



University Hospitals Bristol
NHS Foundation Trust

Public Trust Board Meeting Papers

Date: 31 January 2019

Time: 11:00 – 13:00

Venue: Conference Room, Trust Headquarters

BOARD OF DIRECTORS (in Public)
Meeting to be held in Public on Thursday 31 January 2019, 11.00 – 13.00
Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU

AGENDA

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
Preliminary Business				
1.	Apologies for absence – <i>Verbal Update</i>	Information	Chair	
2.	Declarations of interest – <i>Verbal Update</i>	Information	Chair	
3.	Patient Story	Information	Chief Nurse	11.00
4.	Minutes of the last meeting <ul style="list-style-type: none"> • 29 November 2018 	Approval	Chair	11.20
5.	Matters arising and action log	Approval	Chair	11.25
6.	Chief Executive's Report	Information	Chief Executive	11.30
7.				11.35
8.	Q3 Corporate Objectives Update	Information	Director of Strategy and Transformation	11.40
Care and Quality				
9.	Quality and Performance Report	Assurance	Deputy Chief Executive and Chief Operating Officer; Chief Nurse/Medical Director; Director of People	11.45
10.	EU Exit - Trust Preparations	Information	Deputy Chief Executive and Chief Operating Officer	12.00
11.	Report from the Chair of the Quality and Outcomes Committee	Assurance	Chair of the Quality and Outcomes Committee	12.10
12.	Report from the Chair of the People Committee	Assurance	Chair of the People Committee	12.15

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
13.	Learning from Deaths Report	Assurance	Medical Director	12.20
Sustainability and Transformation				
14.	Transforming Care Programme Board Report	Information	Director of Strategy and Transformation	12.25
15.	Healthier Together Sustainability and Transformation Partnership	Assurance	Chief Executive	12.35
Financial Performance				
16.	Finance Report	Information	Director of Finance and Information	12.40
17.	Report from the Chair of the Finance Committee	Assurance	Chair of the Finance Committee	12.45
18.	Standing Financial Instructions – Review	Approval	Director of Finance and Information	12.50
19.	Accounting Policies	Approval	Director of Finance and Information	12.55
Governance				
20.	Well-led External Review Report	Assurance	Trust Secretary	13.00
21.	Register of Seals – Q3	Assurance	Trust Secretary	13.10
22.	Report from the Chair of the Audit Committee	Assurance	Chair of the Audit Committee	13.15
Items for Information				
23.	Governors' Log of Communications	Information	Chief Executive	13.20
Concluding Business				
24.	Any Other Urgent Business	Information	Chair	
25.	Date and time of next meeting <ul style="list-style-type: none"> 28 March 2019, 11.00 – 13.00, Trust HQ 		Chair	

**Meeting of the Board in Public on Thursday 31st January 2019 in the
Conference Room, Trust Headquarters**

Report Title	Patient Story
Report Author	Tony Watkin, Patient and Public Involvement Lead
Executive Lead	Carolyn Mills, Chief Nurse

1. Report Summary
<p>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.</p> <p>The purpose of presenting a patient story to Board members is:</p> <ul style="list-style-type: none"> • 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. <p>Hearing directly from young carers is very powerful. In this story, Annabell and Hanna will draw on their personal experiences and those of their peers to explore the challenges young carers face when supporting family members attending UH Bristol. In addition to school and other commitments, Annabell and Hanna care for young family members and are active participants of Young Carers Voice, part of the Carers Support Centre Bristol and South Gloucestershire¹. Young Carers Voice was set up to enable young carers to be seen, heard and recognised. It is a group of young carers who meet monthly and act as representatives for young carers. In addition to their personal caring responsibilities members of the group work hard to bring about change to make sure the needs of young carers and their families are recognised in service and policy development.</p> <p>This story is set in the context of Young Carers Awareness Day (31st January 2019) and the work of the Trust's Carers' Strategy Steering Group, chaired by Jo Witherstone the Trust Senior Nurse for Quality and clinical lead for carers.</p> <p>In advance of the Board meeting, Board members are invited to watch a short film about young carers. The film was produced as part of NHS England's 'commitment to carers' strategy. The film tells the story of a young carer and the difference we can make by identifying young carers and enabling them to access support services. Click on this link https://www.england.nhs.uk/commitment-to-carers/ and scroll down the</p>

¹ Carers Support Centre Bristol and South Gloucestershire employ Carer Liaison Workers who work in partnership to deliver support to carers across UH Bristol and North Bristol Trust. Representatives from Carers Support Centre will attend the Board as observers. More information about the Carers Support Centre can be found here <https://www.carerssupportcentre.org.uk/young-carers/>

page to watch the film.
2. Key points to note <i>(Including decisions taken)</i>
Annabell and Hanna’s story will illustrate the added pressures young carers face. It will touch on the impact the behaviours and attitudes of others can have on young carers and explore the need for young carers to be recognised and respected in the roles they have. The story allows us to reflect on the needs young people who have caring responsibilities have and the importance of how professionals respond to and support them.
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.
The risks associated with this report include: N/A
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>
<ul style="list-style-type: none"> This report is for INFORMATION. The Board is asked to NOTE the report.
5. History of the paper Please include details of where paper has <u>previously</u> been received.
N/A

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

**Thursday 29 November 2018 at 11:00 – 13:30, Conference Room, Trust
Headquarters, Marlborough Street, Bristol, BS1 3NU**

Present

Board Members

Member Name	Job Title/Position
Jeff Farrar	Chair of the Board
David Armstrong	Non-Executive Director
Paula Clarke	Director of Strategy and Transformation
Julian Dennis	Non-Executive Director
Matt Joint	Director of People
Paul Mapson	Director of Finance and Information
Carolyn Mills	Chief Nurse
John Moore	Non-Executive Director
William Oldfield	Medical Director
Guy Orpen	Non-Executive Director
Alison Ryan	Non-Executive Director
Mark Smith	Deputy Chief Executive and Chief Operating Officer
Martin Sykes	Non-Executive Director
Steve West	Non-Executive Director
Robert Woolley	Chief Executive

In Attendance

Name	Job Title/Position
Eric Sanders	Trust Secretary
Bryony Strachan	Clinical Chair for Women's and Children's Division – item 19 only.
Sarah Green	Associate Director for Education
Sophie Jenkins	Joint Union Committee Governor
Mo Phillips	Public Governor
Carole Dacombe	Public Governor
Garry Williams	Patient/Carer Governor
Florene Jordan	Staff Governor
Rhona Thomas	Staff Side Chair
Sabrina Lee	Communications Manager
Rachel Hughes	Member of staff
Sarah Williams	Member of staff
Jeanette Jones	Joint Union Committee Royal College of Nursing Lead and LAWDII Lead (Living and Working with Disabilities, Illness and Injury)
Clive Hamilton	Member of the Public

Minutes:

Sarah Murch: Membership and Governance Administrator

The Chair opened the Meeting at 11:05

Minute Ref	Item Number	Action
Preliminary Business		
172/11/2018	1. Welcome and Introductions/Apologies for Absence	
	The Chair of the Board, Jeff Farrar, welcomed everyone to the meeting. Apologies had been received from Non-Executive Directors Jill Youds and Madhu Bhabuta.	
173/11/2018	2. Declarations of Interest	
	There were no new declarations of interest.	
174/11/2018	3. Patient Story	
	The Board noted that while the meeting usually opened with a story from a patient, on this occasion the immediate personal circumstances of the patient had meant that they had not been able to attend and their story had been postponed to a future meeting. Carolyn Mills, Chief Nurse, apologised as it had been the third time in six months that the Board had not heard a patient story, but the reasons in each case had been entirely valid and it would remain as a standing agenda item.	
175/11/2018	4. Minutes of the last meeting	
	<p>Board members reviewed the minutes of the meeting held on 27 September 2018. There were no amendments to the minutes.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the minutes of the Board of Directors meeting held in public on the 27 September 2018 as a true and accurate record. 	
176/11/2018	5. Matters arising and Action Log	
	<p>Members received and reviewed the action log. Completed actions were noted and updates against outstanding actions were noted as follows:</p> <p>134/07/2018 Q1 Corporate Objectives Update Consideration to be given to whether the quarterly Corporate Objectives updates should be given greater Non-Executive oversight at Board Committee level.</p> <p>The Board noted that Board Committee business cycles were being updated to align with the Trust's corporate objectives. It was agreed to close the action on this basis.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Note the updates against the action log. 	
177/11/2018	6. Chief Executive's Report	
	The Board received a summary report of the key business issues considered by the Senior Leadership Team in October and November 2018.	

Minute Ref	Item Number	Action
	<p>Robert Woolley, Chief Executive, provided updates on the following matters:</p> <ul style="list-style-type: none"> • Bristol Haematology and Oncology Centre (BHOC) fire: A thank-you event sponsored by Above and Beyond had been held on 21 November for all staff who had been caught up in the BHOC fire in May and its aftermath. The Board continued to drive the action plans from the investigations into the fire and had this week agreed an investment of £4.5m in a three-year programme of fire safety improvements which would now move forward at pace. • Director of Finance Interviews: Interviews were being held next week for a new Director of Finance and Information to replace Paul Mapson who was retiring next year. • NHS Long-Term Plan: The publication of a long-term national plan for the NHS had been expected next week, but the publication date had now slipped to later in December. This slippage would affect the national planning guidance for 2019/20 which would in turn affect the timetables for business planning process both regionally and within the Trust. • Partnership with Weston Area Health NHS Trust: The Healthy Weston commissioning programme was on track to go to public consultation in January, subject to approval from NHS England. Once this had taken place, the dialogue about the future of Weston could develop (including the progression of merger discussions between UH Bristol and Weston Area Health NHS Trust). In the meantime, the partnership between the two trusts continued to develop with the establishment of Clinical Practice Groups. These enabled clinical teams from both trusts to come together to look at how they practice, the standards they were aiming to achieve and where they could learn from each other to improve the effectiveness and efficiency of service delivery. <p>Jeff Farrar, Chair, added his thanks to the organisers of both the BHOC event on 21 November and also the Recognising Success Staff Awards Ceremony on 23 November. Among the award recipients, Paul Mapson, Director of Finance and Information, had received the Chairman’s Award for his considerable contribution over 42 years working at the Trust. Non-Executive Directors expressed their congratulations to all award winners, added their thanks to the organisers and asked that Above and Beyond be appropriately thanked for funding the event.</p> <p>Steve West, Non-Executive Director, noted that Weston College had secured funding for a new centre close to the hospital, and suggested that UH Bristol and Weston Area Health NHS Trust work with the college on recruitment to revitalise the whole area. In response to a question from Garry Williams about whether affairs at Weston Area Health NHS Trust affected North Bristol NHS Trust (NBT), Robert Woolley responded that the Healthy Weston programme was exploring closer working with NBT as well as UH Bristol.</p>	

Minute Ref	Item Number	Action
	<p>Action: Chair to write to Above and Beyond to thank them for their sponsorship of the Recognising Success staff awards evening.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Chief Executive’s Report for assurance. 	Trust Chair
Care and Quality		
178/11/2018	7. Quality and Performance Report	
	<p>Mark Smith, Deputy Chief Executive and Chief Operating Officer, presented the Quality and Performance Report, the purpose of which was for the Board to review the Trust’s performance on Quality, Workforce and Access standards in the past month.</p> <p>In relation to Access standards, Mark Smith highlighted the following to the Board:</p> <ul style="list-style-type: none"> • He paid tribute to the resilience of staff as winter pressures were starting to manifest themselves in a year that had already been particularly busy. In particular, the Trust had seen a surge in Emergency Department attendances in both adults’ and children’s services. The Bristol Royal Hospital for Children Emergency Department had seen the largest numbers of attendances in the history of the department last weekend. This put at risk the Trust’s ability to meet its targets for the percentage of A&E patients seen in less than 4 hours, which was 89.2% for October (against the national standard of 95% and the Trust’s improvement trajectory target of 90.84%). The Trust had agreed new ways of working to respond to this increase in demand, and was also working with commissioners to try to establish the reasons for it. • The percentage of Referral To Treatment (RTT) patients waiting under 18 weeks was 89.6% as at end of October. Although this did not achieve the national 92% standard, the improvement trajectory target of 88.5% was achieved. • The Trust was still monitoring numbers of on-hold patients and the reduction in the numbers would be audited to ensure that there had been no adverse impact and the correct processes had been followed. • Rising demand in Dermatology continued to cause pressures in service delivery (with an 11% increase in 2018/19 referrals) and more analysis on this would be needed. • The Cancer teams had now consistently achieved the 62-day GP national standard for the last four months. The position for diagnostic targets had also improved (with the percentage of diagnostic patients waiting under 6 weeks at end of October was 98.4%, lower than the national 99% standard but above the recovery trajectory of 98%). • It was expected that the new NHS England plan would include a 	

Minute Ref	Item Number	Action
	<p>new set of key performance indicators and feedback would be sought from Board members once these were received.</p> <p>In relation to Quality standards, Carolyn Mills, Chief Nurse, highlighted that the Trust continued to deliver a strong performance in relation to the majority of indicators. The Trust had reported five cases of MRSA in the year to date, though this was largely due to a change in attribution criteria rather than deterioration in standards. There had been a significant spike in October in pressure ulcer incidence (21 cases in the month) which the Board had discussed thoroughly at its Quality and Outcomes Committee.</p> <p>William Oldfield, Medical Director, further reported that no medication errors had resulted in harm in the month. The rate of non-purposeful omitted doses of listed medication remained below 0.5% for the cases reviewed, and there had been none in the wards that were now using the new electronic prescribing and administration tool (EPMA). Mortality ratios remained within expected limits though monitoring was continuing to try to further reduce these. In relation to care of patients with Fractured Neck of Femur, a best practice pathway had been identified but only 50% of patients had achieved all elements of this. This was mainly due to capacity issues, and work was ongoing to improve this including optimising the use of operating theatres.</p> <p>Regarding the Workforce metrics in the report, Matt Joint, Director of People, highlighted that the Trust's vacancy rate had reduced from 5.6% to 4.6% in the month, which reflected a cohort of newly-qualified nurses and doctors-in-training appointed over recent months. Sickness absence had increased from 3.8% to 4.0%. As the single biggest cause of ill-health among staff was stress and depression, the Trust had created a new role of psychological wellbeing manager, and an appointment had now been made to this role. The Trust had offered to fund the 'Settled Status' fee for the Trust's many European Union staff and this was receiving very positive feedback.</p> <p>Overall compliance with Essential Training targets remained static at 89% (against a target of 90%). The first executive leadership development programme had been completed with positive feedback. A new role of Associate Director of Education had now been appointed to, with the aim of increasing the Trust's focus in relation to its educational responsibilities. The Staff Survey response rate was 48%, against a 50% target with one day to go. This was above the rate for most trusts, though it was noted that response rates in some areas of the Trust were considerably higher than others.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Quality and Performance Report for assurance. 	
179/11/2018	8. Quality and Outcomes Committee Chair's Report	

Minute Ref	Item Number	Action
	<p>Julian Dennis, Chair of the Quality and Outcomes Committee highlighted the following key issues from the Committee’s meetings in October and November.</p> <ul style="list-style-type: none"> • The Committee had discussed at length the increase in pressure ulcers and also improving service provision for Fractured Neck of Femur, specifically broadening the work around this to how the Trust could improve its Trauma and Orthopaedics services more generally. The Committee had noted a need to maintain focus on this. • The Committee had received a presentation on implementation of processes to improve Outpatients Departments. • The Committee had received assurance that the Trust’s new approach to winter planning would be key to managing flow. <p>Carolyn Mills added that the Committee had also received the report on potential harm to chemotherapy patients in the aftermath of the fire at the Bristol Haematology and Oncology Centre. Out of all patients receiving chemotherapy treatment, 124 had experienced no harm, 17 had experienced negligible potential harm and two had experienced minor potential harm. She emphasised that this had been the result of a considerable undertaking and was a remarkable achievement.</p> <p>Members of the Board discussed the following:</p> <p>Concern was expressed about the unusually high Emergency Department attendances. Steve West, Non-Executive Director, enquired whether the Trust had performed analysis on where the patients were being channelled from and how many of them were being admitted. Mark Smith responded that while the increase in adult attendances was understood, work was still ongoing with the Trust’s system partners in the region to understand the position in the Bristol Royal Hospital for Children. The Trust also intended to look at whether other children’s hospitals were also experiencing the same increase in demand. Paul Mapson, Director of Finance and Information, added that while the Emergency Departments had been busy through the summer, the last two months had seen a definite change in acuity, resulting in a considerable increase in admissions.</p> <p>In response to a question from Alison Ryan, Non-Executive Director, about the physical safety of the department, Mark Smith confirmed that steps had been taken to ensure that safety was maintained. He was intending to meet with the Children’s Clinical Lead and the Divisional Director next week to find out whether anything more needed to be done.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Quality and Outcomes Committee Chair’s report for assurance. 	

Minute Ref	Item Number	Action
Organisational and System Strategy and Transformation		
180/11/2018	9. Report from the Chair of the People Committee	
	<p>Alison Ryan, Chair of the People Committee reported the following key issues from the Committee's meetings in October and November.</p> <ul style="list-style-type: none"> The Committee had felt that the Trust's key performance indicators in relation to workforce did not give a full picture of actual staff experience and so they were devising an alternative dashboard. The Committee had discussed optimum levels of turnover. They had requested a deep dive into Estates and Facilities Department indicators to understand why the indicators in this department were poor. This had revealed some of the complex management challenges for some of the staff groups in this department. The Committee had received an update on the number of staff who had now been through the Trust's new management training programme. They had requested an audit to explore the take-up of this among the Trust's managers. The Committee was developing its understanding of the governance of the Trust's education of students in conjunction with its academic partners. They had identified a number of issues which needed to be resolved. <p>David Armstrong, Non-Executive Director, sought assurance that the Trust was focussing on efforts to improve rates for e- appraisal completion which were still only around 50% in some areas. He also noted that numbers of staff taking up appraisal training were low. Matt Joint responded that the appraisal training figures currently only related to new managers though there could be an opportunity to deliver more training if the Trust changed its approach. E-appraisal figures were rising, but due to problems earlier in the year with the e-appraisal system, paper-based appraisals were still taking place and these were not included in the figures. David Armstrong suggested explicitly stating a target of 90% for these in the future. Carole Dacombe, Public Governor, asked whether feedback was sought from appraisees about whether they had found their appraisal to be a worthwhile process. Matt Joint responded that the emphasis thus far had been on trying to ensure that each appraisal resulted in a clear and meaningful development plan.</p> <p>In relation to the implementation of management training, Mo Phillips, Public Governor, enquired whether the Trust was also looking at the way in which staff were promoted or appointed to the position of manager internally. Matt Joint responded that improvements were being made to the selection process to ensure that there was a more rigorous assessment with greater emphasis on people skills. Robert Woolley noted the importance of seeking feedback on managers from the staff in their teams and suggested that the Trust encourage greater use of the Happy</p>	

Minute Ref	Item Number	Action
	<p>App tool that allowed staff to voice their concerns. Sophie Jenkins, Appointed Governor for the Joint Union Committee, further suggested that the Trust consider making attendance on the leadership training programme compulsory for all managers.</p> <p>Flo Jordan, Staff Governor, expressed gratitude to Matt Joint and Alison Ryan for providing assurance that staff issues were at the forefront of the minds of the Board.</p> <p>It was noted that the People Committee, which had only been formed in September, had now finalised its terms of reference but still needed to review its membership and Executive Team attendance.</p> <p>Action – Jeff Farrar, Chair to review People Committee membership and Executive Director attendance</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the People Committee Chair’s report for assurance. 	Trust Chair
Strategy and Transformation		
181/11/2018	10. Healthier Together STP Report	
	<p>Robert Woolley, Chief Executive, introduced the regular bi-monthly report on the priorities and status of the Healthier Together Sustainability and Transformation Partnership (the collaboration between health and care organisations across Bristol, North Somerset and South Gloucestershire). Key points were as follows:</p> <ul style="list-style-type: none"> • Since the last report in September, the Healthier Together programme had continued to progress at pace including seeking to develop a whole-system plan for 2019/20. The draft narrative was due by 19 February and the final plan by 11 April. All organisations now needed to consider management of the plan and the balance of accountability of individual boards versus collective ownership. Eric Sanders, Trust Secretary, had assisted Healthier Together to agree principles of collective system governance, and consideration would now be given as to how these should be applied. • As workforce planning was one of the key challenges facing the region, Healthier Together had externally commissioned a 1-year and a 5-year workforce plan. • Healthier Together was now part of an aspiring Integrated Care System. This was enabling access to external support which was currently focussed on system planning and getting key messages across to the public. Population health management was now a priority, as was the development of GP-led localities, which would start to operate from 1 April. Other priorities included the Healthy Weston programme and the reconfiguration of stroke services and frailty services. An event to look at accelerated solutions for urgent 	

Minute Ref	Item Number	Action
	<p>and emergency care was planned for 11-12 December and the outcomes of this would be reported back to Board.</p> <ul style="list-style-type: none"> • A public conference had been held last week to talk to people about the need to change the health system in Bristol, North Somerset and South Gloucestershire. Healthier Together was also now recruiting a Citizens Panel of 1000 members of the public who would be consulted on key issues. <p>Alison Ryan, Non-Executive Director, asked that the emphasis of the Integrated Care System be on integrating care rather than integrating the system, with the focus on looking at ways to integrate care pathways and support services. This was acknowledged.</p> <p>Action: Outcomes of Urgent and Emergency Care Event 11-12 December to be reported to Board.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Healthier Together STP Report for assurance. 	<p>Chief Executive</p>
182/11/2018	11. Sustainability Annual Report	
	<p>Paula Clarke, Director of Strategy and Transformation, introduced the first annual report of the Trust's sustainable development management plan. The report ('Big Green Scheme Strategy - Care without Costing the Earth: Our vision of sustainable healthcare 2015-2020') outlined the Trust's progress against its cost and carbon reduction and also included details of the social value of sustainable development in relation to staff, buildings, transport, supply chain and procurement. The report proposed that the Trust set a target of achieving carbon neutrality by 2050.</p> <p>Julian Dennis, Non-Executive Director, commended the Trust on the progress made over the years. However, he noted that there was detail missing around the Trust's implementation of changes that resulted in negating advances in energy savings and he cited by example the creation of a new unit in Bristol Dental Hospital which had then needed retrofitting with air coolers in order to make it fit for purpose.</p> <p>Guy Orpen, Non-Executive Director, noted that Bristol City Council had brought forward its year to achieve carbon neutrality to 2030 and asked whether there was scope for the Trust to bring its plans into alignment with this through the One City Plan. Paula Clarke noted that the Trust worked closely with Bristol City Council and public health representatives but that there was room to achieve better alignment.</p> <p>Steve West, Non-Executive Director, noted the need for the Trust to work with others in the wider region on sustainable development, for example in relation to public transport links. This was acknowledged.</p>	

Minute Ref	Item Number	Action
	Members RESOLVED to: <ul style="list-style-type: none"> Receive the Sustainability Annual Report for Assurance. 	
Research, Innovation and Education		
183/11/2018	12. Research and Innovation Quarterly Report	
	<p>William Oldfield, Medical Director, introduced the quarterly report on the Trust's Research and Innovation performance. He highlighted that the Trust's recruitment into National Institute for Health Research (NIHR) portfolio research was on trajectory to meet its stretch target of 8691 recruits by 31 March 2019.</p> <p>However, the Trust was lagging behind on the other key performance indicators, and the West of England Clinical Research Network (CRN) was currently performing particularly poorly in terms of recruitment and was currently undergoing a refresh of the its senior leadership. The interviews for the Applied Research Collaborations (ARC), the next iteration of the CLAHRC, had taken place with the outcome expected by Christmas. Professor Sarah Purdy had taken on the Directorship of the CLAHRC for the remainder of the contract (until September 2019).</p> <p>A national change in the research funding allocation was likely to see research capability funding drop considerably in the next five years. This would prove very challenging. Potential mitigations included looking at charitable funding or changing the way that organisations were working to ensure that research was everybody's business.</p> <p>Non-Executive Directors Steve West and Guy Orpen both noted the importance of working with the universities and aligning research with the university agendas to access other funding sources.</p> <p>Martin Sykes, Non-Executive Director, referred to news stories about the danger of untested new clinical devices which might have the effect of putting people off joining clinical trials and asked that the Trust ensure that it was communicating the benefits clearly. William Oldfield responded that it was important to make sure that governance processes and ethical considerations were transparent and that the Trust was communicating clearly that more research led to better outcomes.</p> <p>There was a brief discussion about Board sightedness on research and innovation issues. It was clarified that there was a management report that was received by the Senior Leadership Team, but Non-Executive Directors felt that they did not have sufficient oversight in this area. William Oldfield agreed to review the reporting lines.</p> <p style="text-align: center;">Action – Medical Director to review reporting lines for Research and Innovation</p>	<div style="background-color: #ffff00; padding: 2px; display: inline-block;">Medical Director</div>

Minute Ref	Item Number	Action
	Members RESOLVED to: <ul style="list-style-type: none"> • Receive the Research and Innovation Quarterly Report for assurance. 	
Financial Performance		
184/11/2018	13. Finance Report	
	<p>Paul Mapson, Director of Finance and Information, introduced the report of the Trust's financial position in Month 7, which included a surplus of £11.562m, £0.027m favourable to plan.</p> <p>He highlighted that the Trust was still on track to deliver the year's plan, although there was a risk around the impact of winter. Overspends on nursing staff had deteriorated and medical staff overspend remained high though the Trust understood the reasons behind these and had so far been fairly successful in mitigating them as best it could. Risks going forward included an unresolved issue with the charges for Welsh activity (the Wales HRG4+ issue), the adverse nursing spend run-rate, the impact of winter on elective activity delivery, and the medical staff overspend.</p> <p>He added that there were a number of underlying issues running into next year which would create challenges. The Trust was keenly awaiting the national guidance and NHS England's Long-Term Plan so that it could plan for 2019/20.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Finance Report for assurance. 	
185/11/2018	14. Finance Committee Chair's report	
	<p>Martin Sykes, Finance Committee Chair, reported the key issues from the meeting of the Finance Committee in November.</p> <ul style="list-style-type: none"> • The Committee had spent some time looking at the variances to plan and the reasons behind them, and had noted that there had been improvements in certain areas. • The Committee had approved a proposed £4.5million programme of fire safety improvements, over a period of three years, as recommended by the Director of Finance. • They had received a presentation from the Bristol and West NHS Purchasing Consortium which outlined its progress on developing and delivering the procurement programme across the consortium. • The Committee had suggested that risks to the supply chain around the UK's planned exit from the European Union issues should be flagged. <p>In response to a question from Steve West, Non-Executive Director, about the NHS Pension increase, Paul Mapson explained that while there had been no official notification as yet, it was understood that the Treasury was going to fund it and that it would be funded separately from growth and pay.</p>	

Minute Ref	Item Number	Action
	Members RESOLVED to: <ul style="list-style-type: none"> • Receive the Finance Committee Chair’s report for assurance. 	
Governance		
186/11/2018	15. Register of Seals – Q2 Report	
	<p>Eric Sanders, Trust Secretary, introduced this report of applications of the Trust Seal in Quarter 2. There had been three new applications of the Trust Seal since the previous report in June 2018. Alison Ryan queried one of the applications (the licence to cover land adjacent to The Cottage, Long Fox Manor), and it was agreed that more information would be provided about this item.</p> <p style="text-align: center;">Action - Trust Secretary to find out more information about the licence to cover land adjacent to the Cottage, Long Fox Manor</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the Quarter 2 Register of Seals report. 	Trust Secretary
187/11/2018	16. Freedom to Speak Up Update	
	<p>Eric Sanders, Trust Secretary and Freedom to Speak Up Guardian, introduced the six-monthly report on the work undertaken to raise awareness of the Trust’s Freedom to Speak Up initiative and the response to concerns raised. Key points were:</p> <ul style="list-style-type: none"> • There had been 15 concerns raised through Freedom to Speak Up for 2018/19 to date (compared with 13 for the whole year of 2017/18). • While confidentiality considerations prevented examples from being shared, the concerns raised predominantly related to bullying and harassment and working relationships and occasional patient safety issues. In all cases, the response from management had been positive and they had investigated and taken action. • The rise in reported concerns reflected increased efforts in awareness-raising in the last quarter to inform staff of the existence of the service, that it worked, and, importantly, that no-one would suffer a detriment as a result of speaking up. A summit had been held at Bristol Dental Hospital following which it was agreed to link with the universities to ensure that any concerns raised by students working within the Trust were also being picked up. • However, more work was needed to increase awareness throughout the Trust. Development of a Speaking Up strategy was continuing and investment had now been approved to introduce a support role for the Guardian on a pilot part-time basis until 31 March 2019. <p>Jeff Farrar reinforced the message that staff needed to have the confidence to raise concerns and noted that there was still some way to go in ensuring that all staff knew about the service.</p>	

Minute Ref	Item Number	Action
	<p>In response to a question by John Moore, Eric Sanders clarified that Freedom to Speak Up was highlighted at Trust induction for new staff but was not part of the appraisal process.</p> <p>Carolyn Mills, Chief Nurse asked for more information about how the Trust compared with others, and Eric Sanders agreed to include benchmarking information in the next report, with the caveat that all organisations were reporting in a different way.</p> <p>In response to a question from David Armstrong about whether an issue raised could be reported as a serious incident, Eric Sanders explained that it would not preclude it, and that if there was a patient safety concern he would discuss with the individual involved the best way to raise it.</p> <p>In response to questions from Garry Williams, Patient/Carer Governor, it was clarified that the initiative covered all staff, and that it was possible that the increase in reporting could continue as more staff became aware of it. Eric Sanders clarified that as well as the Freedom to Speak Up Guardian, there were 25 advocates from various staff levels throughout the Trust and the Senior Leadership Team were supportive.</p> <p>Clive Hamilton, member of the public, asked for clarification around anonymity. Eric Sanders explained that individuals could write in or phone in anonymously if they felt they needed to, and that their concerns would still be followed up as far as possible.</p> <p>Action – Benchmarking data to be included in future Freedom to Speak Up reports.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Note the Freedom to Speak Up update. 	<p style="background-color: yellow; padding: 2px;">Trust Secretary</p>
188/11/2018	17. Annual Constitution Review	
	<p>Eric Sanders, Trust Secretary, introduced this report on changes proposed as part of the annual review of the Trust's Constitution. Governors had approved the changes at their Council of Governors meeting on 31 October, and the changes now needed to be approved by the Board.</p> <p>The key changes related to altering the Foundation Trust membership constituencies to make governor representation more meaningful. This involved merging the patient and carer membership constituencies into the public constituencies and revising governor numbers to ensure a fair balance of governors representing members.</p> <p>This was the culmination of a thorough review of the Trust's membership</p>	

Minute Ref	Item Number	Action
	<p>and 12 months' work with governors through their Constitution Focus Group. He flagged a risk raised by some governors that the changes might affect the voice of carers in the organisation. To mitigate this, governors had been invited to get involved in the relaunch of the Trust's Carers' Strategy Group.</p> <p>He added that there were a number of other minor changes to the constitution outlined in the report. External legal advice had been sought and all changes were compliant.</p> <p>Jeff Farrar, Trust Chair, invited comments from the Board and Governors. None were forthcoming.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the changes to the constitution. 	
189/11/2018	18. Governors' Log of Communications	
	<p>The purpose of this report was to provide the Board with an update on all questions asked by governors to officers of the Trust through the Governors' Log of Communications.</p> <p>Mo Phillips, Public Governor, commented that the Governors' Log was continuing to work well in allowing governors to raise their concerns and questions. There was recourse to ask further questions on the occasions when answers were not as specific as governors would have wanted. Carole Dacombe, Public Governor added that it would be useful to amend the design of the report to allow inclusion of governor comment on the responses.</p> <p>Flo Jordan, Staff Governor, referred to her Governors' Log question about fire safety training for theatre staff. She had been pleased to hear that training was now planned for some theatres and asked whether this would be extended to all theatres in the Trust. Mark Smith confirmed that this would be considered as part of the action plan resulting from the BHOC fire, and that there would be a report to the Quality and Outcomes Committee in December.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Governors' Log of Communications for information. 	
Items for Information		
190/11/2018	19. Bristol Royal Hospital for Children Annual Report	
	<p>Carolyn Mills, Chief Nurse, introduced this report, which was a patient, family and staff -facing document with a focus around sharing service improvements, research, innovation, and other achievements from Bristol Royal Hospital for Children in the year.</p>	

Minute Ref	Item Number	Action
	<p>Non-Executive Directors commended the report as uplifting and informative. In response to a comment from David Armstrong that it would be beneficial to have a similar Trust-wide publication, Robert Woolley reminded the Board that there was a Trust-wide Annual Review published every September but that this suggestion could be revisited once a Communications Lead was in place.</p> <p>Alison Ryan, Non-Executive Director, enquired whether the Trust’s investment in family psychological support had brought the benefits that had been intended. Bryony Strachan, Clinical Chair for the Women’s and Children’s Division, confirmed that this was still a work in progress, but in relation to the cardiac pathways this was well-embedded and was now also supported through peer support mechanisms.</p> <p>John Moore, Non-Executive Director, enquired how often the hospital had contact with other specialist Children’s Centres. Bryony Strachan responded that it was part of a network of children’s hospitals from around the country that met several times a year. An ethical group was also being set up to develop a national ethical framework to adapt to an increasingly complex environment.</p> <p>Among the key successes for the year, Bryony Strachan further highlighted the achievements in recruitment and retention of staff, continued work with families, and the hospital’s major trauma centre which continued to be the best in the country. Jeff Farrar, Chair, added his thanks to the staff at the hospital who had impressed him with their teamwork and dedication to the role.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Bristol Royal Hospital for Children Annual Report for information. 	
Concluding Business		
191/11/2018	20. Any Other Urgent Business	
	There was no further business. The Chair closed the meeting at 13:40.	
192/11/2018	21. Date and time of Next Meeting	
	The date of the next meeting was confirmed as 11.00 – 13.00, Thursday 31 January 2019, Conference Room, Trust HQ, Marlborough Street, Bristol, BS1 3NU.	

Chair’s Signature: **Date:**

Public Trust Board of Directors meeting
31 January 2019
Action Tracker

Outstanding actions from the meeting held on 29 November 2018					
No.	Minute reference	Detail of action required	Responsible officer	Completion date	Additional comments
1.	177/11/2018	Chief Executive's Report Trust Chair to write to Above and Beyond to thank them for their sponsorship of the Recognising Success staff awards evening.	Chair	February 2019	<u>Work in Progress</u>
2.	181/11/2018	Healthier Together STP Update Outcomes of Urgent and Emergency Care Event 11-12 December to be reported to Board.	Chief Executive	January 2019	<u>Work in Progress</u> This will be covered under Item 15.
3.	180/11/2018	Report from the Chair of the People Committee Trust Chair to review People Committee membership and Executive Director attendance	Chair /Trust Secretary	April 2019	<u>Work in Progress</u> A review of the Committee's operation (including membership/attendance) will be undertaken once the committee has been operating for 6 months.
4.	183/11/2018	Research and Innovation Quarterly Report Medical Director to review reporting lines for Research and Innovation	Medical Director	January 2019	<u>Work in Progress</u>
5.	186/11/2018	Register of Seals – Q2 Report Trust Secretary to find out more information about the licence to cover land adjacent to the Cottage, Long Fox Manor	Trust Secretary	January 2019	<u>Complete</u> This information has been circulated to Board members.
6.	187/11/2018	Freedom to Speak Up Update Benchmarking data to be included in future Freedom to Speak Up reports.	Trust Secretary (as Freedom to Speak Up Guardian)	January 2019	<u>Complete</u> The latest Freedom to Speak Up report to the People Committee included this benchmarking data, and future Board updates will

					include the information.
Closed actions from the meeting held on 29 November 2018					
No.	Minute reference	Detail of action required	Responsible officer	Completion date	Additional comments
1	134/07/2018	<u>Q1 Corporate Objectives Update</u> Consideration to be given to whether the quarterly Corporate Objectives updates should be given greater Non-Executive oversight at Board Committee level.	Director of Strategy and Transformation	Nov 2018	Adequate time to be allocated at Board meetings for the quarterly review of the Corporate Objectives. Board Committee Annual Business Cycles to be aligned with milestones in the plans to deliver corporate objective, to ensure Board Committees are receiving updates on progress against key action areas.

**Meeting of the Board in Public on Thursday 31st January 2019 in the
Conference Room, Trust Headquarters**

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

1. Report Summary	
To report to the Board on matters of topical importance, including a report of the activities of the Senior Leadership Team.	
2. Key points to note <i>(Including decisions taken)</i>	
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 December 2018 and January 2019.	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
N/A	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> • This report is for INFORMATION • The Board is asked to NOTE the report 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	

SENIOR LEADERSHIP TEAM

REPORT TO TRUST BOARD – JANUARY 2019

1. INTRODUCTION

This report summarises the key business issues addressed by the Senior Leadership Team in December 2018 and January 2019.

2. QUALITY, PERFORMANCE AND COMPLIANCE

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

The group received a briefing on the new 28 day Faster Diagnosis waiting time standard (cancer) and **supported** the approach being taken to manage the data collection.

The group **received** updates on the financial position for 2018/2019 and look forward to 2019/2020.

3. STRATEGY AND BUSINESS PLANNING

The group **approved** the decision to make a joint bid for the Sexual Violence Psychological Therapies Service with a counselling consortium, on the provision that the financial case was agreed with the Director of Finance.

The group **received** an update on the impact of the decision not to bid for the Deep Vein Thrombosis tender and supported the continuing work to mitigate any issues raised.

The group received the Outline Business Case for provision of adult immune effector cell (IEC) service at the Trust and **supported** commencement of Phase 1, whilst clarity on the tariff and contractual arrangements with Specialised Commissioners was sought.

The group **supported** a proposal for the introduction of the ReSPECT (Recommended Summary of Emergency Care and Treatment) initiative, noting the process was part of a system wide change to standardise the approach to advanced end of life planning.

The group received an update on the current level of fire compliance in the Trust and **approved** the 3 year approach to the required fire improvement works and capital programme.

The group **received** an update on the legacy access control system and approved a capital scheme to replace the existing hardware.

The group **supported** the recommendation to develop a process to manage the key strategic, operational and commercial issues identified from the engagement activities with the BNSSG Healthier Together System.

The group **noted** EU Exit Guidance from the Department of Health and Social Care.

The group **received** an update on position in respect of the handling and disposal of confidential waste in the Trust and next steps.

4. RISK, FINANCE AND GOVERNANCE

The group **received** an update on the planning towards the expected Care Quality Commission inspection, which might take place in the first half of 2019.

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

The group **received** an update on theatre ventilation and Uninterrupted Power Supply provision.

The group **received** an update on the process for recruitment and remuneration of Clinical Chairs and the job description was agreed.

The group **received** an update on use of fax machines and the requirement that they be fully phased out in the NHS by 2020.

The group **received** four Internal Audit Reports with satisfactory assurance in relation to Data Protection and Freedom of Information, Referral to Treatment Recording, Safeguarding – Transition from Children to Adults: Assessment against NICE Quality Standard 140 and Divisional Operational Review – Surgery Division. An update on outstanding recommendations was also received.

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

The group **approved** the Quarter 3 Strategic Risk Report for onward submission to the Trust Board.

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

The group **received** the Quarter 3 Themed Serious Incident update report, prior to submission to the Quality and Outcomes Committee.

The group **received** the Quarter 3 Corporate Quality Objectives update report, prior to submission to the Quality and Outcomes Committee.

The group **received** the Quarter 3 Corporate Objectives update report.

The group **received** the quarterly report from the Guardian of Safe Working.

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

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

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
January 2019

Meeting of the Public Board on Thursday 31 January 2019 in the Conference Room, Trust Headquarters

Report Title	Q3 Corporate Objectives Update
Report Author	Paula Clarke, Director of Strategy and Transformation
Executive Lead	Paula Clarke, Director of Strategy and Transformation

1. Report Summary	
<ul style="list-style-type: none"> The purpose of this paper is to provide an update to Trust Board on the delivery of the Trust's Corporate Objectives for Quarter 3. This includes an overview of the actions completed against all objectives in Quarter 3 (Q3) and identification of key milestones for delivery in Quarter 4 (Q4). 	
2. Key points to note <i>(Including decisions taken)</i>	
<ul style="list-style-type: none"> This report should be read in conjunction with the Q3 Board Assurance Framework (BAF) update, which provides assurance on the management of risks to the delivery of the Trust strategic priorities. The format and reporting of the corporate objectives is replicated through the Divisional operating plans, via the Operational Planning Process (OPP). Divisions will be providing assurance on the delivery of their annual objectives in the same format as the Corporate Objectives through the Executive-led quarterly Divisional review framework. This provides the cascade of assurance through the organisation, from Trust level strategic priorities, to annual corporate objectives, through to Divisional annual objectives. 	
3. Risks	
The risks associated with this report include: N/A	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> This report is for INFORMATION. The Board is asked to NOTE the report. 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	
SLT 23 January 2019	January 2019

		ANNUAL CORPORATE PLAN 2018/19					
Plan Owner:		Our Vision is for Bristol and our hospitals, to be among the best and safest places in the country to receive care					
Paula Clarke							
Version Number/Date:							
V1.0 15Jan2019							
Ref	Strategic Priorities	Corporate Objectives 2018/19	Goals for the Organisation (ideally these should be measurable goals)	Q3 Update	RAG	Q4 Milestones	Executive Owner
		Describe the overall result that you want to achieve, e.g., reduce outpatient activity	Describe the specific outcomes and target to be achieved, e.g., reduce dermatology outpatient activity by 5% by 2015				
1	We will consistently deliver high quality individual care, delivered with compassion.	Ensure patients have access to the right care when they need it and are discharged as soon as they are medically fit.	Implement CUR across all wards and use to improve flow and reduce patient delays in progressing care	All wards have implemented CUR. BCH implementation completed; developed and using reports.	G	Develop new reports and automate from data warehouse using Microsoft BI. Form part of the monthly Finance and Ops reviews with Executives and performance management of data at Divisional Boards. To be automated user Power BI Q3	COO
		Focus on improving timely discharge (time of day) and reducing delayed discharges through continued development of the discharge hub, IDS processes and increasing UHBristol access to home care and reablement capacity	Urgent Care Strategy refreshed. Now developed the Flow Programme presented at Board seminar. Increase in physical capacity business case accepted by SLT. Task and Finish groups proposed bids on REACT, ICB and homelessness - signed off by SDOB July 2018. New format for system-wide dashboard agreed.		G	Implemented next phase of Flow programme. Tranche 1 of Acute Care Assembly, bank holiday planning and flow modelling. Implement 6 principles across the Trust.	COO
		Improve performance against access standards and delivery of our performance trajectories in the four core standards.	Develop and deliver Urgent Care recovery plan and achieve the 95% access standard Q4 2019	Quarter 3 achieved 85.5% at Trust level. The Sustainability and Transformation Funding (STF) recovery trajectory required at least 90% for the Year to Date (i.e. Apr-Dec) once Walk In Centre data was added. Final performance for Apr-Dec was 90.78% so the STF trajectory was achieved for Quarter 3.	A	Key Performance Indicators have been agreed for Q4 around flow of admitted patients from ED to hospital wards. These report against Decision To Admit times and Fit For Discharge times and also pre-emptive boarding being undertaken on a daily basis by wards. The NHSI recovery trajectory requires delivery of 95% by March.	COO
		Agree clear recovery plans by speciality to delivery RTT performance for admitted, non-admitted and on-going pathways	RTT Performance continues to achieve the set trajectory at each month end from April to December. Pathways with an on-hold status continues to reduce and continues to be monitored at the weekly performance meeting. On-hold backlog has been signed-off by our regulators, the national Intensive Support Team. Discussion have commenced with Medway PAS Supplier. System C to implement transitional pathways (replacing on-holds). Deadline of June 2019 to have an identified solution and process to commence roll-out. A Booking In Order report has been developed and work commenced with Divisions to identify where patients have been booked out of order. Findings have been mapped to identify areas of improved booking practices.		G	Ensure that the Trust continues to deliver 87% RTT performance trajectory as agreed with commissioners. Full review of the booking in order report to hold Divisions to account	
		Sustain and improve cancer performance to ensure delivery of all key cancer targets	All cancer targets achieved in quarter 2 (except screening, which has only 6 cases treated in the quarter and both breaches were unavoidable). Forecasting achievement of all standards (except screening) in quarter 3.		G	Sustain performance, noting quarter 4 is a challenging quarter due to the impact of patient choice over Christmas and winter pressures.	
		Deliver the 99% diagnostic access standard: 99% of diagnostic patients to be waiting under 6 weeks at month-end.	Latest finalised data is end of November, which achieved 97%, with 262 breaches. Fewer than 803 were needed to achieve 99%. Corporate PTL has been created to allow management of the month-end position. Divisional performance now reviewed as part of the weekly performance meetings.		A	Recovery trajectory requires delivery of 99% for February 2019. Echo work to be outsourced in Q4 to enable the backlog to be cleared.	
	Improve patient satisfaction and experience.	To be in the upper quartile performance for all national patient surveys	The following national surveys are currently top quintile in respect of patients' overall rating of their experience: Inpatient (2017), Parents (2016), Children (2016), A&E (2016). The following national surveys are currently not top quintile: Maternity (2017), Cancer (2016). The results from the 2017 national cancer survey were received in Quarter 3 18/19 and show a pattern of continued improvement, with the Trust now performing slightly above the national average in respect of overall patient experience ratings (but not currently top quintile). Improving maternity service – BNSSG 'Better births' programme work streams in place; '15 steps challenge' visits have taken place; plans in place to standardise guidelines on partners staying in hospital across UH Bristol and North Bristol NHS Trust; a central booking system is being piloted in St. Michael's Hospital for women to book their antenatal appointment (previously, women contacted their community midwife directly) - the pilot will be completed by the end of October. 'Patient Experience at Heart' staff workshops will be carried out in Quarter 4 18/19 to provide staff with an opportunity to discuss and reflect on the provision of a high quality maternity experience. In 2016/17, the Trust adopted a 3 year corporate quality objective with the aim of embedding a more consistent customer service mind set at the Trust. Regular staff and stakeholder workshops have been undertaken to identify to support the project. UH Bristol's principles of excellent customer service have been developed and are being adopted in key Trust recruitment, induction and training programmes. A successful pilot of an advanced customer service training course was held for 25 UH Bristol staff in Quarter 3 2018/19: a business case to implement this training permanently is currently in development. A focus on improving telecommunications within this corporate quality objective has contributed to a fall in the number of complaints that the Trust is receiving about telephone handling.		G	Ongoing actions within maternity improvement programme Work streams being implemented in respect of UH Bristol's corporate quality objective around embedding a more consistent customer service mind set at the Trust, including telecommunications, customer service staff training and formally launching UH Bristol's principles of excellent customer service in Quarter 4 18/19 Continued implementation of the Trust's National Cancer Patient Experience Survey Improvement Plan	CN
	To increase the number of people saying that it was clear how to raise concerns/the Trust was responsive	A new design, based around the phrase "here to help", has been developed with an external design agency to improve the way that the Trust promotes feedback opportunities to patients and visitors "Here to help" posters for each ward and department are being rolled out during January 2019, to replace the Trust's current "tell us about your care" posters. New comment cards have been designed with the new "here to help" branding and these are currently being rolled out as current stocks of comment cards are depleted The Trust has purchased a new patient feedback and reporting system. Around ten touchscreen feedback points will be launched in the Bristol Royal Infirmary during January 2019. These will provide patients and visitors with an opportunity to give feedback or request a call back if they have an issue or concern. Following an evaluation period, these screens will be rolled out to the other Trust hospitals during 2019/20 A role description, training plan and recruitment process has been developed for volunteers to carry out mystery shopping exercises at UH Bristol; a set of mystery-shopping scenarios has also been developed for the Customer Service Apprenticeship programme (the first of these exercises was successfully carried out by the apprentices in September 2018). Although a long-term analysis shows a gradual reduction in complaints about attitude and communication since 2016, complaints recorded against this category have increased in successive quarters of 2018/19 (85 in Q4 2017/18; 95 in Q1; 117 (provisional data) in Q2).		G	First feedback points will be installed in the BRI in January 2019 New "here to help" posters installed on wards and departments by the end of January 2019 Mystery shopper programme formally commences in Quarter 4 2018/19		
	Develop numbers and breadth of volunteers in the Trust	As of 14 January 2019, we have a total of 266 registered volunteers; this is below our target for recruitment of volunteers, however we are seeing an increase in the number of hours for volunteering that some volunteers are giving. In other words, we believe that our focus on recruiting individuals rather than the hours they give is under-selling an overall increase in the volunteer presence in our hospitals. In 2019, there will be a greater focus on increasing and recording the hours offered by volunteers. We have placed a specific focus on increasing the number of young people volunteering in the Trust. Since April 2019, 44 young people have been engaged in volunteering activities of various sorts (an increase from the 25 reported in October). The young people have been a mixture of students from the City of Bristol College, Ashton Park School, University of Bristol, plus young people in work.		A	Focus on capturing the time that volunteers give to support the Trust.		
	Improve patient outcomes and reduce mortality.	Reduce no. of never events in Trust	Three peri-procedure Never Events under investigation - one retained swab, one wrong site Anaesthetic Block, one wrong site surgery		A	Three peri-procedure Never Events under investigation. Commence implementation of appropriate actions in response to learning. Training in Mortality Review Process has been offered to all senior clinicians. SHMI remains as expected. Respond to guidance for implementation of the Medical Examiner role once published. Hold the third annual Safety Conversations week with staff across the Trust during "National Kitchen Table" week (w/c 18 March 2019)	MD
	Refine/expand mortality review processes (adults) evidence actions taken to reduce mortality	Learning from Deaths process embedded within the Trust and reports provided to the Trust Board.					
	Improve process/outcomes of organisational learning from serious incidents	A third multi-disciplinary summit held in response to learning from Radiology incidents. Actions are being taken forward to strengthen our systems for communicating and acting on incidental findings.					



Ref	Strategic Priorities	Corporate Objectives 2018/19	Goals for the Organisation (ideally these should be measurable goals)	Q3 Update	RAG	Q4 Milestones	Executive Owner
		Deliver safe and reliable care	Achieve and sustain adverse event rate of 3.23per 1000 bed days (rolling average) For the organisation's safety culture to develop along the Manchester Patient Safety Framework (2006) continuum from the baseline assessment towards a generative safety culture.	Data shows sustained improvement since May 2017. Safety culture reassessment analysis completed at Trust level and presented to the Board.	G G	Continued sustained improvement. (REVIEWED - NO CHANGE) • Safety culture results to be shared at Divisional level. • Plan for 2019 - 2021 leadership and safety culture development workstream.	MD/CN
2	We will ensure a safe, friendly and modern environment for our patients and our staff	Develop the Estates and capital strategy during 2018-19 to continue to align the modernisation and development of our estate to our evolving clinical strategy and support delivery of the emerging system wide new models of care.	Develop a major capital investment programme to 2022 to modernise our estate for the benefit of staff, patients and visitors with delivery of a phased programme for investment in specific prioritised schemes in 18/19	• Strategic Capital Investment Programme and Medium Term Financial Plan approved at September Board meeting reflecting balance of indicative investment into renewing and upgrading our current environment and expanding capacity for our strategically key services • Individual scheme business cases developed or in the process of being developed by Divisions and considered via relevant governance routes assessing options appraisals for clinical services models and Capital solutions. Outline business cases approved for Cardiology expansion, BEH and St Michaels Level E refurbishments • Joint meeting with Above & Beyond and Grand Appeal secured aligned support for Individual larger scale schemes and Maggie's Centre confirmed support for Holistic Centre working with Penny Brohn • Myrtle Road acquired and Transport hub planning application submitted following extensive consultation • Commissioner briefing in November to secure alignment with commissioning plans	G	• Outline Business Cases for approval include dermatology, Cardiac Research Unit, Holistic well-being Centre. • Alignment with 2025 Strategy Development to be completed with additional proposals identified in Q3 in draft Divisional strategies scoped out. • Update to Board on Strategic Capital Investment Programme.	DoS&T
		Maximise the productivity and utilisation of our estate and facilities.	Improve our productivity performance against key benchmarking indicators, such as Carter and the Model Hospital, and realise efficiency savings and improved throughput and access through increased utilisation of our facilities.	• Discussions commenced with Weston through the Partnership Management Board. • Full benchmarking of E&F against ERIC / model hospital. • OGIM plan produced, outlining productivity opportunities.	A A	To be shared with Executive Directors in Q4. E&F OGIM productivity plan monitored through Divisional Finance and Ops meetings with Executive Directors and also Savings Board.	COO
3	We will strive to employ the best and help all our staff fulfil their individual potential.	Develop our Leadership and Management Capability through delivery of a comprehensive programme of leadership and management training and development.	Talent Management and Succession Planning - Develop Strategy and implement process to support Succession planning at least to Divisional leadership level. Design and launch Executive Leadership Development programme for top 100 leaders.	• First draft of Executive Directors succession plan completed and tabled at June RemCom meeting. • Divisions completing local succession plans. • ELDP design completed and shared with SLT and Board. Contributors and venue confirmed.	G G	• Talent reviews to be completed for Band 9s, 8ds and 8cs with talent calibration in October. • Revised Executive Directors succession plan to be tabled at September RemCom meeting. • Succession plans to be completed for each role in the Division's senior team by 7th September. Cohort 1 has been completed and evaluated by delegates as part of the completion of the programme. A full evaluation event is taking place on 19 February with delegates using this opportunity for reflective practice and to share practical application of skill.	DoP
		Continue to improve staff engagement and experience.	Complete and deliver Health & Wellbeing strategic framework, including a co-ordinated Trust-wide approach to psychological health.	• Apprenticeship recruitment has continued to grow in the last quarter, across a range of programmes within clinical and non-clinical fields. • The STP apprenticeship group has procured a provider to the level 7 Advanced Clinical Practice apprenticeship for a January 2019 start date and is in the process of procuring a provider of levels 6 & 7 leadership and management apprenticeships.	A	• Significant update of integrated leadership and management apprenticeships. • Appointment of training supplier for the consortium.	
		Develop UH Bristol Arts Strategy.	• Building strategic civil partnerships • MoU with UWE signed off for intern support for the programme. • Studio space in Marlborough Flats secured. • Art Programme Director post working to Director of Estates and Facilities.	• Team reviewed, and reporting moved to Head of OD. More focused strategy and team now includes Arts Programme Director and Psychological Wellbeing Manager.	A	The Psychological Wellbeing lead is in post and is developing a Trust-wide framework to be in place by the end of April. The Trust now has over 100 advocates promoting the wellbeing framework across the organisation culminating in an advocate network meeting to share ideas and learning taking place in December .	DoP
		Staff Survey 2018. Reduce level of reported bullying and harassment by 30%.	• Improving staff experience plans are in place, targeting hotspot areas with bespoke interventions to improve engagement. • Focus on <i>You Said, We Did</i>	• Action research and piloting ongoing. • Themes for this quarter are January – Everyday Creativity, February – Nourish, March – Moving. All of these have a staff wellbeing focus and invite participation. • The IDEAs group meeting on 10th December was cancelled and is to be rescheduled. Update on UWE MOU is that the MA Curatorial Practice Intern has started and will be with the Trust for 1 – 2 days a week until the end of Arts Programme Director's contract (31st Oct). Her focus is on cataloguing the existing artwork and heritage assets. A budget has been secured to install gallery and exhibition infrastructure and this will become visible from March.	G	Staff survey closed at 52.5%, a 9.5% increase on last year, results will be available in March 2019. The task and finish group has reviewed the key priorities for addressing bullying and harassment following on from the workshop. The recommendations will be presented to SLT in February.	
		Recruiting and Retaining the Best. Continue to market all vacancies with innovative, cost effective solutions, utilising the strong employer brand Love Life Love Bristol to deliver a highly skilled and productive workforce.	Significant increase in the percentage of staff who are BAME, particularly at management levels.	• Joint meeting held with Bristol City Council to explore collaborative working over recruitment initiatives targeted at the BAME workforce. • Collaborative recruitment event (30th October) facilitated by UHB at the Malcolm X centre in conjunction with other public sector bodies targeting BAME employees with employability workshops. • First 'Skills For Jobs' workshop (30th November) hosted by the HR Resourcing team held to help equip BAME employees with skills to develop within the organisation.	A	UH Bristol supported a pan-city recruitment event for BAME staff alongside launching the reverse mentoring scheme in October, which runs for 6 months.	DoP
		Love Life Love Bristol to deliver a highly skilled and productive workforce that is as diverse as the community that we serve.	Creation of a Trust-wide Recruitment Lead for the medical workforce, offering a co-ordinated and focussed recruitment approach to hard to fill posts and elevating the Trust onto both a national and international platform as an employer of choice.	• Funding for a Medical Recruitment Lead included in the 2019/20 OPP round. • Development work has started on a complete refresh of the Trust's external recruitment website which will include pages dedicated to all staff groups including hard-to-recruit to medical posts.	A	Continue to pursue the aspiration of introducing the role of a recruitment lead for the marketing, attraction and recruitment of medical staff.	DoP
		Reward and Performance Management: Improve the quality and application of staff appraisal.	Strategic framework for reward to the Senior Leadership Team.	• Strategic Reward strategy drafted. • Revised ToR and processes for TPAG.	G	• Comprehensive staff briefing for new terms and conditions (Agenda for Change). • Task and Finish groups in place to work through pay changes. • Strategic framework has been developed and is out for consultation. The strategic framework consultation closes at the end of January; it is anticipated an agree framework will be in place by March.	DoP
		Review of Local Clinical Excellence Awards Framework.	Initial discussions held with key stakeholders to agree the principles of the review prior to producing an options paper for formal agreement with Clinical Chairs and the LNC.	• Ratify approach with LNC and arrange briefings. • Incorporate the process into the e-job planning and appraisal systems.	A		
		Transform and optimise workforce efficiency: control agency and locum costs, review the Strategic Workforce Plan for the Trust and, in collaboration with BNSG Workforce Advisory Board, support the strategic workforce activity of the Healthier Together Programme.	Work with Medical Director's team to review and transform the Trust's approach to medical recruitment, including Consultant recruitment and assessment. Procure and implement an e-rostering system that supports job planning, absence management, develops a locum bank and provides effective oversight of the junior doctor contract.	The suitability of the psychometric testing is being reviewed and the Resourcing team are working on the development of the toolkits. Implementation of e-rostering has commenced in ED. Project boards are convening monthly and weekly operational meetings are taking place. Roll out across the Trust to commence end of January.	G G	Trial the psychometric test and share final proposal for changes to the recruitment process with SLT. Once confirmed, toolkits to be designed to support Divisions to take this forward. Allocate being utilised for both doctors in training and senior doctors in several pilot areas completed and comprehensive roll out undertaken.	MD/DoP
		Embed robust IT solutions with support managers with the effective deployment of HR best practice, creating efficiencies in ways of working and an improved customer experience.	E-appraisal system fully functioning; communications, guidance and FAQs issued via Newsbeat and Divisions and re-issued again. Dates of appraisals inputted centrally if required. Reiteration from DoP that all appraisals should be completed using the system.	• Project Manager identified to design and develop a new People Web to replace the existing HR Web functionality to enable manager self-service. Roll out and go-live planned for end of March 2019. • Piloting of Allocate (as above). • E-appraisal workstream now embedded in the Performance Management Group, which is in operation. Group tasked with delivering: improved usage of the e-appraisal system, improving the culture of appraisal & personal development, improving objective setting and the quality of appraisals. In addition to this group, work to continue with Kallidus to develop notifications to managers and the ability to change an employee's line manager locally to meet the needs of departments.	A		



Ref	Strategic Priorities	Corporate Objectives 2018/19	Goals for the Organisation (ideally these should be measurable goals)	Q3 Update	RAG	Q4 Milestones	Executive Owner
			Engage and involve staff in solutions which will require different ways of working, such as clinical teams joining up to deliver pathways of care, new roles, changes in skills mix, and development of new competences, in support of Healthier Together Programme.	<ul style="list-style-type: none"> Junior Doctor & SAS session held on 11th January. Engagement with key stakeholders to agree best approach to reviewing junior medical workforce. 	A	Trust strategic workforce plan on track - first draft to be completed by end of January 2019.	



Ref	Strategic Priorities	Corporate Objectives 2018/19	Goals for the Organisation (ideally these should be measurable goals)	Q3 Update	RAG	Q4 Milestones	Executive Owner	
4	We will deliver pioneering and efficient practice, putting ourselves at the leading edge of research, innovation and transformation.	Maximise the opportunity provided by our successful appointment as a National Digital Exemplar site to continue to deliver a programme to support the long-term vision of the Trust's Clinical Systems Strategy that every member of our staff will have access to the information they need, when they need it, without having to look for a piece of paper, wait to use a computer or ask the patient yet again.	Deployment of CSIP and GDE allocations.	<ul style="list-style-type: none"> GDE Milestones 1-3 met. CSIP programme on track Issues re EDM & EPMA rollout 	G	<ul style="list-style-type: none"> Medway V14.8 major upgrade August Vitalpack V2 Weston IT Programme 	DoF	
			Establish effective cyber security arrangements.	Tools implemented	G	<ul style="list-style-type: none"> Progress towards CareCert + 	DoF	
		Maintain our performance in initiating and delivering high quality clinical trials, demonstrated by remaining within the upper quartile of trusts within our league (as reported to Department of Health via NIHR) maintain our performance in initiating research) and remaining the top recruiting trust within the West of England Clinical Research Network and within the top 10% of Trusts nationally (published annually by NIHR).	To develop the close working relationship with West of England Clinical Research network at both a Governance and delivery level to maintain the position of the Network supported by us as the host and to continue to be the top recruiting organisation	<ul style="list-style-type: none"> On trajectory to meet organisational stretch recruitment target agreed with NIHR LCRM. New Clinical Director and substantive Chief Operating Officer in post. 	G	<ul style="list-style-type: none"> Maintain trajectory. Development of Strategy for next three years. 	MD	
			Maintain NIHR grant applications at a level required to maintain Department of Health allocated Research Capability Funding within the upper quartile nationally (published annually by NIHR).	Work closely with all research partners to maintain allocated research capability funding in the upper quartile.	Levels of grant income maintained at previous levels. RCF allocations maintained in levels to place UH Bristol within the upper quartile nationally.	G	Support submission of ARC bid (replacement for CLAHRC) during Q4 in line with published deadlines.	MD
			Continue to develop our research capacity and capability building on the significant grant secured from the National Institute for Health Research to fund a Biomedical Research Centre undertaking cutting edge studies that will improve care and treatment in the future.	Work with Bristol Health Partners in support of a potential proposal to become an Academic Health Science Centre.	Informal liaison with University partners pending national process.	G	Maintain informal liaison.	MD
			Deliver our Transforming Care Programme focussing on working smarter, eliminating waste and transforming the way in which we deliver quality care through service and workforce redesign and digital transformation	Priorities and associated objectives and actions established for 18/19 across the 6 pillars	<ul style="list-style-type: none"> Ongoing delivery and reporting of projects to achieve the objectives 	G	<ul style="list-style-type: none"> Identify the priorities for the 19/20 transforming care programme 	DoS&T
			Deliver evidence of transformation support enabling delivery of savings in trust wide productivity themes	Establish Digital Transformation as a core programme within the Transforming Care Programme and build a quantitative and qualitative benefits realisation plan to underpin Global Digital Exemplar (GDE) deployment requirements	<ul style="list-style-type: none"> GDE clinical and transformation leads group operating securing alignment of objectives and capacity Digital Hospital Programme Committee established to work towards embedding the Digital Hospital programme across the organisation as an element of all potential operational, working smarter, patient safety and quality improvement work rather than having separate digital system-based projects. Chaired by Chief Clinical Information Officers and reports into Transformation Board and IMT Management Group. 	G	<ul style="list-style-type: none"> Develop and implement benefits strategy by March 2019 Commence initial embedding digital projects in Improving Handover in in-patient management, Managing the deteriorating patient, use of Real-Time quality and safety data for clinical care and Real-Time bed management 	DoS&T
			Deliver evidence of transformation support enabling delivery of savings in trust wide productivity themes	Genomics - to continue to build and develop the research to include and maximise the input from all partner organisations.	Successful recruitment with the fastest pattern of recruitment nationally. Clarification of funding sought during Q1 and the indication that the non-laboratory component will cease from March 2019.	A	Construct and begin to implement a closure plan for the non-laboratory component of the Genomics project.	MD
		Grow further continuous improvement capacity and capability through Quality Improvement programme training and project delivery via our QI Academy, alongside support for progressing good ideas from staff via our QI Hub.	<ul style="list-style-type: none"> Real time out-patients pilot completed in cardiology Cataract service improvement plan in implementation Roll out of CUR completed in Children's Hospital and ward 78 and NICU at St Michael's and automated Divisional reports implemented Diagnostics Awareness week held across the Trust 	G	<ul style="list-style-type: none"> On going support for launch and completion of Real-Time Out-patients pilots in respiratory (Jan 19), BEH and Paediatrics general medicine Further work to embed the use of CUR within IDS processes and management of repatriations from our hospitals. Implementation of daily CUR reports to key services such as Diagnostics and Therapies of recorded delays Optimising Diagnostics programme supporting reduction in delays in rapid turnaround tests for ED patients, and CT tests for follow up outpatients to ensure results are available in clinics. 	DoS&T		
			<ul style="list-style-type: none"> On track to achieve target for Bronze training - 247/300 staff. 4 sessions planned for Q4. By March 2019, 31 projects will have been completed through the silver programme. 3 nurse preceptorship programme Q1 sessions held. First QI network for UH Bristol staff and members held in November. Dosing approach to embed and disseminate QI culture agreed. QI Hub launched on Connect to support staff awareness of how to get help with innovative ideas including signposting to wider networks (eg AHSNs, Health Innovators programme). Activity remains constant with 63 ideas submitted this year and 17 currently being supported by faculty members 	G	<ul style="list-style-type: none"> Launch cohort 4 of silver programme and hold 4 bronze sessions QI Academy and Hub business as usual processes completed Develop a curriculum for QI Gold programme Innovation and IP policy updated and shared Agree QI targets for 19/20 in line with agreed dosing approach 	DoS&T		
			<ul style="list-style-type: none"> Healthier Together identified as an aspirant ICS with priorities agreed for 19/20 as urgent care. COO lead role in urgent care model design and DoS&T SRO for Acute Care collaboration strategy Divisional 2025 draft strategies completed and workshop held (November) aligning with Healthier Together objectives 	A	<ul style="list-style-type: none"> NHS 10 year plan launch and process developed for STP 5 year strategy to be developed by Autumn 2019 - will inform completion of Trust 2025 strategy in Q4 	DoS&T		
5	We will provide leadership to the networks we are part of, for the benefit of the region and people we serve	Lead and collaborate through the BNSSG Healthier Together partnership to make our services fit for the future.	Demonstrate alignment of our internal strategic programme with the processes, pathways and structures developing as part of Healthier Together	<ul style="list-style-type: none"> Workshop held March 2018 with GP Locality provider Boards and involving NBT deputy MD. Second workshop held August with significant GP Locality Provider Boards input and involvement of Weston, NBT and CCG CPD video from workshop on "the Worrying Child" led by UH Bristol consultant paediatrician shared across BNSSG practices via GPTeamNet. Regular attendance at South Bristol Locality Board on monthly basis and meet & greet session held with Medical Division clinicians South Gloucester Locality confirmation of joint work to manage urgent care demand for children secured and scope of test and learn approach agreed with BRCH lead clinicians. OneCare relationship strengthened and agreement to use GP Team Net as means to improve Trust communications with practices. Engagement in community services specification design and continue to assess potential impact on UH Bristol services. 	G	<ul style="list-style-type: none"> Developing a Primary and Secondary care communications plan by January 2019 which utilises GPTeamNet as the primary method of communication. Evaluation of existing Advice and Guidance services provided by Trusts to General Practice across BNSSG, with a recommendation for future models of provision to commissioners by March 2019. Further discussion with BNSSG CCG and the Primary Care locality boards for targeted pathway development work which can potentially be developed at scale across BNSSG e.g. frailty, Children's ED development for early 2019. Plan locality workshop for April 2019 	DoS&T	
		Develop stronger provider to provider partnerships with primary and community care						



Ref	Strategic Priorities	Corporate Objectives 2018/19	Goals for the Organisation (ideally these should be measurable goals)	Q3 Update	RAG	Q4 Milestones	Executive Owner
		Continue to develop our partnerships with Weston Area Health Trust and North Bristol Trust to support our collective clinical and financial sustainability.	Progress our formal partnership and Board approved intention to pursue a merger by acquisition of Weston Area Health Trust through 2018/19	<ul style="list-style-type: none"> Opportunity analysis completed with Weston Trust via the Partnership Management Board and commitment to merge confirmed by Board to Board meetings Joint clinical service plans developed to support resilience of existing services locally at Weston General Hospital and monthly communication being issued from PMB to encourage teams to work together to bring forward proposals for improvement/resilience. Work is ongoing to further establish the Clinical Practice Group methodology across all clinical areas Peer support secured targeted at priority areas for improvement and learning across both Trusts. Significant input into the commissioner-led Healthy Weston programme. 	A	<ul style="list-style-type: none"> Clear milestones towards merger to continue to be aligned with the Healthy Weston CCG led programme. Learning from acute care collaborative to be developed and applied to support clinically-led change 	DoS&T
		Agree and deliver a collaborative programme of corporate and clinical service improvements with NBT	<ul style="list-style-type: none"> Executive to Executive team met and agreed 4 priorities for joint working Joint workshop held with clinical leaders to develop more regular interface forum Development of a quarterly Clinical Sponsorship Board - dates set for 2019/20. Draft ToR in place Joint programme Board in place to assess the future model of care for Bristol-delivered neonatology services to optimise quality of care and outcomes for mothers and babies - clinical agreement secured from obstetricians and neonatology teams on shortlisted options 	G	<ul style="list-style-type: none"> Regular Executive to Executive team meeting to be held to track progress clinical leaders forum focus and approach to be agreed with MDs and aligned with Acute Care Collaboration 	DoS&T	
		Play an active part in the research and innovation landscape through our contribution to Bristol Health Partners, West of England Academic Health Science Network and Collaborative for Leadership and Applied Research and Care.	Fully engage with Bristol Health Partners agenda and governance and support achievement of Trust objectives through engagement with and securing support from, the west of England AHSN	<ul style="list-style-type: none"> Continued hosting of BHP team and participation in BHP Board and Executive with influence into 2018/19 BHP priorities Priorities for funding and investment into Health Integration Teams (HITs) agreed with alignment to Healthier Together STP priorities Link Executive Director now in place to maximise opportunities provided through the AHSN Innovation and Growth resources - work completed to influence Innovation and Technology Tariffs for 2019/20 	G	<ul style="list-style-type: none"> Continue to evaluate the HITs impact and the leverage of funding into the BNSSG system Continue to engage with the regional AHSN on reviewing potential Innovation Technology Payment schemes that could be implemented within the Trust for 2019/20. 	DoS&T
		Effectively host the networks we are responsible for including the Operational Delivery Networks, the CLARHC and Clinical Research Network.	To continue to host the operational networks we are responsible for, to ensure efficient clinical support, to maximise research opportunities.	<ul style="list-style-type: none"> New Clinical Director and substantive COO appointed to LCRN. ARC application in progress. 	G	Develop 3 year strategy for LCRN	MD
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	Deliver agreed financial plan for 2018/19.	Achieve positive contract settlement with CCG and NHSE commissioners. Deliver Divisional Operating Plans.	<ul style="list-style-type: none"> Q3 on Plan SLAs signed FOT confirmed e.g. delivery plan 	G	Q4 Plan delivery	DoF
		Deliver minimum cash balance.	To remain solvent and avoid the need for external cash support.	Achieved by the delivery of the financial plan	G	Divisional delivery of recovery plans	DOF
		Deliver the annual Cost Improvement Plan (CIP) programme.	Develop and deliver robust CIP plans to secure £22.7m or 4.5% of operational budgets	Productivity plans completed and monitored. CIP on trajectory to deliver. Development of Phase 2	G	Divisional delivery of recovery plans. Implement real time OPD	COO
		Implement an Executive led programme to eliminate waste and add value from <ul style="list-style-type: none"> Out patients; Length of stay; Theatres; Consultant productivity; and Diagnostics. 		Completed gap analysis for each workstream and opportunities outlined. Each Division now has a consolidated OGIM plan to deliver productivity opportunities. Cardiac CT and Ophthalmology RPIWs have taken place. Monitored at Divisional Finance and Ops meetings, Savings Board and updates to Finance sub-committee.	G		COO and Exec Lead Directors for individual work streams
7	We will ensure we are soundly governed and are compliant with the requirements of our regulators	Recommit to and renew our Trust Strategy, setting the strategic direction for the Trust from 2019-2025, and ensure we integrate our clinical, teaching and research capabilities to maximise the benefit for the people we serve.	Secure Board approval to the Trust Strategy <i>Embracing Change, Proud to Core - Our 2025 Vision</i> by quarter four of the financial year.	<ul style="list-style-type: none"> Divisional strategies drafted. SLT away day and Board seminar in November to review progress and level of ambition in emerging detail of plans Completion of strategy in Q4 planned in detail including Continued communication and engagement process with wide range of stakeholders Continued horizon scanning and adaptation (10 year NHS Plan and Healthier Together aspirant Integrated Care System impacts) 	G	<ul style="list-style-type: none"> Produce a final draft of content for the Trust Strategy and core Enabling Strategies, and submit for Board approval. Work with the Communications Team to produce a final version of the branding and layout for the final documents. Develop a full engagement plan for April onwards to launch the new Strategy, engage all our people and stakeholders in the strategy and integrate it into the organisation's business-as-usual work. 	DoS&T
		Ensure our communications function is resilient, equipped to support the Trust to achieve its ambitions, and supports the Trust to achieve its ambitions.	To have an appropriately resourced communications function in place with effective plans to support the Trust to achieve the goals set out in the refreshed strategy, against which the function's performance is assessed. Build our reputation as a regional centre for tertiary services, research and development and teaching. Promotes the "UH Bristol" brand whilst celebrating organisational and individual success. Effective media, public relations function supported by social media presence.	Conducted a review of web publication. Allocated £50k for website and refresh. Successfully recruited Band 7.	R	Re-procure our web content providers. Development of a staff brief. Ongoing overview of website	Deputy CEO
		Implement General Data Protection Regulations.	Ensure compliance with the new Data Protection Regulations from 25 May 2018	Focus continued on awareness raising, training staff, updating the Information Asset Register and the Privacy Notice. Assurance provided through the Information Risk Management Group (IRMG)	G	Interim assessment against the Digital Security and Protection Toolkit. Internal Audit to be completed.	Deputy CEO
		Ensure all principles of good governance are embedded in practice and policy.	Positive outcome from the Well-led Framework assessment with high levels of self-awareness	Well-led review completed and initial feedback provided to the Board. High correlation between self-assessment scores and evaluated scores.	G	Final report from external assessor Development and Board approval of the action plan to address any recommendations	Deputy CEO
		Achieve regulatory compliance against CQC fundamental standards.	To maintain CQC outstanding rating following next CQC inspection.	Provider Information Return (PIR) received from the CQC on 9th January 2019, with accompanying letter explaining that our inspection will take place in the next six months. CQC Group is overseeing inspection readiness planning.	G	Continued focus on action plans for areas requiring improvement. NO CHANGE	CN



Meeting of the Public Board Meeting on Thursday 31st January 2019 in the Board Room, Trust Headquarters

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

1. Report Summary	
To review the Trust's performance on Quality, Workforce and Access standards.	
2. Key points to note <i>(Including decisions taken)</i>	
Please refer to the Executive Summary in the report.	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
None	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> • This report is for ASSURANCE • The Committee is asked to NOTE the report 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	
Quality and Outcomes Committee	24th January 2019
People Committee	24th January 2019

Quality and Performance Report

January 2019

Single Oversight Framework

- The 62 Day Cancer standard for GP referrals achieved 87.9% for November. The national standard of 85% has been achieved for each of the six months since June and was achieved for quarter 2 overall. Quarter 3 is on track to achieve 85%.
- The measure for percentage of A&E patients seen in less than 4 hours was 83.1% for December. This did not achieve the 95% national standard and is below the improvement trajectory target of 87%. However, as part of NHS England's "Trust Footprint" data which includes local Walk In Centre activity, UHBristol achieved the Quarter 3 Year To Date (April-December) trajectory of 90%.
- The percentage of Referral To Treatment (RTT) patients waiting under 18 weeks was 89.3% as at end of December. Although this did not achieve the national 92% standard, the improvement trajectory target of 87% was achieved.
- The percentage of Diagnostic patients waiting under 6 weeks at end of December was 93.8%, with 496 patients waiting 6+ weeks. This is lower than the national 99% standard and the recovery trajectory of 98%. The maximum allowed breaches to achieve 99% was 81.

Headline Indicators

There were two Clostridium Difficile cases and zero MRSA case in December. The Trust remains below the year to date tolerance for Clostridium Difficile cases. Pressure Ulcer incidence reduced from 10 in November to 7 in December. The overall falls incidence deteriorated in December to 5.17 per 1,000 bed days. No common themes have been identified other than an observed increase in the frailty of patients admitted during the month. There were two falls with moderate or higher harm in December.

Two surgical never events were reported in December 2018, one wrong side block and one wrong site surgery. These are under investigation, the outcomes of which will be reported to the Trust Quality and Outcomes Committee.

The headline measures from the monthly patient surveys and the Friends and Family Test remain above their minimum target levels in December 2018. The percentage of complainants who are dissatisfied with the response remains above the 5% target level. A monthly review of all dissatisfied cases is now being carried out by the Head of Quality and a Divisional Head of Nursing; learning from this review is shared with all Divisions via the Clinical Quality Group.

Last Minute Cancelled Operations (LMCs) were at 1.0% of elective activity and equated to 61 cases. There were nine breaches of the 28 day standard (LMCs from last month had to be re-admitted within 28 days).

Workforce

In December 2018 compliance for Core Skills training increased to the target level of 90% overall across the eleven core skills programmes.

Of the total staffing in December, 4.6% was Bank (407 whole time equivalents, wte) and 1.0% was Agency (88 wte). For Agency usage this was a reduction of 4.8 wte from November and for Bank usage it was a reduction of 40.4 wte.

Staff Turnover reduced to 13.48% in December from 13.49% last month. The biggest reduction in staff group was seen within Healthcare Scientists (0.8 percentage points). The largest increase in staff group was seen within Nursing and Midwifery Unregistered (1.2 percentage points). Overall vacancies increased to 4.5% in December compared to 4.4% in the previous month.

Sickness absence increased to 4.2% in December from 4.1%, which is slightly above the December target of 4.0%. The largest staff group increase was seen in Nursing and Midwifery Unregistered, rising to 7.5% from 6.5% the previous month. The largest staff group reduction was seen within Additional Clinical Services reducing to 5.9% from 6.6% the previous month.

1.2 OVERVIEW – Single Oversight Framework

Access Key Performance Indicator		Quarter 1 2018/19			Quarter 2 2018/19			Quarter 3 2018/19			Quarter 4 2018/19		
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
A&E 4-hours Standard: 95%	Actual	83.96%	91.14%	92.84%	90.26%	90.07%	85.00%	89.16%	84.24%	83.05%			
	“Trust Footprint” (Year To Date)	92.05%			91.77%			90.84%					
	Trajectory	90%	90%	90%	90.53%	91.26%	90.84%	90.06%	90.33%	87%	84%	87%	90%
	“Trust Footprint” Trajectory	90.0%			90.0%			90.0%			95.0%		
Cancer 62-day GP Standard: 85%	Actual (Monthly)	84.08%	82.41%	85.96%	85.66%	88.93%	87.4%	85.5%	87.9%				
	Actual (Quarterly)	84.2%			87.3%								
	Trajectory (Monthly)	81%	83%	79%	83%	85%	85%	85%	85%	85%	85%	85%	85%
	Trajectory(Quarterly)	82.5%			85%			85%			85%		
Referral to Treatment Standard: 92%	Actual	88.19%	89.06%	88.55%	88.91%	88.73%	88.52%	89.56%	90.1%	89.3%			
	Trajectory	88%	88%	88.5%	88.5%	88.7%	88.5%	88.5%	88.0%	87.0%	86.0%	87.0%	87.0%
6-week wait diagnostic Standard: 99%	Actual	96.80%	97.64%	97.83%	97.88%	97.13%	98.13%	98.36%	96.94%	93.81%			
	Trajectory	97.9%	97.9%	97.9%	98.4%	99.0%	98.0%	98.0%	98.0%	98.0%	98.0%	99.0%	99.0%

GREEN rating = national standard achieved

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

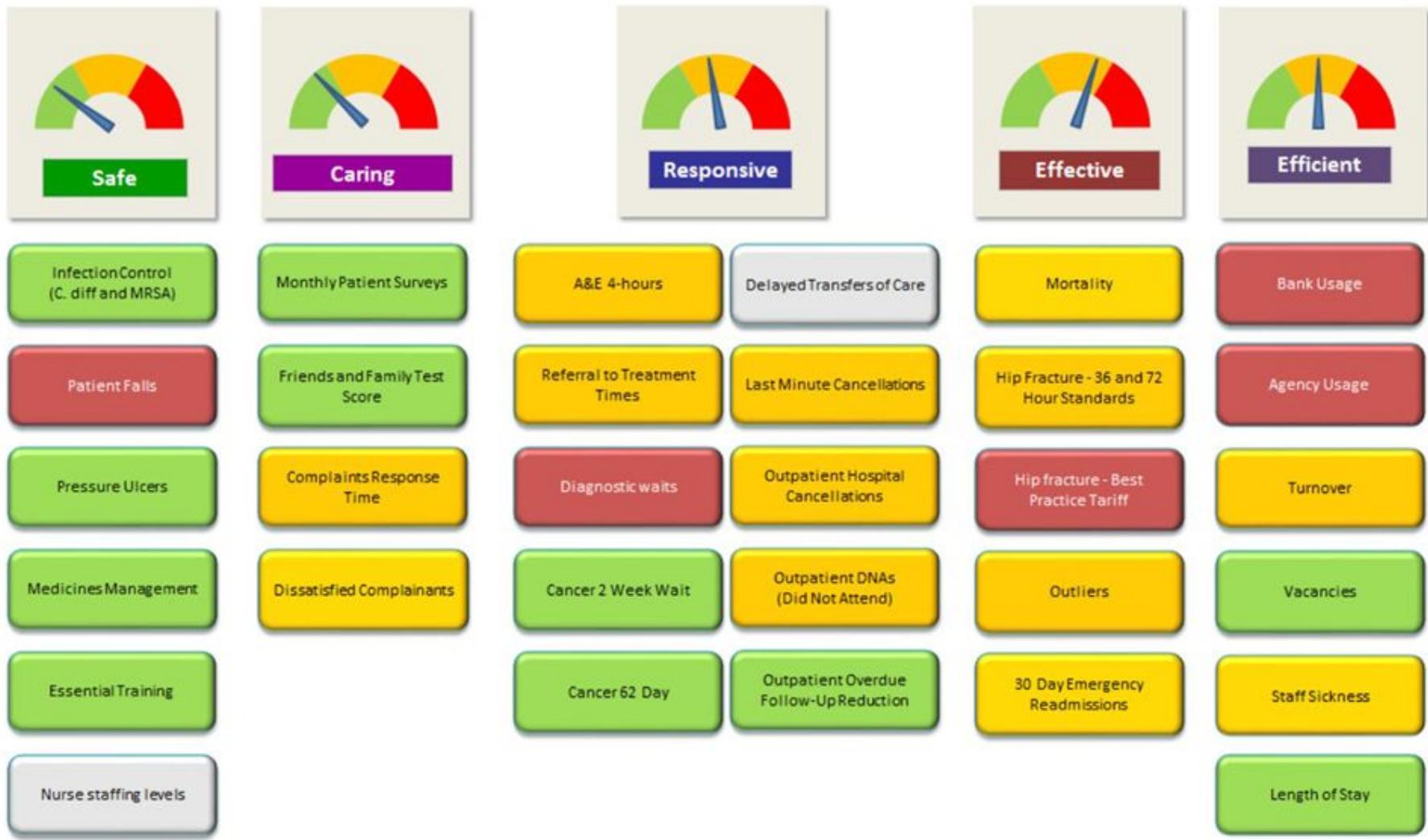
RED rating = national standard not achieved, the STF trajectory not achieved

Note on A&E “Trust Footprint”:

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

1.3 OVERVIEW – Key Performance Indicators Summary

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



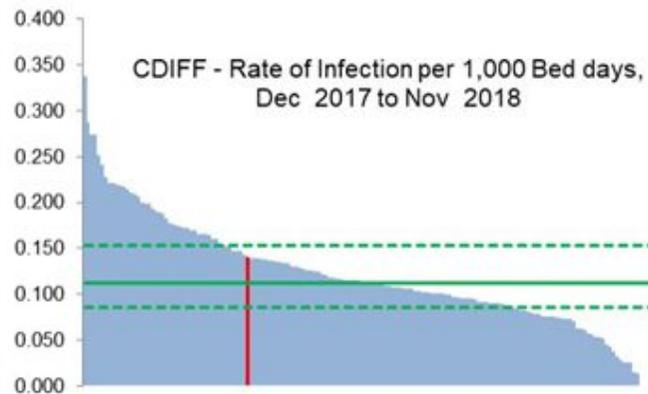
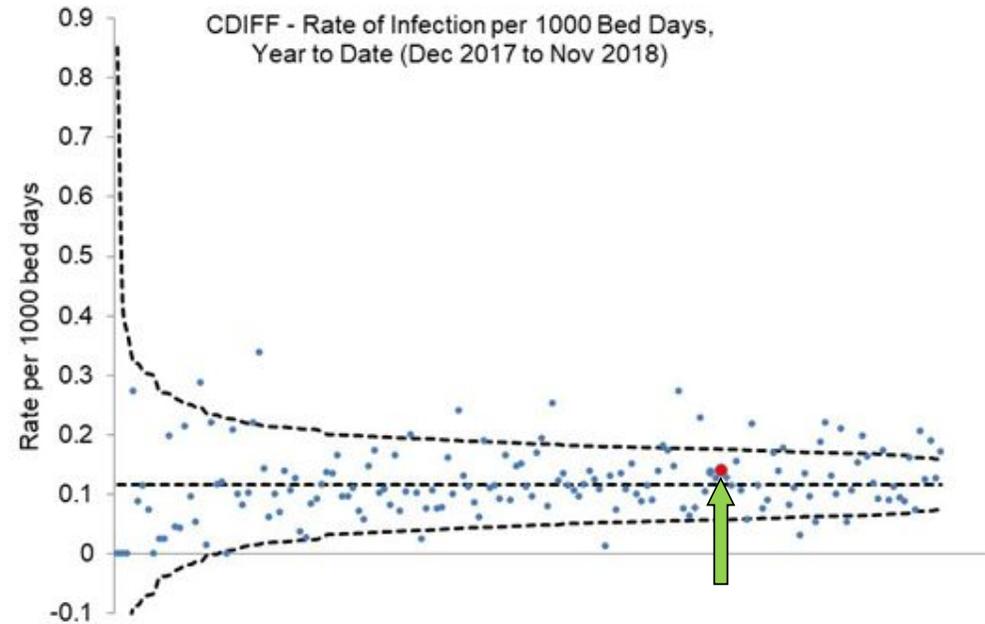
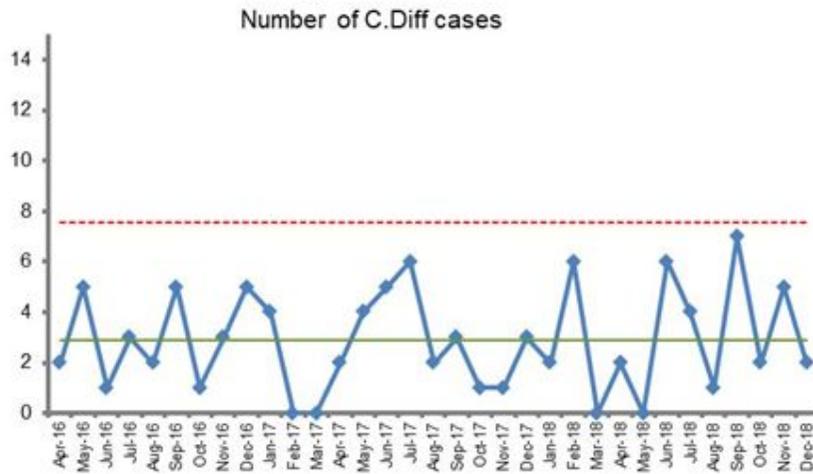
	Successes	Priorities
ACCESS	<ul style="list-style-type: none"> Consistently achieving the 62 day GP national standard for last six months and for quarter 2, expected to achieve in December and quarter 3. All cancer standards forecast to comply with national thresholds in quarter 3 Referral To Treatment (RTT) Performance trajectory is consistently achieved (July-October) at the set trajectory of 88.5%. November trajectory was set at 88% and at month-end, reporting achieved 90.1%. December final performance was 90.3% against a trajectory of 87%. ED Performance for April to December, after Walk In Centre activity had been added, was 90.8%. This was above the Sustainability and Transformation Fund target of 90% so the Trust achieved for Quarter 3. We continue to monitor and achieve the RTT Wait List size trajectory, whereby the requirement is to maintain the waiting list size at 29,207 by end of March 2019. Waiting list size currently sits at 27,829 at end of December showing a decreased of 726 compared to November month-end. On-hold (transitional pathways) that were signed off by NHS Intensive Support Team in September 2018 have now been successfully block closed in Medway Live on 10th January. The number of patients On Hold was around 86,000 when the review began. As of end of December, this number is maintaining at 20,000 with monitoring at the weekly Performance meeting. 	<ul style="list-style-type: none"> Delivery of GP Cancer 62 Day national standard of 85% in quarter 4 Deliver A&E 4 hour performance trajectory of 90% Year To Date, at end of December 2018. Trust needs to achieve a minimum performance level of 87% before Walk In Centre uplift Divisions are now focussing on Outpatient follow-ups that are overdue by more than 6 months Work is now underway to agree the sustainable volume of On Hold (Transitional Pathways) with divisions. With a plan to find an on-going solution with our Medway PAS provider, System C with a timescale of June 2019. Continue to deliver RTT trajectory above 87.0% in January Deliver the 99% Diagnostic standard by end of February. Monitoring of all transitional pathways is maintained on a weekly basis at the Performance meeting. Work with our commissioners to continue the review of the local patient access policy. The Trust has shared its proposal with commissioners and have committed to reviewing and reporting back by December. The first meeting was held on 20th December and will be led by the RTT Access Improvement Manager for UH Bristol. The proposed changes have been included into a draft policy, with some minor amendments to the terminology used in line with IST requirements. The commissioners will take through various internal groups during January 2019 with a plan to involve local GP practices from 1st week of February. Feedback is expected end of Feb/beginning of March

	Opportunities	Risks and Threats
ACCESS	<ul style="list-style-type: none"> • Opportunity to maintain cancer performance with new national rules for allocation of performance between providers – national roll-out delayed to April 2019. • A business case for additional medical and nursing staffing in Children’s ED has been developed and is with the division for sign off. • Development of a new Referral To Treatment report showing the dating of patients in relation to breach date (Booking In Order); is now managed through weekly performance meeting. • Observation of staff working practices in the Trust’s Patient Administration System has now been completed. An in-depth demonstration of proposed functionality by System C (Medway PAS supplier) was undertaken on 27th November. Outcome of this review will be shared with Quality and Outcomes Committee in February. • Use of ICS Diagnostics as additional capacity for echocardiography diagnostic tests during Quarter 4. • Some additional funding is available to divisions to mitigate winter pressures (“Winter COO Monies”). • The local CCG has requested that UH Bristol consider providing peer support across RTT, Cancer and Theatres 	<ul style="list-style-type: none"> • ED attendances are increasing: 3.4% rise at BRI and 9.5% rise at BCH (Apr-Dec 2017 vs Apr- Dec 2018) • ED 4 hour performance trajectory for Quarter 4 is 95%. • December’s Diagnostic 6 week wait position deteriorated to 93.8% at end of December, from 96.9% at end of November. Capacity issues in Cardiac Echos and Non-obstetric ultrasound contributed to most of the under-performance. • The Trust continues to report 52 week breaches in Paediatric Services. The CCG has requested a revised plan of how the Trust will achieve ZERO 52 week breaches by End of March 2019. Long waiters will continue to be monitored at the weekly Performance meeting. • Without an agreed patient access policy to support the high level of cancellation/patient choice achieving ZERO long waiting patients would be difficult to achieve.

	Successes	Priorities
QUALITY	<ul style="list-style-type: none"> Nutrition screening for quarter 3 is at 92.1% and remains above the 90% threshold The number of pressure ulcers per 1,000 beddays has reduced to 0.276 and remains below the green threshold for the second consecutive month, and there were no grade 3 or 4 pressure ulcers reported in December 2018. Focussed actions continue as described in the relevant section of this report. The overall scores from our current patient experience feedback systems are above the green threshold, indicating the continued provision of a positive patient experience at UH Bristol for the majority of patients who use our services. 	<ul style="list-style-type: none"> Coverage of Friends and Family Test declined slightly in maternity and the emergency departments in December to 14.1% and 13.6% respectively and below the 15% thresholds. From January 2019, we are commencing the implementation of the Trust new “real-time” feedback system providing more timely feedback on peoples’ experiences and facilitating earlier action to address any issues raised. Two surgical never events were reported in December 2018, one wrong side block and one wrong site surgery, in different specialities and in different hospitals. These are under investigation, the outcomes of which will be reported to the Trust Quality and Outcomes Committee in due course.
	Opportunities	Risks and Threats
QUALITY	<ul style="list-style-type: none"> The stroke team review each high risk TIA patient who did not start treatment within 48 hours to understand why and act on any learning. They are also taking the opportunity to review the quality indicator for brain imaging within an hour as nationally best practice tariff is now defined as scan within 12 hours. The Sentinel Stroke National Audit Programme (SSNAP) data shows our Trust to be broadly achieving the highest level for brain imaging which is: scan 48% of patients within one hour and scan 95% of patients within 12 hours and have a median scan time less than 60 minutes. 	<ul style="list-style-type: none"> As reported previously, the introduction of Electronic Prescribing and Medicines Administration (EPMA) to some areas has meant that VTE risks assessments are currently recorded in paper drug charts for most wards and on an electronic Medway proforma for EPMA wards, requiring new ways of working for staff. The aim is to switch all wards to the electronic risk assessment which is currently being revised and simplified and will be available from the end of January 2019. There is a risk that recorded VTE risk assessments will reduce during this change; this risk is recorded in the Trust Services Division risk register. We will continue to monitor and investigate hospital associated VTE and thrombo-prophylaxis and to date, there have been no indications of overall reduction of appropriate thrombo-prophylaxis prescribing nor an increase in hospital associated VTE.

	Successes	Priorities
WORKFORCE	<ul style="list-style-type: none"> • Further improvements to the Exit Interview process with continued success in the level of returns on Exit Interviews. • December 2018 compliance for the 11 Core Skills (mandatory/statutory) programmes increased to 90% overall, with 5 of 11 programmes improving by 1% from the previous month. • Recruiting to 100 multi-professional wellbeing advocates across the organisation. 	<ul style="list-style-type: none"> • The Trust has registered with Cohort 4 of the NHSI Retention Programme. • Close working with BNSSG partners and the neutral vendor for nurse agency supply, to further reduce high cost, non-framework agency usage. • New external recruitment website project initiated to create a modern platform for marketing vacancies across all staff groups. • Following six months of countdown notices to staff, the update frequencies for both Resuscitation and Infection Prevention and Control (IPC) (clinical) were reduced to an annual requirement, effective from 1 January 2019. • With the new Psychological Wellbeing Lead now in post, work has commenced in partnership with stakeholders to develop an integrated approach to psychological wellbeing across the organisation, with a planned date for first draft by the end of March 2019. • Continued support to increase user confidence with the e-appraisal system.
	Opportunities	Risks and Threats
WORKFORCE	<ul style="list-style-type: none"> • Effective 1 January 2019, all learning outcomes and update frequencies of our 11 Core Skills were aligned with the national standards of the UK Core Skills Training Framework. This is also in accord with several objectives of the SW Streamlining/MaST (mandatory/statutory) Project. Alignment will facilitate the 'passporting' of training records between our trust and NBT in 2019. • Using the heat map data from the 2018 staff survey to inform revised staff engagement plans. Data will be available in April. • Progressing outcomes from the recent review of the Supporting Attendance Policy. 	<ul style="list-style-type: none"> • Increased use of temporary staffing due to operational pressures across the healthcare system. • Resus dropped 1%, to 75% in December due to alignment changes and continuing high DNA rates. February 2019 compliance report will be the first report to reflect the full effects of recent alignment changes on compliance for Resus and IPC. • Appraisal compliance remains low against target. Winter Pressures reduces the time available for Managers to undertake appraisals.

Infections – Clostridium Difficile (C.Diff)	
Standards:	Number of Trust Apportioned C.Diff cases to be below the national trajectory of 44 cases for 2018/19. Review of these cases with commissioners' alternate months to identify if there was a "lapse in care".
Performance:	There were two trust apportioned C.Diff cases in December 2018, giving 29 cases year-to-date. This is below the year-to-date trajectory of 35 cases
Commentary:	There were two cases of C. Difficile identified in December 2018. These cases require a review with our commissioners before determining if the cases will be Trust apportioned. Once reviewed in January any outstanding appropriate actions will be implemented.
Ownership:	Chief Nurse

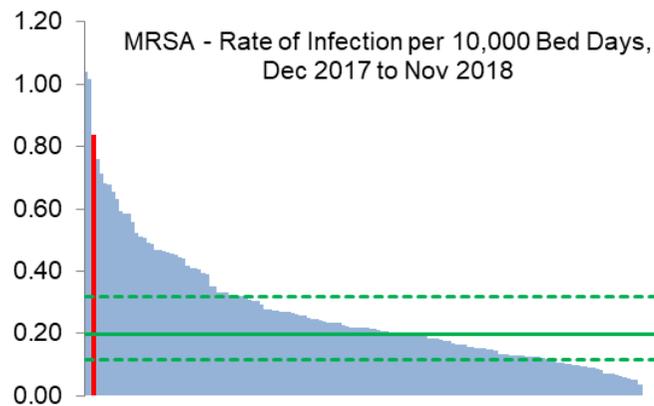


CDIFF Cases	Dec-18	2018/2019
Medicine	1	6
Specialised Services	1	11
Surgery	0	4
Women's and Children's	0	8
Grand Total	2	29

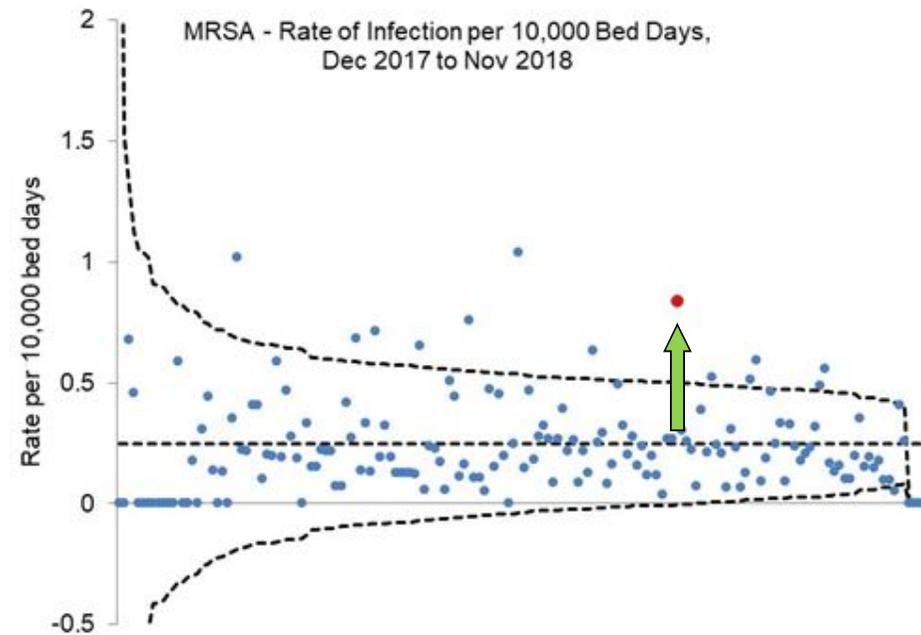
Unbroken horizontal line is England median: dotted lines are upper & lower quartiles

Infections – Methicillin-Resistant Staphylococcus Aureus (MRSA)	
Standards:	No Trust Apportioned MRSA cases.
Performance:	There were no trust apportioned MRSA cases in December, making five cases year-to-date.
Commentary:	There were zero cases of MRSA bacteraemia during December 2018. This is the second consecutive month in a row there have been no cases attributed to the Trust.
Ownership:	Chief Nurse

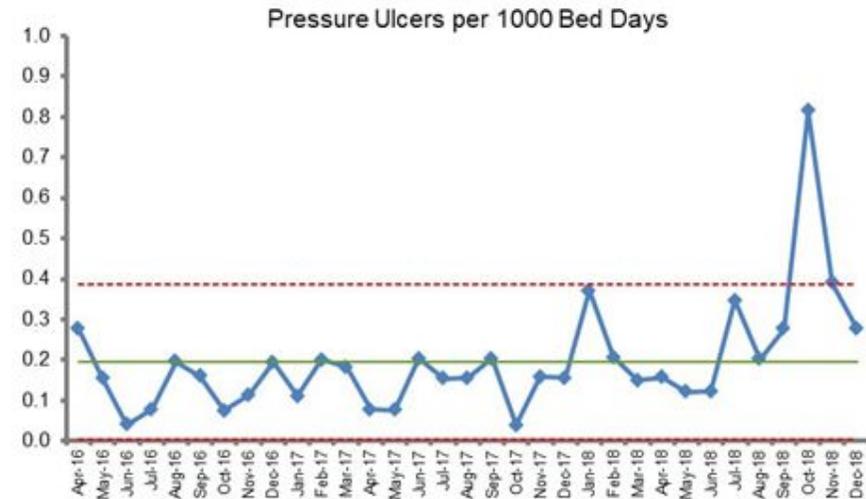
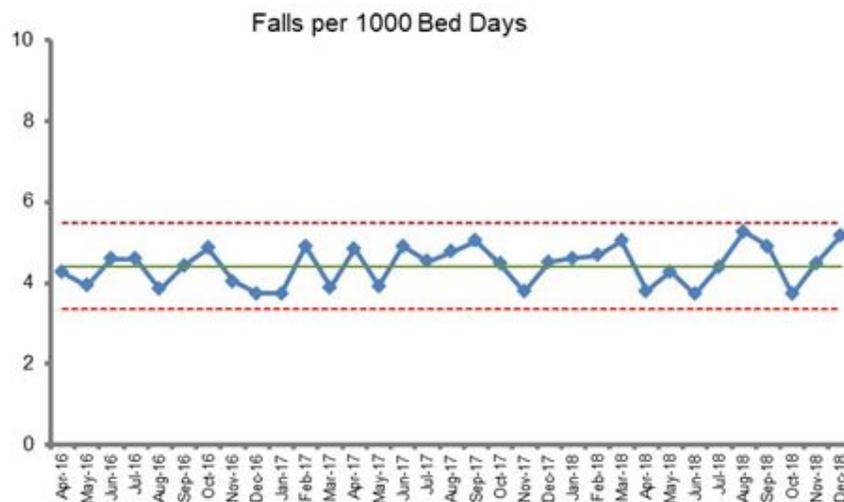
MRSA	Dec-18	2018/2019
Medicine	0	2
Specialised Services	0	1
Surgery	0	2
Women's and Children's	0	0
Grand Total	0	5



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

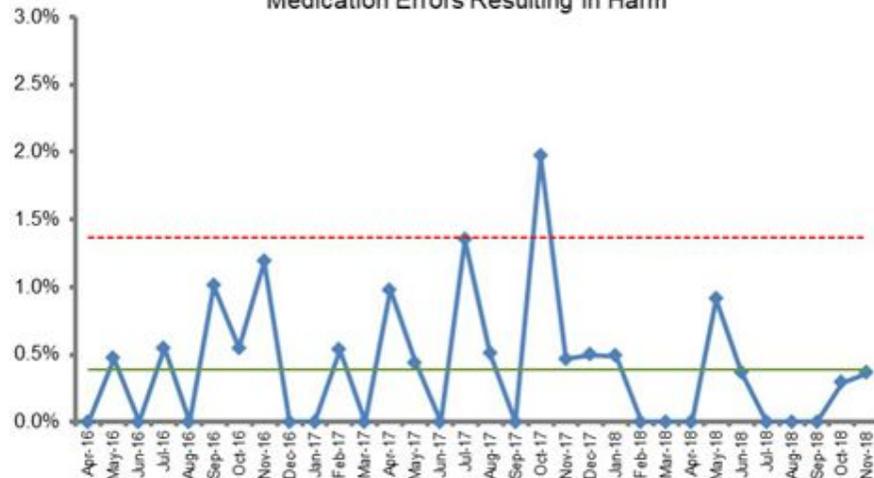


Patient Falls and Pressure Ulcers	
Standards:	Inpatient Falls per 1,000 beddays to be less than 4.8. Less than 2 per month resulting in Harm (Moderate or above) Hospital acquired Pressure Ulcers to be below 0.4. No Grade 3 or 4 Pressure Ulcers
Performance:	Falls rate for December was 5.17 per 1,000 beddays. This was 131 Falls with 2 resulting in harm. Pressure Ulcers rate for December was 0.28 per 1,000 beddays. There were 7 Pressure Ulcers in December, with zero at Grades 3 or 4.
Commentary:	<p>Patient Falls. The overall number of falls per 1,000 bed days deteriorated in December to 5.17 per 1,000 bed days. No common themes have been identified other than an observed increase in the frailty of patients admitted during the month. There were two falls with moderate or higher harm in December. A number of new actions are underway including the implementation of a new post falls checklist, enhancing the role of the falls champions and participation in the National Falls Audit. The new actions sit within the 18/19 work plan, which aims to see an overall reduction in the number of falls and falls with harm by delivering a number of practice and education and training related objectives. There was a refresh of the “End PJ Paralysis” initiative at the end of 2018 and further work underway includes a vision checklist for patients at risk of falls and developing a business case for an activities co-ordinator to support patients requiring enhanced care observation.</p> <p>Pressure Ulcers. The overall number of pressure ulcers reported in December is 0.276 per 1,000 bed days and remaining below the green threshold following a significant increase in October 2018. This comprises seven category two pressure ulcers. The aim of the 18/19 Tissue Viability work plan is to achieve an overall reduction in the number of hospital acquired pressure ulcers by delivering a number of practice, education and training related objectives. These include updating the tissue viability Connect pages, updating the pressure ulcer prevention e-learning and induction training and introducing a SWARM checklist on discovery of a new pressure ulcer to share any learning promptly with clinical teams.</p>
Ownership:	Chief Nurse

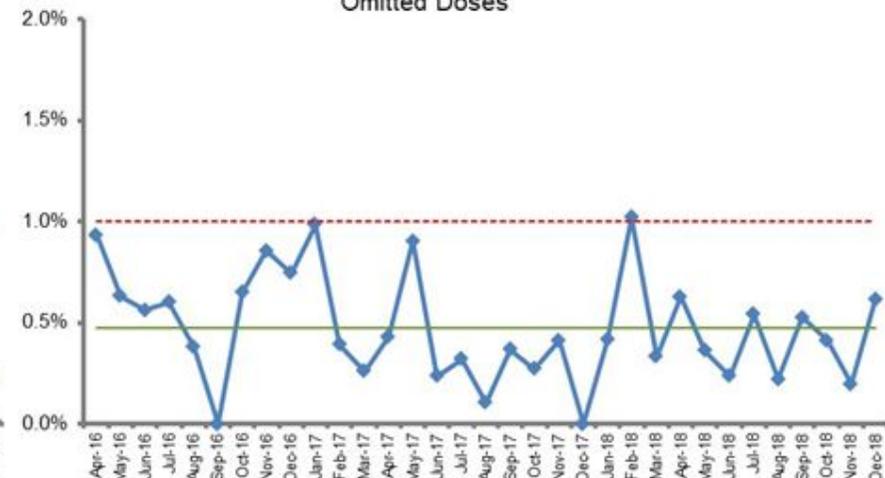


Medicines Management	
Standards:	Number of medication errors resulting in harm to be below 0.5%. Note this measure is a month in arrears. Of all the patients reviewed in a month, under 0.75% to have had a non-purposeful omitted dose of listed critical medication
Performance:	Three moderate harm medication incidents were reported in December 2018. Omitted doses were at 0.62% in December (2 cases out of 325 reviewed).
Commentary:	<p>One incident involved the administration of the incorrect dose of insulin in a patient being treated for hyperkalaemia. They were prescribed the correct dose, but administered a dose for a patient with diabetic ketoacidosis, which was too much.</p> <p>One incident involved a patient who was given vitamin K to reverse the effects on warfarin. On discharge the patient recommenced their warfarin, but not given any enoxaparin cover while the warfarin was sub therapeutic. The patient was re-admitted with a DVT.</p> <p>One incident involved a patient who was not given their regular steroids for two days as the dose was marked as drug not available. Daily steroids are a critical medicine.</p> <p>All medication related incidents resulting in moderate or above harm are reviewed by the pharmacy governance team and tabled for discussion at monthly pharmacy department and divisional risk management meetings, and the bi-monthly Medicines Governance Group.</p> <p>The non-purposeful omitted critical medication audit in December in areas using paper drug revealed two findings of unintentional omission of a critical medicine, resulting in a figure of 0.62% in December. The cumulative figure for this financial year is 0.40% and below the green threshold of 0.75%.</p> <p>Full data of non-purposeful omitted critical medication in Medway e-Prescribing (EPMA) wards was 0% for December.</p>
Ownership:	Medical Director

Medication Errors Resulting in Harm



Omitted Doses



Essential Training	
Standards:	Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%
Performance:	In December 2018 Essential Training overall compliance increased to 90% compared to 89% in the previous month (excluding Child Protection Level 3).
Commentary:	December 2018 compliance for Core Skills (mandatory/statutory) training increased to 90% overall across the eleven core skills programmes. There was one reduction and there were five increases from the previous month across the eleven core skill programmes. The largest reduction was seen in Resuscitation, reducing to 75% from 76% the previous month. All increases were equal – Fire Safety increasing to 87% from 86% the previous month, NHS Conflict Resolution Training increasing to 95% from 94% the previous month, Preventing Radicalisation increasing to 93% from 92% the previous month, Safeguarding Adults increasing to 92% from 91% the previous month, and Safeguarding Children increasing to 91% from 90% the previous month. Compliance for all other Essential Training remained static at 94% compared with the previous month.
Ownership:	Director of People

Essential Training	Dec-18	KPI
Equality, Diversity and Human Rights	95%	90%
Fire Safety	87%	90%
Health, Safety and Welfare (formerly Health & Safety)	94%	90%
Infection Prevention and Control	94%	90%
Information Governance	85%	95%
Moving and Handling (formerly Manual Handling)	85%	90%
NHS Conflict Resolution Training	95%	90%
Preventing Radicalisation	93%	90%
Resuscitation	75%	90%
Safeguarding Adults	92%	90%
Safeguarding Children	91%	90%

Essential Training	Dec-18	KPI
UHBristol NHS Foundation Trust	90%	90%
Diagnostics & Therapies	91%	90%
Facilities & Estates	92%	90%
Medicine	89%	90%
Specialised Services	90%	90%
Surgery	88%	90%
Trust Services	92%	90%
Women's & Children's	89%	90%

Nursing Staffing Levels	
Standards:	Staffing Fill Rate is the total hours worked divided by total hours planned. A figure over 100% indicates more hours worked than planned. No target agreed
Performance:	December's overall staffing level was at 99.1% (239,299 hours worked against 241,499 planned). Registered Nursing (RN) level was at 94.7% and Nursing Assistant (NA) level was at 110.1%
Commentary:	The report shows that in December 2018 the trust had rostered 241,499 expected nursing, midwifery and nursing assistants' hours, with the number of actual hours worked recorded on the system was 239,299. This gave an overall fill rate of 99%. Overall for the month of December 2018, the trust had 94% cover for RN's on days and 95% RN cover for nights. The unregistered level of 104% for days and 119% for nights reflects the activity seen in December 2018. This was due primarily to NA specialist assignments to safely care for confused or mentally unwell patients in adults particularly at night.
Ownership:	Chief Nurse

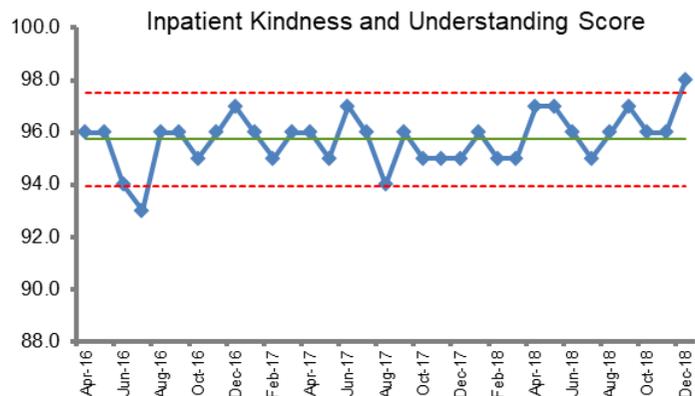
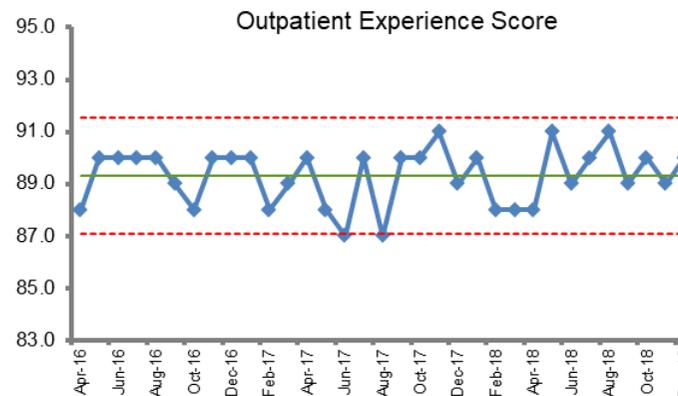
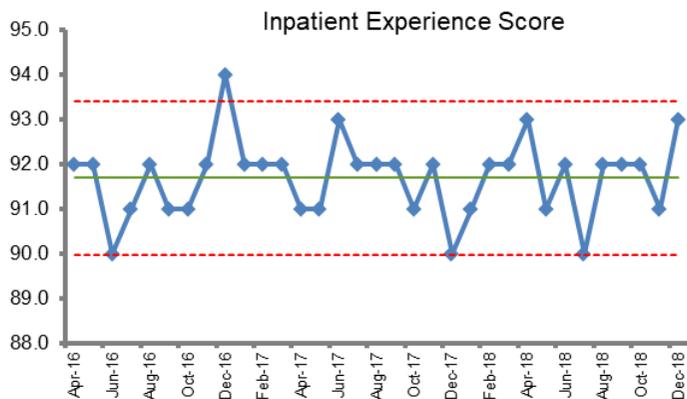
DECEMBER 2018 DATA

	Day	Night	TOTAL
Registered Nurses	94.3%	95.2%	94.7%
Nursing Assistants	103.8%	119.0%	110.1%
TOTAL	97.2%	101.5%	99.1%

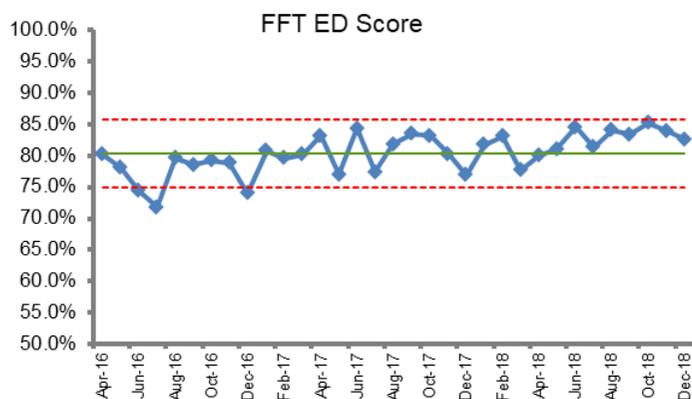
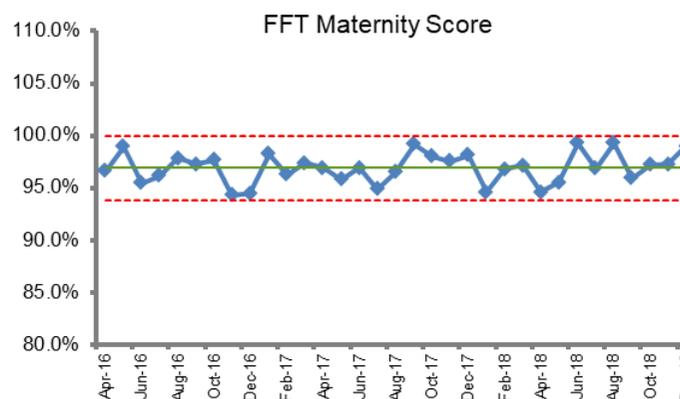
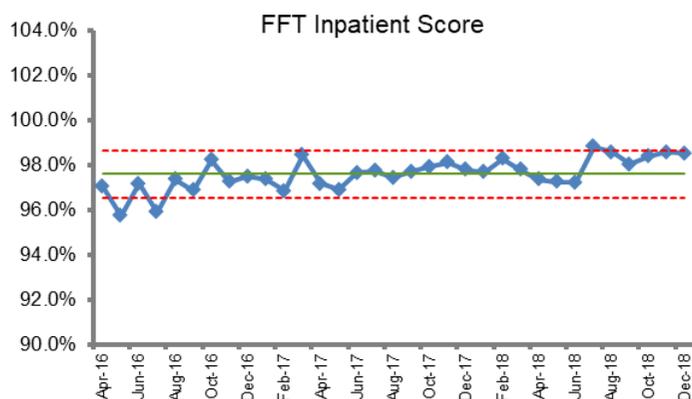
Medicine	109.3%
Specialised Services	101.2%
Surgery	101.3%
Women's and Children's	89.9%
TOTAL	99.1%



Monthly Patient Survey	
Standards:	For the inpatient and outpatient Survey, 5 questions are combined to give a score out of 100. For inpatients, the target is to achieve 87 or more. For outpatients the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target of 90 or over.
Performance:	For December 2018, the inpatient score was 93/100, for outpatients it was 90. For the kindness and understanding question it was 98.
Commentary:	The headline measures from these surveys remained above their minimum target levels in December 2018, indicating the continued provision of a positive patient experience at UH Bristol for the majority of patients who use our services.
Ownership:	Chief Nurse

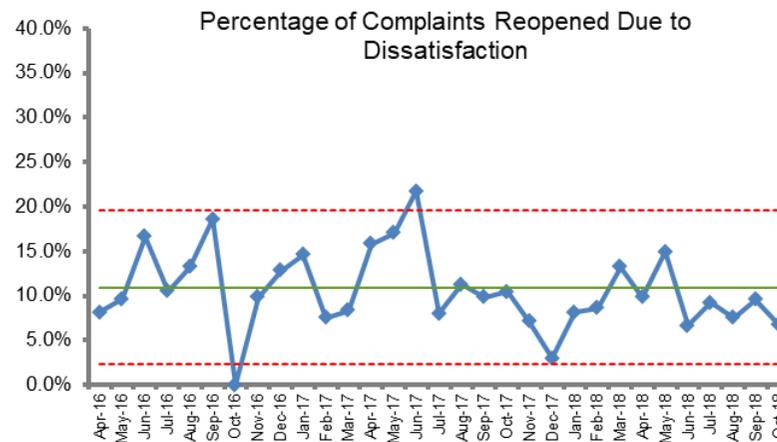
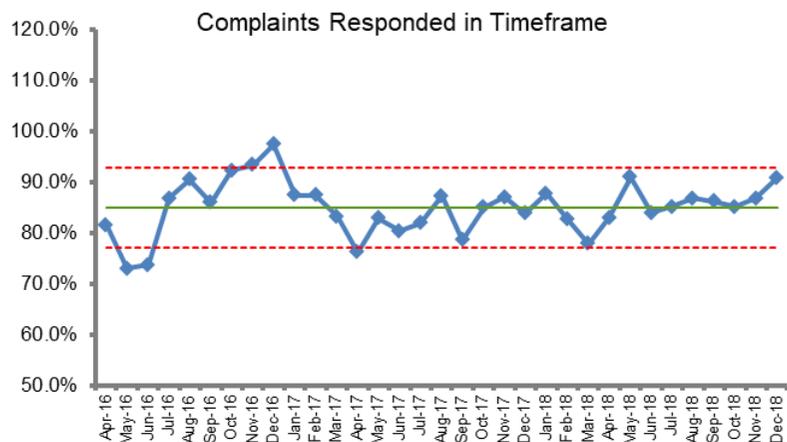


Friends and Family Test (FFT) Score	
Standards:	The FFT score is the number of respondents who were likely or very likely to recommend the Trust, as a percentage of all respondents. Standard is that the score for inpatients should be above 90%. The Emergency Department minimum target is 60%.
Performance:	December's FFT score for Inpatient services was 98.5% (2299 out of 2333 surveyed). The ED score was 82.6% (962 out of 1164 surveyed). The maternity score was 99.0% (193 out of 195 surveyed).
Commentary:	The Trust's scores on the Friends and Family Test remained above their target levels in December 2018.
Ownership:	Chief Nurse

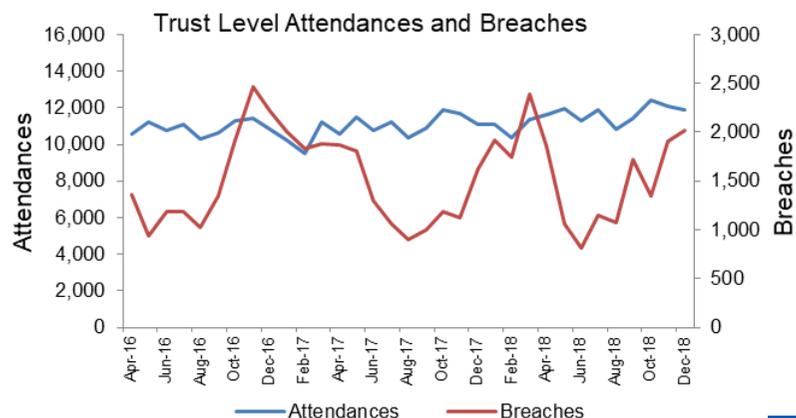
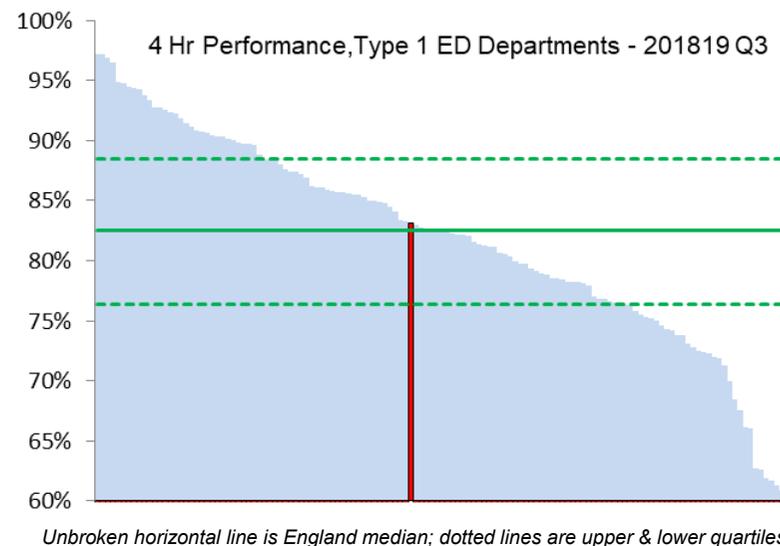
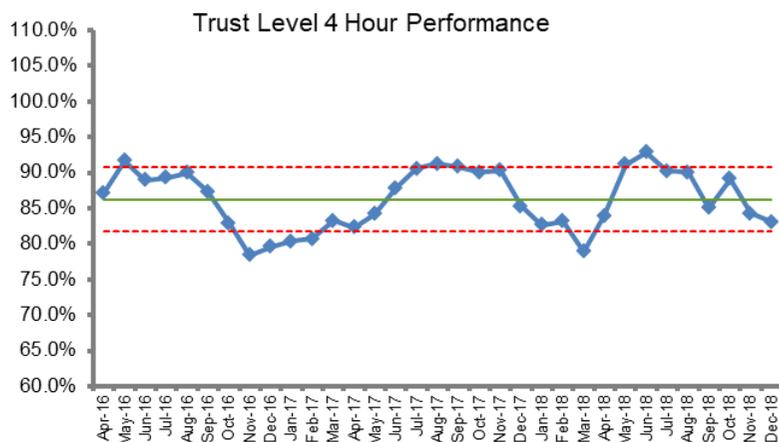


	Response Rate		Score	
	Dec-18	2018/2019	Dec-18	2018/2019
Inpatients				
Medicine	45.8%	35.4%	97.7%	97.4%
Surgery	38.0%	35.0%	98.8%	98.6%
Specialised Services	42.7%	36.0%	99.0%	97.7%
Women's and Children's	30.9%	33.5%	98.8%	98.2%
TOTAL	38.7%	34.9%	98.5%	98.1%
Emergency Department				
Bristol Royal Infirmary	10.1%	11.7%	65.9%	67.1%
Children's Hospital	11.3%	18.6%	83.8%	86.5%
Eye Hospital	24.7%	23.4%	95.9%	94.2%
TOTAL	13.6%	16.6%	82.6%	82.9%
Maternity				
TOTAL	14.1%	17.4%	99.0%	97.0%

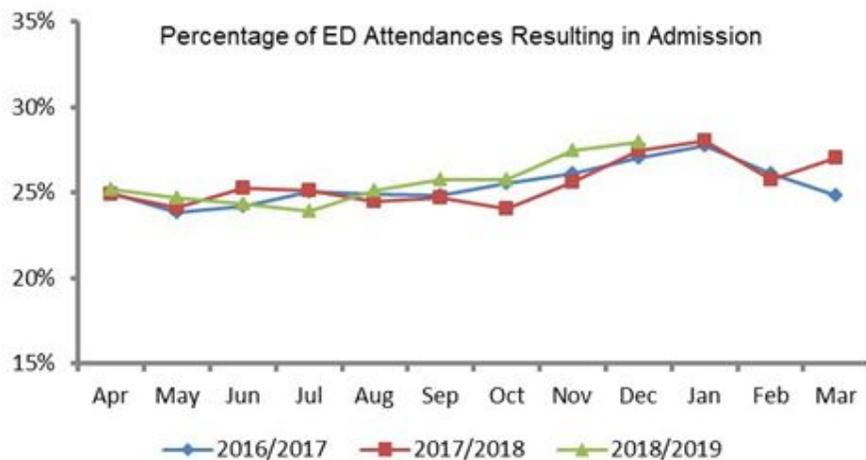
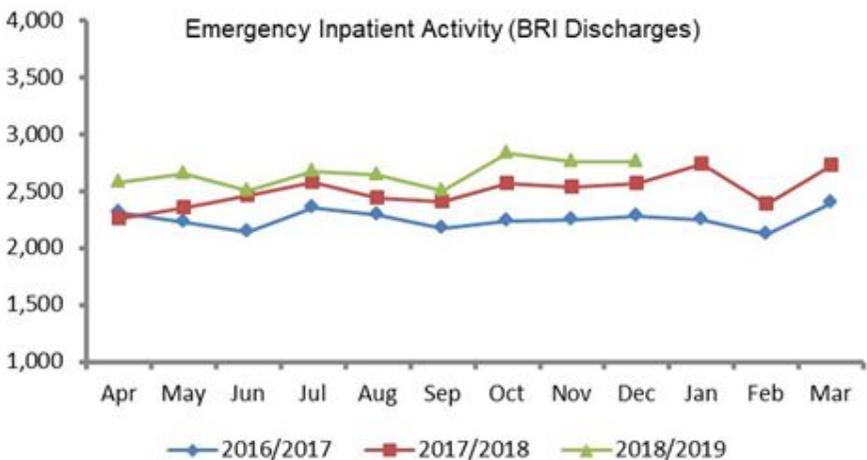
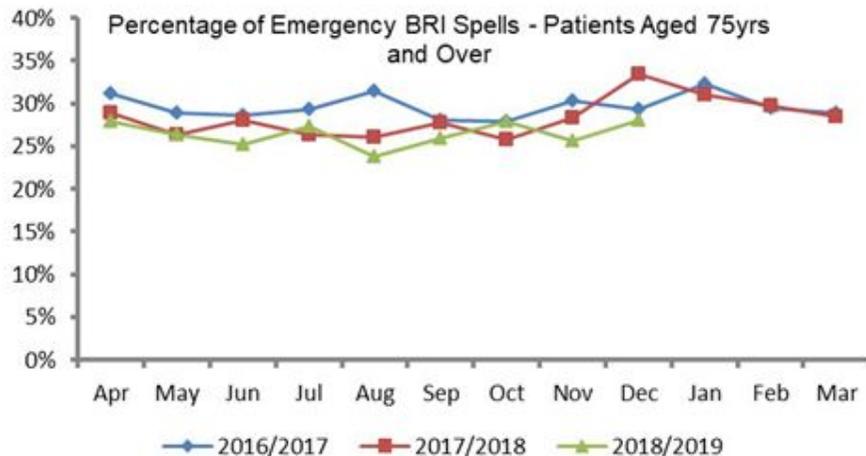
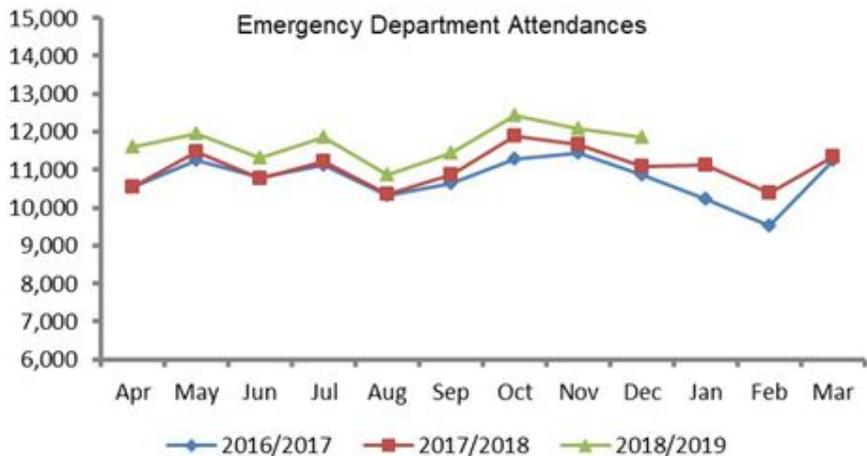
Patient Complaints	
Standards:	For all formal complaints, 95% of them should have the response posted/sent to the complainant within the agreed timeframe. Of all formal complaints responded to, less than 5% should be re-opened because complainant is dissatisfied.
Performance:	In December, 40 out of 44 formal complaints were responded to with timeframe (90.9%) Of the 74 formal complaints responded to in October, 5 resulted in the complainant being dissatisfied with the response (6.8%)
Commentary:	The Trust's performance in responding to complaints via formal resolution within a timescale agreed with the complainant was 91% in December. This represents four breaches from the 44 responses sent out in December. Since August 2018, Clinical Quality Group has been receiving a monthly report providing details of all breaches and causes to identify learning. The rate of dissatisfied complaints in October (this measure is reported two months in arrears) was 6.8%. This represents five cases from the 74 first responses sent out during that month. A monthly review of all dissatisfied cases is now being carried out by the Head of Quality (Patient Experience and Clinical Effectiveness) and a Divisional Head of Nursing; learning from this review is shared with all Divisions via the Clinical Quality Group.
Ownership:	Chief Nurse



Emergency Department 4 Hour Wait	
Standards:	Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours. The Trust's improvement trajectory is 87% for December.
Performance:	Trust level performance for December was 83.05% (11870 attendances and 2012 patients waiting over 4 hours).
Commentary:	Performance at the Children's Hospital was 91.0% in December. This is alongside a 9.5% rise in attendances (Apr-Dec 2018 vs Apr-Dec 2017). The Bristol Royal Infirmary achieved 73.5% in December and the Eye Hospital achieved 97.1%. Bristol Royal Infirmary saw a 3.4% rise in attendances for the same time period. For delivery of the Trust's Sustainability and Transformation (STF) funding for Quarter 3, the Trust needs to be above 90% for Apr-Dec 2018 once local Walk In Centre data has been added (the "Acute Trust Footprint" referenced in Section 1.2). NHS England published the finalised data in mid-January and UHBristol achieved 90.84%. So the Quarter 3 STF target has been achieved.
Ownership:	Chief Operating Officer

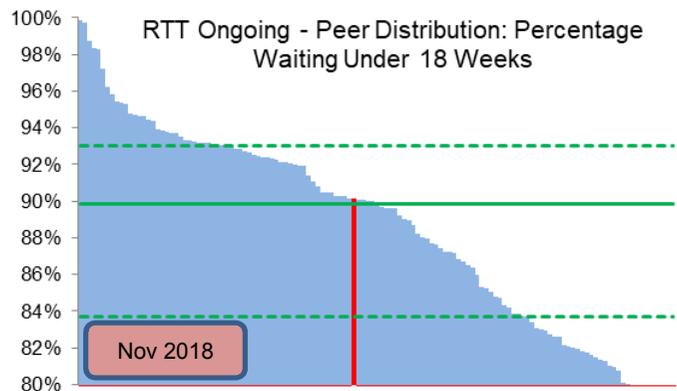
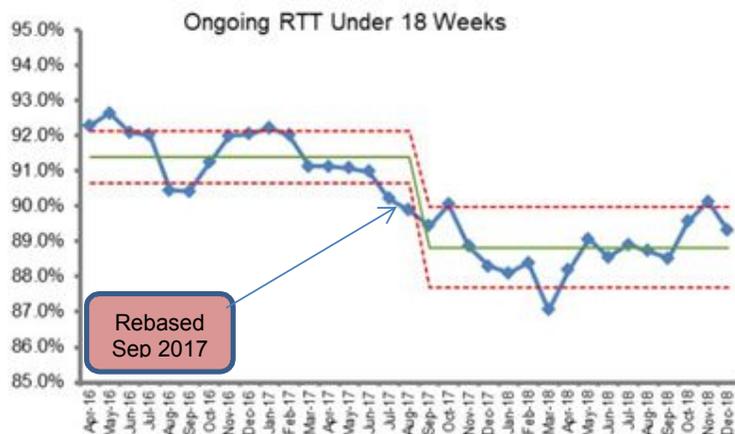


	Attendances		Under 4 Hours		Performance	
	Dec-18	2018/2019	Dec-18	2018/2019	Dec-18	2018/2019
BRI	6025	53784	4428	43411	73.49%	80.71%
Trust	11870	105422	9858	92476	83.05%	87.72%



Referral to Treatment (RTT)

Standards:	At each month-end, the Trust reports the number of patients on an ongoing RTT pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks. The Trust's improvement trajectory has been set at 87.0% for end of December. In addition, no-one should be waiting 52 weeks or over.
Performance:	At end of December, 89.3% of patients were waiting under 18 week (24,854 out of 27,829 patients). 7 patients were waiting 52+ weeks
Commentary:	The 92% national standard was not met at the end of December; however, this was above the recovery trajectory target of 87.0%. January is on track to deliver the 84% recovery trajectory.
Ownership:	Chief Operating Officer

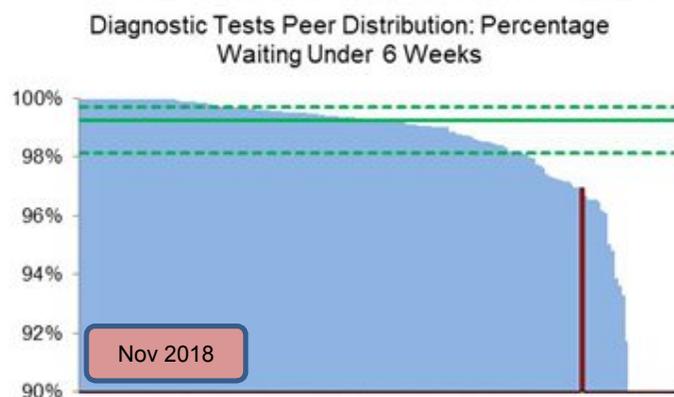
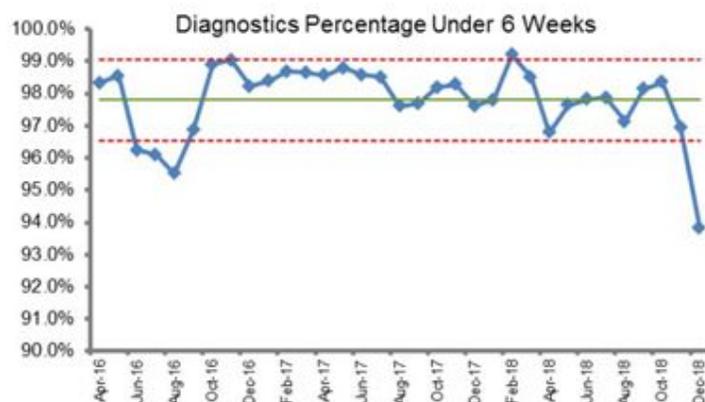


Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

Ongoing Pathways at Dec-18

	Ongoing Pathways	Ongoing Over 18 Weeks	Ongoing Performance
Cardiology	1,988	328	83.5%
Cardiothoracic Surgery	324	47	85.5%
Dermatology	2,376	219	90.8%
ENT	2,048	119	94.2%
Gastroenterology	797	24	97.0%
General Medicine	9	0	100.0%
Geriatric Medicine	63	1	98.4%
Gynaecology	1,188	179	84.9%
Neurology	219	26	88.1%
Ophthalmology	4,050	397	90.2%
Oral Surgery	2,336	293	87.5%
Other (Clinical Genetics)	905	130	85.6%
Other (Dental)	1,859	88	95.3%
Other (General Surgery)	1,471	245	83.3%
Other (Haem/Onc)	166	7	95.8%
Other (Medicine)	589	26	95.6%
Other (Other)	499	4	99.2%
Other (Paediatric)	4,938	723	85.4%
Other (Pain Relief)	89	0	100.0%
Other (Thoracic Surgery)	112	5	95.5%
Plastic Surgery	1	0	100.0%
Rheumatology	675	20	97.0%
Thoracic Medicine	355	10	97.2%
Trauma & Orthopaedics	771	83	89.2%
TOTAL	27,829	2,975	89.3%

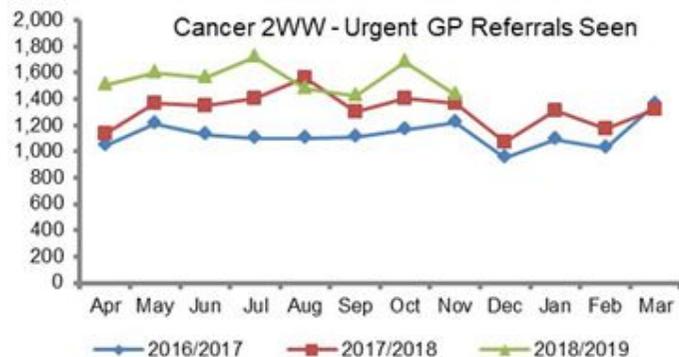
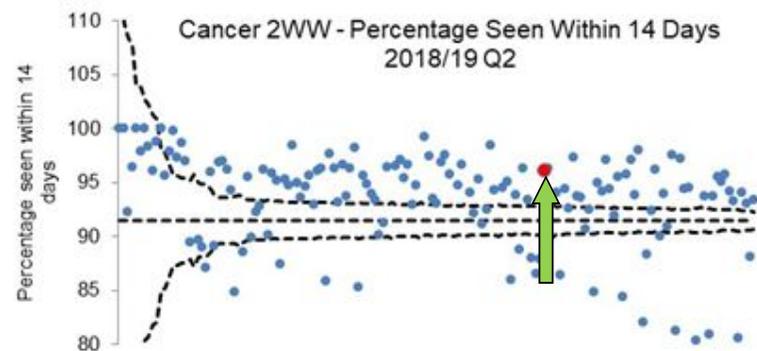
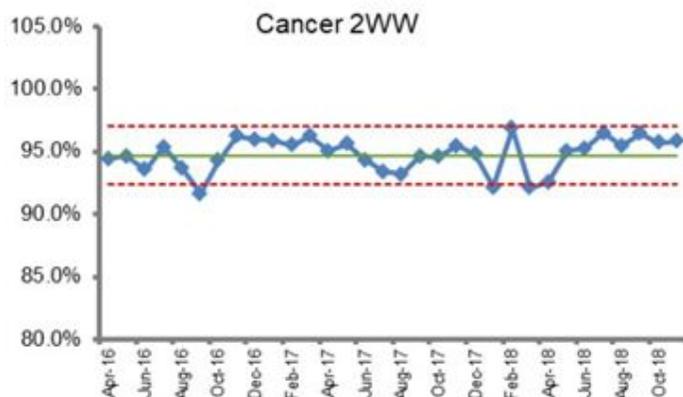
Diagnostic Waits	
Standards:	Diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is for 99% of patients referred for one of the 15 high volume tests to be carried-out within 6 weeks, as measured by waiting times at month-end. The recovery trajectory is set to maintain 98% and achieve 99% at end of February.
Performance:	At end of December, 93.81% of patients were waiting under 6 weeks (7,514 out of 8,010 patients). There were 496 breaches of the 6-week standard.
Commentary:	The Trust did not achieve the 99% national standard at end of December. The maximum number of breaches needed to achieve 99% was 81 breaches. The areas carrying the largest volume of breaches are Echocardiography, Non-obstetric ultrasound and CT Cardiac, see table below.
Ownership:	Chief Operating Officer



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

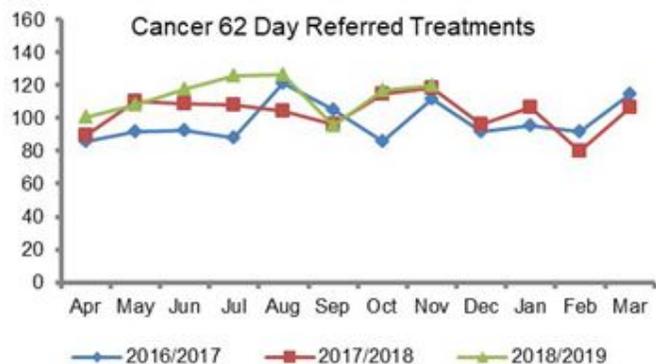
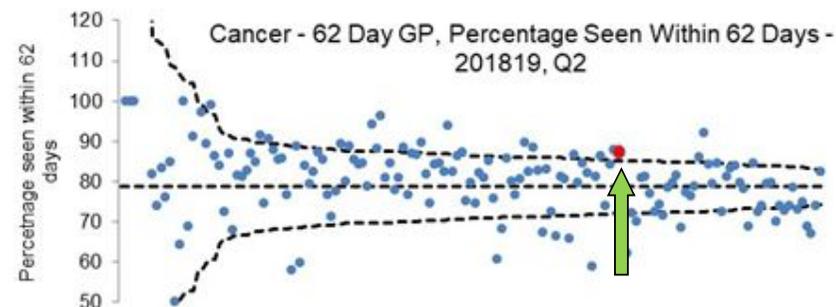
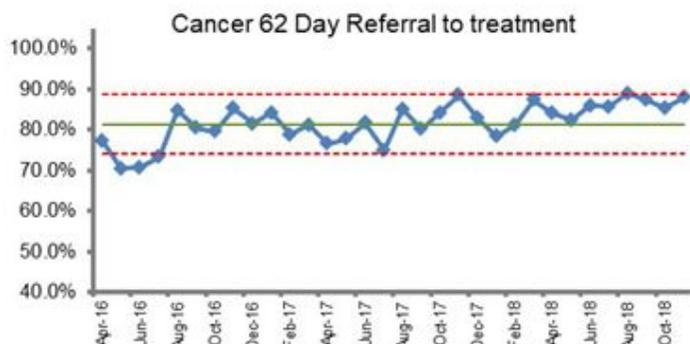
	Diagnostic Tests Waiting List at Dec-18			Percentage Under 6 Weeks
	Under 6 Weeks	6+ Weeks	Total Waiting	
Audiology	682	1	683	99.9%
Colonoscopy	134	7	141	95.0%
CT	987	51	1,038	95.1%
Cystoscopy	3	0	3	100.0%
DEXA Scan	139	0	139	100.0%
Echocardiography	909	338	1,247	72.9%
Flexi Sigmoidoscopy	56	9	65	86.2%
Gastroscopy	127	2	129	98.4%
MRI	1,782	7	1,789	99.6%
Neurophysiology	110	0	110	100.0%
Sleep Studies	118	0	118	100.0%
Ultrasound	2,467	81	2,548	96.8%
Grand Total	7,514	496	8,010	93.8%

Cancer Waiting Times – 2WW	
Standards:	Urgent GP-referred suspected cancer patients should be seen within 2 weeks of referral. The national standard is that each Trust should achieve at least 93%
Performance:	For November, 95.8% of patients were seen within 2 weeks (1370 out of 1430 patients). Quarter 1 overall achieved 94.3%. Quarter 2 overall achieved 96.1%
Commentary:	The standard was achieved in quarter 1 and quarter 2 2018/19. The standard is also on track to achieve in quarter 3.
Ownership:	Chief Operating Officer



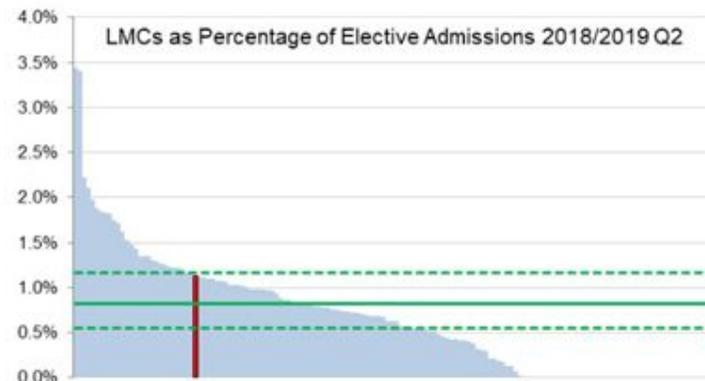
Cancer Site	Cancer 2WW - Nov-18		
	Values		
	Under 2 Weeks	Total Pathways	Percentage
Other suspected cancer	6	6	100.0%
Suspected children's cancer	20	22	90.9%
Suspected gynaecological cancers	101	108	93.5%
Suspected haematological malignancies excluding ac	12	12	100.0%
Suspected head and neck cancers	371	374	99.2%
Suspected lower gastrointestinal cancers	154	167	92.2%
Suspected lung cancer	25	25	100.0%
Suspected skin cancers	585	610	95.9%
Suspected upper gastrointestinal cancers	96	106	90.6%
Grand Total	1,370	1,430	95.8%

Cancer Waiting Times – 62 Day	
Standards:	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. National standard is that Trusts should achieve at least 85%. The improvement trajectory is 83% for May, 82.5% for Quarter 1 and 85% (same as national standard) from Quarter 2.
Performance:	For November, 87.9% of patients were seen within 62 days (105.5 out of 120 patients). Quarter 1 finished at 84.2% and Quarter 2 finished at 87.3%.
Commentary:	The national standard was achieved in quarter 2 2018/19. The standard is also on track to achieve in quarter 3.
Ownership:	Chief Operating Officer



Cancer Site	Cancer 62 Day - Nov-18		
	First Treatment - Within Target	First Treatment - Total	First Treatment - Performance
Acute leukaemia	0.5	0.5	100.0%
Brain	1.0	1.0	100.0%
Breast	3.0	3.5	85.7%
Gynaecological	5.5	8.5	64.7%
Haematological	10.5	11.5	91.3%
Head and Neck	6.5	6.5	100.0%
Lower Gastrointestinal	8.0	9.5	84.2%
Lung	11.5	15.5	74.2%
Other	2.0	2.0	100.0%
Sarcoma	1.0	1.0	100.0%
Skin	51.0	51.0	100.0%
Upper Gastrointestinal	5.0	6.0	83.3%
Urological	0.0	3.5	0.0%
Grand Total	105.5	120.0	87.9%

Last Minute Cancelled Operations	
Standards:	This covers elective admissions that are cancelled on the day of admission by the hospital, for non-clinical reasons. The total number for the month should be less than 0.8% of all elective admissions. Also, 95% of these cancelled patients should be re-admitted within 28 days
Performance:	In December there were 61 last minute cancellations, which was 1.0% of elective admissions. Of the 138 cancelled in November, 129 (93.5%) had been re-admitted within 28 days.
Commentary:	December saw a reduction in the number of last minute cancellations, compared to November (138 down to 61). The most common reason was “List over-ran” (12 cancellations). There were 16 in Cardiac Services, 13 in Medicine, 7 in Dental Services, 1 in ENT/Thoracic, 9 in General Surgery, 8 in Ophthalmology, 1 in Trauma & Orthopaedics and 6 in Paediatrics. Nine of November’s last minute cancellation patients were not re-admitted within 28 days. 3 breaches in Dental Services, 2 in General Surgery, 3 in Ophthalmology and 1 in Trauma & Orthopaedics.
Ownership:	Chief Operating Officer

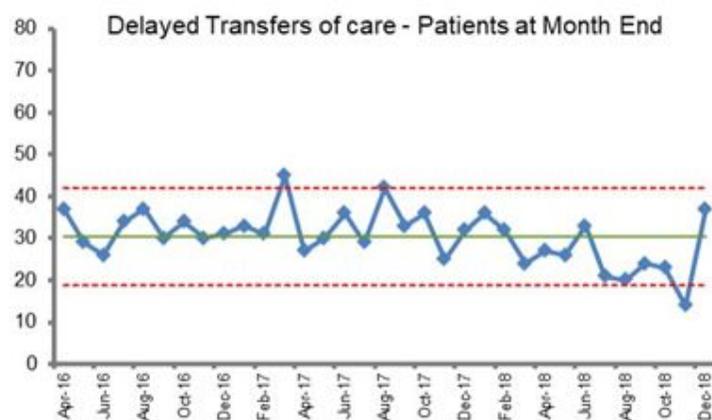


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Cancellation Reason	Count	Total
AM list over-ran	12	12
Other Emergency Patient Prioritised	9	9
Booking Error	8	8
Surgeon Unavailable	7	7
Surgeon Taken Ill	4	4
No Beds Available	4	4
Other clinically complicated Patient in theatre	3	3
No HDU Beds	3	3
Other Non Emergency Patient Prioritised	2	2
List Overbooked	2	2
Equipment Unavailable	2	2
Equipment Failure	1	1
No Theatre Staff	1	1
Op Brought Forward	1	1
No ICU Beds	1	1
Anaesthetist Unavailable	1	1

Delayed Transfers of Care (DToc)	
Standards:	Patients who are medically fit for discharge should wait a “minimal” amount of time in an acute bed.
Performance:	In December there were 37 Delayed Transfer of Care patients as at month-end, and 811 beddays consumed by DToc patients.
Commentary:	There were 11 DTocS at South Bristol Hospital and 26 in the Bristol Royal Infirmary. Most beddays were on ward A605 (138 beddays) and C808 (126 beddays)
Ownership:	Chief Operating Officer

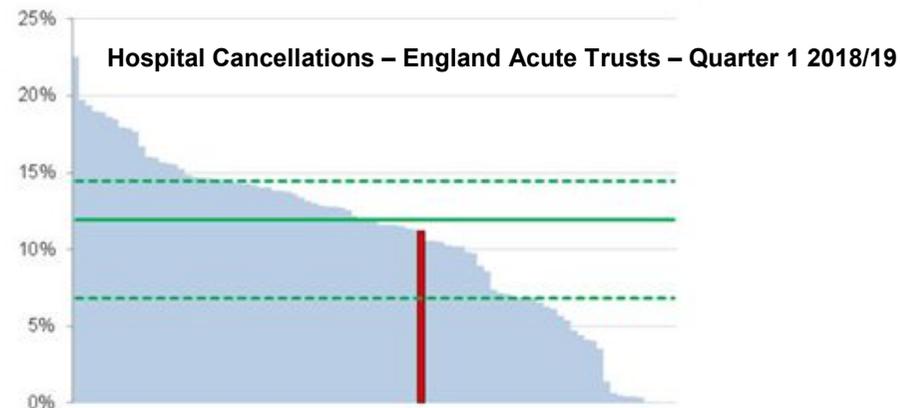
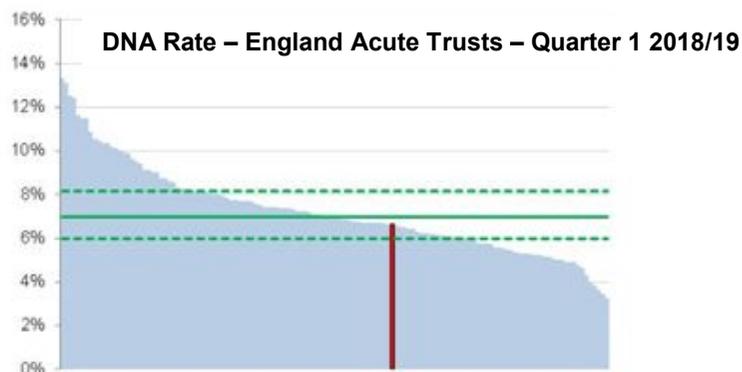
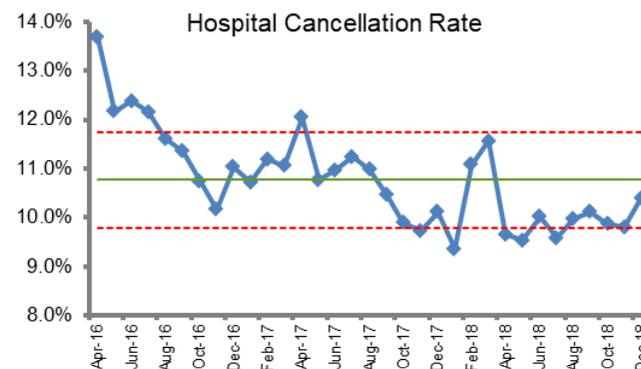
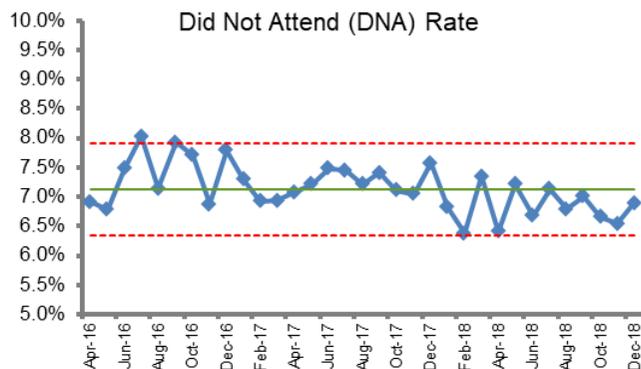


Code	Reason	Accountable	Dec-18			
			Patients (Acute)	Beddays (Acute)	Patients (Non-Acute)	Beddays (Non-Acute)
A	Completion of assessment	Both	2	38	2	17
		NHS	0	10	0	2
		Social Care	10	184	3	59
B	Public Funding	Social Care	0	0	0	7
C	Further non acute NHS Care	NHS	2	42	0	0
Di	Care Home Placement	NHS	0	7	0	0
		Social Care	2	28	0	0
Dii	Care Home Placement	NHS	2	46	0	2
		Social Care	1	59	1	26
E	Care package in own home	NHS	4	67	2	34
		Social Care	3	75	3	90
F	Community equipment / adaptations	Social Care	0	1	0	6
G	Patient or family choice	NHS	0	11	0	0
TOTAL			26	568	11	243

Length of Stay of Inpatients at month-end

Dec-18	7+ Days	14+ Days	21+ Days	28+ Days
Bristol Children's Hospital	42	30	23	19
Bristol Haematology & Oncology Centre	29	21	13	8
Bristol Royal Infirmary	187	94	64	35
South Bristol Hospital	51	43	31	19
St Michael's Hospital	26	12	7	5
TRUST TOTAL	337	200	138	86
Bristol Royal Infirmary Divisional Breakdown:				
Medicine	98	55	39	21
Specialised Services	42	17	11	8
Surgery, Head & Neck	46	21	14	6

Outpatient Measures	
Standards:	The Did Not Attend (DNA) Rate is the number of outpatient appointments where the patient did not attend, as a percentage of all attendances and DNAs The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made. The target for DNAs has been re-set through the Outpatient Steering Group, and is built up from specialty-level delivery. Target at Trust level is to be below 6.7%, with an amber tolerance of between 6.7% and 7.2%. For Hospital Cancellations, the target is to be on or below 9.7% with an amber tolerance from 10.7% to 9.7%..
Performance:	In December there were 8246 hospital-cancelled appointments, which was 10.4% of all appointments made. There were 3861 appointments that were DNA'ed, which was 6.9% of all planned attendances.
Commentary:	Speciality level DNA targets have been agreed at monthly Outpatient Steering Group (OSG) and will be monitored from Quarter 3.
Ownership:	Chief Operating Officer

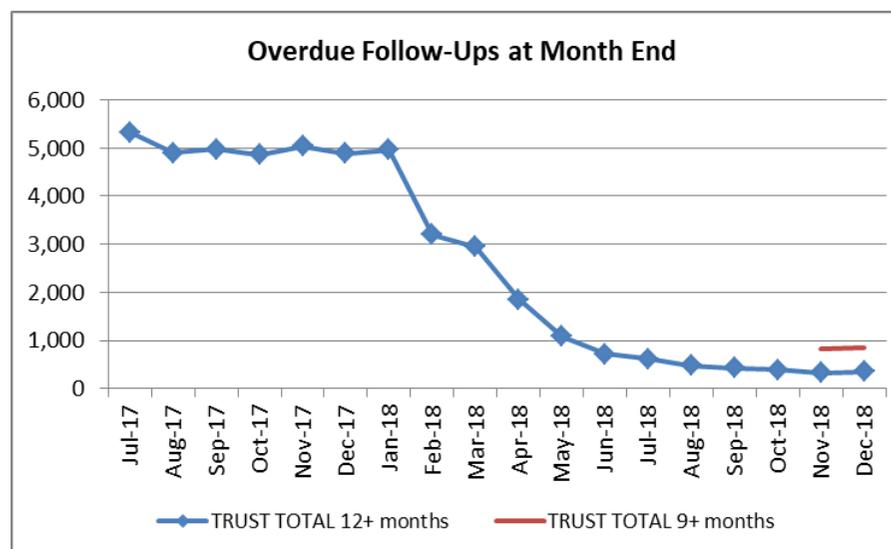


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Outpatient – Overdue Follow-Ups

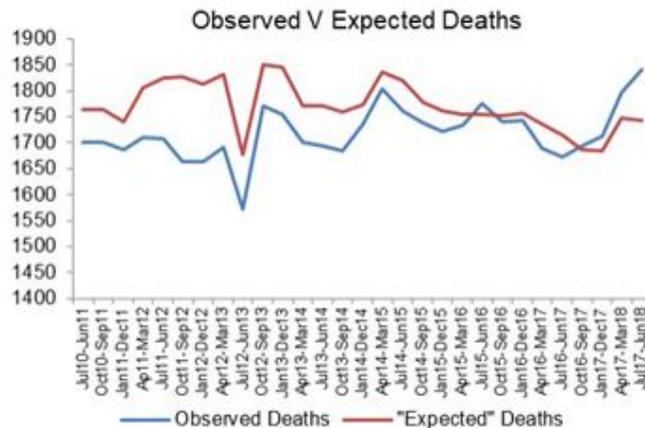
Standards:	This measure looks at referrals where the patient is on a “Partial Booking List”, which indicates the patient is to be seen again in Outpatients but an appointment date has not yet been booked. Each patient has a “Date To Be Seen By”, from which the proportion that are overdue can be reported. The current aim is to have no-one more than 12 months overdue
Performance:	As at end of December, number overdue by 12+ months is 358.
Commentary:	Significant progress has been made by the divisions, through regular weekly review at the Wednesday performance meeting. Focus will now shift to the 6+ months overdue patients from January 2019.
Ownership:	Chief Operating Officer

		Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	
Outpatients Overdue by 12+ Months	Diagnostics and Therapies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Medicine	1,113	1,045	1,111	1,252	1,336	1,276	1,345	1,245	1,105	461	133	23	5	7	3	3	2	3	
	Specialised Services	563	432	442	295	353	387	400	367	383	188	206	214	208	95	58	67	7	5	
	Surgery	1,200	1,058	1,015	934	947	922	887	717	573	444	221	92	17	3	0	0	0	0	
	Women's and Children's	2,451	2,364	2,400	2,381	2,398	2,299	2,330	868	888	756	526	387	387	371	375	322	323	350	
	TRUST TOTAL 12+ months	5,327	4,899	4,968	4,862	5,034	4,884	4,962	3,197	2,949	1,849	1,086	716	617	476	436	392	332	332	358
Outpatients Overdue by 9+ Months	Diagnostics and Therapies																		3	2
	Medicine																		20	4
	Specialised Services																		125	95
	Surgery																		125	124
	Women's and Children's																		565	620
	TRUST TOTAL 9+ months																		838	845

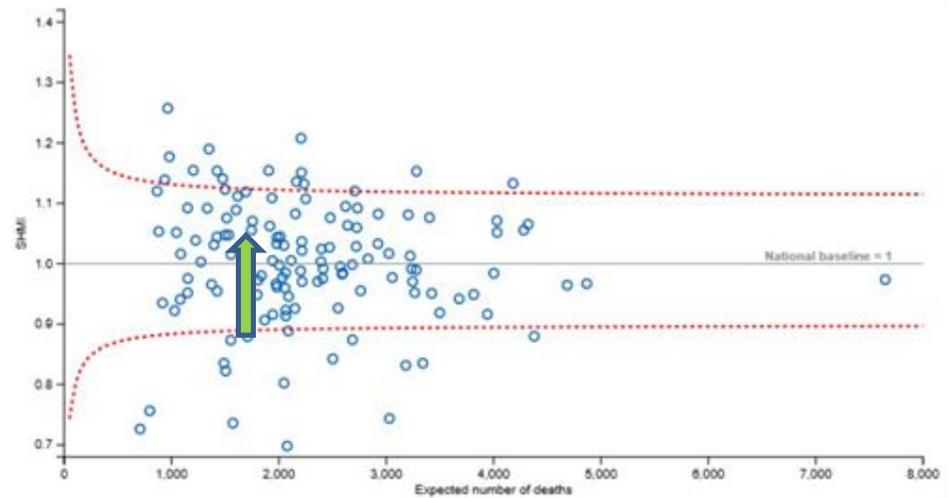


Mortality - Summary Hospital Mortality Indicator (SHMI)	
Standards:	This is the national measure published by NHS Digital .It is the number of actual deaths divided by “expected” deaths, multiplied by 100. The Summary Hospital Mortality Indicator (SHMI) covers deaths in-hospital and deaths within 30 days of discharge. It is published quarterly as covers a rolling 12 –month period. Data is published 6 months in arrears.
Performance:	Latest SHMI data is for 12 month period July 2017 to June 2018. The SHMI was 105.6 (1841 deaths and 1744 “expected”). Data is updated quarterly by NHS Digital.
Commentary:	The latest published Summary Hospital Mortality Indicator was for 12 months to June 2018 and was 105.6 and in NHs Digital’s “as expected” category. The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to specialty level if required.
Ownership:	Medical Director

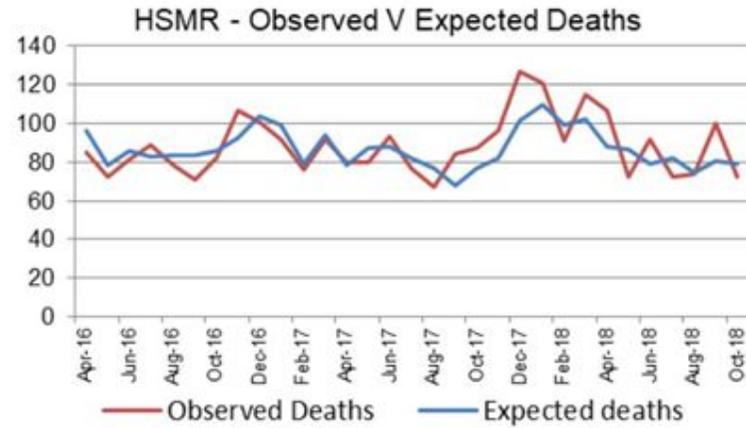
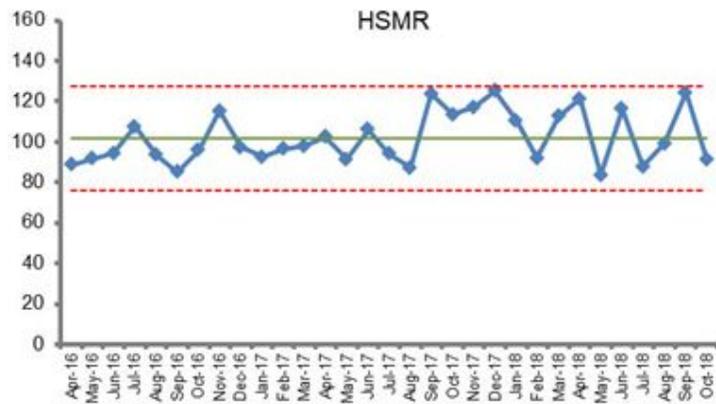
Timeframe	Banding	Observed Deaths	"Expected" Deaths	SHMI
Jul15-Jun16	As Expected	1775	1754.3478	101.18
Oct15-Sep16	As Expected	1741	1752.0551	99.37
Jan16-Dec16	As Expected	1743	1758.3667	99.13
Apr16-Mar17	As Expected	1690	1736.8023	97.31
Jul16-Jun17	As Expected	1674	1714.451	97.64
Oct16-Sep17	As Expected	1693	1686.2059	100.40
Jan17-Dec17	As Expected	1712	1683.682	101.68
Apr17-Mar18	As Expected	1796	1748.1723	102.74
Jul17-Jun18	As Expected	1841	1744.079	105.56



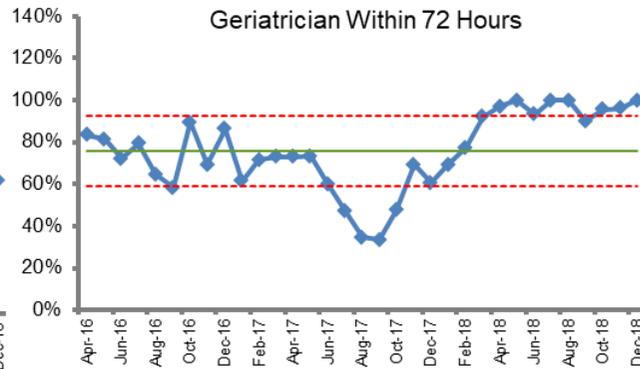
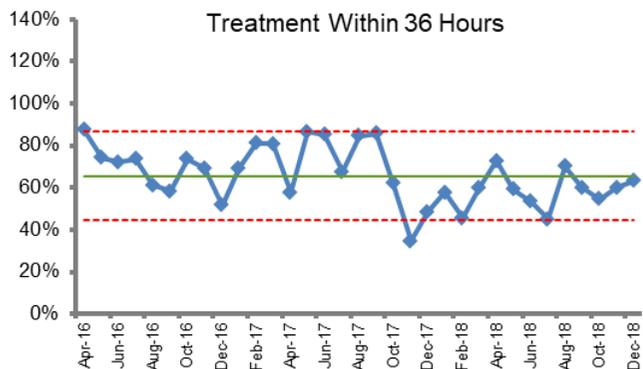
July 2017 to June 2018



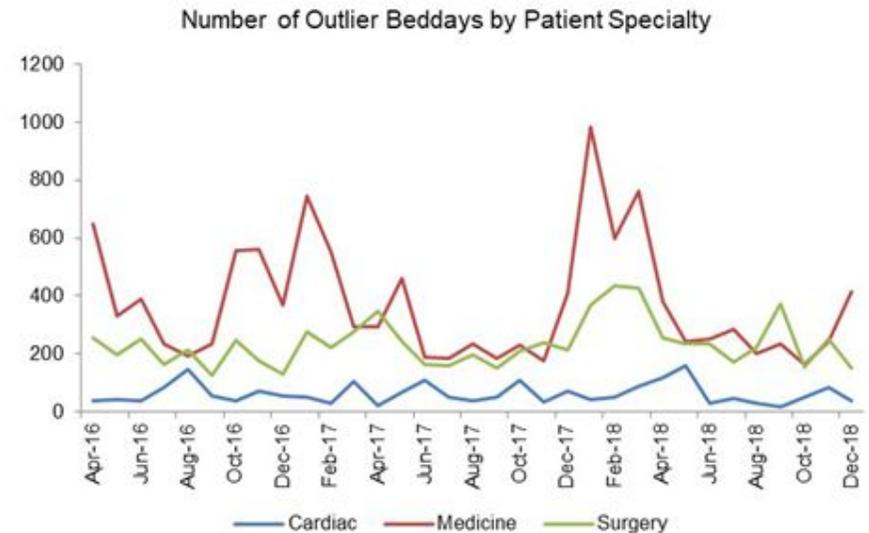
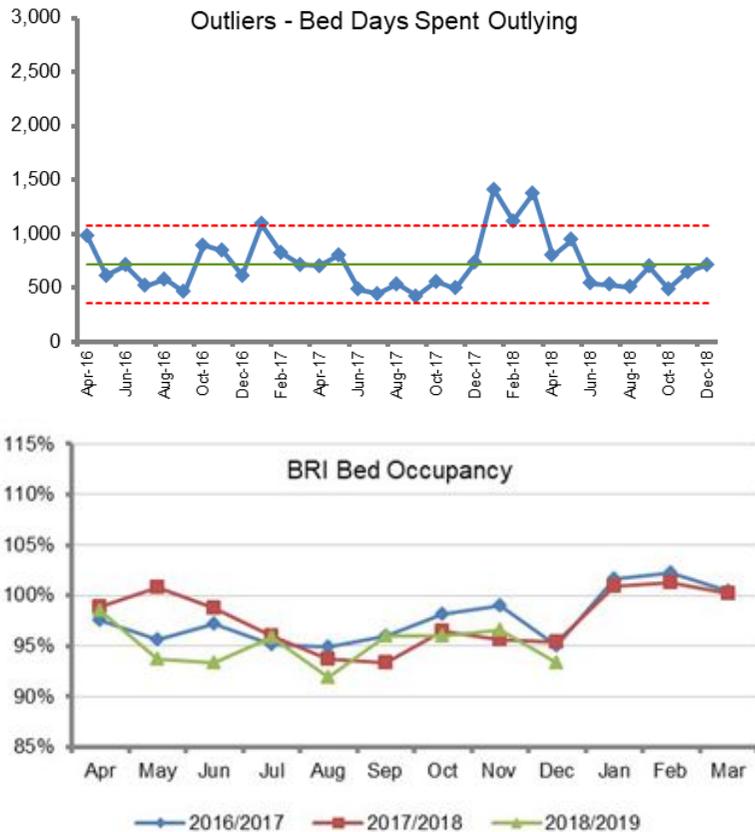
Mortality – Hospital Standardised Mortality Ratio (HSMR)	
Standards:	This is the national measure published by Dr Foster .It is the number of actual deaths divided by “expected” deaths, multiplied by 100. The Hospital Standardised Mortality Ratio (HSMR) is in-hospital deaths for conditions that account for 80% of hospital deaths
Performance:	Latest HSMR data is for October 2018. The HSMR was 91.4 (72 deaths and 79 “expected”)
Commentary:	The Trust’s HSMR for October 2018 was 91.4, and showing normal variation in the statistical process control chart.
Ownership:	Medical Director



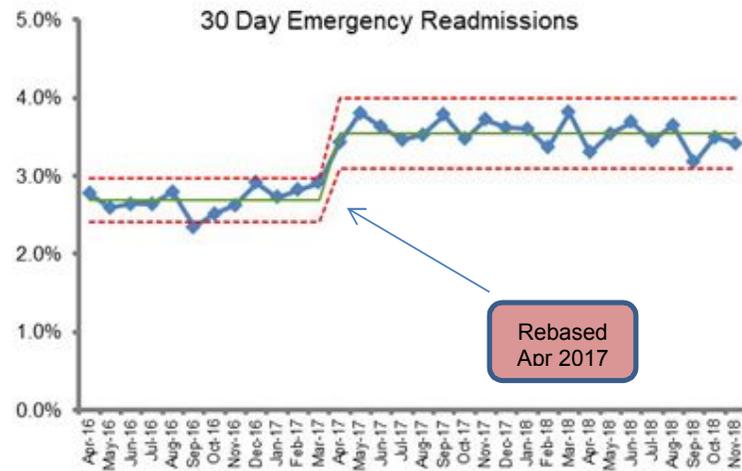
Fracture Neck of Femur	
Standards:	Best Practice Tariff (BPT), is a basket of indicators covering eight elements of what is considered to be best practice in the care of patients that have fractured their hip. 90% of patients should achieve Best Practice Tariff. Two key measures are being treated within 36 hours and seeing an orthogeriatrician within 72 hours. Both these measures should achieve 90%.
Performance:	In December, there were 19 patients discharged following an admission for fractured neck of femur who were eligible for Best Practice Tariff (BPT). For the 36 hour target, 63% (12 patients) were seen with target. For the 72 hour target, all 19 patients were seen within target 12 patients (63%) achieved all elements of the Best Practice Tariff.
Commentary:	<p>In December, there were 22 patients discharged following an admission for fractured neck of femur, 19 of which were eligible for Best Practice Tariff (BPT). Seven of the 19 patients were not operated on in theatre within the required 36 hours. All patients were reviewed by an Orthogeriatrician within 72 hours, and all patients were reviewed by a Physiotherapist on the day of or the day after surgery. Therefore 12 of 19 patients qualified for BPT (63%).</p> <p>Further details:</p> <ul style="list-style-type: none"> • Six patients were not operated on within the 36 hour timeframe due to other urgent trauma cases being prioritised and lack of theatre capacity • One patient declined surgery within 36hrs, but was operated on the following day <p>Of the patients who waited over 36 hours due to theatre capacity issues, five of the seven went to theatre in less than 48 hours.</p>
Ownership:	Medical Director



Outliers	
Standards:	This is a measure of how many bed-days patients spend on a ward that is different from their broad treatment speciality: medicine, surgery, cardiac and oncology. Our target is a 15% reduction which equates to a 9029 bed-days for the year with seasonally adjusted quarterly targets.
Performance:	In December there were 716 outlying beddays (1 bedday = 1 patient in a bed at 12 midnight).
Commentary:	The December target of no more than 705 beddays was very narrowly missed. Of all the outlying beddays 413 were Medicine patients, 146 were Specialised Services patients and 149 were Surgery patients. There were 152 beddays spent outlying overnight on escalation wards.
Ownership:	Chief Operating Officer



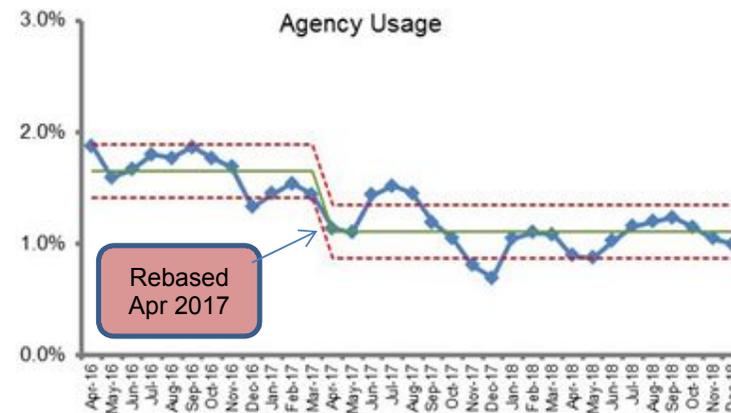
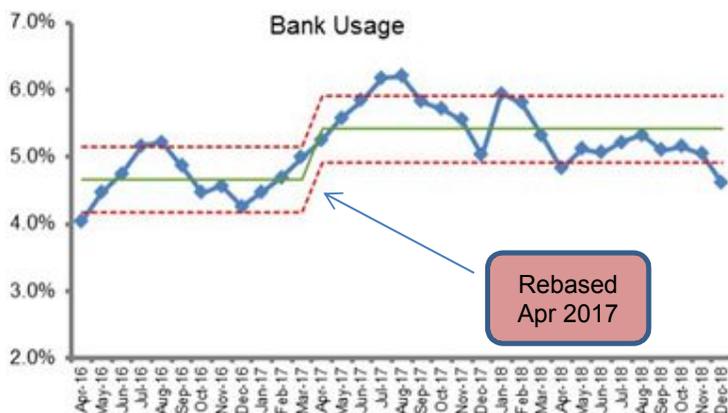
30 Day Emergency Readmissions	
Standards:	This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. This uses Payment By Results (PbR) rules, which excludes certain pathways such as Cancer and Maternity. The target for the Trust is to remain below 2017/18 total of 3.62%, with a 10% amber tolerance down to 3.26%.
Performance:	In November, there were 13,478 discharges, of which 461 (3.42%) had an emergency re-admission within 30 days.
Commentary:	9.5% of Medicine division discharges were re-admitted within 30 days as an emergency, 3.1% from Surgery and 1.4% from Specialised Services.
Ownership:	Chief Operating Officer



Discharges in November 2018

	Emergency Readmissions	Total Discharges	% Readmissions
Diagnostics and Therapies	2	34	5.88%
Medicine	250	2,623	9.53%
Specialised Services	42	2,907	1.44%
Surgery	111	3,586	3.10%
Women's and Children's	54	4,318	1.25%
TRUST TOTAL	461	13,478	3.42%

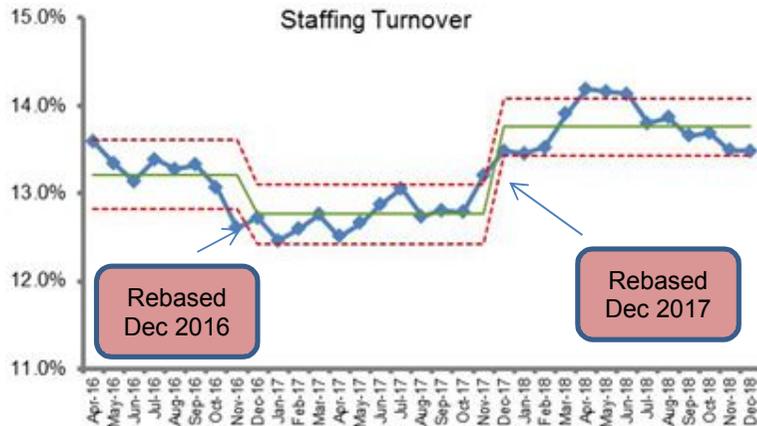
Bank and Agency Usage	
Standards:	Usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets for 2018/19. The red threshold is 10% over the monthly target.
Performance:	In December, total staffing was at 8815 FTE. Of this, 4.6% was Bank (407 FTE) and 1.0% was Agency (88 FTE)
Commentary:	<p>Agency usage reduced by 4.8 FTE. The largest reduction was seen in Women’s and Children’s, decreasing to 23.2 FTE from 35.3 FTE the previous month. The largest increase was seen in the division of Medicine with 28.3 FTE compared to 20.2 FTE in the previous month. The largest staff group increase was within Medical increasing to 3.4 FTE from 2.6 FTE in the previous month.</p> <p>Bank usage reduced by 40.4 FTE. There were no increases in any division. The largest reduction was seen in Women’s and Children’s, decreasing to 53.7 FTE from 65.5 FTE the previous month. The largest staff group increase was within Health Professionals increasing to 17.4 FTE from 12.7 FTE the previous month.</p>
Ownership:	Director of People



Bank	Dec FTE	Dec Actual %	Dec KPI
UHBristol	406.5	4.6%	4.0%
Diagnostics & Therapies	12.9	1.3%	1.4%
Facilities and Estates	44.7	6.1%	6.9%
Medicine	118.3	8.9%	10.8%
Specialised Services	64.5	6.1%	5.2%
Surgery	82.4	4.5%	1.7%
Trust Services	30.0	3.63%	3.56%
Women's & Children's	53.7	2.6%	1.2%

Agency	Dec FTE	Dec Actual %	Dec KPI
UHBristol	88.0	1.0%	0.8%
Diagnostics & Therapies	7.4	0.7%	1.2%
Facilities and Estates	2.1	0.3%	0.7%
Medicine	28.3	2.1%	2.0%
Specialised Services	11.2	1.1%	0.7%
Surgery	12.3	0.7%	0.5%
Trust Services	3.7	0.4%	0.3%
Women's & Children's	23.2	1.1%	0.2%

Staffing Levels (Turnover)	
Standards:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 12.3% by the end of 2018/19. The red threshold is 10% above monthly trajectory.
Performance:	In December, there had been 954 leavers over the previous 12 months with 7078 FTE staff in post on average over that period; giving a Turnover of $954 / 7078 = 13.5\%$
Commentary:	Turnover reduced to 13.48% from 13.49% last month, with increases in four divisions – Diagnostics & Therapies, Surgery, Trust Services, and Women's and Children's. The largest divisional reduction was seen within Facilities and Estates reducing to 16.4% from 17.0% the previous month. The largest divisional increase was seen within Trust Services increasing to 15.2% from 17.7% the previous month. The biggest reduction in staff group was seen within Healthcare Scientists (0.8 percentage points). The largest increase in staff group was seen within Nursing and Midwifery Unregistered (1.2 percentage points).
Ownership:	Director of People



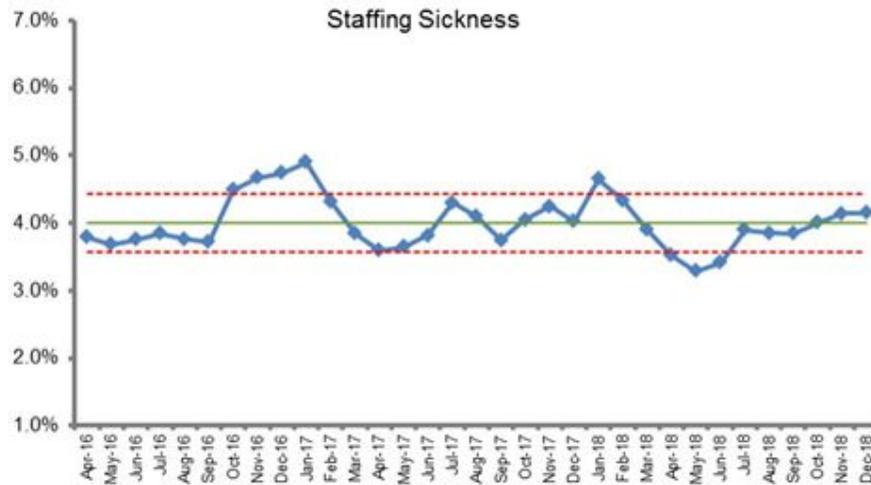
Turnover	Dec-18	KPI
UH Bristol NHS Foundation Trust	13.48%	12.7%
Diagnostics & Therapies	11.3%	11.9%
Facilities & Estates	16.4%	15.8%
Medicine	14.3%	14.1%
Specialised Services	13.9%	13.5%
Surgery	13.9%	12.1%
Trust Services	15.2%	13.3%
Women's & Children's	11.8%	10.8%

Staffing Levels (Vacancy)	
Standards:	Vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a Trust-wide target of 5%.
Performance:	In December, funded establishment was 8715, with 395 as vacancies (4.5%).
Commentary:	Overall vacancies increased to 4.5% compared to 4.4% in the previous month. There were reductions in two staff groups – Allied Health / Scientific Professions, and Ancillary Staff. The largest staff group vacancy reduction was seen within Ancillary staff reducing to 85.4 FTE from 96.5 FTE the previous month. Facilities and Estates had the largest Divisional reduction to 81.1 FTE from 91.7 FTE the previous month.
Ownership:	Director of People



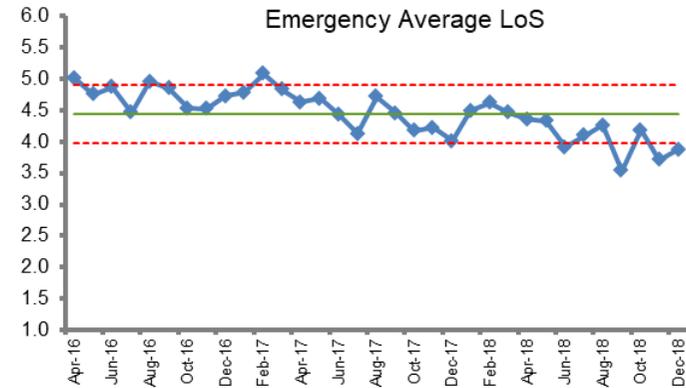
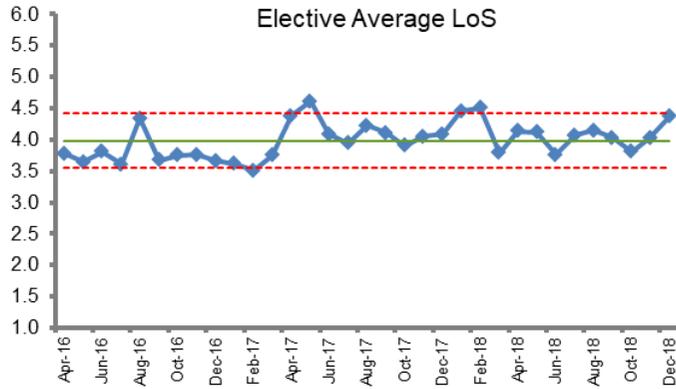
Vacancy	Dec-18	KPI
UH Bristol	4.5%	5.0%
Diagnostics & Therapies	5.8%	5.0%
Medicine	4.1%	5.0%
Specialised Services	4.4%	5.0%
Surgery	5.0%	5.0%
Women's & Children's	1.1%	5.0%
Trust Services	5.2%	5.0%
Facilities & Estates	10.5%	5.0%

Staff Sickness	
Standards:	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2018/19. The red threshold is 0.5% over the monthly target.
Performance:	In December, total available FTE days were 260738 of which 10829 (4.2%) were lost to staff sickness
Commentary:	Sickness absence increased to 4.2% from 4.1%, with reductions in four divisions. The largest divisional reduction was seen in Trust Services reducing to 3.4% from 3.8% the previous month. Specialised Services saw the largest divisional increase to 3.8% from 3.2% the previous month. The largest staff group increase was seen in Nursing and Midwifery Unregistered, rising to 7.5% from 6.5% the previous month. The largest staff group reduction was seen within Additional Clinical Services reducing to 5.9% from 6.6% the previous month.
Ownership:	Director of People



Sickness	Dec-18	Dec KPI
UH Bristol NHS Foundation Trust	4.2%	4.0%
Diagnostic & Therapies	3.3%	3.0%
Facilities & Estates	7.0%	6.5%
Medicine	4.8%	4.5%
Specialised Services	3.8%	3.7%
Surgery	3.8%	3.6%
Trust Services (exc Facilities & Estates)	3.4%	3.0%
Women's & Children's	4.0%	4.0%

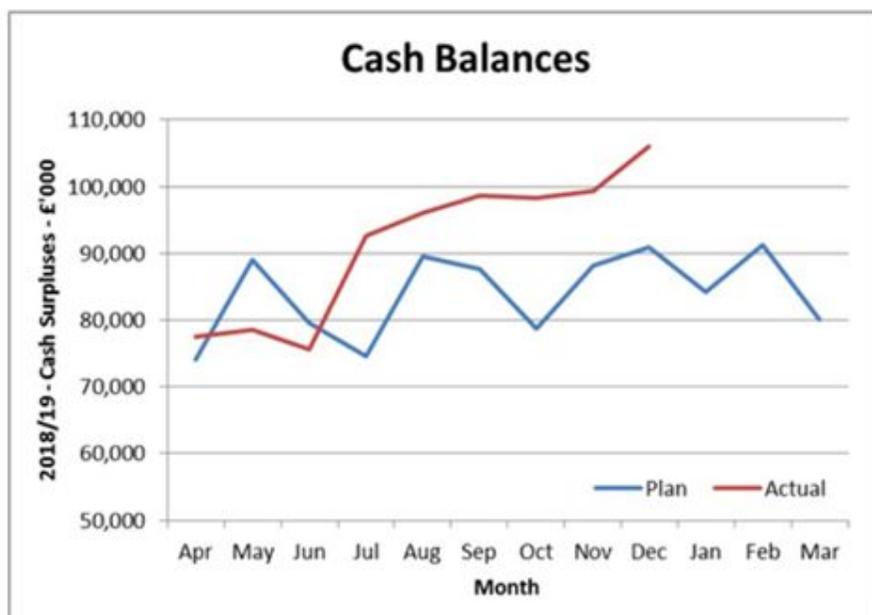
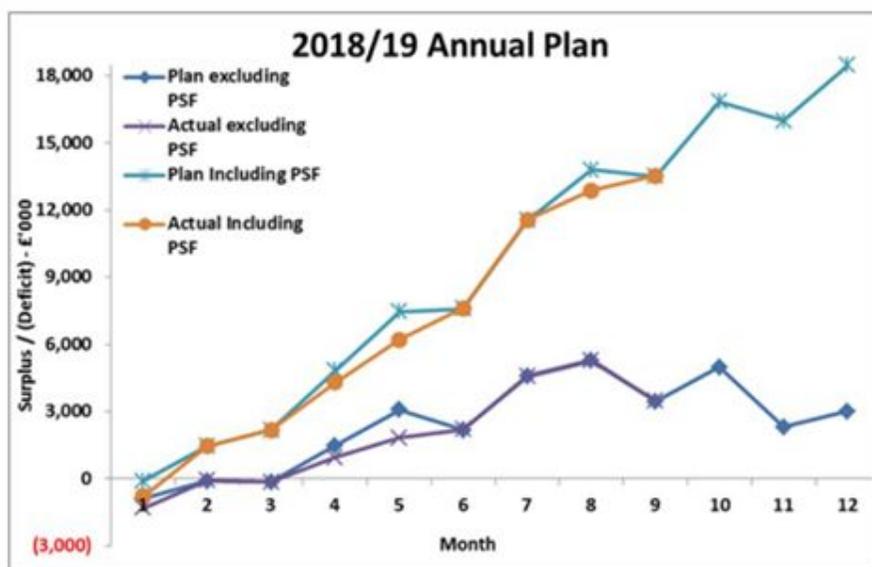
Average Length of Stay	
Standards:	Average Length of Stay is the number of beddays (1 beddays = 1 bed occupied at 12 midnight) for all inpatients discharged in the month, divided by number of discharges.
Performance:	In December there were 6839 discharges that consumed 25,718 beddays, giving an overall average length of stay of 3.76 days.
Ownership:	Chief Operating Officer



Average Length of Stay – England Acute Trusts – 2018/19 Quarter 1



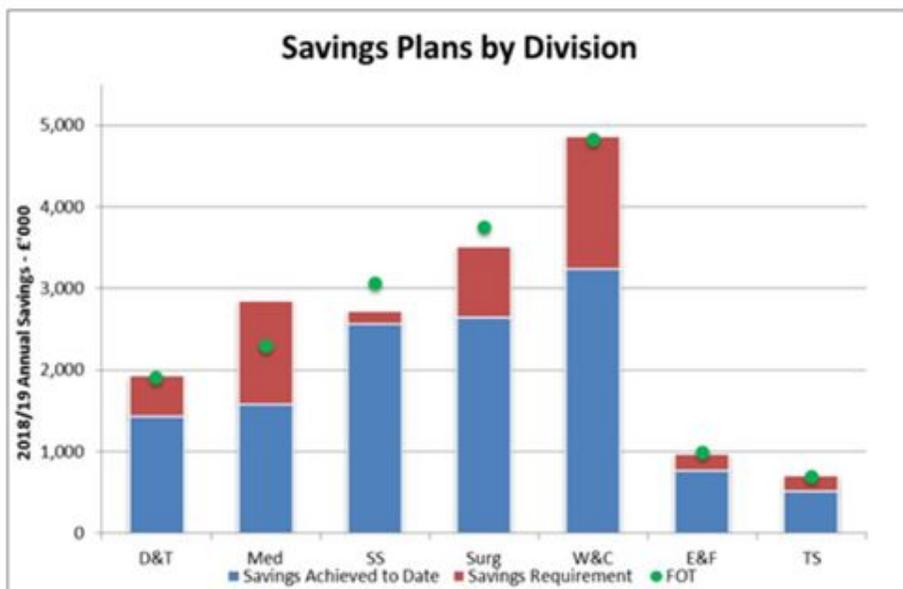
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles



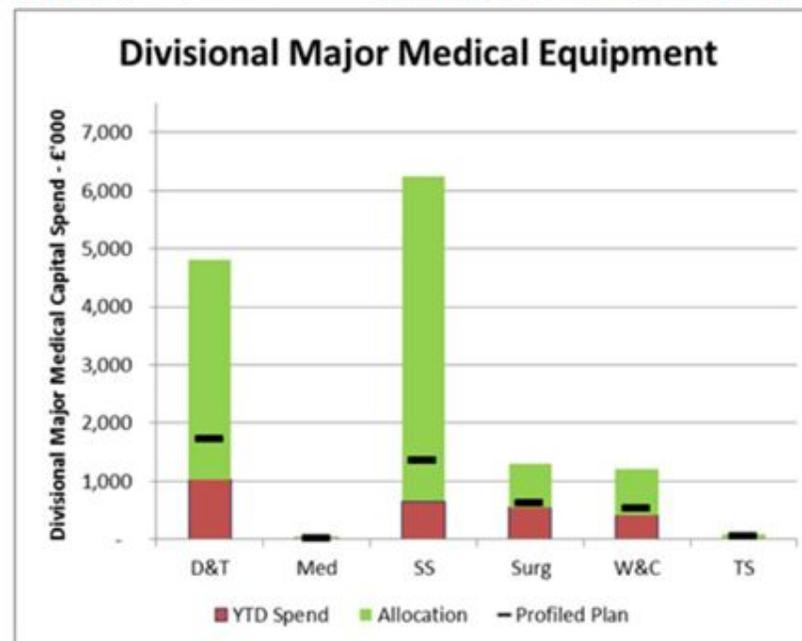
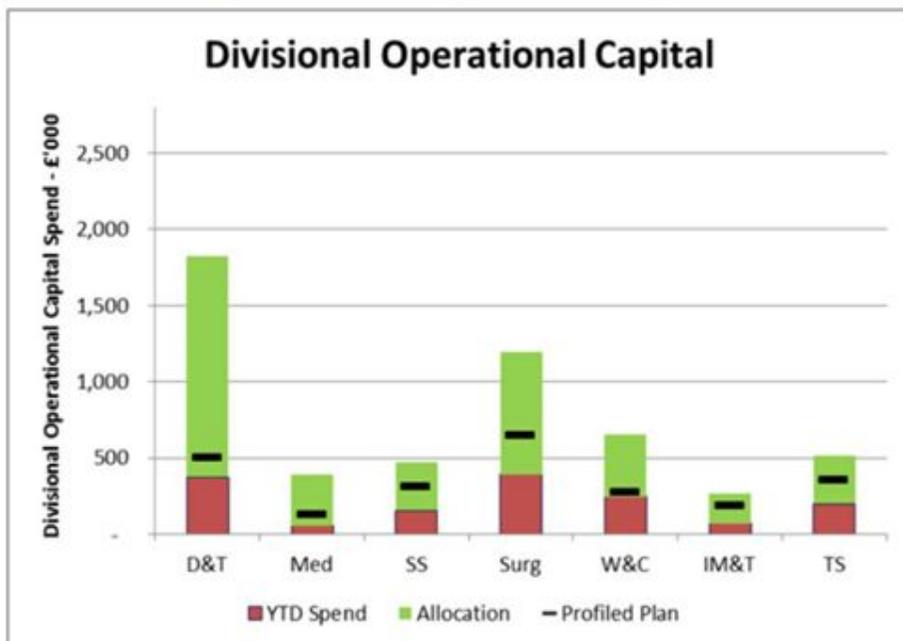
Actual Spend - £'000							
Agency	In Month					Plan for Year	Straight Line Projection
	QTR 1	QTR 2	Oct	Nov	Dec		
Nursing & Midwifery	1,406	1,851	623	587	520	3,257	6,649
Medical							0
Consultants	56	185	48	75	62	184	546
Other Medical	106	112	1	0	9	276	329
Other	189	443	175	109	112	1,701	1,374
Total	1,757	2,591	847	771	703	5,418	8,898

YTD Variance to Budget Surplus/(Deficit) - £'000					
Division	QTR 1	QTR 2	Oct	Nov	Dec
Diagnostics & Therapies	156	97	149	172	192
Medicine	(449)	(1,510)	(1,562)	(1,753)	(1,835)
Specialised Services	335	210	116	58	96
Surgery	(651)	(1,634)	(1,888)	(2,124)	(2,279)
Women's & Children's	(78)	(966)	(1,056)	(996)	(1,383)
Estates & facilities	(18)	20	(10)	9	20
Trust Services	(18)	(32)	(28)	(18)	(7)
Other Corporate Services	152	187	131	154	193
Total	(571)	(3,628)	(4,148)	(4,498)	(5,003)

Variance to Budget Surplus/(Deficit) - £'000						
Subjective Heading	In Month					YTD Total
	QTR 1	QTR 2	Oct	Nov	Dec	
Nursing & Midwifery Pay	(1,015)	(1,091)	(639)	(543)	(354)	(3,642)
Medical & Dental Pay	(1,033)	(1,184)	(376)	(520)	(362)	(3,475)
Other Pay	328	537	120	62	0	1,047
Non Pay	(1,087)	(1,096)	(174)	(807)	(606)	(3,770)
Income from Operations	(27)	172	(139)	188	102	296
Income from Activities	2,263	(395)	688	1,270	715	4,541
Total	(571)	(3,057)	(520)	(350)	(505)	(5,003)



2018/19 Capital Programme					Year To Date		
Operational Plan	Subjective Heading	Revised Plan / FOT	Forecast Outturn	Slippage	Internal Plan	Actual spend	Variance (over/under)
£'000		£'000	£'000	£'000	£'000	£'000	£'000
Sources of Funding							
1,800	PDC	4,094	4,094	-	700	700	-
3,189	Loan	-	-	-	-	-	-
3,000	Donations - Cash	1,472	1,251	(221)	1,101	1,017	(84)
	Donations - Direct	28	28	-	28	28	-
	Cash						
24,338	Depreciation	23,531	23,430	(101)	17,508	17,540	34
	Insurance Claim	2,266	2,266	-	648	648	-
14,962	Cash balances	19,401	(8,509)	(27,970)	(2,800)	(6,199)	(3,399)
47,089	Total Funding	50,792	22,500	(28,292)	17,123	13,734	(3,389)
Application/Expenditure							
(11,618)	Strategic Schemes	(10,196)	(2,845)	7,341	(1,791)	(1,894)	(143)
(17,620)	Medical Equipment	(19,952)	(14,801)	5,151	(4,412)	(2,842)	1,570
(16,415)	Operational Capital	(16,735)	(11,881)	4,853	(6,075)	(4,366)	1,719
(7,468)	Information Technology	(8,472)	(7,894)	250	(104)	(8)	96
-	Fire Improvement Programme	(537)	(287)	579	(3,471)	(3,324)	147
(2,367)	Estates Replacement	(3,309)	(3,214)	95	(1,270)	(1,271)	(1)
(56,488)	Gross Expenditure	(59,191)	(40,922)	18,269	(17,123)	(13,735)	3,388
8,399	In-Year Slippage	8,399	18,422	10,023			
(47,089)	Net Expenditure	(50,792)	(22,500)	28,292	(17,123)	(13,735)	3,388



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

An example chart is shown below:



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

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

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

NHS Choices

Website

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

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

Stars – maximum 5

OK = Within expected range

✓ = Among the best (top 20%)

! = Among the worst

Please refer to appendix 1 for our site abbreviations.

SAFE, CARING & EFFECTIVE

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			17/18	18/19 YTD	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
Patient Safety																				
Infections	DA01	MRSA Trust Apportioned Cases	4	5	1	0	0	1	0	2	0	0	1	1	0	0	1	3	1	1
	DA02	MSSA Trust Apportioned Cases	25	25	2	3	3	3	5	4	2	3	1	1	3	3	8	12	6	7
	DA03	CDiff Trust Apportioned Cases	35	29	2	6	0	2	0	6	4	1	7	2	5	2	8	8	12	9
C.Diff "Avoidables"	DA03B	CDiff Trust Apportioned Cases - Lapse in Care	7	2	0	0	0	1	0	0	1	0	0	0	0	0	0	1	1	0
	DA03D	CDiff Trust Apportioned Cases - Still Under Review	12	20	2	6	0	0	0	1	2	1	7	2	5	2	8	1	10	9
Infection Checklists	DB01	Hand Hygiene Audit Compliance	97.6%	97.2%	98.4%	98.2%	96.9%	96.8%	97.8%	97.4%	97.7%	97.2%	98%	97%	96.5%	96.8%	97.8%	97.3%	97.6%	96.8%
	DB02	Antibiotic Compliance	86.4%	80.2%	85.2%	89.6%	85.3%	82.8%	81.3%	83%	84.6%	77.4%	75.1%	76.7%	75.7%	85%	86.6%	82.5%	79.6%	77.6%
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	-	-	98%	94%	95%	95%	96%	95%	95%	95%	95%	95%	96%	95%	-	-	-	-
	DC02	Cleanliness Monitoring - Very High Risk Areas	-	-	96%	97%	98%	97%	97%	98%	97%	97%	97%	98%	98%	97%	-	-	-	-
	DC03	Cleanliness Monitoring - High Risk Areas	-	-	93%	96%	96%	96%	95%	96%	96%	95%	95%	96%	96%	96%	-	-	-	-
Serious Incidents	S02	Number of Serious Incidents Reported	57	55	6	2	7	3	10	4	4	8	8	4	10	4	15	17	20	18
	S02a	Number of Confirmed Serious Incidents	53	35	6	2	6	3	10	4	3	8	6	1	-	-	14	17	17	1
	S02b	Number of Serious Incidents Still Open	-	20	-	-	-	-	-	-	1	0	2	3	10	4	-	-	3	17
	S03	Serious Incidents Reported Within 48 Hours	100%	98.2%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	90%	100%	100%	100%	100%	94.4%
	S03a	Serious Incidents - 72 Hour Report Completed Within Timescale	94.7%	92.7%	100%	100%	100%	100%	100%	100%	75%	100%	100%	100%	80%	75%	100%	100%	95%	83.3%
	S04	Serious Incident Investigations Completed Within Timescale	96.2%	97.9%	83.3%	100%	100%	100%	75%	100%	100%	100%	100%	100%	100%	100%	93.3%	92.9%	100%	100%
S04a	Overdue Exec Commissioned Non-SI Investigations	19	9	3	1	1	2	2	1	2	2	0	0	0	0	5	5	4	0	
Never Events	S01	Total Never Events	8	4	1	0	1	0	0	0	0	1	0	0	1	2	2	0	1	3
Patient Safety Incidents	S06	Number of Patient Safety Incidents Reported	15656	13198	1347	1379	1480	1428	1311	1445	1566	1539	1510	1517	1511	1371	4206	4184	4615	4399
	S06b	Patient Safety Incidents Per 1000 Beddays	50.86	58.03	50.04	57.11	55.29	55.84	52.85	59.13	60.39	62.35	59.72	58.92	58.92	54.11	54.04	55.92	60.81	57.33
	S07	Number of Patient Safety Incidents - Severe Harm	92	67	10	7	7	6	13	10	5	3	9	9	7	5	24	29	17	21
Patient Falls	AB01	Falls Per 1,000 Beddays	4.59	4.41	4.61	4.68	5.04	3.79	4.27	3.72	4.4	5.27	4.9	3.73	4.48	5.17	4.78	3.93	4.85	4.46
	AB06a	Total Number of Patient Falls Resulting in Harm	25	20	2	0	2	2	4	1	1	5	2	2	1	2	4	7	8	5
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.162	0.303	0.372	0.207	0.149	0.156	0.121	0.123	0.347	0.203	0.277	0.816	0.39	0.276	0.244	0.134	0.277	0.495
	DE02	Pressure Ulcers - Grade 2	45	60	10	5	4	2	3	3	8	4	7	18	8	7	19	8	19	33
	DE04A	Pressure Ulcers - Grade 3 or 4	5	9	0	0	0	2	0	0	1	1	0	3	2	0	0	2	2	5
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	98.4%	98.3%	98%	98.3%	98.3%	98.1%	98.4%	98.5%	98.3%	98.7%	98.4%	98.4%	98%	98.3%	98.2%	98.3%	98.5%	98.2%
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	95%	92.7%	91.4%	94.4%	97.1%	93.8%	96.1%	91.1%	95%	93.4%	89.6%	87.8%	92.2%	95.5%	94.1%	93.8%	92.9%	91.1%
	N04	Number of Hospital Associated VTEs	50	23	8	3	7	3	4	3	4	6	3	-	-	-	18	10	13	-
	N04A	Number of Potentially Avoidable Hospital Associated VTEs	2	1	0	0	0	0	0	1	0	0	0	-	-	-	0	1	0	-
	N04B	Number of Hospital Associated VTEs - Report Not Received To Date	4	12	0	1	2	1	1	1	3	5	1	-	-	-	3	3	9	-
Nutrition	WB03	Nutrition: 72 Hour Food Chart Review	92.1%	-	95%	91%	93.7%	-	-	-	-	-	-	-	-	93%	-	-	-	
Nutrition Audit	WB10	Fully and Accurately Completed Screening within 24 Hours	89.9%	91.5%	-	-	86.3%	-	-	92%	-	-	90.4%	-	-	86.3%	92%	90.4%	92.1%	
Safety	Y01	WHO Surgical Checklist Compliance	99.7%	99.8%	100%	99.8%	99.7%	99.9%	99.7%	99.7%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.7%	99.8%	99.8%

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals				
			17/18	18/19 YTD	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	
Medicines	WA01	Medication Incidents Resulting in Harm	0.55%	0.23%	0.49%	0%	0%	0%	0.91%	0.37%	0%	0%	0%	0.29%	0.36%	-	0.15%	0.42%	0%	0.32%	
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	0.4%	0.41%	0.42%	1.02%	0.33%	0.63%	0.36%	0.24%	0.54%	0.22%	0.53%	0.41%	0.2%	0.62%	0.57%	0.43%	0.4%	0.39%	
Safety Thermometer	AK03	Safety Thermometer - Harm Free Care	97.9%	-	98.8%	98.2%	98.2%	-	-	-	-	-	-	-	-	-	98.4%	-	-	-	
	AK04	Safety Thermometer - No New Harms	98.8%	-	99.9%	98.4%	98.5%	-	-	-	-	-	-	-	-	-	98.9%	-	-	-	
Deteriorating Patient	AR03	National Early Warning Scores (NEWS) Acted Upon	96%	-	95%	91%	100%	-	-	-	-	-	-	-	-	-	95%	-	-	-	
Out of Hours	TD05	Out of Hours Discharges (8pm-7am)	8.7%	9.3%	8.7%	8.2%	9%	10.2%	8.8%	8.9%	10.3%	9.5%	9.4%	9.2%	8.7%	8.7%	8.6%	9.3%	9.7%	8.9%	
Timely Discharges	TD03	Percentage of Patients With Timely Discharge (7am-12Noon)	22.4%	21.3%	20.5%	20.9%	21.9%	20.3%	22.4%	21.7%	21.4%	21.4%	21.4%	20.8%	21.9%	20.4%	21.1%	21.5%	21.4%	21%	
	TD03D	Number of Patients With Timely Discharge (7am-12Noon)	11138	8215	867	814	945	834	963	875	902	912	916	908	992	913	2626	2672	2730	2813	
Staffing Levels	RP01	Staffing Fill Rate - Combined	98.9%	99.1%	98.5%	96.8%	95.7%	99%	98.7%	100.1%	99.1%	97%	98.5%	99.6%	101.1%	99.1%	97%	99.2%	98.2%	99.9%	
Clinical Effectiveness																					
Mortality	X04	Summary Hospital Mortality Indicator (SHMI) - National Data	100.6	105.6	-	-	102.7	-	-	105.6	-	-	-	-	-	-	102.7	105.6	-	-	
	X02	Hospital Standardised Mortality Ratio (HSMR)	106.4	103.5	110.5	91.9	112.6	121.3	83.5	116.3	87.9	99.1	124.2	91.4	-	-	105.2	106.9	103.8	91.4	
Readmissions	C01	Emergency Readmissions Percentage	3.62%	3.48%	3.62%	3.39%	3.84%	3.31%	3.55%	3.78%	3.45%	3.65%	3.17%	3.49%	3.42%	-	3.62%	3.55%	3.43%	3.46%	
Sepsis (Inpatients)	AG02a	Percentage of Patients Meeting Criteria Screened for Sepsis (Inpatients)	51.1%	98.4%	64.7%	87%	83.3%	87.1%	100%	100%	100%	100%	100%	-	-	-	79.7%	95.7%	100%	-	
	AG03a	Sepsis Patients Percentage Commencing Antibiotics Within 1 Hour (Inpatient)	77.4%	66.7%	-	100%	50%	75%	-	33.3%	100%	-	-	-	-	-	75%	57.1%	100%	-	
	AG04a	Sepsis Patients Percentage with a 72 Hour Review (Inpatients)	93.3%	100%	-	100%	-	100%	-	100%	-	-	-	-	-	-	100%	100%	100%	-	
<i>For months where there is some data, a "-" (dash) indicates no applicable data. It does not indicate data is missing.</i>																					
Sepsis (Emergency Department)	AG02b	Percentage of Patients Meeting Criteria Screened for Sepsis (ED)	83.4%	93.7%	86%	88%	88%	80%	89.2%	92.8%	98%	100%	96%	-	-	-	87.3%	89.3%	98%	-	
	AG03b	Sepsis Patients Percentage Commencing Antibiotics Within 1 Hour (ED)	85.5%	84.2%	90%	74.2%	94.1%	75%	91.3%	76.9%	80%	94.3%	82.8%	-	-	-	83.8%	81.1%	86.9%	-	
	AG04b	Sepsis Patients Percentage with a 72 Hour Review (ED)	93.1%	96.8%	100%	82.1%	100%	100%	95.1%	92.9%	100%	100%	96%	-	-	-	91.2%	94.9%	98.8%	-	
Maternity	G01	Percentage of Low Weight Babies	2.5%	3%	3.2%	2%	3.2%	3.2%	2.1%	4.2%	2.8%	2.5%	2.7%	3.5%	-	-	2.8%	3.1%	2.7%	3.5%	
	G01A	Number of Low Weight Babies	119	80	13	7	12	12	8	15	11	10	11	13	0	-	32	35	32	13	
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	64.2%	60.7%	57.7%	45.5%	60%	72.7%	59.3%	53.3%	45%	70%	60%	54.5%	60%	63.2%	54.8%	64%	58.3%	59.1%	
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	61.6%	97%	69.2%	77.3%	92%	97%	100%	93.3%	100%	100%	90%	95.5%	96%	100%	79.5%	97.3%	96.7%	97%	
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	34.8%	55.2%	38.5%	22.7%	48%	63.6%	48.1%	46.7%	45%	70%	50%	50%	56%	63.2%	37%	54.7%	55%	56.1%	
	U05	Fracture Neck of Femur - Time To Treatment 90th Percentile (Hours)	-	-	64.8	65.7	81.5	48.7	72.7	50.6	61.3	79.3	63.6	-	-	-	-	-	-	-	-
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	62.6%	50.2%	57.9%	61.3%	54.3%	58.1%	30.8%	65%	36.1%	45.2%	55.2%	56.8%	51.2%	-	57.4%	51.6%	44.8%	54.1%	
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	85.8%	84.2%	84.2%	93.5%	80.4%	81.4%	76.9%	90%	83.3%	90.3%	93.1%	70.5%	92.7%	-	85.2%	82.8%	88.5%	81.2%	
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	54.6%	51.3%	50%	36.4%	20%	15.4%	54.5%	63.2%	30.8%	66.7%	46.7%	55.6%	73.3%	50%	34.2%	46.5%	47.5%	63.3%	
Dementia	AC01	Dementia - FAIR Question 1 - Case Finding Applied	89.3%	82.2%	90.7%	87.3%	86.3%	87.3%	84.8%	77.6%	74.7%	80.2%	79.8%	79%	89%	86.8%	88.2%	83.6%	78%	84.7%	
	AC02	Dementia - FAIR Question 2 - Appropriately Assessed	96.2%	92.9%	93.8%	86%	96.5%	95%	91.9%	89.5%	94.9%	97.7%	91.2%	93.6%	92.6%	89.1%	92%	92.2%	94.9%	91.8%	
	AC03	Dementia - FAIR Question 3 - Referred for Follow Up	92.9%	93.8%	100%	-	100%	-	0%	100%	100%	100%	100%	100%	100%	100%	100%	50%	50%	100%	100%
	AC04	Percentage of Dementia Carers Feeling Supported	60%	100%	100%	-	33.3%	-	-	100%	-	-	-	-	-	-	50%	100%	-	-	
Outliers	J05	Ward Outliers - Beddays Spent Outlying.	9098	5880	1411	1120	1377	800	945	543	531	507	697	492	649	716	3908	2288	1735	1857	

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			17/18	18/19 YTD	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
Patient Experience																				
Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	91	92	92	93	91	92	90	92	92	92	91	93	92	92	91	91
	P01g	Patient Survey - Kindness and Understanding	-	-	96	95	95	97	97	96	95	96	97	96	96	98	96	96	96	96
	P01h	Patient Survey - Outpatient Tracker Score	-	-	90	88	88	88	91	89	90	91	89	90	89	90	89	89	90	90
Friends and Family Test Coverage	P03a	Friends and Family Test Inpatient Coverage	35%	34.9%	34.9%	36.2%	30.3%	40.7%	37.6%	33.7%	35.6%	35.4%	29.1%	36.5%	27.8%	38.7%	33.7%	37.2%	33.5%	34.1%
	P03b	Friends and Family Test ED Coverage	17.3%	16.6%	17.8%	17.4%	15.2%	17.3%	17.2%	18.4%	17.3%	17.4%	17%	16.9%	14.6%	13.6%	16.8%	17.6%	17.2%	15.1%
	P03c	Friends and Family Test MAT Coverage	19%	17.4%	17.5%	17.7%	18.2%	19.8%	11.2%	11.2%	14%	9.8%	23.1%	31.4%	19.2%	14.1%	17.8%	14.8%	15.6%	21.6%
Friends and Family Test Score	P04a	Friends and Family Test Score - Inpatients	97.7%	98.1%	97.7%	98.3%	97.8%	97.4%	97.3%	97.3%	98.8%	98.6%	98.1%	98.4%	98.6%	98.5%	97.9%	97.3%	98.5%	98.5%
	P04b	Friends and Family Test Score - ED	81%	82.9%	81.8%	83.2%	77.7%	80.1%	81.1%	84.6%	81.4%	84.1%	83.4%	85.2%	84%	82.6%	81%	81.9%	82.9%	84.1%
	P04c	Friends and Family Test Score - Maternity	96.9%	97%	94.6%	96.8%	97.1%	94.6%	95.5%	99.3%	96.8%	99.3%	95.9%	97.2%	97.3%	99%	96.1%	96%	96.9%	97.6%
Patient Complaints	T01	Number of Patient Complaints	1815	1352	143	121	159	149	157	140	148	143	152	169	193	101	423	446	443	463
	T01a	Patient Complaints as a Proportion of Activity	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	T03a	Complaints Responded To Within Trust Timeframe	83%	86.4%	87.8%	82.8%	77.9%	83.1%	91%	84%	85.2%	86.8%	86.3%	85.1%	86.9%	90.9%	82.3%	85.9%	86.1%	87.1%
	T03b	Complaints Responded To Within Divisional Timeframe	83.8%	84.8%	91.8%	82.8%	77.9%	85.9%	82.1%	78.7%	85.2%	86.8%	82.2%	90.5%	84.8%	88.6%	83.4%	82.2%	84.4%	87.6%
	T04c	Percentage of Responses where Complainant is Dissatisfied	10.68%	9.21%	8.16%	8.62%	13.23%	9.86%	14.92%	6.67%	9.26%	7.55%	9.59%	6.76%	-	-	10.29%	10.33%	8.89%	6.76%
Cancelled Operations	F01q	Percentage of Last Minute Cancelled Operations (Quality Objective)	1.19%	1.23%	1.53%	1.63%	1.91%	1.37%	1.9%	0.59%	1.15%	0.79%	1.39%	0.97%	1.94%	1%	1.69%	1.29%	1.1%	1.31%
	F01a	Number of Last Minute Cancelled Operations	919	741	102	98	121	85	125	39	79	54	89	71	138	61	321	249	222	270

RESPONSIVE

Topic	ID	Title	Annual Target		Annual		Monthly Totals												Quarterly Totals			
			Green	Red	17/18	18/19 YTD	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
Referral to Treatment (RTT) Performance	A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	92%	87%	89.6%	89%	88.1%	88.4%	87%	88.2%	89.1%	88.6%	88.9%	88.7%	88.5%	89.6%	90.1%	89.3%	87.8%	88.6%	88.7%	89.7%
	A03a	Referral To Treatment Number of Ongoing Pathways Over 18 Weeks	-	-	-	-	3138	3308	3783	3510	3244	3377	3208	3290	3354	3000	2810	2975	-	-	-	-
Referral to Treatment (RTT) Wait Times	A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	0	1	209	94	1	15	18	15	12	9	11	7	10	9	14	7	34	36	28	30
	A07	Referral To Treatment Ongoing Pathways 40+ Weeks	-	-	-	-	160	148	164	154	141	129	126	119	113	113	111	139	-	-	-	-
Cancer (2 Week Wait)	E01a	Cancer - Urgent Referrals Seen In Under 2 Weeks	93%	93%	94.3%	95.4%	92.2%	96.9%	92.1%	92.6%	95.1%	95.3%	96.5%	95.5%	96.4%	95.7%	95.8%	-	93.6%	94.3%	96.1%	95.8%
	E01c	Cancer - Urgent Referrals Stretch Target	80%	80%	58.9%	58.2%	58.8%	59.6%	54.6%	41.3%	53.1%	56.7%	60.6%	66.4%	68.8%	57%	62.8%	-	57.7%	50.6%	65.2%	59.7%
Cancer (31 Day)	E02a	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	96%	96%	95.8%	97.1%	92.9%	95.1%	95.8%	94.4%	95%	94.7%	97.4%	99.2%	99.1%	98.8%	98.5%	-	94.5%	94.7%	98.5%	98.7%
	E02b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98%	98%	98.6%	97.9%	98.7%	98.6%	98.4%	97.6%	96.6%	97.6%	96.1%	100%	99.1%	99.4%	97.2%	-	98.6%	97.2%	98.4%	98.5%
	E02c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	94%	94%	92%	96%	96.6%	87.7%	79.5%	93%	85%	95.6%	98.2%	96.2%	98.1%	100%	98.3%	-	89%	91.4%	97.5%	99.1%
	E02d	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	94%	94%	96.3%	95.5%	92.9%	97.9%	96.4%	98.5%	85.4%	91.6%	97.1%	97.4%	95.6%	97.6%	98.1%	-	95.6%	92.2%	96.8%	97.9%
Cancer (62 Day)	E03a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85%	85%	81.7%	86.1%	78.4%	81.3%	87.3%	84.1%	82.4%	86%	85.7%	88.9%	87.4%	85.5%	87.9%	-	82.4%	84.2%	87.3%	86.7%
	E03b	Cancer 62 Day Referral To Treatment (Screenings)	90%	90%	74.8%	70%	100%	58.3%	28.6%	66.7%	37.5%	41.7%	100%	60%	100%	100%	100%	-	61.5%	43.5%	83.3%	100%
	E03c	Cancer 62 Day Referral To Treatment (Upgrades)	85%	85%	85.4%	82.9%	88.7%	83.9%	90.9%	79.3%	77.9%	84.4%	77.7%	84.7%	86.8%	85.6%	91.3%	-	87.9%	80.4%	82.6%	88.3%
	E03f	Cancer Urgent GP Referrals - Numbers Treated after Day 103	-	-	47.5	36	3	2.5	2	3	5	5.5	2	5.5	4	7.5	3.5	-	7.5	13.5	11.5	11
Cancelled Operations	F01	Last Minute Cancelled Operations - Percentage of Admissions	0.8%	1.2%	1.19%	1.23%	1.53%	1.63%	1.91%	1.37%	1.9%	0.59%	1.15%	0.79%	1.39%	0.97%	1.94%	1%	1.69%	1.29%	1.1%	1.31%
	F01a	Number of Last Minute Cancelled Operations	-	-	919	741	102	98	121	85	125	39	79	54	89	71	138	61	321	249	222	270
	F02	Cancelled Operations Re-admitted Within 28 Days	95%	85%	94.2%	93%	88.7%	94.1%	92.9%	90.9%	88.2%	95.2%	97.4%	94.9%	94.4%	91%	94.4%	93.5%	92.3%	91.8%	95.3%	93%
Admissions Cancelled Day Before	F07	Percentage of Admissions Cancelled Day Before	-	-	1.61%	1.7%	1.81%	2.08%	2.31%	2.26%	2.36%	1.67%	0.41%	1.53%	2.05%	1.82%	1.91%	1.37%	2.06%	2.1%	1.31%	1.72%
	F07a	Number of Admissions Cancelled Day Before	-	-	1244	1022	121	125	146	140	155	110	28	105	131	134	136	83	392	405	264	353
Primary PCI	H02	Primary PCI - 150 Minutes Call to Balloon Time	90%	70%	76.1%	75.9%	80.9%	71.1%	65.2%	86.2%	80%	81.8%	70.6%	79.3%	72%	69%	71.1%	-	74.1%	82.4%	73.9%	70%
	H03a	Primary PCI - 90 Minutes Door to Balloon Time	90%	90%	93.2%	93.3%	95.7%	97.4%	91.3%	93.1%	92.5%	100%	91.2%	93.1%	96%	92.9%	89.5%	-	95.4%	95.1%	93.2%	91.3%
Diagnostic Waits	A05	Diagnostics 6 Week Wait (15 Key Tests)	99%	99%	98.29%	97.2%	97.81%	99.19%	98.51%	96.8%	97.64%	97.83%	97.88%	97.13%	98.13%	98.36%	96.94%	93.81%	98.53%	97.41%	97.72%	96.43%
Outpatients	R03	Outpatient Hospital Cancellation Rate	9.7%	11.7%	10.7%	9.9%	9.4%	11.1%	11.6%	9.7%	9.5%	10%	9.6%	10%	10.1%	9.9%	9.8%	10.4%	10.6%	9.7%	9.9%	10%
	R05	Outpatient DNA Rate	5%	10%	7.2%	6.8%	6.8%	6.4%	7.3%	6.4%	7.2%	6.7%	7.1%	6.8%	7%	6.7%	6.5%	6.9%	6.8%	6.8%	7%	6.7%
Outpatient Ratio	R01	Follow-Up To New Ratio	2.03	2.03	2.19	2.1	2.22	2.17	2.1	2.06	1.99	2.05	2.1	2.11	2.13	2.14	2.17	2.14	2.16	2.03	2.11	2.15
ERS	BC01	ERS - Available Slot Issues Percentage	-	-	20.2%	17%	20.8%	22.6%	14.6%	18.6%	21.5%	23.8%	22.9%	22.1%	15.5%	10.9%	13.8%	13.5%	19.4%	21.4%	19.9%	12.6%

Topic	ID	Title	Annual Target		Annual		Monthly Totals												Quarterly Totals			
			Green	Red	17/18	18/19 YTD	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
Delayed Discharges	Q01A	Acute Delayed Transfers of Care - Patients	-	-	279	163	27	23	19	22	18	25	17	11	16	18	10	26	69	65	44	54
	Q02A	Non-Acute Delayed Transfers of Care - Patients	-	-	103	62	9	9	5	5	8	8	4	9	8	5	4	11	23	21	21	20
	Q01B	Acute Delayed Transfers of Care - Beddays	-	-	8466	5022	836	715	696	576	471	632	503	586	513	691	482	568	2247	1679	1602	1741
	Q02B	Non-Acute Delayed Transfers of Care - Beddays	-	-	3106	2093	272	182	204	291	161	207	204	225	321	250	191	243	658	659	750	684
Green To Go List	AQ06A	Green To Go List - Number of Patients (Acute)	-	-	-	-	53	54	52	59	56	60	54	42	55	39	47	51	-	-	-	-
	AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	-	-	15	26	17	18	14	21	17	19	24	21	14	26	-	-	-	-
	AQ07A	Green To Go List - Beddays (Acute)	-	-	-	-	1757	1652	1989	1832	1574	1836	1571	1621	1562	1608	1620	1693	-	-	-	-
	AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	-	-	593	453	501	614	451	459	618	570	753	681	580	616	-	-	-	-
Length of Stay	J03	Average Length of Stay (Spell)	-	-	4.05	3.79	4.15	4.15	3.96	4.01	3.93	3.66	3.8	3.92	3.52	3.87	3.62	3.76	4.08	3.87	3.75	3.75
	J04D	Percentage Length of Stay 14+ Days	-	-	6.8%	6.3%	6.6%	6.9%	7.1%	6.5%	6.4%	6.3%	6.5%	6.5%	5.8%	6.5%	6%	6%	6.9%	6.4%	6.2%	6.3%
14 Day LOS Patients	C07	Number of 14+ Day Length of Stay Patients at Month End	-	-	-	-	242	252	238	234	207	243	234	211	233	224	212	200	-	-	-	-
AMU	J35	Percentage of Cardiac AMU Wardstays	-	-	4.2%	3.1%	2.5%	4.2%	3.4%	7.1%	6%	2%	1.3%	0.5%	0%	3.4%	4.1%	3.7%	3.3%	5.1%	0.6%	3.8%
	J35A	Percentage of Cardiac AMU Wardstays Under 24 Hours	-	-	47%	38.1%	61.9%	61.3%	29.6%	32.2%	38.5%	50%	25%	25%	-	23.3%	45.9%	52.9%	50.6%	37%	25%	41.6%

Emergency Department Indicators

ED - Time in Department	B01	ED Total Time in Department - Under 4 Hours	95%	90%	86.48%	87.72%	82.69%	83.2%	78.89%	83.95%	91.14%	92.84%	90.26%	90.07%	85%	89.16%	84.24%	83.05%	81.54%	89.3%	88.44%	85.53%
<i>This is measured against the national standard of 95%</i>																						
ED - Time in Department (Differentials)	BB14	ED Total Time in Department - Under 4 Hours (STP)	-	-	86.48%	87.72%	82.69%	83.2%	78.89%	83.95%	91.14%	92.84%	90.26%	90.07%	85%	89.16%	84.24%	83.05%	81.54%	89.3%	88.44%	85.53%
	BB07	BRI ED - Percentage Within 4 Hours	-	-	78.35%	80.71%	71.39%	73.24%	65.06%	73.92%	85.56%	89.08%	84.8%	83.37%	75.44%	81.79%	78.89%	73.49%	69.78%	82.81%	81.27%	78.07%
	BB03	BCH ED - Percentage Within 4 Hours	-	-	94.89%	93.8%	93.91%	94.5%	95.08%	94.45%	96.25%	96.26%	96.39%	97.9%	94.16%	95.05%	85.39%	91.02%	94.49%	95.67%	96.02%	90.38%
	BB04	BEH ED - Percentage Within 4 Hours	99%	99%	96.26%	97.31%	96.63%	94.35%	92.9%	94.4%	98.11%	97.66%	96.19%	98.75%	97.46%	98.67%	97.34%	97.12%	94.62%	96.7%	97.49%	97.76%
<i>This is measured against the trajectories created to deliver the Sustainability and Transformation Fund targets</i>																						
Trolley Waits	B06	ED 12 Hour Trolley Waits	0	1	8	1	3	0	0	0	0	0	0	0	0	1	0	0	3	0	0	1
Time to Initial Assessment	B02c	ED Time to Initial Assessment - Under 15 Minutes (Excludes BCH)	95%	95%	97.9%	94.9%	97.6%	96.5%	96.3%	96.8%	94.8%	98.4%	94.3%	95.1%	96.1%	95.2%	93.5%	90.2%	96.8%	96.7%	95.1%	92.9%
	B02b	ED Time to Initial Assessment - Data Completeness	95%	95%	94.4%	91%	99.4%	98.4%	93.7%	91.9%	90.2%	92.8%	91.4%	90.6%	91%	91.5%	90.6%	89.2%	97.2%	91.6%	91%	90.4%
Time to Start of Treatment	B03	ED Time to Start of Treatment - Under 60 Minutes	50%	50%	52.2%	50.4%	54.4%	52.4%	48%	49.5%	53.8%	51.3%	50.8%	55.6%	48%	53.1%	44.8%	46.9%	51.6%	51.6%	51.4%	48.3%
	B03b	ED Time to Start of Treatment - Data Completeness	95%	95%	97.4%	96.9%	98%	97.6%	96.5%	96.5%	96.7%	97.3%	96.8%	97.1%	96.6%	97.1%	97%	97%	97.4%	96.8%	96.8%	97.1%
Others	B04	ED Unplanned Re-attendance Rate	5%	5%	2.8%	3.3%	3.1%	2.9%	2.9%	3%	3%	2.8%	2.9%	2.7%	3.2%	3.9%	4.4%	3.8%	3%	2.9%	2.9%	4%
	B05	ED Left Without Being Seen Rate	5%	5%	1.9%	1.8%	1%	1.1%	1.5%	1.4%	1.6%	1.7%	1.9%	1.6%	2.2%	2.1%	1.8%	1.6%	1.2%	1.5%	1.9%	1.8%
Ambulance Handovers	BA09	Ambulance Handovers - Over 30 Minutes	-	-	840	492	62	59	85	75	48	54	45	58	14	74	65	59	206	177	117	198
Acute Medical Unit (AMU)	J35	Percentage of Cardiac AMU Wardstays	-	-	4.2%	3.1%	2.5%	4.2%	3.4%	7.1%	6%	2%	1.3%	0.5%	0%	3.4%	4.1%	3.7%	3.3%	5.1%	0.6%	3.8%
	J35a	Percentage of Cardiac AMU Wardstays Under 24 Hours	-	-	47%	38.1%	61.9%	61.3%	29.6%	32.2%	38.5%	50%	25%	25%	-	23.3%	45.9%	52.9%	50.6%	37%	25%	41.6%

FINANCIAL MEASURES

Topic	Title	Monthly Totals												Quarterly Totals			
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Q1	Q2	Q3	Q4
Year To Date Annual Plan Surplus / (Deficit)	Annual Plan excluding PSF	(890)	(102)	(151)	1,468	3,081	2,181	4,569	5,276	4,983	4,983	2,315	3,000	(151)	2,181	4,983	3,000
	Actual excluding PSF	(1,320)	(93)	(141)	950	1,832	2,202	4,596	5,300	3,475	0	0	0	(141)	2,202	3,475	0
	Annual Plan including PSF	(116)	1,446	2,171	4,823	7,467	7,599	11,535	13,792	13,516	16,851	15,989	18,480	2,171	7,599	13,516	18,480
	Actual Plan including PSF	(778)	1,455	2,181	4,304	6,218	7,620	11,562	12,885	13,537	0	0	0	2,181	7,620	13,537	0
Year to Date Variance Divisional Position Favourable / (Adverse)	Diagnostics & Therapies	12	71	156	161	160	97	149	171	192				156	97	192	
	Medicine	(72)	(145)	(449)	(844)	(1,285)	(1,510)	(1,562)	(1,753)	(1,835)				(449)	(1,510)	(1,835)	
	Specialised Services	(175)	65	335	275	204	210	116	58	96				335	210	96	
	Surgery	(75)	(191)	(651)	(995)	(1,436)	(1,634)	(1,888)	(2,124)	(2,279)				(651)	(1,634)	(2,279)	
	Women's & Children's	(145)	(332)	(78)	(121)	(617)	(966)	(1,056)	(996)	(1,383)				(78)	(966)	(1,383)	
	Estates & facilities	3	(6)	(18)	16	28	20	(10)	9	20				(18)	20	20	
	Trust Services	(8)	(10)	(18)	(18)	(36)	(32)	(28)	(18)	(7)				(18)	(32)	(7)	
	Other Corporate Services	18	127	152	246	162	187	131	154	193				152	187	193	
Total	(442)	(421)	(571)	(1,280)	(2,820)	(3,628)	(4,148)	(4,499)	(5,003)	0	0	0	(571)	(3,628)	(5,003)	0	
Year To Date Savings Actuals	Diagnostics & Therapies	153	278	426	578	770	927	1,109	1,266	1,437				426	927	1,437	
	Medicine	148	335	479	614	813	944	1,151	1,367	1,579				479	944	1,579	
	Specialised Services	182	398	623	989	1,270	1,519	1,923	2,265	2,567				623	1,519	2,567	
	Surgery	226	438	719	1,014	1,295	1,632	1,995	2,371	2,645				719	1,632	2,645	
	Women's & Children's	224	467	725	1,082	1,429	1,817	2,192	2,738	3,244				725	1,817	3,244	
	Estates & facilities	92	180	270	362	466	537	608	693	772				270	537	772	
	Trust Services	63	124	182	242	299	357	412	469	523				182	357	523	
	Other Corporate Services	656	1,312	1,969	2,625	3,281	3,937	4,593	5,249	5,906				1,969	3,937	5,906	
Total	1,743	3,532	5,393	7,507	9,622	11,670	13,983	16,418	18,672	0	0	0	5,393	11,670	18,672	0	
In Month Variance Subjective Analysis Favourable / (Adverse)	Nursing & Midwifery Pay	(256)	(329)	(430)	(338)	(288)	(465)	(639)	(543)	(354)				(1,015)	(1,091)	(1,536)	
	Medical & Dental Pay	(358)	(322)	(353)	(340)	(395)	(449)	(376)	(520)	(362)				(1,033)	(1,184)	(1,258)	
	Other Pay	128	74	126	260	80	197	121	62	0				328	537	183	
	Non Pay	2	(728)	(361)	(475)	(464)	(157)	(173)	(807)	(607)				(1,087)	(1,096)	(1,587)	
	Income from Operations	(69)	0	42	75	17	80	(139)	188	102				(27)	172	151	
	Income from Activities	111	1,327	825	109	(490)	(14)	688	1,270	715				2,263	(395)	2,673	
Total	(442)	22	(151)	(709)	(1,540)	(808)	(518)	(350)	(506)	0	0	0	(571)	(3,057)	(1,374)	0	
In Month Agency Expenditure Actuals	Nursing & Midwifery	448	443	515	549	618	684	623	587	520				1,406	1,851	1,730	
	Medical													0	0	0	
	Consultants	17	25	14	71	61	53	48	75	62				56	185	185	
	Other Medical	17	35	54	71	24	17	1	0	9				106	112	10	
	Other	31	85	73	126	188	129	175	109	112				189	443	396	
	Total	513	588	656	817	891	883	847	771	703	0	0	0	1,757	2,591	2,321	0
Cash	Actual Cash	77,562	78,472	75,537	92,633	96,144	98,620	98,367	99,265	105,963	0	0	0	75,537	98,620	105,963	0
Capital Spend	Actual Capital Expenditure	660	2,314	3,759	6,362	7,061	9,774	10,760	12,364	13,735				3,759	9,774	13,735	

Meeting of the Board in Public on Thursday 31st January 2019 in the
Conference Room, Trust Headquarters

Report Title	EU Exit – Trust Preparations
Report Author	Simon Steele, Resilience Manager
Executive Lead	Mark Smith, Deputy Chief Executive and Chief Operating Officer

<p>1. Report Summary</p>
<p>This report gives an overview of preparations for a no deal EU exit including contingency planning being undertaken by the Trust and other national workstreams.</p>
<p>2. Key points to note <i>(Including decisions taken)</i></p>
<p>The Trust has established structures as per national guidance to oversee contingency planning for a no deal EU Exit.</p> <p>Mark Smith, Deputy Chief Executive and Chief Operating Officer is appointed the Senior Responsible Officer (SRO) and Simon Steele, Resilience Manager, the Trust's Single Point of Contact and responsible for coordinating plans.</p> <p>Divisional leads have also been appointed with the Civil Contingencies Steering Group overseeing planning and reporting to SLT via the Service Delivery Group.</p> <p>National Guidance has been issued giving clarification on national planning focused on seven key workstreams:</p> <ul style="list-style-type: none"> - Supply of Medicines and Vaccines - Supply of Medical Devices and Clinical Consumables - Supply of Non-Clinical Consumables, goods and services - Workforce - Reciprocal Healthcare - Research and Clinical Trials - Data Sharing, Processing and Access. <p>Nationally there is clear guidance not to stockpile any supplies. Local planning is focusing on workforce where the EU national settled status fee will be covered by the Trust as well as an ongoing review of supply chain risks working with Bristol and Weston Purchasing Consortium.</p>
<p>3. Risks If this risk is on a formal risk register, please provide the risk ID/number.</p>
<p>The risks associated with this report include:</p> <p>Risk ID 2973 – Impact on services due to a no deal EU Exit</p> <p>The Trust has reviewed the risk of a no deal Exit (Risk ID 2973) with the main impact expected to be on workforce and supply chain with ongoing work detailed in the paper to mitigate these risks. The Business Continuity Planning Group is also ensuring all</p>

business continuity plans are up to date to manage any incidents to services arising from a no deal EU Exit.	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> • This report is for INFORMATION • The Board is asked to NOTE the report 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	
N/A	

Trust contingency planning for a 'no deal' EU Exit

Introduction

This paper gives an overview of the contingency planning the Trust is putting in place for a 'no deal' exit of the EU on 29th March 2019 summarising both national and local planning focused on the impacts of a 'no deal' EU Exit.

Overview of National Planning and Guidance

National guidance has been issued covering seven areas of focus for health and social care which are being focused on nationally by the Department of Health and Social Care. Planning is focused on a 'no deal' EU Exit and ensuring robust contingencies are in place nationally. The seven streams are summarised below including what national and local planning is being undertaken. All streams have been summarised to give an overview of national planning even where the impact on the Trust is minimal.

1. Supply of medicines and vaccines

The government has developed a UK wide contingency plan to ensure the flow of medicines and vaccines in a no deal scenario. This work includes analysis of the supply chain for all medicines including vaccines and medical radioisotopes, liaising with industry to ensure a minimum of six weeks additional supply above usual stocks as well as arranging air freight for stocks with a short life span. Medicines will be prioritised on all ports of entry.

UK health providers have been instructed not to undertake any stockpiling of additional medicines beyond usual stock levels.

2. Supply of medical devices and clinical consumables

Stock levels of medical devices and clinical consumables are being increased nationally and all suppliers who source from the EU are reviewing supply chains and risks. UK healthcare providers have been instructed not to stockpile additional devices or consumables beyond usual stock levels with further guidance expected by the end of January 2019 of this advice changes.

3. Supply of non-clinical consumables, goods and services

The Government is engaging with suppliers and industry experts to identify risks and plan for any supply disruption. If risks are identified guidelines will be developed for health and social care on suitable substitution arrangements to mitigate these risks.

4. Workforce

EU citizens will be able to register for settled status in the UK if they have been here for five years or pre-settled status if less than five years. The Government portal for applications will go live in March 2019.

5. Reciprocal healthcare

The Government is seeking to protect current reciprocal healthcare arrangements with UK nationals in the EU, EEA and Switzerland.

6. Research and clinical trials

The Government has guaranteed funding committed to UK organisations for certain EU funded projects in the event of a 'no deal' exit until the end of 2020. Successful bids for EU programme funding until the end of 2020 will receive their full financial allocation for the lifetime of the project.

7. Data sharing, processing and access

The Government recognise it is imperative that personal data continues to flow between the UK and EU. The Information Commissioners Office have released guidance on data protection in a 'no deal' scenario. Transfer of data from the UK to EU should not be affected as it will be covered by existing domestic legislation. There is ongoing work to safeguard EU to UK transfers of personal data with further information to be issued in due course.

Trust Governance and Divisional input

As per national guidance the Trust has appointed Mark Smith, Deputy Chief Executive and Chief Operating Officer as the Senior Responsible Officer for EU Exit Planning. Simon Steele, Resilience Manager, is the designated Single Point of Contact for the Trust. Regionally NHS England have appointed EU Exit leads who act as the link to national planning schemes.

The Trust planning is overseen by the Civil Contingencies Steering Group, chaired by Mark Smith, who report through Service Delivery Group to the Senior Leadership Team. The Resilience Manager will coordinate Trust plans as per national guidance and attends the Local Health Resilience Partnership where EU Exit planning will be coordinated across the region.

Divisional leads have been designated by all divisions including estates and facilities to support in coordination of plans, assessment of risk and reporting of information requested. The work being undertaken by the trust is summarised below.

1. Risk Assessment

Alongside divisional leads the Business Continuity Planning Group undertook a risk assessment of the impacts of a 'no deal' exit. Accounting for national guidance and instructions not to stockpile two areas were highlighted as risks. The Risk ID on Datix is 2973.

a) Workforce

The Trust continues to recognise the significant contribution made by staff who are from right across the EU and who form over 10% of our workforce at UHBristol. The Senior Leadership Team has agreed to fund the £65 fee to help EU staff who wish to apply for 'Settled Status'.

When the Government portal to receive applications goes live the HR Resourcing team will be arranging drop in sessions to help staff with the application process. Communications have been sent to all EU nationals working within the Trust to communicate this.

b) Supply Chain

In partnership with Bristol and Weston Purchasing Consortium (BWPC), North Bristol Trust and Weston Area Health trust, the Trust is undertaking a risk assessment of supply chains and impacts of a 2-3 week delay at ports of entry. As risks are highlighted further work will be undertaken with suppliers to mitigate the risks.

2. Business Continuity Planning

The Business Continuity Planning Group maintains an overview of the Trust plans with a continued focus to ensure plans are up to date and in a position to be utilised for disruption to services. The Trust has been asked to ensure plans are up to date as per current legislation and EU Exit planning will be a standing agenda item for the Business Continuity Planning Group. There are divisional leads who ensure business continuity plans remain up to date and fit for purpose with oversight at the business continuity planning group who report to Civil Contingencies Steering Group.

3. System wide exercise

Bristol, North Somerset and South Gloucestershire CCG are leading on a system exercise to test business continuity arrangements in the event of a no deal exit. This will be undertaken by the end of February 2019 with a template exercise to be published nationally to support.

Item to follow:

Agenda item 12

Chair's Report for the Quality and Outcomes Committee

Item to follow:

Agenda item 13

Chair's Report for the People Committee

Meeting of the Public Board on Thursday 31 January 2019 in the Conference Room, Trust Headquarters

Report Title	Learning from Deaths Report
Report Author	Mark Callaway, Deputy Medical Director
Executive Lead	Bill Oldfield, Medical Director

1. Report Summary	
This report will comment on the first 2 quarters of the learning from death process in 2018/2019.	
2. Key points to note <i>(Including decisions taken)</i>	
<ul style="list-style-type: none"> • All adult in patient deaths have been screened • A structured case note review occurs in 26% • The majority of care provided when reviewed is good • Three patients were referred to the Medical Director Team for further review, no avoidable death was identified • 	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
The risks associated with this report include: N/A	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> • This report is for ASSURANCE. • The Committee is asked to NOTE the report. 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	
Quality and Outcomes Committee	21 December 2018

Learning from Deaths
Report for Quarter 1 and Quarter 2 for 2018/2019

MP Callaway

14th December 2018

Introduction

The learning from deaths process has been established within the organisation and all adult deaths excluding out of hospital cardiac arrests continue to be screened by the lead mortality Nurse. This process allows the Mortality Nurse to assess the quality of patient care and where the patient notes trigger the Structured Case note review these are then distributed to the division for further assessment and further reviews are undertaken.

This report summarises the activity in quarter 1 and 2 2018/2019

Report

The figures for quarter 1 2018/2019 are very similar to the figures report for the same quarter last year. The figures requiring a review in quarter 2 have increased as we have broadened the criteria for review in the additional categories we have instigated. All adult in patient deaths were screened by the lead Nurse in Mortality and 26% were identified as needing a further Structured Case Note Review (SCNR).

Three deaths in this period required a further secondary screen for the Medical Directors Team and these deaths did indicate some areas of concern regarding patient care but following this secondary review no death within this period was identified as potentially avoidable

There were 5 deaths in patients with learning difficulties in quarter 1 and 3 in quarter 2; there were no concerns regarding care within this group during this period.

Update from Quarter 1 and Quarter 2

	Quarter 1 (Apr – Jun 18)	Quarter 2 (July – Sept 18)	Quarter 3 (Oct – Dec 18)	Quarter 4 (Jan – Mar 19)	Totals
Total deaths (in Patients)	325	291			616
OOHCA	46	27			73
Total excluding OOHCA	244	264			543
ITU deaths	14				14
Total SCNR identified	49 (21%)	96 (36%)			145(26%)
Medicine	20 (41%)	63 (65%)			83
complete	10	11			21
pending	10	52			10
Surgery	10 (20%)	9 (9%)			19
complete	7	6			13
pending	3	3			6
Specialised Services	19 (39%)	22(23%)			19
complete	8	2			10
pending	11	20			31
Number triggering MDO Review	3	0			3
Number of SUI reports related to patient death	4	0			4
Number of avoidable deaths	0	0			0
Number of Deaths in patients with Learning Difficulties	5	3			8
Death within 30 days of discharge					
Total	146				146
From ED	27				27

1. New Members of the team

There have been several new members to the Mortality Team; Dr Colette Reid has left the organisation and has been replaced as lead for Specialise Services by Dr Yasmin Ismail and Dr Emily Bowen has replaced Dr Rebecca Maxwell during the period of her maternity leave.

Dr Sarah Kyle left as Clinical Fellow at the end of July and has been replaced by 4 educational fellows

2. The conversion of the database to a Medway based system

The method of data collection changed at the end of quarter 2, with the introduction of a new method of electronic recording of the SCNR in Medway, which has led to the automatic generation of a database which allows much greater visibility around the system. This came into operation on September 1st and has become a fully integrated method for data collection

3. Increasing the number of reviews.

A decision was made at the Mortality Surveillance Group to potentially increase the number of reviews undertaken towards the end of Quarter 2. In addition to the mandatory categories indicated in the learning from deaths guidance, additional deaths from any issues raised during the initial screening assessment by the lead Mortality Nurse have led to a SCNR have also been included and this category has been expanded to include deaths in a patient where a factor in the death may have included an aspect of the patients care that involves an area of planned patient safety improvement work.

These processes have led to an increase in the number of reviews being undertaken despite the number of deaths on a month by month basis remaining static.

This work will enable more aspects of patient safety and patient care to be assessed by this process, but will require more reviewers to maintain the process.

4. Reviews and Involvement of the consultant body

The proposal to make to involve all adult consultants in the review process was supported at the October Senior Leadership team meeting within the organisation. Initially, volunteers from within the Consultant body were sought as reviewers in the hope that this would generate enough individuals to support this process. However, this request although generated a sizeable response did not generate enough potential reviews to allow a fair and equitable number of reviews to all individuals.

Therefore, the Medical Director team therefore issued the guidance that all Adult Consultants would be expected to take part in this process. This message informed the adult consultants that it was an expectation of all adults to undertake SCNR as part of their core supporting professional activity. This is supported by an on line teaching package in SCNR and the provision of potential mentors. This is an important activity as it allows an individual to review the care of a patient, in whom they are not directly involved, with regard to the overall standard of care.

Involvement of the entire adult consultant body means that although important this process will only have a minimal impact on any single individual. This process has started from the beginning of December.

5. Deaths for MD team Review

During the end of Quarter 1 and the beginning of Quarter 2 three deaths from within the surgical Division were referred for a second review by the MD team, these deaths were in elderly patients who had undergone orthopaedic procedures. The MD team carried out a second SCNR and concluded that although there was no evidence of avoidability of death, there were multifactorial factors around the post-operative patient care that raised concern. These concerns were raised with both the Division and Executive team

In late October another 5 cases were highlighted as causing concern and all of these patients had undergone orthopaedic procedures or were being managed with orthopaedic problems. This again was in the elderly patient population.

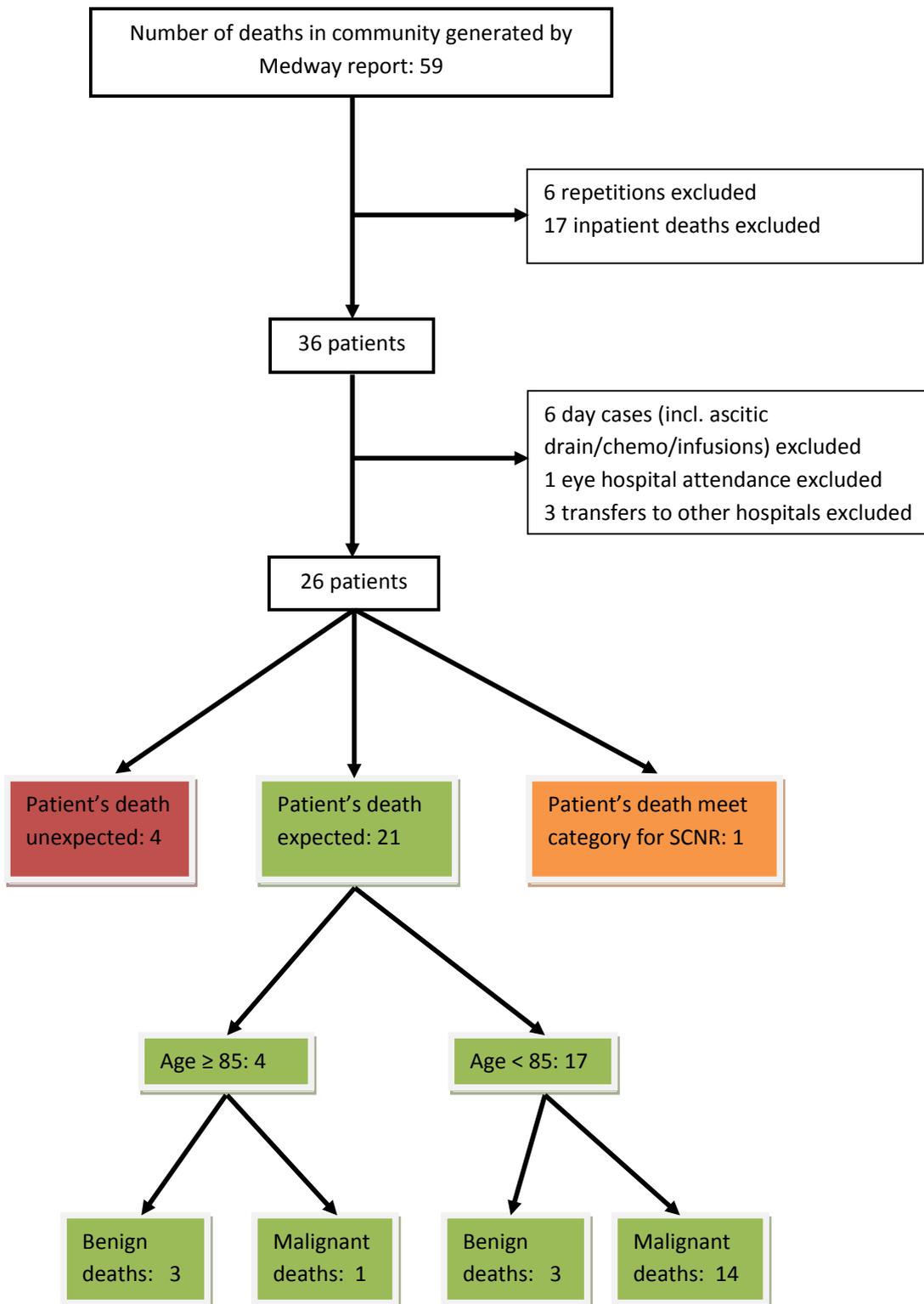
Following an initial review it was noted that from April 2017 until the end of October 2018 there were 70 deaths within Trauma and orthopaedics, of which 35 triggered an SCNR, of these 8 patients, had a score of 2 and these patients have now been reviewed. This indicates a referral for SCNR of 50% in this patient population

The Trust rate of SCNR in all deaths in April 2017-March 2018 was 26.9%.

The mortality lead for surgery and the Medical director team conducted the SCNR which identified several consistent themes; a report was then submitted to the Medical Director. This report identified that there were no avoidable deaths but again there were issues around patient's post-operative management. This multi author report identified several themes around the deteriorating frail elderly patient, and a resulting action plan is being co-ordinated by the Medical Director.

6. Deaths within 30 days of Discharge

This work is being undertaken by the educational Fellows and the initial review of patient deaths within 30 days of discharge is displayed graphically. This represents to deaths within 30 days of discharge from UH Bristol for September 2018



MP Callaway

**Meeting of the Board in Public on Thursday 31st January 2019 in the Conference Room,
Trust Headquarters**

Report Title	Transforming Care Programme Board Report – Q2/3
Report Author	Melanie Jefferies, Transformation Programme Manager
Executive Lead	Paula Clarke, Director of Strategy and Transformation

1. Report Summary	
<p>This Transforming Care Report describes the highlights over the last two quarters against the three priority areas agreed for the Transformation Board and the Transformation Team:</p> <ul style="list-style-type: none"> - Digital Transformation, - Working Smarter, Productivity Improvement and - Quality Improvement programme 	
2. Key points to note <i>(Including decisions taken)</i>	
<ul style="list-style-type: none"> ➤ Significant progress has been made with the Digital Hospital programme and increasing clinical leadership in Divisions to support embedding new capabilities into our ways of working and processes. ➤ Clinical Utilisation Review data and Real Time Out-Patients pilots are providing scope for improved quality of care and associated productivity opportunities ➤ Developing improvement capacity and capability across our staff continues through our Quality Improvement (QI) Academy and QI Hub ➤ Improving patient experience through Customer Care training is progressing with advanced training commencing 	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
Capacity for sustaining transformation actions over Quarter 4 is challenged due to operational pressures.	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> • This report is for INFORMATION. • The Board is asked to NOTE the report. 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	

January 2019

This Transforming Care update describes the highlights over Quarters two and three against the three priority areas agreed for the Transformation Board and the Transformation Team: Digital Transformation, Productivity Improvement and the Quality Improvement programme.

An amended governance structure for the Digital Hospitals Programme, including how the benefits will be realised, was presented at Trust Board Seminar on 9th November 2019. This is to be clinically-led by our Chief Clinical Information Officers.

To support the delivery of the Digital Hospital programme, new projects are being established to ensure digital systems are embedded into our ways of working and processes. Following sign off by Transformation Board, the following projects are being mobilised with Executive sponsorship:

- Improving handover for inpatient management
- Digital real time Bed Management

A pilot of an Advanced Customer Care training day was held in September 2018 for clinical and administrative staff. Following a positive evaluation from participants, work is underway to identify funding for a 2 year programme, which would enable approximately 700 staff members to be trained.

In November 2018, the first QI Network event was held to promote the QI programme, offering staff and Governors the opportunity to understand more about the QI Academy training and examples of previous QI projects undertaken.

The pilot of the Real time outpatient model in Cardiology is based on work completed in City Hospitals Sunderland. The benefits experienced in Sunderland, which we are aiming to replicate, were as follows:

- A reduction in clinic letter turnaround time and booking of follow up appointments and/or diagnostics;
- Improved management of patient pathway;
- Improved sharing of information - GPs happy with prompt receipt of letters, to support prescribing and ongoing management of patients;
- Improved sharing of information – latest letter available when patients under multiple specialties/services.

Overleaf is a summary of the highlights of progress over Quarters two and three and priorities for the next Quarter. A more detailed description of progress against key projects is attached at Appendix 1.

Transforming Care – Progress Summary Q2-3 2018-19

<p>Successes</p> <ul style="list-style-type: none"> • Real time outpatient clinic model pilot completed in BHI. Benefits experienced in the pilot support a roll out Trust-wide. • Agreement for a pilot to email patient appointment letters. Go live planned for January 2019. • Clinical Utilisation Review (CUR) tool which gives objective and timely data on patient flow delays in use across 37 inpatient wards. Divisional reports summarising the data implemented. • Improving flow to South Bristol Hospital event held in December 2018. • Advanced customer care training piloted. • The first QI Network event held in November 2018. • Total of 519 QI Bronze attendees and 53 Silver QI projects undertaken since the programme commenced, with 31 silver projects undertaken in 2018/19 to date. • Leading Efficiency training delivered as part of the Executive Leadership programme in September 2018. • Launch of a booklet for parents' to use during their child's stay at BRHC during the 3rd #Conversations week. 	<p>Priorities</p> <ul style="list-style-type: none"> • Embed the use of a daily CUR report to support the management of flow and escalation of delays with patient pathways. • Launch the new customer care principles Trust-wide. • Mobilise the embedding digital hospital projects identified via the Digital Hospital Programme Committee, including: <ul style="list-style-type: none"> – Improving handover for Inpatient care project – Digital real time bed management project • Implement the Digital Benefits Realisation strategy. • Development of the QI Gold programme. • Support to Weston General Hospital to establish their Transformation priorities. • Identify 2019/20 Transformation priorities aligned to the Trust's 2025 strategy, Healthier Together's emerging 5 year plans and corporate objectives.
<p>Opportunities</p> <ul style="list-style-type: none"> • Roll out Real Time Outpatients Model across the Trust. • Options for working in partnership with Above and Beyond to fund staff to develop and trial small innovations. • Assess the impact of implementing a customer care accreditation programme. • Appointment of Medical Information Officers in each Division with dedicated time to champion digital Hospital agenda. 	<p>Risks and Threats</p> <ul style="list-style-type: none"> • Transformation team capacity during period since Director of Transformation resigned to their replacement starting. • Capacity of team to support all the required embedding digital transformation projects, due to the scale and pace of the Digital programme. • Balancing the need to support operational projects vs strategic projects. • Planned benefits from digital transformation will take time to realise therefore staff expectations need to be managed.

Transforming Care Report

Jan 2019

Aims Status Key

On Track Behind Delays Scoping Completed

Project & Aim	Progress Last Month	Aims for Next 3 Months	When	Benefits delivered or expected	Current Challenges	Key Comments for Awareness/Discussion
Electronic Observations To improve the recognition, response and management of deteriorating patients with the use of an e-Observation system	<ul style="list-style-type: none"> eObs moving to BAU 	<ul style="list-style-type: none"> eObs data dashboard prototype developed and reviewed Sepsis 6 checklist roll-out date to be confirmed (must coordinate around Medway upgrade) NEWS 2 score on wardview Projects developed to embed benefits 	Jan TBC Feb Jan	<ul style="list-style-type: none"> 100% correctly recorded early warning scores (EWS) across eObs wards November 2018 (awaiting Dec data) 100% sepsis screening in November 18 (from 33% in Nov 16) 	<ul style="list-style-type: none"> Challenges engaging clinical teams to use eObs beyond observations (cannulas and other functions) 	<ul style="list-style-type: none"> Proposal that e observations is removed from Transformation Board report as in BAU phase Embedding digital projects in development which will use eobs data : <ul style="list-style-type: none"> Management of deteriorating patients Utilising real time data for patient and safety monitoring
EPMA and Discharge Summary Implement an Electronic Safe Effective Patient Centred Prescribing and Medication Administration System	<ul style="list-style-type: none"> Smaller scale EPMA roll out in SBCH agreed in principle to commence Feb Medway Discharge summary roll out in medicine agreed to commence in Feb Agreed Medway Discharge Summary roll out throughout Adult services by April 2019 	<ul style="list-style-type: none"> Medway Discharge Summary roll out for Trust, commencing with Medicine in Feb 2019 ED shadowing and assessment in preparation for potential Digitalization of ED to include EPMA continues until end January 2019 	April Jan	<ul style="list-style-type: none"> EPMA ensure timely administration of medication Streamline discharge medication processes – more efficient prescribing and dispensing Reporting and Dashboard mechanisms will support action prioritization and efficiency Discharge summary within Medway provides a safer quality alternative to ICE, ICE will be removed from use within UHB in 2019 	<ul style="list-style-type: none"> Unable to roll out EPMA in ED as this requires functionality development that will take significant time est. 2019 Dual systems for medication admin continue to create additional workload for clinicians when patients cross EPMA Non EPMA boundaries 	<ul style="list-style-type: none"> Roll out of discharge summary including TTA within EPMA will help prepare the clinical teams for full EPMA implementation later in 2019 Some access issues/frustrations (multi log-ins, cross-device access) remain
Careflow To have effective communication systems across teams to deliver timely, safe and effective care	<ul style="list-style-type: none"> Rollout continuing across services (1550 users and 205 groups set up) 'Improving Handover' project plan developed 	<ul style="list-style-type: none"> Upgrade to Careflow functionality (incl. handover roles, obs and EPMA integration) piloted in pre-op Improving Handover BRHC pilot commenced Gap analysis of Careflow handover vs other systems in use across the Trust complete 	Jan Feb Feb	<ul style="list-style-type: none"> Reduction of communication incidents on DATIX Secure real-time communication for patient info Remote clinical decision making Reduction in bleeps 	<ul style="list-style-type: none"> Embedding Careflow in some services as use of the system is currently optional IT infrastructure (e.g. Wi-Fi coverage and mobile reception) can impact efficiency of the Careflow system 	<ul style="list-style-type: none"> Proposal that Careflow is removed from Transformation Board report and replaced with Improving Handover for inpatient management Solution required regarding how best to encourage staff to report the (infrastructure) problems to IT
Clinical Utilisation Review To increase the percentage of inpatients receiving the right level of care in the right care setting, for the right duration	<ul style="list-style-type: none"> Engagement with wards/services regarding new discharge log continued Review meetings held with 15 wards Daily CUR BI report developed and demonstrated to a variety of users 	<ul style="list-style-type: none"> Processes to use CUR by a variety of services (e.g. Therapies, repatriation, radiology, CST) embedded BI report for services to operationally use CUR data to support prioritisation of workload launched Develop processes for using CUR data across BRHC (where separate ones are required) 	Jan Jan Jan	<ul style="list-style-type: none"> Beds occupied by patients requiring acute care Dec 18: 73% qualified reviews with no delays Robust management of patients awaiting discharge external reasons- Dec 18: 46% of delays recorded Robust management of patients with internal delays in their care pathway- Dec 18: 54% of delays recorded 	<ul style="list-style-type: none"> Identifying systems/audits that could be stopped, to ensure no duplication and effective use of nursing time Ensuring CUR is used as a MDT tool, and not seen as a nursing job 	<ul style="list-style-type: none"> Launch of new discharge log taking longer than planned due to time required to engage all current users before switch
eFlow Deliver a digital bed flow communication tool, initially for adult BRI services with the potential of being Trust wide	<ul style="list-style-type: none"> SBCH and Discharge Lounge involved in a small project to boost numbers of Diamond Discharges 	<ul style="list-style-type: none"> Design Electronic Bed Tracking Boards Go-Live in BHOC wards Bed Flow Clinical Note to be added to patient's Medway front page for ease of access Encourage the use of E-Flow at all Patient Flow meetings 	Jan Jan Jan Jan	<ul style="list-style-type: none"> Improve communication between ward staff and bed management teams: reducing duplication, replacing walk rounds, telephone ring rounds, and other ward interruptions with a live report Surgical Division are now demonstrating accurate patient flow information at SOM 	<ul style="list-style-type: none"> Divisional ownership Lack of training personnel Staff feedback: biggest barrier is "lack of time" 	<ul style="list-style-type: none"> Medical staff have tried to amend EDD at ward rounds but do not have access to this function Total interaction between Medway and Wardview still some time away
Ward View To improve patient experience, safety & quality and ensure effective teamwork to improve patient flow	<ul style="list-style-type: none"> Screens installed successfully to 73, 76 and A512 Auto-populated column from Pharmacy Tracker piloted in BHI and BHOC 	<ul style="list-style-type: none"> Add auto-populated column from Pharmacy Tracker to medical and surgical wards boards Install boards in E519 and E307 NEWS score feed auto-populate onto Ward View 	Jan Jan Mar	<ul style="list-style-type: none"> Positive feedback from wards that have pharmacy tracker column. Increased visibility of potential discharges due to real-time data available Increased auto-population of columns reducing duplication 	<ul style="list-style-type: none"> Auto-populating referrals (e.g. to AHPs) from Medway Service Orders requires System C development Clinical teams underreporting errors to IT during the night and weekend Delays in receiving APIs from System C holding up development. 	<ul style="list-style-type: none"> Ability to change EDDs on WardView would help the teams with discharge reporting
Personal Health Record Patients to have direct electronic access to their health records. Enabling patients to engage with their care and treatment	<ul style="list-style-type: none"> Work continued on the project deliverables Pilot completed. 	<ul style="list-style-type: none"> Review pilot and next steps to be agreed Complete pilot for PHR and NMoC Cancer App resulting in recommended changes for System C Patient Collaboration (2 way communication) designs and workflows to be agreed and signed off Workflow analysis for ACRS commenced (patient requests to cancel/rebook appointment) 	Jan TBA TBA TBA	<ul style="list-style-type: none"> Patients to have better visibility and transparency of their patient information Patients will have access to general information about UHB and lifestyle advice 	<ul style="list-style-type: none"> Improved registration process needs to be developed Two way communication requires nurse specialist input to develop 	<ul style="list-style-type: none"> Patient uptake for pilot has been lower than hoped to start with (only 9 for the pilot). Clinicians have concerns about increases to their workload
Outpatients To deliver a high quality service through a friendly, accessible, consistent and timely service	<ul style="list-style-type: none"> BHI Cardio RTOP pilot progressing well Respiratory, BEH and BRHC RTOP pilot kick off meetings held IG approval & compiled requirements for standard text reminders Appointment Centre transfer - all divisions reviewing clinics Advice and guidance and STP outpatients CQUIN on track Only 189 GP referral received outside of e-RS in November 2018 	<ul style="list-style-type: none"> Real Time Outpatients (RTOP) pilots commenced in respiratory, BEH and BRHC Ghost slot booking of Echo, CT and MRI pilot scan agreed and process in place BHI pilot reviewed and RTOP made BAU Standardised text reminder messages implemented e-RS business as usual Appointment centre transfer completed Plan transformation work for outpatients for 19/20 	Mar Feb Jan Mar Mar Mar	<ul style="list-style-type: none"> Better cross-cover and improved business continuity due to standardisation of admin roles Patient journey being actively managed, reducing the need for RTT validation Enable greater throughput of patients within clinic Reduce lost income due to missing outcomes Achievement of centralised appointment booking for streamlining and improve patient experience Patient referrals are triaged within 48 hrs and seen by appropriate service 	<ul style="list-style-type: none"> Resistance to change of practice by consultants and medical secretaries Organisation support for Appointment Centre plans Engagement with eTriage roll out and resolution of current inefficiencies Capacity of Divisions for key actions to implement RTOP pilot 	<ul style="list-style-type: none"> Positive response so far to RTOP roll out in Cardiology Some new features for eTriage are due soon, which should encourage take up of the module Appointment centre transfer –Divisions have identified a total of 59% of services which have or can be transferred. Engagement with divisions at their boards is very positive

Project & Aim	Progress Last Month	Aims for Next 3 Months	When	Benefits	Current Challenges	Key Comments for Awareness/Discussion
Improving Discharge & Patient Flow To establish a Discharge Service which reduces occupied bed days whilst improving patient outcomes and experience	<ul style="list-style-type: none"> Ideas Outliers Task and Finish Group process agreed and piloted SBCH Flow Events held and new processes for suitable patients identification and transfer agreed in principle 	<ul style="list-style-type: none"> Outliers Task and Finish Group documentation records completed and in use Trust wide Implement revised processes for patient identification and transfer to SBCH 	Jan Feb	<ul style="list-style-type: none"> Clarity and responsibility for outlying patients assured and clearly documented Early in the day transfers to SBCH supporting improved patient experience and flow within the Trust Improved bed utilisation at SBCH 	<ul style="list-style-type: none"> Identification of enough of the agreed suitable patients for SBCH given current medical and specialist cover at SBCH 	Potential delay in process for outlier transfer to ward 78 from specialised service wards being addressed.
BRHC Improving Flow To improve patient flow at BRHC so that patients receive quality healthcare at the right time in the right place with no delays	<ul style="list-style-type: none"> New standardised criteria-led discharge SOP and forms launched Development of Patient Flow at BRHC connect pages 	<ul style="list-style-type: none"> Discharge-focused pages launched on Connect site Communication regarding TTA process distributed Paediatric discharge clinical note launched, including, new discharge log 	Jan Jan Jan	<ul style="list-style-type: none"> Support the 4-hour performance in BRHC Support the achievement or admitted RTT performance (Aim: 92%) Supporting the ability to accept regional referrals in the required clinical timescale 	<ul style="list-style-type: none"> Capacity of both divisional and transformation team to complete actions ready for launch Capacity of staff on the wards to trial additional new systems 	<ul style="list-style-type: none"> Launch plan being discussed with head of nursing and clinical directors to ensure full engagement
Optimising Diagnostics To ensure that patient diagnostic pathways are necessary, timely and lean by April 2019	<ul style="list-style-type: none"> Ultrasound DNA rates action planning completed Pilot areas for reducing unnecessary testing identified – BHI, C808, PICU Time and motion study conducted for ED – radiology turnaround time Ongoing implementation of improvements for ED and BHOC CT turnaround times 	<ul style="list-style-type: none"> Brainstorming group for pilot areas to develop solutions to reduce unnecessary testing Strategic oversight group established Data gathered for the pre-op department Scope to be agreed for areas outside of D&T Launch concept in PICU, CICU & 708, and implement first PDSA 	Feb Mar Jan Jan Feb	<ul style="list-style-type: none"> Reduce unnecessary testing Better utilisation of staff and equipment Support diagnostics productivity improvement, as required by the organisation Improving pathways and timeliness, as identified by the organisation, such as CT processes 	<ul style="list-style-type: none"> Accessibility of data from ICE Staff capacity to access data and complete clinical audits Staff capacity to deliver PDSA cycles in ward areas 	<ul style="list-style-type: none"> Capacity of clinical staff to prioritise optimising diagnostic work Numerous opportunities are being suggested but a drop off in areas being able to take the opportunity forward due to operational demands.
BEH Improvement Programme To improve patient flow through the Cataracts Service and Emergency Department	<ul style="list-style-type: none"> Reviewed BEH comorbidity guidelines against local providers to establish realistic referral guidelines for GPs Communications sent to consultants to improve community discharge rate Cataract Summary Page - proposed specifications sent to Medisoft Patient engagement into ED admission process conducted 	<ul style="list-style-type: none"> Maximise pre-op documentation in Medisoft Approach for acquiring equipment for reformed pre-op clinics agreed ED patient admission process improvement pilot commenced 	Feb Jan Feb	<ul style="list-style-type: none"> Reduce avoidable last minute cancellations Increase number of cataract procedures Reduced average length of pathway Improved RTT compliance Reduced time waiting in pre-op clinic Reduced number of attendances per pathway Improve 4 hour performance in ED Improve patient and staff experience in ED 	<ul style="list-style-type: none"> Staff perceive a focus on productivity as a threat to quality Some staff feel that current processes work well and change is not needed Encouraging consultants to invest interest in the cataract service Current staff vacancies in ED make it difficult to pilot & embed improvements 	
Clinical Correspondence Deliver improved turnaround times for correspondence from secondary to primary care	<p>(Update not received for Jan)</p> <ul style="list-style-type: none"> GP event template feedback received Final template agreed and published Divisions requested improvement plans for turnaround within 7 days Update on progress to CCG 	<ul style="list-style-type: none"> Pilot new BigHand template in Respiratory, Dermatology and Adult Cardiology Agree standardised approach with NBT and WAHT Begin implementation of divisional improvement plans for 7 day clinic letter turnaround BHOC pilot of Medway clinic letters commenced 	Oct Oct Oct Dec	<ul style="list-style-type: none"> BigHand aims to reduce turnaround times of clinic letters and revise software Introduces a standardised format to improve communication, provide consistent and timely information and quality across BNSSG Move to Medway will allow SNOMED requirements and structured messaging to be met 	<ul style="list-style-type: none"> Need ownership from divisions to see clinic letter turnaround improvement Risk of financial penalty if not meeting required clinic letter turnaround times Acute trusts have different IT systems with differing levels of flexibility 	<ul style="list-style-type: none"> Divisions need to engage with their clinicians to take greater ownership of issues and solutions to improve turnaround times Divisional plans for improvement in turnaround times will enable trustwide plan for submitting to Commissioners in Q4
Innovation & Quality Improvement (QI) Promote and encourage innovation and quality improvement through building staff capability and development of a Trust framework which enables delivery	<ul style="list-style-type: none"> Additional staff being trained to expand faculty (currently 15 members) Over 70 QI project ideas submitted to the QI Hub Apprenticeship Project Management training delivered 	<ul style="list-style-type: none"> 'Business as usual' admin operation plan for QI Academy and QI Hub agreed and in place QI Leaflet handouts available at induction Updated QI Bronze programme piloted Draft for 12 month Gold programme developed Innovation network details on Connect site 	Jan Jan Jan Jan Jan	<ul style="list-style-type: none"> Increased number of staff who have knowledge and confidence to conduct QI projects to improve their area: <ul style="list-style-type: none"> 547 staff attended Bronze training 57 staff undertaken Silver training A QI network will engage and reinforce QI work with members Development of an Innovation and QI culture in the organisation Growth in innovation and QI hub activity 	<ul style="list-style-type: none"> Fast expansion could result in increased variation of delivery – structured training and presenter guidance should mitigate Not enough capacity of faculty to meet with growing demand of QI sessions and QI Hub submissions 	<ul style="list-style-type: none"> Staff feedback states the biggest barriers to conducting QI work is that they feel they don't have the time or the permission. Work underway to address perceptions.
Customer Service To develop a consistent customer service mind-set in all our interactions with patients and their families	<ul style="list-style-type: none"> Proposal paper drafted for enhanced customer service training Recommendation made for customer service training delivery model Next phase of #TakePhonership communication distributed Support continued for 14 #phonership areas 	<ul style="list-style-type: none"> Initial design of Customer Service accreditation #TakePhonership Learn and Share event delivered We're here to help principles launched 	Jan Jan Jan	<ul style="list-style-type: none"> Patients and staff can reach the departments they need efficiently by phone Responsive handling of appointments, ensuring cancellations are rapidly re-filled Focus on administrative cross-cover upskills staff Areas recognised for good practice through accreditation and complaints reduction 	<ul style="list-style-type: none"> Sustaining improvements is difficult due to absence/vacancies in admin teams Telecoms improvement work competes for priority with other processes Some staff perceive #TakePhonership initiative as criticism 	<ul style="list-style-type: none"> Divisional leadership needed to sustain improvements made via the #TakePhonership programme; for discussion at business SLT in January 2019
Patient Comms Every patient receives clear, timely and coherent written appointment information	<ul style="list-style-type: none"> Letters roll-out; near completion Email Authority to Proceed signed off Patients surveyed about emails 	<ul style="list-style-type: none"> Pilot areas (Gynae, BHOC,) received briefing and completed e-learning Comms released and rollout starts for emails 	Jan Feb	<ul style="list-style-type: none"> Clearer, timely communications for patients Less complaints about communications Emails are more accessible than paper letters Patients have requested emails 	<ul style="list-style-type: none"> Letters have still not been completed by some areas – due to other priorities 5 areas in progress, 1 area not started 	<ul style="list-style-type: none"> Email sign off panel will review pilot areas after 2-3 months, dependent on numbers sent.

Meeting of the Private Board on Thursday 31st January 2019 in the Conference Room, Trust Headquarters

Report Title	Healthier Together Sustainability and Transformation Partnership
Report Author	Chief Executive, Robert Woolley
Executive Lead	Chief Executive, Robert Woolley

1. Report Summary	
This is the regular (bi-monthly) update report provided to Partner Boards on the priorities and status of the Healthier Together Sustainability and Transformation Partnership (STP).	
2. Key points to note <i>(Including decisions taken)</i>	
<p>Since the last report in November, the System Delivery Oversight Group (SDoG) and the planning sub-group continued to focus on progressing the system plan.</p> <p>A draft system activity plan submission was made and organisations have shared and started to review all of the change initiatives that are planned for 2019/20.</p> <p>The next step for SDoG is to work on the collective savings plans for next year.</p> <p>The development of a workforce plan for 2019/19 remained one of the highest priorities.</p> <p>Aligned to the milestones we previously agreed (set out in the previous STP partner board report in November) SDoG had also started work on a system wide performance framework.</p>	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
The risks associated with this report include: N/A	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> • This report is for ASSURANCE • The Board is asked to NOTE 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	



Healthier Together

Update report for Partner Boards

January 2019

Robert Woolley **Joint STP Lead Executive**
Julia Ross **Joint STP Lead Executive**
Laura Nicholas **Healthier Together Programme Director**

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1. INTRODUCTION

The purpose of this report is to brief partner Boards on the progress and status of the Healthier Together Sustainability and Transformation Partnership (STP).

2. DEVELOPING THE BNSSG SYSTEM PLAN FOR 2019/20

While it looks like the NHS in Bristol North Somerset and South Gloucestershire (BNSSG) is on track to improve our overall financial performance for a third year in a row in 2018/19, we have another challenging year ahead to keep performance and our finances on track. Some of the planning guidance was published just before Christmas, with full guidance not available until 10 January. That said, the System Delivery Oversight Group (SDoG) and the planning sub-group are continuing to focus on progressing the system plan.

A draft system activity plan submission was made as required on the 14 January and organisations have shared and started to review all of the change initiatives that are planned for 2019/20 to help us focus on the changes that will deliver the biggest impact. We will have a full narrative plan as a system for the first time in 2019/20 and this will also set out how the 2019/20 plan will contribute to the NHS long term plan (publication imminent). Next step for SDoG is to work on our collective savings plans for next year.

Development of a workforce plan for 2019/19 remains one of our highest priorities, where external support has been procured.

Aligned to the milestones we previously agreed (set out in the previous STP partner board report in November) SDoG has also started work on a system wide performance framework. This is an important development towards our Integrated Care System (ICS) progress as in its final form it should in time enable the BNSSG STP to become self-assuring.

3. URGENT AND EMERGENCY CARE ACCELERATED REDESIGN EVENT

Around 100 healthcare professionals and specialists from across the STP area came together for a two day urgent and emergency care accelerated design event on 11 & 12 December. The group focused on how the system can work together to re-design services such as A&E, NHS111 and GP out of hours to improve how the system manages urgent care demand.

The Event Design Group reconvened just before Christmas to agree next steps. The transformation roadmap produced at the event has been organised into 7 groups of deliverables all aimed at delivering a new clinical model for urgent care during 2019/20:

- Triage and routing
- Developing Locality Hubs to Manage Urgent Need
- Digital and data
- Training and communities of practice

- Social marketing and communications
- Implementation of new payment structure and financial risk approach
- Clinical governance and risk management

The leadership and participants needed to take forward the work in each of these groups of deliverables are now being convened with representation from across all partners. A further event to finalise plans and test anticipated benefits is planned for late March.

4. ASPIRING INTEGRATED CARE SYSTEM PROGRAMME

December marked the end of our time on the national Aspiring Integrated Care System (AICS) programme. NHS England nominated the BNSSG system for the programme and we have been supported by external providers PwC and Optum to progress with our integrated care system (ICS) plans since August. This programme has enabled us in particular to accelerate system working in delivering improvements in urgent and emergency care, sharpening the vision for Healthier Together, developing an approach to population health management and support with developing our system collaborative working arrangements and supporting governance.

These four areas were identified following an initial self-assessment against nationally identified criteria to define key capabilities of an ICS. A road map designed to capture the further work we need to do to demonstrate progress in the areas identified for development in the self-assessment is nearing completion.

To support this work, the STP has been successful in securing an additional £700k of national funding. Proposals for deploying this are currently being put together.

On 14 January the chairs reference group met and their discussions included consideration of our collective ambition for becoming an ICS within wave 3 of the national programme and what will be needed to enable this.

5. PROGRESS WITH PRIORITY PROGRAMMES KEY PROJECTS

5.1 FRAILTY PATHWAY

More than 160 stakeholders including those from STP partners, GPs, care homes and domiciliary care providers, voluntary sector organisations and older people all came together on 6 December to begin work on designing a community model of care for older people who are frail.

An Age UK video and presentations in the morning focused understanding frailty, emphasising the potential to halt people's decline and support them to stay healthy and independent at home. The focus needing to be on enabling people rather than disabling them with the support offered. There was a direct challenge to consider how better use of existing workforce and facilities could bring us into line with the best performing systems in the world (some of which

are in the UK). This was further backed up when local presenters showcased some of the positive work already underway across BNSSG.

The afternoon was spent agreeing the outcomes we wish to achieve and these included two key areas:

- Ensuring nobody spends time in hospital just because they are frail
- Supporting health, wellbeing and independence.

Participants began the collaborative approach to generate a number of ideas for change to deliver those outcomes and agree plans to test these ideas. This is the beginning of developing locality based delivery of integrated frailty services.

A frailty steering group is also being established to oversee these developments, learning from the best, developing the underpinning need, demand and capacity modelling and bringing the work together into a coherent overarching BNSSG model of care.

5.2 HEALTHY WESTON PRE-CONSULTATION BUSINESS CASE

The process of developing options for the future of some services in Weston is almost complete and ready to go to consultation. A decision, based on the final pre-consultation business case (PCBC), is due to be taken by the CCG governing body in February 2018. Whilst there has been significant progress in developing a range of new and different service offers across Weston in areas such as primary care, mental health, frailty and children's services, some of the proposed hospital service changes are likely to require public consultation. The PCBC has considered over 1000 different potential models. These have been analysed and assessed to produce a shortlist of 6 models focussed mainly around urgent care provision, supported by the other changes already being developed and implemented in the wider care system. There has been significant up front engagement with staff, public and stakeholders so that the shortlisted models are significantly influenced by the feedback received.

If the CCG makes its decision to go ahead with consultation at its February meeting, formal consultation will commence shortly afterwards. These changes once implemented move the Weston system a significant step closer to addressing the long standing clinical and financial sustainability issues that have faced the community for a number of years, and towards a better, more responsive and affordable service offer to meet the needs of local people.

6. COMMUNITY SERVICES REPROCUREMENT

BNSSG CCG has now gone live with its community services procurement process following approval to go ahead at its governing body meeting on 8 January.

The CCG wants a single provider to deliver adult community services for a term of up to 10 years across Bristol, North Somerset and South Gloucestershire. The provider needs to become a long-term system partner, providing person-centred care, working closely with primary care leadership and being flexible to transition

towards more integrated and innovative working. This procurement will be an important step towards delivering the vision for integrated care for the STP.

There are four key service areas that will help to transform care across our system:

- **Integrated locality teams** focusing on relationships with primary care through regular multidisciplinary team meetings to support people who have relatively stable needs to manage their condition. Access to community services will be through a single point of access that will respond in a timely manner and develop a consistent care plan and named contact for the person being referred.
- **Urgent and reactive care teams** working across localities to manage people who have acutely worsening conditions. This includes rapid response and has links to secondary care and community beds to help people remain in the community and enable prompter discharge from hospital.
- **Specialist advice and support** has clinical staff knowledgeable about specific conditions such as diabetes and heart failure. There is an expectation that community services will strengthen links between secondary care and primary care and ensure that patients, carers and professionals within the community are empowered to better understand and manage specialist clinical conditions.
- **Locality hubs** are a range of service models that are provided through physical building(s) and/or virtual connections of professionals within a locality that give people and professionals across a larger area access to services that support wellbeing and promote proactive care and self-management.

The indicative budget for the services is around £100m per year and covers all core adult community services, including integrated locality teams, locality hubs, acute and reactive care and specialist advice and support. It is expected that mobilisation of the new contract will begin from August/September 2019 and the service will go live from 1 April 2020.

In response to the CCG's requirement to re-procure community services Bristol Community Health and North Somerset Community Partnership have announced their intention to merge. This announcement was made following an overwhelming vote of support by staff shareholders. The merger will take place after August 2019, once commissioners have announced the outcome of the tender and subject to a successful joint bid by the two organisations.

Robert Woolley, Joint STP Lead Executive
Julia Ross, Joint STP Lead Executive
Laura Nicholas, Healthier Together Programme Director

**Meeting of the Board in Public on Thursday 31st January 2019 in the
Conference Room, Trust Headquarters**

Report Title	Finance Report
Report Author	Kate Parraman, Deputy Director of Finance
Executive Lead	Paul Mapson, Director of Finance and Information

1. Report Summary	
<p>The purpose of this report is to:</p> <ul style="list-style-type: none"> inform the Finance Committee of the financial position of the Trust for December provide assurance on the delivery of the Core Control total 	
2. Key points to note <i>(Including decisions taken)</i>	
<p>The Operational Plan requirement to December is a surplus of £13.513m excluding technical items. The Trust is reporting a surplus of £13.537m, £0.024m favourable to plan. This is due to :</p> <ul style="list-style-type: none"> Divisional and Corporate overspends of £5.003m, offset by Corporate share of income over performance £1.414m Release of Corporate Reserves of £2.952m Financing underspends of £0.661m <p>The Clinical Divisional deficit in December is £5.209m, compared to £4.644m last month, a deterioration of £0.565m. Women's and Children's was £0.387m adverse in month, Surgery was £0.155m adverse.</p> <p>The Trust has met the core control total for the first three quarters, therefore PSF core funding has been achieved. Last month forecast non achievement of the quarter three performance funding. Whilst performance for quarter three was 89.04% against a target of 90.17%, the year to date performance was 90.84% against a target of 90% and therefore performance PSF was earned. Performance PSF for quarter four continues to be forecast as not achieved</p>	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
<p>The risks associated with this report include: N/A</p>	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> This report is for INFORMATION The Board is asked to NOTE the report 	
5. History of the paper Please include details of where paper has previously been received.	
Finance Committee	24 January 2016

Section 1 – Executive Summary

	2018/19 Annual Plan £m	Income / (Expenditure)		Variance
		Plan to date £m	Actual to date £m	Favourable /(Adverse) £m
Corporate Income	623.747	468.843	470.257	1.414
Divisions & Corporate Services	(580.072)	(435.728)	(440.731)	(5.003)
Financing	(35.592)	(26.712)	(26.051)	0.661
Reserves	(5.083)	(2.952)	-	2.952
Surplus/(deficit) excl PSF	3.000	3.451	3.475	0.024
PSF Core Funding	10.836	7.043	7.043	-
PSF Performance Funding	4.644	3.019	3.019	-
Surplus/(deficit) incl PSF	18.480	13.513	13.537	0.024

The financial position remains on plan with cost not reducing but income from activity increasing to cover off the level of costs. The risks to delivery remain as follows:

- Wales HRG4+ issue remains unresolved (£1.5m risk)
- Adverse nursing spend run-rate is deteriorating
- Impact of winter on elective activity delivery
- Medical staff overspending continuing unabated
- Savings plans phased toward the latter part of the year
- Other unforeseen pressures

The core forecast outturn surplus of £3.0m remains and total outturn surplus of £16.9m. This is described further in section 2.

- The Operational plan for the year required a Core (i.e. excluding Provider Sustainability Funding (PSF)) surplus of £3.0m, and a total surplus (including PSF) of £18.480m.
- The Trust is reporting a surplus of £13.537m to date excluding technical items, which is £0.024m favourable to plan. This is due to :
 - Divisional and Corporate overspends of £5.003m, offset by
 - Corporate share of income over performance £1.414m
 - Release of Corporate Reserves of £2.952m
 - Financing underspends of £0.661m
- The Clinical Divisional deficit in December is £5.209m, compared to £4.644m last month, a deterioration of £0.565m. Women's and Children's was £0.387m adverse in month, Surgery was £0.155m adverse.
- Control Totals for year-end financial positions for Divisions, based around forecast out-turns, restrict Divisional overspends to £5.3m. With the year to date overspend already reaching £5.2m it is clear that Divisions are unlikely to achieve their control totals which is of concern.
- Divisions who generate surpluses will be allowed to convert them to discretionary capital. This will not impact on the Trust's overall revenue financial position.
- The Trust has met the core control total for the first three quarters, therefore PSF core funding has been achieved.
- Last month's report forecast non achievement of the quarter three performance funding. Whilst performance for quarter three was 89.04% against a target of 90.17%, the year to date performance was 90.84% against a target of 90% and therefore performance PSF was earned. Performance PSF for quarter four continues to be forecast not to be achieved (as 95% is required).

Section 2 – Forecast Outturn

At month 9 (Quarter 3) it is necessary to make an assessment of the financial position using all available information to forecast the likely year end position. This is reported to the regulator, NHS Improvement.

The forecast can now be made with more confidence with the first half of the winter period (October – December) now included.

The current Income and Expenditure report shows a position for Quarter 3 in line with the agreed Control Total of a £3.5m surplus excluding provider sustainability funding (PSF) and £13.5m including PSF. At this point the Trust is still forecasting formally to deliver the year end Control Total of a £3m surplus (excluding PSF) and £16.9m (including PSF). This position can, however, only be delivered using substantial non-recurrent means (e.g. balance sheet prudence review, capital charges slippage, technical items etc.). These means will not be available to assist with the 2019/20 position.

The current forecast is based on the following projections:

Surplus (Deficit)	£m	£m	
Core planed surplus		3.0	
Clinical Divisions	(6.9)		Note control total £5.3m
Corporate Divisions	0.2		
Financing	0.9		
Corporate Income	1.8		incl. CQUIN & income share
		(4.0)	
Reserves			
• Inflation	0.8		
• Transfer to Capital	0.3		
• Release or Provisions	4.8		
• Divisional support	(1.9)		
		4.0	
Forecast Core Surplus		3.0	
Forecast PSF funding		13.9	Assuming Q4 ED not achieved
Forecast Total Surplus		16.9	

The key risks to the delivery of the year end Control Total include:

1. Wales HRG4+ income of £1.3m is fully assumed in the year to date and forecast outturn. Confirmation of actions to deliver this funding (either by income given to Wales or direct to the Trust) has been requested several items to NHS Improvement during the year. Correspondence has been exchanged between affected Trusts and Wales but no definite action has been confirmed, hence the likelihood of payment appears to be low. **Risk - very high**
2. Winter results in restricted delivery of high value elective activity such as Cardiac Surgery. **Risk – very high**
3. Recovery actions, especially on nursing and medical spend, are not delivered (as has been the case in the first three quarters). **Risk – very high**
4. Unexpected losses e.g. loss of CQUIN income, commissioner challenges, unexpected costs pressures. **Risk – high**

Mitigations will be set out in detail in the Division's recovery plans. Their delivery will be performance managed by the Executive team as part of the accountability framework including monthly reviews for each Division. In addition the Trust must curtail all discretionary spending and pursue additional technical solutions, if necessary, by discussion with External Auditors.

Discussion regarding the treatment of the BHOC insurance claim income and costs are being conducted with the Trust's External Auditors. The final agreed treatment will be included in the Quarter 4 results.

Section 3 - Summary of variance to Operating Plans

The following table shows the clinical divisions performance against their operating plan and recovery plans at month 9.

	Operating plan trajectory to month 09 £'m	Divisional recovery plan to month 09 £'m	Actual Variance to month 09 £'m	Year end Control Total £'m
Diagnostics and Therapies	0.197	0.184	0.192	0.200
Medicine	(0.401)	(1.835)	(1.835)	(1.800)
Specialised Services	0.021	0.140	0.096	0.200
Surgery	(0.048)	(2.083)	(2.279)	(2.500)
Women's and Children's	(0.209)	(1.136)	(1.383)	(1.400)
Total	(0.440)	(4.730)	(5.209)	(5.300)

Specialised Services and Diagnostics and Therapies are reporting variances close to or better than operating plan trajectories and are therefore not covered in detail in this section. Advised Control Totals equate to a £5.3m deficit. Surgery and Women's and Children's Divisions are now both reporting significantly adverse to their recovery plans to month 09.

Medicine

The Division is £1.835m adverse to budget at month 9; this is £1.434m adverse to the Division's operating plan trajectory. At month nine the Division's variance in line with its recovery plan trajectory. The key reasons for being adverse to the operating plan are:

- The Division is £0.432m ahead of its planned trajectory for income at month 09, this follows a strong performance in recent months.
- Nursing pay is £0.769m adverse to the operating plan trajectory, due to higher than expected enhanced care costs, increased agency usage in ED and higher than planned levels of vacancies and sickness causing higher than planned agency costs.
- Medical pay is £0.647m adverse to the operating plan trajectory, (£0.226m on consultants and £0.421m on other medical staff) this is driven by high levels of sickness and maternity leave within other medical staff and pressures in ED including acting down for consultant staff.

- Non pay in total contributes an adverse variance of £0.065m due to a number of factors including the Division's current shortfall on its savings programme.

Surgery

The Division is £2.279m adverse to budget at month 9; this is £2.231m adverse to the division's operating plan trajectory. At month nine the Division is £0.196m adverse to its recovery plan trajectory. The key reasons for being adverse to the operating plan are:

- The Division is £0.629m ahead of its operating plan trajectory for income at month 09, income is ahead of plan in cardiac surgery, trauma and orthopaedics, ophthalmology, ENT and Women's and Children's.
- Nursing pay is £0.255m adverse due to pressures in ITU as well as higher than planned agency and bank in theatres and some wards including SBCH.
- Medical staff continue to overspend significantly against the operating plan assumptions £0.394m. This primarily relates to consultants and includes additional payments for additional sessions particularly within anaesthesia, Eye Hospital and in Dental. Other medical staff are currently underspent compared to the operating plan trajectory.
- Non pay is adverse to the operating plan by £1.946m, clinical supplies being £588m adverse (£0.195m being due to poor controls earlier in the year which have now been rectified) internal recharges £0.202m, blood £0.217m and savings programme shortfalls £0.420m year to date (procurement programmes due to deliver later in the year) and income related savings schemes.

Women's and Children's

The Division is £1.383m adverse to budget at month 9, this is £1.174m adverse to the division's operating plan trajectory. At month nine the division is £0.247m adverse to its recovery plan trajectory. The key reasons for being adverse to the operating plan are:

- Income is ahead of operating plan trajectory at month nine by £0.106m.
- Medical pay is significantly adverse to the operating plan trajectory by £0.774m this is due to significantly higher levels of sickness and maternity cover being required particularly within other medical staff.
- Non pay is adverse to the operating plan trajectory £0.450m with adverse variances on drugs £0.095m and clinical supplies £0.197m as well as under delivery of Non Pay CIP of £0.158m.

Section 3 – Division and Corporate Services Performance

Performance by Division and Corporate Service Area:

	Variance to Budget favourable/(adverse)			Operating Plan trajectory favourable/(adverse)	
	To 30 Nov £m	Dec £m	To 31 Dec £m	To 31 Dec £m	Var £m
Diagnostic & Therapies	0.171	0.021	0.192	0.197	(0.005)
Medicine	(1.753)	(0.082)	(1.835)	(0.401)	(1.434)
Specialised Services	0.058	0.038	0.096	0.021	0.075
Surgery	(2.124)	(0.155)	(2.279)	(0.048)	(2.231)
Women's & Children's	(0.996)	(0.387)	(1.383)	(0.209)	(1.174)
Estates & Facilities	0.009	0.011	0.020	0.016	0.004
Trust Services	(0.018)	0.011	(0.007)	-	(0.007)
Other Corporate Services	0.154	0.039	0.193	-	0.193
Total	(4.499)	(0.504)	(5.003)	(0.440)	(4.579)

The overall run rate is reducing, however Surgery is continuing at the same level and Medicine and Women's and Children's continue to fluctuate in response to hospital flow and income delivery respectively. Surgery was £0.2363m adverse in month compared to £0.236m last month and £0.254m in October. Medicine was £0.082m adverse in month compared to £0.191m last month and £0.052m in October. Women's and Children's were £0.387m adverse in month compared to £0.060m last month and £0.090m in October

Divisions are £4.579m adverse to their Operating Plan trajectory. Medicine and Surgery continue to be significantly adverse against their plans.

(monthly trend analysis is shown in appendix 4)

- In December the position deteriorated by £0.504m to give a year to date adverse variance of £5.003m. The £5m cumulative adverse variance at quarter three comprises an adverse variance of £0.572m in the first quarter, £3.057m in the second quarter, and £1.374m in the third quarter
- Diagnostic and Therapies – a favourable variance of £0.192m, in line with the Operating Plan trajectory.
- Medicine – an adverse variance of £1.835m, £1.434m higher than the Operating Plan trajectory. Adverse variance in month of £0.082m. Pay was £0.308m adverse in month, of which £0.192m relates to nursing and £0.110m to medical pay. Income from activities over performed this month by £0.264m, increasing the cumulative over performance to £0.698m.
- Specialised Services – a favourable variance of £0.096m, £0.075m favourable to Operating Plan trajectory. Pay is £0.538m adverse to plan.
- Surgery – an adverse variance of £2.279m which is £2.231m adverse to Operating Plan trajectory. Pay deteriorated by £0.147m in December (of which £0.128m was medical and dental and £0.035m other clinical) and is £1.599m adverse to date. Non pay deteriorated by £0.342m and is £2.715m adverse to date. Income from activities cumulative over performance increased to £2.096m.
- Women's & Children's – an adverse variance of £1.383m year to date, which is £1.174m adverse to Operating Plan trajectory. Pay deteriorated by £0.227m in December, of which £0.052m related to nursing and £0.138m to medical staff, and is £2.275m adverse to date. Non pay continued to deteriorate and was £0.109m adverse in month, £0.087m adverse to date. Income from activities was £0.102m adverse in month reducing the cumulative over performance to £0.876m above plan.

Section 4 – Division and Corporate Services Performance continued

Performance by subjective heading:

	Monthly Average 2017/18 £m	2017/18 Outturn £m	Month average Q1 £m	Month average Q2 £m	Oct 18/19 £m	Nov 18/19 £m	Dec 18/19 £m	2018/19 To date £m
Nursing & midwifery pay	(0.328)	(3.941)	(0.333)	(0.364)	(0.641)	(0.546)	(0.356)	(3.635)
Medical & dental pay	(0.353)	(4.233)	(0.344)	(0.395)	(0.376)	(0.520)	(0.362)	(3.475)
Other pay	0.076	0.912	0.104	0.179	0.123	0.065	0.002	1.040
Non-pay	(0.388)	(4.655)	(0.363)	(0.365)	(0.173)	(0.807)	(0.607)	(3.770)
Income from operations	(0.003)	(0.030)	(0.009)	0.057	(0.139)	0.188	0.102	0.296
Income from activities	0.396	4.753	0.754	(0.132)	0.688	1.270	0.715	4.539
Total	(0.600)	(7.195)	(0.191)	(1.019)	(0.518)	(0.350)	(0.506)	(5.004)

- Nursing pay continues to overspend, with a cumulative overspend of £3.635m. This is predominately from Medicine (£1.520m), Women's and Children's (£0.966m) and Surgery (£0.815m), including theatre ODP's. December's adverse variance of £0.354m is an improvement on the last three months but remains higher than the first half of the year which has an average monthly adverse variance of £0.351m.
- Medical and dental pay variances also improved in December compared to November. Of the £3.475m cumulative adverse variance, £1.248m is within Women's and Children's, £1.032m in Surgery and £0.984m in Medicine.
- Non pay variances improved slightly in December. The largest Divisional overspend to date remains within Surgery which has an adverse variance of £2.715m, although much of this has been linked to additional activity with associated additional income. Work continues to control expenditure on clinical supplies.
- Income from Activities continued above plan in month with a favourable variance of £0.715m, taking the year to date position to £4.539m favourable. The main areas of over performance year to date are emergency inpatients and outpatient procedures with Surgery being the main beneficiary of this income position. Elective inpatients also have an over performance.

Section 5– Subjective Analysis Detail

a) Nursing (including ODP) and Midwifery Pay

Favourable/ (Adverse)	Monthly Average 2017/18	17/18 Outturn £m	Month average Q1 £m	Month average Q2 £m	Oct 2018 £m	Nov 2018 £m	Dec 2018 £m	2018/19 To date £m
Substantive	0.837	10.046	0.812	1.058	0.731	0.786	0.874	8.002
Bank	(0.666)	(7.997)	(0.697)	(0.818)	(0.756)	(0.765)	(0.730)	(6.796)
Agency	(0.999)	(5.988)	(0.448)	(0.604)	(0.616)	(0.567)	(0.500)	(4.841)
Total	(0.328)	(3.939)	(0.364)	(0.364)	(0.641)	(0.546)	(0.356)	(3.635)

- Nursing pay variance was £0.356m adverse in the month, which is an improvement on the November position, reflecting good controls around leave through the Christmas period. Medicine remains the largest variance at £0.192m in the month of December and a cumulative £1.520m adverse year to date, reflecting continued high costs for Enhanced Care Observations (ECO's) and covering sickness. There is also additional capacity staffing in this figure. Specialised Division had an adverse variance of £0.085m in the month which was worse than November and reflected both one to one care and some supernumerary staffing in CICU. Surgery had a particularly low month with a £0.038m adverse variance in December (including ODP's) due to reduced high cost agency use, one to one's and general reductions in reliance on bank and agency over the festive period. Women's and Children's also improved significantly in the month with a £0.058m adverse variance in month, high ED costs and staffing an additional bed continue to be the main driving factors of the overspend.
- Nursing budgets on wards are set with a 21% allowance for unavoidable time lost as a result of training, sickness and annual leave. However it is possible to be within the 21% allowance in terms of hours worked and still be over budget if the staff used to cover the shifts are at a premium cost.
- In December the nursing lost time percentage for staff numbers (i.e. wte/ hours worked) was 124% a decrease of 2% compared to November. All Divisions improved, with Surgery reporting at 120% - the lowest level of the year to date. The highest level was in Medicine at 128% - although this was still a 2% improvement compared to November. The overall spend percentage reduced very slightly from 126% to 125%.
- Sickness was slightly up in December particularly for unregistered staff. Most areas were above plan levels in December.
- Vacancy levels were particularly high compared to plan for Surgery Division for both registered and unregistered nurses. Medicine had high levels of vacancies for registered staff, and Specialised and Women's and Children's had high levels for unregistered staff. Throughout the year vacancy levels for unregistered nurses have on average been above plan in all Divisions.
- Total enhanced observation costs for December were £0.243m a £0.027m decrease compared to November. This pressure is predominately seen in Medicine where the run rate for the year has averaged £0.113m against a plan of £0.044m.

Section 5 – Subjective Analysis Detail continued

b) Medical and Dental Pay

Favourable/ (Adverse)	Monthly Average 2017/18 £m	2017/18 Total £m	Month average Q1 £m	Month average Q2 £m	Oct 2018 £m	Nov 2018 £m	Dec 2018 £m	2018/19 To date £m
Consultant								
- substantive	0.064	0.768	0.096	0.075	0.105	0.117	0.049	0.783
- add. hours	(0.179)	(2.143)	(0.180)	(0.198)	(0.171)	(0.208)	(0.164)	(1.676)
- locum	(0.061)	(0.736)	(0.113)	(0.055)	(0.065)	(0.054)	(0.049)	(0.672)
- agency	(0.016)	(0.190)	(0.002)	(0.044)	(0.022)	(0.055)	(0.041)	(0.256)
Other								
- substantive	0.078	0.932	0.159	0.172	0.085	0.050	0.080	1.210
- add. hours	(0.131)	(1.575)	(0.135)	(0.150)	(0.134)	(0.170)	(0.100)	(1.260)
- exception	-	(0.007)	(0.001)	(0.001)	(0.002)	(0.003)	(0.001)	(0.011)
- locum	(0.088)	(1.059)	(0.133)	(0.158)	(0.171)	(0.198)	(0.128)	(1.368)
- agency	(0.019)	(0.224)	(0.035)	(0.037)	(0.001)	0.001	(0.008)	(0.225)
Total	(0.353)	(4.234)	(0.344)	(0.395)	(0.376)	(0.520)	(0.362)	(3.475)

Increasing pressure on spending is being generated due to junior doctor rota gaps with high rates being demanded for fill. This trend is increasing and is of real concern.

The other major pressure is from additional hours payments to Consultants where increased controls are necessary.

- The adverse medical pay variance in December of £0.362m is £0.158m better than the November variance.
- Women's and Children's have the largest medical pay adverse variance at £1.248m year to date, although there remains significant levels of adverse variance in Medicine, £0.985m and Surgery £1.032m.
- Medicine had an in month overspend of £0.110m which is £0.049m better than November. The position is mainly driven by Junior Doctor overspends reflecting additional staffing on some rota's and in the ED and the cost of covering high sickness and maternity levels.
- Surgery had an adverse variance of £0.128m in the month. A significant amount of this is due to premium rate costs for additional sessions to support delivery of activity levels as well as covering vacancies.
- Women's and Children's in month variance was £0.138m adverse reflecting continued high sickness and maternity leave levels although some of these pressures are expected to ease through the final quarter of the year.
- Specialised was £0.046m favourable in the month following recovery of an overpayment from prior periods, leading to cumulative position of £0.143m year to date.
- The cost of maternity and sickness cover cross all Divisions is a significant driver of the position. This cover is provided both through internal additional sessions and agency use and carries a premium cost.

Section 5 – Subjective Analysis Detail continued

b) Non pay

Favourable/ (Adverse)	Monthly Average £m	2017/18 Outturn £m	Month ave Q1 £m	Month Ave Q2 £m	Oct 2018 £m	Nov 2018 £m	Dec 2019 £m	2018/19 To date £m
Blood	(0.021)	(0.248)	(0.021)	(0.009)	0.002	(0.039)	(0.054)	(0.181)
Clinical supplies & Drugs	(0.079)	(0.950)	(0.180)	(0.248)	0.032	(0.463)	(0.300)	(2.014)
Establishment	(0.080)	(0.961)	(0.056)	(0.064)	(0.079)	(0.114)	(0.148)	(0.700)
General supplies & Outsourcing	(0.014)	(0.166)	0.000	0.032	(0.019)	(0.011)	(0.009)	0.058
Premises	0.001	0.007	0.022	0.006	(0.006)	(0.024)	0.005	0.061
Services from other bodies	(0.093)	(1.117)	(0.034)	(0.028)	(0.007)	0.018	0.028	(0.147)
Research	(0.006)	(0.067)	0.015	(0.024)	(0.092)	(0.032)	(0.051)	(0.202)
Other non-pay expenditure	(0.086)	(1.031)	(0.097)	(0.021)	(0.033)	(0.124)	(0.229)	(0.738)
Tranche 1 Winter	0.003	0.034	0.010	0.016	(0.042)	(0.021)	0.003	0.019
	(0.127)	(1.526)	(0.023)	(0.026)	0.071	0.003	0.148	0.075
Total inc CIP	(0.388)	(4.655)	(0.363)	(0.365)	(0.173)	(0.807)	(0.607)	(3.770)

- The adverse position of £0.607m in December continues a high run rate of non-pay overspend and is the second highest of the year (after November), although much of it reflects increased activity and therefore will be offset by over performance on income contracts.
- Of the £3.770m cumulative overspend, 77% relates to blood, drugs and clinical supplies expenditure.
- Surgery Division accounts for 72% of the year to date adverse position, with an adverse variance of £2.715m. Of this, £1.352m is within blood, drugs and clinical supplies, which had an in month over spend of £0.141m. The November adverse variance is predominately driven by activity levels and is offset by income streams. A significant amount of the remaining variance is under 'Services from Other Bodies' described below.
- Outsourcing continues to be well managed and remains significantly lower than in 2017/18, with an underspend in the current month.
- Services from Other Bodies has a significant adverse variance of £0.738m year to date. The in-month position being £0.229m adverse which is worse than the November position. The largest adverse variances under this heading year to date are within Diagnostics and Therapies £0.324m, Surgery £0.264m and Women's and Children's £0.134m. Services which are overspending mainly reflect activity levels such as send-away testing £0.312m in Diagnostics and Therapies and Bowel Scoping in Surgery £0.137m along with the cost of Weston repatriation at £0.239m and the Cytogenetics service in Women's and Children's £0.123m.

Section 6 – Clinical and Contract Income

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

	In month variance Fav/(Adv)	Year to Date Plan	Year to Date Actual	Year to Date Variance Fav/(Adv)
	£m	£m	£m	£m
Activity Based:				
Accident & Emergency	0.072	14.044	14.765	0.721
Bone Marrow Transplants	(0.133)	6.021	5.761	(0.259)
Critical Care Beddays	(0.133)	33.704	34.129	0.425
Day Cases	0.011	29.925	29.535	(0.390)
Elective Inpatients	0.180	43.071	44.296	1.225
Emergency Inpatients	0.588	71.411	74.098	2.687
Excess Beddays	0.064	4.160	4.122	(0.038)
Non-Elective Inpatients	0.122	24.234	23.983	(0.251)
Other	0.179	47.191	47.517	0.326
Outpatients	0.175	60.535	61.331	0.797
Total Activity Based	1.125	334.297	339.538	5.242
Contract Penalties	(0.093)	(1.605)	(2.028)	(0.423)
Contract Rewards	(0.004)	7.443	7.908	0.465
Pass through payments	(1.141)	70.775	66.235	(4.540)
Prior Year Income	0.028	-	0.248	0.248
Other	0.077	27.417	27.900	0.483
PSF Funding	0.929	10.062	10.062	-
2018/19 Total	0.920	448.389	449.864	1.475

The level of un-coded spells remains high. Assurance can be taken regarding the estimation process given that the November estimate was £0.21m higher than the income expected to be received, (last month was £0.18m lower).

- Activity based income was £1.125m favourable in December, resulting in a £5.242m favourable position year to date.
- Urgent care income to date is significantly above plan. A&E is £0.721m above plan of which £0.466m is adult and £0.255m paediatric. Emergency inpatients is £2.687m above plan of which £1.347m is within Surgery and £0.592m Specialised Services whilst Women's and Children's is £0.211m adverse to plan.
- Paediatric critical care activity was £0.273m lower than plan in December. To date cardiac paediatric critical care is adverse to plan by £0.360m and adult critical care is above plan by £0.784m.
- Bone Marrow Transplants were below plan in November by £0.133m, £0.259m adverse in specialised services offset by an over performance of £0.126m in paediatrics. Year to date the paediatric service is £0.317m ahead of plan, the adult service is £0.576m adverse.
- Outpatients is £0.797m above plan to date. Women's and Children's is £0.509m above plan, predominantly paediatric medicine. Specialised Services is £0.303m below plan year to date.
- The Trust has received penalties of £2.028m year to date, £0.423m greater than planned. Cancelled operations account for £0.30m, marginal rate emergency tariff £0.15m and avoidable emergency readmissions £0.13m.
- CQUIN performance is £0.465m above plan. The year end forecast is to achieve 87.1%.
- Income relating to pass through payments was £01.141m below plan in December, increasing the adverse cumulative variance to £4.540m. Of this £2.944m relates to excluded drugs, £1.278m excluded devices and £0.806m blood, offset by a favourable variance of £0.575m for isotopes..

Section 7 – Savings Programme

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

	2018/19	Year to date		
	Annual	Plan	Actual	Variance fav/(adv)
	Plan			
£m	£m	£m	£m	
Allied Healthcare Professionals	0.779	0.584	0.583	(0.001)
Blood	0.046	0.033	0.029	(0.004)
Diagnostic Testing	0.156	0.078	0.000	(0.078)
Estates & Facilities	0.746	0.596	0.623	0.026
Healthcare Scientists Productivity	0.120	0.090	0.084	(0.007)
HR Pay and Productivity	0.097	0.080	0.053	(0.027)
Income, Fines and External	2.290	1.618	1.640	0.022
Medical Pay	0.625	0.452	0.193	(0.259)
Medicines	0.751	0.573	0.676	0.103
Non Pay	5.020	3.762	3.701	(0.061)
Nursing Pay	1.061	0.773	0.491	(0.281)
Other / Corporate	7.874	5.906	5.906	-
Productivity	3.267	2.364	2.857	0.493
Support Funding	1.936	1.355	1.355	-
Trust Services	0.653	0.490	0.482	(0.008)
Unidentified	0.055	0.041	0.000	(0.041)
Total	25.474	18.794	18.671	(0.123)

Analysis by Division:

	2018/19	Year to date			Year end
	Annual	Plan	Actual	Variance fav/(adv)	FOT
	Plan				
£m	£m	£m	£m	£m	£m
Diagnostics & Medicine	1.934	1.379	1.436	0.058	0.678
Specialised Services	2.858	2.162	1.579	(0.583)	2.000
Surgery	2.727	2.000	2.567	0.567	2.288
Women's & Children's	3.521	2.684	2.644	(0.039)	3.747
Facilities & Estates	4.869	3.378	3.244	(0.134)	4.473
Finance	0.976	0.748	0.772	0.024	0.899
Human Resources	0.186	0.140	0.140	-	0.155
IM&T	0.126	0.094	0.093	-	0.086
Trust HQ	0.201	0.151	0.147	(0.004)	0.181
Corporate	0.203	0.153	0.143	(0.011)	0.138
Total	25.474	18.794	18.671	(0.123)	22.518

- The Trust is forecasting to make savings of £25.395m by year end, 99.5% of plan. This is an increase from last month of £0.032m.

- The savings requirement for 2018/19 is £25.474m. The Trust has achieved savings of £18.671m against a plan of £18.794m. This includes the Divisional support funding of £1.936m which has been allocated over the ten months June to March. Of the £0.123m shortfall to date, Medical and Nursing pay account for £0.540m.
- Medicine is £0.583m behind plan to date. £0.196m is within productivity (length of stay and savings from contracts) and £0.368m savings yet to be identified. The Division's current forecast is an underachievement of £0.556m at year end.
- Women's and Children's is £0.134m behind plan of which £0.185m is within nursing pay.

Section 8 – Use of Resources Rating

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

	Weighting	Year to date	
		Plan	Actual
Liquidity			
Metric Result – days		29.5	26.0
Metric Rating	20%	1	1
Capital servicing capacity			
Metric Result – times		2.7	2.7
Metric Rating	20%	1	1
Income & expenditure margin			
Metric Result		2.6%	2.6%
Metric Rating	20%	1	1
Distance from financial plan			
Metric Result		0.0%	(0.2)%
Metric Rating	20%	0	2
Variance from agency ceiling			
Metric Result		56.07%	24.44%
Metric Rating	20%	1	1
Overall URR (unrounded)		1	1.2
Overall URR (rounded)		1	1
Overall URR (subject to override)		1	1

- The Trust's Use of Resources Rating for the period to 31st December 2018 is 1 against a plan of 1.
- The Trust is reporting a surplus against the core control total of £3.475m. The year to date Provider Sustainability Funding (PSF) assumed for ED performance is £3.019m and Core PSF assumed is £7.043m.

Section 9 – Capital Programme

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

Operational Plan £m	Subjective Heading	Revised Plan £m	Forecast Outturn £m	Slippage £m	Year to date		
					Revised Plan £m	Actual spend £m	Variance £m
	Sources of Funding						
1.600	PDC	4.094	4.094	-	0.700	0.700	-
3.189	Borrowings	-	-	-	-	-	-
3.000	Donations - Cash	1.472	1.251	(0.221)	1.101	1.017	(0.084)
-	Donations - Direct	0.028	0.028	-	0.028	0.028	-
	<u>Cash:</u>						
24.338	Depreciation	23.531	23.430	(0.101)	17.506	17.540	0.034
-	Insurance Claim	2.266	2.266	-	0.648	0.648	-
14.962	Cash balances	19.401	(8.569)	(27.970)	(2.860)	(6.198)	(3.338)
47.089	Total Funding	50.792	22.500	(28.292)	17.123	13.735	(3.388)
	Application/Expenditure						
(11.618)	Strategic Schemes	(10.186)	(2.845)	7.341	(1.791)	(1.934)	(0.143)
(17.620)	Medical Equipment	(19.952)	(14.801)	5.151	(4.412)	(2.842)	1.570
(16.415)	Operational Capital	(16.735)	(11.882)	4.853	(6.075)	(4.356)	1.719
-	Fire Improvement	(0.537)	(0.287)	0.250	(0.104)	(0.008)	0.096
(7.468)	Information Technology	(8.472)	(7.893)	0.579	(3.471)	(3.324)	0.147
(2.367)	Estates Replacement	(3.309)	(3.214)	0.095	(1.270)	(1.271)	(0.001)
(55.488)	Gross Expenditure	(59.191)	(40.922)	18.269	(17.123)	(13.735)	3.388
8.399	Planned Slippage	8.399	18.422	10.023			
(47.089)	Net Expenditure	(50.792)	(22.500)	28.292	(17.123)	(13.735)	3.388

- Capital expenditure was £13.735m to the end of December against a revised plan of £17.123m, £3.388m behind plan.
- The key variances are in medical equipment and operational capital which are behind plan by £1.570m and £1.719m respectively.
- The Trust Capital Group has prioritised schemes to be delivered by Bristol and Weston Purchasing Consortium (BWPC) and the Estates Department. The Director of Finance has approved additional resources for BWPC to help address the backlog of schemes.
- The variance on medical equipment relates to several schemes and is primarily the result of timing differences and delays to the procurement process due to resource issues at BWPC.
- The operational capital variance relates to the high volume of schemes and a timing difference on the BHOC fire recovery works where the programme for the replacement of the low voltage panel is extended into 2019/20 to minimise the operational impact of electrical shutdowns.

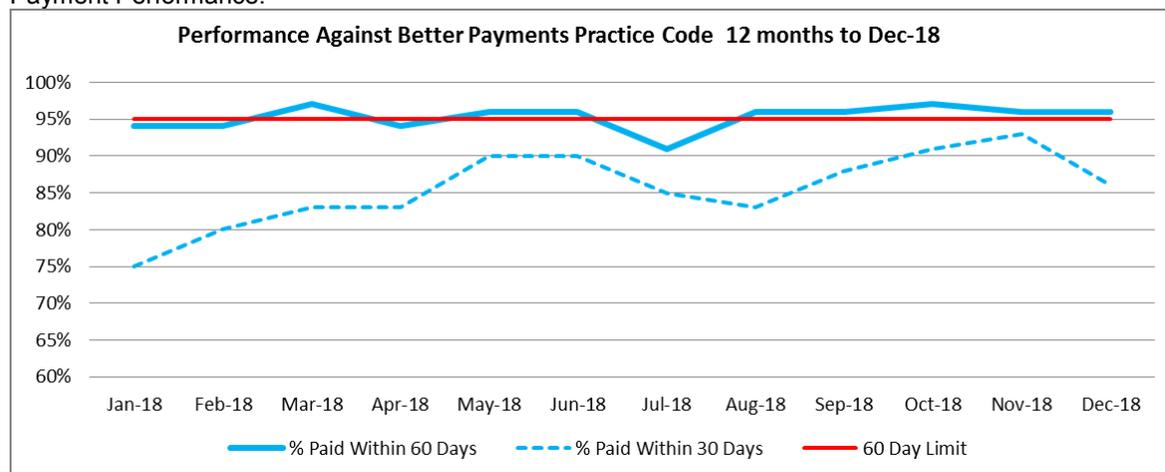
- The quarterly forecast outturn assessment has reduced by £9.777m to £22.5m to reflect the expenditure profiles from budget managers, as reported through Trust Capital Group, and an assessment of schemes at risk of not completing and slipping into 2019/20.
- Specific scheme slippage of £18.269m has been agreed and risk assessed by the Trust Capital Group (further details in agenda item 3.1).
- Planned slippage of £18.422m relates to quarter four schemes which are at risk of not completing until 2019/20 due to the resource constraints in BWPC, Estates and the divisions. The plan recognised £8.399m of slippage, the revised assessment is £10.023m higher than the plan (further details in agenda item 3.1).

Section 10 – Statement of Financial Position and Cashflow

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

	Plan as at 31 Dec	Actual as at 31 Dec	Variance
	£m	£m	£m
Inventories	13.290	12.399	(0.891)
Receivables	27.913	19.698	(8.215)
Accrued Income	22.554	21.024	(1.530)
Debt Provision	(10.112)	(5.131)	4.981
Cash	90.855	105.963	15.108
Other assets	4.318	5.282	0.964
Total Current Assets	148.818	159.235	10.417
Payables	(41.614)	(33.049)	8.565
Accruals	(26.849)	(42.159)	(15.310)
Borrowings	(6.170)	(6.167)	0.003
Deferred Income	(7.231)	(4.148)	3.083
Other Liabilities	(2.770)	(2.583)	0.187
Total Current Liabilities	(84.634)	(88.106)	(3.472)
Net Current Assets/(Liabilities)	64.184	71.129	6.945

Payment Performance:



- Net current assets at 31 December 2018 were £71.129m, £6.945m higher than the Operational Plan. Current assets and liabilities are higher than plan by £10.417m and £3.472m respectively.
- Inventories were £12.399m, £0.891m lower than plan due to the bulk purchases in the Adult Cath Labs having been utilised and the impact of the High Cost Tariff Excluded Devices model.
- The Trust's cash and cash equivalents balance was £105.963m. This is £15.108m higher than the Operational Plan resulting from capital slippage and the higher than planned level of accruals after netting against the payables variance (i.e. invoices due that have not been received).
- The total value of debtors was £17.595m (£8.039m SLA and £9.556m non-SLA). This represents a decrease in the month of £7.748m (£6.068m SLA and £1.680m non-SLA). Debts over 60 days old increased by £0.209m (£0.559m SLA increase and £0.350m non-SLA decrease) to £10.858m (£6.295m SLA and £4.563m non-SLA).
- In December, 96% of invoices were paid within the 60 day target set by the Prompt Payments Code and 86% were paid within the 30 day target set by the Better Payment Practice Code.

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST
Finance Report December 2018– Summary Income & Expenditure Statement

Appendix 1

Approved Budget / Plan 2018/19 £'000	Heading	Position as at 31st December			Actual to 30th November £'000
		Plan	Actual	Variance Fav / (Adv)	
		£'000	£'000	£'000	
	Income				
581,909	From Activities	435,810	440,826	5,016	393,983
96,699	Other Operating Income (excluding Provider Sustainability Funding)	73,779	74,099	320	65,083
678,608	Sub totals income	509,589	514,925	5,336	459,066
	Expenditure				
(396,592)	Staffing	(298,659)	(304,727)	(6,068)	(270,449)
(238,341)	Supplies and Services	(177,815)	(180,672)	(2,857)	(160,112)
(634,933)	Sub totals expenditure	(476,474)	(485,399)	(8,925)	(430,561)
(5,083)	Reserves	(2,952)	-	2,952	-
-	NHS Improvement Plan Profile	-	-	-	-
38,592	Earnings before Interest,Tax,Depreciation and Amortisation	30,163	29,526	(637)	28,505
5.69	EBITDA Margin – %		5.73		6.21
	Financing				
(23,703)	Depreciation & Amortisation – Owned	(17,778)	(17,540)	238	(15,577)
244	Interest Receivable	183	419	236	354
(242)	Interest Payable on Leases	(181)	(181)	-	(161)
(2,507)	Interest Payable on Loans	(1,898)	(1,898)	-	(1,690)
(9,384)	PDC Dividend	(7,038)	(6,851)	187	(6,131)
(35,592)	Sub totals financing	(26,712)	(26,051)	661	(23,205)
3,000	NET SURPLUS / (DEFICIT) before Technical Items excluding Provider Sustainability Funding	3,451	3,475	24	5,300
4,644	Provider Sustainability Funding – Performance	3,019	3,019	-	1,625
10,836	Provider Sustainability Funding – Core	7,043	7,043	-	5,960
18,480	SURPLUS / (DEFICIT) before Technical Items including Provider Sustainability Funding	13,513	13,537	24	12,885
	Technical Items				
3,000	Donations & Grants (PPE/Intangible Assets)	2,789	1,045	(1,744)	1,033
-	Impairments	-	-	-	-
629	Reversal of Impairments	-	-	-	-
(1,519)	Depreciation & Amortisation – Donated	(1,131)	(1,182)	(51)	(1,049)
20,590	SURPLUS / (DEFICIT) after Technical Items including Provider Sustainability Funding	15,171	13,400	(1,771)	12,869

Approved Budget / Plan 2018/19	Division	Total Budget to Date	Total Net Expenditure / Income to Date	Variance [Favourable / (Adverse)]				Total Variance to date	Total Variance 30th November	Operating Plan Trajectory Year to Date	Variance from Operating Plan Year to Date	CIP Variance
				Pay	Non Pay	Operating Income	Income from Activities					
£'000		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
	Corporate Income (excluding Provider Sustainability Funding)											
578,425	Contract Income	433,979	433,979	-	-	-	-	-	-	-	-	
5,801	Pay Award Funding	4,348	4,348	-	-	-	-	-	-	-	-	
-	Penalties	-	-	-	-	-	34	34	14	-	-	
-	Contract Rewards	-	-	-	-	-	465	465	469	-	-	
3,500	Overhead share of income variance	3,500	4,914	-	913	-	2	915	700	-	-	
36,021	NHSE Income	27,016	27,016	-	-	-	-	-	-	-	-	
623,747	Sub Total Corporate Income	468,843	470,257	-	913	-	501	1,414	1,183			
	Clinical Divisions											
(57,104)	Diagnostic & Therapies	(42,688)	(42,496)	368	(568)	57	335	192	171	197	(14)	
(88,143)	Medicine	(66,095)	(67,930)	(2,485)	(48)	0	698	(1,835)	(1,753)	(401)	(565)	
(114,179)	Specialised Services	(85,526)	(85,430)	(538)	242	115	277	96	58	21	523	
(113,058)	Surgery	(84,628)	(86,907)	(1,599)	(2,715)	(61)	2,096	(2,279)	(2,124)	(48)	4	
(130,447)	Women's & Children's	(97,431)	(98,814)	(2,275)	(87)	103	876	(1,383)	(996)	(209)	(408)	
(502,931)	Sub Total - Clinical Divisions	(376,368)	(381,577)	(6,529)	(3,176)	214	4,282	(5,209)	(4,644)	(440)	(460)	
	Corporate Services											
(39,538)	Estates and Facilities	(29,653)	(29,633)	142	(181)	14	45	20	9	16	39	
(28,830)	Trust Services	(21,120)	(21,127)	375	(316)	(66)	-	(7)	(18)	-	(13)	
(8,773)	Other	(8,587)	(8,394)	(56)	(97)	134	212	193	154	-	-	
(77,141)	Sub Totals - Corporate Services	(59,360)	(59,154)	461	(594)	82	257	206	145	16	26	
(580,072)	Sub Total (Clinical Divisions & Corporate Services)	(435,728)	(440,731)	(6,068)	(3,770)	296	4,539	(5,003)	(4,499)	(424)	(434)	
	Reserves											
(5,083)	Reserves	(2,952)	-	-	2,952	-	-	2,952	2,799	-	-	
-	NHS Improvement Plan Profile	-	-	-	-	-	-	-	-	-	-	
(5,083)	Sub Total Reserves	(2,952)	-	-	2,952	-	-	2,952	2,799			
38,592	Earnings before Interest,Tax,Depreciation and Amortisation	30,163	29,526	(6,068)	95	296	5,040	(637)	(517)			
	Financing											
(23,703)	Depreciation & Amortisation - Owned	(17,778)	(17,540)	-	238	-	-	238	225	-	-	
244	Interest Receivable	183	419	-	236	-	-	236	191	-	-	
(242)	Interest Payable on Leases	(181)	(181)	-	-	-	-	-	-	-	-	
(2,507)	Interest Payable on Loans	(1,898)	(1,898)	-	-	-	-	-	-	-	-	
(9,384)	PDC Dividend	(7,038)	(6,851)	-	187	-	-	187	125	-	-	
(35,592)	Sub Total Financing	(26,712)	(26,051)	-	661	-	-	661	541			
3,000	NET SURPLUS / (DEFICIT) before Technical Items excluding Provider Sustainability Funding	3,451	3,475	(6,068)	756	296	5,040	24	24			
	Provider Sustainability Funding											
4,644	Provider Sustainability Funding - Performance	3,019	3,019	-	-	-	-	-	(929)	-	-	
10,836	Provider Sustainability Funding - Core	7,043	7,043	-	-	-	-	-	-	-	-	
15,480	Sub Total Provider Sustainability Funding	10,062	10,062	-	-	-	-	-	(929)			
18,480	SURPLUS / (DEFICIT) before Technical Items including Provider Sustainability Funding	13,513	13,537	(6,068)	756	296	5,040	24	(905)			
	Technical Items											
3,000	Donations & Grants (PPE/intangible Assets)	2,789	1,045	-	-	(1,744)	-	(1,744)	(206)	-	-	
-	Impairments	-	-	-	-	-	-	-	-	-	-	
629	Reversal of Impairments	-	-	-	-	-	-	-	-	-	-	
(1,519)	Depreciation & Amortisation - Donated	(1,131)	(1,182)	-	(51)	-	-	(51)	(47)	-	-	
2,110	Sub Total Technical Items	1,658	(137)	-	(51)	(1,744)	-	(1,795)	(253)			
20,590	SURPLUS / (DEFICIT) after Technical Items including Provider Sustainability Funding	15,171	13,400	(6,068)	705	(1,448)	5,040	(1,771)	(1,158)			

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	3.1%	3.1%	3.1%	4.3%	4.3%	4.3%	3.9%	3.9%	3.9%	3.8%	3.8%	3.8%
Medicine	Actual	3.1%	2.1%	3.2%	3.0%	3.5%	3.6%	2.8%	3.3%	4.2%			
Specialised Services	Target	3.6%	3.6%	3.6%	3.5%	3.5%	3.5%	3.8%	3.8%	3.8%	3.9%	3.9%	3.9%
Specialised Services	Actual	2.2%	2.2%	2.2%	3.7%	2.9%	3.3%	3.7%	3.5%	4.3%			
Surgery	Target	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%
Surgery	Actual	3.6%	3.4%	4.5%	4.5%	3.8%	4.1%	4.3%	4.2%	3.6%			
Women's & Children's	Target	4.0%	4.0%	4.0%	4.1%	4.1%	4.1%	4.0%	4.0%	4.0%	4.4%	4.4%	4.4%
Women's & Children's	Actual	4.5%	4.1%	4.2%	4.6%	4.2%	3.9%	4.0%	4.6%	4.3%			

Source: HR info available after a weekend. AHS if data not available

Graph 2

Vacancies													
Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	Target	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
Medicine	Actual	7.9%	7.7%	9.1%	8.8%	9.8%	9.6%	6.2%	6.3%	8.6%			
Specialised Services	Target	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
Specialised Services	Actual	9.0%	10.1%	9.5%	9.4%	9.1%	7.8%	6.3%	6.1%	5.1%	5.0%	5.0%	5.0%
Surgery	Target	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
Surgery	Actual	7.9%	8.2%	7.0%	8.8%	7.9%	8.1%	7.5%	8.5%	8.9%			
Women's & Children's	Target	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
Women's & Children's	Actual	2.2%	3.8%	5.0%	5.5%	3.8%	3.4%	-0.1%	1.1%	1.3%			

Source: HR

Graph 3

Turnover													
Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	Target	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
Medicine	Actual	14.8%	15.5%	16.0%	16.2%	17.0%	16.6%	16.6%	16.4%	15.2%			
Specialised Services	Target	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%
Specialised Services	Actual	18.0%	17.4%	18.2%	17.0%	17.2%	16.9%	17.1%	14.6%	14.1%	13.5%	13.5%	13.5%
Surgery	Target	11.8%	11.8%	11.8%	11.8%	11.8%	11.8%	11.8%	11.8%	11.8%	11.8%	11.8%	11.8%
Surgery	Actual	16.3%	16.6%	16.9%	16.7%	16.3%	16.1%	16.5%	17.0%	17.3%			
Women's & Children's	Target	10.1%	10.1%	10.1%	10.1%	10.1%	10.1%	10.1%	10.1%	10.1%	10.1%	10.1%	10.1%
Women's & Children's	Actual	12.9%	13.2%	13.4%	13.2%	13.6%	13.7%	13.4%	13.2%	12.7%			

Source: HR - Registered

Note: AHS figs restored

Graph 4 Operating plan for nursing agency £000

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	Target	135.2	133.8	133.8	95.2	95.2	95.2	133.8	135.2	135.2	135.2	135.2	135.2
Medicine	Actual	118.0	121.6	134.8	187.0	203.5	216.0	147.2	137.4	174.0			
Specialised Services	Target	30.4	30.8	30.8	30.8	30.8	30.8	30.8	30.8	30.8	30.8	30.8	30.8
Specialised Services	Actual	43.0	23.4	55.4	67.2	88.2	97.6	120.0	69.7	73.5	96.3	96.3	96.3
Surgery	Target	49.7	54.6	49.7	54.6	49.7	39.7	39.7	29.8	39.7	39.7	39.7	39.7
Surgery	Actual	90.2	104.0	82.4	93.8	109	162.2	139.2	78.3	97.4			
Women's	Target	4.5	4.5	4.5	4.1	4.1	4.1	3.3	3.3	2.6	3.7	2.1	2.5
Women's	Actual	0.4	6.0	2.9	4.3	3.3	1.1	0.5	1.7	1.8			
Children's	Target	86.2	86.2	86.2	78.4	78.4	78.4	62.7	31.3	70.5	39.2	47.0	47.0
Children's	Actual	186.1	167.5	223.2	183.5	202.4	209.3	220.1	285.8	153.1			
Trust Total	Target	226.1	209.1	205.1	259.2	259.2	259.2	259.2	259.2	259.2	259.2	259.2	259.2
Trust Total	Actual	437.7	422.5	498.7	535.8	606.4	688.2	627.0	572.9	499.8	-	-	-

Source: Finance G5 (includes NA 1-3)

Graph 5 Operating plan for nursing agency wte

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	Target	24.6	21.8	21.8	19.0	19.0	19.0	21.8	24.6	24.6	24.6	24.6	24.6
Medicine	Actual	20.1	19.1	20.7	27.9	27.2	29.6	19.9	17.9	25.7			
Specialised Services	Target	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	3.5	2.0	2.0
Specialised Services	Actual	6.5	3.2	6.9	9.0	10.3	11.1	13.4	8.1	8.4			
Surgery	Target	10.0	11.0	10.0	11.0	10.0	8.0	8.0	6.0	8.0	8.0	8.0	8.0
Surgery	Actual	10.1	14.5	11.6	13.6	15.4	20.3	17.4	10.4	10.5			
Women's	Target	0.6	0.6	0.6	0.6	0.6	0.6	0.4	0.4	0.2	0.5	0.3	0.3
Women's	Actual	0.2	0.9	0.4	0.6	0.3	0.2	0.1	0.2	0.4			
Children's	Target	10.5	10.5	10.5	9.5	9.5	9.5	7.6	7.6	2.9	8.6	4.8	5.7
Children's	Actual	22.7	21.1	25.2	22.4	23.7	24.4	38.5	31.3	37.1	45.1	39.6	37.8
Trust Total	Target	50.6	48.8	47.8	45.0	44.0	41.0	36.5	41.3	37.1	45.1	39.6	37.8
Trust Total	Actual	59.6	58.8	64.8	73.7	75.5	84.8	76.8	69.9	64.5	-	-	-

Source: Finance G5 (includes NA 1-3)

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

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	Target	7.4%	6.3%	6.3%	5.3%	5.3%	5.3%	6.2%	7.3%	7.3%	7.3%	7.3%	7.3%
Medicine	Actual	6.3%	6.5%	7.2%	9.5%	9.7%	11.0%	7.5%	7.0%	8.9%			
Specialised Services	Target	3.6%	3.6%	3.6%	3.6%	3.6%	3.6%	3.6%	3.6%	3.6%	2.5%	2.5%	2.5%
Specialised Services	Actual	3.1%	1.6%	3.8%	4.5%	5.5%	6.3%	7.5%	4.6%	4.8%			
Surgery	Target	2.4%	2.7%	2.4%	2.7%	2.4%	2.0%	1.9%	1.9%	1.5%	1.9%	1.9%	1.9%
Surgery	Actual	5.0%	5.0%	4.4%	5.0%	5.4%	8.3%	7.0%	4.2%	5.3%			
Women's	Target	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%
Women's	Actual	0.0%	0.2%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%			
Children's	Target	2.4%	2.4%	2.4%	2.2%	2.2%	2.2%	1.7%	1.7%	0.9%	1.9%	1.1%	1.2%
Children's	Actual	5.2%	4.6%	6.1%	5.0%	5.1%	5.6%	5.0%	7.2%	4.0%			
Trust Total	Actual	5.0%	4.8%	5.6%	6.0%	6.3%	7.4%	6.6%	6.1%	5.5%			

Source: Finance G5 (HR only)

Graph 7 Occupied bed days

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	Actual	9,172	8,954	8,869	9,261	8,840	9,150	9,302	8,973	9,134			
Specialised Services	Actual	4,580	4,135	4,425	4,734	4,482	4,455	4,787	4,587	4,534			
Surgery	Actual	4,893	4,956	4,144	4,475	4,477	4,369	4,468	4,515	4,460			
Women's	Actual	2,762	2,724	2,580	2,991	2,702	2,592	2,712	2,713	2,717			
Children's	Actual	3,885	3,802	3,738	3,633	3,449	3,556	3,796	4,166	3,678			
Trust Total	Actual	24,892	24,081	23,756	25,094	23,950	24,449	25,065	24,954	24,523	-	-	-

Source: NHS with AHS Bedoccupancy

Graph 8 ECO £000 (total temporary spend)

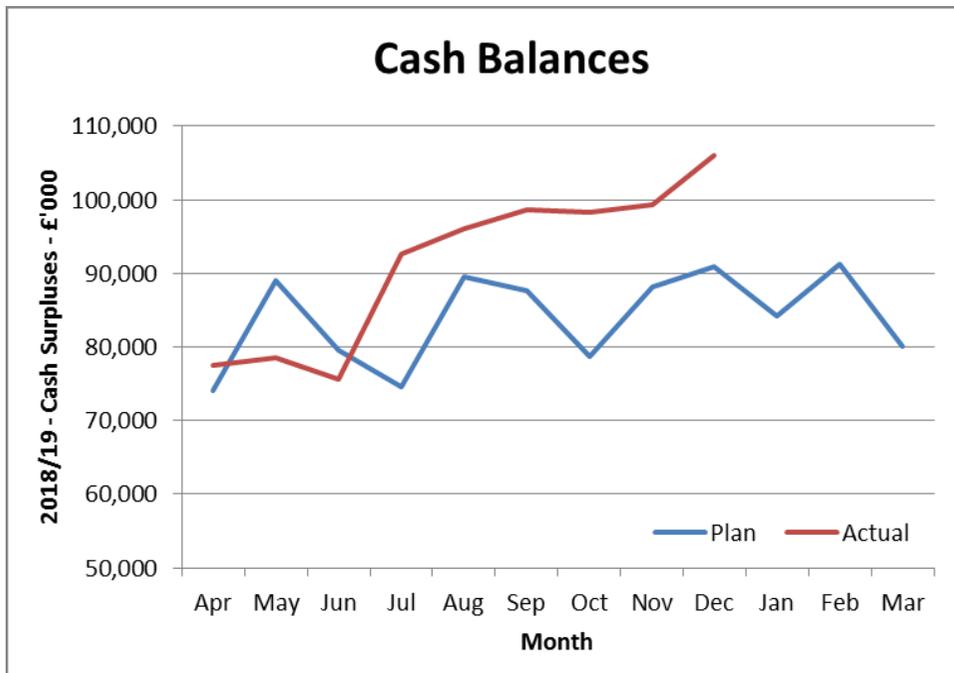
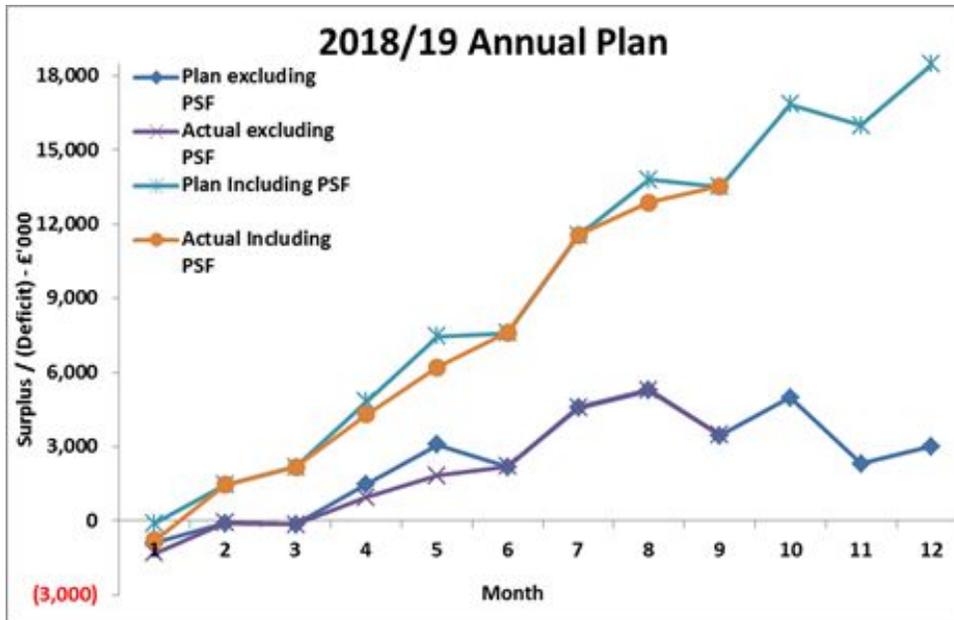
Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Medicine	Target	44	44	44	44	44	44	44	44	44	44	44	44
Medicine	Actual	66	69	120	139	127	114	102	126	141			
Specialised Services	Target	20	20	20	20	20	20	20	20	20	20	20	20
Specialised Services	Actual	29	19	26	26	14	27	40	29	35			
Surgery	Target	43	43	42	42	43	43	43	43	43	43	43	43
Surgery	Actual	40	69	21	27	31	49	41	48	36			
Women's	Target	-	-	-	-	-	-	-	-	-	-	-	-
Women's	Actual	-	-	-	-	-	-	-	-	-	-	-	-
Children's	Target	12	12	12	12	12	12	12	12	12	12	12	12
Children's	Actual	11	19	32	50	20	29	22	77	32			
Trust Total	Target	119.6	119.6	119.6	119.6	119.6	119.6	119.6	119.6	119.6	119.6	119.6	119.6
Trust Total	Actual	145.6	176.0	199.0	243.2	191.8	219.0	205.0	270.0	243.3	-	-	-

Source: Service Improvement Team - AHS

Graph 9 CIP - Nursing & Midwifery Productivity

Division	Target/Actual	M1	M2	M3	M4	M5	M6	M7	M8	M9
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Performance – Finance

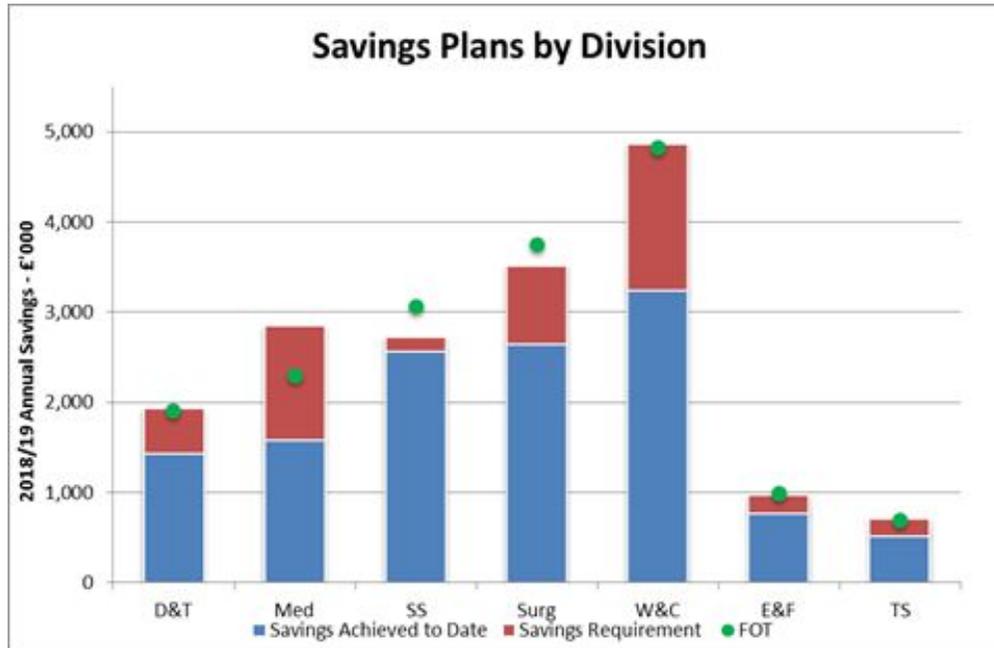


Actual Spend - £'000							
Agency	In Month					Plan for Year	Straight Line Projection
	QTR 1	QTR 2	Oct	Nov	Dec		
Nursing & Midwifery	1,406	1,851	623	587	520	3,257	6,649
Medical							0
Consultants	56	185	48	75	62	184	546
Other Medical	106	112	1	0	9	276	329
Other	189	443	175	109	112	1,701	1,374
Total	1,757	2,591	847	771	703	5,418	8,898

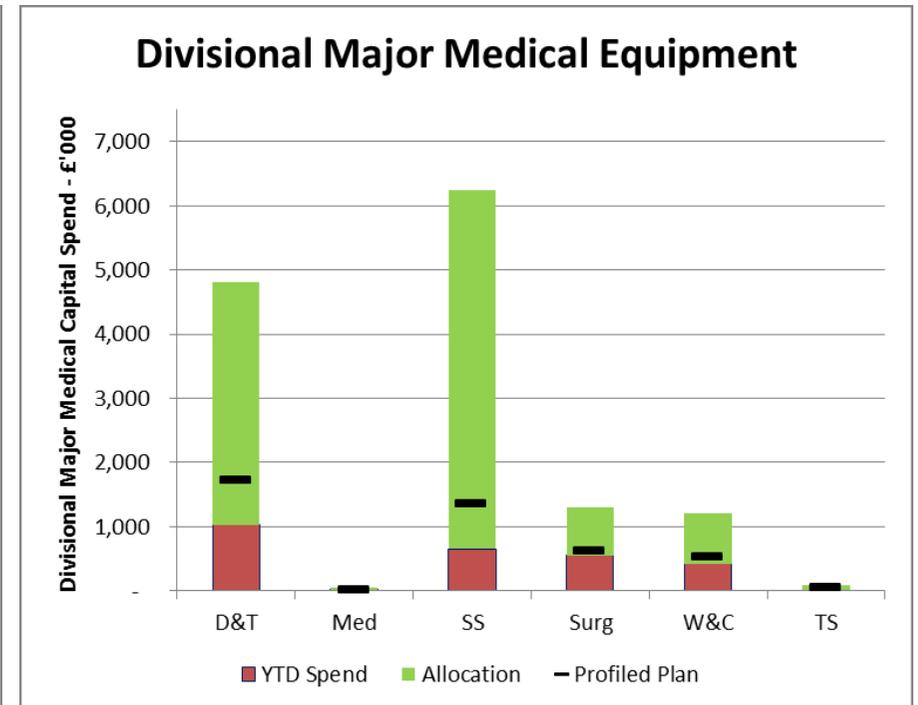
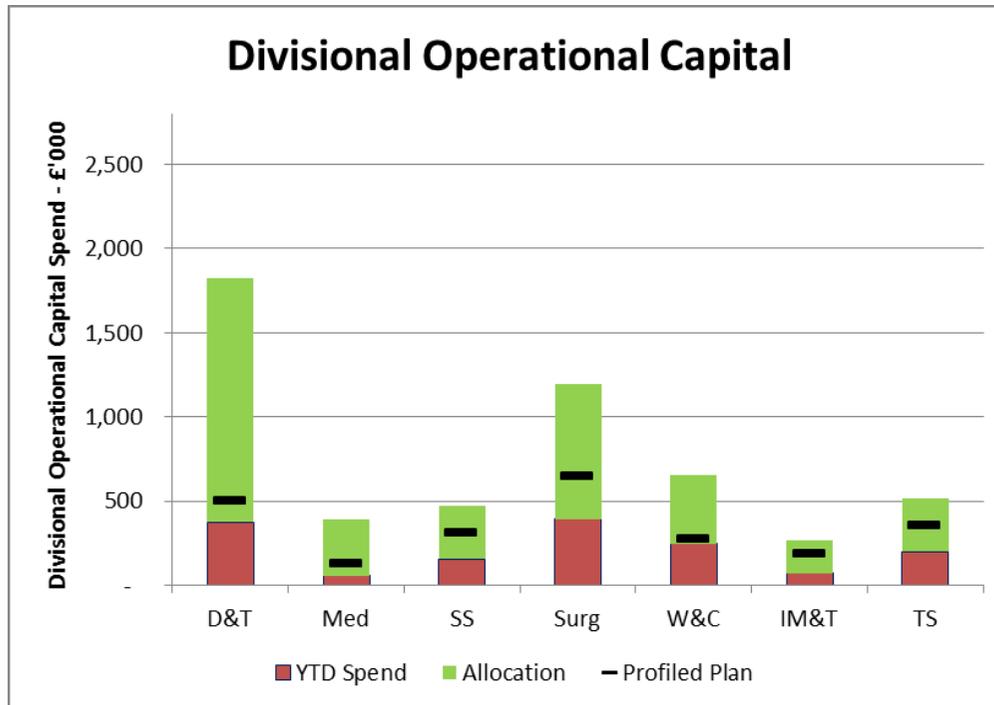
YTD Variance to Budget Surplus/(Deficit) - £'000					
Division	QTR 1	QTR 2	Oct	Nov	Dec
Diagnostics & Therapies	156	97	149	172	192
Medicine	(449)	(1,510)	(1,562)	(1,753)	(1,835)
Specialised Services	335	210	116	58	96
Surgery	(651)	(1,634)	(1,888)	(2,124)	(2,279)
Women's & Children's	(78)	(966)	(1,056)	(996)	(1,383)
Estates & facilities	(18)	20	(10)	9	20
Trust Services	(18)	(32)	(28)	(18)	(7)
Other Corporate Services	152	187	131	154	193
Total	(571)	(3,628)	(4,148)	(4,498)	(5,003)

Variance to Budget Surplus/(Deficit) - £'000						
Subjective Heading	In Month					YTD
	QTR 1	QTR 2	Oct	Nov	Dec	Total
Nursing & Midwifery Pay	(1,015)	(1,091)	(639)	(543)	(354)	(3,642)
Medical & Dental Pay	(1,033)	(1,184)	(376)	(520)	(362)	(3,475)
Other Pay	328	537	120	62	0	1,047
Non Pay	(1,087)	(1,096)	(174)	(807)	(606)	(3,770)
Income from Operations	(27)	172	(139)	188	102	296
Income from Activities	2,263	(395)	688	1,270	715	4,541
Total	(571)	(3,057)	(520)	(350)	(505)	(5,003)

Performance – Finance



2018/19 Capital Programme					Year To Date		
Operational Plan	Subjective Heading	Revised Plan / FOT	Forecast Outturn	Slippage	Internal Plan	Actual spend	Variance (over/under)
£'000		£'000	£'000	£'000	£'000	£'000	£'000
Sources of Funding							
1,600	PDC	4,094	4,094	-	700	700	-
3,189	Loan	-	-	-	-	-	-
3,000	Donations - Cash	1,472	1,251	(221)	1,101	1,017	(84)
	Donations - Direct	28	28	-	28	28	-
	Cash:						
24,338	Depreciation	23,531	23,430	(101)	17,506	17,540	34
	Insurance Claim	2,266	2,266	-	648	648	-
14,962	Cash balances	19,401	(8,569)	(27,970)	(2,860)	(6,199)	(3,339)
47,089	Total Funding	50,792	22,500	(28,292)	17,123	13,734	(3,389)
Application/Expenditure							
(11,618)	Strategic Schemes	(10,186)	(2,845)	7,341	(1,791)	(1,934)	(143)
(17,620)	Medical Equipment	(19,952)	(14,801)	5,151	(4,412)	(2,842)	1,570
(16,415)	Operational Capital	(16,735)	(11,881)	4,853	(6,075)	(4,356)	1,719
(7,468)	Information Technology	(8,472)	(7,894)	250	(104)	(8)	96
-	Fire Improvement Programme	(537)	(287)	579	(3,471)	(3,324)	147
(2,367)	Estates Replacement	(3,309)	(3,214)	95	(1,270)	(1,271)	(1)
(55,488)	Gross Expenditure	(59,191)	(40,922)	18,269	(17,123)	(13,735)	3,388
8,399	In-Year Slippage	8,399	18,422	10,023			
(47,089)	Net Expenditure	(50,792)	(22,500)	28,292	(17,123)	(13,735)	3,388



Chair's Report of the Finance Committee
24 January 2019

<p>For Information</p> <p>The Committee considered a range of financial reports including a detailed report on the Trust's financial position, updates on income and expenditure from a Trust and divisional perspective, an update on the savings programme, and service line reporting as well as details of the capital programme.</p> <p>The Committee discussed the position and noted that the additional pay and non-pay costs were partly offset by additional income, driven by the additional activity. The Committee considered the mechanisms by which the Executives could support divisions to continue to reduce costs and achieve the divisional control totals. This also related to the Service Line Reporting paper which identified areas for potential productivity and efficiency savings, which linked to the work to consider the GIRFT and Model Hospital data. These data sets were being shared with divisions and would be picked up through the productivity work programme.</p> <p>The Committee received a separate report on risk to bring it in line with reporting to the other Committees of the Board. The Committee welcomed the new report and trend information which would allow it to consider the effectiveness of actions and controls being implemented.</p>
<p>For Board Awareness, Action or Response</p> <p>The Board should be aware that the financial targets for the first three quarters of 2018/19 have been achieved and the associated Provider Sustainability Funding (PSF) received. The Trust also achieved the A&E associated PSF as it had achieved the year to date aggregate target. However there remained risks to the achievement of the A&E PSF in Q4 due to the expected operational pressures through the winter period.</p> <p>The Board should also be aware of the slippage in the capital programme and the knock on impact to future years delivery of capital projects. The Committee noted that there had been no identified impact on quality or operations, however this would need to be kept under review. The Committee would be seeking further assurance about the systems to further improve delivery of the programme, particularly in relation to capacity within procurement team.</p> <p>In addition the Committee noted that the capital allocation to improve fire compliance was likely not to be spent in full during the year and the risks around this should be noted by the Board.</p>
<p>Key Decisions and Actions</p> <p>The Committee supported the changes to the Medium-Term Capital Programme and recommended its approval to the Board.</p>
<p>Additional Chair Comments</p> <p>The medical workforce group are working to clarify and implement trust-wide controls around consultant job planning and around additional hours payments. Divisions report that they welcome these developments.</p>

Meeting of the Board in Public on Thursday 31st January 2019 in the
Conference Room, Trust Headquarters

Report Title	Review of the Standing Financial Instructions
Report Author	Kate Parraman, Deputy Director of Finance
Executive Lead	Paul Mapson, Director of Finance and Information

1. Report Summary	
To inform members of the proposed changes to the Standing Financial Instructions and Scheme of Delegation, previously reviewed and agreed by the Trust's Finance Committee.	
2. Key points to note <i>(Including decisions taken)</i>	
<p>The changes to be considered are changes to titles of people and groups, changes reflecting revised operational practice and other minor amendments.</p> <p>There have been two changes since Finance Committee, highlighted green, which clarify the threshold levels for both Recommendation Reports in the Procurement of goods and services (Section 9.4.4) and Tender Evaluation Reports in Tendering Procedure (Section 10.10.2).</p>	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
The risks associated with this report include:	
None	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> • This report is for APPROVAL • The Board is asked to APPROVE the report 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	
[Name of Committee/Group/Board]	[Insert Date paper was received]

Finance Committee – Standing Financial Instructions

1. Introduction

The Standing Financial Instructions (SFIs) and Scheme of Delegation are required to be reviewed on an annual basis. Any changes must be considered by the Finance Committee before being recommended for approval at the Trust Board.

The purpose of this report is to inform members of the proposed changes to the SFIs and Scheme of Delegation following the annual review process.

The revised SFIs and supporting Scheme of Delegation are attached as separate documents. To enable members to review the proposed changes within the SFIs, additions are highlighted in yellow, deletions are crossed through and highlighted red and changes since Finance Committee are in green.

2. Proposed Changes

The changes can be considered under the following categories:

- Changes to titles of people/groups
- Changes reflecting revised operational practice
- Other

The changes include the alignment of the Standing Financial Instructions for the Trust's within the Bristol and Weston Purchasing Consortium.

2.1 Changes to title of people/groups

The following changes have been made throughout the document:

Department of Health to Department of Health and Social Care
Director of Workforce and Organisational Development to Director of People
Director of Nursing to Chief Nurse
Head of Exchequer Services to Head of Financial Services
Nomination and Remuneration Committee to Remuneration, Nominations and Appointments Committee
Head of Finance to Deputy Director of Finance
Deputy Director of Operations to Deputy Chief Operating Officer
Head of Human Resources to Deputy Director of People
NHS Litigation Authority to NHS Resolution
Chairman to Chair
Head of Information, Management and Technology to Chief Information Officer

2.2 Changes reflecting operational practice

- Section 7 references to telephone boxes has been removed (7.3.7)
- Section 8 alignment to the terms of reference of the Remuneration, Nominations and Appointments Committee (8.2.2 and 8.3)
- Section 8 process relating to Off Payroll arrangements (8.6)
- Section 9 remove references to Non EROS processes as the Trust is moving towards EROS for orders (9.2, 9.4 and 9.5)
- Section 9 clarity on the authorisation levels for Recommendation reports (9.4.4)
- Section 9 changes to the Single Tender Action arrangements from the SFI alignment exercise (9.4.6)
- Section 10 clarity on the authorisation levels for Tender Evaluation reports (10.10.2)
- Section 14 references to cheques drawn to cash removed (14.8.2)
- Section 21.2 computerised financial data now governed by the Data Protection Act 2018

2.3 Other

- Section 4 Clarification of employee status and management of research or clinical trials
- Section 5 References to service agreements changed to NHS Contracts
- Section 7.2.5 Insertion of the delegated matters relating to income contracts into the body of the SFIs
- Section 8.3.4 Clarification of length of service rewards
- Section 9.6.2 Insertion of the delegated matters relating to expenditure contracts into the body of the SFIs
- Section 10.4.2 Referencing Register of Contractors used by Estates Department
- Section 10.6 Pre-qualification questionnaires replaced by standard selection questionnaires and the SFIs now refer to these but refer to the Crown Commercial guidance rather than including the detail which is subject to change.
- Section 10.9.2 Removal of redundant references
- Section 11.4 Clarification prepayments include commitments covering future financial years.
- Section 12.2 Responsibility of MEMO stores included
- Section 15.2.7 Removal of redundant paragraph

- Section 16.5.2 Insertion of the delegated limits relating to extra contractual payments into the body of the SFIs
- Section 22 Clarification of the policies and responsibilities for acceptance of gifts and hospitality
- Section 23.2.6 Revising charitable equipment to assets or enhancements as the Trust obtains charitable donations for refurbishments and equipment.
- Various Small amendments have been made to improve clarity which require no further explanation.

3. Scheme of Delegation

The scheme of delegation has been amended and is attached. The amendments reflect the changes discussed in section 2.

4. Recommendation:

The Trust Board is asked to consider and approve the changes to the SFIs and Scheme of Delegation following approval by the Finance Committee.

5. Next Steps:

Following approval by the Trust Board the revised SFIs will be communicated across the Trust, in particular at Divisional Management Team, Heads of Nursing and Junior Doctor meetings. The 'budget managers' guide to SFIs' will be updated and staff will be reminded of their responsibilities to ensure compliance. The monthly training course for budget managers will use the revised SFIs in the controls section.

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST
STANDING FINANCIAL INSTRUCTIONS

DECEMBER ~~2017~~ 2018

~~DELETIONS~~

INSERTIONS

UPDATES FROM FINANCE COMMITTEE

Approved at Finance Committee: 21 December ~~2017~~ 2018
Approved at Trust Board: 31 January ~~2018~~ 2019

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1 Introduction

1.1 Purpose and Content

- 1.1.1 These Standing Financial Instructions (SFIs) regulate the conduct of the Trust, its members, employees and agents in relation to all financial matters.
- 1.1.2 These Standing Financial Instructions explain the financial responsibilities, policies and procedures to be adopted by the Trust. They are designed to ensure that the Trust's financial transactions are carried out in accordance with the law, the requirements of the Independent Regulator and best practice in order to achieve probity, accuracy, economy, efficiency and effectiveness in the way the Trust manages public resources. They should be used in conjunction with the Standing Orders, Schedule of Matters Reserved to the Trust Board (appendix 1) and the Scheme of Delegation (appendix 2) adopted by the Trust.
- 1.1.3 These Standing Financial Instructions identify the financial responsibilities which apply to **everyone** working for the Trust and its constituent organisations including trading units. They do not provide detailed procedural advice and should be read in conjunction with the relevant departmental guidance and the financial procedure notes (available on the intranet or via the Finance Department). All detailed financial procedures must be approved by the Director of Finance.
- 1.1.4 These Standing Financial Instructions do not include applicable Regulator's guidance; the current version of all relevant guidance should be consulted. They also do not contain every legal obligation applicable to the Trust.
- 1.1.5 Each section in the Standing Financial Instructions clearly sets out its objectives and the financial responsibilities, policies and procedures relevant to it which must be complied with. When situations arise which are not specifically covered by this document, staff and Trust Board members are required to act in accordance with the spirit of the instructions as set out in the objectives.
- 1.1.6 Should any difficulties arise regarding the interpretation or application of any of the Standing Financial Instructions then the advice of the Director of Finance must be sought before acting. The user of these Standing Financial Instructions should also be familiar with and comply with the provisions of the Trust's Standing Orders.
- 1.1.7 These Standing Financial Instructions have been reviewed by the Trust's Finance Committee and approved by the Trust Board. It is expected that all staff employed by the Trust will comply with these instructions at all times. **The failure to comply with the Trust's standing financial instructions and standing orders could result in disciplinary action up to and including dismissal.** Should any other guidance or departmental policies appear to conflict with these instructions, these Standing Financial Instructions will prevail. Any apparent conflict should be brought to the attention of the Director of Finance.
- 1.1.8 If for any reason these Standing Financial Instructions are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the Director of Finance. All members of the Board and staff have a duty to disclose any non-compliance with these Standing Financial Instructions to the Director of Finance as soon as possible. The Director of Finance shall investigate and decide on the appropriate action to be taken. This will be reported to the next formal meeting of the Audit Committee for consideration.
- 1.1.9 These Standing Financial Instructions and associated scheme of delegation should be reviewed annually.

- 1.1.10 All references to NHS Improvement refer to the Independent Regulator of Foundation Trusts as established under the National Health Service Act 2006.

1.2 Responsibilities and Delegation

1.2.1 The Trust Board

- 1.2.2 The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These are set out in the Schedule of Matters Reserved to the Trust Board at Appendix 1. Those aside, all executive powers are invested in the Chief Executive, who is the Accounting Officer.

The Board as a whole, and each member of the Board, is accountable for the financial performance of the Trust

1.2.3 The Chief Executive and Director of Finance

The Chief Executive and Director of Finance will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

Wherever the title Chief Executive or Director of Finance is used in these instructions, it is deemed to include the deputies where they have been duly authorised by them to represent them.

The Chief Executive

The Chief Executive is ultimately accountable to the Board, and as Accounting Officer, to the Secretary of State and NHS Improvement, for ensuring that the Board meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for the Trust's activities, is responsible to the Chair and the Board for ensuring that its financial obligations and targets are met and has overall responsibility for the Trust's system of internal control.

It is the responsibility of the Chief Executive to ensure that all staff are notified of and are required to understand their responsibilities within these instructions.

The Director of Finance

The Director of Finance is responsible for the implementation and monitoring of the Trust's financial policies and for ensuring any corrective action necessary to further these policies. In particular they will:

- provide financial advice to the Board, managers and other employees of the Trust
- design, implement and supervise systems of financial control
- prepare and maintain such accounts, certificates, financial estimates, records and reports as the Trust may require for the purpose of carrying out its statutory and other duties
- ensure that sufficient records are maintained to show and explain the Trust's transactions, in order to disclose, with reasonable accuracy, the financial position of the Trust at any time

The Director of Finance requires that any officer who carries out a financial function does so in a manner and maintains records in a form that meets with their requirements.

The Director of Finance shall prepare, document and maintain detailed financial procedures and systems incorporating the principles of segregation of duties an internal checks. These procedures should be read as forming part of the Standing Financial Instructions.

1.2.4 **All Trust Employees**

All Trust Employees are responsible for:

- a) the security of the property of the Trust.
- b) avoiding loss.
- c) ensuring economy, efficiency and value for money in the use of public resources.
- d) complying with the Trust's Standing Orders, Standing Financial Instructions, Financial Procedures and the Scheme of Delegation.

The scheme of delegation at appendix 2 contains all delegated authorities to nominated officers. Whilst these officers remain responsible for these authorities, should they delegate matters to other individuals within their organisational control, evidence should be maintained of this ensuring the understanding by the delegated officer of their associated responsibilities. This must be regularly reviewed.

All references in these instructions to 'employee' or 'officer' shall be deemed to include all salaried staff or those under contract to the Trust. This includes staff supplied using agency contracts even though the terms of supply may be covered in an agreement with the supplying organisation.

It is the responsibility of managers to ensure that both existing staff and new appointees within their management area know and understand their responsibility to comply with these instructions.

1.2.5 **Hosting Arrangements**

Where the Trust hosts an organisation with a separate management board, the financial transactions supporting the day to day business of the organisation shall be strictly in accordance with the Trust's Standing Financial Instructions, policies and procedures. Responsibility for decision making, planning and reporting will be delegated in accordance with the hosting agreement or as specified in the scheme of delegation.

2 Planning, Budgets and Budgetary Control

2.1 Objective

- 2.1.1 To ensure the Trust Board is provided with the information required regarding the planning and development of the Trust's activities and finances to enable the Trust's Directors to fulfil their responsibilities. To provide assurance that the Trust exercises proper control of income and expenditure throughout the year. To inform budget managers of their delegated responsibilities.

2.2 Preparation and Approval of Annual Plans and Budgets

- 2.2.1 The Chief Executive will, with the assistance of, other Directors, compile and submit to the Trust Board an annual plan, strategic and operational plans required to support their accountability for the financial performance of the Trust. As a minimum this will meet the requirements laid down by NHS Improvement. The annual plan will contain a statement of the significant assumptions on which the plan is based and details of major changes in workload, delivery of services or resources required to achieve the plan.

- 2.2.2 The Chief Executive will, with the assistance of, other Directors, compile and submit to the Trust Board an annual plan, strategic and operational plans required to support their accountability for the financial performance of the Trust. As a minimum this will meet the requirements laid down by Monitor NHS Improvement. The annual plan will contain a statement of the significant assumptions on which the plan is based and details of major changes in workload, delivery of services or resources required to achieve the plan.

- 2.2.3 Prior to the start of the financial year the Director of Finance will, on behalf of the Chief Executive, prepare and submit a financial plan supporting the annual plan for approval by the Board. This will include:

- the expected level of income and the sources of that income
- the planned level of surplus or deficit
- how expenditure is to be managed in order to achieve the planned surplus or deficit
- the effect on the NHS Improvement's Use of Resource Rating
- the impact on the Trust's Statement of Financial Position
- cash flow and levels of borrowing
- the cost pressures faced by the Trust
- savings plans which need to be achieved
- potential risks which may affect the financial position of the Trust

The financial plan will

- be in accordance with the aims and objectives set out in the Trust's annual business plan
- accord with capacity and workforce plans
- be produced in accordance with principles agreed with the Senior Leadership Team as advised by the Director of Finance.

- 2.2.4. The Director of Finance is responsible for the preparation of the overall Trust budget within the total income receivable by the Trust, and in accordance with its agreed strategies and policies. Operational budgets shall be set at the beginning of each financial year by financial and operational managers in line with the Trust's approved budget.

2.2.5 Operational plans shall be compiled for each Division by the Clinical Chairs and Divisional Directors and for each corporate service area by the Head of Service. These plans should reflect the Trust's annual business plan and the budget, and will be approved by the Chief Executive.

2.2.6 Appropriate Trust employees shall provide the Directors with all financial, statistical and other relevant information, as required, in order to enable the compilation of plans and budgets.

2.3 Budgetary Delegation

2.3.1 The Chief Executive may delegate the management of budgets for defined services to the Clinical Chairs / Divisional Directors or Heads of Corporate Services responsible for the management of those services. Delegation and associated responsibilities must be clearly communicated. Control of budgets shall be exercised in accordance with these Standing Financial Instructions and supplementary guidance issued by the Director of Finance.

2.3.2 Clinical Chairs, Divisional Directors and Heads of Corporate Service with budgetary responsibility must ensure that their budgets are structured appropriately to ensure effective budgetary control. Whilst accountable for the overall budget management, Clinical Chairs, Divisional Directors and Heads of Corporate Service are authorised to delegate the management of specific budgets to named budget managers. Delegation and associated responsibilities must be clearly communicated to these budget managers. It is the responsibility of the Head of Division/Corporate Service to ensure the budget structure and delegation to budget managers is maintained in line with organisational and staff changes.

2.3.3 The Chief Executive and delegated budget holders must not exceed the budgetary total set by the Trust Board, except as specified below:

- a) The Chief Executive may vary the budgetary limit of a Division or Service within the Trust's total budgetary limit.
- b) Clinical Chairs, Divisional Directors and Heads of Corporate Services are permitted to authorise expenditure over the budget on individual budgets within their delegated areas provided this does not cause their delegated budget area to overspend or to exceed the financial limit set by (a) above.

2.3.4 Except where otherwise approved by the Chief Executive, taking account of advice of the Director of Finance, budgets shall be used only for the purpose for which they were provided and any budgeted funds not required for their designated purposes shall transfer to the Trust's reserves, unless covered by the delegated powers of virement.

2.3.5 Non-recurring budgets must not be used to finance recurring expenditure unless authorised by the Director of Finance.

2.3.6 Expenditure for which there is no provision in an approved budget and is not subject to funding under the delegated powers of virement, or approved procedures for new funding obtained during the year, may only be incurred if authorised by the Chief Executive.

2.3.7 Budget limits, individual and group responsibilities for the control of expenditure, exercise of virement, and achievement of planned levels of income and expenditure, shall be set out annually in a Resources Book approved by the Trust Board.

2.4 Budgetary Control and Reporting

- 2.4.1 The Director of Finance is responsible for maintaining an effective system of budgetary control. All Trust staff responsible for the management of a budget or for incurring expenditure or collecting or generating income on behalf of the Trust must comply with these controls.
- 2.4.2 The Director of Finance is responsible for providing financial information and advice to enable the Board, Chief Executive and other officers to carry out their budgetary responsibilities. This includes:
- a) monthly financial reports to the Board in a form approved by the Board containing:
 - i. income and expenditure to date against plan and forecast year-end position,
 - ii. the statement of financial position, changes in working capital and other material balances
 - iii. monthly cash flow monitoring of actual against plan and forecast year-end position,
 - iv. capital expenditure against plan and forecast year-end position,
 - v. achievement against the savings programme
 - vi. explanations of any material variances from plan,
 - vii. details of any corrective action where necessary and the Chief Executive's and/or Director of Finance's view of whether such actions are sufficient to correct the situation,
 - viii. performance against NHS Improvement's Single Oversight Framework
 - b) providing timely, accurate and comprehensible advice and financial information to all budget holders, covering the areas for which they are responsible,
 - c) providing clear financial processes and procedures governing the operation of budgets,
 - d) training and support to budget holders to allow them to undertake their financial responsibilities,
 - e) investigation and reporting of variances from financial, activity and workforce budgets,
 - f) monitoring of management action to correct variances,
 - g) arrangements for the authorisation of budget transfers.
- 2.4.3 The Director of Finance shall keep the Chief Executive and Board informed of the financial consequences to the Trust of changes in government policy, pay, terms and conditions, accounting standards and any other events affecting the current or future financial plans of the Trust.
- 2.4.4 All delegated budget managers are responsible for ensuring that:
- a) they check and validate all monthly budget statements,
 - b) they fully understand their financial responsibilities and have received the required training and support to understand the financial information presented to them to fulfil these responsibilities,
 - c) any likely overspending or reduction of income, which cannot be met by virement, is not incurred without the prior consent of the Head of Division/Service as per 2.3.3 (b) above,
 - d) their delegated budget is only used in whole or in part for the purpose it was provided for, subject to the rules of virements,
 - e) no permanent employees are appointed without the required approval as set out in section 8.3 and are provided for within the available resources and workforce establishment as approved by the Board,
 - f) savings programmes and income generation initiatives are implemented to achieve a balanced budget,
 - g) all expenditure is approved and authorised in advance of commitment in line with these standing financial instructions and financial processes and procedures issued by the Director of Finance.

- 2.4.5 The Chief Executive is responsible for authorising the implementation of savings programmes and income generation initiatives in accordance with the requirements of the Annual Business Plan to secure a balanced budget.

2.5 Capital Expenditure

- 2.5.1 The Director of Finance shall keep the Chief Executive and Board informed of the financial consequences to the Trust of changes in government policy, pay, terms and conditions, accounting standards and any other events affecting the current or future financial plans of the Trust.
- 2.5.2 The Director of Finance is responsible for submitting to NHS Improvement all capital programme information required by them in line with their requirements and timescales.
- 2.5.3 The general rules applying to delegation, control and reporting above shall also apply to capital expenditure, (refer to section 18 for details relating to capital investment).

3 Annual Accounts and repots

3.1 Objective

- 3.1.1 To ensure the production of the Trust's Annual Accounts and Report in accordance with statutory requirements.

3.2 General

- 3.2.1 The Director of Finance, on behalf of the Trust, is responsible for the preparation and submission of financial reports and returns as required by NHS Improvement and other Government Departments in such form as they require and in accordance with their timetable.
- 3.2.2 The Director of Finance, on behalf of the Trust, is responsible for the preparation and submission of the Trust's annual accounts as required by NHS Improvement, in such form as they require and in accordance with their timetable
- 3.2.3 The Trust's financial returns and annual accounts will be prepared in accordance with the accounting policies and guidance issued by NHS Improvement, the Trust's accounting policies, International Financial Reporting Standards and other accounting standards applicable at the time. The Director of Finance is responsible for ensuring the Trust's accounting policies are reviewed annually, updated as required and approved by the Audit Committee.
- 3.2.4 The Trust's annual accounts must be audited and certified by an independent external auditor (see section 20) and the Director of Finance is responsible for ensuring this happens in accordance with NHS Improvement's timetable
- 3.2.5 The Trust's Company Secretary, on behalf of the Trust, is responsible for the preparation and submission of the Trust's Annual Report to NHS Improvement in such form as they require and in accordance with their timetable
- 3.2.6 The ~~Director of Nursing~~ Chief Nurse, on behalf of the Trust, is responsible for the preparation and submission of the Trust's Quality Report to NHS Improvement in such form as they require and in accordance with their timetable.
- 3.2.7 The Trust's annual report (including the quality report) must be audited and certified by an independent external auditor (see section 20) and the Company Secretary is responsible for ensuring this happens in accordance with NHS Improvement's timetable.
- 3.2.8 The Trust's annual report and statutory accounts must be presented to the Trust Board for approval. They must be laid before Parliament, after which they cannot be changed. They must be made available for inspection by the public. The annual report and accounts and the auditor's report must be presented at a meeting of the Council of Governors in accordance with the NHS Improvement's timetable

3.3 Service Agreement Monitoring and Reporting

- 3.3.1 The Director of Finance is responsible for ensuring that systems and processes are in place to record patient activity, invoice and collect monies due under the agreements for the provision of healthcare services.
- 3.3.2 The Director of Finance is responsible for reporting to the Board the Trust's actual contract activity and income due against the agreed contracts with an assessment of the financial impact of any contract under/over achievement.
- 3.3.3 The Director of Finance is responsible for providing information to Clinical Chairs, Divisional Directors and Heads of Corporate Service for the actual contract activity and income due against the agreed contracts and the associated financial consequences for their service areas to facilitate financial management
- 3.3.4 The Director of Finance is responsible for ensuring training and support to the Clinical Chairs, Divisional Directors and Heads of Corporate Service to be able to understand the contracts for their service areas and the information relating to activity and financial performance.
- 3.3.5 All Clinical Chairs, Divisional Directors and Heads of Corporate Service responsible for the management of service agreement income must ensure they understand and use the contract monitoring information for the financial management of their service areas.

4 Research and Innovation

4.1 Objective

- 4.1.1 To provide specific instructions relating to research and innovation and reference to general financial instructions and processes governing this area.

4.2 General

- 4.2.1 The undertaking of research or clinical trials by Trust employees (substantive or honorary) within the Trust's premises shall be strictly in accordance with the Trust's policies and strategies on research management and governance and shall be subject to approval accordingly.

- 4.2.2 The Standing Financial Instructions apply equally when undertaking externally funded research activity within the Trust, particularly:

- Section 2 - Planning, Budgets and Budgetary Control
- Section 8 - Payments of Trust Employees and Contractors
- Section 9 - Procurement of Goods and Services
- Section 10 – Tendering Procedure
- Section 11 - Payment of Goods and Services Received
- Section 12 - Stores and Receipt of Goods
- Section 19 – Risk Management and Insurance
- Section 22 – Acceptance of Gifts by Staff and Other Standards of Business Conduct
- Section 24 – Retention of Documents

- 4.2.3 The principles governing probity and public accountability shall apply equally to work undertaken through externally funded research or clinical trials.

4.3 Research & Innovation Applications

- 4.3.1 All applications for research and innovation funding require approval from the Director of Finance or a designated deputy. This applies to applications to both NHS funders, such the National Institute for Health Research, and to non-NHS organisations, such as charitable bodies and research councils.

- 4.3.2 All other documents* relating to Research & Innovation will require approval from the Director of Research & Innovation or a designated deputy, once all the necessary checks have been carried out, including finance checks where applicable.

**other documents include research contracts with funding bodies, collaboration agreements, commercial research contracts, site agreements, sub-contracts with participating organisations, contract variations and contract amendments.*

4.4 Intellectual Property

- 4.4.1 The agreement covering any undertaking of research shall give cognisance to Trust policies governing Intellectual Property rights. Where there is any lack of clarity this shall be resolved prior to undertaking the project.

5 **Service Agreements** NHS Contracts for the Provision of Healthcare Services

5.1 Objective

- 5.1.1 To ensure the Trust's contracts for the provision of healthcare services are properly planned and controlled and that all income relating to these agreements is properly accounted for.

5.2 Contracts for the provision of healthcare services

- 5.2.1 The Chief Executive is responsible for ensuring the Trust enters into suitable Commissioning Contracts with service commissioners for the provision of NHS services. Appropriate legal advice identifying the Trust's liabilities within the terms of the contract should be considered in discharging this responsibility.

Where the Trust makes arrangements for the provision of services by non-NHS providers, the Chief Executive is responsible for ensuring that the agreements put in place have due regard to the quality and the cost-effectiveness of the services provided.

- 5.2.2 In carrying out these functions, the Chief Executive should take into account the advice of the Director of Finance regarding:

- standard NHS contractual terms and conditions
- costing and pricing of services
- payment terms and conditions
- amendments to contracts and extra-contractual arrangements

- 5.2.3 Agreements should be devised as to minimise risk whilst maximising the Trust's opportunity to generate income. The Trust will use the National Tariff where appropriate and, for services not covered by the National Tariff, a local tariff agreed with the Commissioners.

- 5.2.4 All agreements should aim to implement the agreed priorities contained within the annual plan. National guidance on arrangements for contracting should be taken into account.

- 5.2.5 The Chief Executive shall ensure the contracting process is administered effectively and that appropriate service, quality, safety, clinical and financial input is provided.

- 5.2.6 The Director of Finance is responsible for agreeing the financial details contained in service contracts.

- 5.2.7 NHS Contracts with commissioners for the provision of healthcare services can only be signed by the Chief Executive, Director of Finance or Chief Operating Officer, without financial limit.

- 5.2.8 Service changes and developments initiated within the Divisions must be with the agreement of the Chief Executive or the Chief Operating Officer. The Finance Director must be informed to ensure appropriate financial scrutiny.

6 Banking and Cash Management

6.1 Objective

- 6.1.1 To ensure the effective management of the Trust's cash and to ensure it is properly controlled and safeguarded from loss and fraud.

6.2 General

- 6.2.1 The Director of Finance is responsible for producing a Treasury Management Policy, in accordance with any relevant guidance from NHS Improvement, for Trust Board approval.
- 6.2.2 The Director of Finance is responsible for the operation of the commercial bank and Government Banking Service accounts and for the management of accounts receivable, cash flow forecasting and investment of surplus funds. The Director of Finance will ensure that these functions are properly managed and that information is provided to the Trust Board to support this.

6.3 Banking Arrangements

- 6.3.1 The Director of Finance is responsible for managing the Trust's banking arrangements and for advising the Trust on the provision of banking services and operation of bank accounts. This advice will take into account guidance/directions issued by NHS Improvement and Treasury requirements for NHS banking.
- 6.3.2 The Director of Finance is solely authorised to open, operate and control any bank account where Trust funds are received or expended. All such accounts must be held in the name of the Trust. It is a disciplinary offence for any officer of the Trust outside of the organisational control of the Director of Finance to operate such an account with a Trust name or from a Trust address.
- 6.3.3 All income relating to Trust business must be paid into the Trust's bank account. This includes all income from the sale of goods and services, disposal of items, vending machines and courses/lectures/other outside work undertaken in paid Trust time.
- 6.3.4 Donations are required to be managed via accounts operated by the Trust's charitable body. Such accounts must not be opened by employees. Any donations received must be managed in accordance with section 23.
- 6.3.5 If a member of staff wishes to set up a bank account with reference to the Trust and/or Trust address for a purpose other than that which has been explicitly prohibited in the sections above, they must write to the Director of Finance for approval.
- 6.3.6 The Director of Finance shall establish and approve procedural instructions on the operation of all commercial bank accounts, investment accounts and Government Banking Service.
- 6.3.7 The Finance Committee shall ensure proper safeguards are in place for security of the Trust's funds by:
- approving the Trust's commercial bankers, selected by competitive tender
 - approving a list of permitted 'relationship' banks and investment institutions
 - setting investment limits for each permitted investment institution
 - approving permitted types of investments /instruments
 - approving the establishment of new/ changes to existing bank accounts

- 6.3.8 The Director of Finance is responsible for ensuring approved bank mandates are in place for all accounts and that these are updated regularly for any changes in signatories and authorised limits.
- 6.3.9 The Director of Finance will review the banking needs of the Trust at regular intervals to ensure that they reflect current business patterns and represent value for money. Following such reviews, the Director of Finance shall determine whether or not re-tendering for services is necessary. The Director of Finance shall be responsible for organising and evaluating bank tendering processes. The Director of Finance shall report the outcome of any tendering exercise for approval by the Finance Committee.
- 6.3.10 The Director of Finance, on behalf of the Finance Committee, shall advise the Trust's commercial and relationship bankers in writing of the conditions under which each account shall be operated, the limits to be applied to any overdraft, the limitation on single signatory payments and the officers authorised to release money from and draw cheques or other payable orders on each account; this must contain the Chief Executive and Director of Finance. The cancellation of any such authorisation shall be notified promptly to the bank.
- 6.3.11 Where a new banking relationship is suggested this must be pre-approved by the Director of Finance before a proposal is made to the Finance Committee. The Finance Committee will consider the need for and potential benefit of the new relationship and sanction or reject the proposal. The Trust's bankers shall be notified by the Director of Finance, on behalf of the Finance Committee of any alterations in the conditions of operation of the Trust's accounts that may be required by the Finance Committee.
- 6.3.12 The Director of Finance is required to approve any direct debit or standing order payment arrangements. The Director of Finance is responsible for the effective control of payments made from the Trust's bank account through bank transfers, cheques and payments by Bank Automated Credits (BACS).
- 6.3.13 The Director of Finance may operate a credit/purchasing cards on behalf of the Trust which must be used in accordance with a written policy approved by the Finance Committee.

6.4 Cash Management

- 6.4.1 The Director of Finance is responsible for managing and monitoring the cash flow of the Trust and ensuring that it has enough cash balances to meet all its commitments.
- 6.4.2 Any member of Trust staff aware of significant and unexpected delays in the receipt of cash or of significant unexpected or early payments that will have an effect on the Trust's cashflow position must inform the Director of Finance or other Senior Finance Manager.
- 6.4.3 The Director of Finance is responsible for providing assurance to the Trust Board and Finance Committee on the management of the Trust's cash position through monthly reporting.

6.5 Investment of Temporary Cash Surpluses

- 6.5.1 Temporary cash surpluses shall be invested in line with the Treasury Management Policy, subject to the overall cash flow position and in line with any relevant guidance from NHS Improvement or HM Treasury.
- 6.5.2 The Director of Finance is responsible for advising the Finance Committee on investments and shall report monthly to the Finance Committee concerning the performance of investments held.

- 6.5.3 The operation of investment accounts and the records maintained must be in accordance with detailed procedural instructions issued by the Director of Finance and approved by the Finance Committee.
- 6.5.4 The Finance Committee shall:
- a) approve a list of permitted investments institutions
 - b) set investment limits for permitted investment institutions
 - c) approve a schedule of permitted types of investments and financial instruments
- 6.5.5 Investments for purely speculative purposes are strictly prohibited'.

7 Income

7.1 Objective

7.1.1 To ensure that income due is promptly assessed and collected and income received is promptly banked and fully accounted for.

a) ~~Income due is promptly assessed and collected; and~~

b) ~~Income received is promptly banked and fully accounted for.~~

7.2 Income Due

7.2.1 The Director of Finance is responsible for designing and maintaining systems for the proper recording, invoicing and collection of all income together with systems for financial coding.

7.2.2 The Director of Finance is responsible for the prompt banking of all monies received.

7.2.3 The Director of Finance is responsible for the design and ordering of all receipt books, tickets, agreement forms, or other means of officially acknowledging or recording amounts received or receivable. They will be issued and controlled according to procedures established by the Director of Finance and will be subject to the controls as are applied to cash (Section 14).

7.2.4 Cash payment for charges made by the Trust, for the provision of any goods or services, must not normally be accepted where the value of any single transaction is in excess of £10,000. Should this occur, the Head of ~~Exchequer Services~~ Financial Services must be notified immediately to ensure the Trust complies with HM Revenue and Customs' regulations.

7.2.5 A contract or agreement must be in place for all income due to the Trust for the provision of goods or services to a third party. The nature of the contract or agreement will depend on the goods or services being provided. The Director of Finance is responsible for signing all contracts and agreements with delegated responsibilities given within section 9 of the scheme of delegation (appendix 2) ~~and supporting financial limits matrix.~~

Delegated Matter	Authority Delegated to
Agreeing / Signing agreement / contract	All require Director of Finance agreement
- Hosting Arrangement	Director of Finance or nominated deputy
- Research and Other Grant Applications	Director of Finance or nominated deputy
- Staff Secondments	Service Manager
- Leases	Director of Finance or nominated deputy
- Property Rentals	Below £5k per annum – Service Manager Above £5k and below £100k – Director of Estates and Facilities or nominated deputy Over £100k per annum - Director of Finance or nominated deputy
- Residences	Residences Manager
- Peripheral Clinics and Provider to Provider arrangements	Below £25k per annum – Service Manager Above £25k and below £250k – Divisional/Corporate Director or nominated deputy Over £250k per annum - Director of Finance or nominated deputy
- Trading Services	Below £25k per annum – Service Manager Above £25k and below £250k – Divisional/Corporate Director or nominated deputy Over £250k per annum - Director of Finance or nominated deputy
- Other income generation	Below £25k per annum – Service Manager Above £25k and below £250k – Divisional/Corporate Director or nominated deputy Over £250k per annum - Director of Finance or nominated deputy

- 7.2.6 Employees responsible for agreeing the prices of goods and services provided by the Trust should ensure that they cover all costs, including overheads. Support should be sought from the finance department as required. Appropriate, independent professional advice shall be taken on matters of valuation. Prices and charges shall be reviewed at least annually. This paragraph applies equally to:
- the sale of goods and services
 - support to commercial research trials and projects
 - pricing of non-patient care service agreements with other bodies.
- 7.2.7 The Trust's price tariff for private patient treatment is set by the Director of Finance. The pricing structure ensures that prices are at least equal to those charged to NHS Commissioners and ensures that public funds are not used to subsidise private patient activity. Any proposed variations to the Private Patient Tariff prices must be approved by the Director of Finance before patients are advised of the cost of their treatment.
- 7.2.8 All Trust employees shall promptly inform the Director of Finance of money due to the Trust arising from transactions which they initiate including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.
- 7.2.9 The notification of income due shall be as prescribed by procedures established by the Director of Finance, ensuring sufficient details are included to enable the prompt payment by the debtor.
- 7.2.10 The Director of Finance shall ensure that debtors are invoiced promptly on receipt of the advice of income due.
- 7.2.11 There must be clear separation of duties so that officers responsible for raising invoices or accounting for amounts due to the Trust shall not handle cash or cheques received by the Trust
- 7.2.12 The Director of Finance shall take appropriate recovery action on all outstanding debts and no claims shall be abandoned except as in accordance with Section 16 - Losses and Special Payments.
- 7.2.13 Income from the disposal of assets, scrap material and items surplus to requirements shall be dealt with in accordance with Section 13 of these Instructions.

7.3 Income Received

- 7.3.1 All income received into the Trust must be collected, receipted and accounted for in accordance with the procedures established by the Director of Finance. It is the responsibility of all Trust employees responsible for these duties to ensure they comply with these procedures. It is the responsibility of the Senior Managers responsible for areas where income is received to ensure that their staff are complying with these procedures.
- 7.3.2 All cash and cheques shall be banked intact promptly in accordance with the Director of Finance's instructions. Disbursements shall not be made from cash received. Payment by debit or credit card may only be accepted by staff designated by the Director of Finance. All transactions must be processed in accordance with the instructions approved by the Director of Finance.
- 7.3.3 The opening of incoming post must be undertaken by officers working in pairs and all cash, cheques, and other forms of payment shall be entered immediately in an approved form of register and certified by both officers.

- 7.3.4 Every employee authorised to receive remittances in cash or other forms must keep up to date a record of the amounts received in accordance with procedures approved by the Director of Finance. This record must be reconciled with the amount held in accordance with these instructions. Any discrepancy shall be reported immediately to their senior manager and the Director of Finance.
- 7.3.5 Official receipts shall be issued in all cases involving cash and only where especially requested by the payer for cheques, debit card etc.
- 7.3.6 All cash received, if not paid directly into the bank, shall be locked as soon as possible in the safe or cash box provided for the purpose, which shall be safeguarded as specified in Section 6.
- 7.3.7 Collections from cash tills, telephone and other coin boxes and from night safes shall be made at such intervals as shall be prescribed by or with the approval of the Director of Finance. The opening of each such box or safe and the counting and recording of the contents shall be undertaken by two employees together. Both shall sign the record and the keys shall, at other times, be separately held by a senior officer.
- 7.3.8 The Director of Finance shall ensure that all income received into the Trust's bank accounts is accounted for promptly – as per section 16.

8 Payment of Trust Employees and Contractors

8.1 Objective

8.1.1 To ensure proper control over the appointment and payment of Trust employees and contractors.

8.2 Remuneration and Terms of Service of Directors

8.2.1 In accordance with Standing Orders and the 2006 Act, the Board shall establish a ~~Nomination and Remuneration~~ Remuneration, Nominations and Appointments Committee consisting of Non-Executive Directors to decide the remuneration and allowances and other terms of office of the Executive Directors, with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting.

8.2.2 The Committee will:

- a) ~~Advise the Board about the~~ Agree appropriate remuneration and terms of service for the Chief Executive and other Executive Directors employed by the Trust including:
 - i. All aspects of salary (including any performance-related elements/bonuses)
 - ii. Provisions for other benefits, including pensions, cars, allowances, payable expenses and compensation payments
 - iii. ~~Arrangements for termination of employment and other contractual terms.~~ Arrangements for termination of employment, including termination payments, and other contractual terms.
- b) Consult the Chief Executive about proposals relating to the remuneration of the other Executive Directors;
- c) ~~Make such recommendations to the Board~~ Agree on the remuneration and terms of service of Executive Directors of the Board (and other senior employees) ~~to~~ as ensure they are fairly rewarded for their individual contribution to the Trust - having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements for such members and staff where appropriate;
- d) ~~Monitor and evaluate the performance of individual Executive Directors (and other senior employees);~~ Monitor and assess the output of the evaluation of the performance of individual Executive Directors, and consider this output when reviewing changes to remuneration levels;
- e) ~~Advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate.~~ Advise upon and oversee contractual arrangements for executive directors, including but not limited to termination payments to avoid rewarding poor performance.

~~8.2.3 The Committee shall report in writing to the Board the basis for its recommendations. The Board shall use the report as the basis for their decisions, but remain accountable for taking decisions on the remuneration and terms of service of Executive Directors. Minutes of the Board's meetings should record such decisions.~~

8.2.4 The Council of Governors will decide the remuneration and allowances and other terms of office of the Chair and Non-Executive Directors.

- 8.2.5 The Trust will pay allowances to the Chairman and Non-Executive Directors in accordance with all relevant guidance.

8.3 Other Staff Remuneration and Appointments

- 8.3.1 The implementation of national pay directives relating to the remuneration of staff will be approved by the Chief Executive. Any local variations to these rates or implementation requiring local interpretation or negotiation requires Executive approval. This is delegated by the Chief Executive to Directors of People and Finance through the Trust Pay and Assurance Group (TPAG).

- 8.3.2 All Trust officers responsible for the engagement, re-engagement and regrading of employees, either on a permanent or temporary contract, or for hiring agency staff or contractors, or agreeing to changes in any aspect of remuneration must comply with the scheme of delegation and act in accordance with the processes designated by the Director of People. In particular such actions must be within the limit of their approved budget and funded establishment.

- 8.3.3 The Board shall delegate responsibility to the Director of People for ensuring:

- a) ensuring that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation
- b) ensuring processes are in place for dealing with variations to, or termination of, contracts of employment

- 8.3.4 The Directors of Finance and People, through Trust Pay and Assurance Group, must be informed when a reward (monetary and non-monetary) is being proposed for staff in recognition of their work, other than for length of service, for the Trust which will not be processed through the payroll. This is to ensure consistency and that appropriate legislation is being complied with. It should be noted that such rewards may constitute a taxable benefit. Length of service rewards are made in line with the approved policy.

8.4 Notification of Information to Payroll

- 8.4.1 All Trust Officers responsible for the engagement and management of staff must inform the Director of Finance's Payroll Department promptly and in the agreed form of full details in respect of:-

- a) Commencement of employment.
- b) Change to terms and conditions of employment or circumstance.
- c) Termination of employment.

- 8.4.2 On appointment, a properly authorised appointment form for Direct Hires or an e-Starter form for all staff recruited through ESR and such documents as required by the Director of Finance and/or Director of People shall be submitted to the Payroll Department immediately.

- 8.4.3 A properly authorised change of conditions e-form shall be submitted to the Payroll Department immediately a change in status of employment or personal circumstances of an employee is known.

- 8.4.4 A properly authorised termination of employment e-form and other relevant information shall be submitted to the Payroll Department immediately the effective date of an employee's resignation, retirement or termination is known. Where an employee fails to report for duty in circumstances which suggest that they have left without notice, the Payroll Department shall be informed immediately.

8.4.5 All absence due to sickness and other reasons as required shall be notified to the Payroll Department in the required form and timescales.

8.4.6 All documents used for payroll purposes such as time sheets and payment sheets must be in a form approved by the Director of Finance and must be properly authorised.

8.5 Processing of Staff Payments

8.5.1 The Director of Finance is responsible for:

- a) specifying timetables for the submission to the Payroll Department of properly authorised time records and other notifications
- b) the final determination of pay and allowances
- c) making payment on agreed dates
- d) agreeing method of payment

8.5.2 The Director of Finance will issue instructions regarding:

- a) Verification and documentation of data
- b) The timetable for receipt of data, preparation of payroll and the payment of staff
- c) Maintenance of subsidiary records for superannuation, income tax, national insurance, social security and other authorised deductions from pay
- d) Security and confidentiality of payroll information
- e) Checks to be applied to completed payroll before and after payment
- f) Authority to release payroll data under the provisions of the Data Protection Act
- g) Methods of payment for ALL staff by BACS
- h) Procedures for payment of BACS and in an emergency cheques, or cash to staff
- i) Procedures for recall of BACS
- j) Pay advances and their recovery
- k) Separation of the duties of initiating and making payments
- l) A system to ensure the recovery from leavers of sums due by them to the Trust
- m) Maintenance and regular reconciliation of adequate control accounts with appropriate internal check procedures

8.5.3 Appropriately nominated managers have delegated responsibility for:

- a) submitting properly authorised time records, and other notifications to the Payroll Department in accordance with agreed timetables
- b) completing time records and other notifications in accordance with the Director of Finance's instructions and in the form prescribed by the Director of Finance
- c) submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's resignation, termination or retirement. ~~Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, the Director of Finance must be informed immediately. (duplicates 8.4.4)~~

8.5.4 Regardless of the arrangements for providing the payroll service, the Director of Finance shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.

8.5.5 The Director of Finance shall pay salaries and wages on the currently agreed dates but may vary these when necessary due to special circumstances (e.g. Christmas and other bank holidays). Payments shall not normally be made in advance of the authorised normal pay date.

8.6 'Off Payroll' Arrangements

8.6.1 Off payroll arrangements relate to the payment of individuals for work undertaken on behalf of the Trust which is paid on receipt of invoice **through personal services companies or as a sole trader** rather than through the payroll. It does not include staff employed via employment agencies or those staff being seconded to the Trust, paid by another organisation which then recharges the Trust.

8.6.2 All senior staff must be on the payroll unless there are exceptional temporary circumstances, which will require the Chief Executive's approval. This includes all Trust Board members, members of Divisional Boards and staff with significant financial responsibility.

~~8.6.3 All other staff engaged to fill a specific role 'off payroll' require the approval of the Director of People who may delegate authority in accordance with the scheme of delegation.~~

8.6.4 All 'off payroll' engagements are required to comply with the relevant requirements of this section of the Standing Financial Instructions and with section 11, ~~recognising that payment is not via the payroll~~. In particular:

- all staff are required to be issued with a Contract of Employment which complies with employment legislation
- the terms of remuneration should be in line with national pay directives or locally Trust agreed variations. Payment outside of these terms requires Divisional Director and Human Resources approval.

8.6.5 The engagement of staff 'off payroll', gives rise to tax, national insurance and pension implications. It is the responsibility of Trust managers engaging the provision of such staff to ensure that the arrangements comply with the requirements of HM Revenue and Customs.

8.6.6 To comply with intermediaries' legislation all off payroll arrangements must be assessed to ensure compliance.

8.6.7 The Director of Finance is responsible for ensuring there are detailed procedures in place to assist employing managers to assess and select the correct form of contractual relationship required (payable gross on invoice or subject to statutory deductions through PAYE) to comply with HM Revenue and Custom **IR35** requirements.

8.6.8 All Trust officers responsible for procuring the provision of services by individuals not directly employed by the Trust must ensure that they comply with relevant Trust procedures and should seek guidance if required.

8.7 Travel and Subsistence

8.7.1 Payment of travel and subsistence costs incurred by staff on Trust business shall be made by the Payroll Department in accordance with the current regulations, subject to verification of claim details, upon receipt of the prescribed form, properly completed and authorised by an officer with delegated authorisation for this purpose.

9 Procurement of Goods and Services

9.1 Objective

- 9.1.1 To ensure that proper control is exercised and value for money is obtained in the procurement of all goods and services on behalf of the Trust.

9.2 General

- 9.2.1 The Trust Board may enter into contracts on behalf of the Trust within the statutory powers delegated to it. The procedure for letting all contracts shall comply with these powers and Standing Financial Instructions. A contract or agreement must be in place for all goods, services and works procured by the Trust. The nature of the contract or agreement will depend on the goods or services being provided. The Director of Finance is responsible for signing all contracts and agreements with delegated responsibilities given within **section 10d of** the scheme of delegation (appendix 2).
- 9.2.2 All contracts made shall endeavour to obtain best value for money by using the Trust's procurement service and processes established by the Director of Finance. The ~~Chief Executive~~ **Director of Finance** shall nominate a Trust officer who shall be responsible for overseeing and managing each contract on behalf of the Trust.
- 9.2.3 Goods, services and works shall only be ordered in line with the controls and systems established and approved by the Director of Finance, which must comply with the financial limits and other principles set out in this section. These controls and systems cover all goods and services procured ~~both within and outside of~~ **through** the Trust's Electronic Requisitioning and Ordering System (EROS) and ~~non-EROS~~ **other processes agreed by the Director of Finance**
- 9.2.4 All employees must comply with the processes, systems and controls for procuring all goods and services established by the Director of Finance which are available from the finance **department**.

9.3 EU Directives, Legislation and Guidance

- 9.3.1 The Trust shall comply with all European Union and Government Directives regarding public sector procurement and prescribed procedures for awarding all forms of contracts.
- 9.3.2 The Trust shall comply as far as is practicable with all guidance and advice issued by the Department of Health **and Social Care** and the independent regulator in respect of procurement, capital investment, estate and property transactions and management consultancy contracts.
- 9.3.3 No order shall be issued to any firm which has made an offer of gifts or rewards to Directors or employees – in line with Section 22.

9.4 Financial Limits

9.4.1 A minimum of three competitive tenders is required in accordance with the requirements of Section 10 for any purchase of goods or services over £25,000 (excluding VAT) including:

- a) a specification for equipment, goods, service contract, construction contract or other project
- b) a period standing order, call-off contract, framework agreement or other purchase of goods or services where the aggregate value exceeds £25,000 in any year.

9.4.2 Where such purchases exceed £5,000 but are less than £25,000 a minimum of three competitive quotations in writing shall be obtained.

9.4.3 Where such purchases do not exceed £5,000, non-competitive quotations in writing may be obtained with value for money being demonstrated on all occasions. Best practice should be a minimum of three such quotations.

9.4.4 Before placing an order for goods or services, potential suppliers and the cost should be adequately investigated and evaluated by the lead budgetholder in line with the Scheme of Delegation through the recommendation report prepared by the This should include consultation with the Trust's procurement service.

Recommendation Report Authorising Levels (excl. VAT)	Authority
£5,000 to £100,000	Director of Procurement, Divisional Finance Manager and Divisional Operations Director or Corporate Director
£100,000 to £1m	As above, plus the Director of Finance
Above £1m	As above, plus Director of Finance recommendation to Trust Board

All Exception Reports will be reviewed and authorised by the Director of Procurement, Divisional Finance Manager, Divisional Operations Director or Corporate Director and Director of Finance.

9.4.5 Orders shall not be placed in a manner devised to avoid the financial thresholds specified by the Trust Board.

9.4.6 If the Trust's procurement service is asked to place orders outside these thresholds, they will refer the request back to the budget holder. The ordering of goods or services above £5,000 without three or more competitive quotes or £25,000 without three or more competitively priced tenders competitive tendering will not be allowed but if the budget holder believes there is an exceptional case for doing so, that case must be submitted to the Director of Procurement for consideration of require approval as a Single Tender Action via the Trust's Single Tender Action procedure before placing the order.

For all orders above £5,000 that are not supported by competitive quotations, the case for proceeding must be submitted to the applicable authorising officers shown below to decide whether to approve as a Single Tender Action.

Value of Contract Per Annum (excl. VAT)	Authorising Officer
£5,000 to £24,999	Divisional Director and the Director of Procurement
£25,000 to £100,000	As above, plus the Director of Finance
Above £100,000	As above, plus the Chief Executive or Trust Board

- 9.4.7 For any procurement that takes place outside of the Trust's procurement service and/or the Trust's electronic requisitioning and ordering system, EROS, the processes referred to in 9.2.3 must be followed and the limits in 9.4.6 shall apply and follow the process agreed by the Director of Finance. ~~The Trust's non EROS purchase to pay process must be followed.~~

9.5 Requisitioning

- 9.5.1 The Director of Finance is responsible for establishing procedures regarding the requisitioning of goods and services on behalf of the Trust. This will include a list of managers authorised to requisition goods and services, including levels of authorisation.
- 9.5.2 No requisition or order shall be placed for items for which there is no provision in an authorised budget.
- 9.5.3 Requisitioners should ensure they comply with the Trust's procedures in the procurement of goods and services. They should always seek to obtain best value for money for the Trust and ensure that there are no conflicts of interest. In doing this the advice of the Trust's procurement service should be sought.
- 9.5.4 Requisitioning is required to be placed using the Trust's electronic requisitioning and ordering system EROS. It is recognised that the procurement of some goods and services is not supported by EROS. These cases are clearly defined within the process approved by the Director of Finance ~~non EROS purchase to pay process~~. Only the goods and services defined within this policy are able to be procured outside of EROS and the prescribed process must be followed.
- 9.5.5 Access to the Trust's electronic requisitioning and ordering system, EROS, shall only be granted to budget holders and officers delegated by them through the Trust's Authorised signatory list.
- 9.5.6 Information regarding every order shall be notified to the finance department in an agreed format immediately after the order is issued via both the Trust's electronic requisitioning and ordering system EROS or the process approved the Finance Director ~~Trust's non EROS purchase to pay process~~.
- 9.5.7 Official orders shall be consecutively numbered, Orders must have a unique purchase order number and be in a form approved by the Director of Finance, and shall include such information concerning prices, discounts, and other conditions of trade as they may require. The order shall incorporate an obligation on the contractor to comply with the conditions printed thereon as regards delivery, carriage, documentation, variations, etc.
- 9.5.8 Orders requisitioned through the Trust's electronic requisitioning and ordering system EROS are required to be independently authorised by a second person. The receipt of the goods can therefore be carried out by one of these officers. All orders requisitioned outside of EROS must be certified by a separate person in accordance with the process approved by the Director of Finance ~~Trust's non EROS purchase to pay process~~.
- ## 9.6 Other
- 9.6.1 All contracts, leases, tenancy agreements and other commitments, which may result in a long-term liability, must be notified to the Director of Finance for approval in advance of any commitment being made. ~~The Director of Finance shall nominate a Trust officer who shall be responsible for overseeing and managing each commitment based contract on behalf of the Trust (duplicates 9.2.2)~~

9.6.3 On completion of the procurement processes detailed within this section the signing of contracts and agreements to procure good and services on behalf of the Trust must be executed in line with the section 10d of the scheme of delegation

Delegated Matter	Authority
Contracts/ agreements following tendering process above unless specifically referred to below:	Below £25k, service manager Above £25k and below £100k, Divisional Director or Director of Purchasing and Supply Over £100k, Chief Operating Officer or Director of Finance
Purchase of healthcare	Below £100k, Divisional Director Over £100k, Chief Operating Officer
Property leases	Director of Finance
Leases – non property	Director of Finance
Outsourcing services	Below £100k, Divisional Director Over £100k, Chief Operating Officer and Director of Finance
Facilities contracts	Director of Estates and Facilities or nominated deputy
Estates maintenance contracts	Director of Estates and Facilities or nominated deputy
Capital estates based contracts	Director of Estates and Facilities or nominated deputy, following approval as per section 19

9.6.3 Where consultancy advice is being obtained or where supply of staff is being sought via an agency, the procurement of such skills must be in accordance with the latest guidance issued by the NHS Executive, the Department of Health and Social Care and NHS Improvement.

10 Tendering Procedure

10.1 Objective

10.1.1 To ensure that major purchases are tendered in a manner which can be demonstrated to ensure fair competition and value for money and to comply with legislation. The Trust shall ensure that competitive tenders are invited for:

- the supply of goods, materials and manufactured articles
- the provision of services including all forms of management consultancy services
- the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens)

10.2 Requirements to Tender

10.2.1 The following instructions shall apply to any purchase over £25,000 as required by Section 9.4. The principles in this instruction apply equally to the tendering procedures operated by the Estates Department (for capital contracts), Pharmacy (for drugs contracts) and the Procurement Department. Formal tendering procedures may be waived by the Chief Executive, where the supply is proposed under special arrangements negotiated by the **DH Department of Health and Social Care**, in which event the said special arrangements must be complied with.

10.2.2 Formal tendering procedures may be waived by the Chief Executive in the following circumstances:

- a) in very exceptional circumstances where it is decided that formal tendering procedures would not be practicable and the circumstances are detailed in an appropriate Trust record.
- b) where the requirement is covered by an existing contract
- c) where national NHS agreements are in place
- d) where a consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the consortium members;
- e) where specialist expertise is required and is available from only one source;
- f) when the task is essential to complete a project, and arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate;
- g) there is a clear benefit to be gained from maintaining continuity with an earlier project. However in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering;

The waiving of competitive tendering procedures should not be used to avoid competition or for administrative convenience.

Where it is decided that competitive tendering is not applicable and should be waived, the fact of the waiver and the reasons should be documented and recorded in an appropriate Trust record and reported to the Audit Committee.

10.2.3 Where the tendering procedures are waived under (a) above this must be reported and approved by the Trust Board before being actioned.

10.3 EU Directives Legislation, Guidance and Public Contract Regulations

- 10.3.1 EU procurement directives and UK procurement legislation governing procedures for awarding contracts by an NHS body shall have effect as if incorporated in these Standing Financial Instructions.
- 10.3.2 Contracts above specified thresholds must be advertised and awarded in accordance with EU and other directives and Government legislation. The Procurement Department will advise on these requirements.
- 10.3.3 The Trust should never enter into a contract which involves a contractor assessing and carrying out work on behalf of the Trust.

10.4 Selection of Suitable Firms to Invite to Tender

- 10.4.1 The Procurement Department shall ensure ~~that~~ they source suitable suppliers to be invited to provide tenders or quotations for the supply of goods or services to the Trust. Suitability will include the technical and financial competence of the supplier.
- 10.4.2 The Estates Department will refer to the relevant Register of Contractors (**Constructionline**) in considering suppliers suitable to be invited to provide tenders or quotations for their requirements.
- 10.4.3 All suppliers deemed suitable to be invited to submit quotations or tenders should comply with the Equality Act 2010, the Health and Safety at Work Act, procurement sustainability, fair and equitable trade policy and all other legislation concerning employment and the health, safety and welfare of workers and other persons. Firms must provide to the appropriate manager a copy of its safety policy and evidence of the safety of plant and equipment, when requested.
- 10.4.4 The Director of Finance may make or institute any enquiries deemed appropriate concerning the financial standing and financial suitability of approved contractors. The Directors with lead responsibility for clinical governance will similarly make such enquiries as is felt appropriate to be satisfied as to their technical / medical competence.

10.5 Health Care Services

- 10.5.1 The tendering limits and processes in these standing financial instructions apply equally to the supply of **non SLA** healthcare services. **See Section 5 for SLA contracts.**

10.6 Standard Selection Questionnaire

- 10.6.1 Statutory guidance states that the Trust may not include a pre-qualification stage in any procurement where the value of the goods and services is below the EU threshold, thus restricting the use of ~~Pre-qualification~~ **Selection** Questionnaires (**PQs**). However, the Trust should ensure ~~they ask suitability~~ **suitable** assessment questions' relating to a potential supplier **are asked** making certain ~~that~~ the questions are relevant to the subject matter of the procurement and proportionate.

For procurements above the EU threshold, the standardised set of ~~pre-qualification~~ **selection** questions should be followed as per the Crown Commercial Service guidance.

10.7 Invitation to Tender

- 10.7.1 The Trust shall ensure that:
- a) invitations to tender are sent to a sufficient number of firms to provide fair and adequate competition, unless this can be evidenced otherwise. In all cases that a minimum of either:
 - i. three firms shall be invited to tender
 - ii. the most the market permits
 - b) the firms invited to tender are deemed suitable as described above, having regard to their capacity to supply the goods or materials or to undertake the services or works required.
 - c) the firms invited to tender are subject to the supplier selection questionnaire (SSQ) described above
 - d) invitations to tender shall clearly state the date and time as being the latest time for the receipt of tenders.
 - e) invitations to tender shall state that no tender will be accepted unless it meets the submission requirements of the Trust's e-tendering process or for manual tendering unless:
 - i. submitted in a plain sealed package or envelope bearing a pre-printed label supplied by the Trust (or the word "tender" followed by the subject to which it relates) by the latest date and time for the receipt of such tender and addressed to the Chief Executive or nominated manager.
 - ii. the tender envelopes / packages are free from any names or marks indicating the sender. The use of courier/postal services must not identify the sender on the envelope or on any receipt so required by the deliverer.
- 10.7.2 Before inviting tenders the appropriate officers shall compile a formal estimate of the probable expense of meeting the specification. Such estimates must quote the value of the relative item in the capital and/or revenue budget for the year approved by the Trust Board.
- 10.7.3 Every tender for goods, services or disposals shall include such sections of the NHS Standard Contract Conditions as are applicable.
- 10.7.4 Every tender for building, engineering works, land and property transactions shall comply with the industry standards for such contracts.
- 10.7.5 In the case of IT procurements the requirements of relevant industry standards shall be followed.

10.8 Receipt and Safe Custody of Tenders and Records

- 10.8.1 Tenders received via the e-tendering system will be subject to the controls built into the system regarding the receipt and safe keeping of all tenders and records.
- 10.8.2 The date and time of receipt of each manual tender shall be endorsed on each unopened tender envelope/package.
- 10.8.3 The nominated employee shall be responsible for the receipt, endorsement and safe custody of manual tenders received until the time appointed for their opening, and of records maintained in accordance with Section 14.10.

10.9 Opening Tenders

10.9.1 E-Tenders

Within three working days after the date and time stated as being the latest time for the receipt of tenders, they shall be unlocked and opened in the e-tendering system by two officers within the Procurement Department.

10.9.2 Manual Tenders

- a) Within three working days after the date and time stated as being the latest time for the receipt of tenders, they shall be opened in the presence of persons specified in the separate procedures for Capital and Procurement. In the case of JCT tenders, for capital projects, they shall be opened by:
 - Executive members of the Trust Board
 - Head of Finance Deputy Director of Finance
 - Deputy Director of Operations Deputy Chief Operating Officer
 - Head of Human Resources Deputy Director of People
- b) Every tender received shall be stamped with the date of opening and initialed by the persons in Section 10.9.1 (a) above, who witnessed the opening.
- c) Every envelope shall be referenced to the tenderer and shall be retained with the tender documents.
- d) All pages of the tender documents containing the tender prices or making specific reference to terms and conditions stipulated by the tenderer shall be stamped in the presence of the persons witnessing the opening, with a uniquely identifiable stamp, which shall be held securely in the charge of a nominated officer.
- e) A record shall be maintained by the Nominated employee for each set of competitive tender invitations dispatched, which shall be initialed by the witnesses to the opening of tenders. The register shall contain the following information:
 - i. The names of all the firms invited
 - ii. In the case of building and engineering contracts, the estimate of the probable cost in accordance with Section 13.13
 - iii. The names and the number of firms from which tenders have been received and the amount of each tender where applicable
 - iv. The date the tenders were opened
 - v. The persons present at the opening and their signatures
 - vi. Particulars of any anomalies in accordance with Section 13.19(a), 13.19(d) and 13.19(f)
- f) Every price alteration appearing on the tender shall be initialed by two of those present at the opening.
- g) Incomplete tenders, i.e. those from which information necessary for the adjudication of the tender is missing, and amended tenders i.e. those amended by the tenderer upon his own initiative either orally or in writing after the due time for receipt, but prior to the opening of other tenders, should be dealt with in the same way as late tenders.

10.10 Admissibility, Evaluation and Acceptance of Tenders

10.10.1 Admissibility

- a) If for any reason it appears that the tendering process has not been carried out on a strictly competitive basis no contract shall be awarded without the approval of the Chief Executive.
- b) Tenders received after the opening may not be considered unless it is agreed by the Chief Executive that there is adequate reason for the late arrival and that it is in the interest of the Trust to do so and only then if the tenders that have been duly opened have not left the custody of the Chief Executive or his the nominated officer or if the process of evaluation and adjudication has not started.
- c) If none of the tenders that were received in time is economically or in other ways acceptable, re-tendering to a new date shall be invited
- d) While decisions as to the admissibility of late, incomplete or amended tenders are under consideration, the tender documents shall be kept strictly confidential, recorded, and held in safe custody by the Chief Executive or his nominated officer.

10.10.2 Evaluation

- a) Tender evaluation reports will be approved in accordance with the scheme of delegation.

Tender Evaluation Reports (excl. VAT)	Authority
£5,000 to £250,000	Director of Estates and Facilities or nominated Deputy
£250,000 to £1m	As above, plus the Director of Finance
Above £1m	As above, plus Director of Finance recommendation to Trust Board

- b) Necessary discussion and consultation with a tenderer to clarify the tender before the award of a contract need not disqualify the tender. However, if such discussions result in clarifications of the specification, which result in a tender price being reduced below what were previously lower prices of other tenderers, a contract shall not be awarded unless all the other tenderers have been given the benefit of any clarification to the specification that has resulted from the discussions, and an opportunity to re-tender if they wish. This is with the exception of a negotiated and competitive dialogue or innovation partnership procedure.

10.10.3 Acceptance

- a) The most economically advantageous tender, shall be accepted unless, for good and sufficient reasons which must be formally recorded, the Chief Executive decides otherwise. This is with the exception of a negotiated and competitive dialogue or innovation partnership procedure.
- b) No tender shall be accepted until the professional officer concerned has formally agreed that it is technically satisfactory.
- c) No tender for building works which is in excess of the budget sum under 10.7.2 by more than 10% or £5,000, whichever is the greater, should be accepted without the approval of the Chief Executive.
- d) All tenders shall be treated as confidential and should be retained for inspection.

10.11 Form of Contract

- 10.11.1 a) Every contract including those for building and engineering works shall embody or be in the same terms and conditions of contract as those on the basis of which tenders were invited.
- b) Every contract for building and engineering works, which exceeds the sum of £150,000, shall be executed under the common seal of the Trust (except those executed under the JCT form of contract for minor works). The use of the common seal of the Trust shall be in accordance with Section 40-24 of the Scheme of Delegation.

10.12 Payment to Contractors by Instalments

- 10.12.1 a) Where contractors provide for payment to be made by instalments, the Director of Finance shall keep a contract register to show the state of account on each contract, between the Trust and the contractor, together with any other payments and the related professional fees.
- b) Payment to contractors on account shall be made only on a certificate issued by the appropriate Works Estates Officer or Project Manager, Private Architect or other consultant nominated as Contract Administrator.

10.13 Variation of Contracts

- 10.13.1 Contract variations shall only apply to works or services, not goods. All contract variations must properly describe the additional work or services to be provided for the agreed additional cost.
- 10.13.2 Any contract variation must be considered and authorised in line with the scheme of delegation (appendix 2). Such variations or additional instructions must be issued prior to the commencement of the work in question, except in the case of an emergency when it must be issued on the next working day.
- 10.13.3 Any contract variation must not fundamentally change the scope of the procurement.
- 10.13.4 Contract variations are not subject to single tender actions.

10.14 Final Certificates and Accounts

- 10.14.1 a) The final payment certificate of any contract shall not be issued until the appropriate Contract Administrator, as in Section 10.12.1(b), has certified the accuracy and completeness of the value of the final account submitted by the contractor.

Any final account that is agreed at a figure in excess of the approved sum in the contract shall be reported to:

- i. The Chief Executive if in excess of 5%
 - ii. The Trust Board if in excess of 10%
- b) The Director of Finance may examine final accounts for contracts and may make all such enquiries and receive such information and explanations as may be required in order to be satisfied of the accuracy of the accounts.

10.15 Competitive Tendering

- 10.15.1 The costs of support services may be tested by competitive tendering in accordance with appropriate legislation.
- 10.15.2 For each tendering exercise the following groups shall be set up:-
- a) Service specification group, comprising a nominee of the Chief Executive and a specialist technical officer who will obtain such support from Management Services as is required.
 - b) In-house tender group, comprising a nominee of the Chief Executive with technical support as necessary.
 - c) Evaluation team, comprising specialist support from the procurement department and a Director of Finance representative.
- 10.15.3 All groups should work independently of each other. Individual officers may be members of more than one group, although no member of the in-house tender group may participate in evaluation of tenders.
- 10.15.4 The evaluation team shall make recommendations on the award of contracts to the Trust Board.
- 10.15.5 The price at which a tender is accepted becomes the new budget for the service and shall not be varied except for:-
- a) Subsequent changes in specification authorised by the Chief Executive (being a different person to the in-house contract manager) at prices to be negotiated by the Divisional Director.
 - b) Price variations allowed for in the contract.
- 10.15.6 Monitoring of performance against the contract shall be the responsibility of the **nominated Trust officer** ~~in-line senior manager~~ utilising such advice as is appropriate.
- 10.15.7 The provisions of this section relating to tendering and contracting shall also be observed in competitive tendering.

11 Payment for Goods and Services Received

11.1 Objective

11.1.1 To ensure that:

- a) Payments are only made for goods and services which have been ordered and received in accordance with these instructions, and are of the appropriate quality and quantity.
- b) Payments are only made once an invoice has been properly checked and authorised by a person with delegated responsibility.
- c) Contract invoices are paid in accordance with contract terms or otherwise in accordance with national guidance.
- d) Invoices and other valid claims are paid promptly

11.2 General

11.2.1 The Director of Finance is responsible for the payment of all properly authorised invoices and claims.

11.2.2 The Director of Finance is responsible for establishing procedures regarding the prompt notification of all monies payable by the Trust arising from transactions initiated by Trust officers. All Trust employees are responsible for complying with these procedures.

11.3 Verification and Payment

11.3.1 The Director of Finance is responsible for designing and maintaining a system for the verification, recording and payment of all amounts payable by the Trust.

This system shall provide by certification or by compliance with an authorised computer system that:

- a) Goods and services have been ordered in accordance with Section 9
- b) Goods have been duly received, are in accordance with specification and order and that prices are correct
- c) Services have been satisfactorily executed in accordance with the order and that the charges are correct
- d) In the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time records, that the rates of labour are in accordance with the appropriate rates, that the materials have been checked as regards quantity, quality and price, and that the charges for the use of vehicles, plant and machinery and other expenses have been examined and are reasonable
- e) The invoice is arithmetically correct
- f) The account has not been previously passed for payment or paid
- g) The account is in order for payment

11.3.2 The Trust will maintain an Authorised Signatory List of budget holders and officers delegated by them who are authorised to certify invoices. **All changes to this list must be notified to the finance department through the designated process. Duplication 11.5.1j**

- 11.3.3 The Director of Finance shall ensure that all invoices and accounts are paid promptly having regard to:
- The Trust's cash flow
 - The possibility of receiving a discount for early payment
 - Current Department of Health **and Social Care** guidance on prompt payment.
- 11.3.4 Where an employee authorising invoices for payment relies upon other employees to do preliminary checking they must ensure that those who check delivery or execution of work act independently of those who have placed orders and negotiated prices and terms.
- 11.3.5 In the case of contracts for building or engineering works which require payment to be made on account during the progress of the work, the Director of Finance shall make payment on receipt of a certificate from the appropriate technical consultant or officer. Without prejudice to the responsibility of any consultant or works officer appointed to a particular building or engineering contract, a contractor's account shall be subjected to financial and general examination by the person responsible to the Trust as Project Manager before the final certificate is issued.

11.4 Prepayments **and commitments covering future financial years**

- 11.4.1 Prepayments **and commitments covering future financial years** are only permitted where exceptional circumstances apply. In such instances: Prepayments are only permitted where the financial advantages outweigh the disadvantages;
- The appropriate employee must provide in writing, the case for a prepayment/**future commitment**, setting out all relevant circumstances of the purchase. This must include the effect on the Trust if the supplier is at some time during the course of the prepayment agreement unable to meet **his their** commitments
 - The Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed
 - The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Executive Director or Chief Executive if problems are encountered.

11.5 Duties of Managers and Officers

- 11.5.1 Managers and officers must ensure that they comply fully with the guidance and limits specified by the Director of Finance and that:
- all contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance for approval in advance of any commitment being made
 - contracts above specified thresholds are advertised and awarded in accordance with EU rules on public procurement. See also section 10
 - where consultancy advice is being obtained or where supply of staff is being sought via an agency, the procurement of such skills must be in accordance with the latest guidance issued by the NHS Executive, the Department of Health **and Social Care** and the independent regulator and in line with section 8.6
 - no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors or employees other than:

- I. isolated gifts of a trivial character or inexpensive branded seasonal gifts, such as calendars;
 - II. (conventional hospitality, such as lunches in the course of working visits; This provision needs to be read in conjunction with section 22.
- e) no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Chief Executive
 - f) all goods, services, or works are ordered on an official order except purchases from petty cash
 - g) verbal orders must only be issued ~~very exceptionally~~ **by exception**, by an authorised employee and only in cases of emergency or urgent necessity. These process for emergency ordering must be followed including the issue a confirmation order
 - h) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds laid out in section 9
 - i) goods are not taken on trial or loan in circumstances that could commit the Trust to a future uncompetitive purchase
 - j) changes to the Trust's Authorised Signatory List of budget holders and officers delegated by them authorised to certify invoices are notified to the finance department through the designated process;
 - k) purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance;
 - l) petty cash records are maintained in a form as determined by the Director of Finance;
 - m) orders should be placed using either the Trust's electronic requisitioning and ordering system EROS or, where specifically permitted, the Trust's non EROS purchase to pay process as described in the applicable Trust policy.

11.5.2 The Chief Executive and Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with best practice and guidance issued by the Department of Health **and Social Care** and NHS Improvement. The technical audit of these contracts shall be the responsibility of the relevant Executive Director.

11.6 Imprests

11.6.1 The Director of Finance may authorise advances on the imprest system for petty cash and other purposes as required. Individual payments from such imprests must not exceed an amount authorised by the Director of Finance and must be properly reconciled to petty cash sheets, which are supported by vouchers showing details of the transaction.

11.7 Negotiation with Suppliers

11.7.1 Where there are ongoing disputes with suppliers that require compromise arrangements to resolve, these will be considered and approved as follows:

- £0 - £1,000 Deputy Director of Finance
- £1,001 - £25,000 Director of Finance
- Over £25,000 Finance Committee

12 Stores and Receipt of Goods

12.1 Objective

- 12.1.1 To ensure that all stockholdings of significant value are properly safeguarded and accounted for.

12.2 Control of Stores

- 12.2.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:

- a) kept to a minimum
- b) subjected to annual stock take
- c) valued at the lower of cost and net realisable value

- 12.2.2 Subject to the responsibility of the Director of Finance for the systems of control, the overall control of stores shall be the responsibility of the appropriate Divisional Manager/Head of Trust Corporate Services function. This responsibility may be further delegated to a service manager or staff member provided this is clearly documented.

- 12.2.3 The Director of Pharmacy is responsible for the control of pharmaceutical stocks.

- 12.2.4 The Director of Estates is responsible for the control of fuel stocks (oil and coal).

- 12.2.5 **The Head of Clinical Engineering is responsible for the control of MEMO stocks**

- 12.2.6 The Director of Finance shall establish procedures and systems regarding the control of stores including receipting, issues, returns and losses. All staff responsible for the control of stores must comply with these procedures.

- 12.2.7 The responsibility for security arrangements and the custody of keys for all stores locations shall be clearly defined in writing by the designated employees and agreed with the Director of Finance. Wherever practicable, stocks shall be marked as Trust property.

- 12.2.8 The Director of Finance shall be informed of any variations in policy that are likely to result in any significant variation in overall stock levels.

12.3 Stocktaking

- 12.3.1 Stocktaking arrangements shall be agreed with the Director of Finance and there shall be a physical check covering all items in store at least once a year. The physical check shall involve at least one officer other than the designated responsible officer. The stocktaking records shall be numerically controlled and signed by the officers undertaking the check.

- 12.3.2 Any surpluses or deficiencies revealed on stocktaking shall be reported to the responsible officer for investigation. Evidence of such investigation shall be recorded and all confirmed surpluses or deficiencies shall be reported immediately to the Director of Finance.

- 12.3.3 All responsible employees shall comply with the arrangements made by the Director of Finance to certify stock values at the 31st March each year.

12.4 Losses and Slow-Moving Items

- 12.4.1 The responsible employee shall maintain a system approved by the Director of Finance for reviewing slow moving and obsolete items at least annually and for the condemnation, disposal and replacement of all unserviceable items. They shall formally report to the Director of Finance any evidence of significant overstocking and of negligence or malpractice.
- 12.4.2 Breakages, deteriorations due to overstocking and other losses of goods in stores shall be recorded as they occur, and a summary should be presented to the Director of Finance at quarterly intervals. Tolerance limits shall be established for all stores subject to unavoidable loss, such as certain foodstuffs and natural deterioration of certain goods.
- 12.4.3 It is a duty of employees responsible for the custody and control of stores to notify all losses including those due to theft, fraud and arson, in accordance with Section 13 and 16 of these instructions.

13 Fixed Asset Register and Security of Assets, Disposal and Accounting of Assets

13.1 Objective

13.1.1 5..1 To ensure that assets are properly safeguarded and accounted for.

13.2 Asset Register

13.2.1 The Director of Finance is responsible for the maintenance of the Trust's register of assets and for arranging for a physical check of assets against the asset register to be conducted on a rolling three year programme.

13.2.2 The Director of Finance must ensure the Trust maintains an asset register recording all fixed assets, including those used for the provision of Commissioner Requested Services, in accordance with the requirements of the Independent Regulator.

13.2.3 Additions to the fixed asset register must be clearly identified to an appropriate officer and be validated by reference to

- a) properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
- b) stores, requisitions and wages payroll records for own materials and labour including appropriate overheads and
- c) lease agreements in respect of assets held under a finance lease and capitalised.

The Trust shall maintain an asset register of every relevant asset used for the provision of Commissioner Requested Services in accordance with the guidance issued by the Independent Regulator.

13.2.4 ~~If NHS Improvement has given notice about the ability of the Trust to carry on as a going concern the Trust shall not dispose of, or relinquish control over any relevant asset without consent in writing of NHS Improvement. This includes the disposal of part of the property or granting an interest in it. (Duplicated in 13.4.2)~~

13.2.5 Where capital assets are sold, scrapped, lost or otherwise disposed of, the responsible officer must notify the Director of Finance, who will ensure that their value is removed from the accounting records. Each disposal must be validated by reference to authorisation documents and invoices (where appropriate).

13.2.6 Assets that are leased by the Trust must not be disposed of.

13.2.7 The Director of Finance shall approve procedures for reconciling the fixed asset balances in the financial ledger with the balances on the fixed asset register.

13.2.8 The value of each asset shall be maintained in accordance with the Trust's agreed accounting policies.

13.2.9 The value of each asset shall be depreciated over its expected asset life in accordance with the appropriate accounting standards and any guidance issued by NHS Improvement Department of Health and Social Care.

13.3 Security of Fixed Assets

- 13.3.1 The Chief Executive is responsible for the overall control of the Trust's fixed assets.
- 13.3.2 Asset control procedures (including fixed assets, donated assets, cash, cheques and negotiable instruments) must be approved by the Director of Finance. These procedures shall make provision for
- a) recording the managerial responsibility for each asset
 - b) the identification of additions and disposals
 - c) the identification of all repairs and maintenance expenses
 - d) the physical security of assets
 - e) the periodic verification of the existence of, condition of and title to, assets recorded
 - f) identification and reporting of all costs associated with the retention of an asset
 - g) reporting, recording and safekeeping of cash, cheques and negotiable instruments; detailed in section 14.
- 13.3.3 All discrepancies revealed by the verification of physical assets to the fixed asset register shall be notified to the Director of Finance.
- 13.3.4 Each employee has a responsibility for the security of the Trust's property and should ensure that equipment and property is secured when not attended and should report suspicious incidents and losses to their appropriate manager. It is the responsibility of Directors and senior managers in all disciplines to apply such appropriate routine security practices in relation to NHS property as may be determined by the Trust Board. Any breach of agreed security practices must be reported to the Chief Executive.
- 13.3.5 Any damage to the Trust's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported in accordance with the procedure for reporting losses in section 16.
- 13.3.6 Where practical, purchased or donated assets should be marked as Trust property.
- 13.3.7 Where assets are loaned or leased to the Trust, responsible officers should ensure these are notified to the Director of Finance in accordance with prescribed procedures. These assets must be clearly identified and must not be scrapped or otherwise disposed of. An inventory of such assets will be maintained but will not form part of the fixed asset register.

13.4 Restrictions on the disposal of assets

- 13.4.1 A register of every relevant asset for the provision of Commissioner Requested Services is required to be maintained in accordance with requirements issued by the Independent Regulator.
- 13.4.2 If NHS Improvement has given notice to the Trust that it is concerned about the ability of the Trust to carry on as a going concern then the following shall apply.
- a) The Trust shall not dispose of the whole or any part of, or relinquish control over, any relevant asset except with the consent in writing of NHS Improvement
 - b) The Trust shall inform NHS Improvement of any proposals to dispose of, or relinquish control over, any relevant asset
 - c) Written consent from NHS Improvement shall not prevent the Trust from disposing of, or relinquishing control over, any relevant asset where:
 - I. NHS Improvement has issued a general consent, or
 - II. The Trust is required by the Care Quality Commission to dispose of a relevant asset.

13.5 Disposal of Assets

- 13.5.1 The Director of Finance must prepare detailed procedures for the disposal of assets including condemnations and ensure that these are notified to Managers.
- 13.5.2 When a Department decides to dispose of a Trust asset, the Head of Department, or authorised deputy must comply with the Trust's procedures. In particular by:
- a) establishing whether it is needed elsewhere in the Trust; and if not
 - b) determining and advising the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.
- 13.5.3 In the event of a private sale (e.g. to a member of staff) the Head of Department should first follow the procedure in Section 13.5-2 1. If the private sale is more beneficial the Divisional Manager should be notified of the course of action. Advice should be sought from the Finance Department regarding the VAT liability of the proposed sale.

13.6 Condemnations

- 13.6.1 All unserviceable articles can only be condemned or otherwise disposed of by an officer authorised for that purpose by the Director of Finance and in accordance with Trust procedures. In particular the condemnation must be appropriately recorded in line with these procedures identifying whether the articles are to be converted, destroyed or otherwise disposed of. All records shall be confirmed by the countersignature of a second employee authorised for the purpose by the Director of Finance.
- 13.6.2 The officer condemning the item shall establish whether or not there is evidence of negligence in use and shall report such evidence to the Director of Finance who will take appropriate action.

14 Security of Cash, Cheques and Other Negotiable Instruments

14.1 Objective

- 14.1.1 a) To ensure that cash, cheques, and similar documents of value are kept securely and properly controlled.
b) To design and securely control all controlled stationery e.g. receipt books, agreement forms, income books.

14.2 Cash

14.2.1 Cash handling represents an area of high risk, therefore it should be kept to a minimum with banking facilities used whenever possible. All staff responsible for collecting or holding cash must comply with these standing financial instructions and all detailed **system** procedures issued by the Director of Finance, in order to protect themselves and prevent their integrity from being called into question.

~~14.2.2 The Director of Finance is responsible for establishing systems and procedures relating to cash within the Trust.—Duplication of 14.2.1~~

14.2.3 The Senior Manager responsible for an area where cash is handled must ensure that all staff:

- are aware of their duty to comply with Standing Financial Instructions and the procedures issued by the Director of Finance.
- comply with the provisions of this section of the Standing Financial Instructions and cash handling procedures.

14.2.4 On every occasion when cash is transferred from the custody of one person to another it shall be the duty of the recipient to check it and of the other to obtain a written acknowledgement. Where this is not possible due to the cash being in sealed packets, the packets shall be counted and acknowledged unopened.

14.2.5 Cash handling procedures should always demonstrate segregation of duties. Where this is not possible, a Senior Manager must oversee the process including conducting regular checks to provide assurance.

14.3 Cash Expenditure

14.3.1 If a Manager considers it necessary for a member of staff to use cash to purchase goods or services on behalf of the Trust, where cheque payment or bank transfer is impractical, they must comply with the 'petty cash' procedures established by the Director of Finance.

14.3.2 The Trust's money shall not, under any circumstances, be used for the encashment of private cheques or be used for private purposes.

14.3.3 Staff responsible for administering petty cash imprests must ensure that payments are only made in line with the petty cash procedure established by the Director of Finance. Every payment must be recorded and authorised in accordance with these procedures with evidence supporting the transaction.

14.3.4 It is the responsibility of all staff authorised to hold cash to reconcile, at least once a week, the record of transactions with the amount actually in hand, in line with Trust procedures. It is the responsibility of their manager to review and make appropriate checks in line with

Trust procedures. Any discrepancy or concerns must be reported to senior management and the Director of Finance without delay.

14.4 Cash Income

- 14.4.1 Income received shall be handled and accounted for in accordance with the requirements of Sections 6.3 and 7.

14.5 Security of Cash

- 14.5.1 Staff involved in the handling of cash and their managers are responsible for ensuring that cash is kept securely and in accordance with instructions the procedures issued by the Director of Finance. They must ensure that they have notified the finance department of the cash handling within their area.
- 14.5.2 Safes and/or lockable cash boxes shall be provided for the custody of cash in all places where it is necessary for cash to be held. Coin-operated machines shall wherever possible be fitted with separately lockable compartments for cash.
- 14.5.3 Cash boxes holding cash shall not be left unattended at any time and shall be kept in a safe when not in use.
- 14.5.4 The loss of cash, cash boxes, safes or keys should be notified to the finance department immediately.

14.6 Unofficial Funds

- 14.6.1 The Trust shall not be liable in any circumstances for the loss of unofficial funds (funds not arising from Trust business). The holder of the key of a safe provided for the custody of official cash shall not accept unofficial funds for safe keeping.

14.7 Controlled Stationery

- 14.7.1 The Director of Finance is responsible for approving the design of, and ordering, all controlled stationery such as receipt books, agreement forms, invoices or other means of recording monies received or receivable.
- 14.7.2 All controlled stationery shall be issued and kept securely in accordance with procedures established by the Director of Finance. Any loss of controlled stationery must be reported to the Director of Finance immediately.

14.8 Cheques

- 14.8.1 All blank cheques or other orders for payment shall be ordered only on the authority of the Director of Finance, who shall make proper arrangements for their safe custody. They shall be subject to the same security precautions as are applied to cash. Any loss of cheques shall be reported to the Director of Finance immediately.
- 14.8.2 Cheques will only are not permitted to be drawn to "cash". with the specific, written authority of the Director of Finance. All cheques drawn to "cash" must have a second authorised signature.

14.9 Movement of Cash

- 14.9.1 The Director of Finance shall prescribe the system for the transporting of cash and shall be responsible for making all arrangements with any security company operating under a contract with the Trust. Cash in transit (including cash moved from one office or building to another on Trust premises) and the making up and paying out of cash payments shall be suitably safeguarded. When substantial amounts have to be moved, special security arrangements shall be made.
- 14.9.2 Any employee who has any indication that the safe custody of cash on the Trust's premises or in transit to or between premises may be at risk shall immediately notify the Director of Finance and the Security Officer confidentially of the circumstances.

14.10 Transfer of Responsibilities for Cash, Cheques and Controlled Stationery

- 14.10.1 When an employee, whose duties include the holding of cash, cheques or controlled stationery hands over responsibility prior to leave or termination of appointment, both the outgoing and the incoming officer shall sign a handing over certificate stating:
- a) the composition of the cash
 - b) the consecutive numbers of the cheques or controlled stationery;
 - c) particulars of keys handed over
 - d) particulars of anything else being held for safekeeping
- 14.10.2 In the unavoidable absence of the outgoing employee, one or more other employee shall be appointed to carry out the hand-over to the incoming officer.
- 14.10.3 Where the responsibility for an imprest changes permanently, this fact shall be notified to the Director of Finance. Hand-over certificates evidencing the change in responsibility should be retained within the area for future reference.
- 14.10.4 During any absence of the substantive holder of the key to a safe or cash box, the officer or officers appointed to act temporarily shall be fully accountable for the performance of such duties and shall be subject to these Standing Financial Instructions as though they were the substantive key holder.

15 Patients' Property

15.1 Objective

15.1.1 To ensure that property of patients is properly safeguarded and fully accounted for.

15.2 Responsibilities

15.2.1 The Trust has a responsibility to provide safe custody for money or other personal property (hereafter referred to as 'property') handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital, or dead on arrival.

15.2.2 Staff shall be informed on appointment in writing by the appropriate departmental head or senior officers of their responsibilities and duties for the administration of the property of patients.

15.2.3 The Chief Executive shall be responsible for ensuring that patients or their guardians, as appropriate, are informed before or at admission that the Trust will not accept responsibility or liability for patients' monies and personal property brought into the Trust's premises, unless it is handed in for safe custody and a copy of the patients' property record is obtained as the official receipt.

15.2.4 Where possible patients should be advised to make their own arrangements for the safe custody of their property - outside of the hospital.

These matters shall be drawn to patients' attention by means of:

- a) Notices and information booklets
- b) Hospital admission documents and property records
- c) The verbal advice of administrative and nursing staff responsible for admissions

15.2.5 The Director of Finance must provide detailed written instructions on the collection, custody, recording, safekeeping, and disposal of patient property (including instructions on the disposal of the property of deceased patients and patients transferred to other premises) for all staff whose duty it is to administer in any way the property of patients.

15.2.6 Every employee of the Trust into whose personal custody any money or other property of a patient is received must comply with the requirements of these instructions. Valuable items shall be dealt with in the same way as cash and therefore instructions in sections 6 and 7 14 will apply.

~~15.2.7 Where Department of Health and Social Care instructions require the opening of separate accounts for patients' monies, these shall be opened and operated under arrangements specified by the Director of Finance. Monies deposited in excess of the patients' needs shall be invested in accordance with guidance from the Secretary of State and in accordance with arrangements specified by the Director of Finance.~~

15.2.8 Except as provided below in section 15.3, refunds of property handed in for safe custody shall be returned to the patient, as required, by the employee who has been responsible for its security. The return shall be receipted by the patient or guardian as appropriate, and witnessed.

15.3 Deceased patients

- 15.3.1 The disposal of property of deceased patients shall be effected by the Director of Finance and in accordance with Department of Health **and Social Care** and Treasury guidance. Disposal to relatives shall be dependent on clarification of the lawful kin or other such person entitled to the possessions in question.
- 15.3.2 In all cases where property, including cash and valuables of a deceased patient is of a total value of more than £5,000 (or such other amount as may be prescribed by any amendment to the Administration of Estates, Small Payments Act 1965), the production of a Grant of Probate or Letters of Administration shall be required before any of the property is released. Where the total value of the property is £5,000 or less, forms of indemnity shall be obtained.
- 15.3.3 In respect of a deceased patient's property, if there is no will and no lawful kin, the property vests with the Crown, and particulars shall, therefore, be notified to the Treasury Solicitor, or to the Duchies of Lancaster and Cornwall, as appropriate.
- 15.3.4 Any funeral expenses necessarily borne by the Trust are a first charge on a deceased person's estate. Where arrangements for burial or cremation are not made privately, any cash of the estate held by the Trust shall be appropriated towards funeral expenses. No other expenses or debts shall be discharged out of the estate of a deceased patient.

16 Losses and Special Payments

16.1 Objective

- 16.1.1 To ensure that property of patients is properly safeguarded and fully accounted for.

16.2 General

- 16.2.1 The Director of Finance is responsible for establishing procedures for the recording of and accounting for losses and special payments.
- 16.2.2 The Director of Finance shall maintain a losses and special payments register in which all losses shall be recorded without delay. Appropriate officers must undertake a review of systems and processes to reduce the risk of similar losses arising in the future and seek advice where they believe a particular case raises a point of principle.
- 16.2.3 For any loss the Director of Finance shall consider whether any claim can be made against insurers and ensure this is pursued if appropriate.

16.3 Losses

- 16.3.1 Any employee discovering or suspecting a loss of any kind must immediately inform their Head of Department, who must ensure that their Divisional Manager (or Head of Service in the case of Trust Services) is informed.

The Divisional Manager or Head of Service must appropriately inform the Chief Executive, Director of Finance or Chief Internal Auditor. Employees may also report suspicions directly to the Chief Internal Auditor. Where a criminal offence (i.e. theft or arson) or loss due to fraud or corruption is suspected, the Chief Executive, Director of Finance or Chief Internal Auditor must be informed immediately.

- 16.3.2 The Director of Finance is responsible for ensuring the Trust has a 'Counter Fraud Plan' setting out the action to be taken both by persons detecting a suspected fraud and those persons responsible for investigating it. Where loss due to fraud or corruption is suspected the Trust's countering fraud and bribery policy should be referred to.
- 16.3.3 Losses arising from accidental breakages, deteriorations due to overstocking and other losses of goods in stores should be recorded and notified as described in section 12.
- 16.3.4 All losses are required to be reported to the Audit Committee on a quarterly basis.

16.4 Write-Offs

- 16.4.1 The Trust Board shall approve a scheme of delegation for the approval and authorisation of write-offs within the limits of delegation granted to the Trust by NHS Improvement. Write offs includes the abandonments of claims and the charging of fruitless payments.
- 16.4.2 The Director of Finance shall report to the Audit Committee a summary of write offs each quarter with details of all cases for which the Trust Board's specific approval is required.

16.5 Special Payments

16.5.1 Special Payments include:

- Ex-gratia payments
- Compensation payments made under legal obligation
- Extra statutory or extra regulatory payments
- Extra contractual payments to contractors.

16.5.2 Ex gratia payments compensate patients, visitors and staff for the loss of personal effects or for incurring unnecessary expense in exceptional circumstances. The authority to make ex-gratia payments and the process for doing so is included in the procedures referred to in section 16.2.1. Key points can be summarised as:

- Ex-gratia payments for loss or damage to employees' or patients' personal effects should only be paid if there has been negligence on the part of the Trust or of any of its employees. Divisional Managers/Heads of Service must confirm that the loss occurred on Trust property and that there was negligence on the Trust's part which contributed to the loss. Reference should be made to Section 15, patient property.
- Accidental damage to an employee's clothes, etc., where no other person is involved does not qualify for compensation unless caused by defects in equipment or conditions which is the responsibility of the Trust and which could not reasonably have been foreseen or avoided by the employee. Accidental damage to staff's personal effects caused by a patient should be dealt with on the merits of the case.
- Reimbursement of unnecessary costs incurred, such as those associated with attending for treatment which is subsequently cancelled, will only be considered in exceptional circumstances and only reasonable expenses as defined in the policy will be considered.
- Ex-gratia payments are only made once properly authorised and reimbursement is limited to actual costs incurred. Receipts are required to support all claims, although reimbursement for amounts below £50 can be made without a receipt at the discretion of the Director of Finance.
- Recommendations for ex-gratia payments should be made to the Director of Finance in accordance with Trust procedures. Only the Director of Finance or delegated deputy can authorise such payments.
- Ex-gratia payments are authorised in accordance with the following delegated limits:
 - Up to £1,000 Director of Finance
 - £1,001 - £50,000 Chief Executive
 - Over £50,000 Trust Board

16.5.3 Personal injury cases will be dealt with in the following manner:

- Over 10,000 - decided in conjunction with the NHS **Litigation Resolution Authority**
- Up to £10,000 - may be settled without legal advice with the approval of the Chief Executive or Director of Finance or the Director of People

- 16.5.4 Public Liability cases will be dealt with in the following manner:
- Over £3,000 – decided in conjunction with the NHS ~~Litigation~~ Resolution Authority.
 - Up to £3,000 – may be settled without legal advice with the approval of the Appropriate Divisional/Corporate Services Manager or ~~Director of Finance or Chief Executive~~
- 16.5.5 All Clinical Negligence Cases are handled and decided by the NHS ~~Litigation~~ NHS Resolution Authority (NHSLA) on behalf of the Trust. Whilst the NHSLA NHS Resolution is administratively and financially responsible for all clinical negligence cases the legal liability remains with the Trust.
- 16.5.6 Severance payments or voluntary severance schemes require a supporting business case for submission to the Trust's relationship manager at NHS Improvement. NHS Improvement will then forward to HM Treasury for approval.
- 16.5.7 Special severance payments to staff outside contractual or statutory entitlements (including settlement of employment tribunal claims) in order to terminate employment need to be approved by HM Treasury before settlement is offered. There are no delegated limits for special severance payments, and all cases need to go to HM Treasury.
- 16.5.8 All applications for severance payments must be approved by the Director of People and submitted by the Director of Finance according to Trust procedures and in the appropriate form required by HM Treasury.
- 16.5.9 The Trust is required to obtain approval for time limited voluntary severance schemes, which obviates the need to make a submission for each individual non contractual or non-statutory payment made under the scheme.
- 16.5.10 All proposals for payment for maladministration and distress shall be dealt with in accordance with the Trust's policy. Divisional Managers shall sign off all payment requests for approval.
- 16.5.11 Delegated limits for approving maladministration and distress payments are as follows:
- Up to £1,000 Director/Deputy Director of Finance
 - £1,001 - £50,000 Chief Executive
 - Over £50,000 Trust Board
- 16.5.12 All extra contractual payments to contractors must be approved ~~within the delegated limits by the Director of Finance. All payments relating to construction contracts must first be approved by the Director of Estates.~~
- Up to £25,000 Director of Finance or Deputy Director of Finance
 - Between £25,000 and £100,000 Chief Executive
 - Over £100,000 Trust Board
- 16.5.13 All special payments are required to be reported to the Audit Committee on a quarterly basis.

16.6 Insurance

- 16.6.1 There is a scheme available, administered by the NHS ~~Litigation Authority~~ Resolution, through which the Trust insures. A small number of specified risks are not insurable through the NHS scheme and these may be insured commercially, see section 19. The Director of Finance shall establish procedures so for reporting claims are made for all insured losses.

16.7 Bankruptcy and Liquidation

- 16.7.1 The Director of Finance shall be authorised to take any necessary steps to safeguard the Trust's interests in bankruptcies and company liquidations.

17 External Borrowing and Public Dividend Capital

17.1 Objective

- 17.1.1 To ensure that property of patients is properly safeguarded and fully accounted for. The Director of Finance is responsible for establishing procedures for the recording of and accounting for losses and special payments.

17.2 External Borrowings

- 17.2.1 The Trust can obtain a working capital facility from the commercial banking sector. Short term borrowing should be kept to the minimum period of time possible, consistent with the overall cash flow position, represent good value for money, comply with the Trust's Treasury Management Policy and all guidance issued by NHS Improvement.
- 17.2.2 The Director of Finance shall be responsible for advising the Trust Board regarding the Trust's ability to repay public dividend capital (PDC) and long-term loan principal together with the payment of dividends on PDC and interest on such borrowings. The Director of Finance shall also be responsible for reporting periodically to the Trust Board concerning the PDC debt and all loans or short term borrowings.
- 17.2.3 Any application for a loan or short term borrowing will only be made by the Director of Finance or an officer designated for this purpose following approval by the Finance Committee, and in accordance with the Scheme of Delegation as appropriate.
- 17.2.4 The Director of Finance shall maintain a schedule of employees (including specimens of their signatories) approved by the Finance Committee who are authorised to make short term borrowings on behalf of the Finance Committee. This must include the Chief Executive and Director of Finance.
- 17.2.5 Any short-term borrowing must be with the authority of two employees identified in 17.2.4 one of which must be the Chief Executive or the Director of Finance. The Board must be made aware of all short term borrowing at their next meeting.
- 17.2.6 The Director of Finance will advise the Trust Board on the need for longer term borrowing. Following resolution of the Board, the Director of Finance will make appropriate arrangements with the Independent Trust Financing Facility or other lender depending on the commercial arrangements available. All long term borrowing in respect of Strategic Capital Schemes must be consistent with the plans outlined in the current Medium Term Capital Programme approved by the Finance Committee.
- 17.2.7 The Director of Finance must ensure that any loan application is made in accordance with the instructions issued by the lender and NHS Improvement. Records must be maintained and all interest and loan principal must be repaid in accordance with the lender's loan agreements.
- 17.2.8 Assets defined as Commissioner Requested Services (CRS) relevant assets shall not be used or allocated for borrowing; non-CRS relevant assets will be eligible as security for loans.

18 Capital Investment and Private Financing

18.1 Objective

- 18.1.1 To ensure that property of patients is properly safeguarded and fully accounted for. The Director of Finance is responsible for establishing procedures for the recording of and accounting for losses and special payments.

18.2 Capital Investment

- 18.2.1 The Trust Board shall approve the funding contained within the Trust's Medium Term Capital Programme as part of the annual budget approval process and any subsequent updates.

- 18.2.2 The Director of Finance shall ensure that the Trust produces a Capital Investment Policy and this is reviewed annually and approved by the Trust Board.

- 18.2.3 The Chief Executive

- a) shall ensure that there is an adequate appraisal and approval process in place in line with the Trust's Capital Investment Policy, for determining capital expenditure priorities and the effect of each proposal upon business plans
- b) is responsible for the ensuring the effective management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost
- c) shall ensure that the capital investment is not undertaken without the availability of resources to finance all revenue consequences, including, the servicing of loan interest, loan principal repayment and capital charges.

- 18.2.4 For every capital expenditure proposal the Chief Executive shall ensure;

- a) that a business case is produced in line with guidance issued by the **DoH Department of Health and Social Care** or Independent Regulator and the Trust's Capital Investment Policy which sets out:
 - I. an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to cost
 - II. the involvement of appropriate Trust personnel and external agencies
 - III. appropriate project management and governance arrangements.
- b) that the Director of Finance has validated the capital costs and revenue consequences detailed in the business case.
- c) approval of each business case prior to tender.

The Chief Executive will issue a scheme of delegation for capital investment management in accordance with appropriate guidance and the Trust's Standing Orders.

- 18.2.5 For capital schemes requiring stage payments, the Director of Finance shall issue procedures on their management.

- 18.2.6 The Director of Finance shall ensure that all capital schemes are accounted for in accordance with HM Revenue and Custom guidance.

18.2.7 The Director of Finance is responsible for the regular reporting of donations, expenditure and commitments against the Trust's approved Medium Term Capital Programme via the Trust's Capital Programme Steering Group.

18.2.8 The approval of a Medium Term Capital Programme shall not constitute approval for expenditure on any scheme.

The Chief Executive shall ensure that there are procedures in place identifying managers responsible for each scheme, specifying:

- a) levels of authority to commit expenditure
- b) authority to proceed to tender

The Chief Executive will issue a scheme of delegation for capital investment management in accordance with the Trust's Standing Orders.

18.2.9 Schemes must be tendered and managed in accordance with the requirements of Section 10.

18.2.10 Donations (cash and goods) received from charitable parties for the purposes of capital investment will require submission to and the approval of the Capital Programme Steering Group prior to acceptance. Any associated legal agreement containing obligations on the part of the Trust requires signature by the Director of Finance or Director of Strategy and Transformation.

18.2.11 The Director of Finance shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes.

18.3 Commercial / Private Finance

18.3.1 The Trust should give consideration to private finance when considering material capital procurement. When the Trust proposes to use private finance the following procedures shall apply:

- a) The Director of Finance shall demonstrate that the use of commercial/private finance represents a balance of value for money compared with using the Trust's own finance and where appropriate, genuinely transfers risk to the private sector.
- b) The proposal must be specifically agreed by the Trust Board.

18.3.2 The Director of Strategy and Transformation is responsible for ensuring that:

- a) a programme of service delivery inspections is in place to ensure contract terms are monitored
- b) payments to the commercial partners are authorised in accordance with the contracted availability and performance factors
- c) clearly established dispute resolution procedures are in operation
- d) effective procedures for agreement of changes to service delivery
- e) the service is market tested in line with the contract

18.4 Leases

18.4.1 All proposals for finance or operating leases must be submitted to the Director of Finance for advice and approval. Leasing proposals must demonstrate value for money. The Director of Finance must sign all leases.

19 Risk Management and Insurance

19.1 Objective

19.1.1 To define the Trust's requirements for risk management and insurance.

19.2 Risk Management

19.2.1 The Chief Executive shall ensure that the Trust has robust risk management arrangements, in accordance with any requirements of NHS Improvement which must be approved and monitored by the Board.

19.2.2 The programme of risk management arrangements shall include:

- a) a process for identifying and quantifying risks and potential liabilities;
- b) engendering among all levels of staff a positive attitude towards the management of risk;
- c) governance processes to ensure all significant risks and potential liabilities are identified, managed including identifying responsibility, effective systems of internal control, action/mitigation, cost effective insurance cover, and decisions on the acceptable level of mitigated risk;
- d) contingency plans to offset the impact of adverse events;
- e) audit arrangements including; internal audit, clinical audit, health and safety review;
- f) regular review of the Trust's risk management arrangements;
- g) a clear indication of which risks shall be insured.

19.2.3 The existence, integration and evaluation of the above elements will assist in providing a basis to make a statement on the effectiveness of Internal Control within the Annual Report and Accounts as required by NHS Improvement.

19.3 Insurance

19.3.1 The Chief Executive, in conjunction with the Director of Finance, is responsible for ensuring that adequate insurance cover is held in line with the Trust's risk management policy approved by the Board. This will include insuring through the risk pooling schemes administered by the NHS Litigation Authority, self-insuring for some or all of the risks covered by the risk pooling schemes and purchasing insurance from commercial insurers. If the Board decides not to use the risk pooling schemes for any of the risk areas (clinical, property and employers/third party liability) covered by the scheme this decision shall be reviewed annually.

19.3.2 Trust Officers are required to notify the Director of Finance of all new risks or property which may require to be insured and of any changes that may affect risk or existing insurance.

19.3.3 All insurance policies must be approved by the Director of Finance.

19.3.4 The Trust may purchase commercial insurance policies for risks not provided for under the Property Expenses Scheme (PES) and Liabilities to Third Parties Scheme (LTPS). This includes:

- a) Additional cover over and above the Trust's delegated limit under PES i.e. property (to the full reinstatement value of the property), contract works, fidelity, and business interruptions.

- b) Providing cover for specific activities outside the LTPS i.e. non-clinical professional indemnity, charitable trustees' liability, and Directors and Officers liability.
- c) All such insurance policies must be approved by the Director of Finance.

19.3.5 Arrangements to be followed in agreeing insurance cover:

- a) Where the Board decides to use the risk pooling schemes administered by the NHS ~~Litigation Authority~~ Resolution the Director of Finance shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Director of Finance shall ensure that documented procedures cover these arrangements.
- b) Where the Board decides not to use the risk pooling schemes administered by the NHS ~~Litigation Authority~~ Resolution for one or other of the risks covered by the schemes, the Director of Finance shall ensure that the Board is informed of the nature and extent of the risks that are self-insured as a result of this decision. The Director of Finance will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses which will not be reimbursed.
- c) All the risk pooling schemes require scheme members to make some contribution to the settlement of claims (the 'deductible'). The Director of Finance should ensure documented procedures also cover the management of claims and payments below the deductible in each case.

20 Audit and Counter Fraud

20.1 Objective

- 20.1.1 To ensure a systematic and effective review of the Trust's financial and management controls to give assurance that resources are used efficiently and safeguarded against misuse or fraud.

20.2 Audit Committee

- 20.2.1 In accordance with Standing Orders, the NHS Act 2006 and the NHS Foundation Trust Code of Governance as developed by the Regulator, the Board shall formally establish an Audit Committee, with clearly defined terms of reference and membership consistent with relevant guidance issued by Regulators or the Department of Health and Social Care, including the NHS Audit Committee Handbook.

- 20.2.2 The role of the Audit Committee is to provide assurance to the Board on the suitability and efficacy of the Trust's governance, risk management and internal control by obtaining an independent and objective view of the Trust's financial systems, financial information, management controls and compliance with relevant laws and guidance. This will be achieved by:

- a) Monitoring and reviewing the effectiveness of the Trust's Internal and External Audit function, including involvement in the selection process when there is a proposal to review the provision of their services.
- b) Monitoring the integrity of the Trust's financial statements, reviewing significant financial reporting judgements contained in them.
- c) Reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.
- d) Monitoring compliance with Standing Orders and Standing Financial Instructions.
- e) Reviewing schedules of losses and compensations and making recommendations to the Board.
- f) Reviewing the arrangements in place to support the Assurance Framework process prepared on behalf of the Board and advising the Board accordingly.
- g) Reporting to the Council of Governors.

- 20.2.3 Where the Audit Committee considers there is evidence of ultra-vires transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the Chair of the Audit Committee should raise the matter at a full meeting of the Board. Exceptionally, the matter may need to be referred to the Regulator via the Director of Finance in the first instance.

20.3 Responsibilities of the Director of Finance

- 20.3.1 The Director of Finance is responsible for:
- a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function.
 - b) ensuring that the Internal Audit is effective and meets the NHS mandatory audit standards and any directions given by the Independent Regulator.
 - c) deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption.

- d) ensuring that an annual internal audit report is prepared for the consideration of the Audit Committee and the Board. The report must cover:
 - i. a clear opinion on the effectiveness of internal control in accordance with current assurance framework guidance issued by the Department of Health and Social Care including for example compliance with control criteria and standards
 - ii. major internal financial control weaknesses discovered
 - iii. progress on the implementation of internal audit recommendations
 - iv. progress against plan over the previous year
 - v. strategic audit plan covering the coming three years
 - vi. a detailed plan for the coming year

20.3.2 Director of Finance or designated auditors are entitled without necessarily giving prior notice to require and receive:

- a) access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- b) access at all reasonable times to any land, premises or members of the Board or employees of the Trust;
- c) the production of any cash, stores or other property of the Trust under a member of the Board or an employee's control; and
- d) explanations concerning any matter under investigation.

20.4 Internal Audit

20.4.1 Internal Audit primarily provides an independent and objective opinion to the Chief Executive, the Board and the Audit Committee on the degree to which risk management, control and governance support the achievement of the Trust's objectives. Internal Audit will review, appraise and report upon:

- a) the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures
- b) the adequacy and application of financial and other related management controls
- c) the suitability and reliability of financial and other related management data
- d) the extent to which the Trust's assets and interests are accounted for and safeguarded from loss of any kind, arising from:
 - i. fraud and other offences
 - ii. waste, extravagance, inefficient administration
 - iii. poor value for money or other causes
- e) Internal Audit shall also independently verify the Assurance Statements in accordance with guidance from the Department of Health and Social Care and/or NHS Improvement.

20.4.2 Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores, or other property of the Trust or any suspected irregularity in the exercise of any function of a pecuniary nature, the Director of Finance must be notified immediately.

20.4.3 The Chief Internal Auditor will normally attend the Audit Committee meetings and has a right of access to all Audit Committee members, the Chairman and Chief Executive of the Trust.

20.4.4 The Chief Internal Auditor shall be accountable to the Chief Executive. The reporting system for internal audit shall be agreed between the Director of Finance, the Audit Committee and the Chief Internal Auditor. The agreement shall be in writing and shall comply with the guidance on reporting contained in the NHS Internal Audit Standards. The reporting system shall be reviewed at least every three years.

- 20.4.5 The Chief Internal Auditor is responsible for developing and maintaining an Internal Audit Strategy to provide an objective evaluation of, and opinion on, the effectiveness of the organisation's risk management, control and governance arrangements. The Chief Internal Auditor's opinion is a key element of the framework of assurance the Chief Executive needs to inform the completion of the Annual Statement on Internal Control. The delivery of this strategy will be realised through the delivery of considered and approved annual plans which will systematically review and evaluate risk management, control and governance of all the Trust's operations, resources, services and responsibilities for other bodies.
- 20.4.6 The Chief Internal Auditor will co-ordinate Internal Audit Plans and activities with line managers, external audit and other review agencies to ensure effective audit coverage is achieved and duplication of effort is minimised.
- 20.4.7 Internal Audit have the right to access all records, assets, personnel and premises of the Trust in the pursuit of information necessary to fulfil its responsibilities. In any instances of conflict this will be referred for resolution to the Director of Finance, Chief Executive or Chair of Audit Committee as appropriate.
- 20.4.8 If the Chief Internal Auditor, Chief Executive, Director of Finance or the Audit Committee consider that the level of Internal Audit resources or the terms of reference in any way limit the scope of Internal Audit, or prejudice the ability of Internal Audit to deliver a service consistent with the definition of internal auditing, they should advise the Board accordingly.
- 20.4.9 Internal Audit provides an independent and objective consultancy service specifically to help line management improve the organisation's risk management, control and governance. The service applies the professional skills of Internal Audit through a systematic and disciplined evaluation of the policies, procedures and operations that management put in place to ensure the achievement of the organisation's objectives, and through recommendations for improvement. Such consultancy work contributes to the opinion, which Internal Audit provides on risk management, control and governance.
- 20.4.10 Internal Audit must be sufficiently independent of the activities which it audits to enable auditors to perform their duties in a manner, which facilitates impartial and effective professional judgements and recommendations. Internal Audit will have no Executive responsibilities.
- 20.4.11 Internal Auditors must have an impartial, unbiased attitude, characterised by integrity and an objective approach to work, and should avoid conflicts of interest. Internal Auditors must declare any conflicts of interest to the Chief Internal Auditor. Any conflicts of interest encountered by the Chief Internal Auditor must be declared to the Director of Finance.
- 20.4.12 The Director of Finance is responsible for ensuring the Chief Internal Auditor is of sufficient status to facilitate the effective discussion and negotiations of the results of Internal Audit work with senior management.
- 20.4.13 Appointment at all levels within the Internal Audit team must endeavor to fulfil the four main principles of the code of ethics for Internal Audit, integrity, objectivity, competency (i.e. professional qualifications, skills and experience) and confidentiality.
- 20.4.15 Within the parameters of the contract for the Internal Audit Service, the Chief Internal Auditor is responsible for ensuring the team is adequately staffed and that there is access to the full range of knowledge, skills, qualifications and experience to deliver the Internal Audit Plan in line with the NHS Internal Audit Standards. The team will undertake regular assessments of professional competence through an on-going appraisal and development programme (Personal Development Plans and Continuing Professional Development) with training provided where necessary,

20.5 External Audit

- 20.5.1 The External Auditor is appointed by the Council of Governors Representative at a general meeting of the Council of Member Representatives and paid for by the Trust. The Audit Committee must ensure a cost-efficient service. If there are any problems relating to the service provided by the External Auditor, then this should be raised with the External Auditor and reported to the Audit Committee and Council of Governors Representatives.
- 20.5.2 The Trust will ensure that the external auditor complies with the Audit Code for NHS Foundation Trusts at the date of appointment and on an on-going basis throughout the term of appointments.
- 20.5.3 The Council of Governors shall determine the terms of the contract for the provision of the External Audit.
- 20.5.4 The Audit Committee will receive and agree the External Auditor's annual plan.

20.6 Fraud and Corruption

- 20.6.1 In line with their responsibilities, the Chief Executive and Director of Finance shall monitor and ensure compliance with relevant directions and guidance on countering fraud and corruption within the NHS.
- 20.6.2 The Trust shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist as specified by the NHS Fraud and Corruption Manual and relevant directions and guidance.
- 20.6.3 The Local Counter Fraud Specialist shall report to the Director of Finance and shall work with staff in NHS Protect in accordance with the NHS Fraud and Corruption Manual.
- 20.6.4 The Local Counter Fraud Specialist will provide a written report to the Audit Committee, at least annually, on counter fraud work within the Trust.
- 20.6.5 Counter fraud specialists are entitled without necessarily giving prior notice to require and receive:
- a) access to all records, documents and correspondence relating to any relevant transactions, including documents of a confidential nature; (in which case, they shall have a duty to safeguard that confidentiality);
 - b) access at all reasonable times to any land, premises or members of the Board of Directors or employee of the Trust;
 - c) the production of any cash, stores or other property of the Trust under an employee's control;
 - d) explanations concerning any matter under investigation from any employee, agent or any employees of third parties contracted to the Trust when acting on behalf of the Trust.

20.7 Security Management

- 20.7.1 The Chief Executive is responsible for ensuring compliance with directions issued by the Department of Health and Social Care relating to NHS security management
- 20.7.2 The Trust shall nominate a director at Board level who will have delegated responsibility for security management as required by the Department of Health and Social Care guidance on NHS security management.
- 20.7.3 The Trust shall nominate a Non-Executive Director to be responsible to the Board for NHS security management.

21 Information Management and Technology

21.1 Objective

21.1.1 18.1.1 To define responsibilities for the management of the Trust's Information Management and Technology Systems.

21.2 Responsibilities and Duties of the Director of Finance

21.2.1 The Director of Finance is responsible for the accuracy and security of the computerised financial data of the Trust ~~is responsible for:~~

- a) devising and implementing any necessary procedures to ensure appropriate protection of the Trust's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act ~~1998~~ 2018;
- b) ensuring that appropriate controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
- c) ensuring that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;
- d) ensuring that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as they may consider necessary are carried out.
- e) ensuring procedures are in place to limit the risk of, and recover promptly from, interruptions to computer operations.

21.2.2 The Director of Finance is responsible for ensuring that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

21.2.3 Where computer systems have an impact on corporate financial systems, the Director of Finance shall seek assurance that

- a) systems acquisition, development and maintenance are in line with corporate policies including the Clinical Systems Strategy;
- b) data produced for use with financial systems is adequate, accurate, complete and timely, and that there is an audit trail;
- c) Director of Finance staff has access to such data;
- d) appropriate computer audit reviews are undertaken.

21.3 Responsibilities and Duties of Other Directors in Relation to Computer Systems of a General Application

21.3.1 The Legal Services Department (with support from the ~~Chief Information Officer Head of Information Management and Technology~~ Chief Information Officer) shall publish and maintain a Freedom of Information (FOI) Publication Scheme, or adopt a model Publication Scheme approved by the Information Commissioner. This describes the information regarding the Trust that is made publicly available.

21.3.2 For the implementation, upgrade or changes to computer systems used generally within the Trust, the responsible manager for the system will present a business case to the Joint IT Management Group and Clinical Systems Implementation Programme Board for approval.

21.4 Contracts for Computer Services with NHS Bodies or Outside Agencies

- 21.4.1 The Director of Finance shall ensure that contracts for computer services for financial applications with another NHS body or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.
- 21.4.2 Where another NHS body or any other agency provides a computer service for financial applications, the Director of Finance shall periodically seek assurances that adequate controls are in operation.

21.5 Risk Management

- 21.5.1 The Director of Finance shall ensure that risks to the Trust arising from the use of IT are effectively identified and considered and appropriate action taken to mitigate or control risk (refer to Section 19.2). This shall include the preparation and testing of appropriate disaster recovery plans.

22 Acceptance of Gifts by Staff and Other Standards of Business Control

22.1 Objective

22.1.1 To ensure that Trust staff comply with required standards of behaviour when using public funds.

22.2 General

22.2.1 The Chief Executive ~~is responsible for ensuring that the Trust has policies~~ shall ensure that a Register of Interests, Gifts and Hospitality is established to formally record declarations of interests, gifts and hospitality made by Trust staff, and as the Accountable Officer has ultimate responsibility for ensuring the Trust has appropriate policies in place in respect of conflicts of interest and the acceptance of gifts or other benefits in kind conferring an advantage to a member of staff. These policies should be consistent with the Standards of Business Conduct for NHS Staff.

22.2.2 The ~~Chief Executive shall~~ Trust Secretary of the Trust is responsible for implementing the Trust's Register of Interests, Gifts and Hospitality Policy across Clinical Divisions and Trust Headquarters, and ensuring that all Trust employees are aware of these Trust policies and the restrictions in relation to accepting gifts, inducements, benefits in kind or other personal advantage that could be considered to be bribes under the Bribery Act 2010.

~~22.2.3 The Chief Executive is responsible for ensuring that the Trust has policies in respect of conflicts of interest and the acceptance of gifts or other benefits in kind conferring an advantage to a member of staff. These policies should be consistent with the Standards of Business Conduct for NHS Staff. (duplicates 2.2.1)~~

22.3 Gifts

22.3.1 Casual gifts offered by contractors or others may be construed to be connected with the performance of duties so as to constitute an offence under the Bribery Act 2010 and therefore all such gifts should be declined. Business articles with little intrinsic value (of less than £50 per gift) such as diaries, calendars, pens etc. need not be refused, nor small tokens of gratitude from patients or their relatives.

22.3.2 Any gift accepted of value greater than £50 should be declared in writing to the Trust Secretary via the Register of Interests, Gifts, and Hospitality. If several small gifts worth a total of over £100 are received by an individual from the same or closely related source in a twelve month period, these should also be declared to the Trust Secretary on the Register of Interests, Gifts, and Hospitality.

22.3.3 Gifts offered to an individual where the value exceeds £50 should be declined. In exceptional circumstances and with the agreement of the line manager, the matter may be referred to the Trust Secretary for a decision as to whether the gift can be accepted.

22.3.4 Under no circumstances may staff accept cash or vouchers, even below the £50.00 threshold. Gifts of cash made to a ward or department are deemed to be charitable donations and should be dealt with as described in section 23. No further declaration is required.

22.3.5 All gifts to staff must be accepted in line with the Trust's Register of Interests, Gifts and Hospitality Policy.

22.4 Hospitality

- 22.4.1 Suppliers must not attempt to influence business decision making by offering hospitality to trust staff. Modest hospitality provided it is normal and reasonable in the circumstances may be accepted (e.g. lunches in the course of a working visit). If in doubt, advice should be sought from the employee's line manager or relevant Director.
- 22.4.2 Any offers of inappropriate hospitality should be notified to the Trust secretary for appropriate action.
- 22.4.3 All hospitality to staff must be accepted in line with the Trust's Register of Interests, Gifts and Hospitality Policy.

22.5 Sponsorship

- 22.5.1 Acceptance by staff of commercial sponsorship for attendance at relevant conferences and courses is acceptable, but only where the employee seeks approval in advance from their line manager. Approval must depend on whether acceptance will, or could be believed to, compromise current or future purchasing decisions in any way.
- 20.5.2 The sponsorship of Trust events by existing suppliers to the Trust is acceptable subject to informing the Trust Board Secretary of the agreement for recording the details in the Register of Gifts, Hospitality and Sponsorship. Where the sponsor does not have a contract for supplies or services with the Trust, the Procurement Department should be consulted. The Trust Board Secretary should be informed. In all such cases there must be no favouritism shown to any one supplier in a way that could later be challenged by a competitor. Where this could be the case the same opportunity to sponsor events should be offered to the other interested parties.
- 20.5.3 Some suppliers offer training as a part of supplying equipment and this should be fully reflected through the contract entered into with the relevant organisation. In such cases no disclosure to the Trust Board Secretary is necessary.
- 20.5.4 The Trust shall not enter into commercial or charitable sponsorship arrangements which link such sponsorship to the supply of goods or services from any particular source.
- 20.5.5 Employees must not seek or accept preferential rates or benefits in kind for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of the Trust. This does not apply to concessionary agreements negotiated with companies by the Trust, or the NHS, or by recognised staff interests, on behalf of all staff for example, staff benefit schemes.

23 Acceptance of Gifts by Staff and Other Standards of Business Control

23.1 Objective

23.1.1 To ensure that the Trust's charitable funds are properly safeguarded and used for the benefit intended.

23.2 General

23.2.1 'Charitable funds are those gifts, donations and endowments made under the relevant charities legislation and held on trust for purposes relating to the NHS, the objects of which are for the benefit of the NHS in England.

23.2.2 The charitable trusts for the University Hospitals Bristol NHS Foundation Trust are administered by the Trustees of Above & Beyond (hereafter called the Trustees). The Trustees have their own systems of accounting and financial control and operate separate bank accounts to the Trust. Charitable funds should not be confused with those operated by the Trust for its exchequer funds.

23.2.3 All gifts, donations and proceeds of fund-raising activities which are intended for the Trust's benefit shall be handed immediately to either the Trustees or to the Trust's cashier who will bank the money and transfer to the Trustees. Any charitable funds paid in through the Trust's cashier must be clearly identified as such to ensure it is separated from the Trust's exchequer funds. However the funds are passed to the Trustees, there must be clear instruction regarding the donor's intentions or the area to benefit.

23.2.4 The Director of Finance shall be required to advise the Trust Board on the financial implications of any proposal for fund-raising activities which the Trust may initiate, sponsor or approve.

23.2.5 The Trustees will designate a fund advisor for each fund held who must comply with the written procedures issued by the Trustees regarding the use of these funds.

23.2.6 Expenditure of any funds held in trust shall be conditional upon:-

- a) the expenditure being within the terms of the appropriate fund
- b) meeting the delegated limits which are:
 - <£1,000 approved by the designated fund advisor
 - >£1,000 approved by the Trustees in accordance with their scheme of delegation
 - equipment assets or enhancements >£5,000 also requires approval in the first instance by the Trust's Capital Programme Steering Group
 - Expenditure can only be as prescribed by the approval given and can't exceed the value approved.
- c) the prior approval of the Trust's Capital Programme Steering Group being obtained for items falling within the capital definition
- d) being authorised by the fund advisor in writing, or by a person to whom the fund advisor has delegated authority having advised the Trustees in writing

24 Retention of Documents

24.1 Objective

- 24.1.1 To ensure the Trust has appropriate arrangements for retaining documents to comply with legal responsibilities and to enable the effective operation of the Trust.

24.2 General

- 24.2.1 The Chief Executive shall be responsible for maintaining archives for all records, including electronic records, required to be retained in accordance with Department of Health **and Social Care** guidelines.
- 24.2.2 The documents held in archives shall be capable of retrieval by authorised persons.
- 24.2.3 Documents held in accordance with Department of Health **and Social Care** guidelines shall only be destroyed at the express instigation of the Chief Executive. Records shall be maintained of documents so destroyed.

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
Where the title 'Executive' is used it is deemed to include their nominated deputy where they have been duly authorised by them to represent them			
1. OVERALL RESPONSIBILITIES AND DELEGATION			
1a	Financial framework, policies and internal financial control systems. Maintain and update Trust's financial procedures.	Director of Finance	SFIs section 1.2.4-3
1b	Requirement for all staff to be notified of and understand these instructions	Chief Executive, delegated to all managers	SFIs section 1.2.4-3
	Complying with the Trust's Standing Financial Instructions, Scheme of Delegation and financial procedures	All staff under contract to the Trust	SFIs section 1.2.4-5
2. PLANNING AND BUDGETS AND BUDGETARY CONTROL			
2a	Strategic and annual business plans	Chief Executive	SFIs section 2.2.1
	Annual (and longer term) financial plan and budget	Director of Finance	SFIs section 2.2.3
	Divisional/Corporate Service operational plans and budgets	Clinical Chairs/Divisional Directors/Corporate Service Director	SFIs section 2.2.5
3. BUDGET MANAGEMENT			
3a	Budget Management Responsibility		SFIs sections 2.3
	i. at individual cost centre level	Budget Manager or nominated deputy	
	ii. at departmental level	Departmental Manager or nominated deputy	
	iii. at divisional level	Clinical Chair / members of the Divisional Board as authorised by the Clinical Chair.	
	iv. at corporate service level	Director of Estates and Facilities or delegated deputy Director of Information Management and Technology Chief Information Officer or delegated deputy Corporate	
3b	Budget Virement/Transfer	Virements must be supported by appropriate paperwork and approved by the Senior Management Accountant	SFIs section 2.3
	i. Within a cost centre	Budget Manager and Department Manager	
	ii. Within a department/specialty between cost centres	Department Manager	
	iii. Between specialties/departments	Both department managers	

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UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
	iv. Between Divisions/Corporate Services below £5k	Both department managers	
	v. Between Divisions/Corporate Services above £5k	Divisional Director / Director of Estates and Facilities / Director of Information Management and Technology Chief Information Officer / Corporate Director by joint agreement	
	vi. To and from Trust reserves	Director of Finance or nominated deputy	
4. ANNUAL ACCOUNTS AND REPORTS			
4a	Preparation of annual accounts and associated financial returns for Board approval	Director of Finance	SFIs section 4 3.2.1 - 2
4b	Preparation of Annual Report for Board approval	Trust Secretary	SFIs section 4 3.2.5
4c	Preparation of Quality Report for Board approval	Director of Nursing Chief Nurse	SFIs section 4 3.2.6
5. SERVICE AGREEMENTS NHS CONTRACTS FOR THE PROVISION OF HEALTHCARE SERVICES			
5a	Agreeing and signing NHS contracts for the provisions of healthcare services to NHS commissioners, other NHS providers or private organisations	Chief Executive, Deputy Chief Executive or Director of Finance	SFIs section 3 5.2.7
5b	Agreeing changes and developments within existing contracts for healthcare services	Chief Executive, Deputy Chief Executive or Chief operating Officer with Director of Finance agreement	SFIs section 3 5.2.8
5c	Service agreement monitoring and reporting	Director of Finance	SFIs section 3.3.2
5d	Service agreement operational management	Clinical Chairs	SFIs section 3.3.5
6. BANKING AND CASH MANAGEMENT			
6a	Opening, operating and controlling all bank accounts referencing the Trust's name of Trust address.	Director of Finance	SFIs section 5 6.3.2
6b	Day to day operational management of the Trust's bank accounts	Deputy Director of Finance	SFIs section 5 6.3.6
6c	Determining when to subject commercial banking services to competitive tendering. Organising and evaluating the tender process.	Director of Finance	SFIs section 5 6.3.9
6d	Approval of bank signatories	Chief Executive or Director of Finance or nominated Senior Finance Manager	
6e	Approval of direct debit or standing order payment arrangements	Director of Finance	SFIs section 5 6.3.12
6f	Operation of Trust credit/purchasing cards	Director of Finance	SFIs section 5 6.3.13
6g	Investment of temporary cash surpluses	Director of Finance	SFIs section 5 6.5

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UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
7. EXTERNAL BORROWING AND PDC			
7a	Approval of short term borrowing	Finance Committee	SFIs section 6.17.2.4
7b	Approval of long term borrowing	Trust Board	SFIs section 6.17.2.7-6
7c	Application for borrowing	Director of Finance	SFIs sections 6.17.2.3 and 6.17.2.7
8. WORKFORCE AND PAYROLL			
8a	Remuneration and terms of service for Directors	Remuneration Committee	SFIs section 7.8.2.1
8b	Remuneration and allowances of Chair and Non- Executive Directors	Council of Governors	SFIs section 7.8.2.4
8c	Approval of implementation of national pay directives and local variations	Director of People Workforce and Organisational Development and Director of Finance	SFIs section 7.8.3.1
8d	Approval of non-payroll rewards to staff	Director of People Workforce and Organisational Development and Director of Finance	SFIs section 7.8.3.4
8e	Appointment of permanent staff (subject to any vacancy control process in place) or extension of fixed term contract		
	i. to funded established post	Budget holder or nominated deputy and divisional finance manager and HR advisor	
	ii. to post not within formal establishment	Divisional Director or nominated deputy and divisional finance manager and HR advisor	
8f	Granting of additional increments to staff outside of national terms and conditions	HR Business Partner	
8g	Banding of new posts or re-banding of existing posts	Divisional/Corporate Director with Trust review panel scrutiny	
8h	Authorisation and notification to payroll of all starters, leavers and changes of conditions for staff	Budget holder or nominated deputy	SFIs section 7.8.4.1 - 4
8i	Authorisation of all timesheets, overtime, unsocial, oncall, bank shifts and any other approved form to vary pay	Budget holder or nominated deputy	SFIs section 7.8.5.3
8j	Authorisation and notification to payroll of all absences from work including sickness, special leave, maternity leave, paternity leave, time off in lieu,	Line manager in accordance with agreed policies and processes	SFIs section 7.8.5.3
8k	Authorisation of medical staff leave of absence	Clinical Chair/Medical Director	SFIs section 7.8.5.3

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UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
8l	Approve annual leave applications and carry forwards to next year		
	i. within national or local Trust approved limits	Line manager	SFIs section 7.8.5.3
	ii. outside of the limits above	Divisional/Corporate/Executive Director	SFIs section 7.8.5.3
8m	Approve staff departure		
	i. under compromise agreement	Director of People Workforce and Organisational Development and the Director of Finance	
	ii. under redundancy scheme	Divisional/Corporate/Executive Director and Director of Finance	
8n	Early retirements in furtherance of efficiency or on ill health grounds.	Director of People Workforce and Organisational Development and the Director of Finance	
8p	Authorise benefits in kind	In accordance with Trust policies:	
	i. new or changes to authorised car users	Budget Manager or nominated deputy	
	ii. mobile phones/land lines	Divisional/Corporate/Executive Director	
8q	Authorisation of travel and subsistence claims	Line Manager	SFIs section 7.8.7.1
8r	Authorisation of relocation expenses	Director of Finance	SFIs section 7.8.7.1
8s	Engaging staff to undertake work outside of the payroll (subject to contracting/procurement		
	i. for consultancy work (excluding strategic capital projects)	Below £25k gross commitment – Divisional/Corporate Director Above £25k gross commitment – Chief Operating Officer or Corporate Executive Director Over £500k gross commitment – Chief Executive	SFIs section 8.6
	ii. to fill a defined post using self-employed, limited company or umbrella professional services agency	For posts on the Trust Board, Divisional Board or those with significant financial responsibility – Chief Executive Other posts over £20 per day and/or over 6 months - Director of People Workforce and Organisational Development Other posts below £220 per day and less than 6 months – HR Business Partner	SFIs section 7.8.6.2 - 3
	iii. using agency or locum staff		
9 CONTRACTING TO PROVIDE GOODS AND SERVICES EXCLUDING SERVICE AGREEMENTS FOR HEALTHCARE SERVICES (SEE SECTION 5 FOR NHS CONTRACTS)			
9a	Setting of fees and charges		SFIs Section 7.2.6 – 7.2.8
	i. Private Patients	Director of Finance or nominated deputy	

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
ii. Overseas Visitors	Director of Finance or nominated deputy	
iii. Property rental (excluding residences)	Director of Estates and Facilities	
iv. Residences	Director of Estates and Facilities	
v. Trading services	Divisional/Corporate Director or nominated deputy	
vi. Other income generation	Divisional/Corporate Director or nominated deputy	
9b Agreeing/signing agreement/contract	All require Divisional Finance Manager agreement	SFIs Section 49.7.2.5
i. Hosting arrangements	Director of Finance or nominated deputy	
ii. Research and other grant applications	Director of Finance or nominated deputy	
iii. Staff secondments	Service Manager	
iv. Leases	Director of Finance or nominated deputy	
v. Property rentals (excluding residences)	Below £5k per annum, Service Manager Above £5k and below £100k per annum, Director of Estates and Facilities or nominated deputy Over £100k per annum, Director of Finance or nominated deputy	
vi. Residences	Residences Manager	
vii. Peripheral clinics and provider to provider arrangements	Below £25k per annum, Service Manager Above £25k and below £250k per annum, Divisional/Corporate Director or nominated deputy Over £250k per annum, Director of Finance or nominated deputy	
viii. Trading Services	Below £25k per annum, Service Manager Above £25k and below £250k per annum, Divisional/Corporate Director or nominated deputy Over £250k per annum, Director of Finance or nominated deputy	
ix. Other income generation	Below £25k per annum, Service Manager Above £25k and below £250k per annum, Divisional/Corporate Director or nominated deputy Over £250k per annum, Director of Finance or nominated deputy	

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
10 PROCUREMENT OF GOODS AND SERVICES INCLUDING CAPITAL SCHEMES (financial limits exclude VAT and the whole order/contract should be considered) All capital schemes must have been approved as per section 17 before orders/tenders are made)		
Goods/services will only be available for ordering via EROS once matters referred to under 10a to 10d have been followed – therefore staff requisitioning via EROS		
10a	Obtaining quotes/tendering for the provision of Goods and Services	SFI section 9.4
	i. Below £5k, best value to be demonstrated	Budget holder
	ii. Between £5k and £25k, minimum three quotes to be obtained	Budget holder
	iii. Over £25k and upto £1m, minimum three tenders to be obtained	Divisional/Corporate Director
	iv. Over £1m, three tenders to be obtained	Trust Board
10b	Recommendation Reports (BWPC)	SFI section 13.4.6 9.4.4
	i. Between £5k and £100k	Director of Procurement, Divisional Finance Manager and Divisional Operations Director
	ii. Between £100k and £1m	As above plus Director of Finance
	iii. Over £1m	As above plus Director of Finance recommendation to Trust Board
10c	Single tender actions – best value to be demonstrated	SFI section 13.4.6 9.4.6
	i. Between £5k and £25k	Divisional/Corporate Director and the Director of Purchasing and Supply
	ii. Between £25k and £100k	As above plus Director of Finance
	iii. Over £100k	As above plus Chief Executive
10d	Waiving of tendering and single tender action procedures	Chief Executive, reported to Audit Committee
10e	Tender Evaluation Reports (Estates and Facilities)	SFI section 10.10.2
	i. Between £5k and £250k	Director of Estates and Facilities or nominated deputy
	ii. Between £250k and £1m	As above plus Director of Finance
	iii. Over £1m	As above plus Director of Finance recommendation to Trust Board
10f	Signing of contracts /agreements to procure good/services on behalf of the Trust	SFI section 13.2.1 9.6.2
	i. Contracts and agreements following tendering process above unless specifically referred to below:	Below £25k, service manager Above £25k and below £100k, Divisional Director/Director of Purchasing and Supply Over £100k, Chief Operating Officer/Director of Finance
	ii. for purchase of healthcare	Below £100k, Divisional Director Over £100k, Chief Operating Officer
	iii. for property leases	Director of Finance
	iv. for leases – non property	Director of Finance

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UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER	AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
v. for outsourcing services	Below £100k, Divisional Director Over £100k, Chief Operating Officer and Director of Finance	
vi. facilities contracts	Director of Estates and Facilities or nominated deputy	
vii. estates maintenance contracts	Director of Estates and Facilities or nominated deputy	
viii. capital estates based contracts	Director of Estates and Facilities or nominated deputy, following approval as per section 1 8	
10g Requisitioning/ordering after procurement and contract/ agreement is in place:	Authorised requisitioner, ensuring segregation of duties from procuring and receipting	SFI section 9.5
10h Receipting	Authorised receiptor, ensuring segregation of duties from procuring and ordering	SFI section 9.5
11 PAYMENT FOR GOODS AND SERVICES (FOLLOWING APPROPRIATE PROCUREMENT PROCESSES)		
11a Authorisation of invoices for goods and services procured	(applies to all procurement methods, not just EROS)	SFIs section 8.4.1 11.3.1
i. Where invoice price = order/quote	Budget holder or authorised signatory for the cost centre with regard to segregation of duties between ordering and approving in line with Trust procedures	
ii. Where invoice price exceeds order/quote upto the lesser of 10% or £5,000	Budget holder	
iii. Where invoice price exceeds order/quote over 10% or between £5,000 and £25,000	Divisional/Corporate Services Director	
iv. Where invoice price exceeds order/quote over 10% or over £25,000	Director of Finance	
11b Prepayments & commitments covering future financial periods	Director of Finance or nominated deputy	SFIs section 8.5.1 11.4
11c Receipting of goods and services procured via EROS	Budget holder or authorised receiptor for the cost centre, with regard to segregation of duties between ordering and approving in line with Trust procedures.	SFIs section 8.4.1 11.3.1
11c Maintaining the Trust's authorised signature list	Budget holder to review and advise Deputy Director of	SFIs section 8.4.1 11.3.2
11d Authorisation of expenditure reimbursement via petty cash in line with the Trust's policy.	Below £50 budget holder or nominated deputy Over £50, Divisional Manager	SFIs section 8.7, 9.3.3 11.5
11e Agreeing compromise arrangements with suppliers	Below £1k, Deputy Director of Finance Above £1k and below £25k, Director of Finance Above £25k, Finance	SFIs section 8.8 11.7
12 STORES AND STOCKS		
12a System of stock control, receipting, issues, returns and losses	Director of Finance	SFIs section 12.2.5
12b Control of stores		

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UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
	i. Pharmaceutical	Director of Pharmacy	SFIs section 12.2.3
	ii. Fuel stores	Director of Estates and Facilities	SFIs section 12.2.4
	iii. MEMO	The Head of Clinical Engineering	SFIs section 12.2.5
	iv. All other stores	Relevant Divisional/Corporate Services Manager	SFIs section 12.2.2
12c	Condemning and disposal of goods (excluding fixed assets – see section x)	All losses must be reported to the Director of Finance in accordance with section 14	
	i. Pharmaceutical Items	Director of Pharmacy	SFIs section 12.2.3
	ii. X-ray films	Head of Radiology	SFIs section 12.2.4
	iii. Computer equipment	Director of Information Management and Technology Chief Information Officer	
	iv. All other goods with a current/estimate purchase price up to £1k	Relevant Divisional/Corporate Services Manager	SFIs section 12.2.2
	v. All other goods with a current/estimate purchase price between £1k and £25k	Divisional/Corporate Director or nominated deputy	
	vi. All other goods with a current/estimate purchase price over £25k	Director of Finance	
13 LOSSES WRITE OFFS AND SPECIAL PAYMENTS (to be reported to the Audit Committee on a quarterly basis)			
13a	Maintenance of losses and special payments register	Director of Finance	SFIs section 15.16.2.3
13b	Loss/damage due to theft, fraud, corruption or criminal activity	Chief Executive or Director of Finance	SFIs section 15.16.2.3
13c	Write off of bad debts, abandoned claims and fruitless payments	Below £1k £10k – Deputy Director of Finance Above £1k £10k and below £50k £100k – Chief Executive Over £50k £100k – Trust Board	SFIs section 15.16.4.1
13d	Ex-gratia payments to compensate for loss or damage to personal effects or for out of pocket expenses	Below £1k – Deputy Director of Finance Above £1k and below £50k – Chief Executive Over £50k – Trust Board	SFIs section 15.16.5.2
13e	Personal Injury Claims		SFIs section 15.16.5.3
	• Up to £10,000	Director of People Workforce and Organisational Development or Chief Executive or Director of Finance – without legal advisor	
	• Over £10,000	Director of People Workforce and Organisational Development or Chief Executive or Director of Finance – in conjunction with NHS Litigation Authority	
13f	Public Liability Claims		SFIs section 15.16.5.4

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UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
	<ul style="list-style-type: none"> Up to £3,000 	Divisional/Corporate Director or Chief Executive or Director of Finance – without legal advice	
	<ul style="list-style-type: none"> Over £3,000 	Divisional/Corporate Director and Chief Executive or Director of Finance – in conjunction with NHS Litigation Authority	
13e	Compensation (no limit) payments made under legal obligation	Chief Executive and Director of Finance	
13f	Maladministration and distress payments where there was no financial loss by the claimant. <ul style="list-style-type: none"> Remedy up to £1,000; Remedy between the value of £1,001 and £50,000; Remedy over the value of £50,000. 	Director of Finance or Deputy Director of Finance Chief Executive Trust Board	SFIs section 15. 16.5.10
13g	Cancellation of NHS debts <ul style="list-style-type: none"> Up to £5,000 Over £5,000 	Deputy Director of Finance or Divisional Financial Manager Director of Finance or nominated deputy	
13h	Extra-contractual payments to contractors <ul style="list-style-type: none"> Up to £25,000 Between £25,000 and £100,000 Over £100,000 	Director of Finance or Deputy Director of Finance Chief Executive Trust Board	SFIs section 15. 16.5.11
14 CHARITABLE FUNDS/DONATIONS			
14a	Administration of Trust charitable funds	Above and Beyond	SFIs section 16.2.2 23.2.6
14b	Acceptance of donations of goods or cash from charitable bodies relating to capital defined expenditure	Trust's Capital Programme Steering Group	SFIs section 16.2.6 18.2.10
15 AUDIT			
15a	Establishment of an internal audit function	Director of Finance	SFIs section 17. 20 3.1
15b	Appointment of External Auditors	Council of Governors	SFIs section 17. 20.5.2
15c	Implementation of agreed internal and external audit recommendations	Divisional/Corporate Directors	
16 INFORMATION MANAGEMENT AND TECHNOLOGY			
16a	Security and accuracy of Trust computerised financial data	Director of Finance	SFIs section 18. 21. 2.1

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UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
16b	Implementation of new and amendments to existing financial IT systems and approval of any Trust systems with an impact on financial	Director of Finance	SFIs section 48. 21.2.3
16c	Compliance with Freedom of Information Act	Trust solicitor	SFIs section 48. 21.3.1
16d	Implementation, upgrades or changes to general computer systems	Information Management and Technology Committee	SFIs section 48. 21.3.2
17 CAPITAL INVESTMENT AND PRIVATE FINANCING			
17a	Approval of the Trust's Capital Investment Policy annually.	Trust Board	SFIs section 49. 18. 2.2
17b	Business case approval – high risk schemes		Capital Investment Policy
	i. >1% of Trust turnover (£5.87m)	Outline and Full business case to be approved by Trust Board and Council of Governors	
	ii. Between 0.25% and 1% of Trust turnover (between £1.47m and £5.87m)	Comprehensive business case to be approved by Trust Board and Council of Governors	
	iii. Less than 0.25% of Trust turnover (less than £1.47m)	Short form business case to be approved by Trust Board and Council of Governors	
17c	Business case approval – other schemes outside of high risk and less than 1% of trust		Capital Investment Policy
	i. > 0.5% of Trust turnover (between £2.94m and £5.87m)	Comprehensive business case to be approved by Finance Committee	
	ii. Between 0.25% and 0.5% of Trust turnover (between £1.47m and £2.94m)	Comprehensive business case to be approved by Senior Leadership Team	
	iii. Less than 0.25% of Trust turnover (less than £1.47m)	Short form business case to be approved by Capital Programme Steering Group	
17d	Approval of Trust's Medium Term Capital	Trust Board	
17e	Approval of all finance and operating leases	Director of Finance	SFIs Section 49. 18.3.3
17f	Private Finance Initiative	Trust Board	
18 CAPITAL EXPENDITURE – supported by section 10 re procurement			Capital Investment Policy
18a	Approval of Trust's annual capital programme	Trust Board	
18b	Management of the Trust's annual capital	Capital Programme Steering Group	
18c	Approval of procurement based schemes within the annual capital programme	Director of Finance	
18d	Approval of estates based schemes within the annual capital programme	Director of Finance	
18e	Variations to approved capital schemes		
	i. Up to £250k	Capital Programme Steering Group	
	ii. Between £250k and £500k,	Senior Leadership Team	
	iii. Over £500k	Trust Board	

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UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
18f	Procurement of main contractors for estates based capital schemes		
	iv. Below £5k, best value to be demonstrated	Requisitioner	
	v. Between £5k and £25k, three quotes to be obtained	Estates Manager	
	vi. Over £25k and up to £1m, three tenders to be obtained	Director of Estates and Facilities	
	vii. Over £1m	Capital Programme Steering Group	
18g	Enabling works for capital schemes		
	Below £5k, best value to be demonstrated	Requisitioner	
	ii. Between £5k and £25k, three quotes to be obtained or medium term contractor can be used	Estates Manager	
	iii. Over £25k and upto £1m, three tenders to be obtained	Director of Estates and Facilities	
	iv. Over £1m	Capital Programme Steering Group	
18h	Feasibility fees given compliance with 10a and 10b	Director of Estates and Facilities	
19 TRUST ASSETS			
19a	Maintenance of a fixed asset register	Director of Finance	SFIs section 20-13.2.1
19b	Authority to dispose of (sell or transfer to another organisation or scrap) a fixed asset	Director of Finance	SFIs section 20-13.5
19c	Security of fixed assets and notification of loss or transfer to another department	Service Manager	SFIs section 20-13.3
20 RETENTION OF DOCUMENTS			
20a	Retention of records and documents	Relevant Divisional/Corporate Director	SFIs section 24
21 RISK MANAGEMENT AND INSURANCE			
21a	Risk management arrangements	Chief Executive	SFIs section 19
21b	Insurance Policies		
	i. Arranging and ensuring adequate cover	Director of Finance	SFIs section 19.3
	ii. Notifying Director of Finance of new or changed risks	All staff	SFIs section 19.3
22 GIFTS HOSPITALITY AND SPONSORSHIP			
22a	Maintaining a register of gifts, hospitality and sponsorship	Trust Secretary	SFIs section 23.2.3

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UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
22b	Acceptance of gifts		SFIs section 23.3
	i. Business articles less than £25 per gift	Receiving member of staff may accept with no requirement to register	SFIs section 23.3.1
	ii. Gifts over £25 but below £40 per gift or several small gifts of a value over £100 from same source over 12 month period	Receiving member of staff may accept with if declared and registered	SFIs section 23.3.2
	iii. Gifts over £40 per gift	Receiving member of staff should decline or seek Trust Secretary advice	SFIs section 23.3.3
22c	Acceptance of hospitality		SFIs section 23.4
	i. Modest hospitality if normal and reasonable in the circumstances	Receiving member of staff may accept but should refer to line manager or relevant Director if in doubt	SFIs section 23.4.1
	ii. Inappropriate hospitality offers	Member of staff should notify Trust Secretary.	SFIs section 23.4.2
22d	Sponsorship		SFIs section 23.5
	i. Commercial sponsorship for attendance at conference or	Approval from line manager	SFIs section 23.5.1
	ii. Sponsorship of Trust events	Approval by Trust secretary, contractual agreement signed by Director of Finance	SFIs section 23.5.2
22e	Acceptance of preferential rates or benefits in kind for private transactions with companies with which there have been or could be dealings with on Trust business	Not permissible by any member of staff unless a concessionary agreement negotiated by the Trust or NHS on behalf of all staff.	SFIs section 23.5.5
23 Research and Development			SFIs Section 4
23a	Authorisation or research funding applications	Director of Finance or designated deputy for funding applications	
23b	Authorisation of commercial research contracts, site agreements, sub-contracts with participating organisations, contract variations and contract amendments.	Director of Research & Innovation or designated deputy	
23c	The West of England Clinical Research Network (CRN:WoE) Decision to provide additional funding to an NHS partner of the CRN:WoE following a request for financial support; Of £50,000 or below In excess of £50,000	West of England Clinical Research Network Executive Group West of England Clinical Research Network Partnership Group	

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
24 Other			
24a	Reporting of incidents to the police	Chief Executive, Director of Finance, Chief Internal Auditor	SFIs Section 15.3.2 & 17.3.1c-20.3
	<ul style="list-style-type: none"> ▪ general 	Appropriate departmental manager – need to inform Divisional Director or relevant Corporate Director as soon as possible. Also inform Local Security Management	
	<ul style="list-style-type: none"> ▪ where a fraud is involved 	Director of Finance or Local Counter Fraud Specialist	Counter Fraud Policy
24b	Compliance with Freedom of Information Act	Trust Secretary	Freedom of Information Policy – December 2009
24c	Grievance procedure/appeals board procedures	Director of People Workforce and Organisational Development	Disciplinary Policy Managing Performance Policy Grievance Policy
24d	Dismissal	See Matrix	Disciplinary Policy and Procedure
24e	Authorisation of new drugs or significant change of use of existing drugs	Medicines Advisory Group - see specific guidelines and terms of reference of this committee	
	<ul style="list-style-type: none"> ▪ Request for new drugs require authorisation before purchase 	Senior Pharmacy Manager	
	<ul style="list-style-type: none"> ▪ Orders placed to suppliers over £5,000 to be signed 	Director of Pharmacy or Pharmacy Purchasing Manager	
	<ul style="list-style-type: none"> ▪ Pharmacy Payment Lists to be authorised ▪ Copy invoices over £10,000 and invoices from NHS bodies to be sent with the Payments Lists to Creditor Payments 	Director of Pharmacy or Pharmacy Purchasing Manager or Senior Pharmacy Clerical Officer	
	<ul style="list-style-type: none"> ▪ Pricing agreements and quotations should be authorised 	Director of Pharmacy and Pharmacy Purchasing Manager	
	<ul style="list-style-type: none"> ▪ Authorisation of coding slips for invoices and credits requirement payment to be 	Senior Clerical Officer	
24g	Patients' & Relatives' Complaints :		
	<ul style="list-style-type: none"> ▪ Overall responsibility for ensuring that all complaints are dealt with effectively 	Chief Nurse	
	<ul style="list-style-type: none"> ▪ Responsibility for ensuring complaints relating to a division are investigated 	Divisional Director and Head of Nursing / Midwifery	
	<ul style="list-style-type: none"> ▪ Legal Complaints - Co-ordination of their management 	Trust Solicitor	
24h	Relationship with the media	Head of Communications who reports to the Chief Executive	

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - SCHEME OF DELEGATION

DELEGATED MATTER		AUTHORITY DELEGATED TO	REFERENCE DOCUMENT
24i	Infection Control and Prevention <ul style="list-style-type: none"> Corporate Policy Divisional and Clinical Delivery 	Director of Infection Control and Prevention / Chief Nurse /Clinical Chairs	Standing Orders section 2.10
24j	Governance and Assurance Systems Corporate Risk Register Divisional Risk Registers Quarterly review of Risk Registers Reports on the Risk Registers quarterly Maintenance of the Assurance Framework Quarterly review of Assurance Framework Exception Reports on the Assurance Framework	Relevant Executive Directors Divisional Directors and Divisional Managers Risk Management Group Senior Leadership Team Trust Company Secretary Senior Leadership Team Audit Committee	SFIs Section 22 19
24k	All proposed changes in bed allocation	Chief Operating Officer	
24l	Review of Fire Precautions	Fire Safety Manager	Fire Safety Policy and Fire Standards Procedures and Guidelines
	Review of all statutory compliance: legislation and Health and Safety requirements including control of substances hazardous to health regulations	Director of Estates and Facilities / Health and Safety Advisor	Control of Substances Hazardous to Health (COSHH) Policy
24m	Review of compliance with environmental regulations for example those relating to clean air and waste disposal	Director of Estates and Facilities	Operational Policy for Handling Disposal of Waste – August 2005
24n	Review of Trust's compliance with Data Protection Act	Director of Information Management and Technology Chief Information Officer	Health Records Policy
24o	Review the Trust's compliance with the Access to Records Act	Director of Information Management and Technology Chief Information Officer	Health Records Policy
24p	Allocation of sealing in accordance with standing orders	Trust Company Secretary on behalf of the Chief Executive	
24q	The keeping of a Register of Sealing	Trust Company Secretary on behalf of the Chief Executive	Section 8 Standing Orders
24r	Affixing the Seal	Chief Executive (or, should the Chief Executive not be available, another Executive Director not from the contract's originating department) and Director of Finance or Head of Finance Deputy Director of Finance	
24s	Clinical Audit	Medical Director	
24t	Human Rights Act Compliance	Trust Solicitor	
24u	Equality and Diversity Schemes	Director of Workforce and Organisational Development	
24v	Child Protection	Chief Nurse	Section 2.10 Standing Orders
25 In the case of a Major Incident			
25a	Commitment of resource in the event of a major incident	Executive Director on call	

~~March 2017~~ - December 2018

Meeting of the Board in Public on Thursday 31st January 2019 in the
Conference Room, Trust Headquarters

Report Title	Accounting Policies
Report Author	Kate Parraman, Deputy Director of Finance
Executive Lead	Paul Mapson, Director of Finance and Information

1. Report Summary	
To inform members of the proposed changes to the Trust's Accounting Policies previously reviewed and agreed by the Trust's Audit Committee.	
2. Key points to note <i>(Including decisions taken)</i>	
<p>The Accounting Policies are required to be approved for inclusion in the Annual Accounts. The Trust is required to review its accounting policies whenever changes are required by an accounting standard, following advice from NHS Improvement including revisions to the Department of Health and Social Care Group Accounting (DHSC GAM) or where it would improve the understanding of the Trust's statutory accounts. The Trust maintains a full set of approved accounting policies but only includes those relevant to the Trust's Annual Report and Accounts in the published document.</p> <p>The policies have been amended to reflect date and referencing changes, updates to the example accounting policies, information which will be confirmed at year end and deletions.</p> <p>Further changes may be required if additional guidance is issued before year end or following External Audit advice during their statutory audit of the 2018/19 annual accounts. Any further changes will be reported to Audit Committee and Trust Board for approval.</p>	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
The risks associated with this report include: N/A	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> • This report is for APPROVAL • The Board is asked to APPROVE the report 	
5. History of the paper Please include details of where paper has previously been received.	
Audit Committee	14 January 2019

ACCOUNTING POLICIES

1. Introduction

The Trust's Accounting Policies are required to be approved on an annual basis with changes considered by the Audit Committee before being recommended for approval at the Trust Board.

The Trust is required to review its accounting policies whenever changes are required by an accounting standard, following advice from NHS Improvement including revisions to the Department of Health and Social Care Group Accounting (DHSC GAM) or where it would improve the understanding of the Trust's statutory accounts. The accounting policies are included as part of the Trust's statutory accounts. This report informs the Trust Board of the recommended changes for its approval.

The recommended changes follow the publication of the 2018/19 DHSC GAM. There may be additional changes required during the final accounts audit which will be notified to the Audit Committee and Trust Board in May.

The changes made are detailed below with reference to how the changes can be identified on the copy of the Accounting Policies in Appendix 1.

2. Proposed Accounting Policy Changes

The policies have been amended as follows:

- a) Date and number referencing changes are highlighted in yellow
- b) Updates to reflect the example accounting policies in the DHSC GAM are highlighted in green with the main changes addressing the implementation of IFRS 15 (*Revenue from Contracts with Customers*) in section 1.4 and IFRS 9 (*Financial Instruments*) in section 1.11
- c) Information which will be confirmed at year end is highlighted blue
- d) Deletions are highlighted in red with a strikethrough.

The DHSC GAM contains a section on accounting standards that have been issued but not yet adopted which are required to be included in the policies (section 1.20). Consideration of the future potential impact of these changes needs to be given; as reported in 2017/18 IFRS 16 (*Leases*) will require operating leases meeting certain conditions to be included on the Trust's statement of financial position, although given implementation will not be until 2020/21, this has not been reviewed in detail at this stage.

There have been no significant changes to the Trust's approach in estimating Month 12 income and partially completed spells (section 1.21 d and e).

3. Further Changes Required

It is anticipated that further changes will be required as additional guidance and

information becomes available and during the course of the statutory year-end audit. A further paper will be presented as part of the approval of the annual accounts in May.

4. Recommendation

Following approval at Audit Committee the Trust Board is asked to

- note the proposed changes to the Trust's accounting policies for 2018/19 and **approve** the Trust's revised Accounting Policies;
- **note** that there may be further changes required before the approval of the 2018/19 year end accounts.

Accounts 31 March 2019

1. Accounting policies

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the Department of Health Group Accounting Manual (GAM) which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DH Group Accounting Manual 2018/19 issued by the Department of Health. The accounting policies contained in the GAM follow International Financial Reporting Standards (IFRS) to the extent that they are meaningful and appropriate to NHS foundation trusts, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the DH Group Accounting Manual permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

The annual report and accounts have been prepared on a going concern basis. Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

1.2 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.3 Operating Segments

Income and expenditure are analysed in the Operating Segments note (Note 2) and are reported in line with management information used within the Trust

1.4 Income

The transition to IFRS 15 has been completed in accordance with paragraph C3 (b) of the Standard, applying the Standard retrospectively recognising the cumulative effects at the date of initial application.

In the adoption of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows;

- As per paragraph 121 of the Standard the Trust will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
- The Trust is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
- The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires [the entity] to reflect the aggregate effect of all contracts modified before the date of initial application.
- [List any other expedients employed by the entity]

The main source of income for the Trust is contracts with commissioners in respect of healthcare services. Income in respect of services is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation. and to the extent that, performance occurs and is measured at the fair value of the consideration receivable.

At the year-end income is accrued for activity delivered in the year income relating to performance obligations satisfied in that year. Where a patient care spell is incomplete at the year end, revenue relating to the partially complete spell is accrued in the same manner as other revenue. Where a patient care spell is incomplete at the year-end, revenue relating to the partially complete spell is accrued on a pro-rata basis based on the expected length of stay and agreed with the commissioner.

Where income is received for a specific performance obligation activity which is to be delivered satisfied in the following financial year, that income is deferred.

Income recognised in the accounts relating to the Sustainability and Transformation Funding for quarter 4 core funding and the incentive and bonus payments is based on the values notified by NHS Improvement following the Trust exceeding its surplus control total. These values are indicative and the final amount receivable by the Trust will be notified by NHS Improvement following submission of the final accounts.

The Trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit has completed the NHS2 form and confirmed there are no discrepancies with the treatment that the individual has lodged a compensation claim. The income is measured at the agreed tariff for the treatments provided to the injured individual, less a provision for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1.5 Expenditure on employee benefits

Employee benefits - short term

Salaries, wages and employment-related costs, including payments arising from the apprenticeship levy, are recognised in the year in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the year is recognised in the financial statements - See 1.20 for further details.

An assessment of annual leave owing to staff at 31st March 2019 has been calculated using a sample of staff across all staff groups of a size sufficient to ensure above 95% confidence in the value of the liability. The average annual leave owed to staff groups in the sample has been used to calculate the total number of hours owed to all staff in post in March 2019. An average hourly cost has been applied to each staff group to calculate the cost of annual leave owed.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both The schemes are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the Trust of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the Trust commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.6 Expenditure on other goods and services

Other operating expenses are recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services.

1.7 Property, Plant and Equipment**Recognition**

Property, Plant and Equipment is capitalised where:

- individually its cost is in excess of £5,000; or
 - it forms a group of similar assets with an aggregate cost in excess of £5,000 (where the assets have an individual cost in excess of £250, are functionally interdependent, have broadly similar purchase dates, are expected to have similar lives and are under single management control); or
 - it forms part of the initial setting-up cost of a new building or refurbishment of a ward or unit, irrespective of individual or collective cost;
- and**
- it is held for use in delivering services or for administrative purposes;
 - it is probable that future economic benefits will flow to, or service potential will be provided to the Trust;
 - it is expected to be used for more than one financial year;
 - the cost of the item can be measured reliably.

Where a significant asset includes a number of components with different economic lives, then these components are treated as separate assets within the asset's classification and depreciated over their individual useful economic lives.

Measurement (Valuation)

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date.

Land and buildings

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period.

Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost, modern equivalent asset basis.

Assets in the course of construction are initially recorded at cost. Costs include professional fees and, where capitalised in accordance with IAS 23, borrowing costs. Assets are revalued by professional valuers every year end through a desktop exercise, as part of the five year review, or, for significant properties, when they are brought into use and then depreciation commences.

Other assets

Other assets including plant, machinery, IT and equipment that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

Depreciation

Freehold land, assets under construction and assets held for sale are not depreciated. Freehold land is considered to have an infinite life, assets held for sale cease to be depreciated upon the reclassification and assets in the course of construction are not depreciated until the asset is brought into use.

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment, less any residual value, on a straight-line basis over their estimated useful lives. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis as a change in estimate under IAS 8. The Trust's valuers, the Valuation Office, assess the estimated remaining useful life of buildings, installations and fittings.

Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life, unless the Trust expects to acquire the asset at the end of the lease term, in which case the asset is depreciated in the same manner as for owned assets.

The remaining maximum and minimum economic lives of property, plant and equipment assets held by the Trust are as follows:

Asset Type	Minimum Life	Maximum Life
Buildings excl. dwellings	15 years	49 years
Dwellings	18 years	25 years
Plant and machinery (incl. medical equipment)	1 year	18 years
Transport equipment	1 year	7 years
Information technology	1 year	7 years
Furniture and fittings	1 year	10 years

When assets are revalued, the accumulated depreciation at the date of revaluation is eliminated against the gross carrying amount of the asset, and the net amount is restated to the revalued amount of the asset.

Revaluation gains and losses

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse an impairment previously recognised in operating expenses, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as a charge to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

The Trust transfers the difference between depreciation based on the historical amounts and revalued amounts from the revaluation reserve to retained earnings.

Impairments

At each financial year end, the Trust checks whether there is any indication that its property, plant and equipment have suffered an impairment loss. If there is indication of such an impairment, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount.

Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure.

An impairment that arises from a clear consumption of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss are reversed. Reversals are netted against any impairment charges within Operating Expenses to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve.

Donated, government grant and other grant funded assets

Donated and grant funded non-current assets are capitalised at their current value in existing use, if they will be held for their service potential, or otherwise at fair value on receipt, with a matching credit to income receipt.

Deferred income is recognised only where conditions attached to the donation preclude immediate recognition of the gain.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.8 Intangible assets**Recognition**

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised where they have a cost in excess of £5,000, where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Software

Software which is integral to the operation of hardware e.g. an operating system is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets acquired separately are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. Subsequently intangible assets are measured at current value in existing use by reference to an active market, or, where no active market exists, the lower of amortised replacement cost and the value in use where the asset is income generating.

Intangible assets are held at amortised historical cost which is considered to be an appropriate proxy for fair value. Revaluations gains and losses and impairments are treated in the same manner as for Property, Plant and Equipment.

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

The remaining maximum and minimum economic lives of intangible assets held by the Trust are as follows:

Asset type	Minimum life	Maximum life
Software (purchased)	1 year	7 years

Accounts 31 March 2019

Purchased computer software licences are amortised over the shorter of the term of the licence and their estimated economic lives.

1.9 Government grants

Government grants are grants from Government bodies other than income from commissioners or NHS trusts for the provision of services. Grants from the Department of Health and Social Care are accounted for as Government grants. Where the Government grant is used to fund revenue expenditure, it is taken to the Statement of Comprehensive Income to match that expenditure.

1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. This is considered to be a reasonable approximation to current cost due to the high turnover of inventories.

1.11 ~~Financial instruments (financial assets and liabilities)~~ Financial Assets

Financial assets are recognised when [the entity] becomes party to the contractual provision of the financial instrument or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or when the asset has been transferred and the Trust has transferred substantially all of the risks and rewards of ownership or has not retained control of the asset.

Financial assets are initially recognised at fair value plus or minus directly attributable transaction costs for financial assets not measured at fair value through profit or loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices, where possible, or by valuation techniques.

Financial assets are classified into the following categories: financial assets at amortised cost, financial assets at fair value through other comprehensive income, and financial assets at fair value through profit and loss. The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

Financial assets at amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is to hold financial assets in order to collect contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables, loans receivable, and other simple debt instruments.

After initial recognition, these financial assets are measured at amortised cost using the effective interest method, less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

Financial assets at fair value through other comprehensive income

Financial assets measured at fair value through other comprehensive income are those held within a business model whose objective is achieved by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest.

Specify equity instruments and the reason for designation.

Financial assets at fair value through profit and loss

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or fair value through other comprehensive income. This includes derivatives and financial assets acquired principally for the purpose of selling in the short term.

Impairment

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the Trust recognises a loss allowance representing expected credit losses on the financial instrument.

Accounts 31 March 2019

The Trust adopts the simplified approach to impairment, in accordance with IFRS 9, and measures the loss allowance for trade receivables, contract assets and lease receivables at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2), and otherwise at an amount equal to 12-month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described in note 1.11 below.

All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership. Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and Measurement

Loans from the Department of Health are recognised at historic cost. Other Financial liabilities and Financial assets are initially recognised at fair value.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. Loans and receivables are recognised initially at fair value, net of transaction costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset. Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method as described in loans and receivables. They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities. Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to 'Finance Costs'. Interest on

financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Impairment of financial assets

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset. For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income.

1.11 Financial Liabilities

Financial liabilities are recognised when [the entity] becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received.

Financial liabilities are de-recognised when the liability has been extinguished – that is, the obligation has been discharged or cancelled or has expired.

Financial liabilities at fair value through profit and loss

Derivatives that are liabilities are subsequently measured at fair value through profit or loss. Embedded derivatives that are not part of a hybrid contract containing a host that is an asset within the scope of IFRS 9 are separately accounted for as derivatives only if their economic characteristics and risks are not closely related to those of their host contracts, a separate instrument with the same terms would meet the definition of a derivative, and the hybrid contract is not itself measured at fair value through profit or loss.

The Trust has irrevocably designated the following financial liabilities as measured at fair value through profit or loss in accordance with IFRS 9 paragraph 4.2.2:

Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the amortised cost of the financial liability. In the case of DHSC loans that would be the nominal rate charged on the loan.

1.13 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Lessee accounting:

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as Property, Plant and Equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. Lease payments are apportioned between finance charges and reduction of the lease obligation to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are recognised in the Statement of Comprehensive Income.

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses on a straight-line basis over the life of the lease.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Lessor accounting:***Operating leases***

Assets acquired and held for use under operating leases are recorded as fixed assets and are depreciated on a straight line basis to their estimated residual values over their estimated useful lives. Operating lease income is recognised within operating income.

1.14 Provisions

Provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rates.

Early retirement provisions are discounted using HM Treasury's pension discount rate of:

Expected cash outflows	Years	HMT real rate (%)	
		2018/19	2017/18
Short term	1-5	0.54	-2.42
Medium term	6-10	1.13	-1.85
Long term	10 or more	1.99	-1.56

Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. The contribution is charged to the Statement of Comprehensive Income. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Trust is disclosed at note 17.2.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

1.15 Contingencies

Contingent assets (from past events whose existence will only be confirmed by one or more future events not wholly within the Trust's control) are not recognised as assets, but disclosed in note 21.1 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but disclosed in note 21.2, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.16 Public Dividend Capital

Public Dividend Capital (PDC) is a type of public sector equity finance which represents the Department of Health's investment in the Trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32. At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

An annual charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by the Secretary of State with the consent of HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less all liabilities, except for:

- donated assets
- average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund deposits, excluding cash balances held in GBS accounts that relate to a short term working capital facility
- Any PDC dividend balance receivable or payable and
- the final incentive elements of the Sustainability and Transformation Funding.

The average relevant net assets are calculated as a simple average of opening and closing relevant net assets.

In accordance with the requirements laid down by the Department of Health the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

1.17 Value Added Tax (VAT)

Most of the activities of the Trust are outside the scope of VAT. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.18 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in [note 25](#) to the accounts.

1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments [note 27](#) is compiled directly from the losses and compensations register which reports on a cash basis with the exception of provisions for future losses.

1.20 Accounting standards that have been issued but not yet been adopted

The DHSC GAM does not require the following Standards and Interpretations to be applied in [2018-19](#). These standards are still subject to HM Treasury FReM adoption, [with IFRS 16 being for implementation in 2020-21](#), and the government implementation date of IFRS17 still subject to HM Treasury consideration.

Standards and Interpretations	Financial year for which the change first applies
IFRS 16 <i>Leases</i>	Application required for accounting periods beginning on or after 1 January 2020, but not yet adopted by the FReM: early adoption is not therefore permitted.
Standards and Interpretations	Financial year for which the change first applies
IFRS 17 <i>Insurance Contracts</i>	Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
IFRIC 22 <i>Foreign Currency Transactions and Advance Consideration</i>	Application required for accounting periods beginning on or after 1 January 2018.
IFRIC 23 <i>Uncertainty over Income Tax Treatments</i>	Application required for accounting periods beginning on or after 1 January 2019.

The Trust has not adopted any new accounting standards, amendments or interpretations early. The new standards set out above will have no significant impact on the Trust other than IFRS 16 which will see a number of operating leases currently included within note 5.2 operating lease expenses being included in the statement of financial position. As this change is expected from 2020/21 detailed work has not yet been undertaken to quantify the impact.

1.21 Critical accounting estimates and judgements

Estimates and judgments are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

Critical judgements in applying the entity's accounting policies

The Trust has made no judgements in applying the accounting policies other than those involving accounting estimates.

Critical accounting estimates and assumptions

The Trust makes estimates and assumptions concerning the future. The resulting accounting estimates will, by definition, seldom equal the related actual results. The estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are addressed below.

a) Depreciation

Depreciation is based on automatic calculations within the Trust's Fixed Asset Register and is calculated on a monthly basis throughout the year. When an asset is added to the Fixed Asset Register, it is given a useful economic life by the capital accountant, depending on the class of asset (i.e. vehicle, IT equipment etc). Buildings can be assigned a useful economic life of up to 50 years by the District Valuer as part of their valuations, depending on their state of repair and intended use. Useful economic life can be adjusted on the Fixed Asset Register if required, for example following an external valuation by the District Valuer. This judgement will take into account past experience. Typically more expensive items have a longer lifespan which reduces the degree of sensitivity of charges.

b) Revaluation

The Trust's assets are subject to the quinquennial revaluation by the Trust's approved valuers. In the interim years the Trust's assets are revalued using desktop revaluations undertaken by the Valuation Office. The Valuation Office is an expert therefore there is a high degree of reliance on the valuer's expertise.

c) Impairment

Impairments are based on the Valuation Office's revaluation, on application of indices or on revaluation of individual assets e.g. when brought into operational use, or identified for disposal. Assumptions and judgments are that valuations and the assumptions used are applicable to the Trust's circumstances. Additionally, management reviews would identify circumstances which may indicate where an impairment has occurred.

d) Month 12 income from activities

As the NHS Annual Accounts and invoicing deadlines fall before actual month 12 activity data is available, it is necessary to make an estimate for the accounts.

Forecast outturn activity and value is calculated throughout the year using established profiles in combination with year to date activity as the basis for estimating the full year activity. Profiles are set up at the beginning of the year to reflect the anticipated spread of activity throughout the year and are used to spread the annual plan as well as to forecast the activity. The main profiles used are:

- Twelfths – used for block contracts.
- Actual days – (calendar days in month) used for non-elective and emergency work.
- Working days – (excludes weekends and bank holidays plus an additional day at Christmas) used for elective work and outpatients.
- Specific profiles – more detailed profiles are set up for example where it is known that particular activity is not planned to start until part way through the year, e.g. date of service transfer, commencement of new development.

The Trust's approach to this estimate for month 12 incorporates the following additional considerations:

- Bone Marrow Transplants – given this is a high value, low volume income stream, specific information relating to March transplants already undertaken, or anticipated, has been used to inform the forecast outturn.
- Commissioning for Quality and Innovation (CQUIN) – the CQUIN performance used for the month 11 financial reporting was based on data to the end of January, which was the most up to date information available at the time. For estimating year end income for the accounts this performance estimate was updated in early March to inform the year end estimate.
- General activity – experience has shown that a better estimate for general March activity is achieved by basing the forecast outturn on the activity within the later part of the year, reflecting that the impact of any planned growth in activity, or new developments, tends to be weighted towards the end of the financial year once resource changes have been fully implemented. However it is also recognised that December is not a typical month given the holiday period. Therefore, March activity has been estimated based on activity in October, November, January and February.

Where Month 12 interim activity data is available prior to closing the month 12 position this will be reviewed to assess whether changes are required. If the assessment is deemed significant the estimates will be replaced with the actual data and the commissioners will be notified of the changes.

The value of uncoded activity will be estimated using an average tariff basis.

e) Partially completed spells

This is an estimate of income due in relation to patients admitted before the year end, but not discharged. It is calculated at spell level and is based on a realistic estimate of the number of unfinished days at the end of the financial year, calculated using data available from previous month ends. This is necessary due to the timing of the final accounts, which means that the actual figure will not be available. The day of admission counts as an unfinished day.

The valuation of unfinished activity will use specialty bed day rates. The rates are weighted to ensure they are consistent with the proportion of actual income that is received, using information gleaned from previous months incomplete spells. In calculating the proportion of actual income, the first two days of each spell will attract a disproportionate amount of the income in recognition that some costs are heavily weighted towards the beginning of the spell. For 16/17 and 17/18 and 18/19 surgical specialties 45% of the income is allocated to the first 2 days with the remaining 55% apportioned equally over the total length of stay. For medical specialties the figures are 25% and 75% respectively.

In making this estimate the volume of unfinished activity is calculated using an average of the first 11 months of the year. The rates used are calculated at specialty level, the greatest level of detail that can be determined for unfinished activity, and reflect the distribution of costs through the spell in recognition of the early days of the spell generally being the most expensive.

The income is accrued and agreed with local Clinical Commissioning Groups and with NHS England.

f) Maternity pathway (incomplete antenatal spells)

This is an estimate of income received in advance in relation to patients who commenced their antenatal pathway in one financial year but who will not finish it until after the end of the financial year. It is calculated on the following basis:

- Assume the length of an ante natal pathway is 182 days (c 6 months).
- Estimate the proportion of pathways that will be incomplete at the end of the financial year. The position at 28th February 2019 has been used as a proxy, as the month 12 activity was not available.
- Using the ante natal booking date, calculate how many days of the ante natal period are likely to occur after 28th February 2019.
- Value these days as a proportion of the pathway tariff.

1.22 Changes in accounting policy

Foundation Trusts may change an accounting policy only where it is required by a new standard or interpretation (including any revisions to the GAM) or voluntarily only if it results in the Trust's financial statements providing reliable and more relevant information about transactions, events, conditions, or the financial position, financial performance or cash flows.

The changes arising from the introduction of a new standard or interpretation will be implemented in accordance with the specific transitional provisions, if any, of that standard or interpretation. Where no such specific transitional provisions exist, or where the Trust changes an accounting policy voluntarily, the changes will be applied retrospectively i.e. through a prior period adjustment. In accordance with IAS 8 any prior period adjustments will be effected by restating each element of equity (reserves) at the start of the prior year as if the accounting policy had always applied.

Meeting of the Board in Public on Thursday 31st January 2019 in the
Conference Room, Trust Headquarters

Report Title	Well-led Review
Report Author	Eric Sanders, Trust Secretary
Executive Lead	Robert Woolley, Chief Executive

<p>1. Report Summary</p> <p>To present the findings and recommendations from the Good Governance Institute following their review of the Trust against the Well-led Framework.</p>						
<p>2. Key points to note <i>(Including decisions taken)</i></p> <ul style="list-style-type: none"> • An externally facilitated review against the Well-led Framework has been undertaken as required by the Code of Governance. • The review was undertaken by the Good Governance Institute (GGI) and was completed in line with the guidance issued by NHS Improvement • It is the view of GGI that there is no reason “why the trust should not maintain its overall rating of ‘outstanding’” • There are a number of developmental areas which will be incorporated into the Board Development Programme • The outcome of the review will be shared with NHS Improvement and the CQC. 						
<p>3. Risks If this risk is on a formal risk register, please provide the risk ID/number.</p> <p>The risks associated with this report include:</p> <p>There are no new risks identified as a result of this report.</p>						
<p>4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i></p> <ul style="list-style-type: none"> • This report is for ASSURANCE • The Board is asked to <ul style="list-style-type: none"> ○ Note the conclusions and recommendations from the Good Governance Institute following their review of the Trust against the Well-led Framework ○ Note the proposal to build the recommendations into the Board Development Programme for 2019/20 						
<p>5. History of the paper Please include details of where paper has <u>previously</u> been received.</p> <table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>						

1. Purpose

- 1.1. To present the findings and recommendations from the Good Governance Institute following their review of the Trust against the Well-led Framework¹.

2. Background

- 2.1. The Code of Governance was introduced by Monitor to provide a framework within which it was expected that all NHS Foundation Trusts would operate. The latest version of the Code came into force on 1 January 2014. Non-compliance with the Code is not in itself a breach of NHS Foundation Trust Condition 4 of the NHS provider licence, but the Trust would be required to explain why it did not comply with any aspect of the Code. The Code sets out the expectation that NHS Foundation Trusts will commission an externally-facilitated evaluation every three years. Specifically, provision B.6.2 of the Code states:

“Evaluation of the boards of NHS foundations trusts should be externally facilitated at least every three years. The evaluation needs to be carried out against the board leadership and governance framework set out by Monitor. The external facilitator should be identified in the annual report and a statement made as to whether they have any other connection to the trust.”

- 2.2. In addition to the Code, NHS Improvement (NHSI) has published guidance on Well-Led Reviews. This guidance was jointly developed by NHSI and the CQC, and aligns with the well-led questions used by the CQC as part of their regular regulatory assessments. It is expected that the Well-led Framework is used as the basis for the externally facilitated evaluation contained within the Code.
- 2.3. The framework is structured around eight Key Lines of Enquiry (KLOE) as follows:

1 Is there the leadership capacity and capability to deliver high quality, sustainable care?	2 Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?	3 Is there a culture of high quality, sustainable care?
4 Are there clear responsibilities, roles and systems of accountability to support good governance and management?	Are services well led?	5 Are there clear and effective processes for managing risks , issues and performance ?
6 Is appropriate and accurate information being effectively processed, challenged and acted on?	7 Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?	8 Are there robust systems and processes for learning , continuous improvement and innovation ?

¹ Developmental reviews of leadership and governance using the well-led framework: guidance for NHS trusts and NHS foundation trusts

3. Methodology and Approach

3.1. GGI undertook the review in line with the guidance issued by NHS Improvement which used a variety of materials, tools, templates and benchmarking tools to guide various review activities which included:

- Observation of key meetings
- Document review
- Interviews with all board members and select internal staff
- Staff focus groups
- Governor focus groups
- Interviews with external stakeholders
- Quality walk-about

3.2. The review team consisted of a senior staff team from GGI, including Andrew Corbett-Nolan (Chief Executive, GGI), Mark Butler (Director of Delivery, GGI), Karen Hunter (Senior Associate, GGI), Andy Payne (Engagement Director, GGI) and Christopher Smith (Consultant, GGI).

4. Well-Led Review Conclusions and Recommendations

4.1. The main conclusions of the Well-led review are:

- There is no reason in our view [GGI] why the trust should not maintain its overall rating of 'outstanding'
- The trust has in place a strong platform on which to build a forward-looking approach to its future strategy and sustainability based on what well-led means for UH Bristol and the local health and care system
- Values-based leadership is evident at all levels of the organisation and is alive in the way staff behave
- The trust is defined by a shared passion about service quality and doing the right things in the right way, exhibiting high professional standards and practices built consistently
- There is evidence of a consistent leadership culture which would be enhanced with further leadership and management development
- The key governance relationships are strong; the board dynamic and ethos is respectful, collegiate and effective; the relationship between the Chair and CEO has settled well with clarity on roles and contributions; the role of the non-executive directors in assurance is visible and evidenced; the governors are active and engaged
- The business flow and processes around the board are sound – the focus in committees is clearly on key quality, financial and performance issues; the Audit Committee is effective with a well-established dynamic; governance support systems are seen as effective and comprehensive

- There is evidence of good use of information in relation to financial grip and quality, the Board Assurance Framework and board to ward connections
 - Digital, transformation and quality improvement methodologies are maturing with strong processes for learning from problems and challenges
- 4.2. There are a small number of areas where GGI noted that further action by the trust would strengthen its approach to governance including:
- Articulation of a longer-term ambition beyond current dynamics
 - Clarity of future role in the integrated health and care system and the wider world
 - Further investment in leadership and management development to drive a long-term capability and succession plan
 - Reframing risk appetite to reflect future dynamics and to grow understanding of its implications more widely
 - Articulation of the distinctive contribution of the People Committee and its modus operandi
 - Some rebalancing of board time to allow more time and space for strategic over the immediate and tactical
 - Strategic focus on workforce
 - Attention by the board to the practical impact of investment made in diversity and equality
 - Greater evidence of systematic benchmarking and joint learning from others to strengthen assessment of impact and grow influence
 - Stimulus of entrepreneurship in the face of a risk averse culture allowing delivery of innovation at scale by divisions
 - Growing more partnerships of depth with external stakeholders both within the health and care setting and beyond

5. Trust Response to the Well-led Review

5.1. The Trust welcomes the positive report from GGI, which recognises the embeddedness of good governance across the Trust. The findings from GGI also closely align with the Trust's own self-assessment against the Well-led framework, which supports a description of the Board as being self-aware. Further assurance should be taken from the fact that, across the areas which GGI highlighted where the Trust might usefully undertake further activity, the Trust already has a number of work streams underway. For example:-

- The Board, through its review of the Trust Strategy, is considering how the organisation should evolve to meet the challenges and opportunities of greater system working, how its risk appetite should change to reflect this, how it can work with other partners more effectively to deliver our common goals, and how the workforce of the future needs to change to continue to deliver high quality, sustainable services.

- A new People Committee of the Board was constituted in 2018 to support greater assurance and oversight of the workforce agenda and it was recognised that this new Committee would require time to embed and that the focus of the Committee would need to evolve and develop. A review of the Committee was planned to review lessons learnt from its first 6-8 months of operation.
- The focus on driving improvements in productivity and efficiency, considering the Getting it Right First Time and Model Hospital Data sets, supports the existing and well established programmes of work around innovation and transformation.

5.2. In recognising that the findings from GGI are predominantly developmental, and require discussion and debate by the Board, these will be translated into specific sessions within the Board Development Programme, which is currently being refreshed for 2019/20. This programme will also consider the suggestions from GGI on the approach and content of the sessions. A proposal will be brought back to the Board in March 2019 for the structure and content of this programme.

6. Communication to NHS Improvement and the Care Quality Commission (CQC)

6.1. The Well-led Framework guidance requires the Trust to write to NHS Improvement, once the action-planning has been completed, to confirm that the review has been completed, any material issues that have been found and any areas of good practice which could be shared with others. Given the developmental nature of the findings, it is proposed to write to NHS Improvement following the Board meeting.

7. Recommendation

7.1. The Board is asked to:

- note the conclusions and recommendations from the Good Governance Institute following their review of the Trust against the Well-led Framework
- note the proposal to build the recommendations into the Board Development Programme for 2019/20

Eric Sanders
Trust Secretary
January 2019

Meeting of the Board in Public on Thursday 31 January 2019 in the Conference Room, Trust Headquarters

Report Title	Register of Seals – Q3
Report Author	Sophie Melton Bradley, Head of Corporate Governance
Executive Lead	Eric Sanders, Trust Secretary

<p>1. Report Summary</p> <p>This report will show applications of the Trust Seal as required by the Foundation Trust Constitution.</p> <p>The attached report includes all new applications of the Trust Seal since the previous report in November 2018.</p>
<p>2. Key points to note <i>(Including decisions taken)</i></p> <p>Standing Orders for the Trust Board of Directors stipulates that an entry of every 'sealing' shall be made and numbered consecutively in a book provided for that purpose and shall be signed by the person who shall have approved and authorised the document and those who attested the seal. A report of all applications of the Trust Seal shall be made to the Board containing details of the seal number, a description of the document and the date of sealing.</p>
<p>3. Risks If this risk is on a formal risk register, please provide the risk ID/number.</p> <p>The risks associated with this report include: N/A</p>
<p>4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i></p> <ul style="list-style-type: none"> • This report is for ASSURANCE • The Board is asked to NOTE the report

Register of Seals – November 2018 – January 2019

Reference Number	Date Signed	Document	Authorised Signatory 1	Authorised Signatory 2	Witness	Additional Comments
816	7/1/19	Bristol General Hospital Deed	Robert Woolley (Chief Executive)	Mark Smith (Deputy Chief Executive & Chief Operating Officer)	Sophie Melton Bradley (Head of Corporate Governance)	Charges/Deeds of Covenant between the Trust, Adriatic Land 9 and Bristol City and Council. Reviewed for approval by the Director of Facilities and Estates and the Finance Department.

**Chair's Report of the Audit Committee
14 January 2019**

For Information

The Committee received a report from the Director of Facilities and Estates Andy Headdon as to how the department has been seeking assurance of compliance across the estates, based on the nationally adopted Premises Assurance Model (PAM). The report provided a summary of compliance/non-compliance across the domains of the PAM.

It was anticipated that this report will become a mandatory return to NHS Improvement. It was noted that 40% of the Trust's domain had a good rating according to this model, whilst 39% needed minimal improvements (this included areas where there might not be adequate evidence of existing compliance, e.g. appropriate paperwork, which could be easily addressed).

The Committee was pleased with the holistic approach provided by this report, but noted that it would also like to see an annex to this report which explicitly detailed the actions required to ensure fire safety compliance (including the actions defined in the Serious Incident Report), and with comprehensive progress reporting against these actions. It was agreed that this annex would be issued ahead of the next Board meeting on 31 January 2019, and fire compliance would be considered as a separate topic within the Facilities and Estates update at future Audit Committee meetings.

The Committee also noted that there had been ongoing work between the HR team and Facilities and Estates to address recruitment and turnover issues in the department. This included targeted advertising and promotion.

The Committee received a report from the Director of Pharmacy, Jon Standing, on pharmacy losses relating to drugs. It was noted that medicine has a national estimated wastage of £300m (1.87%). UH Bristol has made considerable progress in reducing drug wastage, and has just 0.28% waste across the Trust. This was near the median when benchmarked across the region, however the nature of the Trust's service meant there were some areas where a higher risk of drug waste was unavoidable, including cancer treatment and nutrition care.

The Committee were assured by the thoroughness of the report, and received assurance that any future, unforeseen increases in drug waste costs would be flagged through the losses report to the Finance Committee.

For Board Awareness, Action or Response

Facilities and Estates are now supporting the reporting of a more comprehensive Compliance (Regulatory and Statutory) Report based on the NHSI Premises Assurance Model.

The Committee received confirmation that the Trust was not aiming to stockpile medicines ahead of the EU departure deadline of March 2019. It was noted that drug management in relation to the EU departure was being managed centrally by NHS England and the Department of Health, and updates were being provided to the National Pharmacy Supply Group, which UH Bristol's Director of Pharmacy sat on.

Key Decisions and Actions

The Committee received and APPROVED the **Accounting Policies** ahead of the development of the 2018/19 Annual Reporting and Accounts, noting that any further changes would come to the Committee for Approval in May 2019 along with the final report.

The Committee received and APPROVED that **draft counter fraud work plan and internal audit work plan for 2019/2020**.

The Committee received and APPROVED **the external audit plan and fee for 2019/2020** (it was noted that the Chair of the Board would need to manage engagement with the governors around their selection of a quality measure for the Quality Report with the governors, given that NHS Improvement had 'strongly recommended' the mortality indicator be used).

The Committee clarified that all internal audit reports should come to the Audit Committee for review, to provide opportunity for discussion with the Internal Auditors present, but all Board Committee Chairs (as members of the Audit Committee) should have opportunity to comment on reports specific to the remit of their committees as part of this review, including the Chair of the Remuneration, Nominations and Appointments Committee.

Additional Chair Comments

As well as addressing the established responsibilities of the Audit Committee it should be noted that the work of the AC has led to the further development of:-

- The reporting of Strategic and Operational (Corporate) Risks such that all risks are directly associated with the Strategic and Operational Objectives they impact on and in addition, which Committees are expected to take the lead for reviewing the mitigation activities
- The Internal Audit reporting in order to establish which Committees (Audit, QOC, Finance, People or Rem Nom Committee) should pay particular attention to the findings and recommendations
- The Terms of Reference and Annual Business Cycle in order to explicitly identify the Stakeholders of the AC, both internal and external, and their associated requirements
- Development of the Counter Fraud reporting.

Meeting of the Board in Public on Thursday 31st January 2019 in the
Conference Room, Trust Headquarters

Report Title	Governors Log of Communications
Report Author	Kate Hanlon, Membership Engagement Manager
Executive Lead	Eric Sanders, Trust Secretary

<p>1. Report Summary</p> <p>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.</p>
<p>2. Key points to note <i>(Including decisions taken)</i></p> <ul style="list-style-type: none"> • In the period three new queries have been added to the log, one has been assigned to an executive lead and two have been answered. • Item 208 (workforce), which was reopened, has been answered. • Item 210 (digital hospital) was re-opened for further clarification. • Four queries are awaiting a governor response.
<p>3. Risks If this risk is on a formal risk register, please provide the risk ID/number.</p> <p>The risks associated with this report include: None</p>
<p>4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i></p> <ul style="list-style-type: none"> • This report is for INFORMATION • The Board is asked to NOTE the report

ID **Governor Name**

217 Kathy Baxter

Theme: Discharge**Source:** From Constituency/ Members**Query** 24/01/2019

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

Division: Trust-wide**Executive Lead:** Chief Nurse**Response requested:** 07/02/2019**Response****Status:** Assigned to Executive Lead

ID	Governor Name	Theme:	Source:
216	Rashid Joomun	Mental health	Other
Query	04/12/2018		
<p>Recent media reports about A&E departments struggling to meet their 4-hour target have emphasised the impact of patients presenting with mental health issues. Governors would like to seek assurance that the trust has adequate support in place both for patients presenting with mental health issues in A&E and for the trust staff who have to deal with them in such a pressured environment.</p>			
Division:	Trust-wide	Executive Lead:	Chief Nurse
		Response requested:	18/12/2018
Response	24/01/2019		
<p>As part of the Government's 5 year plan for mental health there was a firm commitment to Liaison Psychiatry. Liaison Psychiatry services are becoming regarded as essential services within an acute hospital as any other departments. UH Bristol has a liaison psychiatry service which provides support to patients with mental health needs attending the Emergency Department. In 2018 the UH Bristol psychiatric liaison service was described by an independent review body as "excellent" and the overall UH Bristol emergency mental health response (Emergency Department plus liaison) as offering genuine parity of esteem for people in crisis.</p> <p>The creation of the new role of Workplace Psychological Wellbeing Lead demonstrates a commitment to supporting positive psychological wellbeing amongst employees. It has been recognised that there is a need to consult with staff to inform a bespoke plan which addresses the needs of this workplace, rather than rolling out a more generic package of resources.</p> <p>The Workplace Psychological Wellbeing Lead Mike Sheppard is currently consulting with staff to identify need and consider what might be most effective; and will be putting a plan in place in the coming months. It is Mike's intention that the plan will outline what resources are recommended, and will consider accessibility and sustainability to promote long term change. Communication will also be an important part of this role; to promote awareness and to tackle the difficulties that people may experience in discussing mental health.</p>			
Status:	Awaiting Governor Response		

ID **Governor Name**

215 John Sibley

Theme: Care of the elderly

Source: Other

Query **29/11/2018**

Given that we now have an 'end PJ paralysis' project up and running to encourage elderly, long-term patients to get out of bed and into their day clothes, I feel this needs a whole trust support. Given that 10 days in bed for someone over 80 can result in a 10% loss of muscle mass, it is in patients' and the trust's interest to minimise time spent in bed and to stimulate activity.

We all know that nursing staff do not have the time to deal with individual needs that would be covered in a care home setting. Therefore I am wondering if the Trust would consider employing care workers on the wards where elderly patients are stuck waiting for assessments and placements. These carers could do all washing, toileting, dressing and general stimulation of patients so that these patients can retain as much independence as possible when they leave hospital. I know from experience how valuable this would be as my mother's seven-month stay in the BRI resulted in endless hours in bed with no one to talk to and no stimulation. By the time a care home had been found for her she had lost the ability to walk. If care workers were employed it would free up nurses to spend more time with clinical needs. It would be an all round benefit.

Division: Trust-wide

Executive Lead: Chief Nurse

Response requested: 13/12/2018

Response **22/12/2018**

Thank you for the endorsement of the hospital teams work to implement the national PJ paralysis initiative to maintain patients "normal" daily routine whilst in hospital. As you note this initiative aims to keep patients mobile, as independent as possible and wearing their own clothes while recovering in hospital. Under the banner of 'Get Up, Get Dressed and Get Moving', health professionals say that #endPJparalysis helps to encourage people to get out of bed during the day while staying in hospital which can:

- * Prevent loss of muscle strength
- * Reduce stay in hospital
- * Avoid high risk of infection
- * Assist a quicker recovery
- * Encourage patients to maintain a normal routine
- * Return patients home sooner

In regard to your suggestion regarding employing care workers on wards this is something that is already in place in all inpatient ward areas. Wards are staffed by a mix of registered nurses and nursing assistants who are responsible for all aspects of patient care including washing, toileting and dressing. These are supported by allied health professionals who provide physiotherapy support for patients. Many of the wards also have volunteers to support patients in other ways such as talking, reading, etc. the support from volunteers for patients that have an extended length of stay is very valuable. This is an area of volunteering the Trust is working to expand.

Status: Closed

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ID **Governor Name****214** **Jane Sansom****Theme:** Arts programme**Source:** Governor Direct**Query** **21/11/2018**

Many staff, and hopefully patients and visitors, are delighted to see the Trust investing in Anna Farthing to develop an Arts Strategy. This sends a strong message that the Trust values the well-being of staff and patients. How is the programme funded and how will this funding be sustained to ensure the ongoing success of the programme?

Division: Trust-wide**Executive Lead:** Chief Executive**Response requested:** 05/12/2018**Response** **22/11/2018**

Anna Farthing's post as Arts Programme Director is funded by Above & Beyond for 18 months until October 2019. The current budget for the programme is a combination of Above & Beyond funding, capital, and funds from partnership projects with Bristol City Council, our local universities, Arts and Humanities Research Council etc. We receive essential and valuable in kind support from BID, civic organisations such as the Lord Mayors office, cultural organisations and individual volunteers.

The current programme offers low budget pilot projects, tasters and testers, to ascertain the potential value of the Arts and Culture programme to address strategic issues and the psycho social needs of patients, staff, students, families, visitors etc. These are arranged around a theme per month. After the focus month activities continue so that as more strands are introduced they can be embedded, and hopefully sustained by the engagement of participants. Part of the role is to create a strategy and action plans which will include resourcing and potential sources of financial support to sustain the programme.

Status: *Awaiting Governor Response*

ID	Governor Name	Theme:	Source:
213	Flo Jordan	Recruitment	Governor Direct
Query 08/11/2018			
How can staff, and potential staff, be assured that the recruitment process at the Trust (i.e. from advert to interview and offer) is being adhered to in line with Trust policies and values - and are staff adequately trained to follow the process?			
Division: Trust-wide		Executive Lead: Director of People	Response requested: 22/11/2018
Response 20/11/2018			
The HR Resourcing team routinely audit the Trust's recruitment process on a monthly basis with a random selection of files across Agenda for Change, Medical & Dental, Volunteers and Work Experience Placements to ensure compliance with the Trust's Recruitment policy, which is positioned and in line with the compliance stipulations of both NHS Employers and the Care Quality Commission (CQC). The outcome of these audits are used for team shared learning within Resourcing and also reported to the Safeguarding Recruitment Group where necessary.			
The Trust provides a monthly 'Recruiting the Best' training session which covers off all aspects of the Trust's Recruitment policy. It is a requirement under the Trust's Recruitment policy that at least one interview panel member has attended the 'Recruiting the Best' training. In addition the HR Resourcing team provide quarterly open days designed to provide refresher training for managers on all aspects of recruitment. The next open day will be taking place on 5 December 2018.			
Furthermore, the Trust shares the core values of the organisation from outset of the recruitment process. The values are positioned in all Job Descriptions, adverts and recruitment related correspondence. All shortlisted candidates receive a document which describes the values of the Trust and at interview, Managers are trained to assess the values and attitudes of candidates to ensure we are recruiting people who can recognise and are committed to working within			
Status: Awaiting Governor Response			

ID **Governor Name**
212 Graham Papworth

Theme: Impact of Brexit

Source: Governor Direct

Query **08/11/2018**

Does UH Bristol plan to cover the cost of any staff EU visas post Brexit? University College London Hospitals, St George's Hospitals and Guy's and St Thomas's have already said they will, with costs of £65 to £85 a head. If yes, what is the potential cost implication?

Division: Trust-wide

Executive Lead: Director of People

Response requested: 22/11/2018

Response **22/11/2018**

The Trust's Senior Leadership team (SLT) has agreed to pay the £65 residency application fee for any EU staff working at UH Bristol who wish to apply for residency in the UK once the Government opens up the process nationally. Resourcing will provide drop-in sessions to support staff at the appropriate time. Comms to this affect are being disseminated w/c 12 November 2018 to all EU staff through Divisions to confirm the Trust's support and to ensure all our EU workers feel a valued part of the workforce.

Status: Closed

ID	Governor Name	Theme:	Source:
211	Penny Parsons	Patient feedback	Project Focus Group
Query 27/10/2018			
Thinking about the Trust's quality objective around implementing more responsive systems for gathering patient feedback, have other Trusts been consulted (in terms of learning from their mistakes and successes) in constructing and running these sorts of systems? What is the status of this project?			
Division: Trust-wide		Executive Lead: Chief Nurse	Response requested: 09/11/2018
Response 01/11/2018			
The Trust's Patient Experience and Involvement team talks to a range of trusts and suppliers about the patient experience systems they have in place, in particular Northumbria, Kings College Hospital, North Bristol Trust, Bristol Community Health and Imperial. There isn't one single approach that has come to the fore and they have all brought valuable insights to the development of the Trust's Quality Strategy.			
Specifically in terms of real-time e-feedback systems, the key learning (and challenge) for UH Bristol is that collecting feedback in real-time needs to be backed up by robust processes and support for staff to use that data in 'rapid-time', the need for effective promotion of these opportunities to service-users, and also that these tools are a compliment to 'traditional' methods to capture and use patient feedback (surveys, focus groups, community engagement) rather than a replacement for them. These insights have all been built into our plans. That said, we are pushing this technology further than many organisations are by using it not just as a means of collecting survey feedback, but using it as a mechanism for people to be able to feed directly into the Trust's complaints and resolution processes.			
We are working towards an implementation in the Bristol Royal Infirmary by the end of December 2018. From there we will spend Q4 (January-March 2019) learning from this initial implementation, before rolling-out to our other hospitals during 2019/20.			
Status: Closed			

ID **Governor Name**

210 John Chablo

Theme: Digital hospital

Source: Governor Direct

Query **25/10/2018**

As a Digital Exemplar, UH Bristol is doing great things internally implementing digital systems to make life easier and better for our staff and patients. However, the current website doesn't reflect this fantastic work going on, as it is not secure (https SSL certificate required) and is non responsive (not mobile friendly). As the majority of people now use mobile to view websites, this makes it very difficult to use and view, and I feel doesn't project the right image for us as Digital Exemplars. Are we looking at updating the site?

Division: Trust-wide

Executive Lead: Chief Operating Officer

Response requested: 08/11/2018

Response **30/10/2018**

We are looking to upgrade our website in the near future and have begun to explore the options for this. Over the coming weeks we will be meeting with staff and other stakeholders to review what is good about the current website, what their aspirations are for a new website and to look at best practice at other trusts. Ensuring it is mobile friendly and accessible will be a key priority for the new website.

Supplementary question: What are the timescales for the upgrade?

Status: *Re-opened*

ID	Governor Name	Theme: Telecommunications	Source: Project Focus Group
209	Carole Dacombe		

Query 26/09/2018

Given the longstanding and significant need to give attention to issues relating to telephone systems at the Trust, governors were disappointed to note the relatively sparse feedback on telecommunication within the recent Q1 report on Corporate Quality Objectives.

We wish to seek assurance that work on telecommunication issues is being pursued with real urgency and priority within the customer service objective. Have measurable targets been set for this work?

Division: Trust-wide

Executive Lead: Chief Nurse

Response requested: 10/10/2018

Response 13/11/2018

In April 2018 we launched a Trust-wide initiative to improve our telecommunications alongside work undertaken directly within the divisions. Our primary outcome measure is the number of complaints the Trust receives about telecoms. A recent Trust-wide analysis from January 2014 to October 2018 indicates our median complaints per month is the lowest in 2018 (6.5 per month for 2014; 12.5 for 2015; 10.5 for 2016; 9 for 2017, and 5 for 2018 to date). This is an early indication that work to improve telecommunications is having a positive impact. We understand issues with telephone systems are particularly frustrating for patients and so continue with three major areas of focus:

1) **Improving our performance reporting**

Key to driving improvements are process measures that tell us whether the changes staff have made to their working arrangements have made any difference to the number of calls they answer. Yet, until this project launched we had very limited means of proactively reporting telecoms activity and performance. Our software system is configured to focus on outbound call activity. Thus, inbound call data was in a very raw form, requiring substantial post processing to share anything meaningful. For example, we cannot easily calculate the percentage of calls answered in a day, and calls will reflect as 'answered' when picked up by a voicemail server or bulletin message. We have been working with IM&T and the software provider to use the system to its best capability. Whilst we have made some gains in redirecting its focus to capture inbound performance, the data still requires post processing. An analyst is currently working on whether we can further refine our reports to provide the information we need to drive and sustain improvements. If this is not possible, we will look at new code to be written into subsequent versions of the software.

2) **Direct support to particular teams**

High-volume, outpatient-heavy departments have the highest inbound call demand and frequency of complaints. These departments are staffed by co-ordinator teams who have numerous administrative tasks, so we have taken a process-led approach to understand and overcome barriers to answering the phones in a timely way. We are optimising our use of existing resources by modifying task structures, rotas and improving teamwork to support them to answer more calls. We have also assessed sources of failure demand (e.g. other teams signposting callers to inappropriate extensions, or confusing information in letters prompting calls to the department). There are a number of issues that can divert priority from our phones. In this context, there will be a ceiling to the improvements that

ID **Governor Name**

can be made within current resources, unless we can broaden the scope of the project to reduce inbound call traffic further. This bears consideration when we plan how best to sustain improvements.

3) **Sharing good practice, tips and stories** from teams

Before launching an awareness drive in April 2018, some departments had already undertaken work to improve telecoms in their own areas. We used the learning from these teams and others joining the project to share good practice, tips and resources via internal communications channels. A recent staff survey showed that 76% of nearly 400 respondents are aware of the drive to 'Take phonership'. The next phase of our communications will focus on sharing the benefits of improving telecoms and making these resources more accessible

Measurable targets

Given the challenges obtaining clear telephony data, it has not been possible to set Trust-wide targets regarding the percentage of calls answered. Instead, we have focussed on providing site-specific data as a process measure to provide feedback to teams who are making changes. Our agreed outcome measure is a reduction in complaints. Our target is to reduce complaints in key departments by 50% at the end of Q4. Complaints have reduced by more than 50% in nine out of 12 identified departments. During Q3 we will continue our Trust-wide communications and direct work with departments. We will also continue our focus on improving the quality of telecoms data, to establish ongoing monitoring of performance within the divisions during 2019.

Status: *Closed*

ID	Governor Name	Theme:	Source:
208	Flo Jordan	Workforce	Governor Direct
Query 20/09/2018			
I am aware that pockets of our specialist workforce are under strain due to staff turnover including retention and upcoming retirements. Is the Trust aware of where these gaps are, and do we offer opportunities for existing staff to upskill or retrain to fill these gaps?			
Follow up question submitted 08/11/18: It was good to hear that you have recruitment plans in place, but how do you measure their effectiveness and do you have any further comment on tackling the issue of retention?			
Division: Trust-wide		Executive Lead: Director of People	Response requested: 04/10/2018
Response 17/10/2018			
The Trust is aware of the gaps as this is reported through Divisional workforce reports on a monthly and quarterly basis with supporting recruitment plans in place as appropriate.			
A component of these plans would be the opportunity to retain these staff by using the retire and return policy which we have successfully deployed in a number of high turnover areas. This is clearly not a long term sustainable solution therefore the Trust has commenced work on succession planning that will ultimately ensure our high risk roles have identified successors in the future.			
24/01/19: The Trust has a key performance target for vacancies of 5%. (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%). Achievement against this target is monitored through Divisional Performance and Ops reviews and by other senior stakeholders who are pivotal in supporting the delivery of recruitment activities to meet supply and demand across the Trust's workforce.			
There are recruitment trajectories established in response to Divisional operating plans each year which are monitored to ensure that appropriate interventions and activities are in place where there are challenges in meeting the demand for a sustained recruitment pipeline.			
Evaluations of marketing campaigns are also ongoing to measure success and to inform future advertising and attraction solutions.			
With a sustained and proactive strategy on recruitment and establishing UH Bristol as an employer of choice, focus also remains on retention and reducing staff turnover. Across the Trust there are a number of robust action plans for staff engagement and health & wellbeing, and work is being undertaken to better understand why staff are leaving. This data supports and informs ongoing delivery of Trust wide and divisional recruitment, retention, wellbeing and training strategies.			

ID **Governor Name**

Furthermore, a Retention Group comprising staff group representatives from across the Trust has been established to work with the National NHS Improvement Staff Retention Programme. With an initial focus on clinical staff, this programme aims to support the Trust to enhance existing retention strategies and develop further initiatives which will improve the retention of staff.

Status: *Awaiting Governor Response*
