



University Hospitals Bristol
NHS Foundation Trust

Public Trust Board Meeting Papers

Date: Thursday 28 November 2019

Time: 11.00 – 13.00

Venue: Conference Room, Trust Headquarters

Board of Directors (in Public)

Meeting of the Board of Directors to be held in Public on
28 November 2019 11.00 – 13.00
Conference Room, Trust HQ, Marlborough St, Bristol, BS1 3NU
AGENDA

NO.	AGENDA ITEM	PURPOSE	SPONSOR	
Preliminary Business				
1.	Apologies for Absence – <i>Verbal update</i>	Information	Chair	
2.	Declarations of Interest – <i>Verbal update</i>	Information	Chair	
3.	What Matters to Me – a Patient Story	Information	Chief Executive	
4.	Minutes of the Last Meeting • 27 September 2019	Approval	Chair	
5.	Matters Arising and Action Log	Approval	Chair	
6.	Chief Executive's Report	Information	Chief Executive	
Patient Care and Clinical Outcomes				
7.	Quality and Performance Report	Assurance	Deputy Chief Executive and Chief Operating Officer, Chief Nurse, Medical Director, Director of People	
8.	Quality and Outcomes Committee - Chair's Report	Assurance	Chair of the Quality and Outcomes Committee	<i>To follow</i>
9.	People Committee – Chair's Report	Assurance	Chair of the People Committee	<i>To follow</i>
Workforce				
10.	Seasonal Influenza Programme - Progress Update	Assurance	Director of People	
Strategic Performance and Oversight				
11.	Transforming Care Programme Board Report- Q2 Update	Assurance	Director of Strategy and Transformation	

NO.	AGENDA ITEM	PURPOSE	SPONSOR	
Financial Performance				
12.	Finance Report	Assurance	Director of Finance and Information	
13.	Finance Committee – Chair's Report	Assurance	Chair of Finance Committee	<i>To follow</i>
Governance				
14.	Register of Seals – Q2 Update	Assurance	Director of Corporate Governance	
15.	Governors' Log of Communications	Assurance	Director of Corporate Governance	
Concluding Business				
16.	Any Other Urgent Business – <i>Verbal Update</i>	Information	Chair	
17.	Date and time of next meeting • 30 January 2020	Information	Chair	

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Meeting of the Board of Directors in Public on Thursday 28 November 2019

Report Title	What Matters to Me – a Patient Story
Report Author	Tony Watkin, Patient and Public Involvement Lead
Executive Lead	Carolyn Mills, Chief Nurse

<p>1. Report Summary</p> <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>2. Key points to note <i>(Including decisions taken)</i></p> <p>In this story we will meet Alun. Alun has been a user of services at UH Bristol for over 15 years both as a patient at the Bristol Eye Hospital and as a parent of a child who attended the Bristol Children’s Hospital. Alun’s story will offer a personal insight into the changing face of care provided at UH Bristol for people with a visual impairment. Alun will talk about some of the challenges he has faced when accessing services with us together with some of the unexpected delights. Alun will emphasise the importance of maintaining a dialogue with members of the visually impaired community and note the establishment of the Bristol Visual Impairment Partnership. The first meeting of the Partnership was recently hosted by the Trust and offers a single forum whereby service users and health care providers can share learning about issues affecting people with a visual impairment.</p> <p>Board members will be invited to wear visual simulation spectacles whilst the story unfolds.</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 Information.
<p>5. History of the paper Please include details of where paper has previously been received.</p> <p>N/A</p>

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

**Friday 27 September 2019 at 11:00 – 13:00, Conference Room, Trust
Headquarters, Marlborough Street, Bristol, BS1 3NU**

Present (Members of the Board):

Name	Job Title/Position
Jeff Farrar	Chair of the Board
Robert Woolley	Chief Executive
David Armstrong	Non-Executive Director
Sue Balcombe	Non-Executive Director (Designate)
Madhu Bhabuta	Non-Executive Director (Designate)
Paula Clarke	Director of Strategy and Transformation
Julian Dennis	Non-Executive Director
Matt Joint	Director of People
Neil Kemsley	Director of Finance and Information
Jayne Mee	Non-Executive Director
Carolyn Mills	Chief Nurse
John Moore	Non-Executive Director
William Oldfield	Non-Executive Director
Guy Orpen	Medical Director
Martin Sykes	Non-Executive Director
Steve West	Non-Executive Director

In Attendance:

Name	Job Title/Position
Sage	Patient (for Item 3 – Patient Story)
Tony Watkin	Patient and Public Involvement Lead (for Item 3)
Shaun Carr	Deputy Chief Operating Officer (for Item 7)
Anne Frampton	Associate Medical Director for Revalidation (for Item 15)
Cathy Caple	Associate Director of Improvement and Innovation (for Item 16)
Matthew Thackray	Press Officer
Graham Briscoe	Public Governor
Carole Dacombe	Public Governor
Sophie Jenkins	Appointed Governor (Joint Union Committee)
Jamie Denton	North Somerset Community Partnership staff
Caroline Daly	Member of staff
Scott Allan	Member of staff
Sam Brady	Member of staff
Gav Hitchman	Member of staff
Peter Kennedy-Watson	Member of staff
Tom Wilson	Member of the public
Clive Hamilton	Member of the public
CJ Slater	Member of the public

Minutes: Sarah Murch: Membership and Governance Administrator

The Chair opened the Meeting at 11:00

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Minute Ref	Item Number	Action
Preliminary Business		
79/09/2019	1. Welcome and Introductions/Apologies for Absence	
	The Chair, Jeff Farrar, welcomed everyone to the meeting. Apologies were received from Mark Smith (Deputy Chief Executive and Chief Operating Officer), Bernard Galton (Non-Executive Director), and Eric Sanders (Director of Corporate Governance).	
80/09/2019	2. Declarations of Interest	
	<p>Members of the Board noted the following interests:</p> <ul style="list-style-type: none"> - Jeff Farrar and Robert Woolley were now Chair and Chief Executive of Weston Area Health NHS Trust (WAHT) as well as UH Bristol. - Sue Balcombe, Non-Executive Director Designate, was also a Non-Executive Director at WAHT. - Guy Orpen and Steve West, Non-Executive Directors, held senior positions at the University of Bristol and the University of the West of England respectively. 	
81/09/2019	3. Patient Story	
	<p>The meeting began with a patient story, introduced by Carolyn Mills, Chief Nurse, and Tony Watkin, Patient and Public Involvement Lead.</p> <p>The subject of the Patient Story was Sage, who currently received specialist speech and language therapy at UH Bristol and who had been invited to discuss her experiences as a transgender patient. By way of context, in 2018 the Trust had received a Healthwatch and Diversity Trust report on Trans Health, Care and Well-being. The report had concluded that transgender people faced a significant amount of hostility in society and the health care system could be a contributing factor to that. As a result, the Trust was now looking at various ways in which it could better meet the needs of trans people at UH Bristol.</p> <p>Sage began by inviting the Board to imagine the world from the perspective of a trans person. She explained how it felt to be misgendered by others and face ignorance, scepticism and hostility. She then explained some of the barriers to accessing health care as a trans person, describing her experiences and those of others in the trans community. She highlighted to the Board that navigating the health system to access transition services could take years, due to lengthy referral procedures and long waits for access to gender identity clinics. Furthermore, staff in the wider health service sometimes lacked awareness that trans people had the same basic</p>	

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	<p>health needs as everyone else as well as needs related to transition. In the trans community this was known as ‘trans broken arm syndrome’, whereby trans people accessing health services for problems entirely unrelated to transition (such as a broken bone) found that some health professionals did not know how to treat them because of confusion over their transgender status.</p> <p>Members of the Board thanked Sage for sharing her story so openly and asked what lessons they could learn about healthcare provision at UH Bristol. She asked that they help to raise awareness among staff to improve their understanding of what it meant to be trans, the effect on trust and confidence of being misgendered, and the extent to which each complication and delay could have a knock-on effect on continuity of care. Above all, she emphasised the importance of education and training for staff to ensure that they were aware of the issues faced by the trans community.</p> <p>In response to a question from Paula Clarke about whether a single point of contact would help, Sage agreed that it would be helpful to have a point of call for trans patients which would have up-to-date information, knowledge and advocacy, as long as this did not become an additional barrier to navigate through.</p> <p>Board members discussed the importance of education, training and awareness-raising, not only among the existing body of staff at UH Bristol, but also at universities for the clinical workforce of the future. They noted that training was being developed by the Trust in this regard and asked that consideration be given as to how this could reach as wide an audience as possible. They thanked Sage for attending the meeting and for the valuable insight into these issues that she had given them.</p>	
82/09/2019	4. Minutes of the last meeting	
	<p>Board members reviewed the minutes of the meeting held on 30 July 2019. There were no amendments.</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 30 July 2019 as a true and accurate record. 	
83/09/2019	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>Minute Ref. 49/07/2019: Quality and Performance Report - <i>progress to be reported to the Board on the Clinical Referral Service trial (testing of new elective care standards)</i>. This item had been added to the October 2019 Quality and Outcomes Committee agenda.</p>	

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	<p>Minute Ref. 53/07/2019: Emergency Preparedness Resilience and Response (EPRR) Annual Report -</p> <p>i. Mark Smith to provide more detail on EPRR ratings to Julian Dennis.</p> <p>ii. EPRR Board reporting to be reviewed (Annual Report to be received by Audit Committee)</p> <p>Julian Dennis, Non-Executive Director, clarified that he had received an explanation of the current EPRR terminology but was still awaiting confirmation that this had been updated. Board reporting had been reviewed and EPRR had been added to the Audit Committee business cycle and October agenda. It was agreed that the actions could be closed on this basis.</p> <p>Minute Ref. 57/07/2019: Annual Fire Report - Annual Fire Report to be included in the annual business cycle for the Audit Committee. Board members noted that this had been added to the Audit Committee business cycle and could now be closed.</p> <p>Minute Ref. 30/05/2019: Research and Innovation Strategy - Review and strengthen key performance indicators in the Research and Innovation Strategy to include more detail on their ownership and their reach throughout the organisation. Include reference to the Local Enterprise Partnership and West of England Combined Authority. The key performance indicators were being revised in line with the Board's recommendations and would be finalised in the coming weeks. William Oldfield, Medical Director added that the Board Seminars would now receive six-monthly updates on progress. This action could therefore now be closed.</p> <p>Minute Ref. 31/05/2019: Education Strategy - Review and strengthen key performance indicators in the Education Strategy. Include reference to the Local Enterprise Partnership and West of England Combined Authority. Matt Joint, Director of People, explained that the Education Strategy had been updated in line with the Board's recommendations and this action could now be closed.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Note the updates against the action log. 	
84/09/2019	6. Chief Executive's Report	
	<p>The Board received a summary report of the key business issues considered by the Senior Leadership Team in September 2019. Robert Woolley, Chief Executive, provided updates on the following matters:</p> <ul style="list-style-type: none"> • The report from the recent Care Quality Commission inspection had been published at the end of August, and UH Bristol had retained its Outstanding rating. This was a great achievement for the Trust's staff 	

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	<p>and had been marked with celebrations.</p> <ul style="list-style-type: none"> • From 1 September, he was now holding the position of Chief Executive at Weston Area Health NHS Trust (WAHT) as well as UH Bristol, in advance of the merger between the two organisations. Jeff Farrar was also now Chair of both organisations. A new managing director and interim director of operations at WAHT had now been appointed. The full business case for the merger would be received by the Board in November with the completion date still set for 1 April 2020. • The Clinical Commissioning Group for Bristol, North Somerset and South Gloucestershire was due to decide this week whether to approve proposals for change at Weston General Hospital following a significant public consultation during the period February to June. This was likely to include changes in urgent and emergency care, critical care, emergency surgery and acute paediatrics. UH Bristol had expressed formal support for the proposals and would report any further outcome of this in due course. • Sirona Care and Health had been confirmed as the future provider of adult community health services across Bristol, North Somerset and South Gloucestershire (BNSSG) from 1 April 2020 on a ten-year contract. The Trust was now keen to build positive relationships with Sirona. There would be a direct impact on UH Bristol in relation to the Trust's rehabilitation beds at South Bristol Community Hospital, though it had been agreed that the status quo would continue for the next year while discussions on future models of provision took place. • UH Bristol and other health organisations across BNSSG were working together to submit a five-year long-term plan for the region. Among the ambitions was the intention to reduce the increase in people coming to hospital by 50%, and over the longer term to achieve a substantive reduction in the use of hospital services. The eventual aim of the plan was to achieve a fully integrated local system with one budget, one set of priorities and one dashboard to monitor performance and accountability. There was a lot of work to be done before the final submission of the plan on 15 November, and this would be effected through workshops in October, including a public engagement event on 17 October. • The Trust was aware that a significant amount of work was going on nationally to prepare for the UK's potential exit from the European Union on 31 October. The National Audit Office had published a report raising concerns about the supply of medicines and capacity in social care. • A petition had been received signed by 100 members of staff calling on the Board to recognise the degree of urgency around climate change and to declare a climate emergency. The Board was currently considering its strategic objectives in relation to sustainability and would now be actively considering its public position on this matter. <p>Members of the Board discussed the Sirona Health and Care contract and the implications for adult community health services in the region, including transition risks. Jeff Farrar, Trust Chair, noted that governors had raised</p>	

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	<p>concerns about UH Bristol’s rehabilitation beds following a recent visit to South Bristol Community Hospital. Robert Woolley responded that the Trust was working with the Clinical Commissioning Group and the wider partnership to see how SBCH would fit into the wider provision of community and primary care provision. Specific issues in relation to the Sirona Health and Care contract were still to be considered. Board members asked for a report on the current risks facing South Bristol Community Hospital. David Armstrong, Non-Executive Director, asked that consideration be given to ensuring that the Board had sufficient oversight of the overall SBCH strategy on an ongoing basis.</p> <p style="text-align: center;">Action – Report to be brought back to the Board on opportunities and risks facing South Bristol Community Hospital. Report due to come back in 4-6 months on the strategy for SBCH. Board oversight of SBCH on an ongoing basis to be considered as part of the Board cycle.</p> <p>Carole Dacombe, Public Governor, expressed gratitude on behalf of governors for the Board’s attention to this issue. She added that governors who had visited SBCH had been extremely impressed by the enthusiasm and innovative approach of the staff.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Chief Executive’s Report for information. 	<p>Director of Strategy and Transformation /Trust Secretary</p>
Patient Care and Clinical Outcomes		
85/09/2019	7. Quality and Performance Report	
	<p>Shaun Carr, Deputy Chief Operating Officer, presented the Quality and Performance Report, the purpose of which was to enable the Board to review the Trust’s performance in relation to Quality, Workforce and Access standards during the past month.</p> <p>Access Standards:</p> <ul style="list-style-type: none"> • The Trust’s Emergency Departments (ED) had been very busy in the summer months, with high volumes of patients attending. Performance had been holding relatively stable in August, but with 84.8% of ED patients seen in less than four hours, the Trust was falling considerably short of the national target and its improvement trajectory. The Trust had however embarked on a significant ED recruitment programme. • The Trust’s Referral-to-Treatment (RTT) performance had deteriorated, with 84.3% of RTT patients waiting under 18 weeks at the end of August; again, clinical recruitment was being undertaken which it was anticipated would improve the position in September and October. • The percentage of diagnostic patients waiting under 6 weeks at the end of August was 95.1%, against a 99% standard, but it was anticipated that the position would be recovered in Quarter 4. 	

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	<ul style="list-style-type: none"> The 62 Day Cancer standard for GP referrals achieved 85.7% for Quarter 1, meeting the national standard of 85%. The team was now also supporting Weston Area Health NHS Trust's team in relation to cancer reporting mechanisms and structures. <p>Quality Standards: In relation to medicines management, William Oldfield, Medical Director, reported that one moderate harm medication incident had been reported in the month, which was not substantiated following investigation, and one possible unintentional omitted dose. Mortality indicators remained within the expected range. In relation to Fractured Neck of Femur services, the Trust was continuing to perform well thanks to recent investment in the service: 100% of patients with fractured neck of femur had been reviewed by an ortho-geriatrician within 72 hours in August and access to theatre was improving.</p> <p>Board members discussed the ever-increasing pressures on the Emergency Department. It was acknowledged that recruitment into extra positions, while welcome, would not solve the problem and that the Trust was going to have to find a different way of dealing with the pressures in conjunction with its partners in the wider health system. Shaun Carr explained that the Trust was looking at a GP-streaming model to find out whether GPs could be situated in the ED to relieve pressure. Members of the Board noted the need to engage with the public to ensure that people were accessing healthcare in the most appropriate way. They also emphasised the importance of continuing to liaise with others within the wider health system to ensure that procedures to discharge patients from hospital were working as effectively as possible.</p> <p>Workforce Standards:</p> <ul style="list-style-type: none"> In relation to workforce standards for the month, Matt Joint, Director of People noted that the usage of agency and Bank staff remained high. Vacancies, turnover and sickness rates had reduced. Initiatives to reduce vacancy rates had included the launch of a new recruitment website and the appointment of a new Talent Acquisition Manager to develop targeted interventions for hard-to-recruit clinical roles. The Trust had launched a 'Rainbow Badge' scheme in support of patients and staff in the LGBT+ community. The Trust had launched its Seasonal Influenza implementation plan on 30 September to ensure that its target of 80% vaccination of frontline clinical workers would be achieved by the end of Feb 2020. The national staff survey had been launched this month supported by a communication plan with an emphasis on 'You Said...We Did.' <p>Clive Hamilton, member of the public, enquired about the Trust's continued poor performance in relation to resuscitation training for staff. Matt Joint responded that there had been insufficient numbers of training staff, and while they were now in place, it would take time to bring performance back</p>	

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	<p>up again.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Quality and Performance Report for assurance. 	
86/09/2019	8. Care Quality Commission (CQC) Inspection Report 2019	
	<p>Carolyn Mills, Chief Nurse, introduced the report and recommendations from the Care Quality Commission’s inspection earlier in the year. The CQC had carried out an unannounced inspection of four of the Trust’s core services (maternity, surgery, services for children and young people, and urgent and emergency care) between 30 April and 3 May 2019. This inspection had been preceded by an assessment of the Trust’s use of its resources and followed by a ‘well-led’ review of the Trust’s leadership and governance.</p> <p>Overall, UH Bristol had retained the Outstanding rating previously awarded by the CQC in 2017. However, there had been a number of changes to individual ratings. The CQC’s report had identified two ‘must do’ regulatory requirements and 28 ‘should do’ recommendations to improve quality of care. These would now be taken forward.</p> <p>The Chair, Jeff Farrar, noted that to have achieved an Outstanding rating on two successive occasions was remarkable and he commended all staff for their part in this. He added that one of the reasons for the rating was that it was evident to the CQC that there was a lack of complacency at the Trust, that staff recognised that there was always more to be done and would strive for further improvement.</p> <p>In response to a question from Martin Sykes, it was confirmed that the action plans to address the CQC’s recommendations would be monitored by the Board through the Quality and Outcomes Committee and the Finance Committee.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Quality and Performance Report for assurance. 	
87/09/2019	9. Quality and Outcomes Committee Chair’s Report	
	<p>Julian Dennis, Chair of the Quality and Outcomes Committee, highlighted the following key issues from the Committee’s meeting on 26 September:</p> <ul style="list-style-type: none"> • The Committee had received an update on the re-introduction of electronic prescribing which had been suspended in the summer due to system issues, and was now delayed until Quarter 2 next year. The Committee felt assured that they understood the reasons for this. • The Committee had discussed the Quality and Performance Report in detail and had expressed particular concern about Referral-to- 	

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	<p>Treatment time performance. They had requested a further report outlining the reasons for this.</p> <ul style="list-style-type: none"> • The Committee had welcomed the improvement in the Trust's Fractured Neck of Femur service but would continue to monitor this. • The Committee had looked at the way the Trust conducted its serious incident reviews and had been impressed with the way in which root cause analyses drew out the learning points from serious incidents. • The Committee had received updates on Patient Complaints and the Patient Safety Programme and had noted the areas which the reports had identified as requiring more support. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Quality and Outcomes Committee Chair's report for assurance. 	
88/09/2019	10. Report from the Chair of the People Committee	
	<p>David Armstrong, Non-Executive Director, had chaired the most recent meeting of the People Committee in the absence of Committee Chair Bernard Galton. He reported the following key issues from the Committee's meeting on 26 September:</p> <ul style="list-style-type: none"> • The Committee had received assurance that the Trust's Education Strategy was progressing and that risks were being appropriately addressed by a business plan which had now been approved by the Senior Leadership Team. • The Committee had welcomed the launch of the Trust's new recruitment website and the Trust's recruitment of a talent acquisition manager. They had received a report on exit interviews for members of staff and were encouraged that numbers were increasing and that learning was taking place. • The Committee had received the Safe Staffing report noting its development in line with new requirements. • The Committee had discussed the development of the People Committee dashboard. • Actions to improve the Trust's performance in relation to appraisal compliance and fire evacuation training were discussed at length. • The longest discussion had concerned the Trust's action plan to reduce bullying and harassment. Though not dissimilar to other Trusts, numbers of incidents were still unacceptable, in the Committee's view. They had requested that this be given greater attention. • The People Committee was now receiving updates in relation to the workforce aspects of the Weston merger on a monthly basis. <p>Jeff Farrar, Trust Chair, added that the Committee had been particularly concerned around the pace of progress in relation to bullying and harassment. Divisional leadership would therefore be asked to attend meetings of the Board to report on the specific actions that they had carried</p>	

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	<p>out and what the impact had been.</p> <p>Action: Leaders of all six Trust divisions to be invited to Board Seminars/People Committee meetings to report their actions to tackle bullying and harassment and the resulting impact.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the People Committee Chair’s report for assurance. 	Director of People
89/09/2019	11. Six-Monthly Report of Safe Staffing	
	<p>Carolyn Mills, Chief Nurse presented this report. It provided assurance to the Board that wards and departments had been safely staffed over the last six months.</p> <p>She highlighted that NHS England/NHS Improvement now recommended that the report include safe staffing information for Allied Healthcare Professionals (AHPs) and medical staff as well as nursing and midwifery staff. This information was therefore included within this report for the first time and the extent of the content would develop over time. No risks to safe staffing on the corporate risk register had been identified in relation to nurse staffing or AHPs.</p> <p>William Oldfield, Medical Director added that the Trust had logged a risk on the corporate risk register in relation to medical staff rota gaps, due to the volume of vacant junior doctor posts. This was an ongoing risk that the Trust was aware of and was taking steps to mitigate, for example, through the establishment of new positions, though it was likely that it would remain a high risk for some time.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Six-Monthly Report of Safe Staffing for assurance. 	
90/09/2019	12. Learning From Deaths Annual Report	
	<p>William Oldfield, Medical Director, introduced an annual report recording the results from the Trust’s Learning from Deaths processes in 2018/2019. The total number of deaths had been very similar to the previous year. One potentially avoidable death had been identified. No additional concerns had been identified in relation to patients with learning difficulties. He drew the Board’s attention to the national introduction of medical examiners over the next 18 months which would result in changes to the process of the referral of deaths to the coroner. A joint Bristol and Weston approach had commenced to standardise systems and processes in advance of these changes.</p> <p>Madhu Bhabuta and John Moore, Non-Executive Directors, sought further information on the potentially avoidable death. William Oldfield explained that it had been difficult to pinpoint the root cause as there had been</p>	

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	<p>multiple factors. However, a potential lack of clarity as to the follow up in a patient with complex congenital heart disease during and following the period of transition from paediatric to adult services had been identified as a potential causative factor. The Trust was reviewing its processes in this regard as a result. In response to further questions, he provided reassurance that the Trust would only transfer care to another hospital if they were confident that the necessary expertise was there and that they would continue to offer support remotely if required.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Learning from Deaths Annual Report for assurance. 	
91/09/2019	13. Patient Experience Report – Q1	
	<p>Carolyn Mills, Chief Nurse, introduced this report, which provided the Board with a review of patient-reported feedback received via the Trust’s corporate patient survey programme and current patient and public involvement activity in Quarter 1 2019/20. This report and the Patient Complaints Report had already been discussed by the Board in their Quality and Outcomes Committee.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Patient Experience Report (Q1) for information. 	
92/09/2019	14. Patient Complaints Report – Q1	
	<p>Carolyn Mills, Chief Nurse, introduced this report, which provided the Board with a review of patient complaints in Quarter 1 2019/20.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Patient Complaints Report (Q1) for information. 	
Workforce		
93/09/2019	15. Medical Revalidation Appraisal Annual Report	
	<p>Dr Anne Frampton, Associate Medical Director for Revalidation was in attendance for this item. The report provided a summary of the appraisal and revalidation activity for medical staff at UH Bristol for 2018/19 and would be submitted to NHS England after it had been approved by the Board. She drew the Board’s attention to a number of issues in the report. In particular she highlighted that the number of locally employed doctors (Clinical Fellows) continued to rise and was a reflection of the need to fill gaps on the junior doctors’ rotas. The administrative workload to monitor and support this group with appraisal and revalidation was escalating and would need a more comprehensive review.</p> <p>Jeff Farrar noted a concern raised by Non-Executive Directors and governors that the Trust was not achieving compliance with appraisal targets for medical staff. Anne Frampton responded that UH Bristol and</p>	

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	<p>North Bristol NHS Trust had now jointly introduced a new appraisal system for doctors (Fourteen Fish) which was more user-friendly and should make the process more efficient across both Trusts. In response to a further question she outlined the process that was followed when an appraisal was not completed in a timely way.</p> <p>In response to questions from Carole Dacombe, Public Governor, Anne Frampton clarified that qualitative feedback on the quality of appraisals was captured as part of the appraisal process, and William Oldfield confirmed that a quality assurance exercise on revalidation had taken place over the summer with positive results.</p> <p><i>Anne Frampton left the meeting.</i></p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the Medical Revalidation Appraisal Annual Report for onward submission to NHS England. 	
Strategic Performance and Oversight		
94/09/2019	16.Improvement, Transformation and Innovation Strategy	
	<p>Cathy Caple, Associate Director of Improvement and Innovation, was in attendance for this item, the purpose of which was to seek Board approval for the Transformation, Improvement and Innovation Strategy for 2020-2025.</p> <p>Paula Clarke, Director of Strategy and Transformation, introduced the strategy, which described how the Trust would deliver its improvement and transformation agenda over the next five years. It described the need for strong leadership at all levels, support for staff to make improvements effectively and the need to embed the expectation of improvement into all systems and processes. Financial specifics in terms of business cases would require further work, but there were many actions that did not involve costs that could be progressed immediately, for example collaboration with universities and the Trust’s other partners across the system.</p> <p>Jayne Mee, Non-Executive Director, noted the strong emphasis on Quality Improvement methodology and suggested that this should be more clearly defined in the strategy document. She also suggested the inclusion of Board Committee oversight mechanisms in the governance organogram. This was agreed.</p> <p style="text-align: center;">Action: Clarification of QI methodology and Board Committee oversight to be included in the strategy.</p> <p>David Armstrong, Non-Executive Director, welcomed the strategy, but added that Board members would also need to see the business cases required to deliver it so they could see the resourcing requirements. Paula</p>	<p>Director of Strategy and Transformation</p>

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	<p>Clarke explained that the strategy set out the overall direction and that more detailed business plans would follow in due course.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the Improvement, Transformation and Innovation Strategy subject to the above caveats in relation to Board oversight and delivery plans. 	
Financial Performance		
95/09/2019	17. Finance Report	
	<p>Neil Kemsley, Director of Finance and Information, introduced the Finance Report which informed the Board of the financial position of the Trust in Month 5 (August). Key points included:</p> <ul style="list-style-type: none"> • The Trust was reporting a core surplus of around £1m to date, which was around £2m adverse to plan. • An assessment of activity-based contract income over the last 18 months showed a very significant deterioration in August across all divisions. Within this, there was an £1.3m adverse variance relating to emergency in-patients, as while Emergency Department attendance was high, there were low numbers of admissions and increased numbers of delayed transfers of care. • Divisional recovery plans had been produced and would continue to be reported in detail to the Finance Committee. • The Board would receive more information in Month 6 on the extent of the likelihood of the recovery of the divisional positions. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Finance Report for assurance. 	
96/09/2019	18. Finance Committee Chair's report	
	<p>Martin Sykes, Chair of the Finance Committee, reported back from the Committee's meeting on 26 September including the following key points:</p> <ul style="list-style-type: none"> • The Committee had considered divisional financial recovery plans. They had considered the process and were assured that right approach was being taken. They had received assurance that, subject to more work with the Division of Surgery, there was a likely chance of recovery, though the position would be clearer from next month. • The Committee had discussed capital spending and how to better present the risks of capital underspend on performance going forward. • They had received an early draft of the WAHT merger financial and due diligence and had been impressed with the quality and depth of this. <p>Jeff Farrar noted that governors had enquired about capital underspend and the need to ensure capital spend was not pushed back again. Neil Kemsley</p>	

Minute Ref	Item Number	Action
	<p>explained that there was an exercise ongoing at the moment to establish how robust the Trust's capital plans were and that the Trust would be in a better position in a month's time to provide more detail on this.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Finance Committee Chair's report for assurance. 	
Governance		
97/09/2019	19. 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. Carole Dacombe, Public Governor, referred to a question that governors had raised about the Trust's processes in relation to discharging patients out of hours and concerns that vulnerable people were not being discharged appropriately. She had now met with Carolyn Mills, Chief Nurse to discuss evidence gathered around this topic which she had found reassuring and which should help to alleviate governors' concerns. This would be collated and distributed to all governors in due course.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Governors' Log of Communications for information. 	
Items for Information		
98/09/2019	20. Annual Report for South Wales and South West Congenital Heart Disease Network	
	<p>The Board received the Congenital Heart Disease Network Annual Report 2018/19. This report set out the key achievements of the network in its third year of operation, its key priorities for future years, and risks to the delivery of NHS England's standards. There were no questions.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Annual Report for South Wales and South West Congenital Heart Disease Network for information. 	
Concluding Business		
99/09/2019	21. Any Other Urgent Business	
	<p>Patient Story: Jeff Farrar, Trust Chair, referred to Sage's story from the start of the meeting and asked the Board to consider whether there were any actions that they could take as a result.</p> <p>Carolyn Mills, Chief Nurse, explained that the Trust had already set up a workplan around trans awareness which would begin to address some of the gaps that Sage had identified. This included work with the trans community to establish the issues, trans awareness training for staff (which had begun and was proving very popular), and the development of a guide</p>	

Minute Ref	Item Number	Action
	<p>for healthcare workers. Board members asked that the guide be circulated to the Board for information once it was finalised. They voiced support for expansion of the training sessions to cover as many staff as possible and enquired whether Board members and governors could also attend.</p> <p>In response to a question from Sue Balcombe, Non-Executive Director, about long waits for transition services and gender identity clinics, it was clarified that there were limited number of centres in the country and there was considerable demand for them. It was suggested that it would be useful for the Trust to find out more information about the demand and supply issues locally, following which Jeff Farrar would write to the national commissioner for these services on behalf of the Board to seek assurance on the level of focus on this nationally.</p> <p style="text-align: center;">Actions:</p> <ul style="list-style-type: none"> - Consideration to be given as to whether members of the Board or governors could attend staff training sessions on trans awareness. - Guide for healthcare workers to be circulated to the Board once finalised - Board to write to national commissioners to seek assurance on the availability of transition services and demand and supply issues in this area. <p>There was no further business. The Chair closed the meeting at 13:00.</p>	<p>Chief Nurse</p> <p>Chief Nurse</p> <p>Chair</p>
100/09/2019	22. Date and time of Next Meeting	
	The date of the next meeting was confirmed as 11.00 – 13.00, Thursday 28 November 2019, Conference Room, Trust HQ, Marlborough Street, Bristol, BS1 3NU.	

Chair's Signature: **Date:**

Public Trust Board of Directors meeting
28 November 2019
Action Tracker

Outstanding actions from the meeting held on 27 September 2019					
No.	Minute reference	Detail of action required	Responsible officer	Completion date	Additional comments
1.	84/09/2019	<p><u>Chief Executive's Report</u></p> <p>Report to be brought back to the Board on opportunities and risks facing South Bristol Community Hospital. Report due to come back in 4-6 months on the strategy for SBCH. Board oversight of SBCH on an ongoing basis to be considered as part of the Board cycle.</p>	<p>Director of Strategy and Transformation/ Director of Corporate Governance</p>	January 2020	<p><u>Work in Progress</u></p> <p>Update to be provided at January 2020 meeting.</p>
2.	88/09/2019	<p><u>Report from the Chair of the People Committee</u></p> <p>Leaders of all six Trust divisions to be invited to Board Seminars/People Committee meetings to report their actions to tackle bullying and harassment and the resulting impact.</p>	Director of People	January 2020	<p><u>Work in Progress</u></p> <p>Update to be provided at January 2020 meeting.</p>
3.	94/09/2019	<p><u>Improvement, Transformation and Innovation Strategy</u></p> <p>Clarification of Quality Improvement methodology and Board Committee oversight to be included in the strategy.</p>	Director of Strategy and Transformation	November 2019	<p><u>Completed since last meeting</u></p> <p>The People Committee would track the effectiveness and success of this strategy which had been included within the document.</p>
4.	99/09/2019	<p><u>Any Other Urgent Business</u></p> <p>i. Consideration to be given as to whether members of the Board or governors could attend staff training sessions on transgender awareness.</p>	<p>Chief Nurse Chief Nurse</p>	January 2020	<p><u>Work in Progress</u></p> <p>Update to be provided at January 2020 meeting.</p>

		<ul style="list-style-type: none"> ii. Guide for healthcare workers in relation to transgender issues to be circulated to the Board once finalised iii. Board to write to national commissioners to seek assurance on the availability of transition services and demand and supply issues in this area. 	Chair		
5.	61/07/2019	<p><u>People Strategy</u></p> <p>People Strategy to be amended to demonstrate staff engagement in its development.</p>	Director of People	November 2019	<p><u>Work in Progress</u></p> <p>Verbal update to be provided at the November 2019 meeting.</p>
6.	62/07/2019	<p><u>Arts and Culture Strategy</u></p> <p>People Committee to receive detailed report on Arts Strategy including budget and success criteria</p>	Director of People	November 2019	<p><u>Completed since last meeting</u></p> <p>This item had been included on the agenda in November 2019 for the People Committee.</p>
7.	74/07/2019	<p><u>Self-Assessment of Board Cycle</u></p> <p>David Armstrong and Eric Sanders to discuss improvements to the Annual Business Cycle</p>	Director of Corporate Governance	November 2019	<p><u>Work in Progress</u></p> <p>Initial discussion held and further work to be completed over next two months.</p>
8.	26/05/2019	<p><u>Report from the Chair of the People Committee</u></p> <p>Review Terms of Reference for Board Committees to ensure alignment with the new Trust five-year strategy.</p>	Director of Corporate Governance / Committee Chairs	October 2019	<p><u>Work in Progress</u></p> <p>This was in progress and the revised Terms of Reference would be reviewed by each Committee and the Board - update to be provided at the November 2019 meeting.</p>
Closed actions from the meeting held on 27 September 2019					
No.	Minute reference	Detail of action required	Responsible officer	Completion date	Additional comments
1.	49/07/2019	<p><u>Quality and Performance Report</u></p> <p>Progress to be reported to the Board on the Clinical Referral Service trial (testing of new elective care standards).</p>	Deputy Chief Executive/Chief Operating Officer	September 2019	<p><u>Completed</u></p> <p>This item had been added to the November 2019 Quality and Outcomes Committee agenda.</p>

2.	53/07/2019	<p><u>Emergency Preparedness Resilience and Response Annual Report</u></p> <p>i. Mark Smith to provide more detail on EPRR ratings to Julian Dennis.</p> <p>ii. EPRR Board reporting to be reviewed (Annual Report to be received by Audit Committee)</p>	<p>Deputy Chief Executive/Chief Operating Officer</p> <p>Trust Secretary</p>	September 2019	<p><u>Completed</u></p> <p>Julian Dennis, Non-Executive Director, clarified that he had received an explanation of the current EPRR terminology but was still awaiting confirmation that this had been updated. Board reporting had been reviewed and EPRR had been added to the Audit Committee business cycle and October agenda. It was agreed that the actions could be closed on this basis.</p>
3.	57/07/2019	<p><u>Annual Fire Report</u></p> <p>Annual Fire Report to be included in the annual business cycle for the Audit Committee.</p>	Trust Secretary	September 2019	<p><u>Completed</u></p> <p>Board members noted that this had been added to the Audit Committee business cycle and could now be closed.</p>
4.	30/05/2019	<p><u>Research and Innovation Strategy</u></p> <p>Review and strengthen key performance indicators in the Research and Innovation Strategy to include more detail on their ownership and their reach throughout the organisation. Include reference to the Local Enterprise Partnership and West of England Combined Authority.</p>	Medical Director	September 2019	<p><u>Completed</u></p> <p>The key performance indicators were being revised in line with the Board's recommendations and would be finalised in the coming weeks. William Oldfield, Medical Director added that the Board Seminars would now receive six-monthly updates on progress. This action could therefore now be closed.</p>
5.	31/05/2019	<p><u>Education Strategy</u></p> <p>Review and strengthen key performance indicators in the Education Strategy. Include reference to the Local Enterprise Partnership and West of England Combined Authority.</p>	Director of People	September 2019	<p><u>Completed</u></p> <p>Matt Joint, Director of People, explained that the Education Strategy had been updated in line with the Board's recommendations and this action could now be closed.</p>

Meeting of the Board of Directors in Public on Thursday 28 November 2019

Report Title	Chief Executive's 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 October and November 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.
5. History of the paper Please include details of where paper has <u>previously</u> been received.
N/A

SENIOR LEADERSHIP TEAM

REPORT TO TRUST BOARD – OCTOBER AND NOVEMBER 2019

1. INTRODUCTION

This report summarises the key business issues addressed by the Senior Leadership Team in October and November 2019.

2. QUALITY, PERFORMANCE AND COMPLIANCE

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

3. STRATEGY AND BUSINESS PLANNING

The group **approved** proposals to commence recruitment for medical workforce, nursing, advanced critical care practitioners and allied healthcare professionals in relation to the phase 1 expansion of critical care capacity

The group **agreed, in principle**, a list of options to support winter above and beyond those captured in the current urgent care plan and the winter plan, subject to clarification of funding to support those plans.

The group received proposals to increase the allocation of resources to educational support in job plans to satisfy increased requirements from Health Education England and **supported, in principle**, one option, subject to further work to clarify the potential financial impact and inclusion in the operating plan prioritisation process for 2020/2021.

The group **approved** the Communications Strategy subject to further updates in respect of implementation and resource plans.

4. RISK, FINANCE AND GOVERNANCE

The group **received** updates on the financial position.

The group **received** updates on the recent changes to the Waiting List Initiative Payments.

The group **supported** a proposal to develop an investment process and plan for Advanced Clinical Practice roles.

The group **supported in principle** options for the future bid for the Intestinal Failure tender.

The group **received** an update on the Diabetic Eye Screening Programme Tender process, noting the formal award decision was expected on 2 December 2019.

The group **supported** a proposal to develop Out of Hospital Capacity.

The group **received** an update following changes implemented in respect of the Venous Thromboembolism (VTE) risk assessment.

The group **approved** the action plan for the Dental Hospital following the recent external reviews.

The group **approved** revised terms of reference for the Education Group.

The group **received and supported** the updated 2019/20 audit and assurance plan.

The group **approved** the 'should do' action plan following the Care Quality Commission's inspection in April/May 2019.

The group **supported** a proposal to develop an in-house graduate management training scheme.

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

The group **received** an update from the Guardian of Safe Working.

The group **received** the Quarter 2 Freedom to Speak up update.

The group **received** the Quarter 2 Transforming Care Programme Report on its way to the Trust Board.

The group **received** the Weston Due Diligence Report, **accepted** the Gateway Review assessment and **approved** the Transaction Business Case and the Post Transaction Integration Plan for onward submission to the Trust Board.

The group **received** the Corporate and Strategic Risk Registers.

The group **received** an update on Information Governance.

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

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

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.

Mark Smith
Deputy Chief Executive/Chief Operating Officer
November 2019

Meeting of the Board of Directors in Public on Thursday 28 November 2019

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.
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.
5. History of the paper Please include details of where paper has <u>previously</u> been received.
N/A

Quality and Performance Report

November 2019

Oversight Framework

- The 62 Day Cancer standard for GP referrals achieved 83.6% for September and 85.4% for Quarter 2 (July-September). Although the national standard of 85% was not achieved in September, it was achieved in July and August and also for the quarter overall.
- The measure for percentage of A&E patients seen in less than 4 hours was 82.4% October September. This did not achieve the 95% national standard or the improvement trajectory target of 89.7%.
- The percentage of Referral To Treatment (RTT) patients waiting under 18 weeks was 83.0% as at end of October. This did not achieve the national 92% standard or the improvement trajectory target of 87.9%.
- The percentage of Diagnostic patients waiting under 6 weeks at end of October was 95.9%, with 366 patients waiting 6+ weeks. This is lower than the national 99% standard. The divisions have plans for recovery by quarter 4.

Headline Indicators

There were four Clostridium Difficile cases in October but this still keeps the Trust below the maximum allowed for the financial year of 57 cases. In addition, there were no MRSA cases in October. Pressure ulcer and patient falls incidence remained below target in October, with one grade 3 pressure ulcers and four falls resulting in harm.

The headline measures from the monthly patient surveys and the Friends and Family Test remain above their minimum target levels in October 2019. In Complaints, 89% of formal complaints were responded to within deadline which is above the Trust standard of 85%. 4.4% of August's complaint responses (2 cases) were re-opened due to complainant being dissatisfied with the original response.

Last Minute Cancelled Operations (LMCs) were at 1.7% of elective activity and equated to 119 cases. Four patients were re-admitted within 28 days following an LMC.

Workforce

October 2019 compliance for Core Skills (mandatory/statutory) training remained at 90% overall across the eleven programs. There were five reductions, all reducing by 1.0 percentage points. There were three increases, the largest of which was of 3.0 percentage points, for Resuscitation.

Bank and Agency Usage (5.3% and 1.3% respectively) remains above the Trust's targets. Turnover reduced to 13.2% from 13.6% last month and every division saw a reduction in turnover. The Staff Survey 2019 campaign is live, with support and encouragement for completion, allowing staff to have their voice heard. Launch of the NHSI Clinical Retention Programme initiatives are in place for December 2019.

Sickness absence increased to 4.2% from 4.0%, with increases in six divisions. Focus remains on driving the seasonal influenza vaccination programme. In addition, two events were held (World Mental Health Day and Doctor's Wellbeing Week) aimed at promoting good wellbeing.

Overall appraisal compliance reduced to 71.7% (from 72.4%). There were increases in three of the divisions. All divisions are non-compliant. The appraisal process will now be subject to review over the coming months in line with the NHS Pay Progression Plan 2021. Also focus on action in areas of low compliance continues, including direct interventions at manager and service levels.

1.2 OVERVIEW –Oversight Framework

Financial Year 2018/19

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%	84.50%	81.05%	81.23%
	“Trust Footprint” (Year To Date)	92.05%			91.77%			90.84%			89.84%		
	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)	84.1%	82.4%	86.0%	85.7%	88.9%	87.4%	85.5%	87.9%	86.5%	85.1%	83.5%	82.9%
	Actual (Quarterly)	84.2%			87.3%			86.6%			83.8%		
	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	88.2%	89.1%	88.6%	88.9%	88.7%	88.5%	89.6%	90.1%	89.3%	89.4%	89.1%	89.2%
	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	96.8%	97.6%	97.8%	97.9%	97.1%	98.1%	98.4%	96.9%	93.8%	93.3%	96.9%	95.5%
	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.

1.2 OVERVIEW –Oversight Framework

Financial Year 2019/20

Access Key Performance Indicator		Quarter 1 2019/20			Quarter 2 2019/20			Quarter 3 2019/20			Quarter 4 2019/20		
		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
A&E 4-hours Standard: 95%	Actual	78.3%	78.0%	81.5%	81.9%	84.8%	81.4%	82.4%					
	Trajectory	84.5%	90.5%	90.5%	90.5%	90.5%	85.5%	89.7%	84.7%	83.5%	85.0%	81.6%	81.7%
Cancer 62-day GP Standard: 85%	Actual (Monthly)	86.8%	86.0%	84.0%	86.8%	85.8%	83.6%						
	Actual (Quarterly)	85.7%			85.4%								
	Trajectory (Monthly)	85%	85%	85%	83%	85%	85%	85%	85%	85%	85%	85%	85%
	Trajectory(Quarterly)	85%			85%			85%			85%		
Referral to Treatment Standard: 92%	Actual	89.0%	88.1%	87.5%	86.5%	84.3%	83.6%	83.0%					
	Trajectory	87.9%	87.9%	87.9%	87.9%	87.9%	87.9%	87.9%	87.9%	86.9%	86.9%	86.9%	87.9%
6-week wait diagnostic Standard: 99%	Actual	95.3%	93.4%	93.5%	96.2%	95.1%	96.2%	95.9%					
	Trajectory	96%	96%	97%	97%	98%	99%	99%	99%	99%	99%	99%	99%

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

1.3 OVERVIEW – Key Performance Indicators Summary

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



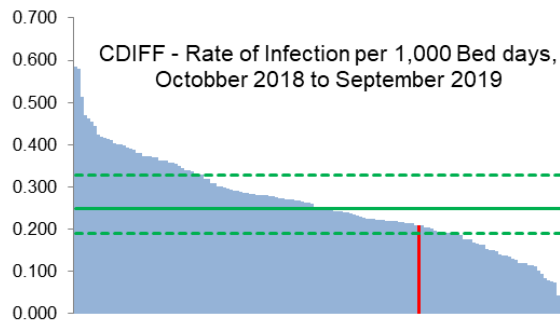
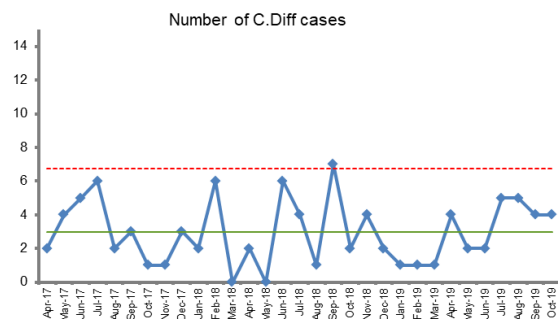
	Successes	Priorities
ACCESS	<ul style="list-style-type: none"> Delivered the 62 day GP national standard in July and August and for quarter 2 overall. Recovered the subsequent radiotherapy standard in quarter 2 and each component month. The non-obstetric ultrasound diagnostic waiting list has shown significant improvement in 6 week breaches: 173 at end of May, down to under 10 at end of August and September The implementation of electronic Referral Service (eRS) is now business as usual. There were only 2 appointments with paper referrals in September 2019. Division of Medicine have successfully recruited an Associate Specialist to work on managing outlying patients through the winter Recruitment in Adult endoscopy services is on track to deliver the 6 week diagnostic standard by January 2020. CT Cardiac services are on track to clear the majority of the 6 week diagnostic backlog by February 2019. 	<ul style="list-style-type: none"> Recover compliance with the 62 day GP standard in quarter 3 and October. Recover compliance with the 31 day Cancer First Definitive Treatment standard in quarter 3. Recover compliance with the 2 week wait cancer first appointment standard in November, which is currently on track. October's Referral To Treatment performance was below the 87.9% standard; the Trust achieved 83.03%. For recovery to be successful Divisions need to focus on increasing their inpatient and outpatient activity and recover the Trust waiting list size to 29,200 by end of March 2020. Recover diagnostic 6 week standard in quarter 4 (99% waiting under 6 weeks). The Trust has been part of an Elective care trial which commenced in August. The trial relates to the testing of "average waits" as a metric which could replace the RTT 92% and 18 week standard. UHB were visited by the NHSE/I national team on 16th October and have since been allocated a target of 9.1 weeks. The Deputy Chief Executive and Chief Operating Officer is fully supportive of changing the reporting metrics within UHB. The RTT Performance lead and Head of Performance Reporting need to consider the new reporting metrics and incorporate into the weekly performance meetings. Bigger discussions will be required with the Deputy Chief Executive and Chief Operating Officer with regards to changing the Quality and Performance reports. The Bristol, North Somerset and South Gloucestershire (BNSSG) outpatients group has agreed a five year plan for outpatient transformation in response to the NHS long term plan. This will include the NHS Improvement workstream, reduction in follow-ups, moving 30% of consultant led face to face attendances to non face to face and work on reducing the DNA gap between the most and the least deprived. This should address capacity issues in some services and will change the way outpatients is delivered across the whole Trust and BNSSG.

	Opportunities	Risks and Threats
ACCESS	<ul style="list-style-type: none"> • Current implementation plan of Medway PAS at Weston has commenced. The RTT Performance Lead has been invited to attend three separate Focus Discussion Groups at Weston around the roll-out of Medway functionality in Weston. First meeting is planned for 27/11/19. • Following conversations with NHS England, UHB have provided an options paper on the various levels of support required to continue to accept referrals in to the Clinical Genetics Service and to avoid 52 week breaches. An outcome conversation is booked with NHSE for 28/11/19. • Bristol, North Somerset and South Gloucestershire (BNSSG) have commenced a piece of work under the patient experience banner to inform patients of the importance of attending appointments within set timescales and which have been offered on a clinically appropriate timescale. 	<ul style="list-style-type: none"> • Surgical cancellations of cancer patients have affected the 62 day GP, 31 day first definitive treatment, and 31 day subsequent surgery standards for cancer. Preventing further cancellations is critical to recovery. Historically these have been due to lack of critical care beds but recently lack of ordinary ward beds has become a much more significant cause of cancellation and cancer standard impact. • October saw a significant increase in ED attendances. An additional 1000 patients were seen in October compared to the April-September monthly average, which is an extra 30 patients per day. Children's Hospital saw a 16% increase within those figures. • The Trust continues to report 52 week breaches in Clinical Genetics and the Division of Surgery due to a number of last minute cancellations. At the end of October they are 4x 52 week breaches who all have dates in November. The Trust is anticipating 2-3 patients month on month particularly in Clinical Genetics due to the lack of consultant capacity to see patients who have already breached 52 week waiting times. • There is a concern that entering into winter the recovery of RTT performance is more challenging to deliver given the level of cancellations that are currently occurring due to HDU capacity. Further issues around consultant pension tax and the agenda for change reduction for nursing/ward staff will further provide risk of recovery. • Lack of capacity in Paediatric MRI remains the biggest risk to delivery of the 99% diagnostic standard in quarter 4. • There has been an underperformance against contract in outpatients, activity levels are reduced in comparison to the same months as last year, the biggest underperformance is within surgery division and this is being monitored monthly at outpatient steering group.

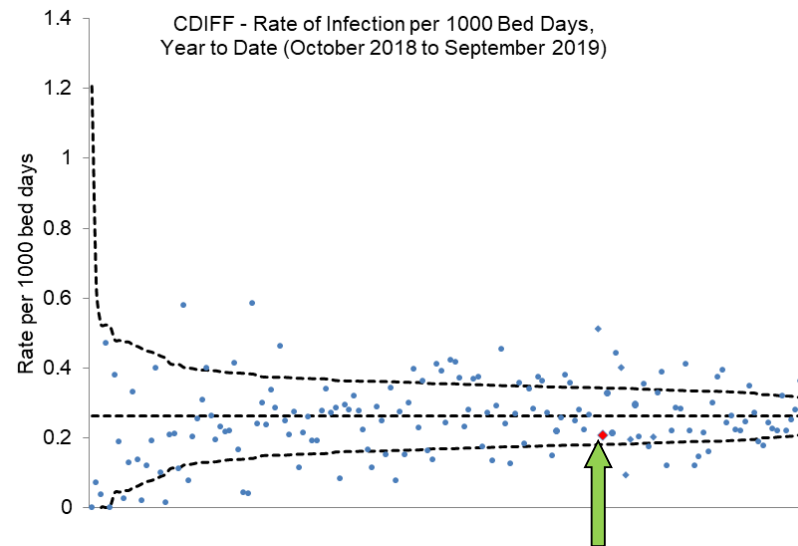
	Successes	Priorities
QUALITY	<ul style="list-style-type: none"> The percentage of complaints responded to within time frame was 88.6% in October 2019 and has returned to within the statistical process control limits following the recruitment into a vacant divisional complaints co-ordinator post. 	<ul style="list-style-type: none"> VTE risk assessments remain at 78% against the national 95% requirement. Overall, we are seeing improved compliance across the trust but the Acute Medical Unit (A300) is deteriorating from being one of the better performing wards. A300 is a particularly challenging ward due to the high patient turnover and patient volumes. The electronic VTE risk assessment form is now live/available the emergency department (ED) to enable improved compliance. The Transformation Team are focussing on supporting A300 and the BRI ED with this process.
	Opportunities	Risks and Threats
QUALITY	<ul style="list-style-type: none"> To understand and respond to the reasons why current anti-biotic prescribing compliance remains below the 90% improvement goal, although this does not seem to be negatively impacting on the number of trust attributed C Diff cases. Previously lower than 90% prescribing related to one element of the prescribing requirements which was the lack of documentation for the reason for the anti-biotic. In the longer term the implementation of electronic prescribing will address this. 	<ul style="list-style-type: none"> There are no new risks or threats identified from the quality and safety information in this report.

	Successes	Priorities
WORKFORCE	<ul style="list-style-type: none"> ▪ The winter Bank recruitment campaign has been successful with 12 new NA's, 6 RN's, 2 AHP's, 11 A&C, 5 HSA's and 2 Porters appointed. Increasing the size of the internal staff pool further supports a reduction in agency supply across a number of staff groups. ▪ A programme of work was delivered across the organisation for World Mental Health Day. This included an open letter to staff on social media to encourage staff to reflect and consider their personal wellbeing, seeking help and support and to destigmatize mental health. ▪ Approval of the Recruitment & Retention Taskforce Plan for the Weston merger, describing the approach and interventions required to support and deliver the reduction trajectories in vacancies and turnover over the next 5 years. This forms part of the Full Business Case. 	<ul style="list-style-type: none"> ▪ Over 4500 staff (47.1%) have to date responded to the Annual NHS Staff Survey. This is ahead of this point last year, with an ambition to surpass the 2018 52% response rate by the close of the survey on 29th November 2019. ▪ Commencement of staff and manager engagement with the new Pay Progression requirements from the April 2018 Pay Award. ▪ Evaluation of the new Weston/UHB partnership vacancy control process, implemented on 1 November across both organisations ahead of the merger in April 2020. ▪ Preparations in partnership with Weston HR counterparts to plan the TUPE/consultation activities. ▪ Implementation of eForms or an alternative robust process, to assist with establishing effective management of Weston's payroll to ensure pay, terms & conditions are accurately managed. • Finalise implementation plan for e-rostering across the Division of Surgery.
	Opportunities	Risks and Threats
WORKFORCE	<ul style="list-style-type: none"> ▪ Phase 2 of the BNSSG&B collaboration to reduce nurse agency supply will be focusing on high cost framework agencies where there remains a significant reliance. This will also include locally the introduction of a premium rate to Bank RNs and NAs to support a daily <i>Allocate on Arrival</i> approach. ▪ Focus on recruitment in the Emergency Department targeting middle grade doctors and ED nurses, and on hard to recruit trades roles, with a recruitment video being developed to showcase careers in Estates. ▪ Working with stakeholders to increase the staff support for bullying and harassment through an integrated approach to strengthening the link to psychological wellbeing. ▪ Successful launch of the OD strategy and implementation of pre-merger activities to inform the vision and cultural integration activities for the newly formed merged organisation. 	<ul style="list-style-type: none"> ▪ Appraisal compliance continues not to meet target with October compliance being 72.4%. Work-streams contained in the the 2018 NHS Pay Award Transition programme for 2020/21 will support the appraisal recovery plans. ▪ There continues to be a service delivery risk for Avon Partnership Occupational Health Service, with significant delays in appointments. Outcome of the business model review is awaited. In the meantime, reconfiguration of day to day service provision is under close review to further support an improved performance. ▪ Significant operational demand could create risk to the system wide reduction in high cost nurse agency supply programme. ▪ Limited capacity with StaffSide members to support the TUPE consultation in Weston ahead of the merger. ▪ The current process for managing annual leave amongst the Consultant body is causing delays with e-rostering implementation and continues to impact on productivity. • The outcome continues to be awaited of the national consultation on the pension tax issues for Consultants.

Infections – Clostridium Difficile (C.Diff)	
Standards:	Number of Trust Apportioned C.Diff cases to be below the national trajectory of 57 cases for 2019/20. Review of these cases with commissioners' alternate months to identify if there was a "lapse in care".
Performance:	There were four trust apportioned C.Diff cases in October 2019, giving 26 cases year-to-date. This is still below the maximum allowable year-to-date cases of 28.
Commentary/ Actions:	The four cases require a review by our commissioners before determining if the cases will be Trust apportioned due to lapse in care. These cases are attributed to the Trust after patients have been admitted for two days (day 3 of admission). This is a new criterion from NHSI, which commenced in April 2019. There was one case of Community Onset Healthcare Associated (COHA) C. Difficile in October. Patients assigned to the COHA category are those with C. Difficile who are admitted to one our hospitals overnight and had a previous admission in the previous four weeks. The patients within this criteria count towards the Trust numbers. The Infection Control Team investigates these cases to ensure there have been no in lapses in care.
Ownership:	Chief Nurse



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

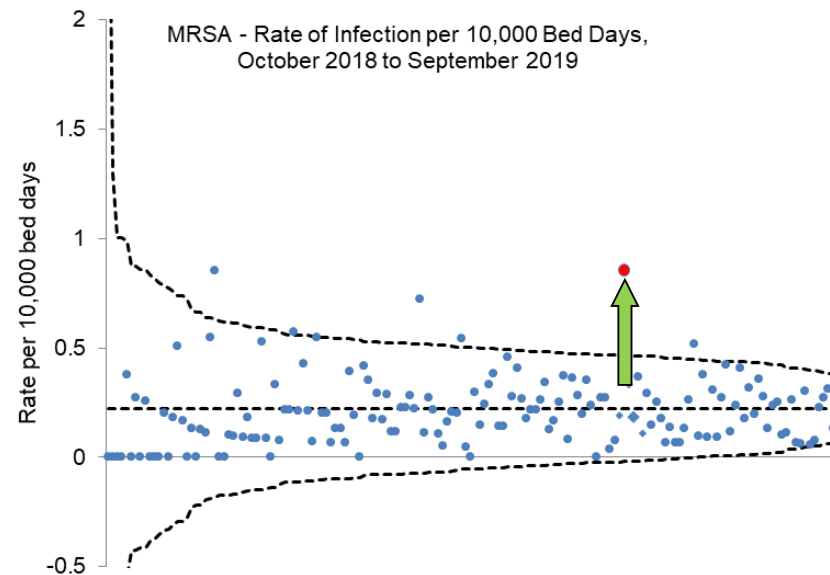
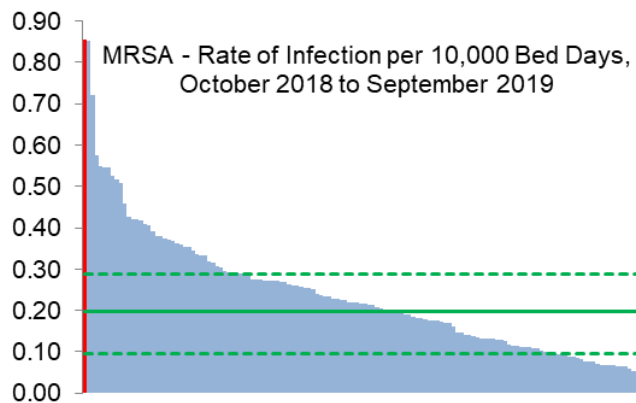


CDIFF Cases	Oct-19	2019/2020
Medicine	0	3
Not Known	0	2
Specialised Services	2	4
Surgery	1	2
Women's and Children's	1	15
Grand Total	4	26



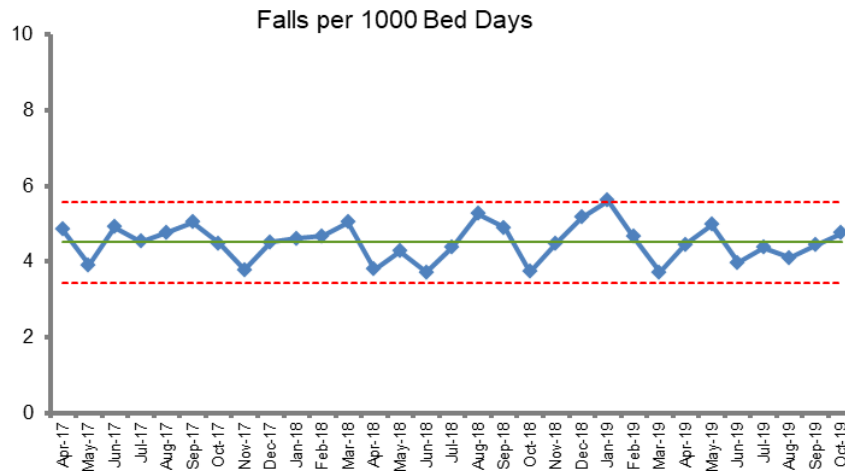
Infections – Methicillin-Resistant Staphylococcus Aureus (MRSA)	
Standards:	No Trust Apportioned MRSA cases.
Performance:	There were zero Trust apportioned MRSA cases in October 2019 and so one case year to date.
Commentary/ Actions:	There have been zero cases attributed to the Trust during October 2019. The upper quartile ranking for the 12 months to September 2019 takes into account three cases in the second half of 2018/19.
Ownership:	Chief Nurse

MRSA	Oct-19	2019/2020
Medicine	0	0
Specialised Services	0	1
Surgery	0	0
Women's and Children's	0	0
Grand Total	0	1

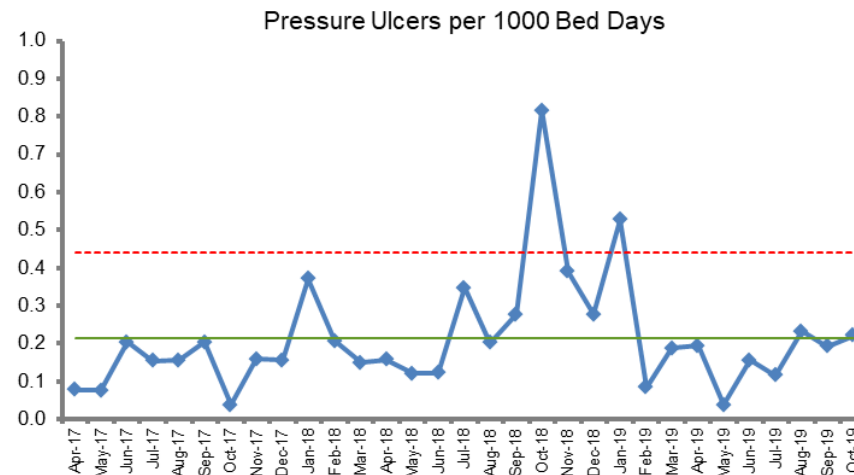


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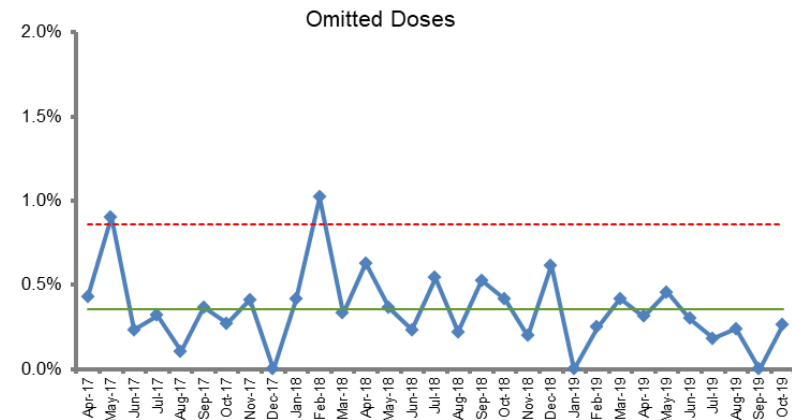
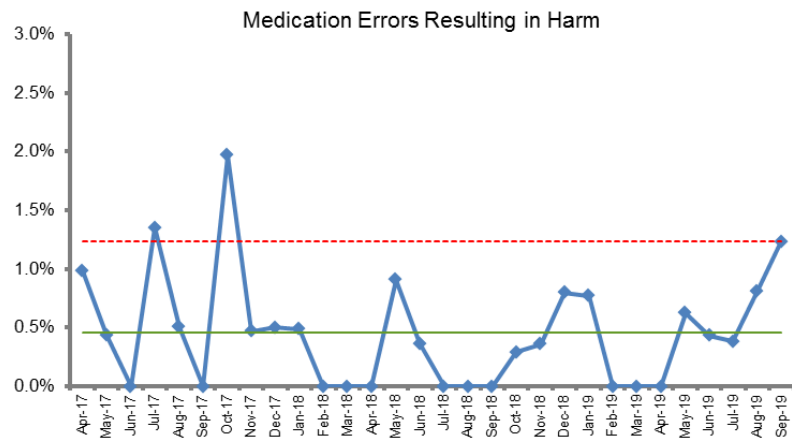
Patient Falls	
Standards:	Inpatient Falls per 1,000 beddays to be less than 4.8. Less than 2 per month resulting in Harm (Moderate or above)
Performance:	Falls rate for October was 4.75 per 1,000 beddays. This was 129 falls with four resulting in harm.
Commentary/ Actions:	<p>This month there has been an increase in both indicators compared with the previous month's figures. The incidents have been reviewed by the Trust Falls lead, who has not identified any common themes or trends. This month's performance will be discussed at the November Falls Group meeting to ensure that any learning or changes in practice are actioned.</p> <p>Ongoing Actions:</p> <ul style="list-style-type: none"> • Implementing actions required to achieve new 2019/20 Falls CQUIN has commenced, which include: <ol style="list-style-type: none"> a. Measuring lying and standing blood pressure measurement for all patients 65 and over. b. Ensuring no anti-psychotic, anxiolytics or hypnotics, are given during hospital stay or if required there should be documentation of rationale c. Ensuring patient mobility assessment is documented within 24hrs or mobility aid provided within 24hrs. <p>The quarter two audit has evidenced achievement of parts b and c of the CQUIN, however compliance with part a (lying and standing blood pressure) remains low. Divisional Leads have been asked to focus on this to ensure improvement in quarter three. This issue will also be discussed at the November Falls meeting.</p>
Ownership:	Chief Nurse



Pressure Ulcers	
Standards:	Hospital acquired Pressure Ulcers to be below 0.4. No Grade 3 or 4 Pressure Ulcers
Performance:	Pressure Ulcers rate for October was 0.221 per 1,000 beddays. There were five category 2 pressure ulcers and one category 3 pressure ulcer (heel).
Commentary/ Actions:	<p>Two of the category 2 pressure ulcers related to nasogastric tubes, one of which the patient declined for the securing tape to be removed for the site to be checked. The category 3 pressure ulcer was initially validated as a suspected deep tissue injury. Preventative actions were implemented, however over time the wound evolved to reveal a category 3 pressure ulcer. A full investigation is now underway for this incident.</p> <p>Suspected deep tissue injury is a complex wound, often purple or maroon, localised area of discoloured intact skin or blood filled blister due to underlying soft tissue damage from pressure or shearing. These injuries either reabsorb or deteriorate into an open wound, to at least a category 3 pressure ulcer, despite wound and pressure care provision.</p> <p>The 2019/20 Tissue Viability Group work plan continues to focus on reducing the number of pressure ulcers developed on wards.</p> <ul style="list-style-type: none"> • The Tissue Viability Team continues to deliver monthly targeted training to wards following an incident or on request from the Ward Manager. • Develop online training around deep tissue injuries to further develop staff understanding of this area. • Task and finish group to revise risk assessment and re-assessment documentation (pressure ulcer, falls, nutrition etc.). <p>All actions are monitored through the tissue viability steering group.</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 September 2019, out of 243 cases audited (1.23%) Omitted doses were at 0.26% in October (2 cases out of 758 reviewed in areas using paper drug charts).
Commentary/ Actions:	<p>For the moderate harm incidents:</p> <ul style="list-style-type: none"> The first case involved a nurse discharging a patient without checking the patient’s take away medication with the second nurse. It is the expectation that two registered nurses check the patient’s drug chart and discharge letter to see if any medication have been added for the patient to take home. The community pharmacist had identified that the patient had been taking medication labelled with a different patient’s name and not intended for use by this patient. The second incident was in relation to a patient who came to have an intravenous iron infusion. The cannula tissued, and this resulted in the iron infusion leaking into the dermal skin layer, causing a permanent stain to the patient’s arm. A working group has been put together to identify where improvements in practise are needed to recognise and prevent these infusion related adverse events. Details of the third case were reported in advance in last month’s report; this incident occurred in August but it was not reported until early September and therefore appears in September’s figures. The second incident included in August’s figures is being validated off as it was reported in the wrong category and is not a medication incident. <p>The cumulative year to date figure for Omitted Doses is 0.26% (10 cases out of 3853 patients reviewed.)</p>
Ownership:	Medical Director



Essential Training	
Standards:	Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%
Performance:	In October 2019 Essential Training overall compliance remained static at 90% compared to the previous month (excluding Child Protection Level 3).
Commentary/ Actions:	<p>October 2019 compliance for Core Skills (mandatory/statutory) training remained at 90% overall across the eleven programs. There were five reductions, all reducing by 1.0 percentage points. There were three increases, the largest of which was of 3.0 percentage points, for Resuscitation. Overall compliance for 'Remaining Essential Training' remained static at 94%.</p> <ul style="list-style-type: none"> Of the core skills, Resus made the largest gain to 79%, due to the recent recognition of Level One Resus Awareness given at Corporate Induction, providing familiarisation with local equipment for clinical new starters 50% of programmes within 'Remaining' Essential Training reduced slightly. The Staff Local Induction Workbook made the largest gain to 73% (+9%). This is the highest for 5 years. Doctors are now being given regular 'countdown' reminders to complete their ReSPECT Awareness eLearning by 1 April 2020, when it will be added to the list of other Essential Training in monthly reporting. Corpak Naso-gastric eLearning remains the lowest programme at 53%. Focus will be on improvement action planning.
Ownership:	Director of People

Essential Training	Oct-19	KPI
Equality, Diversity and Human Rights	97%	90%
Fire Safety	88%	90%
Health, Safety and Welfare (formerly Health & Safety)	93%	90%
Infection Prevention and Control	87%	90%
Information Governance	86%	95%
Moving and Handling (formerly Manual Handling)	88%	90%
NHS Conflict Resolution Training	92%	90%
Preventing Radicalisation	94%	90%
Resuscitation	79%	90%
Safeguarding Adults	91%	90%
Safeguarding Children	92%	90%

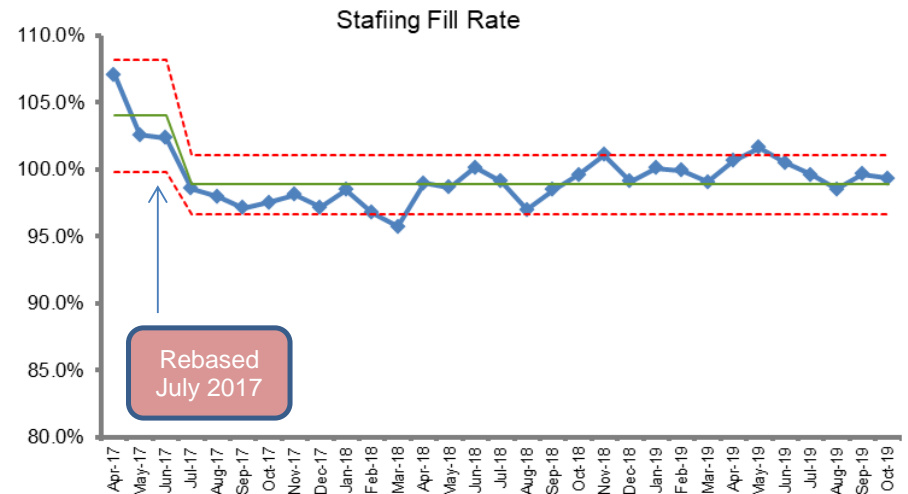
Essential Training	Oct-19	KPI
UH Bristol NHS Foundation Trust	90%	90%
Diagnostics & Therapies	92%	90%
Medicine	89%	90%
Specialised Services	91%	90%
Surgery	89%	90%
Women's & Children's	88%	90%
Trust Services	92%	90%
Facilities & Estates	93%	90%

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:	October's overall staffing level was at 99.3 % (240,325 hours worked against 241,909 planned). Registered Nursing (RN) level was at 95.9% and Nursing Assistant (NA) level was at 108.9%
Commentary/ Actions:	<p>Overall for the month of October 2019, the trust had 96% cover for RN's on days and 96% RN cover for nights. The unregistered level of 102% for days and 118% for nights reflects the activity seen in September 2019. This was due primarily to NA specialist assignments to safely care for confused or mentally unwell patients in adults particularly at night.</p> <p>Ongoing Actions:</p> <ul style="list-style-type: none"> • Continue to validate temporary staffing assignments against agreed criteria. • Assurance: Monitored through agency controls action plan
Ownership:	Chief Nurse

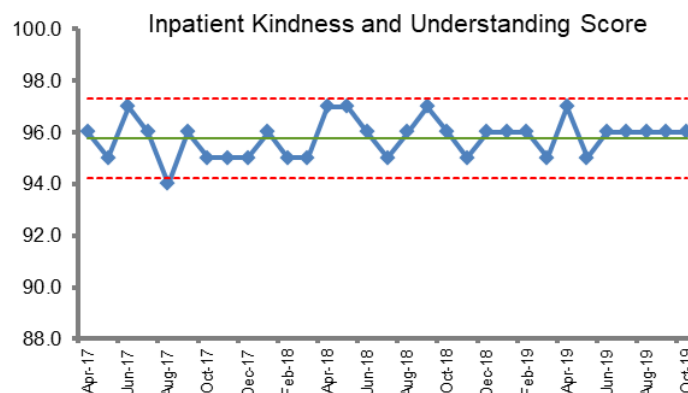
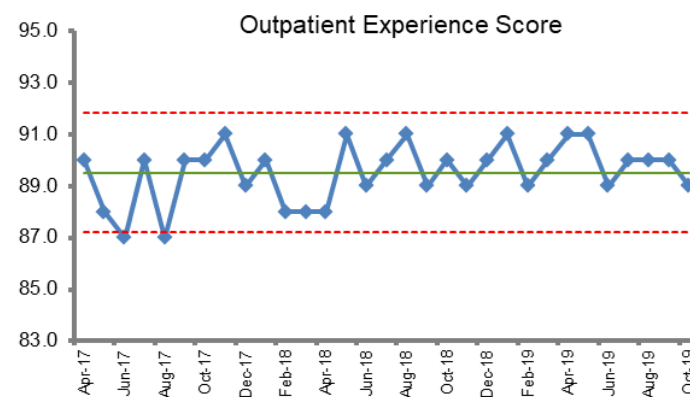
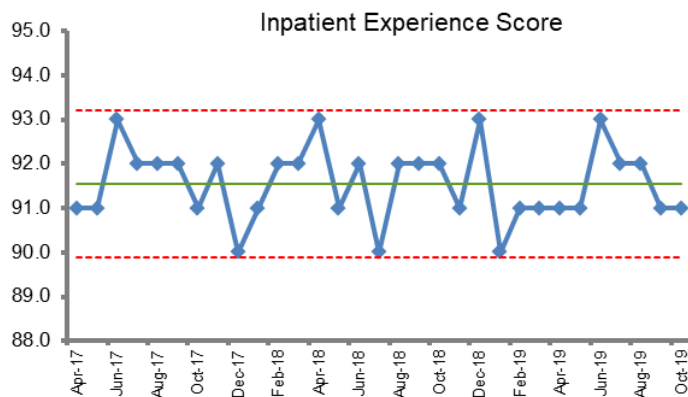
OCTOBER 2019 DATA

	Day	Night	TOTAL
Registered Nurses	95.8%	96.0%	95.9%
Nursing Assistants	102.1%	118.3%	108.9%
TOTAL	97.6%	101.5%	99.3%

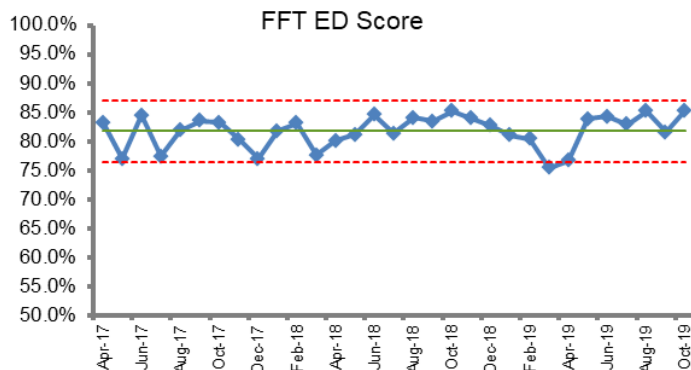
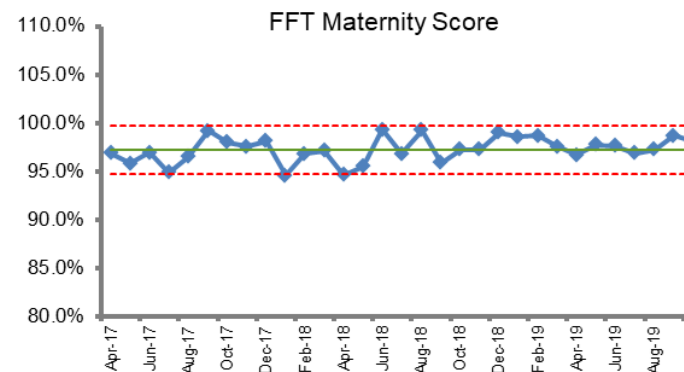
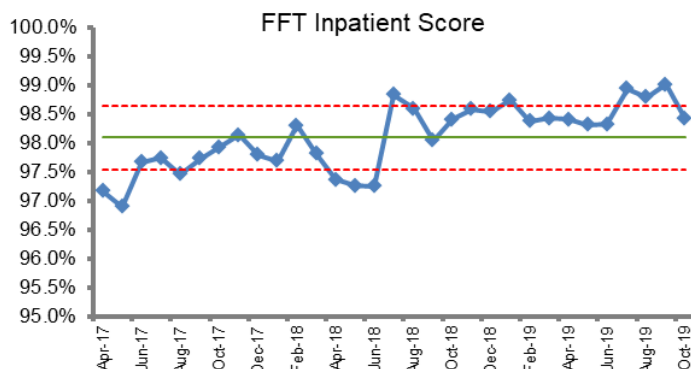
Medicine	110.0%
Specialised Services	100.0%
Surgery	102.1%
Women's and Children's	90.6%
TOTAL	99.3%



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 October 2019, the inpatient score was 91/100, for outpatients it was 89. For the kindness and understanding question it was 96.
Commentary/ Actions:	The headline measures from these surveys remained above their minimum target levels, indicating the continued provision of a positive patient experience at UH Bristol.
Ownership:	Chief Nurse



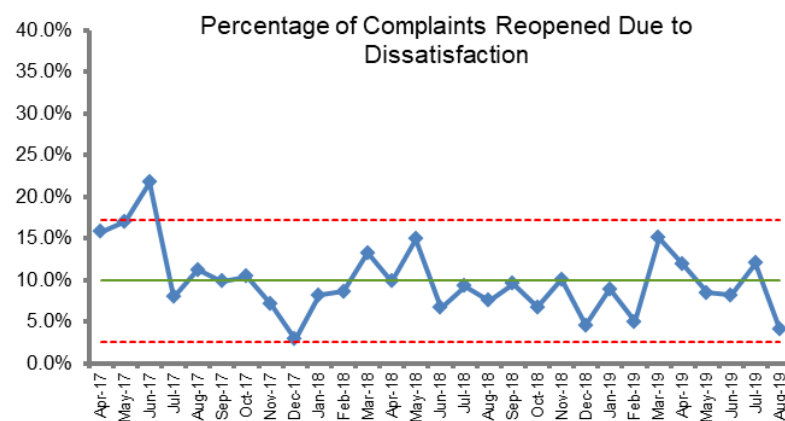
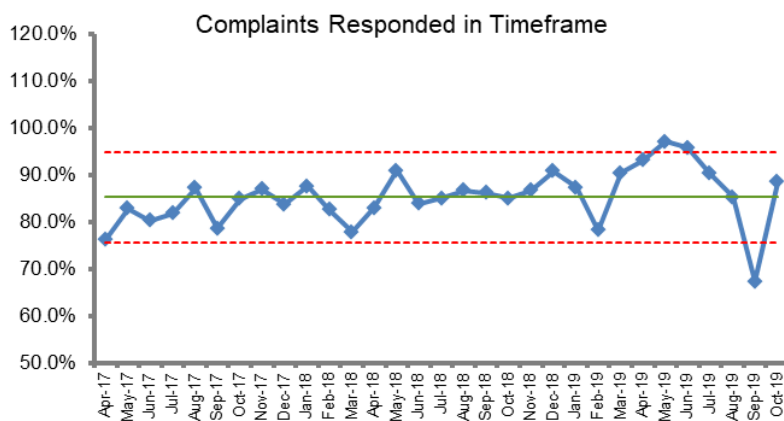
Friends and Family Test (FFT) Score	
Standards:	The FFT score is the number of respondents who were likely or very likely to recommend the Trust, as a percentage of all respondents. Standard is that the score for inpatients should be above 90%. The Emergency Department minimum target is 70%.
Performance:	October's FFT score for Inpatient services was 98.4% (2310 out of 2347 surveyed). The ED score was 85.2% (1375 out of 1613 surveyed). The maternity score was 98.1% (253 out of 258 surveyed).
Commentary/ Actions:	The Trust's scores on the Friends and Family Test were above their target levels.
Ownership:	Chief Nurse



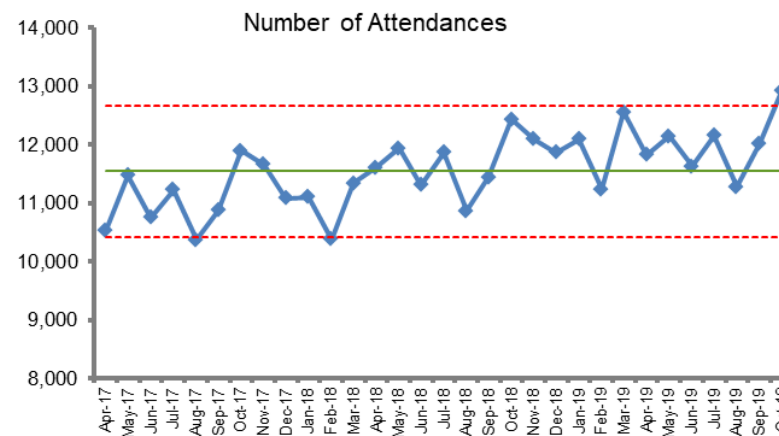
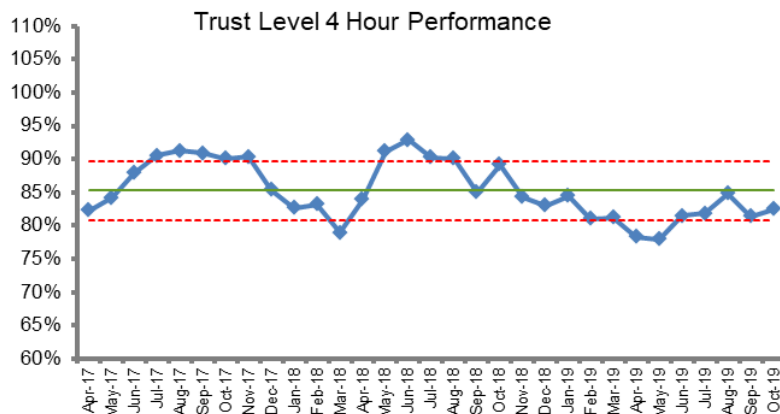
	Response Rate		Score	
	Oct-19	2019/2020	Oct-19	2019/2020
Inpatients				
Medicine	41.0%	42.0%	98.1%	98.1%
Surgery	36.6%	36.4%	98.4%	98.8%
Specialised Services	42.3%	40.6%	98.8%	98.8%
Women's and Children's	27.4%	31.3%	98.7%	98.6%
TOTAL	36.2%	37.0%	98.4%	98.6%
Emergency Department				
Bristol Royal Infirmary	11.6%	11.5%	75.6%	67.5%
Children's Hospital	18.0%	17.4%	82.3%	83.6%
Eye Hospital	25.4%	26.1%	96.5%	95.3%
TOTAL	16.9%	16.9%	85.2%	83.1%
Maternity				
TOTAL	17.7%	25.4%	98.1%	97.5%

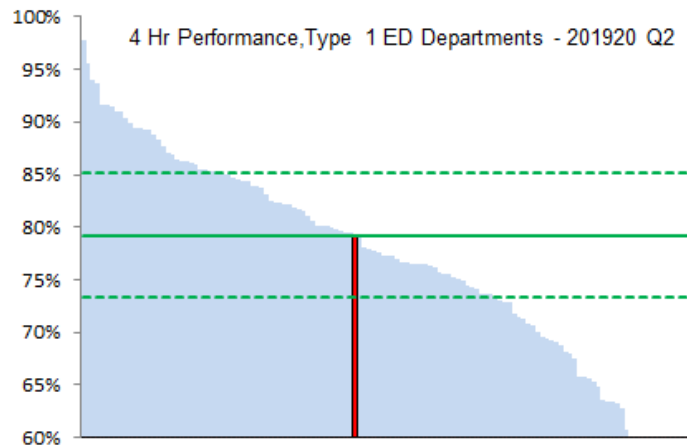
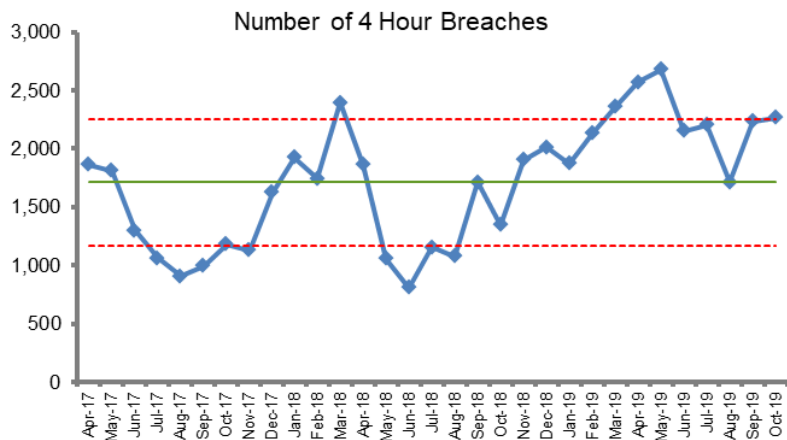


Patient Complaints	
Standards:	For all formal complaints, 95% of them should have the response posted/sent to the complainant within the agreed timeframe, with a lower tolerance (Red) of 85%. Of all formal complaints responded to, less than 8% should be re-opened because complainant is dissatisfied, with an upper tolerance (Red) of 12%.
Performance:	In October, 62 out of 70 formal complaints were responded to with timeframe (88.6%) Of the 48 formal complaints responded to in August, 2 resulted in the complainant being dissatisfied with the response (4.2%)
Commentary/ Actions:	The response time metric saw an improvement on the performance reported in September 2019 (68%) and August 2019 (85%). Three of the 70 breaches were attributable to the Divisions, with two attributable to delays during the Executive sign-off process. Of those breaches attributable to the Divisions, there was one for the Division of Medicine and one each for the Divisions of Specialised Services and Trust Services. These breaches have been validated by the Divisions. The Trust's performance in responding to complaints via informal resolution within a timescale agreed with the complainant was 93%, an improvement on the 90% reported in September and 86% in August 2019. This equates to six breaches from the 91 responses in October. Of the six breaches recorded, there were three breaches from the Division of Medicine, one from Diagnostics and Therapies and two for Surgery. The rate of dissatisfied complaints in August (this measure is reported two months in arrears) was 4.2%. This represents two cases from the 48 first responses sent out during that month, compared with 12% reported for July and 8.2% reported for June 2019.
Ownership:	Chief Nurse



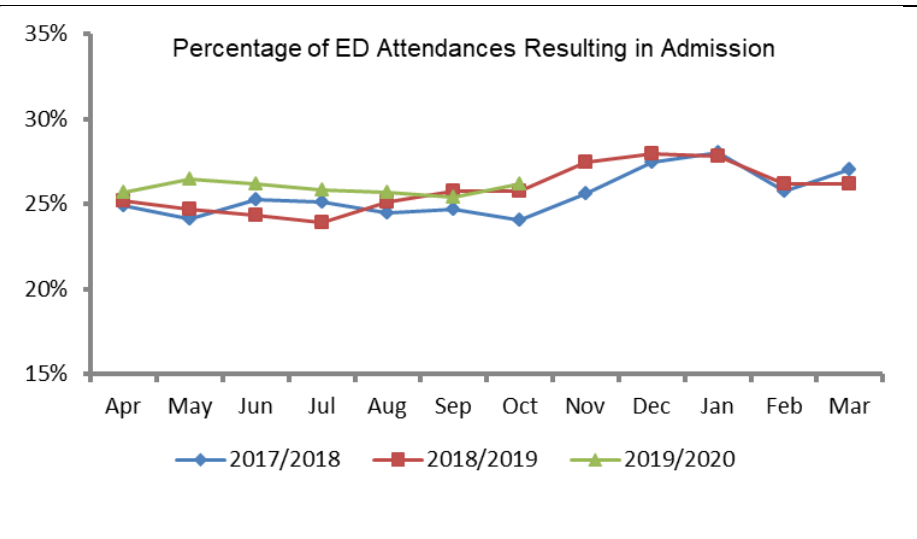
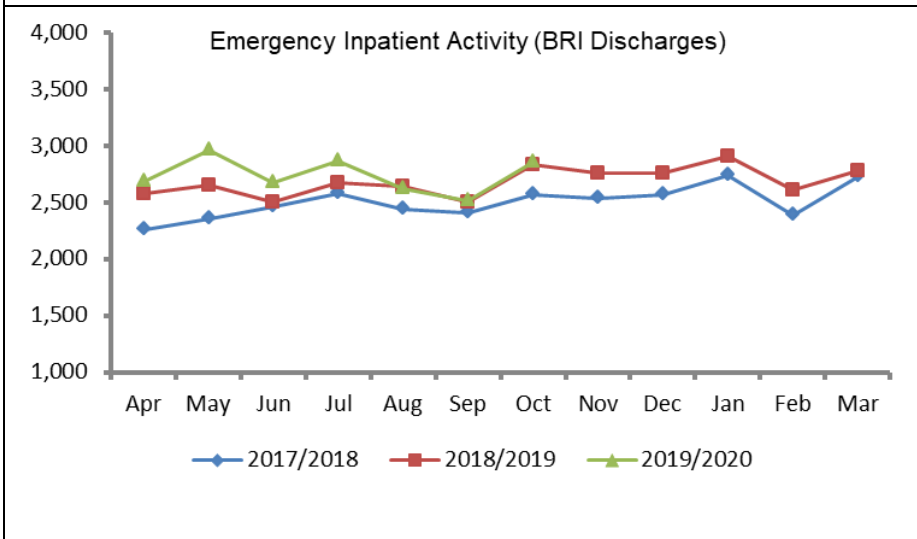
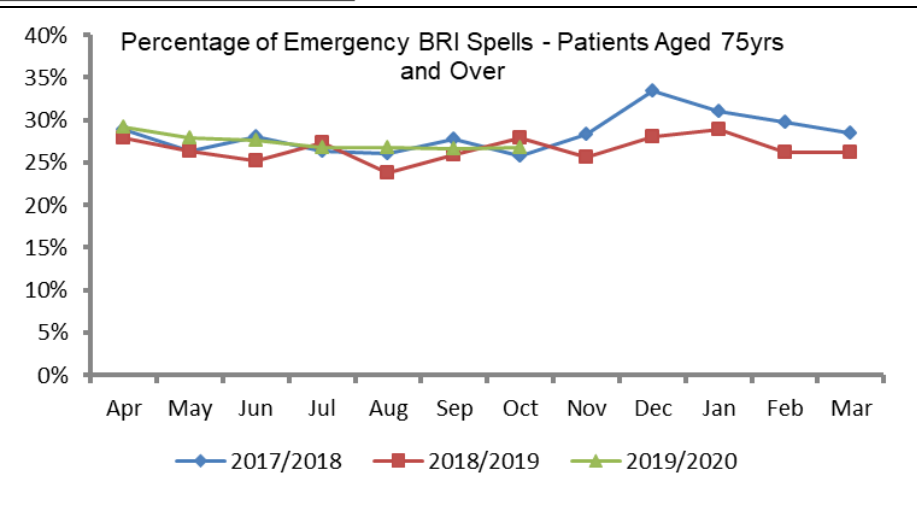
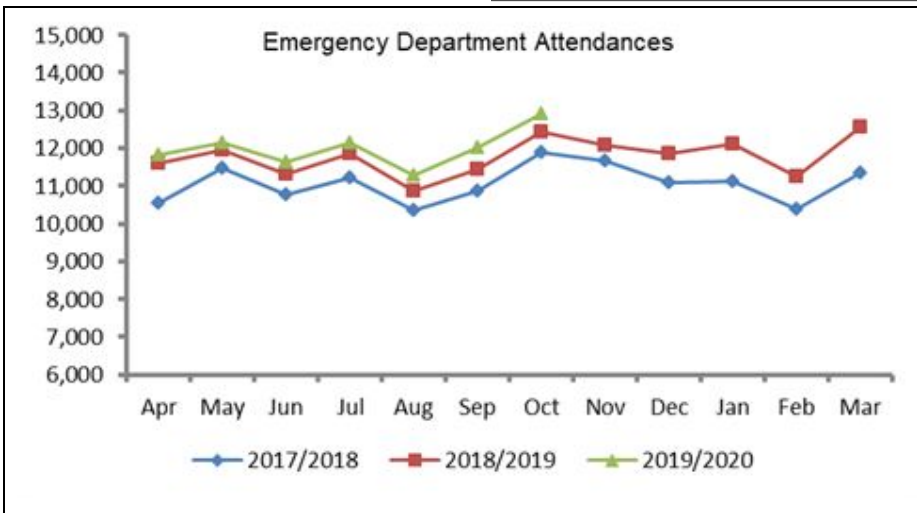
Emergency Department (ED) 4 Hour Wait	
Standards:	Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours. The Trust's improvement trajectory is 85.7% for October.
Performance:	Trust level performance for October was 82.47% (12923 attendances and 2266 patients waiting over 4 hours).
Commentary/ Actions:	<p>ED attendances are above normal process limits for October. In October there were 1,081 more attendances (9%) compared to the Apr-Sep average. The Children's Hospital saw an extra 564 (16%) and the Bristol Royal Infirmary saw an extra 424 (7%) compared to Apr-Sep average.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Additional interim staffing to support pressures in the BRI ED. This includes enhanced nursing to care for patients who are corridor queuing, including a "comfort NA" – this is based on a role we have seen at North Bristol Trust which helps to ensure quality of care for patients in the corridor is not compromised in terms of privacy and dignity. • The primary care streaming pilot has proved difficult to mobilise due to lack of capacity from general practice. The department are approaching this differently and an advert has gone out to GPs asking for interest in staffing the pilot. • The department have recruited an Associate Specialist to work with managing outlying patients through the winter. Development opportunities will be offered to this experienced clinician to support them firstly to continue their CESR (Certificate of Eligibility for Specialist Registration) process and secondly with the aim of them ultimately joining the acute medical team as an associate specialist or as a consultant, depending on the application. • As a Trust we are also working with system partners on a "Hard System Reset", mirroring the success achieved in the Cornish system where they had to respond to a sustained period in OPEL 4. We are rapidly planning how this would work, including ideas for PDSA cycles across acute, community, social care and primary care.
Ownership:	Chief Operating Officer



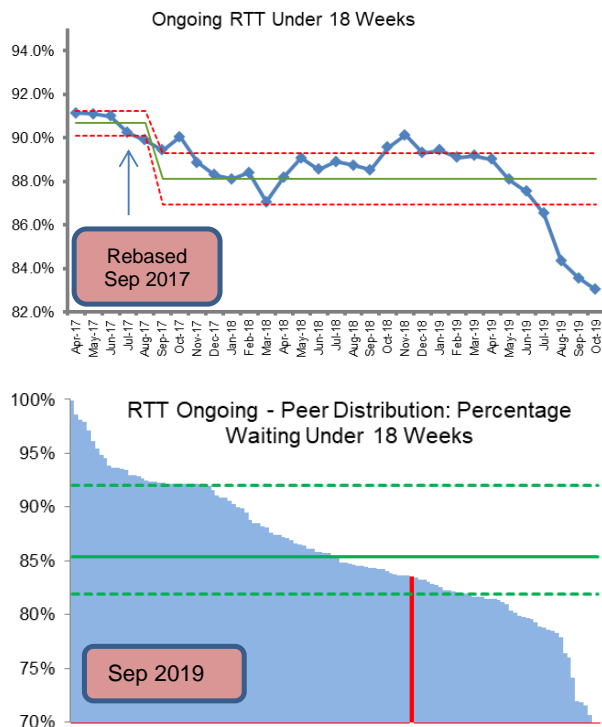


Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

	Attendances		Under 4 Hours		Performance	
	Oct-19	2019/2020	Oct-19	2019/2020	Oct-19	2019/2020
BRI	6590	43586	4747	30079	72.03%	69.01%
Trust	12923	83972	10657	68148	82.47%	81.16%



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 87.9% for end of October. In addition, no-one should be waiting 52 weeks or over from September 2019.
Performance:	At end of October, 83.0% of patients were waiting under 18 week (28,700 out of 34,566 patients). 4 patients were waiting 52+ weeks
Commentary/ Actions:	The 92% national standard was not met at the end of October and the improvement trajectory of 87.9% was missed. The reduction in performance is based on an increase in the waiting list size and cancellations that have occurred in month. In addition, there are less clock stops being recorded due to lower than normal elective activity levels across Divisions. For recovery to be successful, divisions need to focus on increasing their inpatient and outpatient activity and delivery against their set RTT Trajectories. The area with the largest deterioration in waiting list size is in Dental Services and they have plans, including "Super Saturdays in November and December, to allow recovery going into quarter 4. At the end of October 2019, the Trust reported four 52 week waiters. One in Clinical Genetics and three in the Division of Surgery. All these patients are dated.
Ownership:	Chief Operating Officer

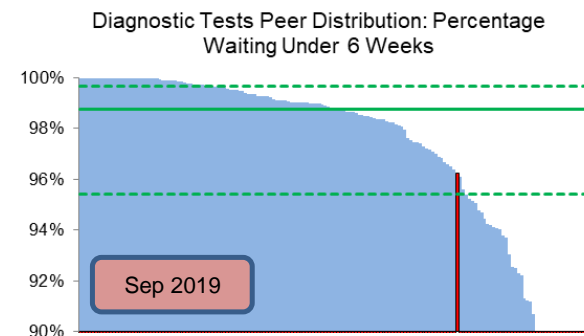
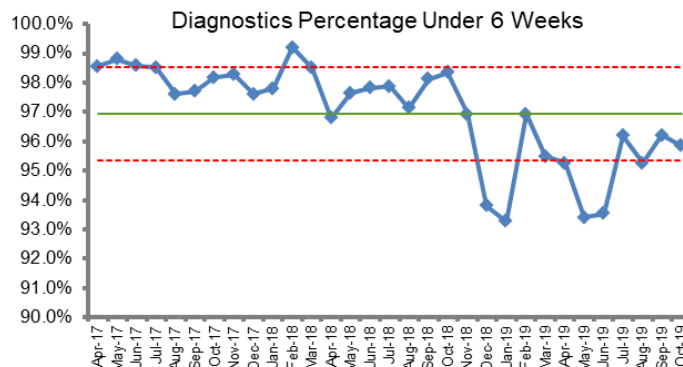


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	Ongoing Pathways at Oct-19		
	Ongoing Pathways	Ongoing Over 18 Weeks	Ongoing Performance
Cardiology	2,697	507	81.2%
Cardiothoracic Surgery	324	92	71.6%
Dermatology	2,698	369	86.3%
ENT	1,990	165	91.7%
Gastroenterology	1,269	89	93.0%
General Medicine	4	0	100.0%
Geriatric Medicine	84	1	98.8%
Gynaecology	1,448	295	79.6%
Neurology	242	10	95.9%
Ophthalmology	4,079	444	89.1%
Oral Surgery	3,815	1,040	72.7%
Other (Clinical Genetics)	1,281	212	83.5%
Other (Dental)	3,133	692	77.9%
Other (General Surgery)	1,621	406	75.0%
Other (Haem/Onc)	261	15	94.3%
Other (Medicine)	626	23	96.3%
Other (Other)	395	3	99.2%
Other (Paediatric)	6,565	1,283	80.5%
Other (Pain Relief)	54	0	100.0%
Other (Thoracic Surgery)	127	13	89.8%
Plastic Surgery	1	0	100.0%
Rheumatology	680	45	93.4%
Thoracic Medicine	630	59	90.6%
Trauma & Orthopaedics	541	103	81.0%
TOTAL	34,566	5,866	83.0%



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 Trust has committed to recovery by Quarter 4 2019/20
Performance:	At end of October, 95.9 % of patients were waiting under 6 weeks (8,456 out of 8,822 patients). There were 366 breaches of the 6-week standard.
Commentary/ Actions:	<p>The Trust did not achieve the 99% national standard at end of October. The maximum number of breaches needed to achieve 99% was 88 breaches.</p> <ul style="list-style-type: none"> MRI breach volumes are in Paediatrics (77), which is run by the Diagnostics and Therapies division. Two key risks have transpired: firstly that Waiting List Initiatives would not provide the required capacity and secondly that an additional list to be provided from November, with Paediatrics, would not begin as planned. The division are pursuing insourcing options; otherwise recovery will not be delivered in Quarter 4 for this modality. Longer term CT Cardiac recovery is reliant on the installation/upgrade of a new cardiac-compatible CT scanner, will conclude in Quarter 3. In the short term, additional capacity is being utilised at St Joseph’s Hospital in Newport (2-3 patients per day on average). This will allow recovery of the standard by February 2020. Adult Endoscopy plans for additional Clinical Fellows starting in November/December are still in place to deliver recovery by January. Some GLANSO insourcing has been agreed for November and December to reduce the backlog.
Ownership:	Chief Operating Officer



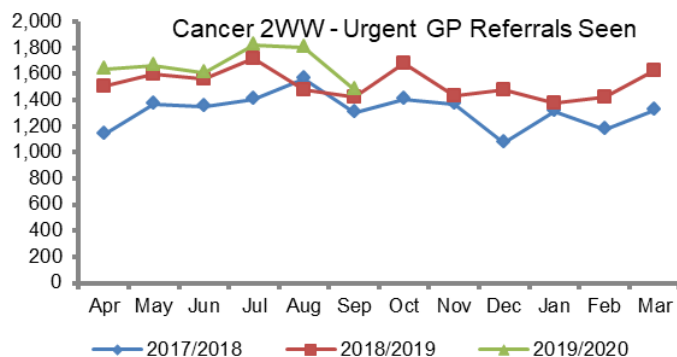
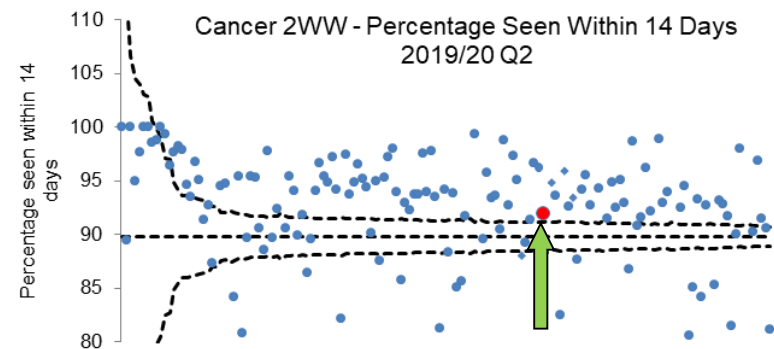
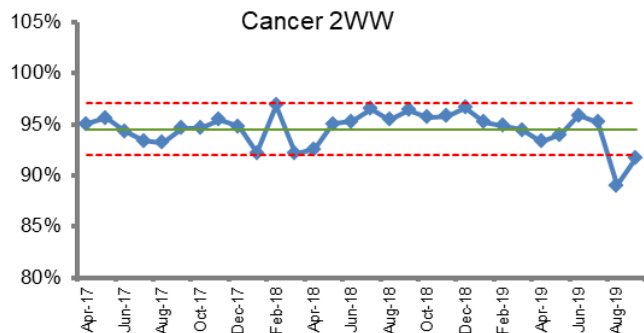
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

	Diagnostic Tests Waiting List at Oct-19			
	Under 6 Weeks	6+ Weeks	Total Waiting	Percentage Under 6 Weeks
Audiology	753	0	753	100.0%
Colonoscopy	195	44	239	81.6%
CT	1,591	71	1,662	95.7%
Cystoscopy	1	0	1	100.0%
DEXA Scan	219	0	219	100.0%
Echocardiography	963	22	985	97.8%
Flexi Sigmoidoscopy	61	41	102	59.8%

	Under 6 Weeks	6+ Weeks	Total Waiting	Percentage Under 6 Weeks
Gastroscopy	233	86	319	73.0%
MRI	1,956	83	2,039	95.9%
Neurophysiology	191	5	196	97.4%
Sleep Studies	188	9	197	95.4%
Ultrasound	2,105	5	2,110	99.8%
Grand Total	8,456	366	8,822	95.9%



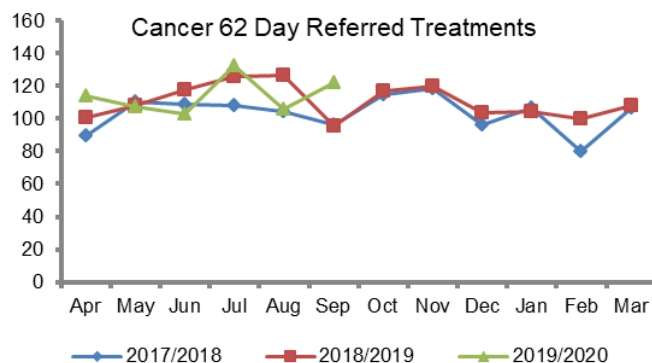
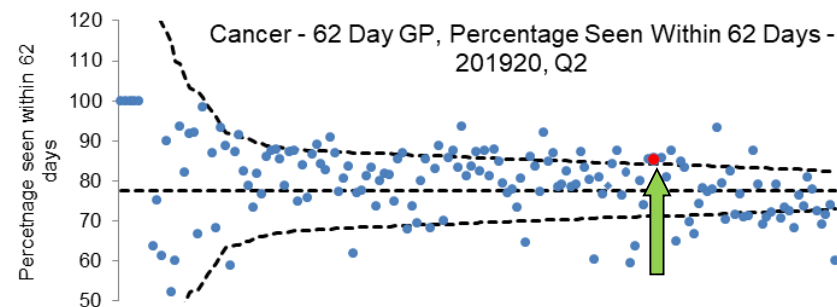
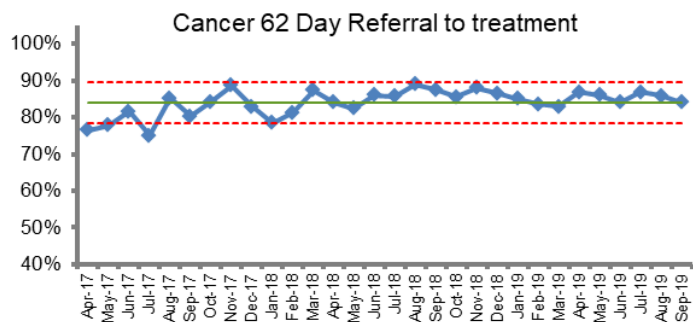
Cancer Waiting Times – 2WW	
Standards:	Urgent GP-referred suspected cancer patients should be seen within 2 weeks of referral. The national standard is that each Trust should achieve at least 93%
Performance:	For September, 91.7% of patients were seen within 2 weeks (1354 out of 1476 patients). Quarter 1 2019/20 achieved 94.4%. Quarter 2 achieved 92.0%.
Commentary/ Actions:	The standard has been achieved in each quarter since 2018/19 Q1 but was not achieved in 2019/20 Quarter 2. Significantly rising demand from GPs for suspected skin cancer assessments (33% increase compared to last year), has caused non-compliance with the two week wait first appointment standard in August, September and potentially October. The issues have been completely resolved and recovery to compliance will be seen in November and quarter 3 is expected to be compliant. October remains very close to compliance but just below at the time of writing, but may recover to compliance with final validation.
Ownership:	Chief Operating Officer



Cancer 2WW - Sep-19			
	Under 2 Weeks	Total Pathways	Performance
Suspected children's cancer	11	11	100.0%
Suspected gynaecological cancers	109	122	89.3%
Suspected haematological malignancies	9	10	90.0%
Suspected head and neck cancers	320	343	93.3%
Suspected lower gastrointestinal cancers	139	154	90.3%
Suspected lung cancer	22	22	100.0%
Suspected skin cancers	676	741	91.2%
Suspected upper gastrointestinal cancers	68	73	93.2%
Grand Total	1,354	1,476	91.7%



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, as submitted to NHS Improvement, has also been set at 85%.
Performance:	For September, 84.0% of patients were seen within 62 days (102.5 out of 122 patients). Quarter 1 2019/20 achieved 85.7%. Quarter 2 achieved 85.6%.
Commentary/ Actions:	The Trust achieved compliance in July and August and quarter 2 overall but was non-compliant in September. This is due primarily to high levels of surgical cancellations for non-medical reasons (lack of both critical care and ward beds). Due to this issue, compliance in quarter 3 and its component months remains at risk, particularly in light of the season. Avoiding cancellations is the most important action to improve compliance, whilst maintaining the strong grip on all other elements of performance and pathways.
Ownership:	Chief Operating Officer

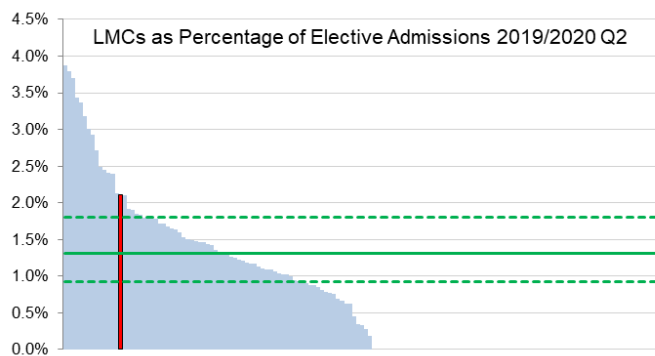
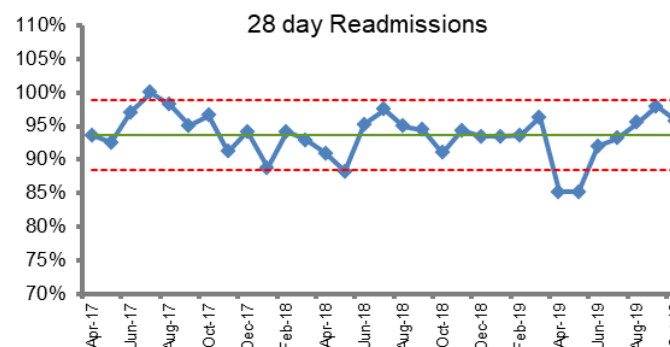
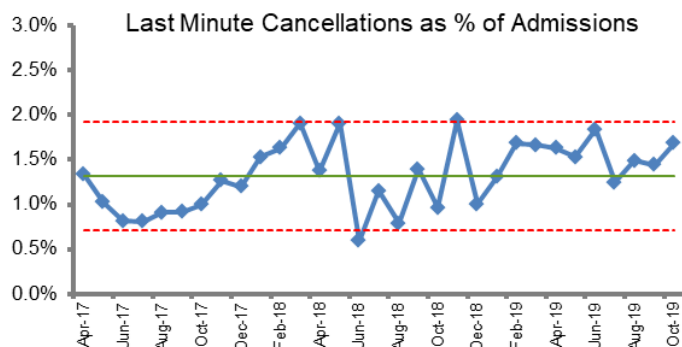


Cancer 62 Day - Sep-19

	Within Target	Total Pathways	Performance
Breast	4.5	4.5	100.0%
Gynaecological	4.5	6.0	75.0%
Haematological	5.0	7.0	71.4%
Head and Neck	5.0	10.5	47.6%
Lower Gastrointestinal	7.5	11.5	65.2%
Lung	6.5	9.5	68.4%
Other	2.0	2.5	80.0%
Sarcoma	1.5	1.5	100.0%
Skin	61.5	62.5	98.4%
Upper Gastrointestinal	4.5	5.5	81.8%
Grand Total	102.5	122.0	84.0%

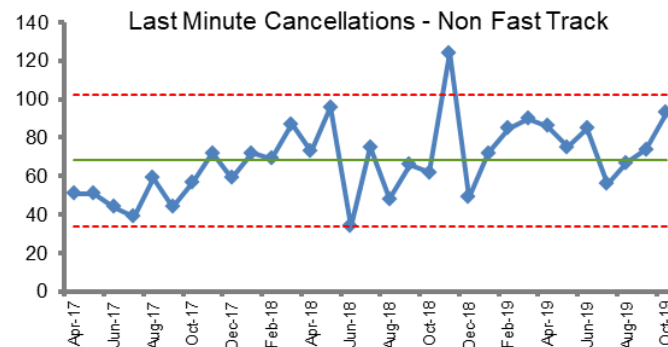
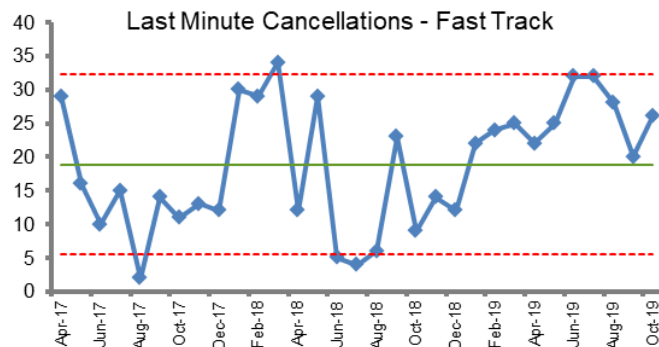


Last Minute Cancelled Operations	
Standards:	This covers elective admissions that are cancelled on the day of admission by the hospital, for non-clinical reasons. The total number for the month should be less than 0.8% of all elective admissions. Also, 95% of these cancelled patients should be re-admitted within 28 days
Performance:	In October there were 119 last minute cancellations, which was 1.68% of elective admissions. Of the 94 cancelled in September, 90 (95.7%) had been re-admitted within 28 days. This means four patients breached the 28 day readmission standard.
Commentary/ Actions:	The most common reason for cancellation was “No Beds Available” (53 cancellations). Overall there were 3 in Medicine, 23 in Cardiac Services, 25 in ENT & Thoracics, 17 in Gastrointestinal Surgery, 26 in Ophthalmology, 1 in Trauma & Orthopaedics, 11 in Dental Services, 4 in Gynaecology and 9 in Paediatrics. Of the four 28 day breaches: 1 was Gynaecology, 1 was Trauma & Orthopaedics and 2 were General Surgery.
Ownership:	Chief Operating Officer



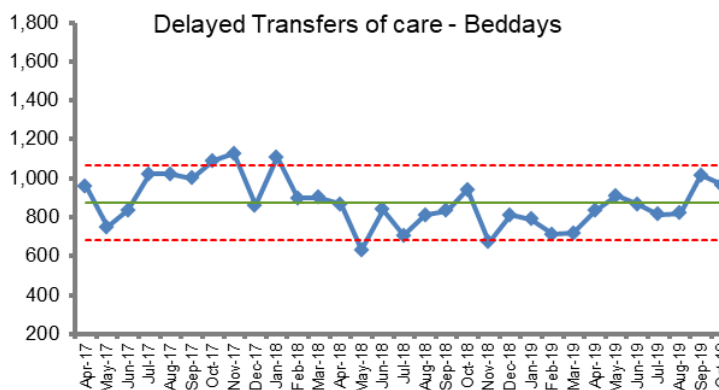
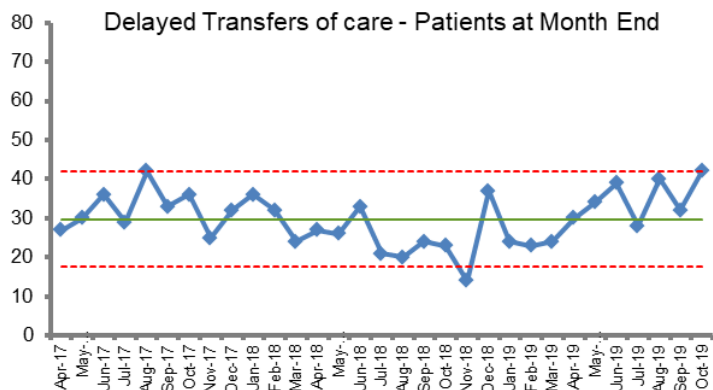
Unbroken horizontal line is England median;
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Cancellation Reason	Fast Track	Routine	Urgent	TOTAL
No Beds Available	19	17	17	53
No Theatre Staff	0	15	2	17
Other Emergency Patient Prioritised	1	7	7	15
AM list over-ran	1	5	3	9
Equipment Failure	1	5	0	6
No Lab Staff	0	0	3	3
Other clinically complicated Patient in theatre	2	1	0	3
Anaesthetist Unavailable	0	3	0	3
Surgeon Unavailable	1	0	1	2
Booking Error	0	2	0	2
Equipment Unavailable	0	2	0	2
Other Non Emergency Patient Prioritised	0	0	1	1
List did not start on time	0	0	1	1

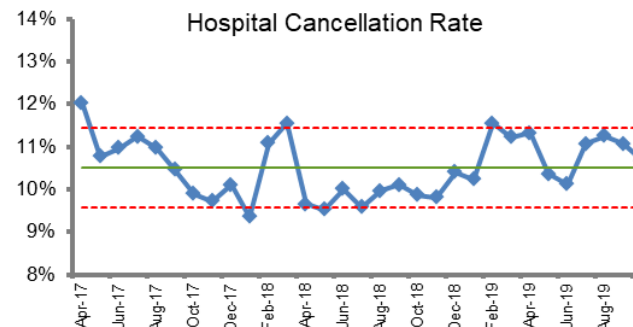
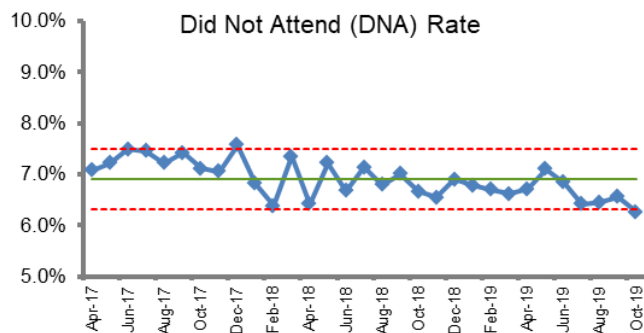
Delayed Transfers of Care (DToC)	
Standards:	Patients who are medically fit for discharge should wait a “minimal” amount of time in an acute bed.
Performance:	In October there were 42 Delayed Transfer of Care patients as at month-end (including 12 at South Bristol), and 965 beddays consumed by DToC patients.
Commentary/ Actions:	The data remains largely unchanged from previous months and reflect the ongoing issues with community capacity in domiciliary care and reablement services. The number of delays at South Bristol is high, partly due to the reasons noted but also because in order to support flow at the Bristol Royal Infirmary (BRI) some patients are transferred to South Bristol to provide capacity at the BRI. The Integrated Care Bureau (ICB) is now referring more patients to HomeFirst than to social care which is a positive move to reduce hospital delays for patients who should be assessed for long term care either at home or in an intermediate care setting. The number of North Somerset delays remains high and reflects the increased admissions from North Somerset since the overnight closure of Weston’s Emergency Department.
Ownership:	Chief Operating Officer



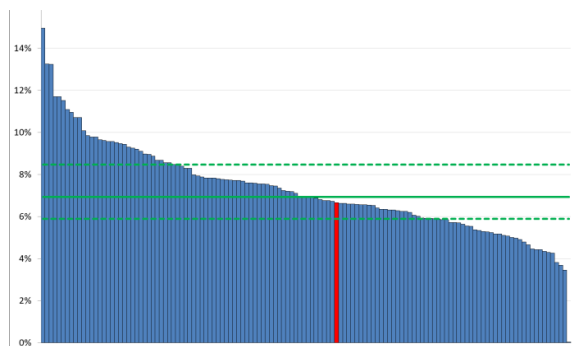
Code	Reason	Accountable	Oct-19			
			Patients (Acute)	Beddays (Acute)	Patients (Non-Acute)	Beddays (Non-Acute)
A	Completion of assessment	Both	5	69	5	55
		NHS	1	40	0	9
		Social Care	2	98	0	5
B	Public Funding	Social Care	0	7	0	0
C	Further non acute NHS care	NHS	1	4	0	0
Di	Care Home Placement	NHS	2	34	1	8
		Social Care	1	7	1	16
Dii	Care Home Placement	NHS	4	120	1	8
		Social Care	4	137	0	6
E	Care package in own home	NHS	6	110	0	27
		Social Care	2	66	2	106
F	Community equipment / adaptations	Social Care	2	11	0	13
G	Patient or family choice	NHS	0	5	2	4
TOTAL			30	708	12	257



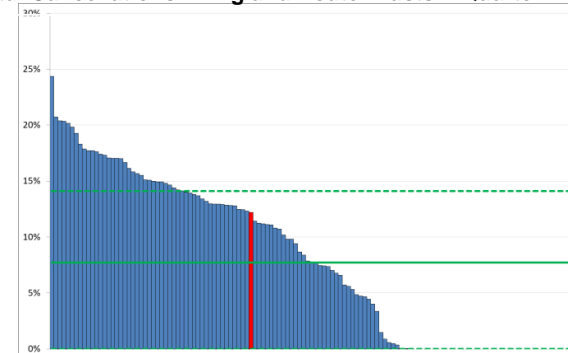
Outpatient Measures	
Standards:	The Did Not Attend (DNA) Rate is the number of outpatient appointments where the patient did not attend, as a percentage of all attendances and DNAs The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made. DNA 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 October there were 11,061 hospital-cancelled appointments, which was 10.7% of all appointments made. There were 4,712 appointments that were DNA'ed, which was 6.3% of all planned attendances.
Commentary/ Actions:	All divisions have set targets to reduce DNA's in specific specialities as part of the productivity workstreams for 2019/20. The Outpatient Steering Group (OSG) will monitor progress towards the targets set by each division and reviewing the Trust DNA rate on a monthly basis. In May 2019, the text message sent to patients as a reminder was standardised and the cost of a DNA and patient initials for paediatric patients were included. This has reduced the DNA rated further. There is ongoing work to include the location code for the clinic so that patients can see which clinic they need to attend without the need of the original appointment letter. The increase in hospital cancellation rate is due to the introduction of e-RS, which whilst it allows the patient to book an appointment, if they require a different speciality or a particular clinic their original appointment will be cancelled to allow the correct appointment to be booked. Patients are informed their appointment is not confirmed until they receive confirmation following triage.
Ownership:	Chief Operating Officer



DNA Rate – England Acute Trusts – Quarter 1 2019/20



Hospital Cancellations – England Acute Trusts – Quarter 1 2019/20



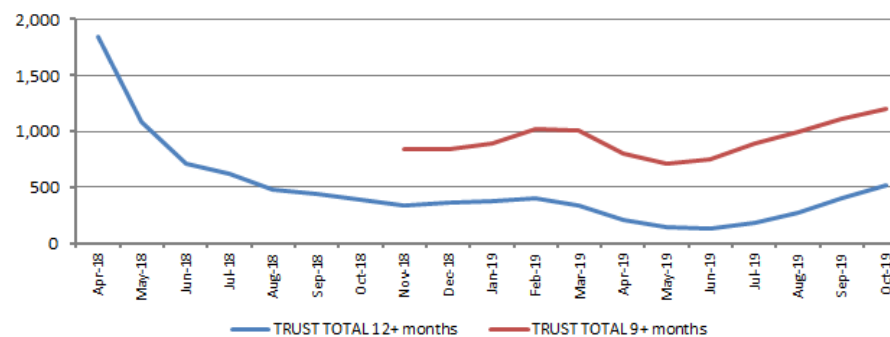
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles



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 October, number overdue by 12+ months is 523 and overdue by 9+ months is 1200.
Commentary/ Actions:	Although there has been deterioration in the numbers, this is focussed on two specialties: Trauma & Orthopaedics and Clinical Genetics. All other areas have cleared the 9+ month backlog and are focussed on the 6-8 month cohort. Plans are being worked through, via the weekly performance meetings, for the two specialties to achieve clearance of the backlogs by December.
Ownership:	Chief Operating Officer

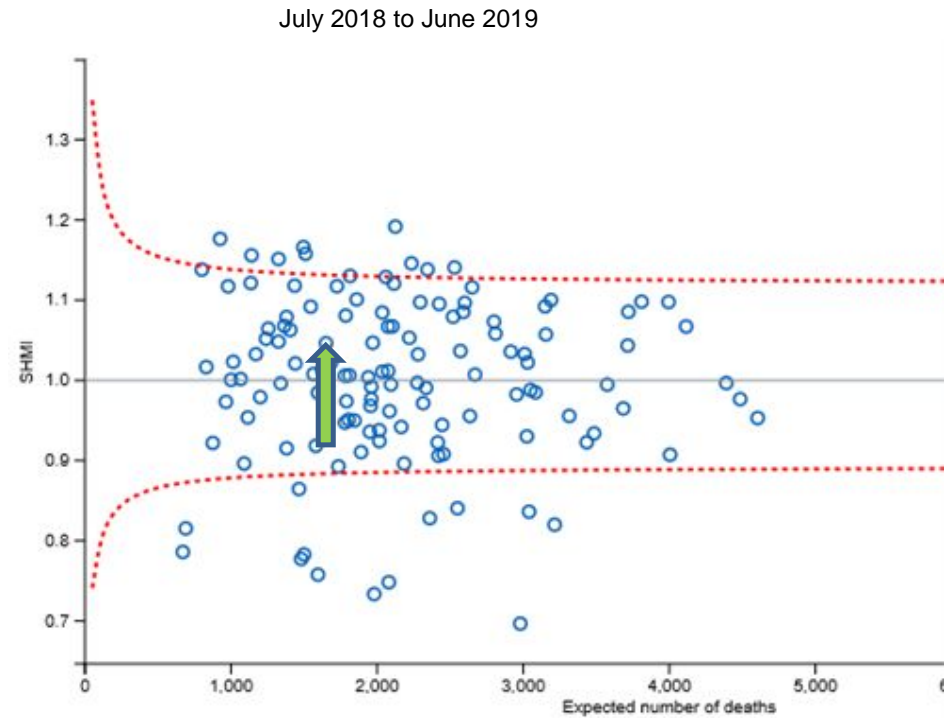
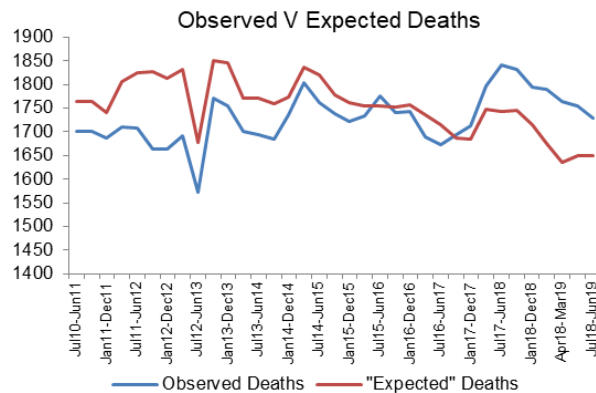
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	
Outpatients Overdue by 12+ Months	Diagnostics and Therapies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Medicine	461	133	23	5	7	3	3	2	3	4	3	3	3	3	3	3	3	3	3	1
	Specialised Services	188	206	214	208	95	58	67	7	5	8	12	0	0	34	62	90	136	183	274	
	Surgery	444	221	92	17	3	0	0	0	0	11	23	49	61	62	66	91	135	214	243	
	Women's and Children's	756	526	387	387	371	375	322	323	350	351	360	282	150	46	3	0	2	2	5	
	TRUST TOTAL 12+ months	1,849	1,086	716	617	476	436	392	332	358	374	398	334	214	145	134	184	276	402	523	
Outpatients Overdue by 9+ Months	Diagnostics and Therapies								3	2	0	0	0	0	0	2	0	0	0	0	
	Medicine								20	4	4	3	4	4	3	3	4	4	5	5	
	Specialised Services								125	95	142	247	253	181	261	278	323	392	450	503	
	Surgery								125	124	108	146	216	264	272	333	450	499	586	630	
	Women's and Children's								565	620	640	629	530	349	174	128	111	101	66	62	
	TRUST TOTAL 9+ months								838	845	894	1025	1003	798	710	744	888	996	1107	1200	

Overdue Follow-Ups at Month End

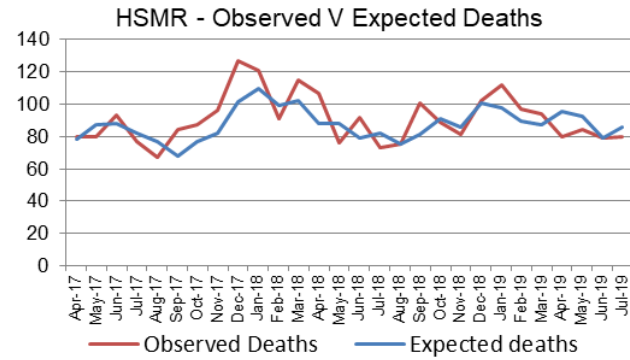
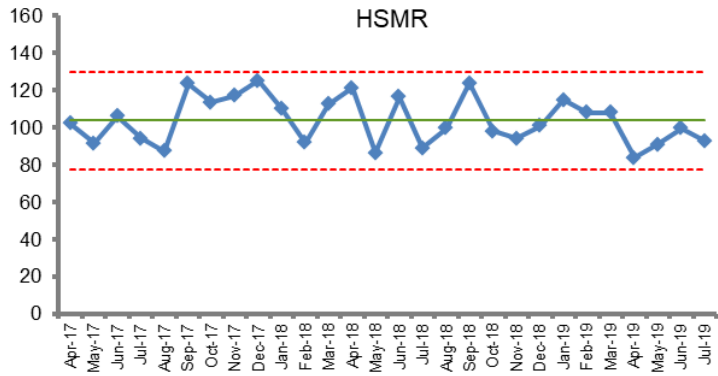


Mortality - Summary Hospital Mortality Indicator (SHMI)	
Standards:	This is the national measure published by NHS Digital .It is the number of actual deaths divided by “expected” deaths, multiplied by 100. The Summary Hospital Mortality Indicator (SHMI) covers deaths in-hospital and deaths within 30 days of discharge. It is now published monthly and covers a rolling 12 –month period. Data is published 6 months in arrears.
Performance:	Latest SHMI data is for 12 month period July 2018 to June 2019. The SHMI was 104.6 (1730 deaths and 1650 “expected”). The Trust is in NHS Digital's “As Expected” category.
Commentary/ Actions:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required. Please also see narrative for HSMR below.
Ownership:	Medical Director

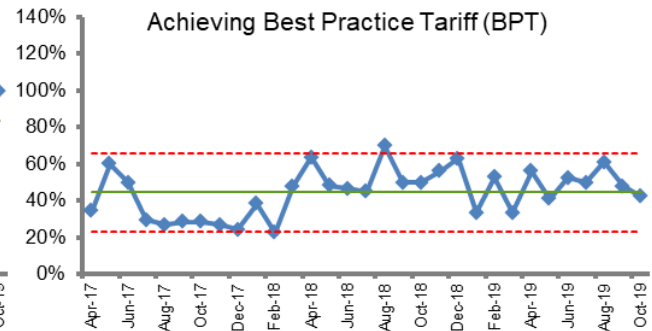
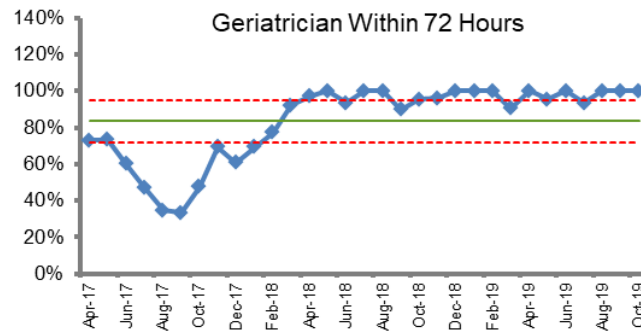
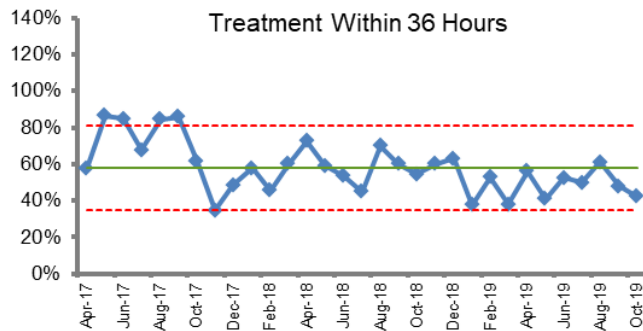
Timeframe	Observed Deaths	"Expected" Deaths	SHMI
Jul15-Jun16	1,775	1,754	101.2
Oct15-Sep16	1,741	1,752	99.4
Jan16-Dec16	1,743	1,758	99.1
Apr16-Mar17	1,690	1,737	97.3
Jul16-Jun17	1,674	1,714	97.6
Oct16-Sep17	1,693	1,686	100.4
Jan17-Dec17	1,712	1,684	101.7
Apr17-Mar18	1,796	1,748	102.7
Jul17-Jun18	1,841	1,744	105.6
Oct17-Sep18	1,833	1,745	105.0
Jan18-Dec18	1,795	1,715	104.7
Mar18-Feb19	1,790	1,675	106.9
Apr18-Mar19	1,765	1,635	108.0
Jun18-May19	1,755	1,650	106.4
Jul18-Jun19	1,730	1,650	104.8



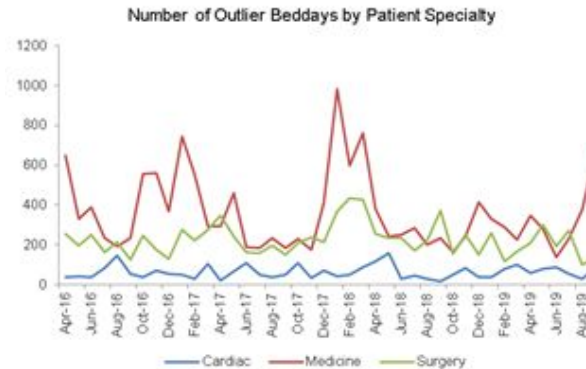
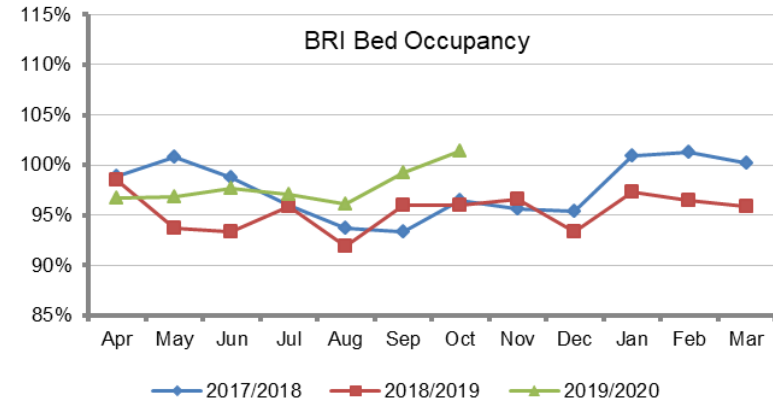
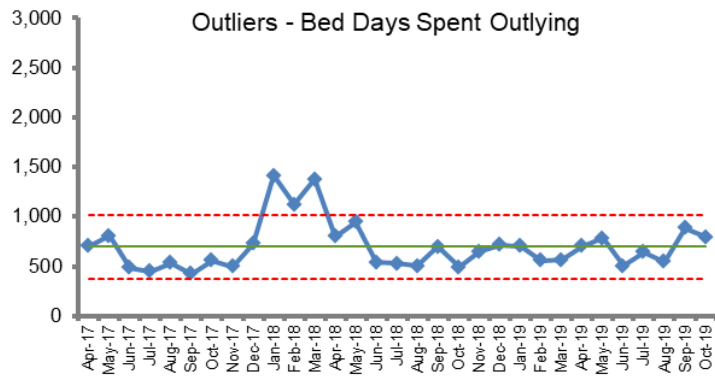
Mortality – Hospital Standardised Mortality Ratio (HSMR)	
Standards:	This is the national measure published by Dr Foster .It is the number of actual deaths divided by “expected” deaths, multiplied by 100. The Hospital Standardised Mortality Ratio (HSMR) is in-hospital deaths for conditions that account for 80% of hospital deaths
Performance:	Latest HSMR data is for July 2019. The HSMR was 92.9 (80 deaths and 86 “expected”)
Commentary/ Actions:	As previously reported, actions are being taken in response to the detailed report into the Trust’s HSMR and mortality for acute myocardial infarction. These actions include improving palliative care coding and improvements in repatriating patients to their local hospital following acute coronary intervention. The latest HSMR for July 2019 is 92.9. HSMR has been below 100 since April 2019
Ownership:	Medical Director



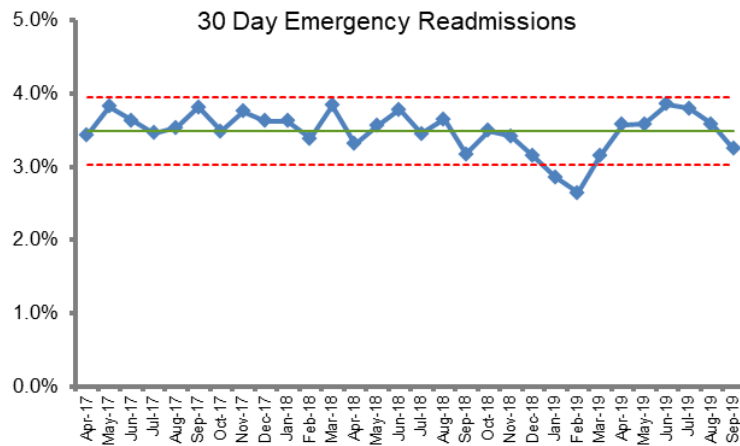
Fracture Neck of Femur	
Standards:	Best Practice Tariff (BPT), is a basket of indicators covering eight elements of what is considered to be best practice in the care of patients that have fractured their hip. 90% of patients should achieve Best Practice Tariff. Two key measures are being treated within 36 hours and seeing an orthogeriatrician within 72 hours. Both these measures should achieve 90%.
Performance:	In October, there were 29 patients discharged following an admission for fractured neck of femur, of which 26 were eligible for Best Practice Tariff (BPT). For the 36 hour target, 42% (11 patients) were seen with target. For the 72 hour target, all 26 patients (100%) were seen within target. 11 patients (42%) achieved all elements of the Best Practice Tariff.
Commentary/ Actions:	<p>Ongoing Actions:</p> <ul style="list-style-type: none"> Recruitment to two additional Trauma & Orthopaedic consultants is currently underway. One consultant is now in post with the second consultant due to start early 2020. This will release trauma list cover and enable on-call cover to move from 1:10 to 1:12 with further plans for PAs to be released to create 1:14 rota. Consultants are currently reviewing their job plans ready to meet and agree changes on the 28th November 2020. The change to the on-call rotas will mean more sub- speciality availability on any given day/week for trauma cover. The appointment of additional consultant will enable all day operating lists to be organised for trauma which will increase efficiency and enable more cases to be carried out on a given day. An appointment of a third ortho-geriatric consultant to support silver trauma has been made with a start date for October 2019. This will support the silver trauma wards with patient care and flow. Trauma list report amended so that it is RAG rated and all are aware at a glance of the trauma list status. This is emailed out daily to a specific distribution list. Good feedback has been obtained regarding the refreshed RAG rating. When trauma demand peaks, additional trauma lists are organised by taking down elective activity. The silver trauma business case is being implemented, although additional staff are yet not in post. This will provide additional support for the trauma patients on the silver trauma ward
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 October there were 794 outlying beddays (1 bedday = 1 patient in a bed at 12 midnight).
Commentary/ Actions:	The October target of no more than 704 beddays was not achieved. Of all the outlying beddays 428 were Medicine patients, 151 were Specialised Services patients and 207 were Surgery patients. 109 beddays were patients outlying overnight in Escalation capacity in Queens' Day Unit (A414).
Ownership:	Chief Operating Officer



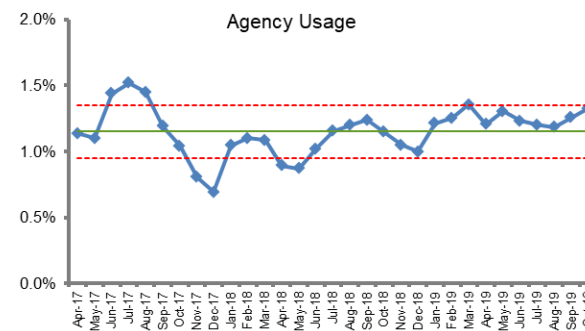
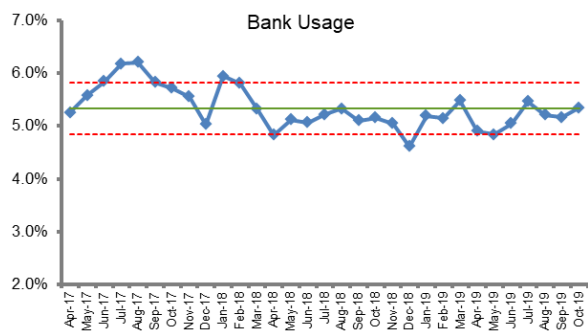
30 Day Emergency Readmissions	
Standards:	This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. This uses Payment By Results (PbR) rules, which excludes certain 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 September, there were 12,465 discharges, of which 404 (3.24%) had an emergency re-admission within 30 days.
Commentary/ Actions:	8.4% of Medicine division discharges were re-admitted within 30 days as an emergency, 3.1% from Surgery and 1.3% from Specialised Services. Data is monitored on a regular basis through divisional performance reviews and is included on the speciality performance reports.
Ownership:	Chief Operating Officer



Discharges in September 2019

	Emergency Readmissions	Total Discharges	% Readmissions
Diagnostics and Therapies	0	23	0.00%
Medicine	209	2,493	8.38%
Specialised Services	35	2,710	1.29%
Surgery	99	3,179	3.11%
Women's and Children's	61	4,060	1.50%
TRUST TOTAL	404	12,465	3.24%

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 October 2019, total staffing was at 9168 FTE. Of this, 5.3% was Bank (490 FTE) and 1.3% was Agency (122 FTE).
Commentary/ Actions:	<p>Agency usage increased by 7.9 FTE. The largest increase was seen in the division of Medicine, increasing to 55.5 FTE compared to 41.8 FTE in the previous month. The largest reduction was seen in the division of Specialised Services, decreasing to 8.9 FTE from 12.9 FTE the previous month. The largest staff group increase was within Nursing and Midwifery, increasing to 102.2 FTE from 97.9 FTE in the previous month.</p> <p>Bank usage increased by 22.6 FTE. The largest increase was seen in the division of Surgery, increasing to 111.7 FTE from 103.1 FTE the previous month. The largest reduction was seen in the division of Trust Services, decreasing to 33.8 FTE from 34.7 FTE the previous month. The largest staff group increase was within Nursing and Midwifery, increasing to 313.1 FTE from 303.4 FTE in the previous month.</p> <ul style="list-style-type: none"> Continued focus on the system wide programme of work to significantly reduce the cost of nurse agency supply. Winter bank recruitment campaign has seen in the last month a number of new registrations to the Trust Staff Bank. A number of reappointments to the Bank have also been realised where staff have left their substantive posts, but wish to stay on the Trust Bank. Short term incentives such as a premium bank rate remain in place for registered nurses in specific designated areas, encouraging working on the Bank to further support the reduction in high cost nurse agency use
Ownership:	Director of People

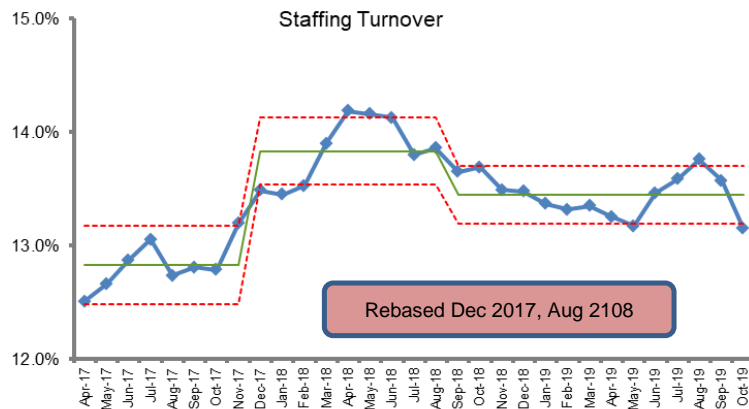


Bank	Oct FTE	Oct Actual %	KPI
UH Bristol NHS Foundation Trust	489.8	5.3%	4.5%
Diagnostics & Therapies	14.8	1.4%	1.5%
Medicine	128.9	9.4%	9.1%
Specialised Services	64.3	6.0%	6.2%
Surgery	111.7	5.9%	4.7%
Women's & Children's	80.3	3.7%	1.6%
Trust Services	33.8	4.0%	3.7%
Facilities & Estates	56.0	7.4%	6.4%

Agency	Oct FTE	Oct Actual %	KPI
UH Bristol NHS Foundation Trust	121.6	1.3%	0.7%
Diagnostics & Therapies	9.7	0.9%	0.9%
Medicine	55.5	4.1%	1.6%
Specialised Services	8.9	0.8%	1.2%
Surgery	27.4	1.4%	0.3%
Women's & Children's	19.2	0.9%	0.3%
Trust Services	0.8	0.1%	0.8%
Facilities & Estates	0.3	0.0%	0.5%



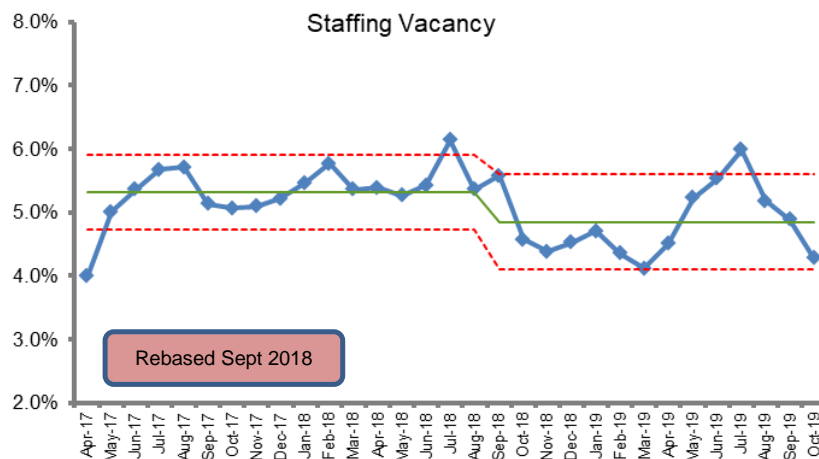
Staffing Levels (Turnover)	
Standards:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 12.3% by the end of 2018/19. The red threshold is 10% above monthly trajectory.
Performance:	In October 2019, there had been 937 leavers over the previous 12 months with 7128 FTE staff in post on average over that period; giving a Turnover of $937 / 7128 = 13.2\%$.
Commentary/ Actions:	<p>Turnover reduced to 13.2% from 13.6% last month, every division saw a reduction in turnover. The largest divisional reduction was seen within Specialised Services reducing to 14.4% from 15.7% the previous month. The biggest reduction in staff group was seen within Nursing and Midwifery Unregistered (1.4 percentage points). The largest increase in staff group was seen within Estates and Ancillary (0.02 percentage points).</p> <p>Actions:</p> <ul style="list-style-type: none"> • Staff Survey 2019 campaign is live, with support and encouragement for completion, allowing staff to have their voice heard. • Exit Questionnaire reports are being reviewed in line with staff survey and turnover data, to ensure robust action plans are developed. • Launch of the NHSI Clinical Retention Programme initiatives are in place for December 2019.
Ownership:	Director of People



Turnover	Oct-19	KPI
UH Bristol NHS Foundation Trust	13.2%	13.1%
Diagnostics & Therapies	11.9%	10.9%
Medicine	16.4%	14.3%
Specialised Services	14.4%	14.3%
Surgery	13.2%	13.0%
Women's & Children's	11.2%	11.6%
Trust Services	13.9%	14.8%
Facilities & Estates	12.7%	15.4%



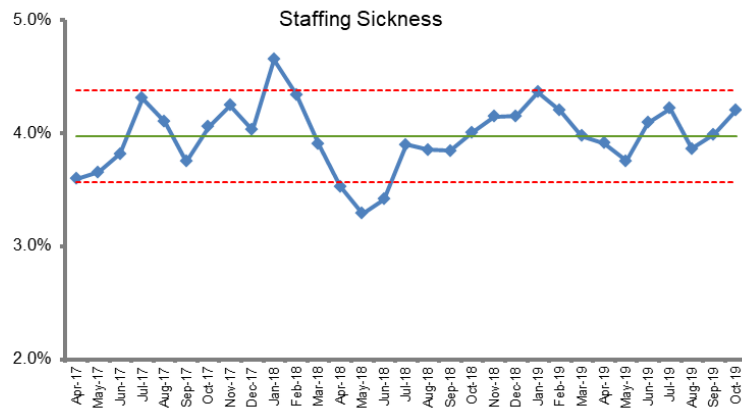
Staffing Levels (Vacancy)	
Standards:	Vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a Trust-wide target of 5%.
Performance:	In October 2019, funded establishment was 8939 FTE, with 383 FTE as vacancies (4.3%).
Commentary/ Actions:	<p>Overall vacancies reduced to 4.3% compared to 4.9% in the previous month. Ancillary was the only staff group with an increase, where vacancy level increased to 82.4 FTE from 75.2 FTE the previous month. There were four staff groups with reductions; the largest was in Nursing, which reduced to 166.8 FTE from 207.3 FTE the previous month. Surgery had the largest Divisional reduction to 87.4 FTE from 119.2 FTE the previous month.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Successful Return to Practice open evening held in October. • Radiology open day planned for November with over 40 candidates already scheduled to attend. • RN recruitment day scheduled for November with 61 candidates already scheduled to attend. • Further success with EU recruitment resulting in pin-ready RN's appointed to T&O. • Successful NA recruitment has been seen in October with 20 new starters to the organisation. Specific recruitment campaign in place to target NA vacancies in Medicine. • October saw 51 newly qualified nurses take up post in the organisation.
Ownership:	Director of People



Vacancy	Oct-19	KPI
UH Bristol	4.3%	5.0%
Diagnostics & Therapies	4.9%	5.0%
Medicine	5.0%	5.0%
Specialised Services	5.3%	5.0%
Surgery	4.8%	5.0%
Women's & Children's	-0.3%	5.0%
Trust Services	6.4%	5.0%
Facilities & Estates	9.5%	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 October, total available FTE days were 260,507 of which 10,952 (4.2%) were lost to staff sickness.
Commentary/ Actions:	<p>Sickness absence increased to 4.2% from 4.0%, with increases in six divisions.</p> <p>The Divisions of Diagnostics and Therapies saw the greatest increase, rising from 2.8% last month to 3.5%.</p> <p>Women’s and Children’s Services saw the only divisional reduction, reducing to 3.5% from 3.7% the previous month.</p> <p>The largest staff group increases were seen in Additional Clinical Services, where sickness increased by 0.9 percentage points compared with the previous month.</p> <p>The only staff group reduction was seen within Nursing and Midwifery Unregistered, reducing to 6.8% from 7.0% the previous month.</p> <p>Actions:</p> <ul style="list-style-type: none"> • 145 colleagues received training from both the stress awareness and supporting wellbeing workshops. • 2 events held (World Mental Health Day, and Doctor’s Wellbeing Week) aimed at promoting good wellbeing. • The introduction of healthy weight initiatives within the workplace aims to plug a gap within the existing wellbeing offer. • Focus remains on driving the seasonal influenza vaccination programme. • The Supporting Attendance eLearning package is ready to go live. • The Trust’s Supporting Attendance Policy is undergoing a minor review to provide greater clarification on some key points. • Outcomes of the business model review for the Occupational Health Service is awaited.
Ownership:	Director of People



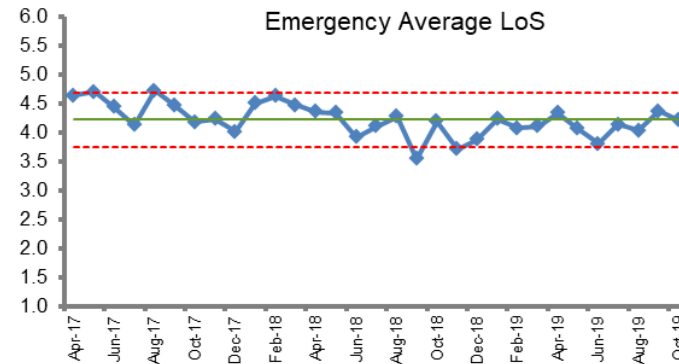
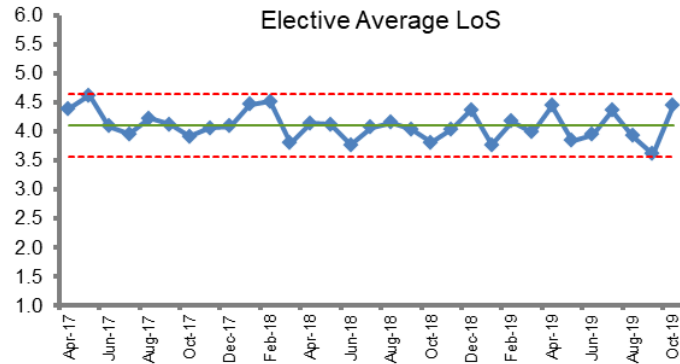
Sickness	Oct-19	KPI
UH Bristol	4.2%	4.0%
Diagnostics & Therapies	3.5%	3.2%
Medicine	4.7%	4.6%
Specialised Services	2.7%	3.6%
Surgery	4.7%	3.6%
Women’s & Children’s	3.5%	4.1%
Trust Services	4.2%	2.8%
Facilities & Estates	7.1%	6.4%



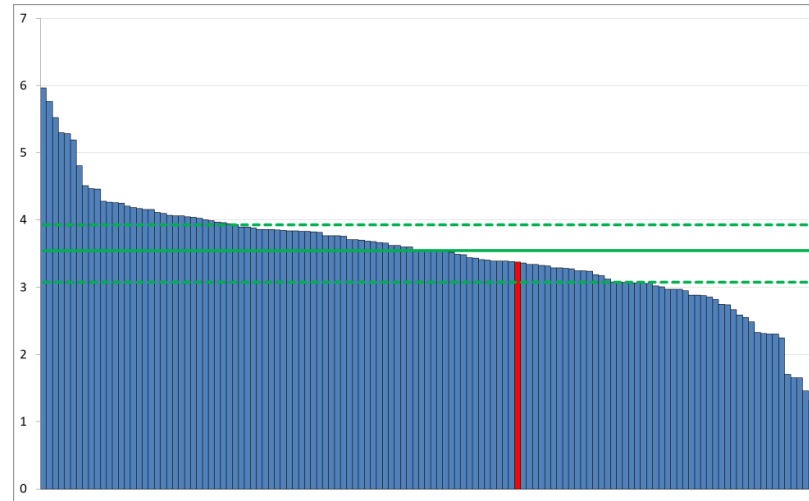
Staff Appraisal	
Standards:	Staff Appraisal is measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 85% Trust-wide.
Performance:	In October 2019, 5,989 members of staff were compliant out of 8,536 (71.7%)
Commentary/ Actions:	<p>Overall appraisal compliance reduced to 71.7% (from 72.4%). There were increases in three of the divisions. The largest divisional reduction was seen within Specialised Services, reducing to 77.5% from 81.6% the previous month. The largest divisional increase was seen within Surgery, increasing to 64.2% from 62.9% the previous month. All divisions are non-compliant.</p> <p>Actions:</p> <ul style="list-style-type: none"> • The appraisal process will now be subject to review over the coming months in line with the NHS Pay Progression Plan 2021. • Focus on action in areas of low compliance continue including direct interventions at manager and service levels. • Attendance at local meetings continues, sharing practical advice on the online system. • Review of attendance at the Trust Appraisal training to enable Divisions to construct a plan for managers to participate, particularly where there is a link to low compliance. • Ongoing development of supporting tools for managers. • A dedicated appraisal inbox has been established where real time feedback can be responded to.
Ownership:	Director of People

Appraisal (Non-Consultant)	Oct-19	Sep-19	KPI
UH Bristol NHS Foundation Trust	71.7%	72.4%	85.0%
Diagnostics & Therapies	77.9%	81.6%	85.0%
Medicine	68.8%	69.0%	85.0%
Specialised Services	77.5%	82.6%	85.0%
Surgery	64.2%	62.9%	85.0%
Women's & Children's	73.1%	73.0%	85.0%
Trust Services	67.7%	67.9%	85.0%
Facilities & Estates	75.1%	74.1%	85.0%

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 October there were 6,966 discharges that consumed 27,232 beddays, giving an overall average length of stay of 3.91 days.
Commentary/ Actions:	<ul style="list-style-type: none"> All patients for cardiac surgery are now being bought in on the day of surgery unless there are clinical reasons why this is not appropriate, this has been supported by an anaesthetic led pre-op to make sure all cardiac surgery patients are fit for surgery. Work is ongoing to improve flow with the development of nurse led discharge for Cardiac Surgery. Criteria led discharge also being rolled out in the Oncology Centre for Neutropenic Sepsis, Post Chemo and Brachytherapy. Plans being developed to increase the provision of inpatient ECHO slots and support earlier discharge
Ownership:	Chief Operating Officer



Average Length of Stay – England Trusts - 2019/20 Quarter 1



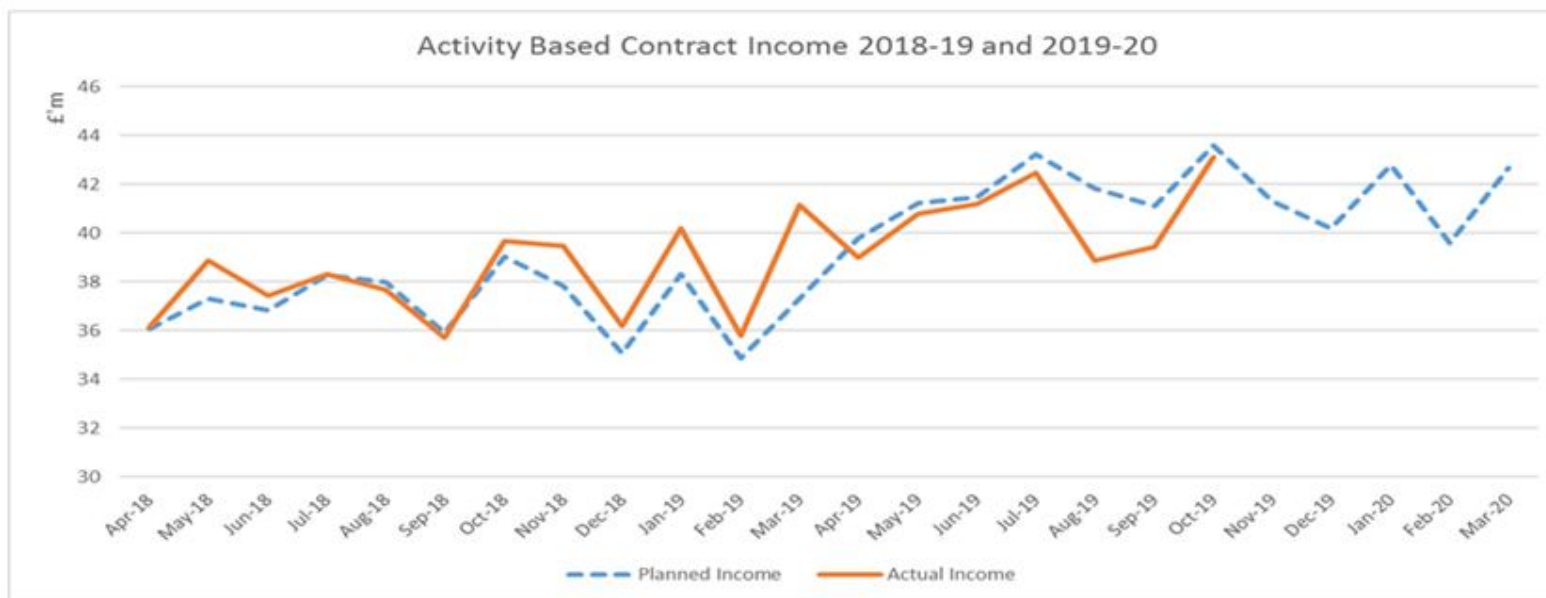
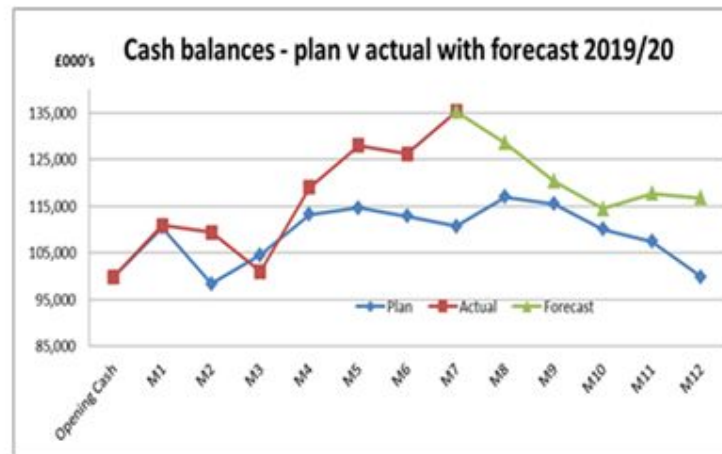
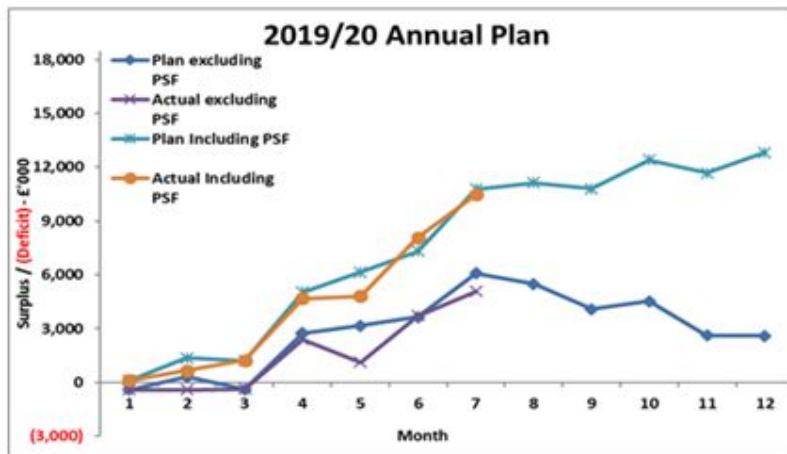
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

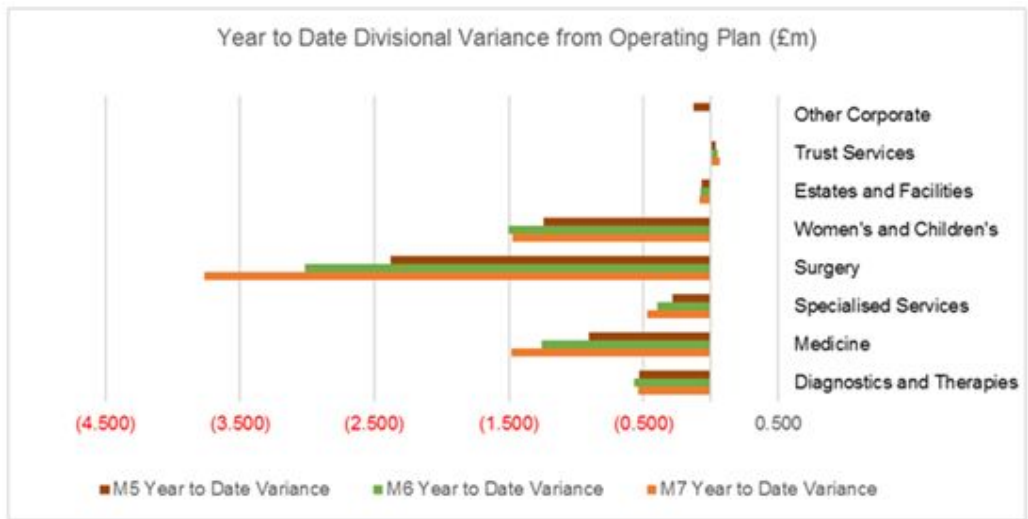
Length of Stay of Inpatients at month-end

Sep-19	7+ Days	14+ Days	21+ Days	28+ Days
Bristol Children's Hospital	62	45	35	31
Bristol Haematology & Oncology Centre	20	11	6	6
Bristol Royal Infirmary	219	126	90	65
South Bristol Hospital	58	51	43	35
St Michael's Hospital	23	15	13	12
TRUST TOTAL	383	248	187	149

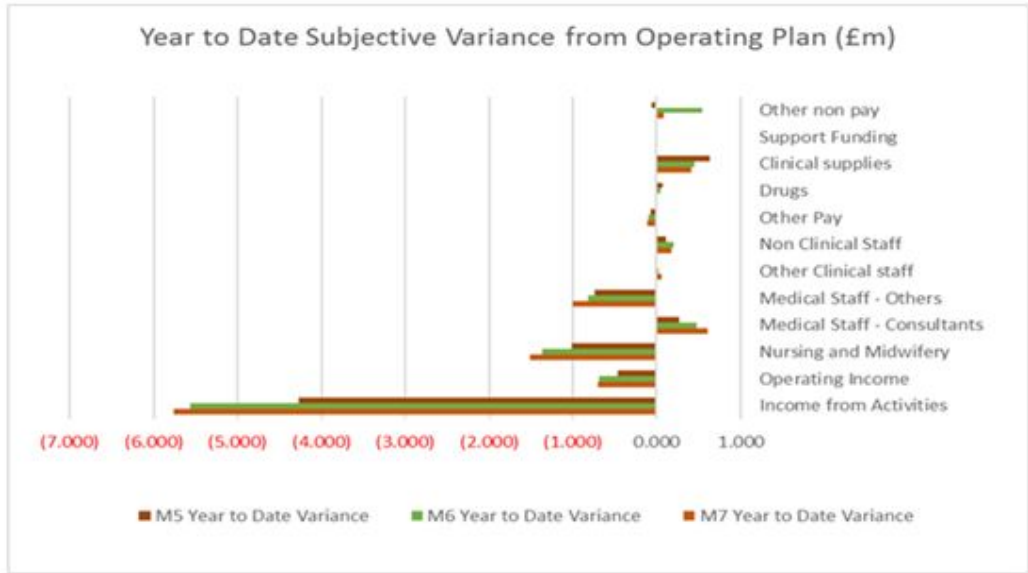
Bristol Royal Infirmary Divisional Breakdown:

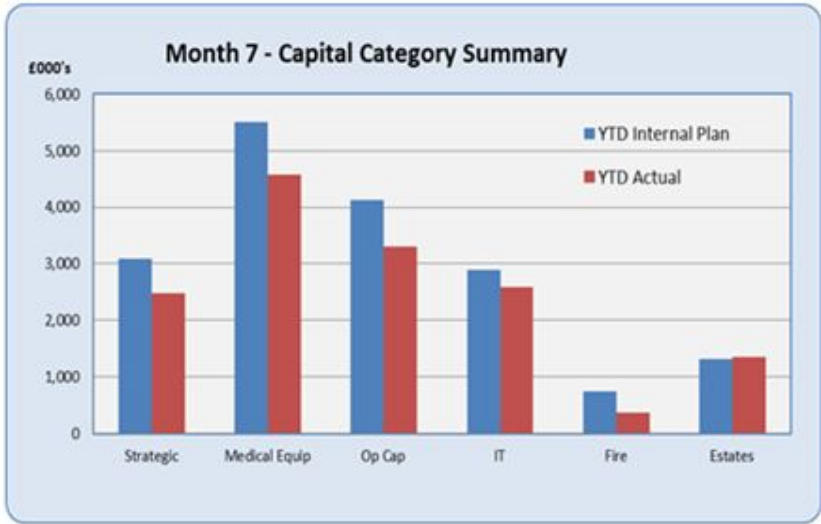
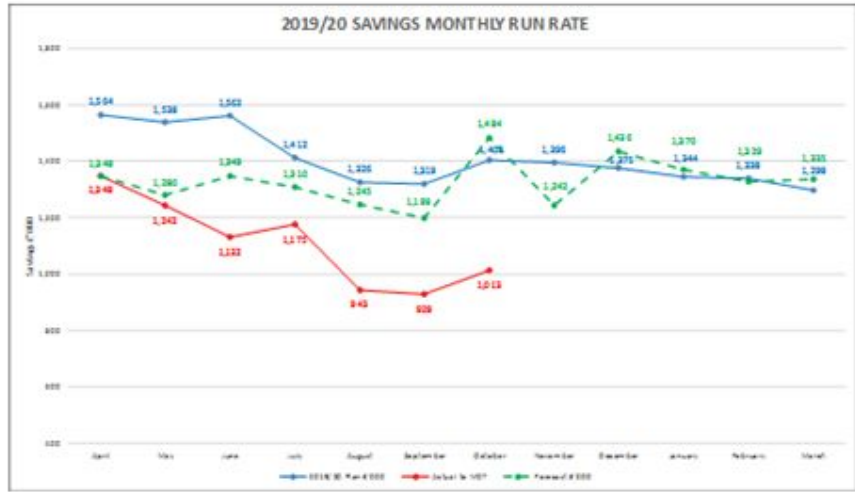
Medicine	129	81	65	48
Specialised Services	38	22	13	8
Surgery, Head & Neck	52	23	12	9





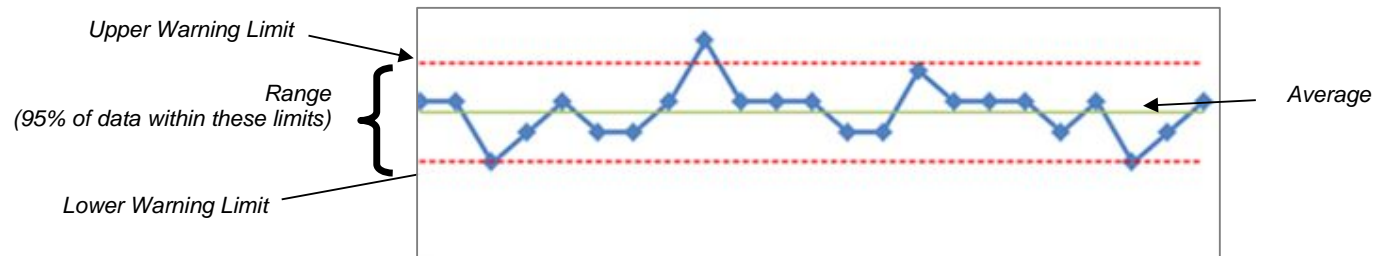
RAG Rating to Operating Plan	In Month	Year to Date
D & T	G	R
Medicine	R	R
Specialised	A	R
Surgery	R	R
W & C	A	R
E & F	A	A
Trust Services	G	G





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.

The Care Quality Commission (CQC) published their latest inspection report on 16th August 2019. Full details can be found here: <https://www.cqc.org.uk/provider/RA7>

The overall rating was OUTSTANDING, and the breakdown by domain and category is shown below.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and Emergency Care	Requires improvement ↓ May 2019	Good ↓ May 2019	Outstanding ↑ May 2019	Requires improvement ↔ May 2019	Good ↓ May 2019	Requires improvement ↓ May 2019
Medical Care (including older people's care)	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Surgery	Good ↔ May 2019	Good ↔ May 2019	Outstanding ↔ May 2019	Outstanding ↑ May 2019	Outstanding ↔ May 2019	Outstanding ↔ May 2019
Critical care	Good Dec 2014	Good Dec 2014	Good Dec 2014	Requires improvement Dec 2014	Good Dec 2014	Good Dec 2014
Services for children and young people	Good ↔ May 2019	Outstanding ↔ May 2019	Good ↔ May 2019	Good ↔ May 2017	Outstanding ↑ May 2019	Outstanding ↑ May 2019
End of life care	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Maternity	Requires improvement May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019
Outpatients and diagnostics	Good Mar 2017	Not rated	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Overall trust	Requires improvement ↓ May 2019	Good ↓ May 2019	Outstanding ↑ May 2019	Good ↑ May 2019	Outstanding ↔ May 2019	Outstanding ↔ May 2019

SAFE, CARING & EFFECTIVE

Topic	ID	Title	Annual		Monthly Totals											Quarterly Totals				
			18/19	19/20 YTD	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3
Patient Safety																				
Infections	DA01	MRSA Trust Apportioned Cases	6	1	0	0	0	1	0	0	0	0	0	1	0	0	1	0	1	0
	DA02	MSSA Trust Apportioned Cases	34	34	3	3	3	2	4	5	6	4	6	5	4	4	9	15	15	4
	DA03	CDiff Trust Apportioned Cases	31	26	4	2	1	1	1	4	2	2	5	5	4	4	3	8	14	4
	DA06	EColi Trust Apportioned Cases	83	54	0	7	5	5	8	6	8	9	14	4	5	8	18	23	23	8
Infection Checklists	DB01	Hand Hygiene Audit Compliance	97%	96.9%	96.5%	96.8%	96.3%	96.6%	96.7%	95.6%	95.7%	96.6%	96.9%	98%	97.9%	97.7%	96.6%	95.9%	97.6%	97.7%
	DB02	Antibiotic Compliance	78.9%	79.8%	75.7%	85%	79.1%	66.3%	68%	76.1%	84.2%	80.2%	88.6%	85.6%	82.1%	75.1%	72.2%	79.1%	84.5%	75.1%
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	-	-	96%	95%	96%	96%	95%	96%	96%	95%	96%	96%	96%	96%	-	-	-	-
	DC02	Cleanliness Monitoring - Very High Risk Areas	-	-	98%	97%	97%	98%	98%	98%	98%	98%	97%	98%	98%	-	-	-	-	-
	DC03	Cleanliness Monitoring - High Risk Areas	-	-	96%	96%	96%	97%	97%	97%	96%	96%	96%	96%	96%	-	-	-	-	-
Serious Incidents	S02	Number of Serious Incidents Reported	70	45	10	4	3	7	5	7	3	8	10	8	5	4	15	18	23	4
	S02a	Number of Confirmed Serious Incidents	63	25	8	3	2	6	5	7	3	7	8	-	-	-	13	17	8	-
	S02b	Number of Serious Incidents Still Open	5	20	2	0	1	1	0	0	0	1	2	8	5	4	2	1	15	4
	S03	Serious Incidents Reported Within 48 Hours	98.6%	100%	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	S03a	Serious Incidents - 72 Hour Report Completed Within Timescale	94.3%	93.3%	80%	75%	100%	100%	100%	85.7%	100%	100%	100%	100%	60%	100%	100%	94.4%	91.3%	100%
	S04	Serious Incident Investigations Completed Within Timescale	96.8%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	93.8%	100%	100%	100%
S04a	Overdue Exec Commissioned Non-SI Investigations	10	12	0	0	1	0	0	1	1	1	1	2	4	2	1	3	7	2	
Never Events	S01	Total Never Events	5	3	1	2	0	0	1	0	0	1	1	1	0	0	1	1	2	0
Patient Safety Incidents	S06	Number of Patient Safety Incidents Reported	17839	11200	1511	1371	1520	1551	1570	1373	1027	1765	1710	1650	1734	1941	4641	4165	5094	1941
	S06b	Patient Safety Incidents Per 1000 Beddays	58.56	61.14	58.92	54.11	57.27	64.61	58.94	53.22	38.47	68.73	65.54	63.96	66.82	71.47	60.13	53.28	65.44	71.47
	S07	Number of Patient Safety Incidents - Severe Harm	88	60	7	5	7	4	10	7	1	6	10	16	11	9	21	14	37	9
Patient Falls	AB01	Falls Per 1,000 Beddays	4.48	4.44	4.48	5.17	5.61	4.67	3.72	4.46	4.98	3.97	4.37	4.11	4.43	4.75	4.66	4.48	4.3	4.75
	AB06a	Total Number of Patient Falls Resulting in Harm	27	11	1	2	3	1	3	3	0	0	2	1	1	4	7	3	4	4
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.295	0.164	0.39	0.276	0.527	0.083	0.188	0.194	0.037	0.156	0.115	0.233	0.193	0.221	0.272	0.128	0.18	0.221
	DE02	Pressure Ulcers - Grade 2	80	23	8	7	13	2	5	4	1	4	2	4	3	5	20	9	9	5
	DE04A	Pressure Ulcers - Grade 3 or 4	10	7	2	0	1	0	0	1	0	0	1	2	2	1	1	1	5	1
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	98.3%	89.8%	98%	98.3%	98.2%	98%	98.7%	98.5%	98.2%	98.2%	98.2%	77%	78.9%	78%	98.3%	98.3%	85.3%	78%
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	92.6%	93.4%	92.2%	95.5%	91.4%	88.6%	94.5%	93.4%	93.2%	94.2%	93.1%	-	-	-	91.9%	93.5%	93.1%	-
	N04	Number of Hospital Associated VTEs	52	15	2	6	5	10	4	4	5	0	6	-	-	-	19	9	6	-
	N04A	Number of Potentially Avoidable Hospital Associated VTEs	3	0	0	0	0	1	0	0	0	0	0	-	-	-	1	0	0	-
	N04B	Number of Hospital Associated VTEs - Report Not Received To Date	15	10	0	2	4	2	1	2	4	0	4	-	-	-	7	6	4	-
Nutrition Audit	WB10	Fully and Accurately Completed Screening within 24 Hours	91.1%	84.4%	-	92.1%	-	-	89.9%	-	-	84.4%	-	-	-	-	89.9%	84.4%	-	-
Safety	Y01	WHO Surgical Checklist Compliance	99.8%	99.9%	99.8%	99.8%	99.8%	99.8%	99.9%	99.9%	99.6%	99.9%	99.9%	100%	100%	99.9%	99.8%	99.8%	100%	99.9%
Medicines	WA01	Medication Incidents Resulting in Harm	0.29%	0.58%	0.36%	0.8%	0.77%	0%	0%	0%	0.62%	0.43%	0.38%	0.81%	1.23%	-	0.28%	0.37%	0.8%	-
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	0.37%	0.26%	0.2%	0.62%	0%	0.25%	0.42%	0.31%	0.46%	0.3%	0.18%	0.24%	0%	0.26%	0.24%	0.37%	0.14%	0.26%



Topic	ID	Title	Annual		Monthly Totals										Quarterly Totals						
			18/19	19/20 YTD	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3	
Deteriorating Patient	AR03	National Early Warning Scores (NEWS) Acted Upon	88%	-	96%	87%	83%	91%	85%	-	-	-	-	-	-	-	-	86%	-	-	-
Out of Hours	TD05	Out of Hours Discharges (8pm-7am)	8.7%	7.5%	8.7%	8.7%	7.9%	6.4%	7%	8.3%	8.3%	8.3%	6.5%	7.8%	7.6%	6.1%	7.1%	8.3%	7.3%	6.1%	
Timely Discharges	TD03	Percentage of Patients With Timely Discharge (7am-12Noon)	23.9%	22.7%	25.1%	23.1%	23%	23.1%	22.8%	22.5%	23.5%	22.1%	23.3%	21.7%	21.4%	24%	23%	22.7%	22.2%	24%	
	TD03D	Number of Patients With Timely Discharge (7am-12Noon)	9815	5365	926	816	821	718	839	749	805	705	815	708	713	870	2378	2259	2236	870	
Staffing Levels	RP01	Staffing Fill Rate - Combined	99.3%	100%	101.1%	99.1%	100.1%	99.9%	99.1%	100.6%	101.6%	100.5%	99.6%	98.5%	99.6%	99.3%	99.7%	100.9%	99.2%	99.3%	
Clinical Effectiveness																					
Mortality	X04	Summary Hospital Mortality Indicator (SHMI) - National Quarterly Data	105.1	-	-	104.6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	X04A	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	107.2	106.4	-	-	106.8	106.9	108	106.4	106.4	104.6	-	-	-	-	-	107.2	106.4	-	-
	X02	Hospital Standardised Mortality Ratio (HSMR)	105	91.5	94	101	114.7	108	108.1	83.7	91.1	99.8	92.9	-	-	-	-	110.4	91	92.9	-
Readmissions	C01	Emergency Readmissions Percentage	3.3%	3.6%	3.42%	3.15%	2.85%	2.64%	3.15%	3.57%	3.58%	3.85%	3.79%	3.58%	3.24%	-	2.89%	3.67%	3.54%	-	
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	56.3%	49.4%	60%	63.2%	37.5%	52.9%	38.1%	56.3%	40.9%	52.4%	50%	61.1%	47.8%	42.3%	41.9%	49.2%	52.1%	42.3%	
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	97%	98.1%	96%	100%	100%	100%	90.5%	100%	95.5%	100%	93.3%	100%	100%	100%	96.8%	98.3%	97.2%	100%	
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	51.3%	49.4%	56%	63.2%	33.3%	52.9%	33.3%	56.3%	40.9%	52.4%	50%	61.1%	47.8%	42.3%	38.7%	49.2%	52.1%	42.3%	
	U05	Fracture Neck of Femur - Time To Treatment 90th Percentile (Hours)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	51.1%	48.7%	51.3%	45.7%	51.1%	48.3%	69.2%	52.8%	44.4%	41%	51.1%	45.7%	54.3%	-	56.6%	46.1%	50.8%	-	
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	84.2%	75.9%	92.3%	85.7%	80%	100%	82.1%	72.2%	85.2%	74.4%	84.4%	71.4%	69.6%	-	85.8%	76.5%	75.4%	-	
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	58.6%	66.3%	73.3%	50%	50%	84.6%	90%	69.2%	43.8%	28.6%	92.9%	50%	81.8%	88.9%	75.5%	50%	77.1%	88.9%	
Dementia	AC01	Dementia - FAIR Question 1 - Case Finding Applied	83%	87%	89%	86.8%	88.2%	86.4%	81.5%	84.2%	87.6%	85.8%	85.8%	88.3%	91%	85.9%	85.4%	85.8%	88.5%	85.9%	
	AC02	Dementia - FAIR Question 2 - Appropriately Assessed	94.3%	89.8%	92.6%	89.1%	98%	95.9%	90%	94.1%	95.8%	85.2%	94.6%	76.9%	83.8%	89.7%	97.9%	92.9%	86%	89.7%	
	AC03	Dementia - FAIR Question 3 - Referred for Follow Up	85.7%	81%	100%	100%	100%	50%	71.4%	83.3%	66.7%	100%	100%	100%	100%	60%	75%	81.8%	100%	60%	
Outliers	J05	Ward Outliers - Beddays Spent Outlying.	7708	4862	649	716	702	559	567	704	782	503	645	547	887	794	1828	1989	2079	794	
Patient Experience																					
Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	91	93	90	91	91	91	91	93	92	92	91	91	91	91	91	92	91
	P01g	Patient Survey - Kindness and Understanding	-	-	95	96	96	96	95	97	95	96	96	96	96	96	96	96	96	96	96
	P01h	Patient Survey - Outpatient Tracker Score	-	-	89	90	91	89	90	91	91	89	90	90	90	89	90	90	90	90	89
Friends and Family Test Coverage	P03a	Friends and Family Test Inpatient Coverage	35.1%	37.1%	27.8%	38.7%	32.2%	40.5%	34.6%	36.3%	42.4%	34.4%	39.4%	36.2%	34.2%	36.2%	35.5%	37.7%	36.7%	36.2%	
	P03b	Friends and Family Test ED Coverage	16%	16.9%	14.6%	13.6%	16%	15.2%	11.6%	13.8%	18.1%	18.7%	17.4%	18.2%	15.2%	16.9%	14.2%	16.8%	16.9%	16.9%	
	P03c	Friends and Family Test MAT Coverage	18.3%	25.4%	19.2%	14.1%	20.2%	23%	20.6%	28.5%	30.4%	24.1%	30.1%	31.6%	16.5%	17.7%	21.2%	27.7%	25.9%	17.7%	
Friends and Family Test Score	P04a	Friends and Family Test Score - Inpatients	98.2%	98.6%	98.6%	98.5%	98.7%	98.4%	98.4%	98.4%	98.3%	98.3%	98.9%	98.8%	99%	98.4%	98.5%	98.4%	98.9%	98.4%	
	P04b	Friends and Family Test Score - ED	82.1%	83.1%	84%	82.6%	81.1%	80.4%	75.4%	76.7%	83.8%	84.2%	82.9%	85.2%	81.5%	85.2%	79.2%	82%	83.3%	85.2%	
	P04c	Friends and Family Test Score - Maternity	97.3%	97.5%	97.3%	99%	98.5%	98.7%	97.5%	96.7%	97.7%	97.6%	96.9%	97.2%	98.7%	98.1%	98.3%	97.4%	97.4%	98.1%	
Patient Complaints	T01	Number of Patient Complaints	1845	1131	193	101	167	155	171	184	161	166	168	125	149	178	493	511	442	178	
	T03a	Formal Complaints Responded To Within Trust Timeframe	86.1%	89.5%	86.9%	90.9%	87.5%	78.3%	90.6%	93.2%	97.2%	95.9%	90.4%	85.4%	67.5%	88.6%	85.2%	95.5%	83.6%	88.6%	
	T03b	Formal Complaints Responded To Within Divisional Timeframe	85.5%	92.1%	84.8%	88.6%	87.5%	85%	92.5%	93.2%	98.6%	98%	91.6%	93.8%	75%	90%	88.2%	96.6%	88.3%	90%	
	T05A	Informal Complaints Responded To Within Trust Timeframe	83.7%	89.1%	84.2%	81.5%	80%	89.9%	81.7%	90.6%	86.9%	89.8%	85.7%	87.9%	90.3%	93.4%	84%	89%	87.5%	93.4%	
	T04c	Percentage of Responses where Complainant is Dissatisfied	9.11%	9.35%	10.1%	4.54%	8.93%	5%	15.09%	11.86%	8.45%	8.16%	12.05%	4.17%	-	-	9.47%	9.5%	9.16%	-	



RESPONSIVE

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			18/19	19/20 YTD	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3
Referral to Treatment (RTT) Performance	A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	-	-	90.1%	89.3%	89.4%	89.1%	89.2%	89%	88.1%	87.5%	86.5%	84.3%	83.6%	83%	-	-	-	-
	A03a	Referral To Treatment Number of Ongoing Pathways Over 18 Weeks	-	-	2810	2975	2915	3100	3081	3161	3578	3874	4436	5216	5574	5866	-	-	-	-
Referral to Treatment (RTT) Wait Times	A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	144	63	14	7	16	21	13	14	11	11	9	9	5	4	50	36	23	4
	A07	Referral To Treatment Ongoing Pathways 40+ Weeks	-	-	111	139	147	161	119	115	136	128	152	211	219	202	-	-	-	-
Cancer (2 Week Wait)	E01a	Cancer - Urgent Referrals Seen In Under 2 Weeks	95.3%	93.2%	95.8%	96.6%	95.2%	94.9%	94.4%	93.4%	94%	95.9%	95.2%	89%	91.7%	-	94.8%	94.4%	92%	-
	E01c	Cancer - Urgent Referrals Stretch Target	56.5%	40.1%	62.8%	54.2%	63.7%	46.5%	49%	43.8%	45.6%	54.7%	35.2%	27.5%	33.7%	-	52.7%	47.9%	31.9%	-
Cancer (31 Day)	E02a	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	97.2%	95.4%	98.5%	98.6%	97%	96.5%	98.3%	95.4%	94.1%	95.1%	97.1%	96.3%	94.4%	-	97.2%	94.9%	95.9%	-
	E02b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98.4%	98.4%	97.2%	99%	99.2%	99.1%	100%	98.4%	97.9%	99.1%	99%	99%	97.1%	-	99.5%	98.5%	98.4%	-
	E02c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	96.1%	92.1%	98.3%	96.2%	95%	96.3%	97.6%	95.9%	90.9%	89.7%	90.4%	94.2%	91.7%	-	96.2%	92.1%	92.1%	-
	E02d	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	95.8%	94%	98.1%	98.2%	95.7%	98%	94.1%	96.4%	89.6%	91.8%	94.4%	95.2%	96.2%	-	96%	92.7%	95.2%	-
Cancer (62 Day)	E03a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85.6%	85.6%	87.9%	86.5%	85.1%	83.5%	82.9%	86.8%	86%	84%	86.8%	85.8%	84%	-	83.8%	85.7%	85.6%	-
	E03b	Cancer 62 Day Referral To Treatment (Screenings)	66.7%	83.1%	100%	90%	35.7%	75%	66.7%	71.4%	100%	83.3%	66.7%	100%	85.7%	-	47.6%	82.6%	83.3%	-
	E03c	Cancer 62 Day Referral To Treatment (Upgrades)	83.7%	87.1%	91.3%	88.5%	86.8%	74.7%	91.8%	95%	89.6%	83.5%	85.7%	87.1%	80.8%	-	84.6%	89.7%	84.4%	-
	E03f	Cancer Urgent GP Referrals - Numbers Treated after Day 103	54	24.5	3.5	4	4	3	7	3.5	3.5	3	4.5	6.5	3.5	-	14	10	14.5	-
Cancelled Operations	F01	Last Minute Cancelled Operations - Percentage of Admissions	1.31%	1.55%	1.94%	1%	1.31%	1.68%	1.66%	1.63%	1.53%	1.84%	1.25%	1.49%	1.44%	1.68%	1.54%	1.67%	1.39%	1.68%
	F01a	Number of Last Minute Cancelled Operations	1059	721	138	61	94	109	115	108	100	117	88	95	94	119	318	325	277	119
	F02	Cancelled Operations Re-admitted Within 28 Days	93.4%	91.8%	94.4%	93.5%	93.4%	93.6%	96.3%	85.2%	85.2%	92%	93.2%	95.5%	97.9%	95.7%	94.7%	87.3%	95.3%	95.7%
Admissions Cancelled Day Before	F07	Percentage of Admissions Cancelled Day Before	1.67%	1.94%	1.91%	1.37%	1.75%	2.17%	0.85%	1.65%	2.39%	1.62%	1.81%	1.54%	1.93%	2.59%	1.58%	1.89%	1.76%	2.59%
	F07a	Number of Admissions Cancelled Day Before	1348	903	136	83	126	141	59	109	156	103	128	98	126	183	326	368	352	183
Primary PCI	H02	Primary PCI - 150 Minutes Call to Balloon Time	73.2%	65.1%	71.1%	62.5%	71.4%	76.7%	65.2%	83.9%	61.8%	68.6%	54.3%	64.7%	60.5%	-	70.3%	71%	59.8%	-
	H03a	Primary PCI - 90 Minutes Door to Balloon Time	91.9%	86.8%	89.5%	90%	88.6%	93.3%	87%	96.8%	88.2%	85.7%	80%	88.2%	83.7%	-	89.2%	90%	83.9%	-
Diagnostic Waits	A05	Diagnostics 6 Week Wait (15 Key Tests)	-	-	96.94%	93.81%	93.28%	96.93%	95.5%	95.27%	93.41%	93.54%	96.19%	95.26%	96.21%	95.85%	-	-	-	-
Outpatients	R03	Outpatient Hospital Cancellation Rate	10.1%	10.8%	9.8%	10.4%	10.2%	11.6%	11.2%	11.3%	10.4%	10.1%	11.1%	11.2%	11.1%	10.7%	11%	10.6%	11.1%	10.7%
	R05	Outpatient DNA Rate	6.8%	6.6%	6.5%	6.9%	6.8%	6.7%	6.6%	6.7%	7.1%	6.8%	6.4%	6.5%	6.6%	6.3%	6.7%	6.9%	6.5%	6.3%
Outpatient Ratio	R01	Follow-Up To New Ratio	2.12	2.14	2.17	2.14	2.2	2.25	2.13	2.09	2.1	2.21	2.12	2.25	2.15	2.07	2.19	2.13	2.17	2.07
ERS	BC01	ERS - Available Slot Issues Percentage	16.5%	16.2%	13.8%	13.5%	12.5%	16.8%	17.3%	13.9%	16.9%	15.8%	17.9%	16.9%	14.6%	17%	15.5%	15.5%	16.5%	17%



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			18/19	19/20 YTD	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3
Delayed Discharges	Q01A	Acute Delayed Transfers of Care - Patients	216	172	10	26	20	13	20	22	23	27	19	32	19	30	53	72	70	30
	Q02A	Non-Acute Delayed Transfers of Care - Patients	80	73	4	11	4	10	4	8	11	12	9	8	13	12	18	31	30	12
	Q01B	Acute Delayed Transfers of Care - Beddays	6744	4518	482	568	653	550	519	609	607	625	532	654	783	708	1722	1841	1969	708
	Q02B	Non-Acute Delayed Transfers of Care - Beddays	2590	1706	191	243	138	161	198	223	302	243	283	165	233	257	497	768	681	257
Green To Go List	AQ06A	Green To Go List - Number of Patients (Acute)	-	-	47	51	48	65	62	53	56	61	48	75	58	83	-	-	-	-
	AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	14	26	7	30	19	26	25	27	31	23	26	31	-	-	-	-
	AQ07A	Green To Go List - Beddays (Acute)	-	-	1620	1693	1814	1894	1962	1882	2435	1916	1986	2402	2393	2480	-	-	-	-
	AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	580	616	463	631	819	759	842	830	877	659	840	948	-	-	-	-
Length of Stay	J03	Average Length of Stay (Spell)	3.79	3.85	3.62	3.76	3.83	3.74	3.78	4.05	3.73	3.61	3.83	3.82	4.02	3.91	3.79	3.8	3.89	3.91
	J04D	Percentage Length of Stay 14+ Days	6.3%	6.6%	6%	6%	6.6%	6.4%	6.4%	7.2%	6.5%	6%	6.6%	6.6%	6.8%	6.6%	6.5%	6.6%	6.6%	6.6%
14 Day LOS Patients	C07	Number of 14+ Day Length of Stay Patients at Month End	-	-	212	200	221	234	222	247	256	262	238	274	248	249	-	-	-	-
AMU	J35	Percentage of Cardiac AMU Wardstays	3.6%	5%	4.1%	3.7%	4%	6.3%	5.6%	3.6%	3.7%	6.9%	4.4%	5.3%	4.2%	7.4%	5.2%	4.7%	4.6%	7.4%
	J35A	Percentage of Cardiac AMU Wardstays Under 24 Hours	36.1%	34.8%	45.9%	52.9%	55.6%	24.5%	24%	39.3%	18.8%	21.6%	40%	45.2%	41.9%	38.6%	32.6%	25.2%	42.6%	38.6%

Emergency Department Indicators

ED - Time In Department	B01	ED Total Time in Department - Under 4 Hours	86.34%	81.16%	84.24%	83.05%	84.5%	81.05%	81.23%	78.25%	77.95%	81.48%	81.86%	84.78%	81.42%	82.47%	82.27%	79.2%	82.64%	82.47%	
<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)	86.34%	81.16%	84.24%	83.05%	84.5%	81.05%	81.23%	78.25%	77.95%	81.48%	81.86%	84.78%	81.42%	82.47%	82.27%	79.2%	82.64%	82.47%	
	BB07	BRI ED - Percentage Within 4 Hours	78.39%	69.01%	78.89%	73.49%	74.67%	69.23%	70.33%	63.57%	63.86%	68.78%	68.95%	74.81%	70.93%	72.03%	71.46%	65.38%	71.53%	72.03%	
	BB03	BCH ED - Percentage Within 4 Hours	93.05%	92.13%	85.39%	91.02%	92.92%	90.46%	89.39%	91.96%	90.38%	93.61%	94.82%	95.3%	89.51%	90.31%	90.9%	91.96%	93.02%	90.31%	
	BB04	BEH ED - Percentage Within 4 Hours	97.38%	97.82%	97.34%	97.12%	97.7%	98.02%	97.07%	96.1%	98.39%	97.55%	98.16%	98.37%	97.4%	98.8%	97.58%	97.32%	97.98%	98.8%	
<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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Time to Initial Assessment	B02	ED Time to Initial Assessment - Under 15 Minutes	95.6%	97.7%	93.4%	92.1%	97.7%	97.9%	96.5%	96.8%	97%	98.3%	98%	98.4%	96.2%	98.8%	97.3%	97.4%	97.5%	98.8%	
	B02b	ED Time to Initial Assessment - Data Completeness	97.2%	97.6%	97.6%	95.2%	96.5%	97.4%	99%	97.6%	98.4%	98%	98.3%	96.1%	98.2%	96.6%	97.6%	98%	97.5%	96.6%	
Time to Start of Treatment	B03	ED Time to Start of Treatment - Under 60 Minutes	49.3%	50%	44.8%	46.9%	48.9%	45.2%	43.9%	46.1%	47.6%	49.9%	50.1%	55.6%	50.9%	50.1%	46%	47.9%	52.2%	50.1%	
	B03b	ED Time to Start of Treatment - Data Completeness	96.9%	96.7%	97%	97%	97.5%	96.7%	96.4%	96.6%	96%	96.1%	96.8%	97.2%	96.7%	97.4%	96.9%	96.2%	96.9%	97.4%	
Others	B04	ED Unplanned Re-attendance Rate	3.3%	3.4%	4.4%	3.8%	3.2%	3.3%	3.6%	3.5%	3.2%	3.1%	3.4%	3.3%	3.5%	3.9%	3.3%	3.3%	3.4%	3.9%	
	B05	ED Left Without Being Seen Rate	1.7%	1.6%	1.8%	1.6%	1.3%	1.6%	2.1%	1.6%	1.8%	1.6%	1.7%	1.5%	1.9%	1.4%	1.7%	1.7%	1.7%	1.4%	
Ambulance Handovers	BA09	Ambulance Handovers - Over 30 Minutes	698	352	65	59	42	57	50	96	87	55	36	25	53	-	149	238	114	-	
Acute Medical Unit (AMU)	J35	Percentage of Cardiac AMU Wardstays	3.6%	5%	4.1%	3.7%	4%	6.3%	5.6%	3.6%	3.7%	6.9%	4.4%	5.3%	4.2%	7.4%	5.2%	4.7%	4.6%	7.4%	
	J35a	Percentage of Cardiac AMU Wardstays Under 24 Hours	36.1%	34.8%	45.9%	52.9%	55.6%	24.5%	24%	39.3%	18.8%	21.6%	40%	45.2%	41.9%	38.6%	32.6%	25.2%	42.6%	38.6%	



FINANCIAL MEASURES

Topic	Title	Monthly Totals											
		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Year To Date Annual Plan Surplus / (Deficit) £'000	Annual Plan excluding PSF	(416)	302	(389)	2,740	3,171	3,633	6,086	5,489	4,521	4,521	2,622	2,593
	Actual excluding PSF	(416)	(410)	(378)	2,382	1,116	3,698	5,060	0	0	0	0	0
	Annual Plan including PSF	117	1,368	1,209	5,030	6,153	7,308	10,773	11,118	10,793	12,402	11,674	12,815
	Actual Plan including PSF	117	656	1,220	4,672	4,808	8,083	10,457	0	0	0	0	0
Year to Date Variance Divisional Position Favourable / (Adverse) £'000	Diagnostics & Therapies	(4)	(39)	(56)	(66)	(328)	(366)	(343)					
	Medicine	(167)	(320)	(502)	(701)	(1,222)	(1,687)	(2,023)					
	Specialised Services	(54)	13	201	82	(173)	(265)	(335)					
	Surgery	(175)	(659)	(1,168)	(1,867)	(2,760)	(3,422)	(4,188)					
	Women's & Children's	(215)	(311)	(407)	(534)	(1,029)	(1,377)	(1,474)					
	Estates & facilities	(5)	(9)	(13)	(24)	(66)	(76)	(80)					
	Trust Services	4	3	(33)	17	25	39	51					
	Other Corporate Services	42	29	(85)	(37)	(89)	49	55					
	Total	(574)	(1,293)	(2,063)	(3,130)	(5,642)	(7,105)	(8,337)	0	0	0	0	0
	Year To Date Savings Actuals £'000	Diagnostics & Therapies		299	438	543	591	700	823				
Medicine			231	324	426	532	627	746					
Specialised Services			381	555	811	1,060	1,190	1,311					
Surgery			572	788	1,063	1,249	1,485	1,630					
Women's & Children's			660	941	1,171	1,310	1,451	1,738					
Estates & facilities			120	183	232	281	331	382					
Trust Services			134	202	270	341	412	483					
Other Corporate Services			195	292	382	477	573	668					
Total		0	2,591	3,723	4,898	5,841	6,769	7,781	0	0	0	0	0
In Month Variance Subjective Analysis Favourable / (Adverse) £'000		Nursing & Midwifery Pay	(542)	(449)	(438)	(475)	(274)	(603)	(530)				
	Medical & Dental Pay	(360)	(187)	(445)	(433)	(381)	(139)	(307)					
	Other Pay	180	155	64	263	202	203	119					
	Non Pay	954	189	356	(101)	475	518	(388)					
	Income from Operations	(172)	(94)	(2)	(18)	(116)	(205)	(5)					
	Income from Activities	(632)	(336)	(301)	(303)	(2,419)	(1,238)	(122)					
	Total	(572)	(722)	(766)	(1,067)	(2,513)	(1,464)	(1,233)	0	0	0	0	0
In Month Agency Expenditure Actuals £'000	Nursing & Midwifery	684	644	627	615	648	720	726					
	Medical												
	Consultants	72	82	92	94	72	61	84					
	Other Medical	56	20	85	108	54	35	68					
	Other	140	144	131	154	185	72	169					
	Total	952	890	935	971	959	888	1,047	0	0	0	0	0
Cash £'000	Actual Cash	110,000	109,402	100,954	119,042	127,950	126,226	135,301	0	0	0	0	0
Capital Spend £'000	Actual Capital Expenditure	916	2,300	4,704	7,868	10,229	12,449	14,672					
		(722)	(481)	(819)	(645)	(453)	(539)	(718)					

Item to follow:

Agenda item 08

Chair's Report for the Quality and Outcomes Committee

Item to follow:

Agenda item 09

Chair's Report for the People Committee

Meeting of the Board of Directors in Public on Thursday 28 November 2019

Report Title	Seasonal Influenza Programme: Progress Update
Report Author	Claire Haley, Workplace Wellbeing Lead
Executive Lead	Matt Joint, Director of People

1. Report Summary
<p>This paper assures the Board of Directors that there has been effective progress with the Trust Seasonal Influenza Vaccination Programme in line with guidance issued by NHS England and NHS Improvement.</p> <p>The CQUIN outcome of the programme is to ensure 80% of front line staff are vaccinated by the end of February 2020. The second regulatory requirement is to achieve the ambition of 100% uptake of staff with direct patient contact.</p> <p>This paper also provides the governance required to satisfy that Boards have been engaged and are leading the compliance requirements as set out by NHS England.</p>
2. Key points to note <i>(Including decisions taken)</i>
<p>This paper ensures that the Trust can demonstrate that it has undertaken the best practice self-assessment for public assurance by December 2019.</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 Assurance. <p>The Board of Directors are asked to:</p> <ul style="list-style-type: none"> • Note current compliance against the self-assessment tool by: <ul style="list-style-type: none"> ○ Receiving actions to achieve full compliance ○ Receiving an evaluation of the flu programme 2019/20
5. History of the paper Please include details of where paper has <u>previously</u> been received.
<p>N/A</p>

Seasonal Influenza Programme: Progress Update

1.0 Introduction

The Trust flu vaccination programme commenced week commencing 30th September 2019 and will conclude on 28th February 2020. It is co-ordinated by the Workplace Wellbeing team with strategic leadership from the Head of Organisational Development. It is supported by 180 trained vaccinators across the organisation and Medirest (COSTA) is sponsoring the flu programme for a 4th year with the provision of 8,000 complimentary hot drink vouchers.

The Trust is regulated by the Department of Health and Social Care (DHSC), NHS England (NHSE), NHS Improvement (NHSI) and Public Health England (PHE) on the delivery requirements of the 2019-2020 flu vaccination programme. This includes a national CQUIN indicator requiring 80% uptake of frontline healthcare workers by the end of the season:

Indicator Number	Indicator Name	Description of Indicator	Total Value of Indicator
CCG2	Staff Flu Vaccination	60-80% front line staff receiving flu vaccinations	£ 681,892

Governance of flu programme delivery comprises the Trust CQUIN Assurance Board who receive monthly reports outlining confidence of achievement, and the Clinical Commissioning Group (CCG) also receive weekly uptake data.

The self-assessment and planned actions in Appendix A demonstrate the Trust is on track to achieve full regulatory compliance.

2.0 Current position

Last year the Trust achieved a frontline healthcare worker uptake rate of 82.6%; at this point in time (week 8) the Trust is at 66.8% for frontline healthcare workers. This result places the Trust within the higher quartile of vaccination and within the CQUIN payment threshold worth a maximum of £657,000 total.

Of the total number of vaccines already administered to clinical and non-clinical colleagues 82% are frontline healthcare workers. This is a higher ratio than was expected at this stage of the programme based upon vaccinations at this point last year. This is a reflection on the success of the campaign at this stage and in preparedness; an additional 500 doses have been placed on order.

3.0 Next Steps

The Board of Directors are asked to:

- Note current compliance against the self-assessment tool by:
 - Receiving actions to achieve full compliance
 - Receiving an evaluation of the flu programme 2019/20

Seasonal Influenza Programme: Implementation Plan 2019/20

The Trust takes a multicomponent approach to increasing uptake of flu vaccination among front-line and non-patient facing colleagues. The series of objectives (A to D) and Trust self-assessment denotes Public Health England requirements and will be reviewed throughout the season by the operational lead and implementation group.

A	Committed leadership	Trust Self-Assessment	Additional Actions	RAG
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so	100% ambition recorded at Trust Board on 28 November 2019	Identify 'higher risk environments' with Chief Nurse/HoN colleagues	Green
			Create a league table to demonstrate uptake within 'higher risk environments'	Blue
			Board assurance paper to be submitted upon receipt of PHE requirement	Green
			Data from consent form to be logged daily	Blue
			Declination process to be implemented by Divisional service leads throughout season	Blue
			Uptake logged weekly to CCG	Blue
			Uptake logged monthly to CQUIN group	Blue
			Uptake logged monthly to Immform	Blue
			Uptake logged quarterly to People Com'	Blue
			Partake in SW PHE telecoms and visit campaign resource centre for updates	Blue
Evaluation paper to be completed at the end of the vaccination programme	Blue			
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	Ordered March 2019 for 3 separate deliveries Drop 1: w/c 23.09.19 Drop 2: w/c 14.10.19 Drop 3: w/c 04.11.19	Continue to liaise with supplier to confirm dates as planned and to respond to any pending delays, etc.	Green
			Dispatch vaccines and resource packs to clinical areas as required	Green

A3	Board receive an evaluation of the flu programme 2018-19, including data, success, challenges and lessons learnt	Report submitted following successful flu programme: 82.6%	Evaluation for the 2019/20 to be provided to the Board as stated in A1	
A4	Agree on a board champion for flu campaign	Matt Joint Director of People	Support provided by strategic lead: Head of Organisational Development	
A5	All board members receive flu vaccination and publicise this	Comms publicise images of Board vaccinations in internal & external media	Dedicated flu comms plan to reflect inclusive mix of board and non-board level engagement /promotional activity	
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	Flu Implementation team in place to comprise core stakeholders from multi-disciplinary backgrounds	Flu Implementation Strategy, Accountability, Implementation Plan and Communications plans to be agreed and acted upon by stakeholders	
			Access to dedicated workspace available to all stakeholders to access information	
A7	Flu team to meet regularly from September 2019	See A7	See A7	
			Acquire absence data for S13 cold, cough, flu via HRIS and NHS Digital	
B	Communication Plan	Trust Self-Assessment	Additional Actions	RAG
B1	Rationale for the flu vaccination programme and myth busting to be published – sponsored by senior clinical leaders and trade unions	Myth busting activities feature within comms plan which takes a whole system approach with partners from the local health economy (BNSSG) Inclusive use of local broadcast media and social media to depict high-profile organisational leaders and staff representatives	Weekly myth busters to feature within jab-o-metre section of intranet home page	
			Full myth busting quiz to be formulated	
			Explore use of flu screensavers/backdrop on	
			Utilise PHE resources/materials available via flu campaign centre e.g. EAST framework	
			Add message to Happy App	
			Agree design and distribution of 'The Jab' promotional materials in all team locations	
			Produce and communicate videos of staff promoting flu vaccine (STP collaborate)	
			Invite pregnant colleagues to attend clinic	
Attach message to paper and e-Payslips				

B2	Drop-in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	Vaccination clinic calendar published on intranet	Explore options for hard copy calendar	
			Create hyperlink (QR) to view calendar on any internet device Inc. vaccinator contact	
B3	Board and senior managers having their vaccinations to be publicised	See A6. Photo of board having flu vaccination	Face hole photo booths to be created in 'The Jab' format as option for promotion	
B4	Flu vaccination programme and access to vaccination on induction programmes	Vaccinations to be available onsite following fortnightly corporate induction	Identify dates and times of inductions	
			Calculate No of vaccines required to ensure adequate stock and resource packs in fridge	
			Devise rota of vaccinators for induction	
B5	Programme to be publicised on screensavers posters and social media	See dedicated flu communications plan	Included in communications plan. IT to confirm options available	
B6	Weekly feedback on percentage uptake for directorates, teams and prof groups	See A5	Provide uptake and declination figures to Exec Sponsor and strategic lead	
C	Flexible Accessibility	Trust Self-Assessment	Additional Actions	RAG
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	100 existing peer vaccinators encouraged to refresh training as agreed with service lead, to deliver planned and impromptu vaccines as required on "shop floor". Departmental leads responsible for driving vaccine uptake in their areas/Division	Create PGD and update(and publicise) eLearning as appropriate – on Kallidus	
			Undertake recruitment exercise to increase peer vaccination list	
			Seek support of wellbeing advocates and Trust Volunteers to promote vaccinator role and awareness of clinic offer	
			Maintain engagement with vaccinators to provide feedback, successes and to drive motivation to achieve targets %	
			Acknowledge vaccinators and managers via Newsbeat and individual thank you's	
C2	Schedule for easy access drop in clinics agreed	See B2	Develop and publicise support available to colleagues with needle phobia within Occupational Health as per comm's plan	
C3	Schedule for 24 hour mobile vaccinations to be agreed	See B2	Availability and register of "roaming" vaccinators to be formed – to visit clinical areas as required/opportunistically	
			Log No of vaccines delivered out of hours	

D	Incentives	Trust Self-Assessment	Additional Actions	RAG
D1	Board to agree on incentives and how to publicise this	COSTA sponsorship provides free hot drink voucher to all colleagues who receive a flu vaccination in or outside of the Trust	Liaise with Medirest (via Facilities General manager) re quantity, design and redemption of COSTA vouchers onsite	
			Implementation Group to consider incentives/thank you' s to vaccinators and teams/Divisions with high tbc% compliance	
			Suggest Trust provides a charitable donation for child vaccinations e.g. Unicef Vaccination Programme potentially using CQUIN award	
			Explore if new 'peer vaccination' could be included within recognition scheme/s	
			Develop fun activities / competitions to raise awareness and increase uptake e.g. word search, acrostic poem, cross word	
D2	Success to be celebrated weekly	Compliance data publicised per Division, Trust-wide in week 2 and weekly thereafter via Jab-o-Metre on intranet	Create jab-o-metre template and secure position on intranet home page	

Meeting of the Board in Public on Thursday 28 November 2019

Report Title	Transforming Care Programme Board Report
Report Author	Melanie Jeffries, Transformation Programme Manager
Executive Lead	Paula Clarke, Director of Strategy and Transformation

1. Report Summary	
This Transforming Care update provides highlights for quarter 2 2019/20 (July – September 2019) of the priorities agreed for Transformation Board and the Transformation Team: quality improvement, working smarter (productivity) and digital transformation.	
2. Key points to note <i>(Including decisions taken)</i>	
<ul style="list-style-type: none"> • Transfers of Care Communication has replaced the Electronic Prescribing and Medicines Administration (EPMA) as a Transforming Care priority • Clinical Pathways project has been renamed Clinical Practice Groups • Continued delivery of the Transforming Care programme in 2019/ 20, delivering significant benefits across the Trust (appendix 1) 	
3. Risks	
If this risk is on a formal risk register, please provide the risk ID/number.	
The risks associated with this report include:	
<ul style="list-style-type: none"> • None 	
4. Advice and Recommendations	
<i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> • This report is for Assurance. 	
5. History of the paper	
Please include details of where paper has <u>previously</u> been received.	
Transformation Board	Tuesday 12 th November 2019
Senior Leadership Team	Wednesday 20 th November 2019

This Transforming Care update provides highlights for quarter 2 2019/20 (July – September 2019) of the priorities agreed for Transformation Board and the Transformation Team: quality improvement, working smarter (productivity) and digital transformation.

Quality Improvement

The inaugural QI Gold Programme commenced in September 2019 with the following six projects:

1. Antenatal Clinic Transformation (Women & Children's)
2. Clean Air Hospital (Estates & Facilities)
3. Review of Medical Take Process (Medicine)
4. Surgical Patient Flow Management (surgery)
5. Integrated Quality Management System across Diagnostic and Therapies Division (D&T)
6. Haematology Service Review (Specialised Services)

The third Quality Improvement (QI) Forum was held in July 2019, with 74 entries. The following three posters were the winners on the day:

1. Improving our lung cancer pathway
2. Improving the ability of healthcare professional to optimise symptom control for patients with advanced chronic liver disease
3. Improving nutrition screening for paediatric cancer patients

Digital Transformation

From 1st August 2019 the adult inpatient VTE risk assessment was moved from paper drug charts into a digital clinical note on our Medway patient record. This supports the improvement in quality of VTE risk assessments across UH Bristol and to achieve a 95% compliance.

Compliance at end-September 2019 was 78%. The VTE project team continues to refine the process and provide clinical leadership to achieve the 95% target by March 2020.

Working Smarter

A variety of smaller divisional projects have been supported in quarter 2, with the primary aim of improving the efficiency and flow of processes. These have included:

- ED Ambulance Handover
- BRHC Neurosciences Clinical Nurse Specialist Away Day
- BRHC Radiotherapy pathway
- BHOC Outpatient patient notes and pathways
- Surgical and Trauma Unit (STAU) pathways
- SBCH Therapy processes event

- New starter form process amended to improve staff experience through earlier access to training and pay, and reduce manager time

A summary of the highlights of progress during quarter 2 is given below, and the priorities for the following quarter are outlined. A more detailed description of latest progress against key projects is attached at Appendix 1.

Transforming Care – Progress Summary Q2 2019-20

Successes	Priorities
<ul style="list-style-type: none"> • Transformation, Improvement and Innovation strategy approved by Trust Board. • Six project teams completed QI Gold Days 1-3. • Agreed collaboration with University of Bristol to deliver a QI module, as part of new masters for healthcare leadership and improvement from September 2020. • Annual QI Forum held on Friday 12th July 2019. • Digital VTE Risk Assessment launched on 1st August on all adult inpatient wards. • Successful bids to Above and Beyond to support Advanced Customer Service Training and development of BEH pre-operative assessment model. • Cataract Surgery with Mydrane® intracameral anaesthesia successfully implemented. • Smaller projects supported: <ul style="list-style-type: none"> ▪ ED Ambulance Handover ▪ BRHC Neurosciences Clinical Nurse Specialist Away Day ▪ BRHC Radiotherapy pathway ▪ BHOC Outpatient patient notes and pathways ▪ Surgical and Trauma Unit (STAU) pathways ▪ New starter form process amended to improve staff experience through earlier access to training and pay and reduce manager time ▪ Communication team away day – UH Bristol and Weston ▪ #Conversations weeks supported in BRHC and St. Michael’s Hospital, focusing on the Trust Values and Equality and Diversity 	<ul style="list-style-type: none"> • Escalation of Deteriorating Patient (adults) project, developing a future model which optimises the use of digital technology within the Trust. • Transfer of Care Communication project separated from Electronic Prescribing and Medication Administration (EPMA) project. • Establish clinical practice group pilots for: <ul style="list-style-type: none"> ▪ Pre-habilitation across UH Bristol, Weston, North Bristol and Primary Care ▪ Haematology and Oncology across Weston and UH Bristol ▪ Dermatology across North Bristol and UH Bristol ▪ Rheumatology across North Bristol and UH Bristol • Development and implementation of digital real time bed management functions, outputs and processes. • Delivery of QI Gold Days 4-6, and coaching/mentoring provided to project teams from an allocated QI Faculty member. • Improving Inpatient Handover roll out to all divisions and across all professionals, resulting in a single patient handover on one IT system. • Transforming Outpatients – expansion of the advice and guidance service to GPs, development of non-face to face appointments including video conferencing, and reduction in follow-up attendances. • Urgent care recovery programme.
Opportunities	Risks and Threats
<ul style="list-style-type: none"> • Building the Quality Improvement culture and capability across the Trust through implementation of the Transformation, Improvement and Innovation strategy • Development of business case to support the implementation of the Transformation, Improvement and Innovation strategy • Linking with Weston Area Heath Trust to expand the QI Faculty and QI Academy. 	<ul style="list-style-type: none"> • Capacity of the Transformation Team to support new requests for work, alongside delivery of the Transforming Care Programme. • Ability to expand the QI faculty, to enable delivery of the Transformation, Improvement and Innovation strategy. • Impact of the Weston merger on the capacity of clinical and corporate services that are also required to support the delivery of transformation projects.

Appendix 1: Transforming Care Report

Status: 9th Oct 2019

Project, Aim & Project Sponsor (PS)	Key Dates	Progress Last Month	Aims for Next 3 Months	When	Benefits delivered or expected	
Escalation of deteriorating patient PS: Carolyn Mills/Bill Oldfield Implement automatic escalation of NEWS triggers to the appropriate level of care to enable a proactive and rapid response/treatment	Project start	Oct 2019	<ul style="list-style-type: none"> Patient Safety programme manager, Head of Quality and IT Management Group are all aware of planned project Project scoping commenced 	<ul style="list-style-type: none"> Project scope, plan and team established 	Oct	<ul style="list-style-type: none"> Improved patient outcomes Early recognition and proactive management of deterioration Reduction of unplanned admissions to ITU related to failure to recognise/act upon signs of deterioration Sustain low level of cardiac arrests on inpatient wards
	Delivery phase starts	TBC-March 2020				
	Project close	TBC				
Transfer of Care Communication PS: Steve Gray To standardise clinical documents within Professional Record Standards Body (PRSB) standards including Outpatient letters	Project start	July 2019	<ul style="list-style-type: none"> Project is establishing after being separated from EPMA and clinic letters added to scope. Discharge summaries are progressing and progress being made with working groups Clinic letter templates are being prepared ready for rollout CSIP working with Transformation team looking at RTOP 	<ul style="list-style-type: none"> BNSG standardised discharge summaries reviewed with PRSB standards ready for roll out Discharge Summary to be rolled out in Adult Surgery November 19 Clinical Correspondence templates being prepared and roll out plan being developed Additional documents from ICE being prepared for transfer to Medway commencing with Palliative Care Poor Prognosis 	Nov Nov Nov Nov	<ul style="list-style-type: none"> Improve quality and clarity of discharge summaries Work towards a one usage IT system Achieve 100% compliance within PRSB standards Improve targeted turnaround time for clinical correspondence
	Delivery phase starts	Nov 2019				
	Project close	Sept 2020				
Improving Handover (CareFlow Connect) PS: Carolyn Mills/Bill Oldfield To have effective communication systems across teams to deliver timely, safe and effective care Trust Wide	Project start	Nov 2018	<ul style="list-style-type: none"> Rollout continuing across services (1851 users and 250 groups set up) Agreed process to speed up rollout at DHPC Medical teams progress in BRHC: Currently 50% complete; 50% planning or piloting 	<ul style="list-style-type: none"> CareFlow training videos produced Tasks and referrals functionality trialled in BRHC BRHC out of hours process trialled SOP and roll out plan for all Divisions using CareFlow for Medical Handover agreed 	May Oct Oct Oct	<ul style="list-style-type: none"> Reduction of communication incidents due to team communication and inadequate handover: 19/20 to date 239 incidents Reduction of dropped handover sheets: 19/20 to date - 12 dropped handover sheets Secure real-time communication & remote clinical decision making based on patient information Reduction in bleeps releasing time for other tasks
	Delivery phase starts	Jan 2019				
	Project close	Mar 2020				
Real time Bed Management PS: Mark Smith Accurate information about admission, transfer and discharge is digitally recorded in real time and used to facilitate bed management decisions	Project start	Feb 2019	<ul style="list-style-type: none"> Meeting with communications team to develop an identity for the project Planning commenced for engagement event with staff in all divisions Collation of current practice continues with a sample of stakeholders in all divisions – current focus Surgery and BHI 	<ul style="list-style-type: none"> Technical capability of Medway is explored for recording real time information Gap analysis of current process and Medway functionality written for all stakeholders December engagement event planned 	Nov Nov Nov	<ul style="list-style-type: none"> Trust wide bed status is 100% accurate at all times Improved bed management decision-making Improved staff experience by reducing duplication e.g. bed management meetings/phone calls/ visits Support the achievement of RTT, 4 hr target, cancer pathways and reducing LMCs
	Delivery phase starts	TBC				
	Project close	March 2020				
People Web (Self Service) PS: Matt Joint Replacement for HR web enabling staff and managers to easily find information	Project start	Oct 18	<ul style="list-style-type: none"> None 		On Hold	<ul style="list-style-type: none"> Easy access to HR guidance for line managers and employees Reduction in phone calls/emails to employee services
	Delivery phase starts	On hold				
	Project close	TBC				
Personal Health Record PS: End Stage Patients to have direct electronic access to their health records. Enabling patients to engage with their care and treatment	Project start	Nov 2018	<ul style="list-style-type: none"> Decision taken to End stage - report prepared with successes to date for handover when Project resumes 		On Hold	<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
	Delivery phase starts	End State Sept 19				
	Project close	End Stage Sept 19				
Transforming Outpatients PS: Mark Smith To transform the way outpatient services are delivered in BNSSG- providing timely and appropriate access to specialist expertise.	Project start	June 2019	<ul style="list-style-type: none"> Confirmation to go ahead with Lung Nodule pilot. Trust wide workshop planned for 11th October to explore ideas. Advice and guidance in Lipids presented to CCG for decision around go live. 	<ul style="list-style-type: none"> Virtual appointment pilot commenced in Children's oncology Pilot commenced for lung nodules non face to face clinic A+G live in Lipids 	Nov Nov Nov	<ul style="list-style-type: none"> Patients, GPs and other referring organisations will experience timely and clinically appropriate access to specialist knowledge Technology will be used to empower patients with the knowledge to manage their condition and to simplify how expertise is accessed
	Delivery phase starts	Provisional Sept 2019				
	Project close	March 2020				
Clinical Practice Groups PS: Paula Clarke /Andy Hollowood To be identified as part of project mobilisation	Project start	July 2019	<ul style="list-style-type: none"> Continued development of clinical practice model approach Initial meeting held to understand potential for a prehabilitation CPG across UH Bristol, WAHT, NBT and Primary Care Meetings set up for Dermatology and Rheumatology across NBT and UH Bristol in October 	<ul style="list-style-type: none"> Develop clinical practice group methodology for pilot pathways Haematology and Oncology CPG (Weston and UHB) workshop held Meetings held with Rheumatology and Dermatology Draft governance structure for CPG written 	July Nov Oct Sept	<ul style="list-style-type: none"> To be identified as part of project scope
	Delivery phase starts	Nov 2019				
	Project close	TBA				



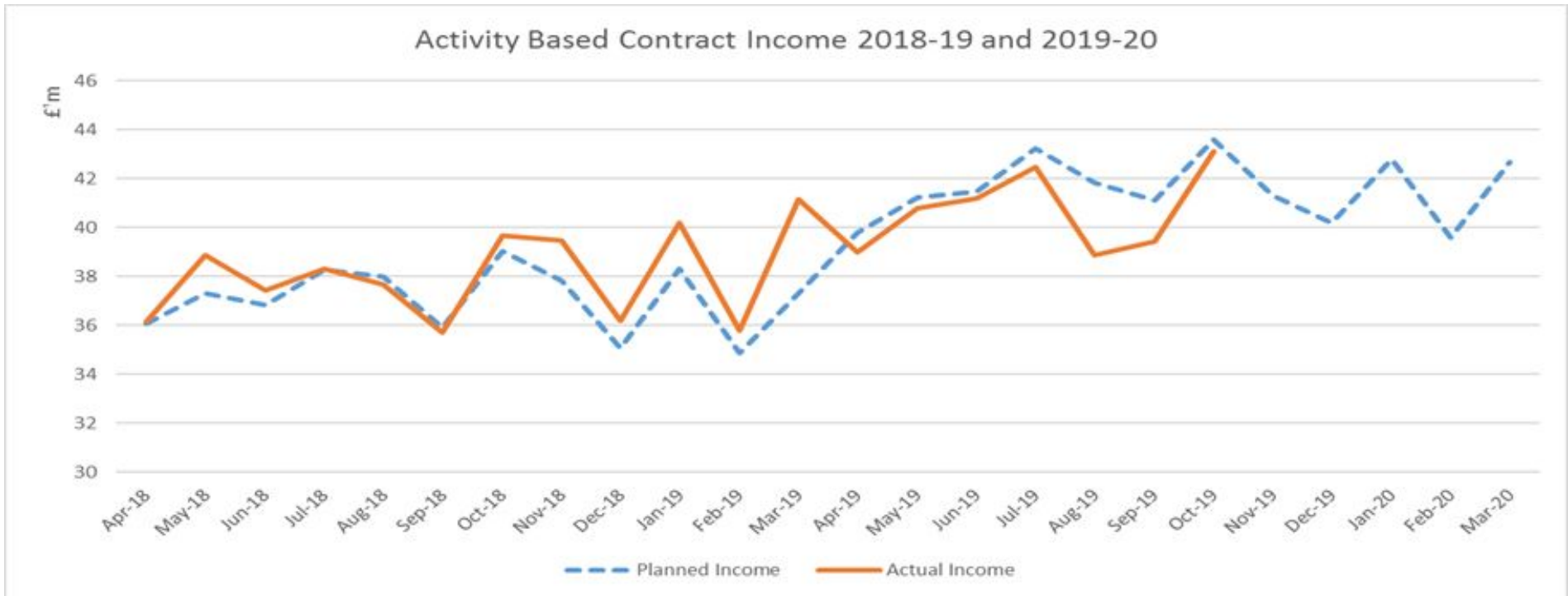
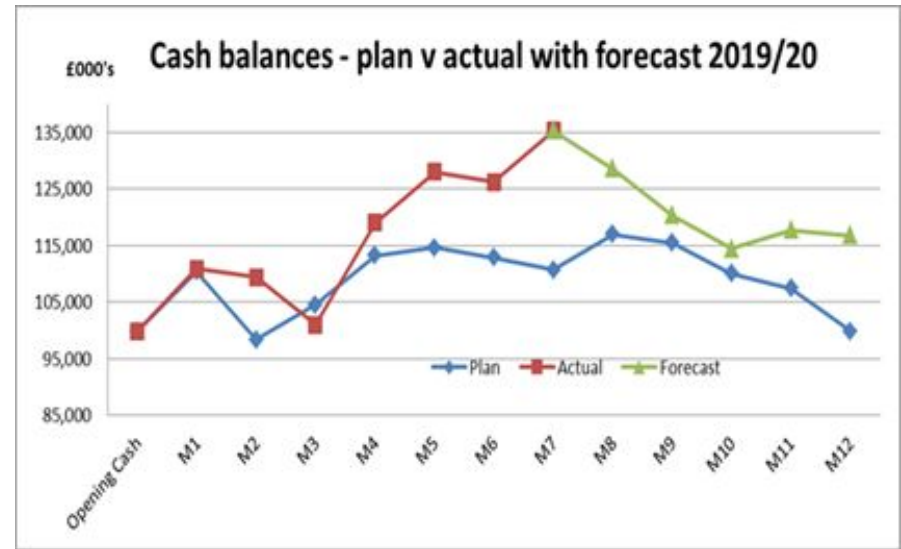
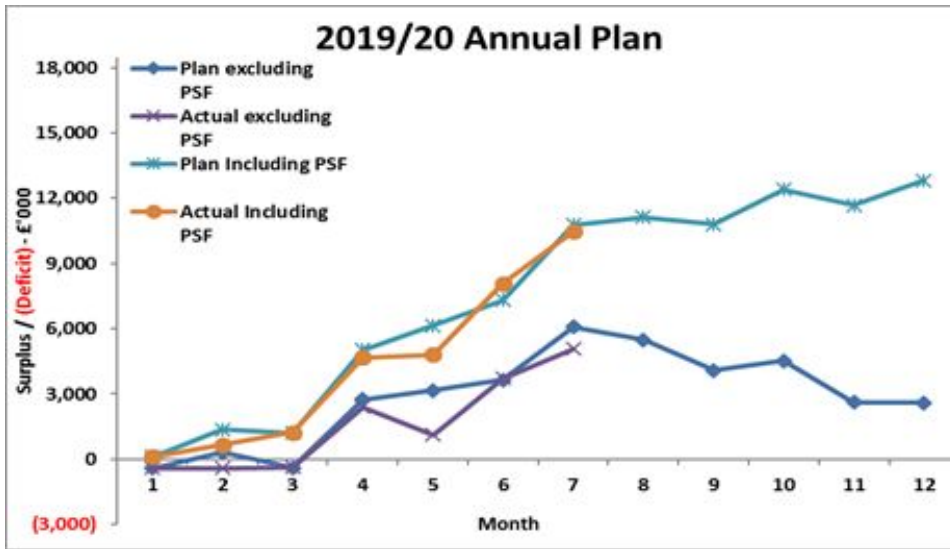
Project, Aim & Project Sponsor (PS)	Key Dates		Progress Last Month	Aims for Next 3 Months	When	Benefits delivered or expected
Real-time Outpatients PS: Mark Smith To deliver a high quality service through a friendly, accessible, consistent and timely service	Project start	Aug 2018	<ul style="list-style-type: none"> Meetings with Dental, Paed Cardiology, Gynae to plan go live. Respiratory continues to have IT issues delaying go live Next areas for BRHC decided 	<ul style="list-style-type: none"> Implementation of CRIS booking module to allow appointments to be made without vetting RTOP in BHI relaunch/reinvigoration Initial scoping meetings take place with Dermatology, T&O and ENT 	TBC	<ul style="list-style-type: none"> Better cross-cover and improved business continuity due to standardisation of admin roles Enable greater throughput of patients within clinic Reduce missing outcomes Improved clinic letter turnaround, and less chance of fines Reduced DNA rate as patients understand what is happening
	Delivery phase starts	Oct 2018	<ul style="list-style-type: none"> Meeting with IT to understand the Fluency roll out/interdependencies 	<ul style="list-style-type: none"> Joint rollout plan for RTOP and Fluency Direct 	Oct	
	Project close	March 2021	<ul style="list-style-type: none"> CRIS vetting module presented to Radiologists, and received a negative reception. Further engagement work is required. 	<ul style="list-style-type: none"> Respiratory, Sleep, and CF launch RTOP Next BRHC areas and Dental launch 	Nov Dec	
				<ul style="list-style-type: none"> Roles and responsibilities documents publicised 	Oct	
Dermatology Admin Project PS: Toria Hastings To more efficiently meet the growing demand of dermatology services and improve the patient and staff experience	Project start	Nov 2018		<ul style="list-style-type: none"> Confirmed surgery patient booking system 	Nov	<ul style="list-style-type: none"> Reduction in hospital and patient cancellations FU patients are seen on time Fast track patients seen at the BRI will be booked for surgery on the day Staff have the knowledge and confidence to meet expectations of their role Patients receive an effective response
	Delivery phase starts	June 2019	<ul style="list-style-type: none"> Decision made to progress surgery booking workstream only due to pressures on service Team away day took place on 26/9/19. 	<ul style="list-style-type: none"> Confirmed standardised clinic templates plan 	Aug	
	Project close	Dec 2019		<ul style="list-style-type: none"> Staff boards updated in service to help aid staff understanding and interaction Patient surveys being completed 	Aug Oct	
Optimising Diagnostics PS: Alison Lowndes To ensure that patient diagnostic pathways are necessary, timely and lean by April 2019	Project start	Oct 2018	<ul style="list-style-type: none"> Options appraisal developed for October Transformation Board. 	<ul style="list-style-type: none"> Optimising Diagnostics training in development 	Oct	<ul style="list-style-type: none"> Support diagnostics productivity improvement, as required by the organisation to include: Minimize unnecessary testing Better utilisation of staff and equipment Improving pathways and timeliness, as identified by the organisation
	Delivery phase starts	Nov 2018	<ul style="list-style-type: none"> Clotting test guidance almost complete CoE new Junior Doctors are looking once again at how they can reduce unnecessary tests 	<ul style="list-style-type: none"> Toolkit in development First draft principles circulated for comment 	Oct Oct	
	Project close	March 2020		<ul style="list-style-type: none"> Radiographer led reporting hours increased, and scope extended to reporting GP plain films. 	TBC	
BEH Cataract Project PS: Mark Smith To improve patient flow through the Cataracts Service	Project start	June 2018	<ul style="list-style-type: none"> Funding for pre-operative equipment and refurbishment was approved by A&B following a successful presentation to Trustees 	<ul style="list-style-type: none"> Approval is gained from Capital Steering Group for charitable funding for pre-op transformation 	Oct	<ul style="list-style-type: none"> Reduce avoidable last minute cancellations (LMCs) by 50% to 2.5% of total procedures (9% in Sept) Increase number of cataract procedures to 380 per month by the end of 2019/20 (311 as of 29th Sept) Reduced average length of patient pathway (starting average = 35 weeks) Reduce time in pre-op clinic by 50% Reduced number of attendances per pathway
	Delivery phase starts	Aug 2018	<ul style="list-style-type: none"> Approximately 20% of cataract surgery carried out with Mydrane (Aug-Sept '19) 	<ul style="list-style-type: none"> Medisoft handbook is trialled in cataract clinics 	Oct	
	Project close	Dec 2019	<ul style="list-style-type: none"> Plan underway to adapt cataract assessment guidelines to a quick-reference poster for sub-specialty clinics 	<ul style="list-style-type: none"> Ongoing project management needs are scoped and resource agreed 	Nov	
Endoscopy Improvement PS: Philip Kiely To improve efficiency and wellbeing in the endoscopy booking team	Project start	Sep 2018	<ul style="list-style-type: none"> Building work commenced for moving booking team – should now be complete by mid-October 	<ul style="list-style-type: none"> Move booking team to purpose built office space 	Oct	<ul style="list-style-type: none"> Increased utilisation of lists Better patient experience with bookings Increased efficiency of bookings team Improved staff wellbeing and reduced turnover
	Delivery phase starts	Jan 2019	<ul style="list-style-type: none"> New member of staff appointed from interview (will leave just 1 vacancy but team now has a lot of bank staff) 	<ul style="list-style-type: none"> Fully recruit and train all booking staff Commence tender for reporting system including an electronic scheduling tool 	Nov Oct	
	Project close	TBC	<ul style="list-style-type: none"> Met with IM&T to discuss reporting system procurement 	<ul style="list-style-type: none"> Go live with Synertec letter and leaflet printing 	Oct	
Innovation & Quality Improvement (QI) PS: Paula Clarke To build an innovation culture at UH Bristol - increasing staff capability and opportunity to practice innovation and QI	Project start	Jan 2017	<ul style="list-style-type: none"> Bright Ideas submissions closed – 51 submissions received 	<ul style="list-style-type: none"> QI Preceptorship session developed and trialled 	Oct	<ul style="list-style-type: none"> Increased number of staff who have knowledge and confidence to conduct QI projects in their area: <ul style="list-style-type: none"> 862 staff attended Bronze training 87 staff completed or undertaking Silver training Development of an Innovation culture in the Trust 111 QI project ideas submitted to the QI Hub
	Delivery phase starts	Apr 2017	<ul style="list-style-type: none"> Inaugural 12 month QI Gold programme launched. Supporting 6 divisional projects 	<ul style="list-style-type: none"> Bright Ideas competition winners announced 	Oct	
	Project close	TBA	<ul style="list-style-type: none"> Additional 5 staff currently in training for QI faculty 	<ul style="list-style-type: none"> Analysis of evaluation forms and 6 month feedback to date completed and shared 	Nov	
Customer Service PS: Carolyn Mills To develop a consistent customer service mind-set in all our interactions with patients and their families	Project start	May 2017	<ul style="list-style-type: none"> Telecoms governance process is launched - automated reports shared with teams and are due for review at October OSG 	<ul style="list-style-type: none"> Rollout plan for customer service training is developed 	Dec	<ul style="list-style-type: none"> Telephone complaints for Q1 19/20 are 75% higher compared to Q1 18/19 due to a sharp rise in June 2019 Monthly telecoms complaints in 19/20 are above mean for 18/19 but sustaining within control limits Areas recognised for good practice through improved pick-up rate and complaints reduction
	Delivery phase starts	March 2018	<ul style="list-style-type: none"> Funding bid for advanced customer service training approved by Above & Beyond Trustees 	<ul style="list-style-type: none"> Finalise design of customer service toolkit 	Dec	
	Project close	March 2020		<ul style="list-style-type: none"> Hold a final workshop with staff 	Dec	
Improvement and Innovation enabling strategy PS: Paula Clarke	Project start	Apr 2019	<ul style="list-style-type: none"> Strategy approved by Trust Board September. Project complete. 	<ul style="list-style-type: none"> Communicate IT&I strategy to Trust and partners 	Oct	<ul style="list-style-type: none"> Trust staff and partners clearly understand the strategy around how improvement, transformation and innovation will be taken forward by UHB
	Delivery phase starts	Oct 2019				
	Project close	Sept 2019				

Meeting of the Board of Directors in Public on Thursday 28 November 2019

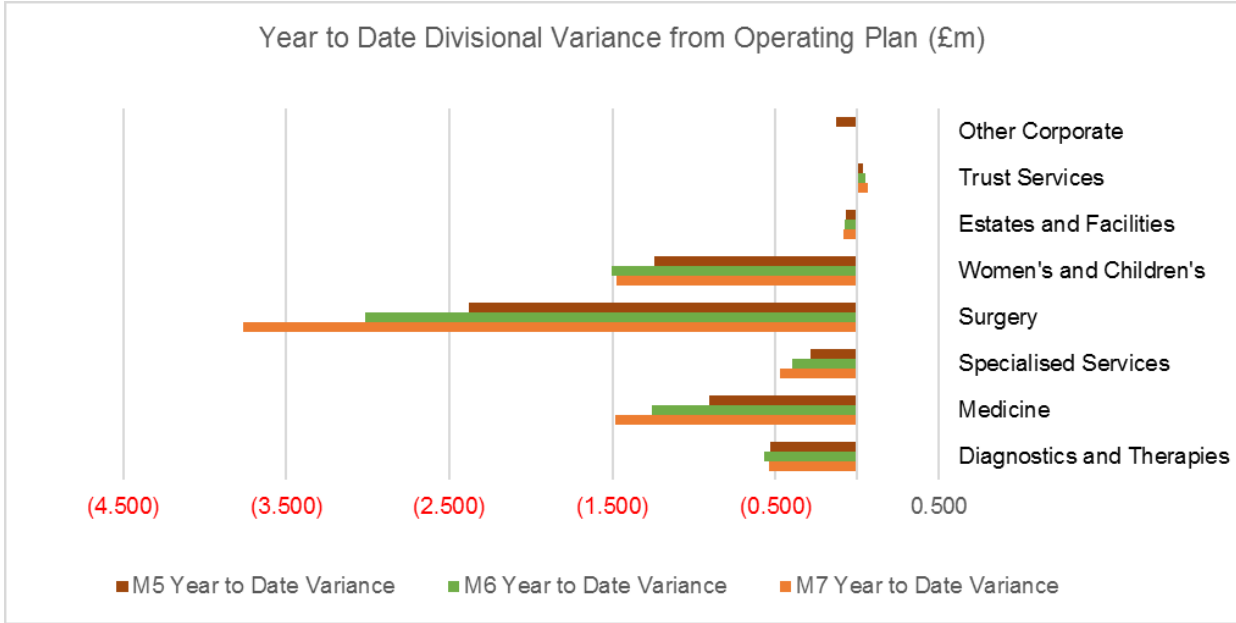
Report Title	Finance Director's Report
Report Author	Neil Kemsley, Director of Finance & IT; Kate Parraman, Deputy Director of Finance
Executive Lead	Neil Kemsley, Director of Finance & IT

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 October provide assurance on the delivery of the Core Control total, including risks and mitigations 	
2. Key points to note <i>(Including decisions taken)</i>	
<p>Attached is a summary dashboard and performance report.</p> <p>The plan for October required a core (i.e. excluding Provider Sustainability Funding (PSF) and MRET) surplus of £6.086m. The Trust is reporting a core surplus of £5.060m to date, which is £1.026m adverse to plan.</p> <p>Division and Corporate Services are £7.755m adverse to Operating Plans. The key issues are:</p> <ul style="list-style-type: none"> Income from activities underperformance of £5.768m Increased nursing and midwifery pay costs of £1.506m <p>The movement in the month of £1m was primarily in Surgery and nursing pay in Medicine.</p> <p>Divisions are £0.5m adverse to their expected trajectories at October.</p> <p>The full value of the recurring and non-recurring reserves is within the position. The expectation being that the recovery actions being taken by Divisions will improve the run rate in the latter part of the year.</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:</p> <ul style="list-style-type: none"> Risk 959 – Risk that the Trust fails to deliver the Operational Plan Risk 1843 – Risk of failure to achieve Trust's Core Control Total 	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> This report is for Assurance. 	
5. History of the paper Please include details of where paper has previously been received.	
Finance Committee	25 November 2019

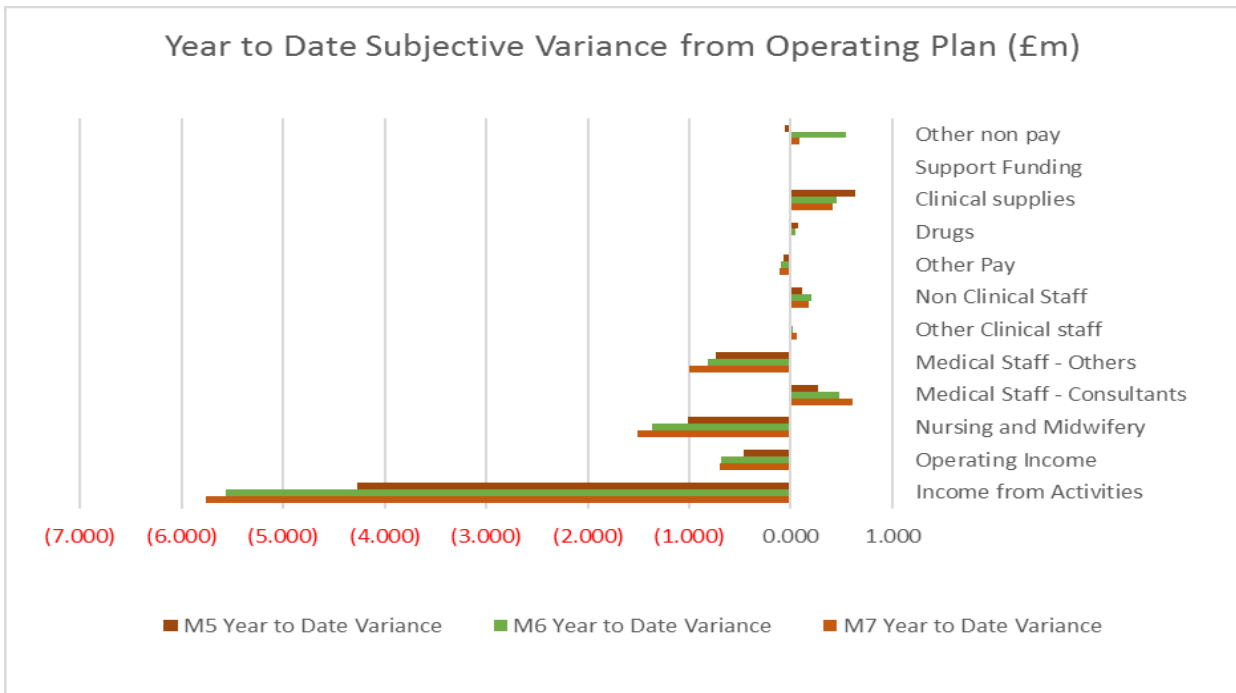
Performance – Finance (plan, income and cash)



Performance – Finance (Divisional Operating Plans)

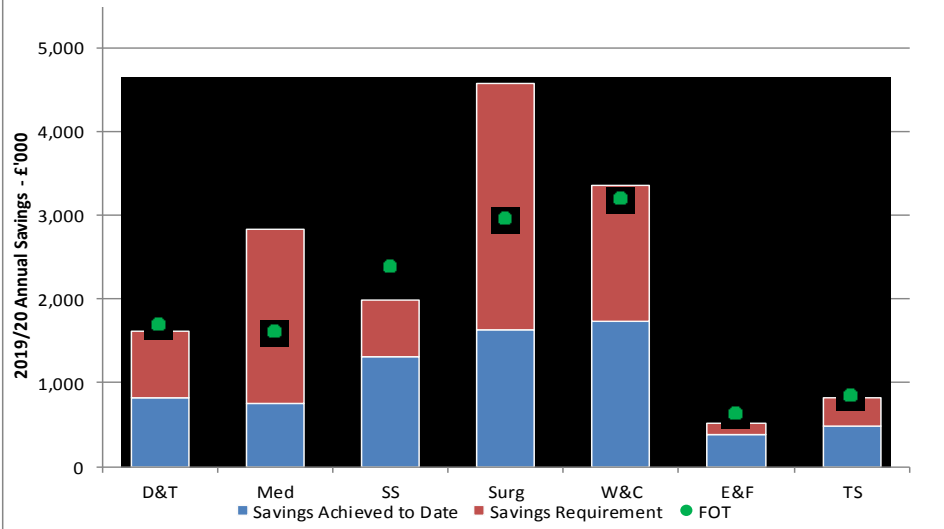


RAG Rating to Operating Plan	In Month	Year to Date
D & T	G	R
Medicine	R	R
Specialised	A	R
Surgery	R	R
W & C	A	R
E & F	A	A
Trust Services	G	G

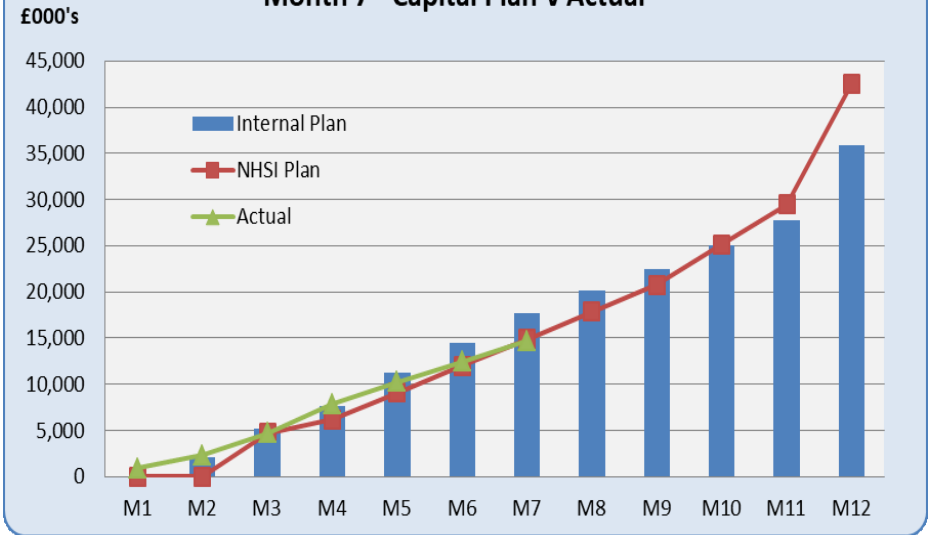


Performance – Finance (savings and capital)

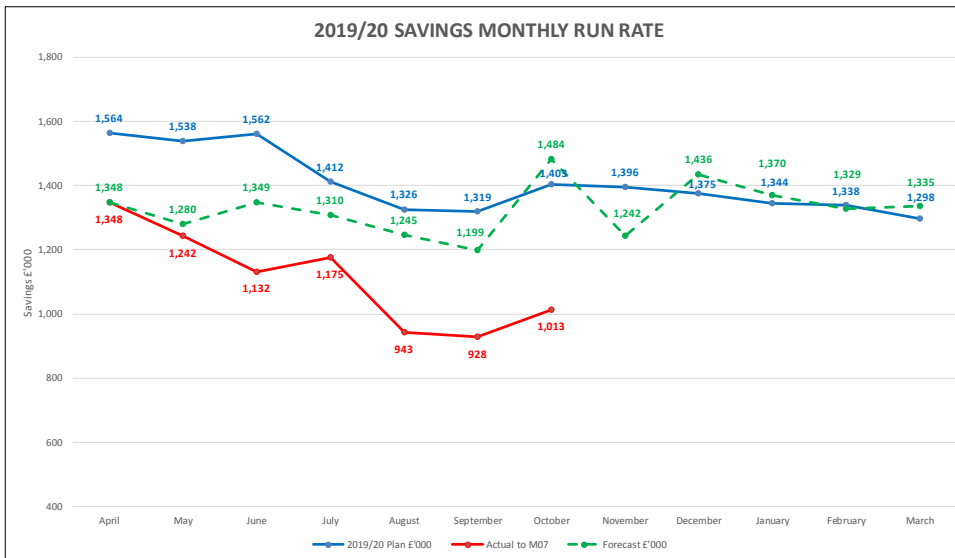
Savings Plans by Division



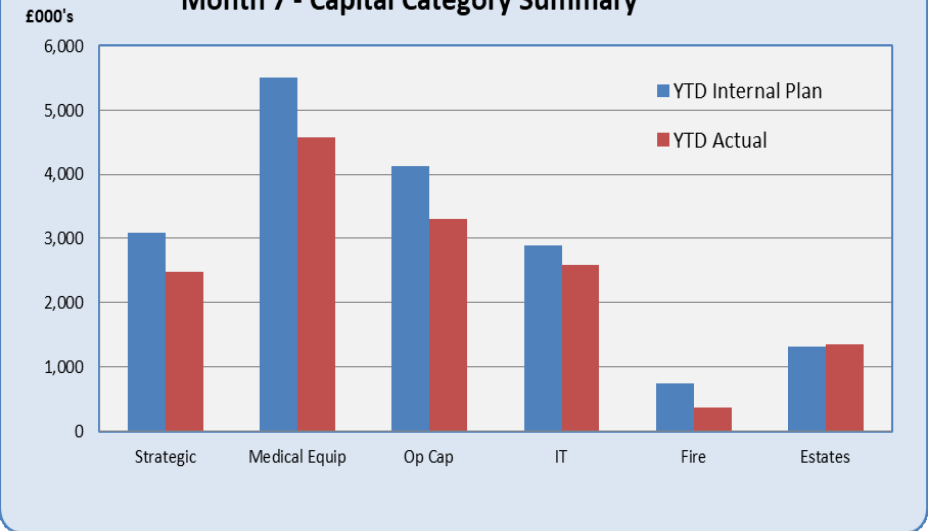
Month 7 - Capital Plan v Actual



2019/20 SAVINGS MONTHLY RUN RATE



Month 7 - Capital Category Summary

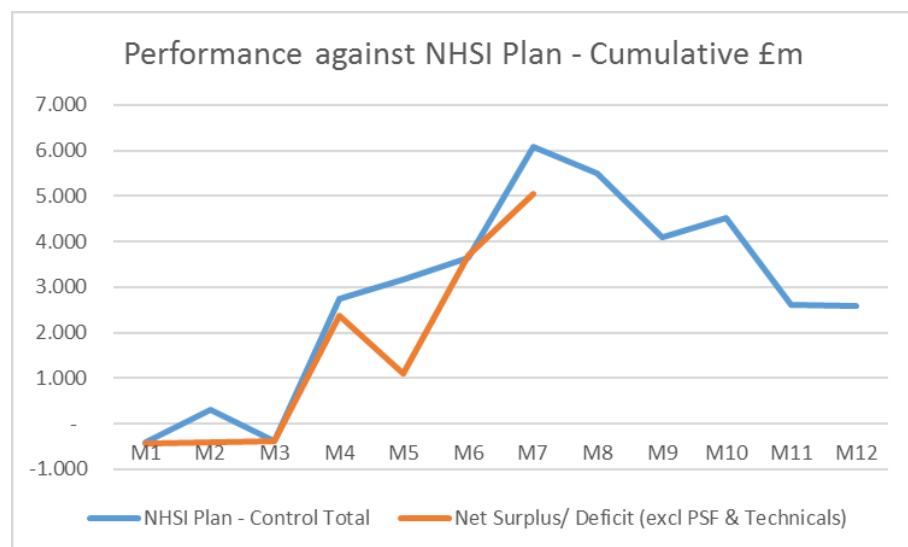


Report of the Finance Director

Section 1 – Executive Summary

Performance to NHSI Plan	2019/20 NHSI Plan £m	Income / (Expenditure)		Variance
		Plan to date £m	Actual to date £m	Favourable /(Adverse) £m
Income from Activities	620.546	363.727	362.353	(1.374)
Income from Operations	92.222	53.795	55.907	2.112
Expenses – Pay	(428.393)	(248.511)	(250.240)	(1.729)
Expenses – Non Pay	(245.904)	(142.115)	(142.440)	(0.325)
Financing	(35.878)	(20.810)	(20.520)	0.290
Surplus/(deficit) excl PSF	2.593	6.086	5.060	(1.026)
PSF Core Funding	9.576	4.309	4.309	-
MRET Funding	0.646	0.378	0.378	-
Prior Year PSF Post Accounts Allocation	-	-	0.710	0.710
Surplus/(deficit) incl PSF	12.815	10.773	10.457	(0.316)

- The Trust is £1.026m adverse to the NHSI plan control total year to date, compared with £0.065m favourable last month, representing a deterioration of £1.1m in month against plan.
- As can be seen by the graph, the profiled plan is at its highest surplus (£6m) at month 7 before reducing to the year end core control surplus of £2.6m. The profile was based on a planned level of income and associated costs, which as described in previous reports, has not been delivered. The income is expected to recover in the second half of the year, which, along with the delivery of the Division's recovery plans, provides a forecast achievement of the core control total.
- Income from activities is £1.4m adverse to plan compared to £2.2m last month. Activity based income was £0.5m lower than plan in October (£1.7m in September and £3.0m in August) and is £6.9m adverse year to date.
- Income from operations is £2.1m favourable to plan and represents additional income received during the year primarily for hosting arrangements, offset by increases in pay and non pay expenditure.
- The Divisional position worsened in the month by £1.2m, (compared to £1.5m in October and £2.5m in September), which was supported through the use of non-recurring measures.



Performance to Budget	2019/20 Annual Budget £m	Income / (Expenditure)		Variance favourable /(adverse) £m
		Budget to date £m	Actual to date £m	
Corporate Income	657.956	385.395	383.828	(1.567)
Divisions & Corporate Services	(605.192)	(349.911)	(358.248)	(8.337)
Financing	(36.161)	(20.988)	(20.520)	0.468
Reserves	(14.010)	(8.410)	-	8.410
Surplus/(deficit) excl PSF	2.593	6.086	5.060	(1.026)
PSF Core Funding	9.576	4.309	4.309	-
MRET Funding	0.646	0.378	0.378	-
Prior Year PSF Post Accounts Allocation			0.710	0.710
Surplus/(deficit) incl PSF	12.815	10.773	10.457	(0.316)

Note:

The corporate income annual budget comprises contract income (£621.8m) and education levy funding (£36.1m). Contract income differs from the NHSI plan for income from activities due to changes in the contract after the NHSI plan was submitted (£2.4m increase) and the allocation of some income from activities budgets to Divisions (£1.8m).

The income underperformance is shown in the Division's variances and the corporate income variance, which is the corporate share of contract under performance and penalties, as shown on appendix 2.

- Delivery of the NHSI plan is managed through Divisional Operating Plans and budgets set at cost centre level, assigned to budget managers.
- The corporate income adverse variance of £1.6m represents the corporate share of under performance on contract income.
- Division and Corporate Services budgets are £8.3m adverse to budget, of which £4.4m is pay and £5.4m is income from activities. Surgery is £4.2m adverse, Medicine £2.0m and Women's and Children's £1.5m. This is a deterioration of £1.2m from last month of which £0.8m is Surgery, £0.3m Medicine and £0.1m Women's and Children's.
- Non-recurring support is being used, held in reserves. The level of support used of £8.4m represents the full assessment of the reserve that is available. As reported last month it includes £1.9m from prior year income, £1m of insurance income due in respect of BHOC capital works, an assessment of release of balance sheet provisions and the remaining strategic reserve balance. It has increased by £0.324m from last month reflecting non recurring funding from NHSI for the shortfall in medical pay award tariff funding.

Section 2 – Division and Corporate Services Performance against Operating Plan

	Diagnostics & Therapies		Medicine		Specialised Services		Surgery		Women's and Children's		Non Clinical Divisions*		Total	
	M7 £m	YTD £m	M7 £m	YTD £m	M7 £m	YTD £m	M7 £m	YTD £m	M7 £m	YTD £m	M7 £m	YTD £m	M7 £m	YTD £m
Income from Activities	0.005	(0.705)	0.049	(0.538)	(0.073)	(0.564)	(0.248)	(2.870)	0.035	(1.076)	0.026	(0.014)	(0.206)	(5.768)
Income from Operations	0.016	(0.005)	0.004	(0.008)	(0.016)	(0.028)	(0.009)	(0.108)	0.001	(0.023)	(0.012)	(0.530)	(0.016)	(0.701)
Nursing & Midwifery	(0.001)	(0.005)	(0.268)	(0.837)	0.057	(0.082)	(0.115)	(0.436)	0.161	(0.233)	0.019	0.086	(0.147)	(1.506)
Medical & Dental Pay	(0.003)	0.101	(0.008)	(0.235)	(0.008)	(0.300)	(0.039)	(0.016)	(0.020)	0.069	0.024	(0.016)	(0.054)	(0.398)
Other Pay	0.012	(0.015)	(0.006)	0.013	(0.009)	(0.070)	0.017	(0.017)	(0.012)	(0.005)	(0.013)	0.213	(0.019)	0.120
Non Pay	0.007	0.092	0.004	0.122	(0.027)	0.570	(0.353)	(0.317)	(0.134)	(0.205)	(0.038)	0.238	(0.541)	0.498
Total	0.036	(0.537)	(0.225)	(1.483)	(0.076)	(0.474)	(0.746)	(3.764)	0.031	(1.473)	(0.002)	(0.024)	(0.983)	(7.755)

*Includes Estates & Facilities, Trust Services and Corporate Services

Divisions and Corporate Services are £7.8m adverse to their Operating Plans. The areas of key concern are highlighted.

Detailed information is provided by the Divisional reports (agenda item 2.3).

Diagnostic and Therapies

A favourable variance in month of £0.036m reducing the cumulative adverse variance to £0.537m.

Key variances:

Income from Activities

- A favourable variance of £0.005m in month reducing the year to date adverse variance to £0.705m. The Division's share of income shortfalls elsewhere is £0.645m adverse year to date. For services hosted by Diagnostics and Therapies, income from activities (SLA) is £0.067m favourable year to date. The hosted services variance year to date is mainly due to an adverse variance in audiology of £0.125m offset by a favourable variance for diagnostic imaging of £0.187m.

Key action:

Implement plans to improve audiology activity.

Medicine

An adverse variance in month of £0.225m resulting in a cumulative adverse variance of £1.483m.

Key variances:

Income from Activities

- A favourable variance of £0.049m in month taking the year to date adverse variance to £0.538m. Emergency inpatient income adverse by £0.506m. Follow up outpatients adverse by £0.156m year to date. Emergency inpatients (short stay) adverse by £0.115m year to date. Day cases adverse by £0.094m year to date.

Nursing pay

- An adverse variance of £0.268m in month taking the year to date variance to £0.837m. Escalation capacity (ward 512) not included in the operating plan, £0.286m year to date. ECO and RMN expenditure, £0.124m year to date. Pressure to staff ED queue, £0.264m year to date. Cost of using premium rate staffing to cover sickness and vacancies, £0.163m year to date.

Medical pay

- Within the adverse in month variance of £0.008m, Junior Doctors has an adverse variance of £0.007m taking the year to date variance to £0.242m. This represents a continued reduction in the rate of overspending.

Reasons for the adverse variance to date include additional posts previously covering rota gaps within ED earlier in the year, cover for sickness and maternity leave, costs of covering ward 512 and two additional posts continuing to cover Rheumatology 'follow up' backlogs

Key actions:

Income from activities

- Pursue coding opportunities identified through Dermatology GIRFT review (but may require coding & counting agreement).
- Continue to monitor elective activity recovery plans through monthly specialty reviews.
- Divisional 'mid-year' reviews to re-assess demand and capacity modelling/requirements.
- Consider offer of SDEC service in 2020/21.
- Dedicated 'Direct Access' day in Rheumatology to increase throughput of outpatient activity (triaged on arrival).

Nursing pay

- Division will continue to attempt to engage with commissioners and/or AWP in respect of the increasing cost of ECO nurses;
- Division continues to actively pursue overseas recruitment for another 15 Registered Nurses.
- Anticipated reduction in Tier 4 ECO usage;
- Division to continue working on substantive, Trust employed RMN (front door) model.
- Division to consider initiatives that improve retention rates for specific posts (ACPs and ENPs in ED for example);

Medical pay

- Fortnightly rota management group now created to identify opportunities to review staffing across the division in real time;
- Continue at pace to implement recruitment process changes identified through the Medical Workforce Task and Finish Group, to reduce any delays in advertising for clinical fellows to fill deanery gaps;
- Consider how to manage the impending shortfall in ED middle grade posts;

Surgery

An adverse variance in month of £0.746m resulting in a cumulative adverse variance of £3.764m.

Key variances:

Income from activities

- An adverse variance of £0.248m in month taking the year to date variance to £2.870m
- Underperformance in Oral/Dental services £0.967m due to vacancies and sickness in the medical team with pension tax issue reducing availability of additional sessions. The in month variance of £0.058m represents an improvement in run rate.
- Underperformance in Ophthalmology £0.582m partly due to vacancies and delays in delivering planned productivity gains. However the in month deterioration was improved for the second month running.
- Underperformance in Trauma and Orthopaedics £0.618m following cancelled elective activity to accommodate cancer recovery work.
- Underperformance in ENT £0.226m due to vacancies and cancellations to support cancer work during a period of bed pressures. However there was a small month improvement in run rate.

Nursing Pay

- An adverse variance of £0.115m in month taking the year to date variance to £0.436m. The run rate in month seven worsened by £0.062m which is of concern. QDU £0.113m adverse year to date due to supporting escalation activity. Adult ITU £0.192m adverse linked to acuity in the ward and vacancy cover. BRI Wards combined are £0.176m adverse due to agency costs covering vacancies and sickness.
- Non Pay – Up to month six non pay reported a favourable variance of £0.036m however a significant deterioration in month seven has taken the year to date variance to £0.317 adverse. The in month adverse variance being caused by: high levels of outsourcing £0.071m, high levels of spend on clinical supplies due to increased activity levels £0.090m, allocations from non pay reserves to pay £0.035m, and other smaller adverse variances.

Key actions:

- Income – Exploring ways of increasing capacity to avoid cancelled operations, this includes potential increased use of outsourcing and insourcing. Recruitment to vacancies and mobilising weekend sessions to recover Oral/ Dental income. Project manager in the Eye Hospital focussing on delivering income recovery. Improve theatre scheduling

processes including more forward planning and avoidance of short notice changes. The Division is working to generate lists of “standby” patients so that a list can continue with day cases of non HDU patients not proceed.

- Nursing – Division is pursuing recruitment of overseas nurses, 10 recruited to date.
- Divisional Working Smarter/ Productivity – working group focussing on identifying and implementing additional productivity/savings schemes. Focus on improving scheduling and reducing length of stay. Recruitment of an ‘extended role practitioner’ is underway to support the surgical ambulatory pathways.
- More detailed information on actions being taken regarding recovery actions are included as part of the Divisional report.
- Revised non pay controls have been implemented on the back of the implementation of the Managed Inventory System.

Specialised Services

An adverse variance in month of £0.076m resulting in a cumulative adverse variance of £0.474m.

Key variances:

Income from Activities

- An adverse variance of £0.073m in month taking the year to date variance to £0.564m. Cardiology is favourable in month £0.195m taking the year to date variance to £0.214m adverse. Cardiac surgery, £0.385m adverse through vacancies and difficulty in filling sessions. In month deterioration £0.139m. BMT income is adverse to plan by £0.303m an in month improvement of £0.100m. However levels of activity are expected to bring contract to breakeven by year end. Oncology £0.176m adverse due to capacity constraints in advance of the planned BHOC expansion and staffing vacancies. Private patients are favourable to plan by £0.177m.

Medical pay

- An adverse variance of £0.008m in month taking the year to date variance to £0.300m. Consultants are £0.105m adverse to plan, predominately due to difficulty in covering vacancies in Oncology requiring the use of high cost agency and additional sessions required to deliver activity in Haematology. Junior staff are £0.195m adverse year to date overspends are reported across specialties of Haematology, Cardiac Surgery and Oncology.

Nursing Pay

- Nursing pay is reporting an adverse variance to date of £0.082m, £0.057m favourable in month. The year to date adverse variance is due to ECO costs £0.53m, specialist nursing costs and pressures across the majority of wards.

Key actions:

- Cardiac Surgery income - Continue attempts to fill vacant.
- Cardiology income - Going back out to consultants to request additional session cover for vacant slots. Recruit a locum to cover vacant slots. Reviewing annual leave policies. Continue agreeing temporary staffing for Physiology and nursing staff to cover vacancies in these areas. Review utilisation performance of sessions.
- Oncology income - Identification of additional clinic space.
- Medical pay - Continued drives to attract and recruit oncology staff . Consider opportunities to recruit non-medical posts to cover difficult to recruit to roles. Review demand and capacity in haematology. Continue attempts to attract staff into vacancies. Review locum spend in Cardiac surgery and Cardiology.
- Nursing pay – Review ECO practices and improve application. Improve recruitment into Ward D603. Continue new CICU Friday staffing meeting. Continual development of recruitment and retention plans. Review sickness issues in C705.

Women's and Children's

A favourable variance of £0.031m in month resulting in a cumulative adverse variance of £1.473m.

Key variances:

Income from activities

- A favourable variance of £0.035m in month taking the year to date variance to £1.076m.
- Neurosurgery is £0.652k adverse, activity is below plan for this low volume high cost service.
- ED is £0.449m adverse with the levels of planned growth not being delivered. However activity has increased in September and October.
- Cardiac Surgery has seen a shortfall in elective activity for the year to date £0.538m.
- Paediatric surgery is £0.402m adverse through reduced emergency and non-elective activity

- Additional Bone Marrow Transplant activity (23 cases above plan) has provided £0.521m additional income.

Nursing Pay

- A favourable variance of £0.161m in month taking the year to date variance to £0.233m adverse.
- Costs associated with caring for patients with higher acuity have been particularly high in Caterpillar Ward resulting in additional bed capacity over the first half of the year this coupled with high agency usage has resulted in an adverse variance of £0.056m adverse year to date. However this does represent an in month improvement of £0.045m.
- Neurosciences ward costs are £0.025m adverse year to date due to high agency spend.
- PICU's nursing is £0.224m adverse to plan, due to recruitment to posts that was not factored into the original plan.

Clinical supplies

- Clinical supplies report an adverse variance of £0.141m year to date an improvement of £0.009m in month, there are adverse variances to date Cardiology and Cardiac Surgery on equipment and supplies.

Key actions:

- Income – The Division is focussed on delivery of contracted volumes and is undertaking a detailed review to determine forecast going forward and understand opportunities and threats to delivering the contract.
- Nursing – The Division is focussing on ensuring as far as possible that establishments are fully covered in the second half of the year in order to avoid agency costs. The division is also reviewing staffing levels to prepare for winter to ensure that there is sufficient capacity in the system.

Divisional progress against expected (FOT) trajectories

	Expected Trajectory to Month 07	Actual Variance at month 07	Variance	Control Total FOT
	£m	£m	£m	£m
Diagnostics & Therapies	(0.332)	(0.343)	(0.011)	0
Medicine	(1.928)	(2.023)	(0.095)	(2.400)
Specialised Services	(0.223)	(0.335)	(0.112)	0
Surgery	(3.951)	(4.188)	(0.237)	(6.000)
Women's and Children's	(1.418)	(1.474)	(0.056)	(1.500)
Estates and Facilities	(0.080)	(0.080)	-	0
Trust Services	0.055	0.051	(0.004)	0
Total	(7.877)	(8.392)	(0.515)	(9.900)

The table shows, for each Division, the expected trajectories at month seven, the actual variance against budget at month seven and, where relevant, the maximum year end deficits we require the Divisions to live within (described henceforth as the Control Total).

Variance to control total trajectories

- **Diagnostics and Therapies** – is currently on track to achieve the control total of breakeven being off trajectory by only £0.011m at month seven. There is a more favorable than expected variance on income from activities due to improvements in other divisions performance of £0.062m offset by adverse variances on pay £0.051m and non pay £0.022m.
- **Medicine** – is off trajectory by £0.095m with a worse than expected variance of £0.114m on nursing pay.
- **Specialised Services** – is off trajectory by £0.112m. There is a worse than planned variance on non pay of £0.149m. Nursing and medical staffing variances are favorable to trajectory by £0.100m, this is offset by an adverse variance on income of pay £0.58m.
- **Surgery** – is adverse to its control trajectory by £0.237m. This is due to a worsening of the non pay position in month seven. Detail of which is provided in the Divisional report.

- **Women's and Children's** – is adverse to its trajectory by £0.056m. The adverse variance on income from activities is £0.042m. Both pay and non pay show only minor variances from the planned trajectories.
- **Estates and Facilities** – The Division remains on trajectory to deliver a breakeven year end position.
- **Trust Services** – The Division remains on trajectory to deliver a breakeven year end position.

Further detail regarding Divisional performance against control total trajectories is provided in the individual Divisional Finance Committee reports.

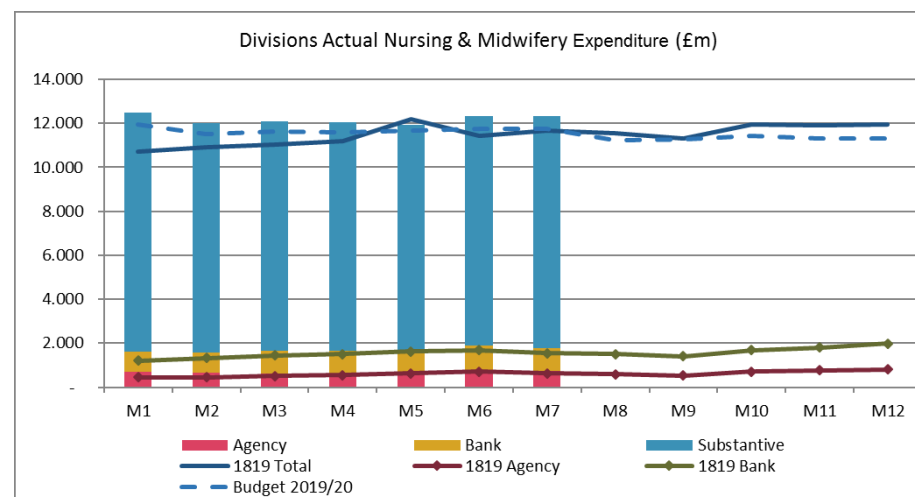
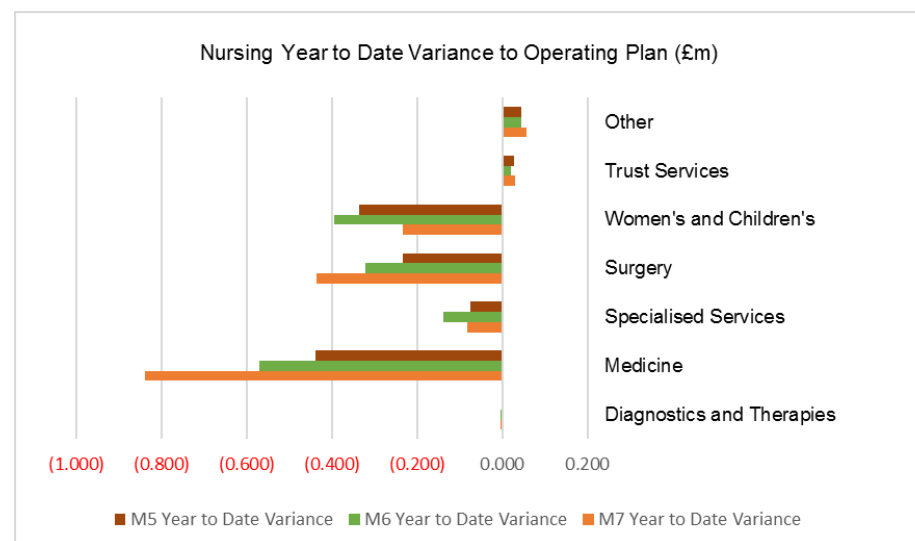
The corporate assessment of aggregate risks and key mitigations is provided in section 9.

Section 3 – Division and Corporate Services Performance against Subjective Headings

Performance against Operating Plan by subjective heading:

Subjective	Year to Date (Month 7)		
	Op. Plan	Actual	Var.
	Var	Var.	From Plan
	£m	£m	£m
Income from Activities	0.417	(5.351)	(5.768)
Operating Income	0.089	(0.612)	(0.701)
Nursing and Midwifery	(1.804)	(3.310)	(1.506)
Medical Staff - Consultants	(1.224)	(0.621)	0.603
Medical Staff - Others	(0.634)	(1.635)	(1.001)
Other Clinical staff	0.347	0.400	0.053
Non Clinical Staff	0.350	0.526	0.176
Other Pay	0.372	0.263	(0.109)
Drugs	(0.124)	(0.122)	0.002
Clinical supplies	(0.405)	0.005	0.410
Support Funding	1.175	1.175	0.000
Other non pay	0.859	0.945	0.086
Total	(0.582)	(8.337)	(7.755)

a) Nursing and Midwifery Pay



Nursing and midwifery spend continues to be significantly adverse to plan for Medicine, Surgery and Women's and Children's Divisions with Medicine having a particularly high spend month compared to plan.

Expenditure was broadly similar to the high levels seen in September (£12.330m) at £12.304m in the month. Agency expenditure increased slightly again reporting at £0.726m in month which is the highest year to date, this reflects an increase in the number of shifts worked. Bank staff costs were marginally lower than in September at £1.042m and Substantive costs also continued to increase to £10.536m.

The nursing lost time percentage for inpatient staff numbers (i.e. wte/hours worked) deteriorated from 125% last month to 127% this month, which is now 7% over the 120% allowance. This accounts for £2.678m of the year to date adverse variance. Medicine remained the highest at 132%. This is the highest lost time percentage seen so far this financial year. Children's and Women's closely followed Medicine with a worsening of 4% and 3% respectively to 131% and 129%. Surgery worsened by 1% to 122% while Specialised Services improved by 1% to 123%.

Sickness levels for registered nurses (RN) have had small increases and decreases with the only change of note being Surgery which increased from 4.0% to 4.7% in month taking it about the 3.7% target. Specialised is the only Division to be below 3% for the third month running despite a small in month increase. Sickness levels for nursing assistants (NA's) have decreased for the second month running with the exception of Surgery which held at a similar level to September (7.2% against a target to 4.5%) and Women's services which increased from increased from 5.8% to 7.7%. All Divisions except Specialised and Children's services are above target.

Vacancies for registered nurses (RN) have dropped in all areas, which is reflected in the increased substantive pay costs. Although all but Women's and Children's nurses are above the 5% plan. The highest RN vacancy rate remains within Surgery at 9.1%. Vacancies for nursing assistant's (NA's) are below plan in October for Medicine for the first time since April and continue to be below plan for Children's services. The other Divisions are above plan, with the

highest vacancy rate in Surgery at 12.6% - this is broadly as per the run rate to date.

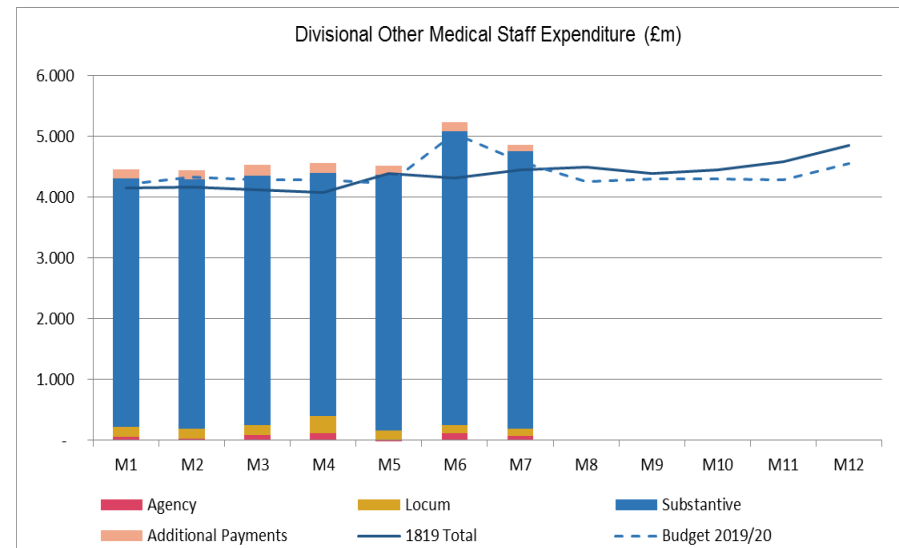
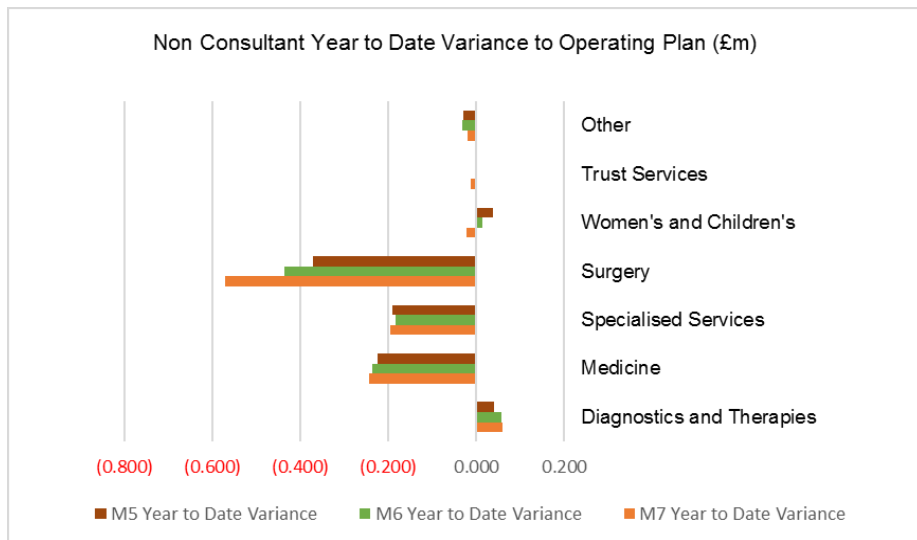
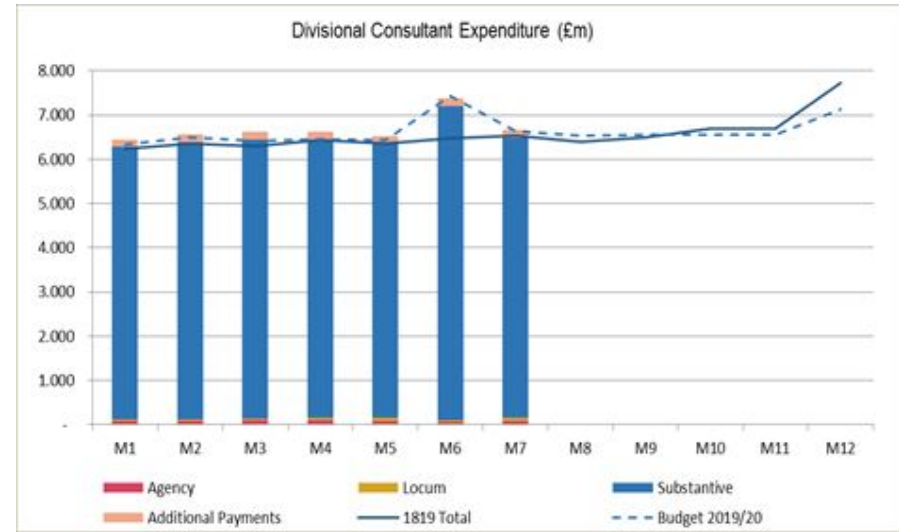
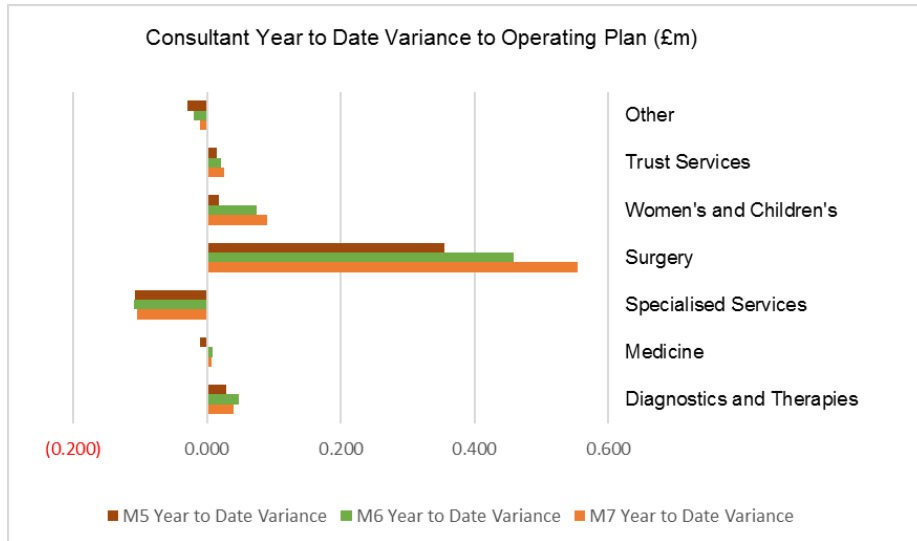
The cost of ECO's reduced slightly in month from £0.242m in September to £0.236m in October. This is due to the lowest month year to date for Women's and Children's at £0.006m, which is down from last months value of £0.038m. The service has recruited to substantive mental health support posts (as planned) thus reducing reliance on external support costs. Medicine ECO costs were the highest to date at £0.166m which reflects both increased shift numbers and a premium cost linked to using more agency rather than bank.

Medicine continues to have the highest variance to Operating Plan for nursing staff at £0.837m adverse year to date, this is a significant worsening of the run rate year to date. Expenditure increased by £0.116m in the month compared to September with increases on both agency and substantive staffing. The substantive staff costs reflected in part the supernumerary working of new starters in October, with the increases in agency linked to a lack of suitable bank staff. The largest contributing factors for the adverse position to plan are the escalation ward (A512) remaining open (£0.286m year to date), staffing the ED queue (£0.264m) and the cost of ECO's and RMN's (£0.124m).

Surgery continued to worsen with an in month adverse position of £0.115m and are now the second most adverse to plan at £0.436m year to date. In October additional capacity was opened which deteriorated the in month position by £0.020m and payments of overtime and to agency staff to support theatres activity further had an impact of £0.024m. In addition the adverse variance on QDU and T&O wards continued with both vacancies and sickness needing cover.

Women's and Children's is £0.233m adverse year to date, an improvement in month of £0.161m. This is in part due to additional capacity planned in ED to cover winter pressures and Caterpillar ward maintaining service whilst not having filled all winter vacancies and using less agency cover. New starters in October have also supported the position in Obstetrics and Gynaecology which had previously struggled due to vacancies and sickness being covered by agency.

b) Medical and Dental Pay



Medical and Dental pay in total has a year to date adverse variance to Operating Plan of £0.398m. Consultant expenditure is favourable to plan (£0.603m) with non consultant expenditure being £1.001m adverse to plan.

Absolute expenditure on Medical and Dental staff in Division was £11.537m which is c£0.200m higher than the year to date average. Whilst there was a small increase in agency and locum payments across the Trust, the majority of the increase was due to an overall increase in substantive staff payments. This reflects an increase in the numbers of both Consultant and Non Consultant medical staff in post.

Additional payments to substantive Consultants rose slightly from £0.176m in September to £0.187m in October, but reduced for other medical staffing to the lowest rate to date £0.108m in October compared to £0.147m in September and an average year to date of £0.156m.

However the cost of substantive pay for non consultants rose to £4.567m in October, compared to a year to date average of £4.224m. The largest increases were seen in Women's and Children's and Surgery where the number of staff in post also increased.

Specialised Services is adverse to plan for both consultant and other medical staffing – totalling £0.300m adverse year to date. The consultant position, £0.105m adverse year to date, a small improvement on September. The year to date position is due to overspends in Oncology and Haematology, due to the premium of cost of vacancy cover and a shortage of available staff to recruit substantively. The in month improvement reflects vacancies in Cardiac Anaesthesia and Clinical genetics. Other medical staff is £0.195m adverse year to date, £0.012m in month. Overspends reflect cover for vacancies in the year to date and the cost of additional sessions and maternity cover in particular in October.

Medicine has a total medical staffing position of £0.235m year to date which is entirely due to other medical staff. However the rate of overspend has significantly slowed with the actual expenditure being lower in October than previous months. The ED rota is now fully staffed and reliance on locum cover as reduced, however ward A512 is still requiring cover either through additional sessions or locums.

Surgery has a large favourable year to date variance to plan for consultants (£0.554m) but an adverse variance for other medical staff (£0.570m). The consultant variance is driven by vacancies in Dental and Trauma & Orthopaedics as well as lower spend in Ophthalmology due to both vacancies and lower uptake of additional sessions. The adverse variance on 'other medical staff' is caused by additional session costs over and above the level of vacancies in particular in Anaesthetics and the Eye Hospital. The run rate has remained reasonably steady over the last three months, neither deteriorating nor improving significantly.

Section 4 – 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	0.081	13.800	13.697	(0.103)
Bone Marrow Transplants	0.148	5.007	5.241	0.235
Critical Care Beddays	0.330	31.785	32.846	1.061
Day Cases	(0.203)	24.680	24.064	(0.615)
Elective Inpatients	(0.616)	36.703	33.223	(3.480)
Emergency Inpatients	(0.070)	65.365	62.874	(2.491)
Excess Beddays	0.030	3.771	3.506	(0.265)
Non-Elective Inpatients	(0.210)	19.537	20.075	0.539
Other	0.188	42.234	41.866	(0.367)
Outpatients	(0.174)	49.398	47.482	(1.915)
Total Activity Based	(0.496)	292.279	284.876	(7.403)
Contract Penalties	(0.010)	(0.798)	(1.070)	(0.272)
Contract Rewards	0.022	3.238	3.298	0.060
Pass through payments	1.192	49.213	52.244	3.031
Prior Year Income		1.438	1.438	0.000
Other	0.092	19.497	20.130	0.633
PSF Funding		4.309	4.309	0.000
Prior Year PSF Allocation			0.710	0.710
2019/20 Total	0.800	369.176	365.935	(3.241)

- Activity based income was £0.5m adverse in October, (compared to £1.7m adverse in September), resulting in a £7.4m adverse position year to date. The movement in month was significant in elective and non-elective inpatients, day cases and outpatients.
- Elective inpatients are £3.5m below plan to date, of which £0.7m is within Surgery, £0.8m in Specialised Services and £1.1m in Women's and Children's with Trust overheads share being £0.6m.
- Emergency inpatients are £2.5m below plan to date of which £0.4m is within Surgery, £0.6m in Medicine and £0.6m in Women's and Children's with Trust overheads share being £0.6m.
- Critical care beddays are favourable to plan by £1.1m year to date most notably in adult critical care (£0.2m), paediatric HDU (£0.3m) and NICU (£0.3m).
- Outpatients is £1.9m below plan to date. Surgery is £1.0m below plan and Specialised Services is £0.4m below plan, with Trust overheads share being £0.5m.
- The Trust has received penalties of £1.1m year to date, £0.3m greater than planned. This is predominantly due to RTT 52 week waits and cancelled operations.
- CQUIN performance is on plan and forecast outturn is still 83%.
- Income relating to pass through payments was £1.2m above plan in October, and is £3.0m above plan to date. Excluded drugs are £2.8m above plan which includes CAR-T cell therapy products.
- The level of un-coded spells has improved significantly to 93% compared to 79% for September and 83% for August.

Section 5 – Savings Programme

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

	2019/20 Annual Plan £m	Year to date		
		Plan £m	Actual £m	Variance fav/ (adv) £m
Allied Healthcare Professionals	0.025	0.015	0.015	-
Blood	0.133	0.081	0.081	-
Diagnostic Testing	0.181	0.052	-	(0.052)
Estates & Facilities	0.420	0.264	0.264	-
Healthcare Scientists Productivity	0.139	0.081	0.022	(0.059)
HR Pay and Productivity	0.058	0.037	0.037	-
Income, Fines and External	0.579	0.351	0.345	(0.005)
Medical Pay	0.286	0.168	0.154	(0.014)
Medicines	1.070	0.763	1.078	0.316
Non-Pay	4.200	2.582	2.599	0.017
Nursing Pay	0.369	0.172	0.136	(0.035)
Other / Corporate	1.361	0.794	0.794	-
Productivity	5.619	3.346	1.972	(1.374)
Trust Services	0.490	0.286	0.284	(0.002)
Plans in development	1.945	1.135	-	(1.135)
Total	16.876	10.125	7.781	(2.344)

Analysis by Division:

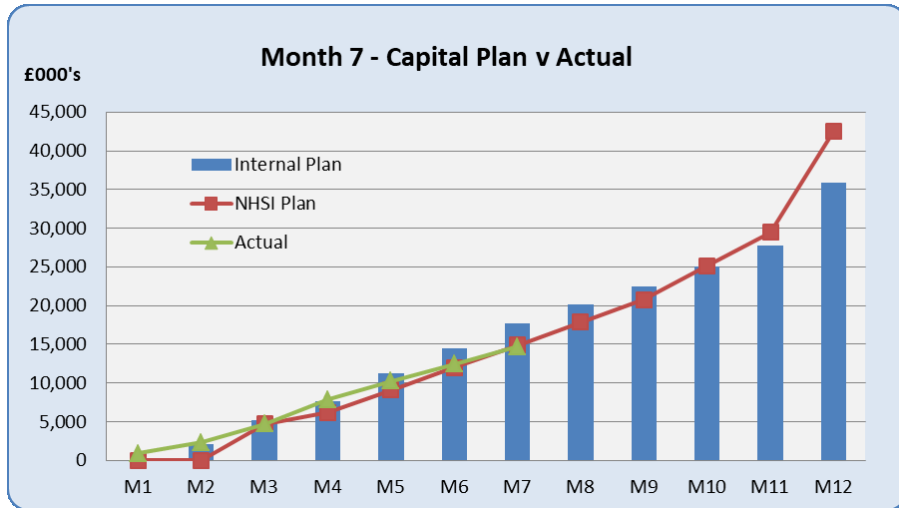
	2019/20 Annual Plan £m	Year to date		
		Plan £m	Actual £m	Variance fav/(adv) £m
Diagnostics & Therapies	1.625	0.939	0.823	(0.116)
Medicine	2.832	1.574	0.746	(0.828)
Specialised Services	1.992	1.300	1.311	0.011
Surgery	4.577	2.886	1.630	(1.256)
Women's & Children's	3.366	1.961	1.738	(0.224)
Estates & Facilities	0.512	0.314	0.382	0.068
Finance	0.158	0.092	0.092	(0.001)
Human Resources	0.101	0.063	0.059	(0.004)
IM&T	0.164	0.092	0.095	0.004
Trust Headquarters	0.188	0.109	0.110	0.001
Miscellaneous Support	0.216	0.126	0.126	-
Corporate/Capital Charges	1.145	0.668	0.668	-
Total	16.876	10.125	7.781	(2.344)

- The savings requirement for 2019/20 is £16.876m. To date, the Trust has achieved savings of £7.781m against a plan of £10.125m leaving a shortfall to date of £2.344m.
- Surgery is £1.256m behind plan of which £0.582m relates to underachievement on productivity plans, the balance is represented by minor slippage on existing plans and a remaining gap which will have to be found through maturing schemes currently in the Divisional pipeline but which are as yet insufficiently developed.
- Medicine is £0.828m behind plan to date. The currently worked up plans are on track to deliver, however the balance will need to be delivered by maturing schemes currently in the Divisional pipeline.
- The Trust is forecasting to make savings of £14.493m by year end, 86% of plan. This is deterioration of £0.545m from the forecast in September. Forecast delivery for Medicines and Non-Pay have improved by £0.090m, however, Productivity has deteriorated by £0.618m; the balance is due to minor changes in other workstreams.

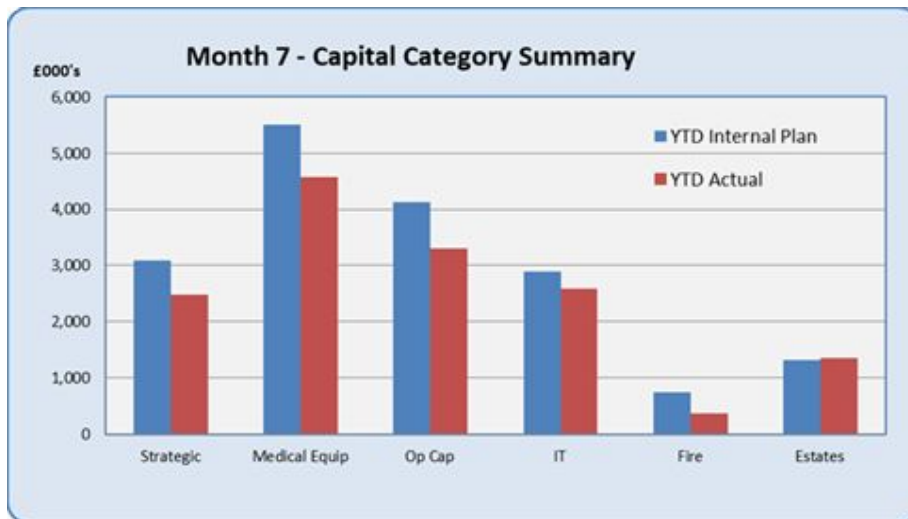
Key Actions:

- The in year performance and forecast outturn are reviewed and challenged in detail at the monthly Divisional Savings Programme reviews and at the Cost Savings Delivery Group as well as Divisional Finance and Ops reviews.

Section 6 – Capital Programme



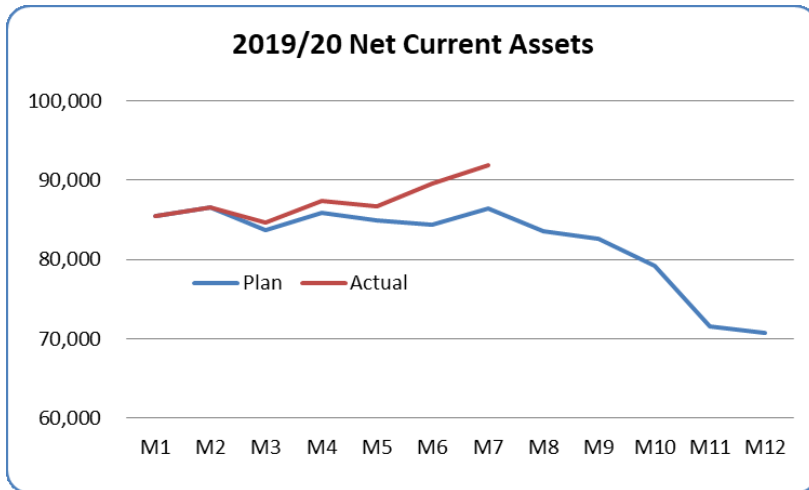
Programme Analysis



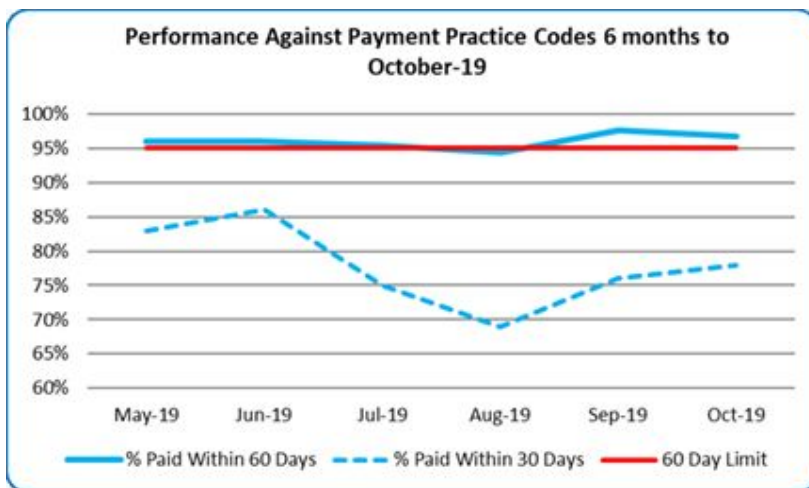
Key Points

- The forecast outturn was updated at quarter 2 to £35.817m.
- The reassessment of the Strategic Capital Clinical Services programme continues with the estate master planning exercise and infrastructure review due by the end of November. The outcome of these will allow the critical schemes to be identified and taken forward in 2020.
- At 31st October capital expenditure was £14.672m against a profiled internal plan of £17.673m, £3.001m behind plan. The variance can be seen in the programme analysis chart.
- The key variances were medical equipment, operational capital and strategic schemes which were behind plan by £0.920m, £0.829m and £0.611m respectively. Variances principally relate to timing differences. The majority of medical equipment variances are forecast to complete by the end of March; however a number of operational and divisional capital schemes are at risk of slipping into 2020/21.
- Expenditure in the second half of the year is expected to increase with the commencement of high value schemes such as Combined Heat and Power, Cardiology stage 1 (replacement cath labs) and the procurement of diagnostic equipment.
- The medical equipment schemes continue to be prioritised by the Trust Capital Group (TCG) to ensure efficient use of the resource capacity within Bristol & Weston Procurement Consortium while minimising operational risk. It was agreed at Capital Programme Steering Group the estates based schemes will also be prioritised by TCG to ensure resources are allocated to the key operational schemes.
- The fire improvement programme is behind plan, by £0.383m. The programme is split into two phases, the profile in the chart reflects Phase 1. Phase 2 is currently out to tender with works planned to commence in February. The scope of Phase 1 has been reduced, with that element of the planned works added into phase 2 also allowing operational impact of the works to be appropriately managed.

Section 7 – Statement of Financial Position and Cashflow



Payment Performance



Key Points

- The net current assets at 31 October were £91.861m, £5.429m higher than the NHSI plan.
- The Trust’s cash and cash equivalents balance was £135.3m, £24.6m higher than the NHSI plan. The higher cash balance primarily relates to the revised capital programme which has reduced from £57m to £36m, higher deferred income owing to Health Education England paying quarterly in advance and movement on working capital.
- The cash balances forecast outturn increased by £0.450m to £116.940m as Public Dividend Capital for LED lighting can now be drawn down in year following the government’s announcement of additional capital funding being made available in 2019/20.
- The receivables position of £21.867m increased in month by £0.352m however receivables over 90 days old decreased by £0.163m to £5.035m. Furthermore, the Trust received £2.501m in November for invoices outstanding at 31 October.
- In October, 96% of invoices were paid within the 60 day target set by the Prompt Payments Code and 78% were paid within the 30 day target set by the Better Payment Practice Code (BPPC).

Section 8 - Risk

There is one relevant Strategic and two Corporate financial risks. These were considered and reviewed at Risk Management Group (RMG) in October.

Corporate Risks

Risk 959 – Risk that the Trust fails to deliver the Operational Plan

The Divisions' Operating Plans underpin the delivery of the Trust's annual Operational Plan, fundamental to delivering the Trust's Financial Strategy. If the Divisions' don't deliver their annual operating plans through controlling costs, delivering activity and delivering savings targets then the Trust risks delivery of the 2019/20 operational plan impacting on the Trust's Financial Strategy and liquidity and risks regulatory intervention.

Controls in place are:

1. The requirement of a balanced Divisional Operating Plan with monthly finance and operational performance reviews between Divisional Boards and Executive Directors to identify risks to delivery.
2. Escalation and requirement for recovery plans when operating plans are not being delivered.
3. Risk assessed savings programme reported and managed through the Savings Delivery Board
4. Productivity programme led by COO focussing on GIRFT, Model Hospital and other benchmarking
5. Focus on pay controls through nursing and medical steering groups
6. Focus on non pay controls through the non pay steering group

The risk was assessed as likely x major = 16 (very high risk). Likely due to the Divisional FOT exceeding both the Recovery Plans and original Operating Plan. Major because whilst non-recurring measures have been identified to cover the FOT, the underlying deficit compromises the 2020/21 planning.

The actions to mitigate the risk have been to implement actions within the Divisional recovery plans with Executive oversight.

Risk 1843 – Risk of failure to achieve Trust's Core Control Total

The Trust has accepted the core control total offered by NHS improvement. If the Trust doesn't achieve its core control total for 19/20 it risks receipt of £9.576m PSF which reduces the source of funding for the strategic financial plan. The Trust would need to agree a recovery plan with the regulator and risk regulatory intervention.

Controls in place:

1. Monthly review with reporting to the Finance Committee
2. Divisional reviews regarding delivery of operating/recovery plan
3. Risk assessed savings programme reported and managed through the Savings Delivery Board
4. Review and management of non-recurring corporate measures to mitigate in year cost pressures

The risk was assessed at month 5 as likely x moderate = 12 (high risk).

This risk is linked with risk 959 above. It differs in that whilst the operating plans may not be delivered, there is the potential to offset the deficits by the use of non-recurring measures and therefore still achieve the control total. The actions to mitigate this risk are the same as for risk 959 above plus an increased focus on identifying further non recurring technical measures to be able to offset the potentially higher than forecast Divisional deficits.

At month 7 the run rate for the Divisional overspend has reduced, although as described in risk 959, delivery of the recovery plans is unlikely. £8.9m of non-recurring cover has been identified with further technical measures being explored. Therefore the current risk is now considered as possible x moderate. It will be formally reviewed at RMG in January.

Strategic Risks

Risk 416 – Risk that the Trust may not be able deliver the Trust's Financial Strategy

The Trust's Strategic Capital Programme and Medium Term Financial Plan (MTFP) requires a continued level of operating surplus and other funding including PSF to finance investments. The risks to delivery are:

1. The core control total surplus is not delivered, reducing the Trust's retained cash, including the loss of PSF, available for investment
2. The cost of capital schemes increases beyond that provided for, requiring the plan to be changed through reducing content, deletion or deferral of schemes or seeking alternative funding
3. Additional schemes identified requiring additional funding sources or re-prioritisation
4. External regulation on the use of Trust resources (this may include the requirement to share resources within an STP or restrictions on the use of cash surpluses)
5. Change in national financial strategy removing the PSF funding.

Controls in place include:

1. Delivery of the 2019/20 core control total through the controls described under risks 959 and 1843.
2. Effective control of the capital programme through CPSG.
3. Engagement at a national level regarding any proposed external regulation.
4. System working to manage and influence investment within the STP
5. Continued effective working relationship with charitable partners

The current risk is possible x moderate = 9, (high risk).

Actions to mitigate this risk are those referred to in the corporate risks above. In addition, the Trust will refresh the Medium Term Financial Plan at the beginning of 2020 in response to internal and external factors (including local and national developments).

Weston merger risks:

An emerging risk is the financial risk of merger with Weston. The risk of adequate financial support to undertake the transaction and organisational change required as well as the ongoing risk of diluting UH Bristol's liquidity and financial strategy. The assessment of risk will be undertaken with the completion of the FBC.

Section 9 - Corporate Assessment of Aggregate Risks and Key Mitigations

As summarised in Section 2, the minimal expectation is that the Divisions deliver on the proposed control totals set at just under £10.0m. With the exception of Surgery, these control totals are based on projections and, in some cases, recovery plans provided by the Divisions themselves at the end of Month 6. In Surgery's case, their own forecast of £5.0m has been re-assessed at a more likely £6.0m deficit.

Our latest corporate assessment is that we should still aim to mitigate a higher level of risk, that we have estimated at £11.0m – i.e. £0.5m lower than the figure reported in Month 6.

To set against that level of deficit, we now have £8.5m of reserves that we have identified as available to support the bottom-line of the Trust. It is important to note that only £4m of these reserves are available on a recurrent basis, being the strategic reserve held for investment.

We therefore have an estimated, uncovered deficit of £2.5m that must be resolved by the end of the financial year, an improvement on the £3.5m reported last month.

To this end, the following actions will continued to be pursued:

Key Mitigations

1. We will continue to hold Divisions to account in terms of the commitments made in setting initial Operating Plans and, where relevant, Financial Recovery Plans. This will include 'stretch targets' for all areas where there is potential to improve upon the assessment behind the control totals.
2. We will continue negotiations with key commissioners regarding the potential for reaching an early agreement in terms of the year-end income position on our SLA's.
3. We will continue to explore the potential for further technical financial opportunities, including the release/reduction in of provisions within the balance sheet, in order to support the delivery of the overall financial plan.

Conclusion

Delivering the control total for 2019/20 remains achievable but will rely on the successful delivery of a combination of the mitigating actions described above. However, it is already apparent that the delivery this year will only be achieved through the use of a significant level of non-recurrent reserves.

Given the main financial pressure this year relates to our under-performance in terms of activity, this will also create a compounding pressure in 2020/21, in terms of the reduced income baseline. Given this context, it is clearly vital for the Trust to get to a position of greater confidence in terms of delivering this year, as soon as possible, in order to shift the focus towards the sustainable recovery going into next year.

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST
Finance Report 2019– Summary Income & Expenditure Statement

Appendix 1

Approved Budget / Plan 2019/20 £'000	Heading	Position as at 31st October			Actual to 30th September £'000
		Plan £'000	Actual £'000	Variance Fav / (Adv) £'000	
627,370	Income				
	From Activities	369,575	362,353	(7,222)	307,612
95,989	Other Operating Income (excluding PSF & MRET)	56,518	55,907	(611)	47,749
723,359	Sub totals income	426,093	418,260	(7,833)	355,361
	Expenditure				
(420,652)	Staffing	(245,863)	(250,240)	(4,377)	(214,089)
(249,943)	Supplies and Services	(144,746)	(142,440)	2,306	(119,853)
(670,595)	Sub totals expenditure	(390,609)	(392,680)	(2,071)	(333,942)
(14,010)	Reserves	(8,410)	-	8,410	-
38,754	Earnings before Interest, Tax, Depreciation and Amortisation	27,074	25,580	(1,494)	21,419
5.36	EBITDA Margin - %		6.12		6.03
	Financing				
(23,939)	Depreciation & Amortisation – Owned	(13,833)	(13,983)	(150)	(11,885)
244	Interest Receivable	142	502	360	421
(216)	Interest Payable on Leases	(126)	(127)	(1)	(108)
(2,300)	Interest Payable on Loans	(1,368)	(1,369)	(1)	(1,174)
(9,950)	PDC Dividend	(5,803)	(5,543)	260	(4,975)
(36,161)	Sub totals financing	(20,988)	(20,520)	468	(17,721)
2,593	NET SURPLUS / (DEFICIT) before Technical Items excluding PSF & MRET	6,086	5,060	(1,026)	3,698
9,576	Provider Sustainability Funding (PSF) – Core	4,309	4,309	-	3,351
646	Marginal Rate Emergency Tariff (MRET)	378	378	-	324
-	Prior year PSF post accounts reallocation	-	710	710	710
12,815	SURPLUS / (DEFICIT) before Technical Items including PSF & MRET	10,773	10,457	(316)	8,083
	Technical Items				
3,800	Donations & Grants (PPE/Intangible Assets)	2,000	920	(1,080)	920
(1,393)	Impairments	-	-	-	-
505	Reversal of Impairments	-	-	-	-
(1,590)	Depreciation & Amortisation – Donated	(920)	(947)	(27)	(810)
14,137	SURPLUS / (DEFICIT) after Technical Items including PSF & MRET	11,853	10,430	(1,423)	8,193

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST
Finance Report October 2019 – Divisional Income & Expenditure Statement

Approved Budget / Plan 2019/20	Division	Total Budget to Date	Total Net Expenditure / Income to Date	Variance [Favourable / (Adverse)]				Total Variance to date	Total Variance 30th September	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 PSF & MRET)											
621,847	Contract Income	364,489	364,489	-	-	-	-	-	-			
-	Penalties	-	43	-	-	-	43	43	37			
-	Contract Rewards	-	60	-	-	-	60	60	39			
-	Overhead share of income variance	-	(1,670)	-	304	-	(1,974)	(1,670)	(1,237)			
36,109	NHSE Income	20,906	20,906	-	-	-	-	-	-			
657,956	Sub Total Corporate Income	385,395	383,828	-	304	-	(1,871)	(1,567)	(1,161)			
	Clinical Divisions											
(60,498)	Diagnostic & Therapies	(35,092)	(35,435)	528	(370)	47	(548)	(343)	(366)	194	(537)	
(86,269)	Medicine	(50,581)	(52,604)	(2,264)	787	(8)	(538)	(2,023)	(1,687)	(540)	(1,483)	
(119,108)	Specialised Services	(69,155)	(69,490)	(656)	807	30	(516)	(335)	(265)	139	(474)	
(118,973)	Surgery	(69,529)	(73,717)	(1,398)	148	(108)	(2,830)	(4,188)	(3,422)	(424)	(3,764)	
(138,680)	Women's & Children's	(80,949)	(82,423)	(1,182)	623	24	(939)	(1,474)	(1,377)	(1)	(1,473)	
(523,528)	Sub Total – Clinical Divisions	(305,306)	(313,669)	(4,972)	1,995	(15)	(5,371)	(8,363)	(7,117)	(632)	(7,731)	
	Corporate Services											
(40,589)	Estates and Facilities	(23,252)	(23,332)	90	(85)	(1)	(84)	(80)	(76)	4	(84)	
(33,675)	Trust Services	(18,760)	(18,709)	329	(236)	(42)	-	51	39	(13)	64	
(7,400)	Other	(2,593)	(2,538)	176	329	(554)	104	55	50	59	(4)	
(81,664)	Sub Totals – Corporate Services	(44,605)	(44,579)	595	8	(597)	20	26	13	50	(24)	
(605,192)	Sub Total (Clinical Divisions & Corporate Services)	(349,911)	(358,248)	(4,377)	2,003	(612)	(5,351)	(8,337)	(7,104)	(582)	(7,755)	
(14,010)	Reserves	(8,410)	-	-	8,410	-	-	8,410	8,086			
(14,010)	Sub Total Reserves	(8,410)	-	-	8,410	-	-	8,410	8,086			
38,754	Earnings before Interest,Tax,Depreciation and Amortisation	27,074	25,580	(4,377)	10,717	(612)	(7,222)	(1,494)	(179)			
	Financing											
(23,939)	Depreciation & Amortisation – Owned	(13,833)	(13,983)	-	(150)	-	-	(150)	(53)			
244	Interest Receivable	142	502	-	360	-	-	360	299			
(216)	Interest Payable on Leases	(126)	(127)	-	(1)	-	-	(1)	-			
(2,300)	Interest Payable on Loans	(1,368)	(1,369)	-	(1)	-	-	(1)	(1)			
(9,950)	PDC Dividend	(5,803)	(5,543)	-	260	-	-	260	(1)			
(36,161)	Sub Total Financing	(20,988)	(20,520)	-	468	-	-	468	244			
2,593	NET SURPLUS / (DEFICIT) before Technical Items excluding PSF & MRET	6,086	5,060	(4,377)	11,185	(612)	(7,222)	(1,026)	65			
9,576	Provider Sustainability Funding (PSF) – Core	4,309	4,309	-	-	-	-	-	-			
646	Marginal Rate Emergency Tariff (MRET)	378	378	-	-	-	-	-	-			
	Prior year PSF post accounts reallocation	710	710	-	-	710	-	710	710			
10,222	Sub Total PSF & MRET	4,687	5,397	-	-	710	-	710	710			
12,815	SURPLUS / (DEFICIT) before Technical Items including PSF & MRET	10,773	10,457	(4,377)	11,185	98	(7,222)	(316)	775			
	Technical Items											
3,800	Donations & Grants (PPE/Intangible Assets)	2,000	920	-	-	(1,080)	-	(1,080)	420			
(1,393)	Impairments	-	-	-	-	-	-	-	-			
505	Reversal of Impairments	-	-	-	-	-	-	-	-			
(1,590)	Depreciation & Amortisation – Donated	(920)	(947)	-	(27)	-	-	(27)	(24)			
1,322	Sub Total Technical Items	1,080	(27)	-	(27)	(1,080)	-	(1,107)	396			
14,137	SURPLUS / (DEFICIT) after Technical Items including PSF & MRET	11,853	10,430	(4,377)	11,158	(982)	(7,222)	(1,423)	1,171			

Item to follow:

Agenda item 13

Chair's Report for the Finance Committee

Meeting of the Board of Directors in Public on Thursday 28 November 2019

Report Title	Register of Seals Report – Q2 Update
Report Author	Mark Pender, Head of Corporate Governance
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary
<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 July 2019.</p>
2. Key points to note <i>(Including decisions taken)</i>
<p>Standing Orders for the Trust Board of Directors stipulate 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>
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.
5. History of the paper Please include details of where paper has previously been received.
<p>N/A</p>

Register of Seals – July 2019 – November 2019

Reference Number	Date Signed	Document	Authorised Signatory 1	Authorised Signatory 2	Witness	Additional Comments
819	26/07/2019	Deed of Variance Roche and UHBristol	Robert Woolley	Neil Kemsley	Sophie Melton-Bradley	Agreement Reached following discussions between UH Bristol, BWPC and Roche. Signed off at MES Procurement Board on which UHB sits
820	26/07/2019	Lease for Boots UK Pharmacy	Robert Woolley	Neil Kemsley	Sophie Melton-Bradley	Contract extension from 27 th September 2018 – 26 th September 2020
821	30/09/2019	Renewal Lease for Chapter House University Cafe	Robert Woolley	Neil Kemsley	Eric Sanders	This is a renewal lease superseding the existing one, heads of terms agreed by Ceit Scott, Dental School Manager.
822	30/09/2019	JCT Intermediate Building Contract 2016	Robert Woolley	Neil Kemsley	Eric Sanders	The approval to proceed with award of the contract was by the Capex Process, signed off by Dir estates, Dir Finance, Dir Procurement
823	24/09/2019	P22 Framework Agreement: Strategic Development Programme (Phase 5) NEC3 ECC Option C Target Contract with Activity Schedule applying to: <ol style="list-style-type: none"> 1. Strategic Outline Business Case 2. Outline Business Case 3. Full business Case 4. Completion of 	Robert Woolley	Neil Kemsley	Eric Sanders	DH approved framework documentation.

Register of Seals

		substantial design, construction and handover				
824	23/09/2019	Renewal lease for 5A Whitefriars to continue their tenancy until the end of service contract	Robert Woolley	Neil Kemsley	Eric Sanders	This is a renewal lease superseding the existing one, heads of terms agreed by Sue Taylor. The contract to host the service until March 31st 2022 has been signed by the Chief Exec.
825	15/10/2019	P22 Framework Agreement Strategic Capital Programme (Phase 5) - Cath Lab	Robert Woolley	Neil Kemsley	Mark Pender	DH approved framework documentation.
826	15/10/2019	P22 Framework Agreement Strategic Capital Programme (Phase 5) - Cardiovascular Research Unit project	Robert Woolley	Neil Kemsley	Mark Pender	DH approved framework documentation.
827	07/11/2019	Deed for General Hospital	Robert Woolley	Neil Kemsley	Eric Sanders	This is a continuation of the sale agreement of the BGH and a legal requirement for engrossments to be signed and sealed in order to be valid.

Meeting of the Board of Directors in Public on Thursday 28 November 2019

Report Title	Governors' Log of Communications
Report Author	Kate Hanlon, Membership Engagement Manager
Executive Lead	Jeff Farrar, Chair

<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.</p>
<p>2. Key points to note <i>(Including decisions taken)</i></p> <p>Since the last Board, three questions have been raised and answered.</p>
<p>3. Risks If this risk is on a formal risk register, please provide the risk ID/number.</p> <p>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 Information.
<p>5. History of the paper Please include details of where paper has <u>previously</u> been received.</p> <p>N/A</p>

ID **Governor Name**

229 John Rose

Theme: Staff access to IT**Source:** Project Focus Group**Query** **07/11/2019**

In the interest of helping improve the response to the staff survey, are there computers available in different areas of the hospitals which staff who are not desk based can use and thus have access to the survey and other relevant UH Bristol staff related news/information. Do these staff have time within their working hours to get access and are any IT training needs taken into consideration?

Division: Trust-wide**Executive Lead:** Director of People**Response requested:** 21/11/2019**Response** **19/11/2019**

Since we launched the online NHS staff survey in 2018 we have increased our staff survey response rate from 43% to 52%, a 9% increase on the previous year.

Naturally in the transition period from paper to online we recognised the issue of access to the survey may be a risk. We have utilised a comprehensive and robust communication campaign to encourage staff to 'take 10 minutes' with the hope that this will increase confidence across the organisation, that the time taken away from work is short and practical.

The system relies on individual work email addresses (only accessible by the individual member of staff) and therefore relies on local PC availability. We have discussed alternatives with our IT experts as to whether we could be more flexible with annual access to a number of PCs, unfortunately there are no resources.

However there a number of things to support access:

- Forward your survey to your phone or personal laptop
- Access to the Trust Library PCs to complete,
- Communication plan to support managers.

There are also a number of local activities and initiatives that provide access and personal space which include:

- Coffee and cake morning
- Extra tea breaks
- Time and space prior to the end of a shift to complete
- Estates team has set up a job on their operational work system, Agility, providing a 20 min allocated slot for completion (currently 70% response rate)
- Trial of suite of PCs accessible in the education centre.

ID Governor Name

We work in partnership with Divisions and managers on a daily, and more formally weekly basis, to motivate and support access to Survey solutions.

There remain a group of approx. 900 staff who receive the survey on paper. This group includes facilities staff who do not have regular access to a PC and staff on maternity/paternity leave etc.

Status: *Awaiting Governor Response*

228 Kathy Baxter

Theme: Weston merger

Source: Project Focus Group

Query 31/10/2019

Can governors be assured that the Board remains sufficiently focused on issues at UH Bristol and has not been too far diverted by the demands of the Weston merger process. Does the merger process adequately take into account the risks to our own performance?

Division: Trust-wide

Executive Lead: *Director of Strategy and Transformation*

Response requested: 14/11/2019

Response 06/11/2019

As part of the preparatory work for the Weston merger the Board has identified that there is a potential risk to UHB performance due to the additional work required to successfully complete the transaction. This risk is included on the Corporate Risk Register and monitored through the Board every three months.

The risk recognises that UH Bristol business as usual activities and performance could be adversely affected, risking delivery of Trust corporate objectives as the merger will require expert input from staff across the organisation that cannot be solely provided on a project basis.

The controls put in place to mitigate the risk are:

- A Transaction Programme Team have been appointed to support organisation with general and subject specific support.
- The Transaction Programme Team are targeted in specifying requirements from the business as usual divisional operational teams to reduce the impact on them and maximise the efficient use of any available resource.

Status: *Awaiting Governor Response*

ID **Governor Name**

227 Chrissie Gardner

Theme: Bank staff**Source:** From Constituency/ Members**Query** **03/10/2019**

I'm concerned to hear that our bank staff are not invited to participate in our annual staff survey. Why is this the case, and, if not through the staff survey, how can we ensure that we're getting feedback from this valued section of our workforce?

Division: Trust-wide**Executive Lead:** Director of People**Response requested:** 17/10/2019**Response** **04/10/2019**

It is a national decision for Bank staff not to be part of the annual NHS Staff Survey. In the Trust we are committed to all staff having a voice and sharing their experience at work. With this in mind we have a Bank only staff Friends and Family test which provides an opportunity to not only to respond to the questions regarding whether they would recommend the organisation to receive treatment or as a place to work and includes free text for comments and feedback.

Status: Closed