £m	Variance £m
Pay	2.380	2.007	(0.373)	(0.374)	2.597	2.199	(0.398)
Drugs	0.974	1.064	0.090	0.107	1.044	1.201	0.157
Clinical Supplies	2.822	3.180	0.358	0.363	3.073	3.511	0.438
Non Clinical Supplies	3.840	3.264	(0.576)	(0.623)	4.241	3.642	(0.599)
Other Non-Pay	0.052	0.052	-	-	0.057	0.057	-
Income	2.332	1.630	(0.702)	(0.701)	2.543	1.855	(0.688)
Capital Charges	0.633	0.633	-	-	0.690	0.690	-
Unidentified	2.911	-	(2.911)	(2.911)	3.175	-	(3.175)
Totals	**15.944**	**11.830**	**(4.114)**	**(4.139)**	**17.420**	**13.155**	**(4.265)**

4. Divisional Financial Position

Clinical Divisions and Corporate Services overspend against budget increased by £1.160m in February to a cumulative position of £12.056m adverse to plan. The following table shows the Clinical Divisions and Corporate Services budget variances against the four main income and expenditure headings.

	Budget Variance favourable/(adverse)		
	To 31 Jan £m	February £m	To 28 Feb £m
Pay	(2.881)	(0.173)	(3.054)
Non Pay	(3.116)	(1.158)	(4.274)
Operating Income	(0.071)	0.250	0.179
Income from Activities	(1.008)	0.239	(0.769)
Sub Total	(7.076)	(0.842)	(7.918)
Savings programme	(3.820)	(0.318)	(4.138)
Totals	**(10.896)**	**(1.160)**	**(12.056)**

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

Variance in month favourable/(adverse)	Pay £m	Non Pay £m	Operating Income £m	Income from activities £m	Savings £m	Total £m
Diagnostic & Therapies						
– To 31 January	1.297	(1.070)	0.070	0.217	(0.032)	0.482
– February	0.184	(0.139)	0.009	0.128	(0.012)	0.170
– To 28 February	1.481	(1.209)	0.079	0.345	(0.044)	0.652
Medicine						
– To 31 January	(1.843)	(0.625)	0.042	(0.841)	(0.282)	(3.549)
– February	(0.376)	(0.215)	0.002	0.071	0.025	(0.493)
– To 28 February	(2.219)	(0.840)	0.044	(0.770)	(0.257)	(4.042)
Specialised Services						
– To 31 January	(0.711)	(0.726)	0.115	0.117	(0.239)	(1.444)
– February	0.030	(0.230)	0.040	0.033	(0.024)	(0.151)
– To 28 February	(0.681)	(0.956)	0.155	0.150	(0.263)	(1.595)
Surgery, Head & Neck						
– To 31 January	(0.091)	(1.676)	(0.022)	0.187	(1.772)	(3.374)
– February	0.094	(0.287)	0.015	0.077	(0.138)	(0.239)
– To 28 February	0.003	(1.963)	(0.007)	0.264	(1.910)	(3.613)
Women's & Children's						
– To 31 January	(2.189)	1.235	0.060	(0.789)	(1.753)	(3.436)
– February	(0.114)	(0.021)	(0.011)	(0.129)	(0.182)	(0.457)
– To 28 February	(2.303)	1.214	0.049	(0.918)	(1.935)	(3.893)
Corporate Services						
– To 31 January	0.656	(0.254)	(0.336)	0.101	0.258	0.425
– February	0.009	(0.266)	0.195	0.059	0.013	0.010
– To 28 February	0.665	(0.520)	(0.141)	0.160	0.271	0.435

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

The £1.156m adverse variance in month on non-pay expenditure represents a further significant deterioration, although £0.266m of this was in Corporate Services relating to research offset by the movement in operating income. Surgery Head and Neck relates to increased outsourcing costs as well as clinical supplies in theatres due to specific high cost cases and blood costs relating to a high cost Specialised Services patient in ITU. Specialised Services incurred significantly high costs in month for blood products relating to a specific patient as well as increased clinical supplies costs reflecting increased cardiology activity and perfusion costs. Medicine costs relate to outsourcing. Diagnostic and Therapies have allocated contract transfer funding.

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

The £0.250m favourable variance on income from operations was primarily within research and offset by non-pay.

The £0.318m adverse savings variance in month was predominantly in Surgery, Head and Neck and Women's and Children's as described in section 3e.

5. Use of Resources Rating

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

		28 February 2017		31 March 2017	
	Weighting	Plan	Actual	Plan	Forecast
Liquidity					
Metric Result – days		11.62	13.67	11.96	13.75
Metric Rating	20%	1	1	1	1
Capital Servicing Capacity					
Metric Result – times		2.75	2.61	2.77	2.64
Metric Rating	20%	1	1	1	1
Income & expenditure margin					
Metric Result		2.52%	2.28%	2.53%	2.26%
Metric Rating	20%	1	1	1	1
Variance in I&E margin					
Metric Result		0.00%	(0.24)%	0.00%	(0.27)%
Metric Rating	20%	1	2	1	2
Variance from agency ceiling					
Metric Result		0.00%	17.7%	0.00%	21.8%
Metric Rating	20%	1	2	1	2
Overall URR		**1.0**	**1.4**	**1.0**	**1.4**
Overall URR (rounded)		**1**	**1**	**1**	**1**

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

At the end of February the Trust is £2.143m adverse against the NHSI ceiling, deterioration in the month of £0.326m. The following table summarises this position:

	Current month position (February)			Year to date position		
Staff category	NHS I Ceiling £m	Actual £m	Variance fav/(adv) £m	NHS I Ceiling £m	Actual £m	Variance fav/(adv) £m
Medical Agency	-	0.023	-	-	1.100	-
Medical Locum – Zero Hours		0.160			1.107	
Medical Locum – Fixed Term		0.228			2.582	
Nursing Agency (RNs and NAs)	-	0.602	-	-	7.486	-
Other Agency	-	0.199	-	-	1.789	-
Totals	**0.885**	**1.211**	**(0.326)**	**11.921**	**14.064**	**(2.143)**

6. Capital Programme

A summary of income and expenditure for the eleven months ending 28 February 2017 is provided in the following table. The Operational Plan of £35.0m shows profiled planned expenditure to date of £32.300m. The internal plan reflects the Trust's re-profiled plan.

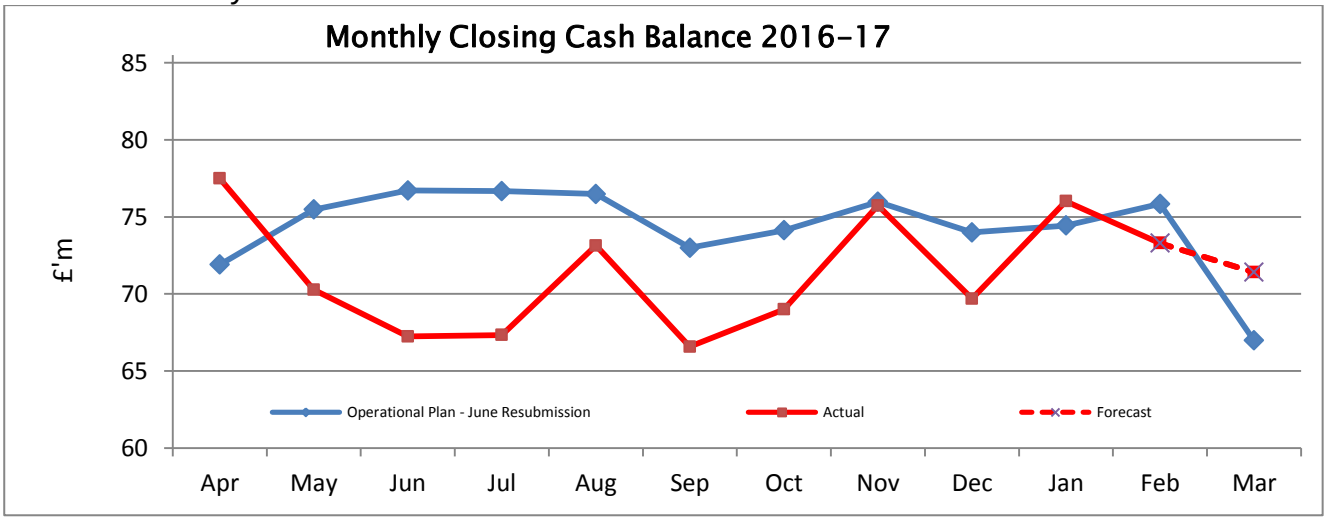
Original Operational Plan £m	Subjective Heading	Period ended 28 February 2017				
		Original Operational Plan to Date £m	Revised Internal Plan £m	Actual £m	Variance £m	Forecast Out-turn £m
	Sources of Funding					
0.273	PDC	0.273	0.273	0.272	(0.001)	2.067
2.732	Donations	2.270	2.270	2.224	(0.046)	2.732
	Cash:					
22.054	Depreciation	20.130	19.480	19.488	0.008	21.273
9.941	Cash balances	9.627	4.044	3.103	(0.941)	5.934
35.000	**Total Funding**	**32.300**	**26.067**	**25.087**	**(0.980)**	**32.006**
	Expenditure					
(14.244)	Strategic Schemes	(10.106)	(11.085)	(11.769)	(0.684)	(12.052)
(11.142)	Medical Equipment	(9.539)	(3.817)	(3.462)	0.354	(8.536)
(4.659)	Information Technology	(3.606)	(3.031)	(2.842)	0.189	(3.414)
(2.815)	Estates Replacement	(2.460)	(2.097)	(1.992)	0.105	(2.577)
(13.191)	Operational Capital	(9.211)	(6.037)	(5.022)	1.015	(7.500)
(46.051)	**Gross Expenditure**	**(34.922)**	**(26.067)**	**(25.087)**	**0.980**	**(34.079)**
2.706	Planned Slippage	2.622	-	-	-	2.073
8.345	I&E Variation from Plan		-	-	-	-
(35.000)	**Net Expenditure**	**(32.300)**	**(26.067)**	**(25.087)**	**0.980**	**(32.006)**

Capital expenditure for the period is £25.087m against an internal plan of £26.067m, £0.980m behind plan. The forecast out-turn is £32.006m. Further information is provided under agenda item 3.1.

7. Statement of Financial Position and Cashflow

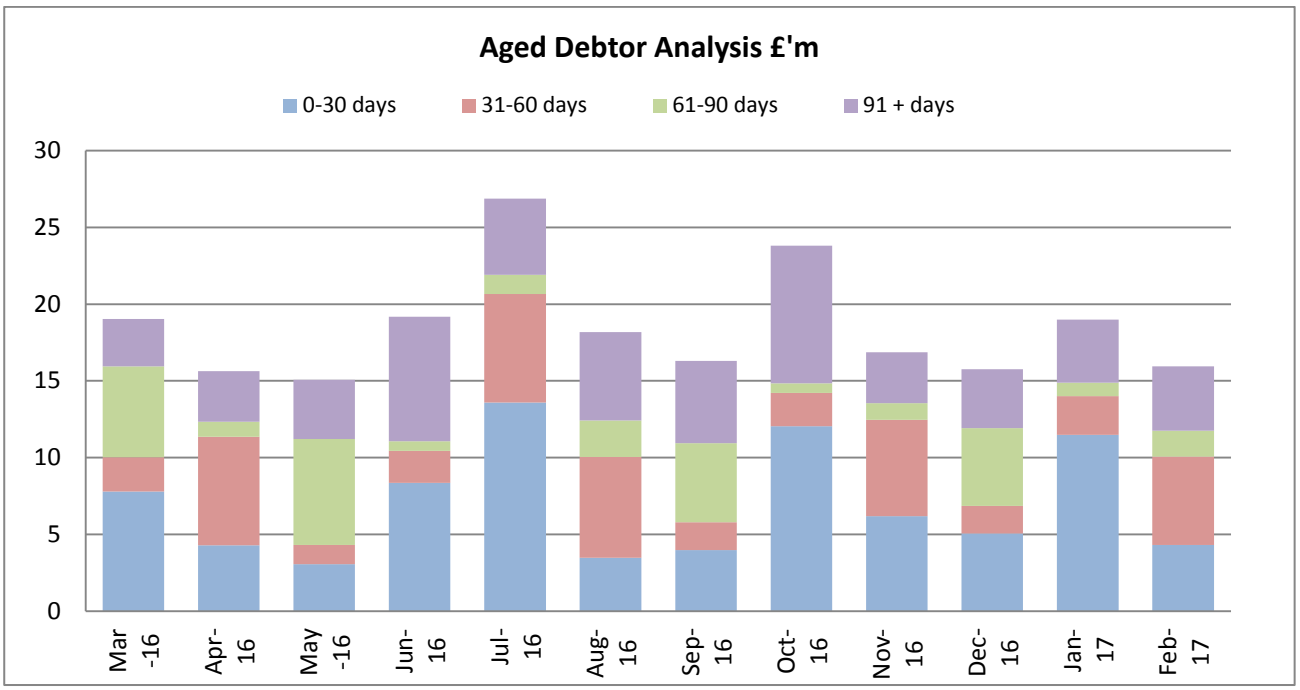
Overall, the Trust had a strong statement of financial position as at 28 February 2017 with net current assets of £34.546m, £5.123m higher than the Operational Plan.

The Trust held cash and cash equivalents of £73.443m at the end of February, £2.396m lower than plan mainly due to lower than planned SLA receipts. The forecast year end cash balance is £71.409m. The graph below shows the month end cash balance trajectory for the financial year.

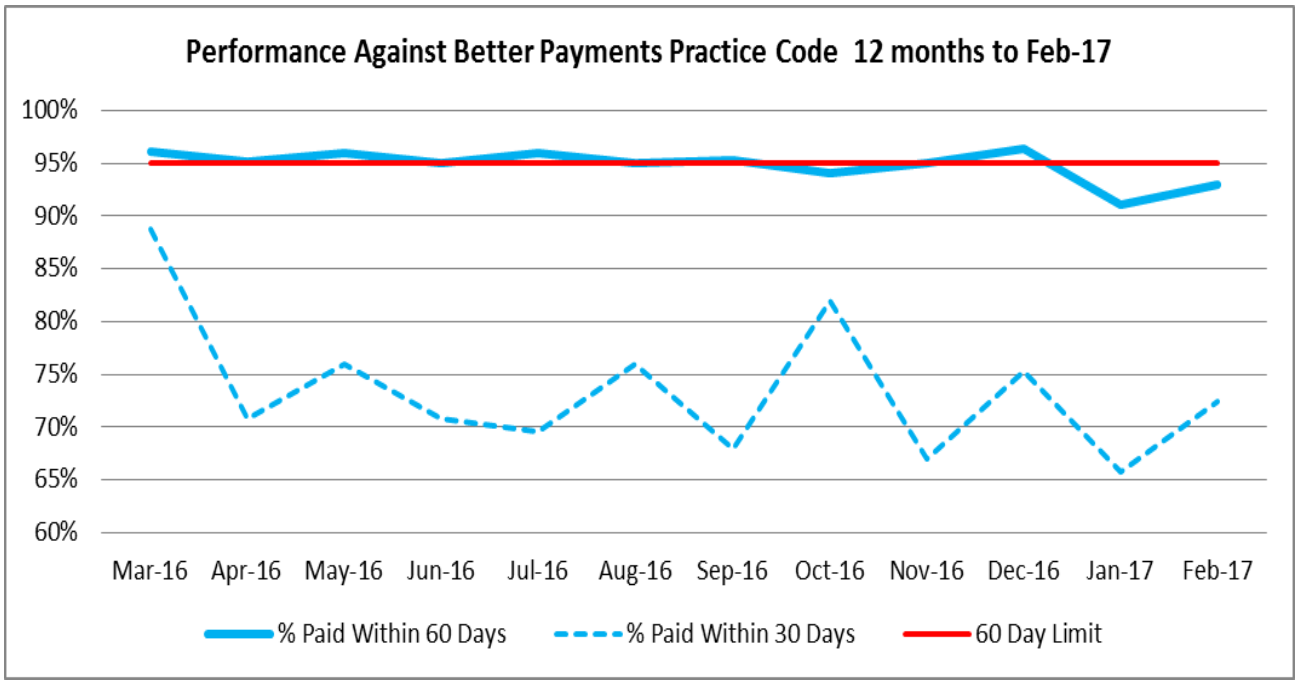


The total value of debtors was £15.945m (£8.555m SLA and £7.390m non-SLA). This represents a decrease in the month of £3.039m (£0.595m SLA decrease and £2.444m non-SLA decrease).

Debts over 60 days old have increased by £0.918m (£0.133m SLA increase and £0.785m non-SLA increase) to £5.884m (£2.469m SLA and £3.415m non-SLA) and represents 37% of total debtors. The total debt relating to NBT (SLA and non SLA) over 60 days is £2.048m. The increase in non-SLA debtors primarily relates to North Bristol NHS Trust, overseas patients and Bristol Community Heath which have increased by £0.357m, £0.142m and £0.109m respectively. The position is summarised in the following chart. Further details are provided in agenda item 4.1.



In February the Trust's performance against the 60 day target was 93% reflecting the continued focus on clearing older invoices and resolving supplier queries.



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

Appendix 1

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

Approved Budget / Plan 2016/17	Heading	Position as at 28th February			Actual to 31st January	Forecast Outturn
		Plan	Actual	Variance Fav / (Adv)		
£'000		£'000	£'000	£'000	£'000	£'000
	Income					
539,670	From Activities	492,693	492,354	(339)	449,865	538,752
92,632	Other Operating Income	84,313	84,237	(76)	76,653	91,951
632,302	**Sub totals income**	**577,006**	**576,591**	**(415)**	**526,518**	**630,703**
	Expenditure					
(365,644)	Staffing	(334,565)	(337,993)	(3,428)	(307,289)	(367,813)
(206,625)	Supplies and Services	(188,336)	(195,408)	(7,072)	(179,643)	(215,903)
(572,269)	**Sub totals expenditure**	**(522,901)**	**(533,401)**	**(10,500)**	**(486,932)**	**(583,716)**
(9,982)	Reserves	(7,333)	-	7,333	-	
	NHS Improvement Plan Profile	(1,005)	-	1,005	-	
50,051	**EBITDA**	**45,767**	**43,190**	**(2,577)**	**39,586**	**46,987**
7.92	**EBITDA Margin - %**		**7.49**		**7.52**	**7.45**
	Financing					
(22,472)	Depreciation & Amortisation - Owned	(20,583)	(19,488)	1,095	(17,717)	(21,273)
244	Interest Receivable	224	177	(47)	167	197
(290)	Interest Payable on Leases	(266)	(270)	(4)	(245)	(300)
(3,124)	Interest Payable on Loans	(2,864)	(2,646)	218	(2,432)	(2,884)
(8,509)	PDC Dividend	(7,799)	(7,795)	4	(7,087)	(8,501)
(34,151)	**Sub totals financing**	**(31,288)**	**(30,022)**	**1,266**	**(27,314)**	**(32,761)**
15,900	**NET SURPLUS / (DEFICIT) before Technical Items**	**14,479**	**13,168**	**(1,311)**	**12,272**	**14,226**
	Technical Items					
-	Profit/(Loss) on Sale of Asset	-	(30)	(30)	(30)	(30)
2,732	Donations & Grants (PPE/Intangible Assets)	2,270	2,224	(46)	2,202	2,732
(6,436)	Impairments	(6,436)	(1,362)	5,074	(1,362)	(6,436)
385	Reversal of Impairments	-	-	-	-	385
(1,610)	Depreciation & Amortisation - Donated	(1,473)	(1,452)	21	(1,322)	(1,612)
10,971	**SURPLUS / (DEFICIT) after Technical Items**	**8,840**	**12,548**	**3,708**	**11,760**	**9,265**

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

Finance Report February 2017- Divisional Income & Expenditure Statement

Approved Budget / Plan 2016/17	Division	Total Budget to Date	Total Net Expenditure / Income to Date	Variance [Favourable / (Adverse)]					Total Variance to date	Total Variance to 31 st January	Operating Plan Trajectory Year to Date	Variance from Operating Plan Year to Date
				Pay	Non Pay	Operating Income	Income from Activities	CIP				
£'000		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	Corporate Income											
540,682	Contract Income	493,721	493,721	-	-	(35)	35	-	0	0		
-	Sustainability and Transformation Funding Variance	-	-	-	-	-	(1,490)	-	(1,490)	(1,218)		
1,071	Contract Penalties	1,071	-		-	-	(469)	-	(469)	(456)		
-	Overheads	-	2,212	-	265	-	2,835	-	3,100	2,841		
37,182	NHSE Income	33,902	33,902	(2)	-	2	-	-	-	-		
578,935	**Sub Total Corporate Income**	**528,694**	**529,835**	**(2)**	**265**	**(33)**	**911**	**-**	**1,141**	**1,167**		
	Clinical Divisions											
(51,662)	Diagnostic & Therapies	(47,312)	(46,660)	1,481	(1,209)	79	345	(44)	652	482	(13)	665
(76,918)	Medicine	(70,440)	(74,482)	(2,219)	(840)	44	(770)	(257)	(4,042)	(3,549)	(877)	(3,165)
(102,901)	Specialised Services	(94,190)	(95,785)	(681)	(956)	155	150	(263)	(1,595)	(1,444)	(179)	(1,416)
(105,909)	Surgery Head & Neck	(96,968)	(100,581)	3	(1,963)	(7)	264	(1,910)	(3,613)	(3,374)	(890)	(2,723)
(120,679)	Women's & Children's	(110,540)	(114,433)	(2,303)	1,214	49	(918)	(1,935)	(3,893)	(3,436)	(1,014)	(2,879)
(458,069)	**Sub Total - Clinical Divisions**	**(419,450)**	**(431,941)**	**(3,719)**	**(3,754)**	**320**	**(929)**	**(4,409)**	**(12,491)**	**(11,321)**	**(2,973)**	**(9,518)**
	Corporate Services											
(36,657)	Facilities And Estates	(33,246)	(33,202)	50	(46)	(40)	27	53	44	30	(10)	54
(26,326)	Trust Services	(24,420)	(24,450)	597	(459)	(178)	41	(31)	(30)	(39)	7	(37)
2,150	Other	2,527	2,948	18	(15)	77	92	249	421	434	-	421
(60.833)	**Sub Totals - Corporate Services**	**(55.139)**	**(54.704)**	**665**	**(520)**	**(141)**	**160**	**271**	**435**	**425**	**(3)**	**438**
(518,902)	**Sub Total (Clinical Divisions & Corporate Services)**	**(474,589)**	**(486,645)**	**(3,054)**	**(4,274)**	**179**	**(769)**	**(4,138)**	**(12,056)**	**(10,896)**	**(2,976)**	**(9,080)**
(9,982)	Reserves	(7,333)	-	-	7,333	-	-	-	7,333	6,667		
-	NHS Improvement Plan Profile	(1,005)	-	-	1,005	-	-	-	1,005	823		
(9,982)	**Sub Total Reserves**	**(8,338)**	**-**	**-**	**8,338**	**-**	**-**	**-**	**8,338**	**7,490**		
50,051	**Trust Totals Unprofiled**	**45,767**	**43,190**	**(3,056)**	**4,329**	**146**	**142**	**(4,138)**	**(2,577)**	**(2,239)**		
	Financing											
(22,472)	Depreciation & Amortisation - Owned	(20,583)	(19,488)	-	1,095	-	-	-	1,095	989		
244	Interest Receivable	224	177	-	(47)	-	-	-	(47)	(36)		
(290)	Interest Payable on Leases	(266)	(270)	-	(4)	-	-	-	(4)	(4)		
(3,124)	Interest Payable on Loans	(2,864)	(2,646)	-	218	-	-	-	218	172		
(8,509)	PDC Dividend	(7,799)	(7,795)	-	4	-	-	-	4	3		
(34,151)	**Sub Total Financing**	**(31,288)**	**(30,022)**	**0**	**1,266**	**-**	**-**	**-**	**1,266**	**1,124**		
15,900	**NET SURPLUS / (DEFICIT) before Technical Items**	**14,479**	**13,168**	**(3,056)**	**5,595**	**146**	**142**	**(4,138)**	**(1,311)**	**(1,115)**		
	Technical Items											
-	Profit/(Loss) on Sale of Asset	-	(30)	-	(30)	-	-	-	(30)	(30)		
2,732	Donations & Grants (PPE/Intangible Assets)	2,270	2,224	-	-	(46)	-	-	(46)	(68)		
(6,436)	Impairments	(6,436)	(1,362)	-	5,074	-	-	-	5,074	5,074		
385	Reversal of Impairments	-	-	-	-	-	-	-	-	-		
(1,610)	Depreciation & Amortisation - Donated	(1,473)	(1,452)	-	21	-	-	-	21	22		
(4,929)	**Sub Total Technical Items**	**(5,639)**	**(620)**	**-**	**5,065**	**(46)**	**-**	**-**	**5,019**	**4,998**		
10,971	**SURPLUS / (DEFICIT) after Technical Items Unprofiled**	**8,840**	**12,548**	**(3,056)**	**10,660**	**100**	**142**	**(4,138)**	**3,708**	**3,883**		

Nursing & ODP Variance – February 2017

Division	Nursing Category	Price Variance fav/ (adv) £'000	Volume Variance fav/ (adv) £'000	Total Variance fav/ (adv) £'000	Lost Time % (Wards/ED/ Theatres)
Medicine	Ward	57	(63)	(6)	
	Other	(90)	(169)	(259)	
	ED	(4)	(3)	(7)	
Medicine Total		**(36)**	**(235)**	**(272)**	**122%**
Surgery, Head & Neck	Ward	86	(101)	(15)	
	Theatres	(15)	31	16	
	Other	(67)	50	(16)	
	ED	4	3	6	
Surgery, Head & Neck Total		**8**	**(18)**	**(10)**	**121%**
Specialised Services	Ward	43	(38)	5	
	Other	(2)	24	22	
Specialised Services Total		**41**	**(14)**	**27**	**120%**
Women's & Children's Services	Ward	46	(64)	(18)	
	Theatres	(53)	(3)	(56)	
	Other	3	11	14	
	ED	(5)	(8)	(12)	
Women's & Children's Services Total		**(9)**	**(63)**	**(72)**	**125%**
Clinical Division Total	Ward	232	(266)	(34)	
	Theatres	(69)	29	(40)	
	Other	(155)	(84)	(239)	
	ED	(4)	(9)	(13)	
CLINICAL DIVISIONS TOTAL		**4**	**(331)**	**(326)**	**122%**
NON CLINICAL DIVISIONS	Other	(8)	12	4	
NON CLINICAL DIVISIONS TOTAL		**(8)**	**12**	**4**	
TRUST TOTAL		**(4)**	**(318)**	**(322)**	**122%**

REGISTERED NURSING - NURSING CONTROL GROUP AND HR KPIs

Graph 1 **Sickness**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*3.9%*	*3.9%*	*3.9%*	*4.3%*	*4.3%*	*4.3%*	*4.2%*	*4.2%*	*4.2%*	*4.1%*	*4.1%*	*4.1%*
Medicine	Actual	3.1%	1.9%	2.2%	3.1%	4.5%	4.2%	5.4%	4.0%	3.6%	4.8%	4.3%	
Specialised Services	*Target*	*4.0%*	*4.0%*	*4.0%*	*4.0%*	*4.0%*	*4.0%*	*4.2%*	*4.2%*	*4.2%*	*4.0%*	*4.0%*	*4.0%*
Specialised Services	Actual	3.2%	3.5%	3.0%	2.7%	3.2%	2.5%	4.1%	3.7%	3.9%	4.5%	4.2%	
Surgery, Head & Neck	*Target*	*3.8%*	*3.8%*	*3.8%*	*3.8%*	*3.8%*	*3.8%*	*3.8%*	*3.8%*	*3.8%*	*3.8%*	*3.8%*	*3.8%*
Surgery, Head & Neck	Actual	3.8%	3.9%	5.1%	4.9%	4.1%	4.2%	4.7%	4.5%	5.1%	5.7%	5.9%	
Women's & Children's	*Target*	*3.4%*	*3.4%*	*3.4%*	*3.7%*	*3.7%*	*3.7%*	*4.5%*	*4.5%*	*4.5%*	*4.5%*	*4.5%*	*4.5%*
Women's & Children's	Actual	3.8%	3.9%	3.4%	3.7%	4.0%	4.0%	4.9%	5.8%	5.8%	5.2%	4.4%	

Source: HR info available after a weekend

Graph 2 **Vacancies**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*
Medicine	Actual	7.5%	8.7%	8.3%	9.4%	10.6%	7.3%	6.1%	5.3%	5.8%	7.4%	7.8%	
Specialised Services	*Target*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*
Specialised Services	Actual	6.5%	7.7%	7.0%	7.0%	6.8%	5.4%	5.6%	5.2%	5.9%	6.9%	5.6%	
Surgery, Head & Neck	*Target*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*
Surgery, Head & Neck	Actual	3.9%	5.9%	8.1%	8.2%	8.1%	6.6%	5.4%	4.8%	4.9%	5.6%	6.9%	
Women's & Children's	*Target*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*	*5.0%*
Women's & Children's	Actual	1.5%	2.6%	3.0%	4.8%	2.5%	2.0%	0.5%	0.3%	1.4%	2.0%	2.0%	

Source: HR

Graph 3 **Turnover**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*15.1%*	*15.1%*	*15.1%*	*15.1%*	*15.1%*	*15.1%*	*15.1%*	*15.1%*	*15.1%*	*15.1%*	*15.1%*	*15.1%*
Medicine	Actual	16.9%	16.7%	16.0%	17.4%	15.8%	15.2%	15.2%	15.5%	16.7%	16.1%	15.6%	
Specialised Services	*Target*	*13.3%*	*13.3%*	*13.3%*	*13.3%*	*13.3%*	*13.3%*	*13.3%*	*13.3%*	*13.3%*	*13.3%*	*13.3%*	*13.3%*
Specialised Services	Actual	15.6%	14.2%	13.2%	13.2%	12.9%	13.2%	12.5%	12.9%	13.0%	13.4%	13.6%	
Surgery, Head & Neck	*Target*	*12.1%*	*12.1%*	*12.1%*	*12.1%*	*12.1%*	*12.1%*	*12.1%*	*12.1%*	*12.1%*	*12.1%*	*12.1%*	*12.1%*
Surgery, Head & Neck	Actual	14.6%	13.6%	13.3%	13.9%	11.9%	11.8%	11.0%	10.2%	10.2%	9.2%	9.8%	
Women's & Children's	*Target*	*10.6%*	*10.6%*	*10.6%*	*10.6%*	*10.6%*	*10.6%*	*10.6%*	*10.6%*	*10.6%*	*10.6%*	*10.6%*	*10.6%*
Women's & Children's	Actual	9.3%	10.0%	10.5%	10.9%	11.6%	11.2%	10.9%	10.7%	11.3%	11.3%	11.9%	

Source: HR - Registered
Note: M4 figs restated

Graph 4 **Operating plan for nursing agency £000**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*145.0*	*115.0*	*131.0*	*140.0*	*150.0*	*150.0*	*80.0*	*90.0*	*90.0*	*75.0*	*80.0*	*75.0*
Medicine	Actual	244.6	132.0	169.6	203.8	265.4	179.6	245.8	197.9	166.2	271.4	276.6	
Specialised Services	*Target*	*54.7*	*54.7*	*54.7*	*36.7*	*36.7*	*32.1*	*32.1*	*27.5*	*18.3*	*18.3*	*18.3*	*18.3*
Specialised Services	Actual	95.0	108.4	107.8	85.2	135.7	129.2	119.5	99.5	64.3	53.2	75.3	
Surgery, Head & Neck	*Target*	*38.6*	*38.3*	*54.6*	*56.9*	*53.6*	*25.8*	*12.5*	*12.5*	*12.5*	*12.5*	*12.5*	*12.5*
Surgery, Head & Neck	Actual	215.0	201.7	183.4	182.8	245.2	247.3	187.9	179.3	109.2	117.2	111.1	
Women's & Children's	*Target*	*36.9*	*50.8*	*71.8*	*37.7*	*50.7*	*79.5*	*122.1*	*29.1*	*29.1*	*25.3*	*25.3*	*25.3*
Women's & Children's	Actual	158.8	134.0	109.2	219.1	179.2	173.3	176.3	186.7	141.0	124.0	116.3	

Source: Finance GL (excludes NA 1:1)

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

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*28.5*	*18.5*	*20.5*	*21.3*	*26.3*	*15.7*	*10.5*	*11.3*	*18.5*	*8.4*	*9.4*	*8.4*
Medicine	Actual	31.3	18.8	24.9	27.9	32.4	27.2	31.1	27.9	24.6	36.4	38.6	
Specialised Services	*Target*	*8.0*	*8.0*	*8.0*	*8.0*	*8.0*	*7.0*	*7.0*	*6.0*	*4.0*	*4.0*	*4.0*	*4.0*
Specialised Services	Actual	10.6	13.2	13.6	11.7	14.7	14.4	14.1	12.7	8.0	5.9	8.6	
Surgery, Head & Neck	*Target*	*6.0*	*6.1*	*8.6*	*9.1*	*8.6*	*4.1*	*2.0*	*2.0*	*2.0*	*2.0*	*2.0*	*2.0*
Surgery, Head & Neck	Actual	27.5	29.6	25.9	27.1	30.2	28.8	26.0	23.8	17.6	15.7	17.3	
Women's & Children's	*Target*	*7.8*	*10.8*	*15.3*	*7.8*	*10.6*	*16.8*	*25.8*	*5.8*	*5.8*	*4.8*	*4.8*	*4.8*
Women's & Children's	Actual	15.4	11.3	10.7	19.7	15.4	19.1	16.8	18.9	11.7	11.1	16.0	

Source: Finance GL (excludes NA 1:1)

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

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*7.9%*	*6.4%*	*7.2%*	*7.7%*	*8.3%*	*8.1%*	*4.6%*	*5.1%*	*5.2%*	*4.4%*	*4.6%*	*4.4%*
Medicine	Actual	13.4%	7.1%	9.5%	11.4%	14.6%	9.3%	13.0%	10.7%	9.3%	13.8%	14.7%	
Specialised Services	*Target*	*4.3%*	*4.3%*	*4.3%*	*2.9%*	*2.9%*	*2.5%*	*2.5%*	*2.1%*	*1.4%*	*1.4%*	*1.4%*	*1.4%*
Specialised Services	Actual	7.3%	7.7%	7.9%	6.4%	9.8%	8.9%	8.2%	7.2%	3.9%	4.7%	5.5%	
Surgery, Head & Neck	*Target*	*1.8%*	*1.8%*	*2.6%*	*2.7%*	*2.5%*	*1.2%*	*0.6%*	*0.6%*	*0.6%*	*0.6%*	*0.6%*	*0.6%*
Surgery, Head & Neck	Actual	11.5%	10.5%	10.0%	10.2%	13.2%	12.3%	9.9%	9.9%	6.3%	6.4%	6.2%	
Women's & Children's	*Target*	*1.2%*	*1.6%*	*2.3%*	*1.2%*	*1.6%*	*2.5%*	*3.7%*	*0.9%*	*0.9%*	*0.8%*	*0.8%*	*0.8%*
Women's & Children's	Actual	4.7%	3.8%	3.2%	6.4%	5.1%	4.9%	4.9%	5.2%	4.0%	3.4%	3.4%	

Source: Finance GL (RNs only)

Graph 7 **Occupied bed days**

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	Actual	9,235	9,359	9,250	9,543	9,238	8,621	9,394	8,944	8,983	9,581	8,732	
Specialised Services	Actual	4,507	4,639	4,523	4,729	4,829	4,499	4,665	4,556	4,476	4,685	4,488	
Surgery, Head & Neck	Actual	4,657	4,556	4,452	4,431	4,537	4,392	4,643	4,442	4,394	4,744	4,242	
Women's & Children's	Actual	7,087	7,399	6,957	6,548	6,070	6,470	7,243	6,891	6,435	6,738	5,927	

Source: Info web: KPI Bed occupancy

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

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	*Target*	*44*	*44*	*44*	*44*	*44*	*44*	*44*	*44*	*44*	*44*	*44*	*44*
Medicine	Actual	70	66	78	82	83	113	91	90	89	85	88	
Specialised Services	*Target*	*20*	*20*	*20*	*20*	*20*	*20*	*20*	*20*	*20*	*20*	*20*	*20*
Specialised Services	Actual	23	27	14	24	30	15	24	32	24	28	15	
Surgery, Head & Neck	*Target*	*43*	*43*	*43*	*43*	*43*	*43*	*43*	*43*	*43*	*43*	*43*	*43*
Surgery, Head & Neck	Actual	25	20	31	34	30	26	21	33	21	26	35	
Women's & Children's	*Target*	*12*	*12*	*12*	*12*	*12*	*12*	*12*	*12*	*12*	*12*	*12*	*12*
Women's & Children's	Actual	87	31	10	28	10	20	19	18	18	20	9	

Source: Finance temp staffing graphs (history changes)

Key Financial Metrics -February 2017 **Appendix 5**

	Diagnostic & Therapies	Medicine	Specialised Services	Surgery, Head & Neck	Women's & Children's	Facilities & Estates	Trust Services	Corporate	Totals
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Contract Income - Activity Based									
Current Month									
Budget	3,165	4,070	4,688	6,472	8,400	330		7,156	34,281
Actual	3,246	4,206	4,811	6,527	8,120	325		7,079	34,314
Variance Fav / (Adv)	81	136	123	55	(280)	(5)	-	(77)	33
Year to date									
Budget	36,380	47,725	54,774	75,454	95,551	3,788		82,382	396,054
Actual	36,707	47,352	55,070	75,252	94,128	3,748		81,796	394,053
Variance Fav / (Adv)	327	(373)	296	(202)	(1,423)	(40)	-	(586)	(2,001)
Contract Income - Penalties									
Current Month									
Plan	-	(15)	(2)	(8)	(4)			(52)	(81)
Actual	-	(18)	(1)	(18)	0			(65)	(102)
Variance Fav / (Adv)	-	(3)	1	(10)	4	-	-	(13)	(21)
Year to date									
Plan	(1)	(179)	(26)	(80)	(35)			(557)	(878)
Actual	(1)	(188)	(22)	(209)	(144)			(1,026)	(1,590)
Variance Fav / (Adv)	0	(9)	4	(129)	(109)	-	-	(469)	(712)
Information shows the financial performance against the planned penalties as per agenda item 5.2									
Contract Income - Rewards									
Current Month									
Plan	62	91	123	127	143	74	-	0	620
Actual	80	119	160	164	186	96	-	0	805
Variance Fav / (Adv)	18	28	37	37	43	22	-	-	185
Year to date									
Plan	737	1,090	1,468	1,509	1,710	886	-	0	7,400
Actual	814	1,204	1,622	1,667	1,888	979	-	0	8,174
Variance Fav / (Adv)	77	114	154	158	178	93	-	-	774
Information shows the financial performance against the planned rewards as per agenda item 5.2									
Cost Improvement Programme									
Current Month									
Plan	145	144	126	414	366	75	31	124	1,425
Actual	125	166	101	275	204	83	28	151	1,133
Variance Fav / (Adv)	(20)	22	(25)	(139)	(162)	8	(3)	27	(292)
Year to date									
Plan	1,492	1,541	1,385	4,494	4,272	711	685	1,364	15,944
Actual	1,461	1,287	1,121	2,633	2,316	773	627	1,612	11,830
Variance Fav / (Adv)	(31)	(254)	(264)	(1,861)	(1,956)	62	(58)	248	(4,114)

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

Finance Report February 2017 - Risk Matrix

Datix Risk Register Ref.	Description of Risk	Inherent Risk (if no action taken)		Action to be taken to mitigate risk	Lead	Current Risk		Target Risk	
		Risk Score & Level	Financial Value			Risk Score & Level	Financial Value	Risk Score & Level	Financial Value
1843	Failure to deliver the Trust's Operating Plan Control Total surplus of £15.9m based on the Divisions run rate of overspend to the end of September (month 6).	16 - Very High	£5.0m	Divisions have been given a control total deficit which cannot be exceeded. Recovery plans to deliver the control totals have been agreed.	PM	12 - High	£2.0m	4 - Moderate	£0.0m
959	Risk that Trust does not deliver future years financial plan due to under delivery of recurrent savings in year. Only 76% of the required savings have been identified at 28th February 2017, leaving a savings gap of £4.3m.	16 - Very High	£4.3m	Trust is working to develop savings plans to meet 2016/17 target of £17.4m and close the current savings gap of £4.3m. Divisions, Corporate and transformation team are actively working to promote the pipelines schemes into deliverable savings schemes.	MS	12 - High	£4.3m	4 - Moderate	£0.0m
416	Risk that the Trust's Financial Strategy may not be deliverable in changing national economic climate.	9 - High	-	Maintenance of long term financial model and in year monitoring on financial performance through monthly divisional operating reviews and Finance Committee and Trust Board.	PM	9 - High	-	9 - High	-
951	Risk of national contract mandates financial penalties and loss of Sustainability & Transformation Funding due to under-performance against key indicators.	9 - High	£3.0m	30% of the agreed Sustainability & Transformation Funding is subject to forfeit if core targets are not delivered. The current risk of loss is high.	PM	15 - Very High	£1.7m	3 - Low	£0.0m
50	Risk of Commissioner Income challenges	6 - Moderate	£3.0m	The Trust has strong controls of the SLA management arrangements.	PM	6 - Moderate	£2.0m	3 - Low	£0.0m
408	Risk to UH Bristol of fraudulent activity.	3 - Low	-	Local Counter Fraud Service in place. Pro active counter fraud work. Reports to Audit Committee.	PM	3 - Low	-	3 - Low	-

Analysis of pay spend 2015/16 and 2016/17

Division		2015/16							2016/17													
		Q1 £'000	Q2 £'000	Q3 £'000	Q4 £'000	Total £'000	Mthly Average £'000	Mthly Average %	Apr £'000	May £'000	Jun £'000	Q1 £'000	Jul £'000	Aug £'000	Sep £'000	Q2 £'000	Oct £'000	Nov £'000	Dec £'000	Q3 £'000	Jan £'000	Feb £'000	Total £'000	Mthly Average £'000	Mthly Average %
Diagnostic & Therapies	Pay budget	10,357	10,483	10,432	10,413	41,686	3,474		3,580	3,350	3,370	10,299	3,365	3,491	3,449	10,305	3,476	3,473	3,497	10,446	3,526	3,415	37,991	3,454	
	Bank	82	109	93	88	371	31	0.9%	20	21	25	66	29	32	31	92	23	21	27	72	12	22	264	24	0.7%
	Agency	377	242	186	168	972	81	2.4%	36	(11)	18	42	39	32	35	106	24	24	40	88	61	53	351	32	1.0%
	Waiting List initiative	98	54	95	95	342	29	0.8%	62	35	53	150	72	35	27	134	30	27	6	63	23	23	393	36	1.1%
	Overtime	147	94	100	110	450	38	1.1%	47	37	36	120	30	33	41	104	40	46	31	117	30	29	401	36	1.1%
	Other pay	9,572	9,648	9,788	9,920	38,927	3,244	94.8%	3,310	3,119	3,049	9,478	3,082	3,244	3,200	9,526	3,247	3,202	3,236	9,685	3,270	3,104	35,064	3,188	96.1%
	Total Pay expenditure	10,276	10,146	10,261	10,382	41,063	3,422	100.0%	3,475	3,201	3,181	9,857	3,253	3,376	3,334	9,963	3,364	3,320	3,341	10,025	3,396	3,231	36,472	3,316	100.0%
	Variance Fav / (Adverse)	82	337	172	31	623	52		105	149	189	443	112	115	115	342	112	152	156	421	130	184	1,519	138	
Medicine	Pay budget	12,841	12,458	12,400	12,606	50,305	4,192		4,306	4,290	4,258	12,853	4,244	4,388	4,191	12,824	4,185	4,176	4,198	12,559	4,066	4,172	46,702	4,246	
	Bank	897	935	905	1,039	3,775	315	7.2%	243	319	318	880	338	358	290	986	277	293	292	861	312	298	3,337	303	6.8%
	Agency	826	875	814	1,119	3,634	303	7.0%	333	239	290	861	274	320	265	858	250	291	212	752	328	342	3,141	286	6.4%
	Waiting List initiative	51	45	56	42	194	16	0.4%	30	30	17	77	3	16	13	32	4	6	6	16	3	5	133	12	0.3%
	Overtime	16	21	35	32	105	9	0.2%	8	9	7	23	8	5	5	18	6	5	3	15	6	9	71	6	0.1%
	Other pay	11,212	10,941	10,982	11,308	44,443	3,704	85.2%	3,789	3,850	3,796	11,435	3,701	3,784	4,001	11,486	3,919	3,895	3,926	11,741	4,034	3,912	42,608	3,873	86.4%
	Total Pay expenditure	13,002	12,817	12,792	13,539	52,151	4,346	100.0%	4,403	4,447	4,428	13,278	4,324	4,483	4,574	13,380	4,456	4,490	4,439	13,385	4,683	4,565	49,290	4,481	100.0%
	Variance Fav / (Adverse)	(161)	(359)	(391)	(933)	(1,846)	(154)		(97)	(157)	(170)	(424)	(80)	(95)	(383)	(557)	(272)	(314)	(240)	(827)	(616)	(393)	(2,588)	(235)	
Specialised Services	Pay budget	10,135	10,245	10,342	10,557	41,279	3,440		3,657	3,968	3,834	11,459	3,829	3,886	3,812	11,526	3,901	3,885	3,886	11,672	3,828	3,955	42,537	3,867	
	Bank	402	404	352	423	1,581	132	3.7%	94	159	172	425	151	176	122	449	139	155	131	425	104	131	1,534	139	3.5%
	Agency	671	710	582	689	2,651	221	6.3%	182	196	177	555	166	206	219	591	173	125	95	393	84	87	1,710	155	4.0%
	Waiting List initiative	125	144	156	103	528	44	1.2%	42	58	36	136	21	45	20	86	42	40	71	153	31	67	473	43	1.1%
	Overtime	29	29	30	25	114	9	0.3%	8	11	13	32	16	11	9	36	10	12	13	36	12	10	125	11	0.3%
	Other pay	9,189	9,222	9,395	9,674	37,480	3,123	88.5%	3,329	3,644	3,515	10,487	3,522	3,587	3,619	10,728	3,593	3,642	3,596	10,831	3,732	3,623	39,401	3,582	91.1%
	Total Pay expenditure	10,415	10,510	10,516	10,913	42,354	3,529	100.0%	3,654	4,068	3,913	11,635	3,876	4,025	3,989	11,889	3,958	3,974	3,906	11,838	3,962	3,918	43,243	3,931	100.0%
	Variance Fav / (Adverse)	(280)	(265)	(174)	(356)	(1,075)	(90)		3	(100)	(79)	(176)	(47)	(139)	(177)	(363)	(57)	(89)	(20)	(167)	(134)	37	(707)	(64)	
Surgery Head and Neck	Pay budget	19,366	19,669	19,708	19,855	78,598	6,550		6,588	6,629	6,673	19,890	6,739	6,846	6,785	20,371	6,804	6,743	6,817	20,364	6,830	6,795	74,330	6,757	
	Bank	559	683	488	624	2,355	196	3.0%	172	176	194	542	229	261	216	706	209	214	184	607	212	207	2,274	207	3.1%
	Agency	603	908	738	752	3,000	250	3.8%	262	251	193	707	238	242	256	736	217	205	123	545	133	131	2,252	205	3.0%
	Waiting List initiative	407	387	371	249	1,414	118	1.8%	98	154	130	382	90	71	45	206	12	58	97	167	84	46	885	80	1.2%
	Overtime	38	47	45	41	171	14	0.2%	11	12	9	33	8	11	7	26	10	10	7	27	10	8	104	9	0.1%
	Other pay	17,853	17,860	18,200	18,209	72,122	6,010	91.2%	6,144	6,165	6,159	18,467	6,040	6,202	6,389	18,631	6,381	6,271	6,283	18,935	6,466	6,324	68,822	6,257	92.6%
	Total Pay expenditure	19,461	19,885	19,844	19,875	79,062	6,589	100.0%	6,687	6,758	6,685	20,130	6,605	6,786	6,913	20,304	6,829	6,758	6,693	20,280	6,905	6,715	74,336	6,758	100.0%
	Variance Fav / (Adverse)	(95)	(215)	(136)	(20)	(466)	(39)		(99)	(129)	(12)	(240)	134	60	(128)	66	(25)	(15)	124	84	(76)	80	(6)	(1)	

Analysis of pay spend 2015/16 and 2016/17

Division		2015/16							2016/17														
		Q1 £'000	Q2 £'000	Q3 £'000	Q4 £'000	Total £'000	Mthly Average £'000	Mthly Average %	Apr £'000	May £'000	Jun £'000	Q1 £'000	Jul £'000	Aug £'000	Sep £'000	Q2 £'000	Oct £'000	Nov £'000	Dec £'000	Q3 £'000	Jan £'000	Feb £'000	Total £'000	Mthly Average £'000	Mthly Average %
Women's and Children's	Pay budget	22,562	22,828	23,290	23,780	92,460	7,705		7,944	7,602	7,919	23,465	7,899	7,950	7,870	23,718	7,954	7,981	7,958	23,892	7,423	8,033	87,239	7,931	
	Bank	533	582	487	611	2,213	184	2.3%	141	185	172	498	181	194	173	549	119	176	131	426	169	167	1,809	164	2.0%
	Agency	703	840	866	719	3,128	261	3.3%	255	162	131	548	269	204	238	711	194	191	120	505	133	102	2,000	182	2.2%
	Waiting List initiative	205	169	203	206	783	65	0.8%	33	73	40	146	48	30	62	140	29	38	49	116	26	38	466	42	0.5%
	Overtime	23	19	26	35	102	9	0.1%	9	15	17	42	13	11	11	35	17	14	9	40	10	30	392	36	0.4%
	Other pay	21,492	21,695	22,409	22,958	88,554	7,379	93.4%	7,749	7,623	7,575	22,947	7,530	7,698	7,735	22,963	7,776	7,808	7,812	23,395	7,991	7,814	84,876	7,716	94.8%
	Total Pay expenditure	22,956	23,305	23,991	24,530	94,780	7,898	100.0%	8,188	8,058	7,935	24,181	8,041	8,137	8,219	24,398	8,135	8,227	8,121	24,483	8,329	8,151	89,543	8,140	100.0%
	Variance Fav / (Adverse)	(393)	(477)	(701)	(750)	(2,320)	(193)		(244)	(456)	(16)	(716)	(142)	(187)	(349)	(679)	(181)	(246)	(163)	(591)	(907)	(118)	(2,304)	(209)	
Facilities & Estates	Pay budget	5,057	5,113	5,142	5,070	20,382	1,699		1,708	1,788	1,744	5,239	1,740	1,770	1,780	5,291	1,739	1,705	1,732	5,175	1,735	1,747	19,199	1,745	
	Bank	296	320	278	246	1,140	95	5.6%	45	78	72	195	82	107	80	269	80	80	99	260	59	92	874	79	4.6%
	Agency	145	189	249	154	738	62	3.6%	32	27	37	96	26	29	28	84	33	27	33	93	36	16	325	30	1.7%
	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	0.0%
	Overtime	225	244	207	200	876	73	4.3%	68	68	65	201	66	82	66	213	80	64	62	206	66	69	756	69	3.9%
	Other pay	4,406	4,373	4,371	4,499	17,649	1,471	86.5%	1,572	1,609	1,592	4,773	1,546	1,567	1,580	4,693	1,532	1,537	1,527	4,596	1,574	1,567	17,203	1,564	89.8%
	Total Pay expenditure	5,072	5,126	5,106	5,100	20,403	1,700	100.0%	1,717	1,782	1,766	5,265	1,720	1,785	1,754	5,259	1,726	1,708	1,721	5,155	1,735	1,744	19,158	1,742	100.0%
	Variance Fav / (Adverse)	(16)	(12)	36	(30)	(21)	(2)		(9)	6	(22)	(26)	20	(16)	26	31	13	(3)	10	20	(0)	3	41	4	
(Including R&I and (Incl R&I and Support Services)	Pay budget	6,487	6,496	6,977	7,438	27,398	2,283		2,327	2,532	2,398	7,257	2,382	2,218	2,431	7,030	2,420	2,523	2,519	7,462	2,531	2,389	26,570	2,415	
	Bank	179	211	232	223	846	70	3.2%	60	61	92	213	70	71	43	184	84	63	39	185	79	64	725	66	2.8%
	Agency	69	177	390	367	1,002	83	3.7%	26	98	116	239	35	44	23	102	37	43	34	114	48	56	560	51	2.2%
	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	0.0%
	Overtime	22	23	20	16	81	7	0.3%	4	5	3	13	5	9	7	21	5	5	9	19	2	3	58	5	0.2%
	Other pay	6,029	5,967	6,201	6,662	24,859	2,072	92.8%	2,190	2,213	2,191	6,594	2,194	1,997	2,283	6,474	2,288	2,360	2,305	6,953	2,333	2,255	24,608	2,237	94.8%
	Total Pay expenditure	6,299	6,378	6,843	7,268	26,788	2,232	100.0%	2,280	2,377	2,403	7,059	2,305	2,120	2,356	6,781	2,414	2,470	2,387	7,271	2,462	2,378	25,951	2,359	100.0%
	Variance Fav / (Adverse)	188	118	134	169	610	51		47	155	(5)	197	77	97	75	249	6	53	132	190	69	11	618	56	
Trust Total	Pay budget	86,805	87,293	88,292	89,718	352,109	29,342		30,109	30,158	30,194	90,462	30,198	30,548	30,319	91,065	30,478	30,485	30,607	91,570	29,938	30,507	334,567	30,415	
	Bank	2,949	3,244	2,834	3,254	12,281	1,023	3.4%	774	998	1,046	2,818	1,080	1,199	955	3,235	931	1,002	903	2,836	946	981	10,816	983	3.2%
	Agency	3,393	3,941	3,824	3,967	15,126	1,260	4.2%	1,127	961	961	3,049	1,047	1,078	1,064	3,188	929	904	657	2,491	823	787	10,338	940	3.1%
	Waiting List initiative	886	799	881	695	3,261	272	0.9%	265	350	276	891	234	197	167	598	117	169	229	515	167	179	2,350	214	0.7%
	Overtime	499	478	463	460	1,899	158	0.5%	156	157	150	463	146	160	148	454	168	157	134	459	136	159	1,906	173	0.6%
	Other pay	79,752	79,705	81,348	83,230	324,035	27,003	90.9%	28,083	28,223	27,876	84,183	27,616	28,078	28,805	84,500	28,737	28,715	28,685	86,136	29,400	28,598	312,582	28,417	92.5%
	Total Pay expenditure	87,480	88,166	89,352	91,607	356,602	29,717	100.0%	30,405	30,690	30,310	91,404	30,123	30,712	31,139	91,975	30,882	30,947	30,608	92,438	31,472	30,703	337,993	30,727	100.0%
	Variance Fav / (Adverse)	(674)	(873)	(1,058)	(1,889)	(4,493)	(374)		(296)	(532)	(115)	(942)	74	(164)	(821)	(911)	(404)	(463)	(1)	(868)	(1,535)	(196)	(3,426)	(311)	

NOTE: Other Pay includes all employer's oncosts.

	Significant Reserve Movements							Divisional Analysis								
	Contingency Reserve	Inflation Reserve	Operating Plan	Savings Programme	Other Reserves	Non Recurring	Totals	Diagnostic & Therapies	Medicine	Specialised Services	Surgery, Head & Neck	Women's & Children's	Estates & Facilities	Trust Services	Other including income	Totals
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Resources Book	700	11,709	38,455	(690)	2,426	3,194	55,794									
April movements	(120)	(8,993)	(31,315)	-	166	(208)	(40,470)	3,694	9,102	8,756	7,388	9,590	1,238	1,749	(1,047)	40,470
May movements	(28)	(6)	(3,529)	7	(588)	(217)	(4,361)	(119)	(22)	1	1,914	47	26	194	2,320	4,361
June movements	97	(9)	87	-	(160)	(366)	(351)	10	165	28	40	83	99	141	(215)	351
July movements	(20)	(45)	447		(119)	(207)	56	9	91	45	27	103	98	218	(647)	(56)
August Movements		(6)	234		(80)	(118)	30	58	31	42	42	59	37	122	(421)	(30)
September movements	(17)	(9)	(120)		(165)	(105)	(416)	8	24	57	43	131	24	160	(31)	416
October movements	(53)	(529)	(1,532)		(143)	(98)	(2,355)	46	79	110	192	477	40	139	1,272	2,355
November movements	(34)	(22)	(294)		(122)	(171)	(643)	55	219	43	80	81	57	207	(99)	643
December movements	(31)	(31)	(104)		(122)	(145)	(433)	9	98	27	21	46	37	195	-	433
January movements	(2)	(39)	(139)		(210)	(130)	(520)	8	131	22	23	49	80	126	81	520
February																
Strategic Scheme Costs						(34)	(34)						18	16		34
Outsourcing			(72)				(72)		72							72
Spend to Save						(10)	(10)			3				7		10
CQUINs			(14)				(14)							14		14
NHS Property Services		(47)					(47)								47	47
CSIP						(39)	(39)							39		39
EWTD					(92)		(92)	7	19	13	16	34	1	1	1	92
Other	164	(6)	(13)		(8)	(48)	89		17			6	6	19	(137)	(89)
Month 10 balances	656	1,967	2,091	(683)	783	1,298	6,112	3,785	10,026	9,147	9,786	10,706	1,761	3,347	1,124	49,682

2016/17 Sustainability & Transformation Funding – February trajectory performance

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

Net surplus Control Total

The cumulative net surplus Control Total (excluding S&T funding) was achieved for the period to February with an actual cumulative net surplus of £2.741m against a plan of £2.562m. Please see table one below.

Table one: Net surplus Control Total and performance to date

Control Total	Q1 £m	July £m	August £m	Sept £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m
Planned net surplus	3.858	5.258	6.719	8.135	9.486	10.853	12.088	13.387	14.479	15.900
Less planned STF	(3.250)	(4.333)	(5.416)	(6.500)	(7.583)	(8.667)	(9.750)	(10.833)	(11.917)	(13.000)
Planned net surplus exc STF	**0.608**	**0.925**	**1.303**	**1.635**	**1.903**	**2.186**	**2.338**	**2.554**	**2.562**	**2.900**
Actual reported net surplus	3.871	5.275	6.722	8.170	9.086	10.062	10.929	12.272	13.168	
Less STF	(3.250)	(4.279)	(5.308)	(6.337)	(7.014)	(7.773)	(8.585)	(9.615)	(10.427)	
Actual net surplus exc STF	**0.621**	**0.996**	**1.414**	**1.833**	**2.072**	**2.289**	**2.344**	**2.657**	**2.741**	
Control Total delivered / Eligible for STF?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	

A&E waiting times

The Trust did not achieve the A&E waiting times standard trajectory in February with performance of 80.7% against the in-month trajectory of 87.4%. The cumulative performance was 85.2% behind the agreed trajectory of 87.7%. Therefore, the Trust was not eligible for A&E S&T funding of £0.135m for February.

The Trust is currently forecasting failure of the in-month and cumulative trajectory for March. Failure to achieve the A&E trajectory for the last month of the financial year would mean a further loss of A&E S&T funding of £0.135m, giving a likely total loss of £0.810m for the year. Table two summarises the position to date below.

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

	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar
National standard	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Agreed in month trajectory	81.9%	84.4%	85.9%	86.6%	88.4%	92.2%	93.3%	90.0%	89.3%	88.5%	87.4%	91.0%
Actual performance	87.2%	91.7%	89.0%	89.3%	90.0%	87.3%	82.9%	78.5%	79.6%	80.4%	80.7%	
Agreed cumulative trajectory	81.9%	83.2%	84.1%	84.7%	85.2%	86.2%	87.2%	87.5%	87.7%	87.8%	87.7%	88.1%
Actual - cumulative performance	87.2%	89.5%	89.3%	89.3%	89.5%	89.1%	88.2%	86.9%	86.1%	85.6%	85.2%	
Tolerance	N/A	N/A	N/A	1%	1%	1%	0.5%	0.5%	0.5%	0.0%	0.0%	0.0%
Trajectory agreed/delivered	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	
STF due	*£135k*	*£135k*	*£135k*	£135k	£135k	£135k	£0k	£0k	£0k	£0k	£0k	

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

Cancer waiting times

January's performance against the 62-day GP standard has been subsequently confirmed as 84.7% compared with a trajectory of 83.6%, meaning the Trust is eligible for S&T funds of £0.055m for the month.

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

The draft performance for February is 79.4% which is below the trajectory of 85.7% and also the 85% national standard. With adjustments to performance taking into account breach reallocations that apply under the new national and local CQUIN rules which came into effect on the 1 October 2016, performance for the month may be above 85%. However, the Trust will still need to make a formal appeal in order to attempt secure funds based on adjusted performance, and confidence of success in securing funds via this route is low.

The likely failure to achieve the Cancer access trajectory for the last month of the financial year would mean a loss of Cancer S&T funding of £0.055m in addition to the £0.275m forfeited to date in July, September, October, December, and February. The total forecast loss of Cancer S&T funding for the year is £0.330m of the £0.495m available. Table three summarises the position to date below.

Table three: Cancer waiting times trajectories and performance to date

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
National standard	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
Agreed in month trajectory	72.7%	73.2%	81.8%	84.7%	81.7%	85.0%	85.2%	85.1%	86.9%	83.6%	85.7%	85.9%
Actual performance	77.2%	70.5%	70.8%	73.3%	84.8%	80.5%	79.5%	85.2%	81.5%	84.7%	79.4%	
Agreed cumulative trajectory	72.7%	73.0%	76.0%	83.7%	82.3%	82.8%	84.7%	84.6%	85.0%	83.6%	84.7%	85.0%
Actual - cumulative performance	77.2%	73.7%	72.7%	73.3%	80.0%	80.1%	79.5%	82.7%	82.4%	84.7%	82.0%	
Tolerance	N/A	N/A	N/A	1%	1%	1%	0.5%	0.5%	0.5%	0.0%	0.0%	0.0%
Trajectory agreed/ delivered	Yes	Yes	Yes	No*	Yes	No*	No*	Yes	No*	Yes	No	
STF due	*£55k*	*£55k*	*£55k*	£0k	£55k	£0k	£0k	£55k	£0k	£55k	£0k	

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

Referral to Treatment Time (RTT)

Final reporting of January's RTT performance confirmed achievement of the 92% national standard for the month, as previously assumed in the financial forecast. At the time of closing the financial position, failure of RTT was assumed in February pending confirmation. Recovery plans are expected to continue to support achievement in the last month of the financial year. But, this will not be sufficient to earn back the quarter two and three STF due to the scale of performance already lost.

An appeal was made to attempt to secure the RTT funding for quarter two. The appeal was rejected by NHS Improvement. On this basis, the Trust has forfeited RTT STF of £0.270m for August and September. A further appeal was made for quarter three (i.e. for the month of October). The Trust has received notification that this appeal has been supported at a regional level. But the appeal still needs to be ratified by NHS England and HM Treasury, and for this reason an adjustment has not been made to the year-end financial forecast. The forecast for the remainder of the year suggests the Trust will achieve the trajectory in March, earning RTT S&T funding of £0.135m resulting in a total RTT S&T funding loss for the year of £0.540m. Table four summarises the position to date below.

Table four: RTT waiting times trajectories and performance to date

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

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

Diagnostics

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

Summary

The Trust's Operational Plan Control Total surplus of £15.9m assumed full receipt of the S&T funding at £13.0m of which £2.925m relates to the delivery of the Trust's access performance trajectories. Actual performance to date combined with the forecast performance assessment for March against the access standard trajectories indicates a likely loss of funding of £1.680m. £0.625m of the loss relates to appeals made by the Trust which have been rejected by either NHS Improvement South West or HM Treasury.

Cover report to the Public Trust Board meeting to be held on Thursday, 30 March 2017 at 11.00 am -1.00 pm in the Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

		Agenda Item	13
Meeting Title	Trust Board	**Meeting Date**	Thursday, 30 March 2017
Report Title	2017/18 Resources Book and revised 2017/19 Operational Plan submission to NHS Improvement		
Author	Paul Mapson, Director of Finance and Information		
Executive Lead	Paul Mapson, Director of Finance and Information		
Freedom of Information Status		Open	

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

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

Executive Summary

Purpose

To present to the Trust Board the revised 2017/19 Operational Plan submission to NHS Improvement and the 2017/18 Resources Book for approval.

Key issues to note

Acceptance of the revised 2017/18 Control Total advised by NHS Improvement of a £13.0m net surplus. The revised Control Total is non recurrent i.e. it applies to 2017/18 only. Therefore, the Control Total for 2018/19 of a £22.8m net surplus is rejected by the Trust. The "self-certification" schedule is attached as appendix 1 accordingly. The 2017/18 Resources Book has been produced and reflects the revised 2017/18 Operational Plan submission of a net surplus of £13.0m.

There is no presumption of going concern status for NHS foundation trusts. The Trust is required to consider each year whether it is appropriate to prepare its accounts on the going concern basis. The Trust is required to include a statement within the annual report on whether or not the financial statements have been prepared on a going concern basis and the reasons for this decision, with supporting assumptions or qualifications as necessary.

The operational plan and resources book provide the evidence that the Trust will continue to provide its services in the future and therefore assurance is given that the financial statements for the 2016/17 annual report and accounts are prepared on the going concern basis.

Please see separate papers for : 2017/18 Resources Book and revised 2017/19 Operational Plan submission to NHS Improvement

Recommendations

Members are asked to :

- **Approve** the 2017/18 revised Operational Plan narrative including the "self-certificate" for onward submission to NHS Improvement on 30th March 2017.
- **Approve** the 2017/18 Resources Book.
- **Approve** the going concern status of the Trust.

Intended Audience

(please select any which are relevant to this paper)

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

Board Assurance Framework Risk

(please choose any which are impacted on / relevant to this paper)

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

Corporate Impact Assessment

(please tick any which are impacted on / relevant to this paper)

Quality	☐	Equality	☐	Legal	☐	Workforce	☐

Impact Upon Corporate Risk

Links to corporate risk 959 – risk that Trust does not deliver future years financial plan due to under delivery of recurrent savings in year – assessed as high risk.

Resource Implications

(please tick any which are impacted on / relevant to this paper)

Finance	☒	Information Management & Technology	☐
Human Resources	☐	Buildings	☐

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

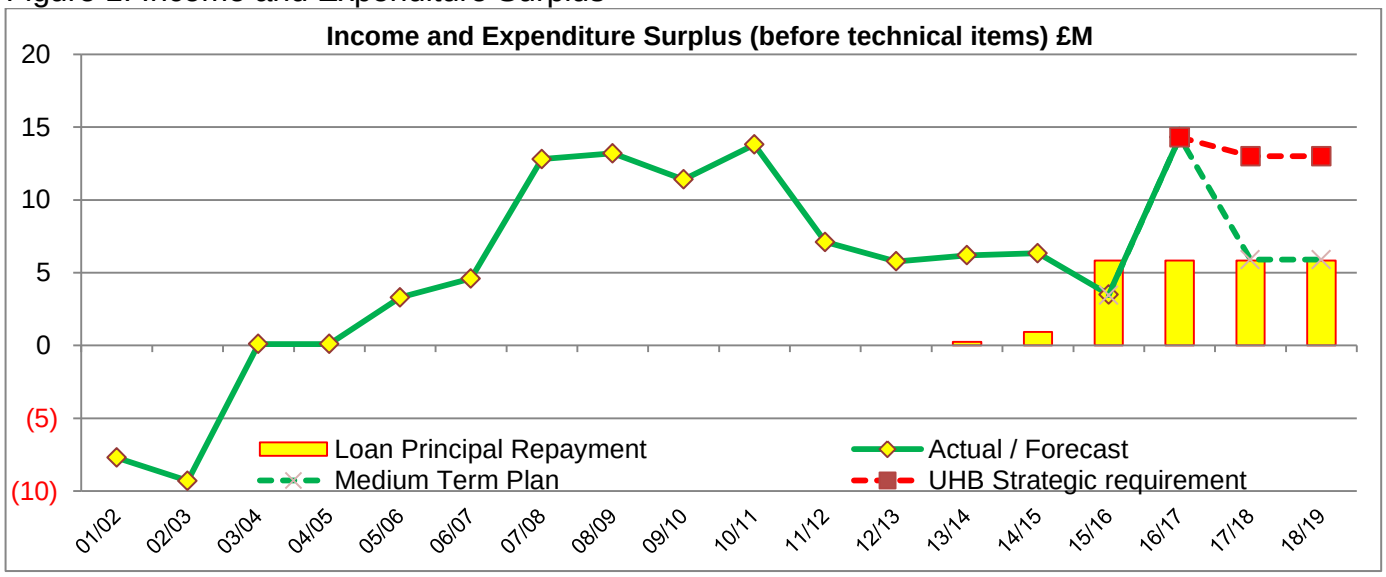
Revised 2017/18 – 2018/19 Operational Plan submission – financial narrative

1.0 2016/17 Forecast Outturn

1.1 Net surplus

The Trust is forecasting a 2016/17 net income & expenditure surplus of £14.2m before technical items in line with the Control Total excluding Sustainability & Transformation performance (S&T) funding. This will be the Trust's fourteenth year of break-even or better. A summary of the Trust's financial position is provided below in figure 1.

Figure 1: Income and Expenditure Surplus



The Trust remains one of the best performing Acute Trusts in terms of financial performance. To achieve this, however, non-recurrent measures of at least £11.0m will be required to deliver the Control Total.

1.2 Savings

The Trust's 2016/17 savings requirement is £17.4m. Savings of £13.2m are forecast to be delivered by the year end. The forecast shortfall of £4.3m is due to unidentified schemes of £3.2m and scheme slippage of £1.1m. The forecast shortfall of recurrent savings delivery in 2016/17 of £6.4m will be carried into the 2017/18 underlying position.

1.3 Capital expenditure

The Trust is forecasting capital expenditure of £30.0m for 2016/17 against an NHS Improvement plan of £35.0m due to scheme slippage. The Trust's carry forward commitments into 2017/18 are £16.1m.

1.4 Use of Resources Rating

The Trust is forecasting a Use of Resources Rating (UoRR) of one, the highest rating. The Trust has strong liquidity with forecast net current assets of £34.5m and achieves 13.8 liquidity days and a liquidity metric of one.

The Trust's forecast EBITDA performance of £47.0m (7.5%) delivers capital service cover of 2.6 times and a metric of one.

The Trust's forecast net income and expenditure margin is 2.3% and achieves a metric of one. The I&E margin variance also achieves a metric of one. The forecast agency expenditure metric scores a rating of two.

The position is summarised below.

Table one: 2016/17 Forecast Outturn Use of Resources Rating

	Metric	Rating
Liquidity	13.8	1
Capital service cover	2.6 times	1
Net I&E margin	2.3%	1
I&E margin variance	(0.27)%	2
Agency expenditure variance against ceiling	21.8%	2
Overall UoRR rounded		**1**

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

2.0 2017/18 Financial Plan

2.1 Introduction

The original Operational Plan was submitted to NHS Improvement on 23rd December 2016 which was approved by the Trust Board on 22nd December 2016. The revised financial plan has been subsequently updated to incorporate the offer from NHS Improvement of a revised Control Total of £12.957m on 20th March 2017.

The Control Total offer is in line with Trust Board expectations so it has been assumed that the offer will be accepted and the Trust's financial plan therefore moves from the original £10.1m deficit to a £12.957m surplus (rounded to £13.0m). This reconciliation is shown below:

	Net Surplus / (Deficit) £M
Per 23rd December 2016 Operational Plan submission	(10.1)
Add Sustainability & Transformation (S&T) funding	13.3
Add abatement of core fines	2.5
	5.7
Add further stretch in financial plan	7.3
Revised planned net surplus for the year	**13.0**

It should be noted that the 2017/18 financial plan is based on Service Level Agreements (SLAs) with Commissioners which concluded with signed SLAs in December. The plan is based on the following key drivers:

- Acceptance of the revised 2017/18 Control Total advised by NHS Improvement of £12.957m net surplus;

- The Trust's savings requirement for 2017/18 is £11.9m or 2.5% of recurring budgets;

- A gross inflation uplift of 2.1% to include a 1% pay award, the impact of the new Junior Doctors contract, Apprenticeship Levy at £1.15m net and a 40% increase in the cost of Clinical Negligence Scheme for Trusts (CNST) premiums. The 2.1% uplift is considered inadequate hence an additional cost pressure at £1.5m has been included in the plan primarily due to the new Junior Doctors contract requirements;

- A new HRG4+ National Tariff structure providing a favourable impact of £8.7m. However, this position is offset by a reduction in Health Education England (HEE) contracts in respect of Dental SIFT of £0.6m. In addition, further losses from Pharmacy gain share are estimated at £0.2m;

- Service Level Agreement (SLA) proposals have been negotiated with Commissioners and financial agreement has been reached. SLAs were signed by Christmas. This includes Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Groups (CCGs) and associates and NHS England (Specialised and Non-Specialised);

- The Trust has had no communication from Health Education England (HEE) of the likely funding proposals for education funding in respect of inflation, efficiency or placement volumes. This is unsatisfactory and creates further risk to the financial plan. Representations are being made by the Trust; and

- The Trust has a significant capital expenditure programme investing £474m from April 2008 until March 2022. With the incorporation of the revised Control Total, an additional £8.3m will be added to the Capital Programme. The additional £8.3m is backed by liquidity and broadly derived from the planned 2017/18 surplus of £13.0m exceeding the long term loan cash repayment requirement of £5.8m plus an additional £1.1m from cash balances. This will generate a capital programme of £48.0m after an estimated slippage of £3.9m into 2018/19.

2.2 Revised Financial Plan

The 2017/18 revised financial plan of a £13.0m net surplus is summarised in the table below.

Table two: Financial Plan

Surplus / (Deficit)	Operational Plan £M	
Underlying position brought forward	17.8	
Loss of Sustainability & Transformation Funding	(13.3)	Trust rejecting NHS Improvement's Control Total net surplus of £22.8m.
Impact of national core fines	(2.5)	Trust will be subject to fines as a result of rejecting the Control Total.
Revised Underlying position b/fwd	1.9	
Cost Pressures		
Capital Charges	(0.4)	Strategic schemes completion (net of £0.9m).
Car park	(0.2)	Loss of residences income.
CNST cost increase – net of Tariff	(0.3)	40% increase offset in part by Tariff.
Risk provision for cost pressures	(0.5)	Unavoidable recurrent costs only.
Divisional underlying shortfall	(13.0)	
SLA Contracting Issues		
CQUINS	(3.0)	Net loss of baseline income to deliver 2017/18 CQUINS.
Pharmacy gain share	(0.9)	Withdrawal of gain share by NHS England.
Sexual Health Tender	(0.4)	Tender reduces the SLA price.
Tariff impact	8.7	Estimated Tariff gain.
2017/18 Underlying position	**(8.1)**	
Non Recurrent		
Change costs / spend to save	(0.5)	To fund schemes generating recurring savings.
Risk provision for cost pressures	(0.5)	Unavoidable non-recurrent costs only.
Transition costs for strategic schemes	(0.3)	In support of the car park and other capital schemes.
Clinical IT programme	(0.8)	Funds the IT Programme support costs.
Net I&E Deficit exc. technical items	**(10.1)**	**Original 23rd December submission**.
Acceptance of revised Control Total		
Add S&T funding	13.3	Receipt of S&T funding.
Add abatement of core fines	2.5	National core fines no longer payable.
Further Stretch		
Increase in target for CQUINS income	4.0	Sets a higher CQUIN baseline to 82%
Pharmacy gain share adjustment	0.7	Re-assessed at a loss of £0.2m compared with a loss of £0.9m previously.
Use of Strategic reserve	1.3	Corporate share of SLA changes.
Annual leave accrual	1.0	Anticipated non-recurring reduction.
Other	0.3	Further measures.
Net I&E Surplus exc. technical items	**13.0**	**Revised 30th March submission.**
Donated asset depreciation	(1.5)	
Net impairments	(1.4)	
Net I&E Surplus inc. technical items	**10.1**	

2.3 Income

The agreed 2017/18 SLA is summarised in the table below. The Trust's total income plan is £657.7m, this compares to a forecast outturn in 2016/17 of £635.0m.

Table three: 2017/18 Income build up

		£M	£M
Rollover Income	Recurrent income from 2016/17		631.3
Tariff	Gross inflation excluding CNST	10.0	
	Efficiency	(9.5)	
			0.5
Impact of Guidance	Tariff impact	8.7	
	Spending commitments funded by Tariff (CNST)	2.1	
			10.8
Activity Changes	Service transfers	3.3	
	External revenue proposals	0.3	
	Recurrent activity (including undelivered QIPP)	1.8	
	Non-recurrent activity	4.3	
	Remove prior year non-recurring activity	(3.9)	
			5.8
Other	High cost drug / devices assessment (including NICE)	3.3	
	Pharmacy gain share loss (estimated)	(0.2)	
	Other	6.2	
			9.3
	Total 2017/18 Income		**657.7**

2.4 Costs

The 2017/18 level of cost pressures for the Trust is very challenging and should be considered in the context of operational pressures on spending, the full delivery of savings plans and transformation initiatives. Firm control will continue to be required to avoid the Trust's medium term plans being undermined beyond 2017/18. The main assumptions included in the Trust's cost projections are:

- Pay award at 1.0%, apprenticeship levy at £1.15m net and £1.5m for the new Junior Doctors contract;
- A reduction in agency costs of £6.1m due to improved controls and compliance with agency price caps;
- Drugs at 2.8%, clinical supplies 1.8%, CNST at 40.0%, and capital charges inflation at 3.0%;
- Savings requirement of £11.9m;
- Loss from Sexual Health service tender of £0.4m;
- Recurrent unavoidable cost pressures of £0.5m;
- Payment of loan interest at £2.6m;
- Depreciation of £22.8m; and
- Capital charges growth of £1.3m.

The 2017/18 position includes net non-recurring costs of £1.1m as follows:

- £ 0.5m Change / invest to save costs;
- £ 0.3m Transitional costs relating the car park scheme;
- £ 0.8m Clinical Systems Implementation Programme (CSIP);
- £ 0.5m Non recurrent unavoidable cost pressures; and
- £(1.0m) Annual leave accrual reduction

2.5 Cost Improvement Plans

The delivery of Cost Improvement Plans (CIPs) is an essential element in the Trust delivering its 2017/18 financial plan, including the conversion of non-recurring schemes to recurring schemes. The Trust sets CIP targets for 2017/18 in the light of national tariff efficiency requirements for Commissioners at 2.0% and a further 0.5% to cover unfunded cost pressures. This generates a CIP requirement for 2017/18 of £11.9m.

The Trust has an established process for generating CIPs operated under the established Transforming Care programme. 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 which 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 Trust also runs a programme of Specialty Productivity reviews which focus on clinical productivity across the areas above including consultant job planning reviews and links to capacity and demand. 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;
- Ensuring best value in the use of the Trust's Estates and Facilities. This includes a review of the delivery of specific services, and further improvements in energy efficiencies;
- Ensuring best use of technology to improve efficiency, linking productivity improvement with the introduction of new tools in clinical records management and patient administration;
- Addressing and reducing expenditure on premium payments including agency spend; and
- Focussing on reducing any requirement to outsource activity to non NHS bodies.

The Trust's risk assessed CIP plan is summarised below. The total of unidentified savings is currently £0.6m.

Workstreams	**£M**
Allied Healthcare Professionals Productivity	0.3
Medical Staff Efficiencies Productivity	0.3
Nursing & Midwifery Productivity	0.4
Diagnostic testing	0.2
Technology / Admin & Senior Managers Productivity	0.1
Reducing and Controlling Non Pay	4.5
Medicines savings (Drugs)	0.7
Trust Services efficiencies	0.5
Outpatient Productivity	0.4
Facilities and Estates productivity	0.6
Theatre productivity	0.2
Other	3.1
Subtotal – savings identified	**11.3**
Unidentified savings	0.6
Total – savings requirement	**11.9**

2.6 Carter review

The Trust has an action plan to address the key recommendations of the Carter Report. The Trust has already been actively engaged with regards to Medicines/Pharmacy and Estates & Facilities efficiencies. The report highlighted the current local collaborative medicines procurement process as an example of good practice. Each of the Trust's savings workstream is 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 Trust welcomes the 'Model Hospital' aspects of the Carter approach as the Trust recognises the considerable benefits this might bring in the future. As yet this is still relatively underdeveloped but as it 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 is actively using Reference Costs to identify areas of potential efficiency improvement. The Trust will continue to use the benchmarking portal released by the Carter team and the Trust will increase the benchmarking it carries out with a view to identifying examples of best practice from other Trusts. The ongoing challenge is to transfer knowledge gained from benchmarking into practical implementable cost reduction. The 2017/18 CIP Programme will continue to be taken forward by the established Savings Board, with opportunities for collaboration with partnering Trusts being actively explored through the developing Sustainability & Transformation Plan (STP) structures.

2.7 Capital expenditure

The Trust has a significant capital expenditure programme investing £474m from April 2008 until March 2022 in the development of its estate. In 2017/18, the Trust's planned gross capital expenditure totals £53.5m and incorporates slippage of £16.1m from 2016/17.

The capital programme assumes up to £5.5m slippage into 2018/19. This will be reviewed later in the year when the position is firmed up. The net 2017/18 capital expenditure plan is therefore £48.0m and is summarised below:

Table four: Source and applications of capital

Source of funds	2017/18 Plan £M	Application of funds	2017/18 Plan £M
Cash balances	26.9	Carry forward schemes	16.1
Depreciation	22.8	Estates replacement	2.5
Disposals	0.0	IM&T	6.3
Donations	0.0	Medical equipment	7.2
Public Dividend Capital	3.8	Operational capital	5.5
		Phase 5	15.9
Net cash retention	(5.5)	Net slippage	(5.5)
Total	**48.0**	**Total**	**48.0**

2.8 Use of Resources Rating

The planned net surplus of £13.0m is the driver behind the Trust's overall Use of Resources Rating (UoRR) of one. The components of the UORR are summarised below:

Table five: UORR Performance

	Metric	Rating
Liquidity	5.4	1
Capital service cover	2.6 times	1
Net I&E margin	2.0%	1
I&E margin variance from plan	0.0%	1
Agency expenditure against ceiling	0.0%	1
Overall UORR rounded		**1**

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

2.9 Summary Statement of Comprehensive Income

The 2017/18 Statement of Comprehensive Income (SoCI) and closing cash balance is summarised below:

Table six: SoCI and closing cash balance

	2017/18 Plan £M
Income	657.7
Operating expenditure	(609.9)
EBITDA (excluding donation income)	47.8
Non-operating expenditure	(34.8)
Net surplus / (deficit) excluding technical items	**13.0**
Net impairments	(1.3)
Donated asset depreciation	(1.6)
Net surplus / (deficit) including technical items	**10.1**
Year-end cash	**51.8**

3.0 2018/19 Financial Plan

The revised Control Total for 2018/19 is a net surplus of £22.8m compared with a revised net surplus Control Total of £13.0m for 2017/18. The Trust Board previously rejected the 2018/19 Control Total net surplus of £24.8m in the original Operational Plan submitted in December 2016. The 2018/19 Control Total will be rejected by the Trust Board in this revised submission. Therefore, S&T funding of £13.3m is forfeited and national core fines of £2.5m are payable resulting in a planned net deficit of £5.0m excluding technical items.

3.1 Income

The anticipated income changes from 2017/18 in 2018/19 are summarised below:

Table seven: 2018/19 Income build up

		£M	£M
Rollover Income	Recurrent income from 2017/18		657.5
Tariff	Gross inflation excluding CNST	10.8	
	Efficiency	(10.4)	
			0.4
Impact of Guidance	Spending commitments funded by Tariff (CNST)		2.6
Rejection of Control Total	Loss of S&T funding	(13.3)	
	National core fines payable	(2.5)	
			(15.8)
Activity Changes	Recurrent activity (including undelivered QIPP)	6.3	
	Remove prior year non-recurring activity	(4.3)	
			2.0
Other	High cost drug / devices assessment (including NICE)		3.1
	Total 2018/19 Income		**649.8**

3.2 Summary Statement of Comprehensive Income

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

Table eight: SoCI and closing cash balance

	2018/19 Plan £M
Income	649.8
Operating expenditure	(618.6)
EBITDA (excluding donation income)	31.2
Non-operating expenditure	(36.2)
Net surplus / (deficit) excluding technical items	**(5.0)**
Donated asset depreciation	(1.5)
Net surplus / (deficit) including technical items	**(6.5)**
Year-end cash	**46.8**

3.3 Use of Resources Rating

The planned net deficit of £5.0m is the driver behind the Trust's overall capped Use of Resources Rating (UoRR) of three. The components of the UORR are summarised below:

Table nine: UORR Performance

	Metric	Rating
Liquidity	2.8	1
Capital service cover	1.7	3
Net I&E margin	-0.8%	3
I&E margin variance	0.0%	1
Agency expenditure against ceiling	0.0%	1
Overall UORR rounded		**2**
Capped UORR		**3**

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

4.0 Financial Risks

The main risks to the delivery of the 2017/18 plan include:

- Risk of failure to deliver A&E access trajectory resulting in the loss of S&T performance funding. This is rated high;
- CQUIN schemes are not deliverable at the stretch target. Achieving the stretch target will be challenging. This risk is currently assessed as high;
- The risk of managing national and local cost pressures. The previous good track record of the Trust means that this risk is moderate;
- Delivery of the Trust's savings requirement is considered a high risk. Close monitoring of achievement and effective mitigation of any under-achievement will be in place; and
- Planned activity is not delivered hence compromising the Trust's Operational Plan including the potential need to use premium cost delivery methods. Overall this is assessed as moderate.

Paul Mapson
Director of Finance, 23 March 2017

University Hospitals Bristol NHS Foundation Trust

Self certification		00PLANCY Self-cert declarations Plan 31/03/2018 Year Ending
1. Declaration of review of submitted data The board is satisfied that adequate governance measures are in place to ensure the accuracy of data entered in this planning template. We would expect that the template's validation checks are reviewed by senior management to ensure that there are no errors arising prior to submission and that any relevant flags within the template are adequately explained.	*i*	Confirmed
2a. 2017/18 Control Total and Sustainability & Transformation Fund Allocation The Board has accepted its control total and has submitted a final operational plan for 2017/18 that meets or exceeds the required financial control total for 2017/18 and the Board agrees to the conditions associated with the Sustainability and Transformation fund	*i*	Confirmed - control total accepted: S&T fund allocation incorporated in the plan
2b. 2018/19 Control Total and Sustainability & Transformation Fund Allocation The Board has accepted its control total and has submitted a final operational plan for 2018/19 that meets or exceeds the required financial control total for 2018/19 and the Board agrees to the conditions associated with the Sustainability and Transformation fund	*i*	Not confirmed - control total rejected; no S&T fund allocation incorporated in the plan
3. 2017/18 Capital Delegated Limit All NHS Trusts have a capital delegated limit of £15m. Foundation Trusts that fulfil any of the distressed financing criteria in rows 22-24 will have a capital delegated limit of £15m. As set out in the Capital regime, investment and property business case approval guidance for NHS Trusts and Foundation Trusts, providers with delegated capital limits require business case approval from NHS Improvement. Foundation Trusts that do not fulfil any of the distressed financing criteria are subject to existing reporting and review thresholds as per the Supporting NHS Providers: guidance on transactions for NHS foundation trusts (March 2015) Appendix 1 and the Capital regime, investment and property business case approval guidance for NHS trusts and foundation trusts.		
Please complete below.		FT
Are you in Financial Special Measures?	*i*	Not in Financial Special Measures
If you are an FT, are you in breach of your licence? Or are you an NHS Trust?	*i*	Not in breach of Foundation Trust license
Have you received distressed financing or are you anticipating receiving this in either of the planning years?	*i*	Not in Receipt of Distressed Financing
Delegated capital limit (£000)		Existing reporting and review thresholds apply
The Board agrees to the delegated limit for capital expenditure and business case approvals in line with the Capital regime, investment and property business case approval guidance for NHS Trusts and Foundation Trusts.	*i*	Confirmed
4. 2016/17 Control Total The Board has accepted to deliver its control total in 2016/17		Agree to deliver 2016/17 control total
In signing to the right, the board is confirming that: **To the best of its knowledge, using its own processes, the financial projections and other supporting material included in the completed Provider Financial Monitoring System (PFMS) Template represent a true and fair view, are internally consistent with the operational and, where relevant, strategic commentaries, and are based on assumptions which the board believes to be credible. This operating plan submission will be used to measure financial performance in 2017/18 and 2018/19 and will be included in the calculation of the finance and use of resources metrics assessed under the Single Oversight Framework in 2017/18 and 2018/19.**		Signed on behalf of the board of directors; and having regard to the views of the governors (for FTs):
	Signature	
	Name	Robert Woolley
	Capacity	Chief Executive
	Date	30/03/2017
	Signature	
	Name	Paul Mapson
	Capacity	Director of Finance
	Date	30/03/2017

University Hospitals Bristol NHS
NHS Foundation Trust

Cover report to the Public Trust Board meeting to be held on Thursday, 30 March 2017 at 11.00 am -1.00 pm in the Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

		Agenda Item	15
Meeting Title	Trust Board	**Meeting Date**	Thursday, 30 March 2017
Report Title	Operational Plan 2017/18 to 2018/19		
Author	Paula Clarke, Director of Strategy and Transformation	Paul Mapson, Director of Finance and IM&T	
Executive Lead	Paula Clarke, Director of Strategy and Transformation	Paul Mapson, Director of Finance and IM&T	
Freedom of Information Status		Open	

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

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

Executive Summary

Purpose

Trust Board approved the two year Operational Plan on 22nd December 2016 with onward submission to NHS Improvement on 23rd December 2016. The Plan provides the supporting narrative setting out the Trust's approach and position on activity, quality, workforce and financial planning.

Since the end of December work has continued to underpin assurance regarding delivery of the Plan, including negotiation with NHSI re control total and signing of all SLAs with commissioners

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(achieved on 23/12/16).

On 15th March 2017, NHSI confirmed the following requirements to be completed by noon on 30th March 2017:

- Prior to population of in year 2017/18 forms and post the operational plan review process, Trusts are offered a limited rules-based opportunity to refresh plans to correct errors; ensure plans have the appropriate monthly profile for in year monitoring and align with plans sign off by Boards.
- Mandatory refreshes are required for Acute Trusts only for activity and performance trajectories for A&E, RTT and 62 day cancer standards.

The requirement does indicate that submission of a revised narrative planning summary is not required but references that Trusts may wish to update previous narrative prior to publication.

This paper provides a brief summary of the key changes proposed for inclusion in our final narrative plan. This refreshed narrative Plan will be presented to April Board for approval and will inform publication of our Plan in summary form on our website thereafter.

<u>Key issues to note</u>

Our final refreshed narrative plan will include the following material updates:

- Financial Plan - (as per item 13 on agenda) Acceptance of the revised 2017/18 Control Total advised by NHS Improvement of a £13.0m net surplus. The revised Control Total is non recurrent i.e. it applies to 2017/18 only. Therefore, the Control Total for 2018/19 of a £22.8m net surplus is rejected by the Trust.

- Performance Trajectories
- revised ED trajectory (attached).
- No change to position with respect to RTT (i.e. The expectation is that the 92% RTT national standard will be achieved at a Trust aggregate level in 2017/18 and at an RTT specialty-level in 2018/19.)
- No change to position with respect to 62 day cancer standards (i.e that without improvements in the timeliness of late referrals from local providers, the Trust does not expect to be able to comply with the 85% national standard in either 2017/18 or 2018/19. However, the expectation is that with improvements in timeliness, the 85% standard would be achieved in aggregate in each quarter going forward)

- Confirm no impact on workforce from these changes and hence no requirement to update triangulation

- Reflect our commitment to a continued focus on delivering our quality strategy, through our quality improvement plan and particularly focussing on areas highlighted in our recent CQC inspection as requiring improvement. We will also be focussing in 2017/18-2018/19 on ensuring we continue to develop the outstanding practice recognised by the CQC and on maintaining our overall rating of Outstanding as a trust.

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Recommendations

Members are asked to:
• **Approve**
  ○ the 2017/18 revised Operational Plan financial narrative including the "self-certificate" for onward submission to NHS Improvement on 30th March 2017.(as per item 13)
  ○ the revised ED performance trajectory for submission to NHS Improvement by Noon on 30th March 2017.
• **Note** the intention to complete a refresh of the Operational Plan narrative by end April 2017 and publish in line with best practice guidance

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

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

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

Impact Upon Corporate Risk
N/A

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

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Date papers were previously submitted to other committees				
Audit Committee	**Finance Committee**	**Quality and Outcomes Committee**	**Remuneration & Nomination Committee**	**Other (specify)**
	22nd December 2016 27th March 2017			

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STF Trajectories - proposed revised trajectories

A&E 4-hours	Y1 M01 Plan 30/04/2017 Month 1	Y1 M02 Plan 31/05/2017 Month 2	Y1 M03 Plan 30/06/2017 Month 3	Y1 M04 Plan 31/07/2017 Month 4	Y1 M05 Plan 31/08/2017 Month 5	Y1 M06 Plan 30/09/2017 Month 6	Y1 M07 Plan 31/10/2017 Month 7	Y1 M08 Plan 30/11/2017 Month 8	Y1 M09 Plan 31/12/2017 Month 9	Y1 M10 Plan 31/01/2018 Month 10	Y1 M11 Plan 28/02/2018 Month 11	Y1 M12 Plan 31/03/2018 Month 12
Accident and Emergency - >4 hour wait	1,940	1,950	1,699	1,574	1,301	1,117	1,185	1,147	1,121	1,132	899	613
Accident and Emergency - Total Patients	11,088	11,818	11,327	11,660	10,839	11,174	11,850	11,469	11,209	11,316	11,242	12,267
Accident and Emergency - Performance %	**82.5%**	**83.5%**	**85.0%**	**86.5%**	**88.0%**	**90.0%**	**90.0%**	**90.0%**	**90.0%**	**90.0%**	**92.0%**	**95.0%**

RTT	Y1 M01 Plan 30/04/2017 Month 1	Y1 M02 Plan 31/05/2017 Month 2	Y1 M03 Plan 30/06/2017 Month 3	Y1 M04 Plan 31/07/2017 Month 4	Y1 M05 Plan 31/08/2017 Month 5	Y1 M06 Plan 30/09/2017 Month 6	Y1 M07 Plan 31/10/2017 Month 7	Y1 M08 Plan 30/11/2017 Month 8	Y1 M09 Plan 31/12/2017 Month 9	Y1 M10 Plan 31/01/2018 Month 10	Y1 M11 Plan 28/02/2018 Month 11	Y1 M12 Plan 31/03/2018 Month 12
Referral to treatment Incompletes - >18 weeks	2,680	2,760	2,880	2,840	2,880	2,800	2,800	2,880	2,840	2,760	2,800	2,760
Referral to treatment Incompletes - Total patients	33,500	34,500	36,000	35,500	36,000	35,000	35,000	36,000	35,500	34,500	35,000	34,500
Referral to treatment Incompletes - Performance %	**92.0%**	**92.0%**	**92.0%**	**92.0%**	**92.0%**	**92.0%**	**92.0%**	**92.0%**	**92.0%**	**92.0%**	**92.0%**	**92.0%**

62-day GP	Y1 M01 Plan 30/04/2017 Month 1	Y1 M02 Plan 31/05/2017 Month 2	Y1 M03 Plan 30/06/2017 Month 3	Y1 M04 Plan 31/07/2017 Month 4	Y1 M05 Plan 31/08/2017 Month 5	Y1 M06 Plan 30/09/2017 Month 6	Y1 M07 Plan 31/10/2017 Month 7	Y1 M08 Plan 30/11/2017 Month 8	Y1 M09 Plan 31/12/2017 Month 9	Y1 M10 Plan 31/01/2018 Month 10	Y1 M11 Plan 28/02/2018 Month 11	Y1 M12 Plan 31/03/2018 Month 12
Cancer 62 days - >62 days	17.5	17.5	17.5	16.0	16.0	16.0	17.5	17.5	17.5	16.5	16.5	16.5
Cancer 62 days - Total seen	92.0	92.0	92.0	97.5	97.5	97.5	100.0	100.0	100.0	95.0	95.0	95.0
Cancer 62 days - Performance %	**81.0%**	**81.0%**	**81.0%**	**83.6%**	**83.6%**	**83.6%**	**82.5%**	**82.5%**	**82.5%**	**82.6%**	**82.6%**	**82.6%**

Cover report to the Public Trust Board meeting to be held on Thursday, 30 March 2017 at 11.00 am -1.00 pm in the Conference Room, Trust HQ, Marlborough St,

		Agenda Item	16
Meeting Title	Trust Board	**Meeting Date**	30 March 2017
Report Title	Governors Log of Communication		
Author	Kate Hanlon, Interim Head of Governance and Membership		
Executive Lead	John Savage, Chairman		
Freedom of Information Status		Open	

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

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

Executive Summary

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

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

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

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

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

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

Impact Upon Corporate Risk
N/A

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

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

ID	Governor Name		
183	Mo Schiller	***Theme:*** Heygroves Theatres	***Source:*** From Constituency/ Members

Query **23/03/2017**

A Foundation Trust member who had surgery in Heygroves Theatres at the end of last year raised with me a concern that the pre-operative area was so cold that she needed to be warmed by a special heat blanket before staff could insert an IV line. I understand that this has been a common problem and am keen to find out why there is an issue with the heating in this area so that it can be resolved for future patients.

Division: Surgery, Head & Neck ***Executive Lead:*** *Chief Operating Officer* ***Response requested:***

Response

Status: *Assigned to Executive Lead*

182	Bob Bennett	***Theme:*** Return of NHS equipment	***Source:*** From Constituency/ Members

Query **23/03/2017**

I have been approached by many outpatients regarding the return of NHS equipment such as crutches, walking sticks, commodes etc. as they do not know of any way of returning these items when no longer required. One patient has six walking sticks given to her on many visits to hospital. Can the Trust clarify the process of returning such items for reuse as it is costing the NHS many thousands of pounds in 'lost' equipment.

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

Response

Status: *Assigned to Executive Lead*

ID	Governor Name		
181	Mo Schiller	***Theme:*** DNAR	***Source:*** Governor Direct

Query **22/03/2017**

Are the executives aware of a pilot study taking place at a small number of trusts to replace DNAR in older or chronically ill patients with RESPECT for the patient/family decision, and would this trust look at making any changes to DNAR following the outcome of this pilot study?

Division: Trust-wide ***Executive Lead:*** *Medical Director* ***Response requested:***

Response

Status: *Assigned to Executive Lead*

180	Sue Milestone	***Theme:*** Welcome Centre	***Source:*** Governor Direct

Query **01/03/2017**

Marks & Spencer and WH Smith in the Welcome Centre are run by WH Smith Motorway Division. How can we assure patients and carers that all the retailers in the Welcome Centre offer the best value for money and range of products? Are the contracts reviewed to ensure pricing and offer is appropriate?

Division: Trust Services ***Executive Lead:*** *Director of Finance* ***Response requested:***

Response

Status: *Assigned to Executive Lead*

ID	Governor Name		
179	Malcolm Watson	***Theme:*** Staff training	***Source:*** From Constituency/ Members

Query **23/02/2017**

Is any training given or available to staff in respect of communicating with patients who have a disability? This is particularly important in the peri-operation period (pre- and post-op), for example, those with a hearing impairment whose first language may be signing, those with learning difficulties, those with speech disabilities, etc.

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

Response

Status: *Assigned to Executive Lead*

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

Query **26/01/2017**

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

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

Response **06/02/2017**

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

Status: *Awaiting Governor Response*

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

Query **08/02/2017**

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

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

Response **27/02/2017**

The Health and Social Care Act (2008) contains a code of practice on the prevention and control of health care associated infections (HCAI) and related guidance. Under compliance criterion 2, which sets out the standards organisations are expected to meet for minimising the risk of HCAI – the code states that uniform and work wear policies must ensure that clothing worn by staff when carrying out their duties is clean and fit for purpose. Organisations are also required to ensure that policies enable good hand hygiene practices; for example, by keeping the hands, wrists and lower arms free from jewellery.

Although it has been suggested that uniforms act as a reservoir or vector for transmission of infection in hospitals, no evidence is currently available linking the transmission of bacteria via uniforms.

Travelling in uniform is not a breach of the Trust's infection control policy. The Trust's uniform policy states that uniforms should not be worn outside the Trust in social or public areas e.g. pubs/restaurants, and that staff travelling in uniform should ensure that there uniform is covered. However, it is important to note that all clothing worn by all staff (for example, doctors, therapists and cleaners) has the potential to become contaminated via environmental micro-organisms, or those originating from patients or the wearer, and that nurses uniforms are not unique in that respect. This reinforces the need to ensure all clothing worn by staff wherever care is provided is fit for purpose and able to withstand laundering.

Status: *Closed*

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

Query **16/01/2017**

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

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

Response **27/02/2017**

The patients' advocate can be a number of different people, a family member, a friend, a trusted co-worker or a hired professional who can ask questions, write down information and speak up for the person for whom they are acting. Local authorities fund advocacy services, staff at the Trust will access these services on the behalf of patients when appropriate these services are also accessible to individuals via Care Direct.

Status: *Awaiting Governor Response*

Cover report to the Trust Board meeting to be held on Thursday, 30 March 2017 11:00am – 1:00pm in the Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

		Agenda Item	17
Meeting Title	Trust Board	**Meeting Date**	Thursday, 30 March 2017
Report Title	West of England Academic Health Science Network Board		
Author	Robert Woolley, Chief Executive		
Executive Lead	Robert Woolley, Chief Executive		
Freedom of Information Status		Open	

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

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

Executive Summary

Purpose

To update the Boards of the member organisations of the West of England Academic Health Science Network of the decisions, discussions and activities of the Network Board.

Key issues to note

There are no key issues to note.

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

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

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

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

Impact Upon Corporate Risk
N/A

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

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

Report from West of England Academic Health Science Network Board, 8 March 2017

1. Purpose

This is the fourteenth quarterly report for the Boards of the member organisations of the West of England Academic Health Science Network.
Board papers are posted on our website www.weahsn.net for information

2. Highlights of our work in Quarter 2 2016/17

- Q initiative regional rollout.
  The Q initiative is a national initiative commissioned by NHS Improvement and delivered by the Health Foundations whose aim is to create a national community of improvement leaders. The first cohort of 250 people was recruited through Patient Safety Collaborative during 2015/16.
  West of England is one of three AHSNS who was invited to lead the first waves of regional recruitment. 110 colleagues representing a broad geographical and sectoral spread across the West of England, have been recruited. We have an "on boarding" event on 29th March where we will convene the group, make a series of support offers and understand how we can support them to actively support quality improvement in their local NHS organisations.

- Diabetes Digital Coach test bed.
  This is a national exemplar project in which we are working with a group of companies to build an integrated platform through which people with diabetes can manage their own health using a range of digital tools. Our aim is to recruit 12,000 to test this approach and in the pilot phase we have so far recruited over 300 patients across 23 GP practices.

- Human Factors
  At the request of our community health and social care providers, the Patient Safety Collaborative has trained 1650 bands 1 – 4 staff in using SBAR (a standardised language for communing between professionals), we have a beyond the life of the project "faculty" of 44 trainers across the providers. We are currently developing a proposal for Human Factors in Primary Care.

- Medicines Safety
  Since March 2016 the Patient Safety Collaborative has been running a project on medicines safety on discharge from hospital using "PharmaOutcomes" to refer to community pharmacy to check changes in dosette box prescriptions. There have been over 4,000 referrals and PharmaOutcomes prevented waste in 60% of cases. This scheme has been running in BNSSG and we hope to expand it across the West of England in 2017/18

- Small Business Research Initiative(SBRI)
  One of the AHSNs activities is to support companies who won phase 1 funding through this national scheme to work with clinicians and develop their schemes.

Two West of England companies, Open Bionic and CareFlow Connect have each been awarded a million pounds in phase 2 of the scheme.

West of England jointly hosted a phase 1 SBRI call about “GP of the Future” and a local company led by BNES GP, Damian Gardner Thorpe was successful in obtaining support for a social prescribing scheme. This is operating in BNES and will now expand into West Wiltshire CCIO meeting.

3. Learning from Deaths Conference 21 March 2017

Emma Redfern, one of our Patient Safety clinical leads has been invited to speak on behalf of the AHSN about our collaborative work on acute hospital mortality reviews. Every NHS Trust has been invited to nominate executive and non-executive directors to attend this event which is also being addressed by the Secretary of State for Health.

4. Business Plan 2017/18

Our proposed Business Plan for 2017/18 was approved by the Board and now goes to NHS England. 2017/18 will be a mixed year of delivery and restructuring in readiness for the new licence and the Business Plan has been designed with this in mind. In particular we will be accommodating:

- A shift towards delivering a national innovation agenda as described in agenda item 4.1
- An expectation that AHSNs will devote a higher proportion of their resources to adoption and spread of nationally agreed priorities or “in common” projects across multiple AHSN’s
- A diminution of capability building and “Improvement” activities unless in support of the innovation agenda
- Continued support to STPs.

5. AHSN Re-licensing Process

2017/18 is the fifth and final year of the AHSN's first licence. NHSE have stated that they will grant AHSNs a second, five year licence running from April 2018 with core funding at 60% of the original financial envelope. This would be £1.8 million for West of England. The 15 AHSN footprints will remain undisturbed.

The relicensing process has commenced and includes:

Recommendations to NHSE Board regarding revised remit for AHSNs and relicensing process;

- Application period - April to June 2017
- Interview period - June to September 2017
- Announcement of relicensing October 2017 onwards

We have established work streams on the Business Model, Communications and Engagement, the Application Process and HR and OD.

4. Test beds 2

The West of England AHSN has been nominated by the AHSN network to run the selection process for the second round of Test Beds. Successfully fulfilling this task would be a feather in the cap for the AHSNs and we are pleased that Lars Sundstrom, our Director of Enterprise, has been supported by all AHSNs to lead this work and we will backfill his time on selected projects.
We are waiting to hear from NHS England if we are to proceed.

Deborah Evans,
Managing Director
March 2017