University Hospitals Bristol NHS
NHS Foundation Trust

Agenda for a Public Meeting of the Trust Board of Directors to be held on 28 May 2014 at 10:30 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Item	*Sponsor*	*Page*
1. Chairman's Introduction and Apologies To **note** apologies for absence received.	Chairman	
2. Declarations of Interest In accordance with Trust Standing Orders, all members present are required to declare any conflicts of interest with items on the Meeting Agenda.	Chairman	
3. Minutes and Actions from Previous Meetings To consider the Minutes of a Public Meeting of the Trust Board of Directors dated 28 April 2014 for **approval,** and to **review** the status of actions agreed.	Chairman	1
4. Chief Executive's Report To receive this report from the Chief Executive to **note**	Chief Executive	16
Delivering Best Care		
5. Patient Experience Story To receive the Patient Experience Story for **review**	Chief Nurse	19
6. Quality and Performance Report To receive the Quality and Performance Report for **review** a. Quality & Outcomes Committee Chair's Report b. Patient Experience – Chief Nurse c. Performance Overview – Director of Strategic Development d. Board Review	Director of Strategic Development and Deputy Chief Executive	22
7. National Staff Survey Results and Action Plan To receive this report by the Director of Workforce and Organisational Development to **note**	Director of Workforce and Organisational Development	100
8. National Inpatient Survey To receive this report from the Chief Nurse to **note**	Chief Nurse	110
9. Implications of National Quality Board Guidance – A guidance to nurse, midwifery and care staffing. Capacity and Capability. To receive this report from the Chief Nurse to **note**	Chief Nurse	146

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Delivering Best Value		
10. Finance Report To receive this report by the Director of Finance and Information for **review**	Director of Finance and Information	151
11. Finance Committee Chair's Report To receive this verbal report by the Chair of the Finance Committee for **review**	Director of Finance and Information	
12. Capital Investment Policy 2014/5 To receive this report from the Director of Finance and Information for **approval**	Director of Finance and Information	169
Corporate Governance		
13. Governors' Log of Communications To receive this report from the Chairman to **note**	Chairman	182
14. Annual Review of Directors' Interests To receive this report by the Chairman to **note**	Chairman	187
Information and Other		
15. Any Other Business To note any other relevant matters (not for decision).	Chairman	
16. Date of Next Meeting: Public Trust Board meeting, 30 June 2014 at 10:30 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU.	Chairman	

University Hospitals Bristol NHS
NHS Foundation Trust

Minutes of a Public Meeting of the Trust Board of Directors held on 28 April 2014 at 10:30 in The Conference Room, Trust Head Quarters, Marlborough Street, BS1 3NU

Board Members Present

- John Savage – Chairman
- Robert Woolley – Chief Executive
- Paul Mapson – Director of Finance & Information
- Carolyn Mills – Chief Nurse
- Sean O'Kelly – Medical Director
- Deborah Lee – Director of Strategic Development and Deputy Chief Executive
- Lisa Gardner – Non-executive Director
- Emma Woollett – Non-executive Director
- Guy Orpen – Non-executive Director
- Alison Ryan – Non-executive Director
- Iain Fairbairn – Non-executive Director
- Julian Dennis – Non-executive Observer
- Jill Youds – Non-executive Observer
- David Armstrong – Non-executive Director
- John Moore – Non-executive Director

Others in Attendance

- Charlie Helps – Trust Secretary
- Alex Nestor – Deputy Director of Workforce and Organisational Development
- Florene Jordan – Staff governor
- Pam Yabsley – Patient governor
- Anne Ford – Public governor
- Nettie Jones – Joint Union Committee governor
- Fiona Reed – Head of Communications
- Sue Silvey – Public governor
- Mark Griffiths – Approved governor
- Mo Schiller – Public governor
- Joan Bayliss – Community governor
- Mary Perkins – Chief Operating Officer, West of England Clinical Research Network
- Clive Hamilton – Public governor
- Wendy Gregory – Carer governor
- Benjamin Trumper – Staff governor
- Silvia Townsend – Appointed governor
- Richard Brindle – Director of Infection and Prevention Control
- Brenda Rowe – Public governor
- Rebecca Aspinall – Director of Medical Education
- Pauline Holt (Management Assistant to the Trust Secretary)

Item	*Action*
1. Chairman's Introduction and Apologies The Chairman called the meeting to order. Apologies were noted from Sue Donaldson and James Rimmer.	
2. Declarations of Interest In accordance with Trust Standing Orders, all Board members (including observers) present were required to declare any conflicts of interest with items on the Meeting Agenda.	

No declarations of interests were received.	
3. Minutes and Actions from Previous Meeting The Board considered the Minutes of the meeting of the Trust Board of Directors dated 27 March 2014 and **approved** them as an accurate record subject to the following amendments; *David Armstrong noted that an action had been missed in the Patient Experience Story at the paragraph; 'David Armstrong asked if organisational learning was viewed as an opportunity to learn rather than noting the learning that had been received. He suggested that an action log could be written to crystallize the things that were needed to secure that learning' .* ***The Chief executive said that he would discuss this with the Executive.*** *Alison Ryan noted that p5 the last sentence of paragraph 6 the word 'quality' should be added after the word 'measure'.* *Jill Youds asked that the word 'to' be removed from the sentence 'access to performance'.* *John Moore asked that on p6 speech marks be added to the word 'transformation' in paragraph 6.* *David Armstrong noted that there was rich debate at Board meetings and the value that could be taken tangibly away was contained in the actions. He said that 'two months down the line it would be all there was' and he didn't think that the actions taken did justice to the debate and decisions made. He asked the Board to make general consideration that could benefit all.* ***The Executive and Secretariat agreed to consider how best the actions arising from meetings of the Board might be managed and reported.*** *Lisa Gardner noted that p8 item 10 should note that the resources book had been an agenda item.* **Actions:** *Action: 262 on agenda. Item closed.* *Action 202 on agenda. Item closed.* *Action 264 on agenda. Item closed.* *Action 246 The Chief Executive advised that the staff would be supported during the Kennedy review by means of a weekly meeting to discuss progress and issues arising as a result of the review at divisional level with all the cardiac team and attended, on request by the executive. Additionally proposals from external firms able to give dedicated coaching and counselling support were being actively sought. Item closed.* **Matters Arising:** *There were no matters arising.*	Action 273 Action 274
4. Minutes and Actions from Extraordinary Public Board Meeting The Board considered the Minutes of the meeting of the Trust Board of Directors dated 14 April 2014 and **approved** them as an accurate record with no amendments.	
5. Chief Executive's Report	

The Chief Executive wished to highlight on the following matters in the report of business conducted by the Senior Leadership Team in the month:

1. The investment decision into the information system for critical care across the Trust which would put critical care services across the organisation at the forefront of developments nationally.

2. Consultation with staff had commenced regarding proposed changes to car parking arrangements, and

3. The decision to help the public identify what goes on inside the Bristol Haematology and Oncology Centre by branding the two 2 departments as the Bristol Cancer Institute and the Bristol Haematology Unit. He said this was a positive step in the communication of the breadth of what the Trust does at the BHOC.

As the first Board in the new financial year, the Chief Executive advised that the Trust had delivered the previous year's financial plan by using its corporate flexibility in reserves to cover off deficit positions in four of the five clinical divisions. The 2014/5 plan carried risk as a result.

Discussions with Monitor had taken place about compliance issues prior to the possible decision that they would want to apply more formal regulatory action. The Chief Executive said that Monitor appeared to accept the Accident and Emergency 4-hour target was not solely in the hands of the Trust and understood that the C Difficile target had been very low and that the future approach to attributed cases meant this was a low risk for the future. He said that they had concerns about the extent to which the Board and Trust were sighted on the risks in the day to day management of its own operational business, as evidenced by its Referral to Treatment performance and the extended recovery needed to bring that position back.

The Trust would begin to see the implications of the planned closure of Frenchay hospital with Specialised Paediatrics due to move to UH Bristol on 7 May and the emergency department at Frenchay due to close on 19 May. Full discussions with North Bristol Trust had taken place and much attention had been given to the Trust's own planning, particularly to see if the effects of that change would be different to that anticipated.

The Chief Executive informed the Board of the expectation on them to review staffing levels particularly in nursing and midwifery. The Board had been requested by the National Quality Board and NHS England to receive a report on its Nursing and Midwifery staffing levels. This was to go to the June meeting of the Board. The results would be published at ward level through the rest of the year along with every other acute provider in the country.

Finally he informed the Board that further detail had still not been received with regard to the planned review of concerns about children's congenital heart services, led by Sir Ian Kennedy. The process of agreeing the terms of Reference with bereaved families had been extended and the Board had not had sight of the Terms of Reference for the review, nor had they received information regarding the start date for the review. As the position is clarified, the Chief Executive said he would make the Board and governors fully aware.

In response to a question from Emma Woollett about the Senior Leadership Team's review of the Trust's key partnerships, the Chief Executive replied that the Healthy Futures Programme Board had not met for some time. A meeting was scheduled to take place later

in the week.

In response to a question from Sue Silvey, a governor in attendance, Deborah Lee replied that staff had been supported in the transfer of children's services from North Bristol Trust by induction and orientation of staff through tours of the facilities at UH Bristol, open door surgeries had been held at Frenchay for staff to meet the teams and ask any questions with the addition of a live frequently asked questions database where staff got answers to questions within 24 hours. All posts had been recruited to enable a safe transfer.

There being no further questions the Chief Executive concluded his report.

Delivering Best Care

6. Patient Experience Story

The Board received and reviewed this report from the Chief Nurse.

Carolyn Mills directed the Board to the key issues contained in the story. These were communication across partners regarding the discharge of the elderly patient, the lack of acceptance on behalf of the gentleman's son regarding his father's deterioration, and the misperceptions of the care home as to the care required. There were concerns around the documentation and the sharing of notes from social care. Finally there had been concern with the detail of the transfer document from UH Bristol and a pilot had been set up to see if a formal document would add benefit.

Alison Ryan stated that the paper left a lot of unanswered questions and questioned the decisions made at the point of discharge.

The Chief Executive noted that the actions and shared learning was not 'to the point' and said the Board should want to know that those questions had been followed through. He said that he was left with wanting assurance that the son had agreed the account should come to Board.

Iain Fairbairn noted that this highlighted the need for IT systems and medical records being consistent across medical partners.

John Moore expressed surprise that there was not a standard formal discharge note already given technology opportunities available.

Wendy Gregory was disappointed that no outstanding Trust wide risks had been identified through the story and said that this showed 'huge weaknesses' in terms of discharge protocol. She concluded that the fact that there was no record of medical notes in the transfer letter showed a failure of duty of care.

Carolyn Mills replied that there was a need to understand in what the format the Board required stories to be presented. She would work with teams to rectify the format of information and report back to the Board. — Action 277

David Armstrong noted that agreed actions, agreed delivery dates and agreed action owners should be agreed by the Board during the meetings. — Action 278

There being no further questions the Chair drew this item to a close.

7. Quality and Performance Report

The Board received and reviewed the Quality and Performance Report.

Performance Overview
Deborah Lee advised that 5 of the 7 measures of patient experience quality and outcomes were green rated and she was pleased the Trust had maintained recent improvements in regard to anti biotic prescribing, falls and pressure ulcers. The Board could note that sickness absence had received its first amber rating for some months having been RED for some time.

For performance in relation to access standards, the Trust would be reporting a 4 or 5 breached indicators in the risk assessment framework submission to Monitor which she said was 'disappointing'. Deborah asked the Board to note that informal discussions with Monitor where they had advised that performance in relation to the Referral to Treatment (RTT) access standard was an index measure for internal 'focus and grip' and as such would be monitoring recovery of this standard very closely. The other important standard to Monitor was in relation to cancer standards but they realised that improvement was difficult for the Trust with significant parts out of the Trust's control and the impact of the narrow case mix which the Trust now provided.

Quality and Outcomes Committee Chair's Report
Alison Ryan, Chair of the Quality and Outcomes Committee, advised that the Committee had noted that the 31-day cancer standard related to just one case. The Committee had looked at a paper on staffing and noted a disappointing change in staff survey responses, and some moves to assist staff suffering with stress. The Committee had been pleased to hear the learning received from Breaking the Cycle surrounding empowering teams by having strong local leadership that supported and empowered staff and made sure appraisals were well done and that 1:1 meetings were not cancelled.

Alison said that the Committee had looked at compliance ratings and serious incidents. One serious incident had caused concern and the Committee had asked for more information. It had been noted that they (the Committee) needed to have a stronger focus on how difficult clinical issues became escalated, and had begun the process of looking to review the Quality and Outcomes Committee so that it gained granular information from all areas. Alison concluded that when the Terms of Reference went to Board in September the Committee would have a clear idea of how it collected information, what it did with that information and how this was going to be reported back to the Board.

Jill Youds asked for an update on the implementation of the operating model changes which had been described in the Monitor Operational Plan. The Chief Executive said work was still in progress and that the distillation of the learning from Breaking the Cycle and an action plan for each work stream was due in the next couple of weeks. The Senior Leadership Team had concurred the need to develop the forward plan in more detail and realised that the operating model initiatives were critical to the success of the Trust in ensuring that this year they were better positioned to deal with the demands of the patient access agenda, regardless of the external risks surrounding the move from Frenchay or an ageing population.

There being no further questions the Chair drew this item to a close.

8. Infection Control Quarterly Report

The Board received and reviewed this report from the Chief Nurse. Carolyn Mills introduced the report as a positive picture but wished to point out that areas falling below 95% cleaning standards were audited weekly until they achieved the standard for four consecutive weeks. Richard Brindle advised that the Clostridium difficile target had exceeded by two cases to 38 cases but the Trust were ten cases below for the same period last year. The figure for the following year had been revised to 40 cases. Two Methicillin-Resistant Staphylococcus Aureus bacteraemia cases had been attributed to the Trust which was two cases below its Meticillin Susceptible Staphylococcus Aureus target for 2013/14 of zero. This figure benchmarked well with other trusts. Antimicrobial prescribing reached prescribing compliance of 90% with the iphone and android app introduced allowing junior doctors easy access to the guidelines. Crancomysic streptococchi had been withdrawn as a target leaving mandatory reporting for E Coli. Lisa Gardner asked for clarification regarding some of the targets contained in the report. Deborah Lee replied that thought needed to be put as to how to draw the Board's attention to the salient points. John Moore asked if work was being done by public health colleagues to see why large northern cities had more cases of C difficile than smaller cities or more rural cities. Richard replied that details of all cases were sent to the local authority but there had not been any good mechanisms for investigating incidents of C difficile in the community. However, the Trust were sending the information on all new cases to the local authority so that they could investigate and control C.difficile more effectively. In response to a question from John Moore, Richard advised that the water purification issues surrounding two automatic endoscopic processors could not automatically be thermally disinfected and would probably be replaced. The Chief Executive noted that the report said the risks from that issue were negligible. Richard advised that the two automatic endoscopic processors within South Bristol Hospital could not be thermally disinfected and would probably be replaced. John Moore was pleased to see that the cleaning audit had been put in place and asked when it had been implemented. Carolyn Mills advised that the period had been about 6 weeks and the cleaning score was to be changed to align with national standards. Further details to be provided at the next meeting. Jill Youds asked that the infection control training compliance be RAG rated. Clive Hamilton, a governor who was in attendance, noted that there had been a contaminated sample for Methicillin-Resistant Staphylococcus Aureus and worried such a thing could happen. Richard advised that skin cleansing could reduce reduce incidents of contamination but that blood cultures were taken through the skin and therefore there would always be a small chance of skin contamination of the cultures. Clive asked why E Coli blood born infections had been steadily increasing. Richard replied that he was uncertain if these infections were rising and that E Coli lives in the gut and	Action 279 Action 280 Action 281

causes urinary tract infections and it was difficult to see how this could be avoided in all cases.

There being no further questions the Chair drew this item to a close.

9. Transforming Care Report

The Board received and noted the report from the Chief Operating Officer.

The Chief Executive introduced the report on behalf of James Rimmer advising that the Board were aware that the Trust had been seeking to refresh and revise the scope and approach to service transformation inside the Trust. After the Breaking the Cycle week the Transforming Care Programme Director had been asked to capture the things that the Chief Executive would like to see Transforming Care doing as a result of the lessons learned from the week, these being: specificity of objectives; the idea of an energising charge for a fixed period; the clarity of executive ownership and organisational leadership; and the focus and energy put into a particular project as well as the significant importance given to the way the Trust messages into the organisation on what they were trying to achieve and how they engaged staff in those projects.

Lessons learned from Breaking the Cycle had been placed under the 6 pillars of Transforming Care noting the step change required how to focus on those things that had potential to make real difference and where to apply transformational resources.

Silvia Townsend, a governor who was in attendance, asked if the project the Trust proposed to take forward, incorporated nursing homes to cover additional or possible capacity for patients ready to leave hospital. The Chief Executive replied that thoughts were now on how to go beyond pure capacity and what would be needed to change internal and joint processes with partners, to allow that capacity to be used, as effectively as it could be.

Iain Fairbairn asked for more detail on how accurate or granular the information was on costs and overheads for services. The Chief Executive replied that it was not just overheads but all categories of costs benchmarked down to Healthcare Resource Group level. He said that there had been discussions for some time at the Finance Committee around understanding the high reference costs, in for example the Division of Medicine and those services that the Division of Surgery, Head and Neck provided from the Bristol Royal Infirmary. He said that between the two divisions there was a £10m issue and the idea was that the Trust develop targeted approaches to identify where there was a reference cost discrepancy or a service line variance and perform a diagnostic and correction in a targeted way. He concluded that the key question was getting divisional teams to understand what the numbers were and in getting clinical engagement in those areas.

John Moore asked how the Trust would maintain the momentum of transformation so that it became business as usual and not part of a separate team. The Chief Executive replied that the challenge was how to distinguish between business as usual and projects that were transactional, and how to decide transformation priorities as a step change.

Julian Dennis suggested the use of a gantt chart for deliverables. The Chief Executive stated that this would follow in due course.

There being no further questions the Chair drew this item to a close.

10. National Institute for Health Research Clinical Research Network, West of England. Annual Plan and Financial Plan.

The Board received and reviewed this report from the Medical Director.

Sean O'Kelly described the report as including the details of the annual plan for the National Institute for Health Research Clinical Research Network, West of England, concerning the detail of delivery of research studies and the detail of the planned financial spend.

Dr Mary Perkins, Chief Operating Officer for the National Institute for Health Research Clinical Research Network, West of England advised that this was a transition year for the network and brought local networks together as one.

The Chief Executive highlighted that the network was accountable to the National Institute for Health Research and it was they that distributed funding to researchers through the networks. The National Institute had an expectation that the host Trust would be applying due governance on their behalf and was the reason for the report at Board level along with future quarterly reports.

Emma Woollet asked that thought be paid to future reports to make things clearer. She suggested the cover sheet be fully completed showing key areas and actions required.

John Moore asked for further details of the flow of funding and asked to see the governance structure for the flow and for that of procurement, for the organisations that managed the funding.

The Chief Executive said that there was a case for describing to the Audit Committee at its next meeting how the Trust operated hosting across all the institutions that it was a host for. Action 282

David Armstrong said he would like to see from the research paper a clearer line on strategic goals and benchmarking with peers. Deborah Lee said that the recasting of the Board Assurance Framework and the refreshed mission and vision would aid the Board's understanding.

Wendy Gregory asked what the financial implications for the hosting were for the Trust. The Chief Executive advised that sums were there for UH Bristol to provide the resources needed in delivering the hosting role.

There being no further questions the Chair drew this item to a close.

11. Research and Innovation Strategy Update Report

The Board received and reviewed this report from the Medical Director.

David Wynick presented the oral report to update the Board on research activity within the Trust. Data was presented on recruitment activity into National Institute for Health Research portfolio trials, which determined future funding, and performance against the Department of Health benchmark relating to the time to setup and open trials.

The mission of the organisation, 'to undertake world-class translational and applied health services research and innovation in collaboration with our regional partners, that generates significant health gain and improvements in the delivery of our clinical services' was broken

down into three key areas; and approved at Trust Research Group.

Initiating research

- Increase grant funding awarded to UH Bristol to lead high quality relevant research
- Improve and build on patient, public and carer input to all aspects of our research
- Set up research more quickly by improving systems and processes (costings, contracts)

Delivering research

- Improve the quality of information and understanding clinical divisions have about research activity
- Share best practice across the divisions for setting up and staffing research, maintaining a workforce with the skills and support to develop and deliver high quality research that is of direct patient benefit
- Make best use of existing IT systems to increase recruitment to research

Disseminating and evaluating research

- Collect and share information about outcomes and impacts of research
- Showcase experiences of patients taking part in research

Funding for the last year had been closed off with total grants of about £10m. David confirmed that the Trust were the largest research active Trust in the geographical network and the best performing large research active trust in England.

From a research perspective, joint reporting with North Bristol Trust would give a performance score of 7th in the national ranking compared to 21st for UH Bristol and 29th for North Bristol Trust. Recruitment of patients into trails would move the ranking from 25th in the country to 5th in the country. He said that from a research perspective integration would move performance up.

He advised that in two years' time bids would be made for biomedical research units and centres. Work was taking pace to make sure of an integration of activities across both acute trusts and both universities to make sure they were best placed to put in the best bids for future funding.

Iain Fairbairn asked if, after deduction of the cost of clinical time involved and after deduction of overheads, was research a profitable activity.

David replied that most of the grant of large research capability funding made up the difference of the true research costs and indirect costs. Also, an allocation was made to the Trust to provide hosting and research which led to better care with possible savings.

For the first time a CQUIN for research had been allocated and the Trust were the first to have this in relation to recruitment into clinical trials and this would bring funding in directly to the clinical services.

Emma Woollett asked for further information regarding the inter-relationship between

research partners. David Wynick to provide this to Emma.

There being no further questions the Chair drew this item to a close.

12. Estates Strategy Update

The Board received and noted this report from the Director of Strategic Development and Deputy Chief Executive.

Deborah Lee provided an update on the development of the Trust's Estate Strategy.

She advised that all previously agreed priorities and those subsequently identified had now been accommodated in a site master control plan with the exception of staff accommodation and nursery provision which were now considered to be better addressed through off-site solutions.

Next steps were to secure Board sign off for the Estate Strategy and then to develop two separate Outline Business Cases (OBC) for the Old Building site and the site to the north of THQ.

In response to a question from Emma Woollett Deborah confirmed that any priorities that had previously been detailed as a high priority had been addressed in the document with the exception of those previously mentioned.

Emma further noted that the Old Building site was a flat site and asked if the Trust would be better served using this for phase 1 works, and asked if the cost priorities had been examined. Deborah replied that the Trust had concluded that their priorities would be better met on the northern part of the site due to planning restrictions, and commercial opportunities being more available on the Old Building site. She advised that the estates strategy describing this would come back to Board in June.

Sylvia Townsend, a governor who was also in attendance, asked for more information on the Central Health Clinic. She was advised that it provided sexual health services and part of the breast screening programme service, for the city. There was a question around its future as Bristol City Council wished to go to the market and re-procure sexual health services. The estates strategy sought to build in flexibility for a scenario where sexual health services could be provided by others who did not wish to operate out of the Sexual Health Clinic, noting that if there was disposal of the clinic the Trust needed to demonstrate they could re-provide breast screening on its own campus.

There being no further questions the Chair drew this item to a close.

13. Action Plan in Response to the Care Quality Commission Inspection of Dementia Care (Action 262)

The Board received and noted this report from the Chief Nurse.

Carolyn Mills presented the Trust response and action plan as submitted to the Care Quality Commission.

There being no further questions the Chair drew this item to a close.

Delivering Best Value

14. Finance Report

The Board received the Finance Report from the Director of Finance and Information, to review.

Paul Mapson presented the draft financial position for the year as a £6.188m surplus before technical items and a £5.162m deficit after technical items. The accounts had been submitted to Monitor on 22nd April in line with the national timetable with a reported £5.875m deficit after technical items. This was a satisfactory position for the year and the focus was now on delivery of 2014/5.

The technical items related primarily to donated depreciation and income and asset impairments (which had been advanced from quarter one 2014/5).

The Board confirmed that the Trust was a viable going concern based on the 2014/5 financial plan presented to the Trust Board in March 2014.

He updated the Board that the potential additional VAT liability of £2m capital and £0.5% revenue had been avoided by the HMRC changing their advice.

There being no further questions the Chair drew this item to a close.

15. Finance Committee Chair's Report

The Board received the verbal report by the Chair of the Finance Committee for review.

Lisa Gardner, Chair of the Finance Committee asked the Board to formally agree that the Trust was a going concern.

She advised that the Finance Committee still had concerns regarding the financial position of the divisions of medicine and surgery head and neck and that the Trust had delivered 80% of the target.

She said that Business Plans still had a long way to go and were short by £6m.

The capital programme had 'come in' within the target ranges and Monitor's expectation of +-15% in line with the capital programme. She said that the Trust was still looking at plans to achieve a risk rating of 4.

To conclude she wished to offer congratulations to the Finweb team for a user-friendly online network advice system covering all finance systems.

The Chairman asked for approval of the Trust as a going concern. The Board approved.

There being no questions the Chair drew this item to a close.

Building Capability

16. Teaching and Learning Strategy Update

The Board received and reviewed this report by the Director of Workforce and Organisational Development.

The Chief Executive advised that the report had come to Board in response to a request at the last meeting to receive regular reports on the extensive teaching and learning activities that the Trust undertook. This was a descriptive report with a review of strategy to follow at the July Board meeting.

Non-executive directors welcomed the report including Jill Youds who was keen to understand how the Trust performed compared to others.

Rebecca Aspinall explained that the Trust had good internal governance measures that looked at the quality of the education programmes within the Trust and issued a 'pre-emptive warning' where teaching was not reaching standard. In ten areas, the Trust was in the top 5% in terms of education, these included trauma and orthopaedics and intensive care and anaesthesia. She advised that the Trust were also in the bottom 5% and the innovation of a Leadership Team to address the bottom 5% areas, had been formed to show the progress made and the metrics to show how improvements were being made was to follow.

Emma Woollett said she would be keen to see how training touched every member of staff in the organisation and how that was funded.

Guy Orpen advised that in the same way that research benefits spilt over into the rest of the Trust then that was so with leaching and learning. He cautioned that this was a business that was very competitive.

David Armstrong asked if the plan was informed by the activities of the Patient Experience Group. The Chief Executive replied that this fed into aspects of teaching and learning but not the broad remit. He advised that a lot of teaching the Trust provided followed curricula written elsewhere.

Rebecca Aspinall added that patient complaints now fed into educational programmes and lessons learnt from serious incidents also went into the education programme. She described this as the learning 'cascading across the Trust'.

There being no further questions the Chair drew this item to a close.

Leading in Partnership

17. West of England Health Science Network Board

The Board received and noted this report by the Chief Executive.

18. Quarterly Capital Projects Status Report

The Board received and noted this report by the Director of Strategic Development and Deputy Chief Executive.

Corporate Governance

19. Governor's Log of Communications

It was noted that although the report suggested that some recent queries had not been assigned, they were in hand and receiving attention. Governors were encouraged to continue to make use of this facility.

There being no questions the Chair drew this item to a close.

20. Q4 Compliance Framework Monitoring and Declaration Report

The Board received this Declaration Report by the Chief Executive for approval.

The Chief Executive advised that the Board were recommended to approve a declaration against the governance side of the risk assessment framework of 4 standards being failed and potentially five, including the cancer 31-day standard (subject to validation), and a continuity of service risk of 4.

The Board approved the declaration.

21. Board Assurance Framework Report

The Board received and reviewed this report by the Chief Executive.

The Chief Executive advised that the Board Assurance Framework was showing 5 red rated objectives. He said the objective against teaching and learning had been an ambition that had lacked adequate capability to deliver and would be carried forward to 2014/15.

Emma Woollett noted that consultant job planning should be reflected in the framework. The Chief Executive replied that an overhaul of the framework was due and this would be considered.

There being no further questions the Chair drew this item to a close.

22. Corporate Risk register

The Board received and reviewed this report by the Chief Executive.

The Chief Executive presented the Corporate Risk Register to the Board and advised that this was aligned to the Board Assurance Framework formally managed by the Risk Management Group reporting into the Senior Leadership Team. He noted a discrepancy between the cover paper and the backing paper around the de-escalation of risk 1412.

Deborah Lee noted that risk 2126 had been recorded and treated as a risk for some time but had not migrated onto the register in the past.

John Moore asked which items had been de-escalated and incorporated into risk 2479. Deborah Lee advised that these were 1383, 1412 and 1422.

There being no further questions the Chair drew this item to a close.

Information and Other

23. Any Other Business The Chairman advised the Board that Charlie Helps, Trust Secretary, had attended his last Board meeting with the Trust and offered a personal thank you to Charlie. He wished him well in the next stage of his career. The Chief Executive echoed these sentiments and thanked Charlie for his personal support and for the contribution made over the past three years to the governance and management of the Trust. He concluded that Charlie had brought a particular ability to question the Trust's arrangements to drive them to appropriate solutions, which he had personally found enormously valuable. *There being no further business the meeting closed at 13.10*	
24. Date of Next Meeting **Public Trust Board meeting,** 30 May 2014 at 10:30 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol BS1 3NU.	

Action by	ID	Meeting Date	Public / Private	Minute number & title	Description (minute)	Action to be Taken	Date to Report Back
Chief Executive	221	28/11/2013	Public	10. Partnership Programme Board	The feasibility of options for further integrationof histopathology services, including, location and phasing timescales for physical integration were being discussed. Further information to be provided to the Board meeting in January 2014.	27/03/14 The Chief Executive – Partnership Programme Board. Histopathology Services – the Senior Leadership Team had received in March and supported a proposed model for the future configuration of cellular pathology services in Bristol and agreed what the next steps should be. A detailed financial appraisal and the seeking of clarity regarding the balance between a centralised laboratory and satellite services, would follow with update to the Board in due course 27/02/2014 Further progress not reported. 30/01/14 The Chief Executive advised that options were being considered with partners at North Bristol Trust, in fulfilling the one main outstanding recommendation in the Mishcon Inquiry report of 2010 (re the integration of the two cellular pathology departments in Bristol). He advised that the Joint Clinical Director had been leading that process – further information was expected in the next month. Further information to be provided to the Board meeting in January 2014.	**28/05/2014**
Chief Executive	263	27/03/2014	Public	Patient Experience Story	The Chief Executive concluded that the Board were pinpointing the need for the Executive to consider the application of empathy in a systematic and more visible way, considering the specific features of the organisation and its staff, communicating with families who have serious concerns or who are bereaved or about to be bereaved. He said that the executive would report back to the Board.	27/03/14 Report back at future Board meeting	**28/05/2014**
Chief Executive	267	14/04/2014	Public	Extraordinary Board	The Chief Executive replied that the Executive would examine what they could sensibly forecast as realistic delivery and evaluate what the forward performance should be, and make sure this was consistent with the Annual Plan declaration.	The Chief Executive replied that the Executive would examine what they could sensibly forecast as realistic delivery and evaluate what the forward performance should be, and make sure this was consistent with the Annual Plan declaration.	**28/05/2014**
Chief Executive	273	28/04/2014	Public	Minutes & Actions	David Armstrong asked if organisational learning was viewed as an opportunity to learn rather than noting the learning that had been received. He suggested that an action log could be written to crystallize the things that were needed to secure that learning.	The Chief Executive to discuss this with the Executive.	**28/05/2014**
Chief Executive	274	28/04/2014	Public	Minutes & Actions	David Armstrong noted that there was rich debate at Board meetings and the value that could be taken tangibly away was contained in the actions. He said that 'two months down the line it would be all there was' and he didn't think that the actions taken did justice to the debate and decisions made. He asked the Board to make general consideration that could benefit all.	The Executive and Secretariat agreed to consider how best the actions arising from meetings of the Board might be managed and reported.	**28/05/2014**
Chief Executive	278	28/04/2014	Public	6. Patient Experience Story	David Armstrong noted that agreed actions, agreed delivery dates and agreed action owners should be agreed by the Board during the meetings.	Trust Secretary: Good practice for the Chair would be to set out the conclusions and actions at the end of each item on the agenda, clearly, and ask for acknowledgement tha the minute taker has noted these.	**28/05/2014**
Chief Executive	282	28/04/2014	Public	10.3National Institute for Health Research Clinical Research Network, West of	John Moore asked for further details of the flow of funding and asked to see the governance structure for the flow and for that of procurement, for the organisations that managed the funding.	The Chief Executive said that there was a case for describing to the Audit Committee at its next meeting how the Trust operated hosting across all the institutions that it was a host for	**28/05/2014**
Chief Nurse	218	28/11/2013	Public	6. National Cancer Survey & Action Plan	Wendy Gregory stressed the importance of Cancer Nurse Specialists and asked for reassurance that the lack of a nurse specialist for Melanoma would be addressed. Ruth Hendy advised that a strategy was being discussed by divisions for cross-working as people progressed on their pathways and would form part of divisional operating plan.	28/11/13 Emma Woollett suggested an update to the Board be provided after six months.	**28/05/2014**
Chief Nurse	277	28/04/2014	Public	6. Patient Experience Story	Carolyn Mills replied that there was a need to understand in what the format the Board required stories to be presented. She would work with teams to rectify the format of information and report back to the Board.	She would work with teams to rectify the format of information and report back to the Board.	**28/05/2014**
Chief Nurse	279	28/04/2014	Public	8. Infection Control Quarterly Report	Lisa Gardner asked for clarification regarding some of the targets contained in the Infection Control report. Deborah Lee replied that thought needed to be put as to how to draw the Board's attention to the salient points.	Chief Nurse to discuss the production of future reports.	**28/05/2014**
Chief Nurse	280	28/04/2014	Public	6. Infection Control report	John Moore was pleased to see that the cleaning audit had been put in place and asked when it had been implemented. Carolyn Mills advised that the period had been about 6 weeks and the cleaning score was to be changed to align with national standards.	Further details to be provided at the next meeting.	**28/05/2014**
Chief Nurse	281	28/04/2014	Public	6. Infection Control Report	Jill Youds asked that the infection control training compliance be RAG rated.	Chief Nurse to discuss and advise	**28/05/2014**
Director of Workforce and Organisational Development	158	27/06/2013	Public	3 - Actions from Previous Meetings	Emma Woollett referred to Item 7 of the minutes of 31 May 2013 (National Staff Survey Results: Page 12 of the Board pack), regarding the Trust's performance in relation to previous years and engagement with nursing staff. She requested that the Board was kept informed about this work.	27/2/14 Sue Donaldson advised that a fuller report in trend with staff feedback and in context of current work in staff engagement would follow to Board in May 2014. 15/1/14 Meeting to be held 15/1/14 with Sue Donaldson regarding engagement. Future Board date to follow. Update 26/9 H Morgan advised paper being worked on currently and will be available at the end of the year To keep the Board informed about the Trust's work on engagement with nursing staff.	**28/05/2014**
Director of Workforce and Organisational Development	161	27/06/2013	Public	5d - Quality and Performance Report - Board Review	John Moore referred to the Workforce report, requesting a greater understanding of the process by which the Trust planned its staff numbers. He particularly wanted to know how the Trust reconciled its increase in Bank and Agency spend with the focus on providing cost savings and high quality care. Claire Buchanan confirmed that she would provide a detailed summary of workforce planning as part of a future Board Seminar on the topic.	Detailed summary of workforce planning to be provided at May 2014 Board Seminar.	**28/05/2014**

University Hospitals Bristol NHS
NHS Foundation Trust

Cover Sheet for a Report for a Public Trust Board Meeting, to be held on 28 May 2014 at 10:30 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

4. Chief Executive's Report
Purpose
To report to the Board on matters of topical importance to the Trust, including a report of the activities of the Senior Leadership Team.
Abstract
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 the month.
Recommendations
The Trust Board is recommended to note the key issues addressed by the Senior Leadership Team in the month and to seek further information and assurance as appropriate about those items not covered elsewhere on the Board agenda.
Report Sponsor
Robert Woolley, Chief Executive
Appendices
• Appendix A – Senior Leadership Team Report

APPENDIX A

SENIOR LEADERSHIP TEAM

REPORT TO TRUST BOARD – MAY 2014

1. INTRODUCTION

This report summarises the key business issues addressed by the Senior Leadership Team in May 2014.

2. COMMUNICATIONS

The Senior Leadership Team **noted** the monthly report on the activities of the Communications Department.

3. QUALITY, PERFORMANCE AND COMPLIANCE

The group **noted** the Trust's performance against Monitor's Compliance Framework. There continued to be significant performance issues in respect of accident and emergency 4-hour waits, 18 week Referral to Treatment times for Non-Admitted patients and 62-day GP Cancer standards and clostridium difficile. The weekly meetings to oversee recovery, chaired by the Chief Executive, continued.

4. STRATEGY AND BUSINESS PLANNING

The group received and **noted** an update on the Trust's proposed Operating Model for 2014/5, including the status of seven priority projects and the work to redefine and re-energise them, in the context of the Transforming Care Programme.

The group received and **noted** the draft Quality Report, noting the various levels of internal and external scrutiny and changes to be made to the final version.

The group received and **noted** the assessment made against the 10 expectations set out in the Nurse Staff Guide 'How to ensure the right people, with the right skills, are in the right place at the right time' published by the National Quality Board and actions the Trust was taking to ensure compliance.

The Trust received and **approved** a number of recommendations and next steps following the outcome of the staff consultation on changes to car parking arrangements.

5. RISK, FINANCE AND GOVERNANCE

The group received and **noted** an update on the financial position.

The group received and **approved** the local analysis report from the 2013 national inpatient survey results for onward submission to the Quality and Outcomes Committee and the Trust Board.

The group received and **approved** Terms of Reference for the Information Technology and Management Group.

The group received and **approved** the Capital Investment Policy which had been revised in light of changes to Monitor's Risk Assessment Framework and redefined criteria against which a transaction would be reportable to Monitor.

The group received and **noted** the external review report for managing high risk clinical environments and equipment and asked that an action plan be developed by the business continuity group as soon as possible.

The group received and **noted** progress on the implementation of Internal Audit recommendations.

The group received and **noted** the quarterly quality and access benchmarking update.

Reports from subsidiary management groups were **noted**, including an update on the work of the Transforming Care Programme Board.

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

6. RECOMMENDATIONS

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

Robert Woolley
Chief Executive
May 2014

University Hospitals Bristol NHS
NHS Foundation Trust

Cover Sheet for a Report for a Public Trust Board Meeting, to be held on 28 May 2014 at 10:30 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

5. Patient Story from the Division of Women's and Children's.

Purpose

To share with the Board members a patient story to support the triangulation of the Board's quality assurance role.

Abstract

The patient's mother praised the ability of the staff teams throughout the care pathway to provide both excellent clinical and non-clinical care providing reassurance at a time of high anxiety; the clarity of communication between the clinical team and herself particularly when the potential severity of the situation became apparent; the family-centred care delivered with kindness and compassion and knowledge and skills demonstrated by the staff.

There are no improvement actions resulting from this story

Recommendations

The Board is recommended to review the report

Report Sponsor

Carolyn Mills – Chief Nurse
Tony Watkin PPI lead
Hazel Moon Head of Nursing

Appendices

- Patient Story

University Hospitals Bristol NHS
NHS Foundation Trust

Patient Experience Group
Patient story – Division of Women's and Children's Services
Bristol Royal Hospital for Children

The following compliment was received from the mother of a young patient, posted on the Trust's website one week after discharge from Ward 30 following an emergency admission. The story has been edited to remove patient identifiable information.

"I am writing to leave some feedback about the fantastic treatment my son received at the Bristol Children's Hospital recently. He was admitted via Children's A&E with suspected meningitis and septic shock. Whilst in resuscitation it became very apparent he was potentially very poorly and your staff doctors and nurses were very professional hardworking and not only looked after my son very well but were very reassuring at the very upsetting and worrying time for me. I cannot thank them enough for looking after my son and the compassion they showed.

Upon admission to Ward 30, he was cared for by a fantastic team of nurses and doctors who work very hard and again not only dedicate time to the patients (but) help parents to cope too with a great sense of reassurance. Every single person that we met during his stay was caring, hardworking and professional. I too work for the Trust and only hope that I too give the same level of care to the patients I see.

I hope that this positive feedback can be passed on to the children's A&E staff and ward 30 staff as they do a fantastic job."

The patient in this story was admitted to hospital via the Children's Emergency Department with suspected meningitis and septic shock. The immediacy of the circumstances surrounding the child's admission were understandably upsetting and worrying for the mother. Her concern was compounded when the potential severity of the illness became apparent. The compliment was received from the mother who praised:

- The ability of the staff teams throughout the care pathway to provide excellent clinical care.
- The ability of the staff teams throughout the care pathway to offer and provide reassurance at a time of high anxiety.
- The clarity of communication between the clinical team and the mother when the potential severity of the situation became apparent.
- Family-centred care delivered with kindness and compassion.
- Committed staff with skill and knowledge.

Good Practice

- The family used the Trust's web-based feedback facility to share their story. The feedback was forwarded to the Division by the Trust's Communications Team.
- The Trust's Communications Team replied directly to the family thanking them for their feedback.
- A demonstrable dedication to the care of the patient.
- Receiving emergency care was a new experience for the family which they found upsetting. The clinical and non-clinical teams offered the family consistent and sensitive support giving them the reassurances they sought.
- The compliment reflected the quality of care the mother aspires to in her own work.

Learning

The story serves as a reminder of the trust we place in health care professionals when we rely on them to care for our loved ones in emergencies and at times of high anxiety. Families using our services are often anxious about the hospital environment and the unfamiliar language and processes we use. This anxiety can be compounded in times of emergency. In this story the emotional support and reassurance offered to the family stand equally with the quality of clinical care given to the patient and reflect an organisational culture to which we aspire.

Action taken

At a local level this story has been shared with the teams and individuals involved in the care of the patient and his mother both in the Emergency Department and Ward 30 as a way of acknowledging and re-affirming the good practice demonstrated.

The Trust Communications team replied to the family thanking them for taking the time to share their story.

Ends

University Hospitals Bristol NHS
NHS Foundation Trust

Cover Sheet for a Report for a Public Trust Board Meeting, to be held on 28 May 2014 at 10:30 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

6. Quality and Performance Report

Purpose

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

Abstract

The monthly Quality & Performance Report details the Trust's current performance on national frameworks, and a range of associated Quality, Workforce and Access standards. Exception reports are provided to highlight areas for further attention and actions that are being taken to restore performance.

Recommendations

The Committee is recommended to review the current performance of the Trust and to ratify the actions being taken to improve performance.

Report Sponsor

'Health of the Organisation' – Deborah Lee (Director of Strategic Development)

'Quality' – Carolyn Mills (Chief Nurse) & Sean O'Kelly (Medical Director)

'Workforce' – Sue Donaldson (Director of Workforce & Organisational Development)

'Access' – James Rimmer (Chief Operating Officer)

Appendices

-

University Hospitals Bristol NHS
NHS Foundation Trust

SUMMARY QUALITY & PERFORMANCE REPORT

May 2014

CONTENTS

CONTENTS

SECTION A – Performance Overview

Summary

The overall 'health' of the organisation has stayed similar to that of last month, with a decrease in RED rated indicators by one, but also a decrease in GREEN indicators by one. The key changes in indicators this month include the number of hospital acquired pressure sores (grade 3 and 4) returning to a GREEN rating, and the level of patient complaints moving from a RED to an AMBER rating. The reduction in complaints is despite the continued challenges faced in improving access times against a backdrop of increasing patient complexity and demand for services. Six of the seven indicators of patient experience, quality of care and clinical effectiveness are now GREEN rated, which reflects the sustained improvements seen across a range of quality indicators in recent months. This includes antibiotic prescribing compliance levels, the incidence of falls and pressure ulcer for patients under our care, and Friends & Family Test coverage.

Two of the three measures of efficiency are RED rated, with the remaining measure, Outpatient Appointment Hospital Cancellation Rate, showing an improvement for the third successive month and moving to an AMBER rating for the first time since October. The overall Length of Stay of patients discharged in the month increased by 0.15 days relative to the previous month. Positively, this reflects a higher proportion of long stay patients being discharged in the month, which has resulted in fewer patients in hospital that had stayed over 14 days by month-end, than seen in the previous three months. These improvements in patient flow have translated into better performance against the A&E 4-hour maximum waiting time standard, although the 95% standard was narrowly missed in the period. Theatre utilisation was marginally below the 90% operational standard in April, the reasons for which are being investigated.

Three of the four measures of financial performance were GREEN rated in the period. The level of Cash Releasing Efficiency Savings (CRES) achieved in the month is below the RED threshold, reflecting delays in the divisional plans taking effect at this early stage in the year. The current performance against both measures of Delivering Our Contracts at present represent the potential for year-end achievement based upon current forecasts. This assessment will be reviewed and refined each month as performance to date is confirmed and further work to secure future achievement is undertaken. Staff sickness rates continue to be the focus of significant attention and have reduced, although remain AMBER rated. Appraisal compliance rate remains above the 85% target. Both indicators of the Trust's Research activities continue to be GREEN rated.

The Trust currently has a Service Performance score of 3.0 against Monitor's Risk Assessment Framework. This score reflects the failure to achieve the A&E 4-hour standard, Referral to Treatment Time (RTT) Non-admitted standard, and 62-day GP Cancer Standard for the quarter to date. Whilst the number of reported cases of *Clostridium difficile* is above the internally set target for the month, it is below both the nationally applied limit for the quarter, and the minimum reporting level set by Monitor. On the basis of the score alone the Trust would be rated GREEN. However, the failure to achieve the A&E 4-hour standard and RTT Non-admitted standards represent repeated failures which trigger governance concerns under the Risk Assessment Framework. For this reason Monitor has requested further information as

to the causes of the failures of the standards, including the 62-day GP cancer standard, along with the Trust's recovery plans and progress against these for the quarter to date.

SECTION B – Organisational Health Barometer

Providing a Good Patient Experience

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
A01	Patient survey - Local Patient Experience Score	89	89	N/A	Green: >= 90 Red: < 88	→	Current month is March 2014
A02	Patient Complaints as a Proportion of Activity	0.282%	0.238%	0.238%	Green: <0.21% Red: >0.25%	↓	
A03	Same Sex Accommodation Breaches (Number of Patients Affected)	0	0	0	Green: 0 Red> >0	→	

Delivering High Quality Care

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
B01	Incidence of Hospital Acquired Pressure Sores (Grades 3 or 4)	1	0	0	Green: 0 Red: > 1	↓	No RAG rating for YTD.
B02	Number of Inpatient Falls Per 1,000 Beddays	5.46	5.08	5.08	Green < 5.6 Red: >= 5.6	↓	

Keeping People Safe

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
C01	Number of Serious Incidents (SIs)	5	5	5		→	
C02	Cumulative Number of C.Diff cases	38	5	5	Below Trajectory		

Being Accessible

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
D01	18 Weeks Admitted Pathways	90.5%	91.9%	91.9%	Green: >=90% Red: <85%	↑	
D02	Number of Cancer Standards Failed	0	1	1	Green: 0 Red: >=2	↑	Previous is confirmed Q3. Current is confrimed Q4. YTD is Q1, Q2, Q3 and Q4.
D03	A&E 4 Hour Standard	92.1%	94.5%	94.5%	Green: >=95% Red: <95%	↑	

PERFORMANCE OVERVIEW

Being Effective

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
E01	Summary Hospital Mortality Indicator (SHMI) - In Hospital Deaths	57.8	57.8	63.8	Green: <80 Red: >=90	➡	Previous is February 2014 and Current is March 2014.
E02	30 Day Emergency Readmissions	300	301	3506	Below 12/13 Readmission Rate	⬆	Previous is Fenruary's discharges where there was an emergency Readmission within 30 days. Current is Marach's discharges.

Being Efficient

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
F01	Overall Length of Stay (Spell)	4.50	4.65	4.65	Green: <= Quarterly target 3.79 Red: >= Quartrely target 3.79	⬆	The target for 2013/14 and 2014/15 for this overall indicator of Length of Stay has been derived from the Trust's bed model.
F03	Theatre Productivity - Percentage of Sessions Used	90.5%	89.4%	89.4%	Green: >= 90% Red: < 90%	⬇	
F04	Outpatient appointment hopsital cancellation rate	11.2%	10.7%	10.7%	Green: <=6.0% Red: >=10.7%	⬇	

Valuing Our Staff

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
G01	Appraisal Compliance	85.9%	85.2%	N/A	Green: 85% and above Red: below 85%	⬇	
G02	Staff Sickness	4.4%	3.8%	3.8%	Green: up to 0.2 % pts above target Red: >=0.5% pts above target	⬇	Arrow indicates change in terms of variance from target.

Promoting Research

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
H02	Cumulative Weighted Recruitment	3,632	7,273	7,273	Green: Above 2012 Red: Below 2012		Current (and YTD) is rolling Calendar YTD position. Previous is Jan 2014 and Current is Jan-Feb 2014
H03	Percentage of Studies Meeting the 70 Day Standard (Submission to Recruitment)	42.9%	52.0%	52.0%	Green: >=30% (Upper Quartile) Red: <27.7% (Median)	⬆	Current is Q4 2012/13 – Q3 2013-14. Previous is Q3 2012/13 - Q2 2013/14. Updated Quarterly. No change from last month.

PERFORMANCE OVERVIEW

Governing Well

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
J01	Monitor Governance Risk Rating	5	3	N/A	Green: < 4 Red: > = 4	↓	Previous shows the Q4 poisition. Current shows the current position in quarter 1 to date. Whilst the rating is currently GREEN, Monitor is undertakeing further investigations into the repeated failure against a number of standards.

Delivering Our Contracts

The Previous column represents 2013/14 position reported for the accounts. Current (and YTD) represents Month 1 2014/15.

ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
K01	Financial Performance Against CQUINs (£millions)	£8.54	£9.68	£9.68	> 50% Green < 50% Red		YTD and Current is Potential year-end rewards. Previous is 2013-14 per accounts. To date in 2014/15 no assessment of performance has been carried out. Assumption in monitoring data has been that plan=actual - to be updated when estimate of actual performance is known. Data is variance above (+) or below (-) plan, with a higher negative value representing better performance.YTD and Current is variance reported for April - The only penalty assessed in April is Readmissions, all others assumed on plan - to be updated when estimate of actual performance is known. Previous is variance reported in 2013/14 accounts.
K02	Contract Penalties Incurred - Variance From Plan (£millions)	-£0.30	-£0.01	-£0.01	Green: Below Plan Red: Above Plan	↑	

Managing Our Finance

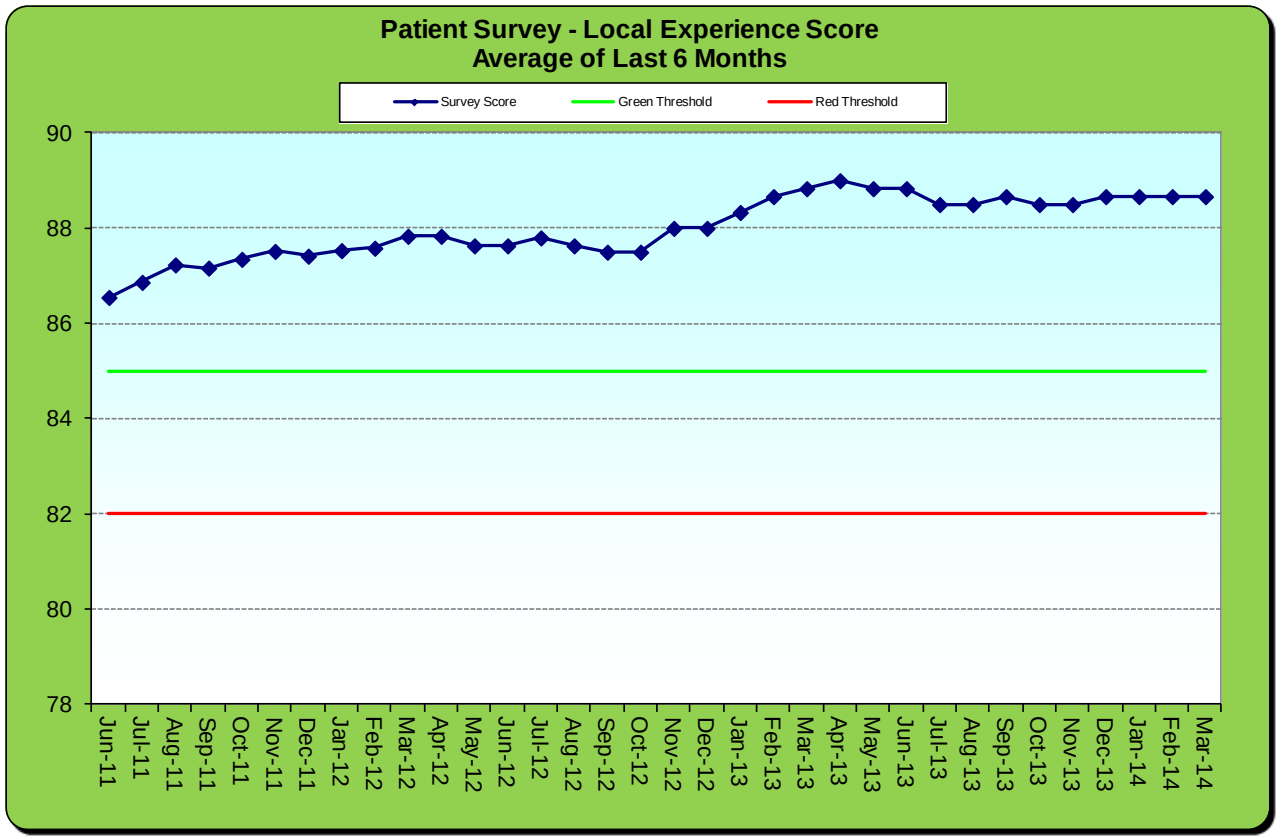
ID	Indicator	Previous	Current	YTD	Thresholds	Change from previous	Notes
L01	Monitor Continuity of Service	4.0	4.0	4.0	Green: >=3.0 Red: <2.5	→	For financial measures except CRES, Current and YTD is Current Year To Date. For CRES there is a separate total for latest month and YTD. Previous is previous month's reported data.
L02	Liquidity	4.0	4.0	4.0	Green: >=3.0 Red: <2.5	→	
L03	Capital Service Capacity	4.0	3.0	3.0	Green: >=3.0 Red: <2.5	↓	
L04	CRES Achievement	103%	64%	64%	Green: >=90% Red: < 75%	↑	

Notes

Unless otherwise stated, Previous is March 2014 and Current is April 2014

YTD (Year To Date) is the total cases/cumulative score for the year so far, from April 2012 up to and including the current month

RAG (Red/Amber/Green) rating only applied to YTD where an agreed target number of cases/score exists.


Patient Survey - Local Experience Score
Average of Last 6 Months
Survey Score
Green Threshold
Red Threshold
90
88
86
84
82
80
78
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12
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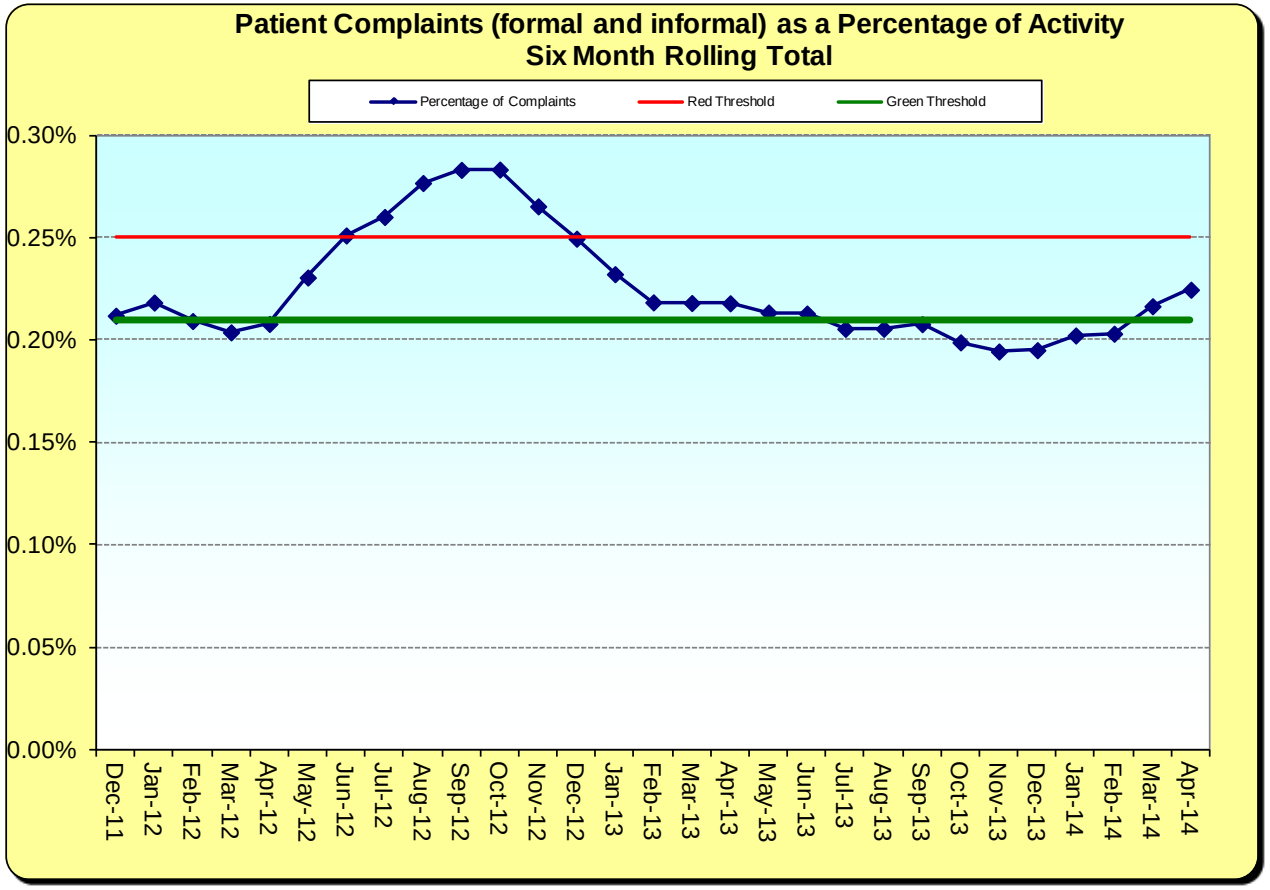
Patient Complaints (formal and informal) as a Percentage of Activity
Six Month Rolling Total
Percentage of Complaints
Red Threshold
Green Threshold
0.30%
0.25%
0.20%
0.15%
0.10%
0.05%
0.00%
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13
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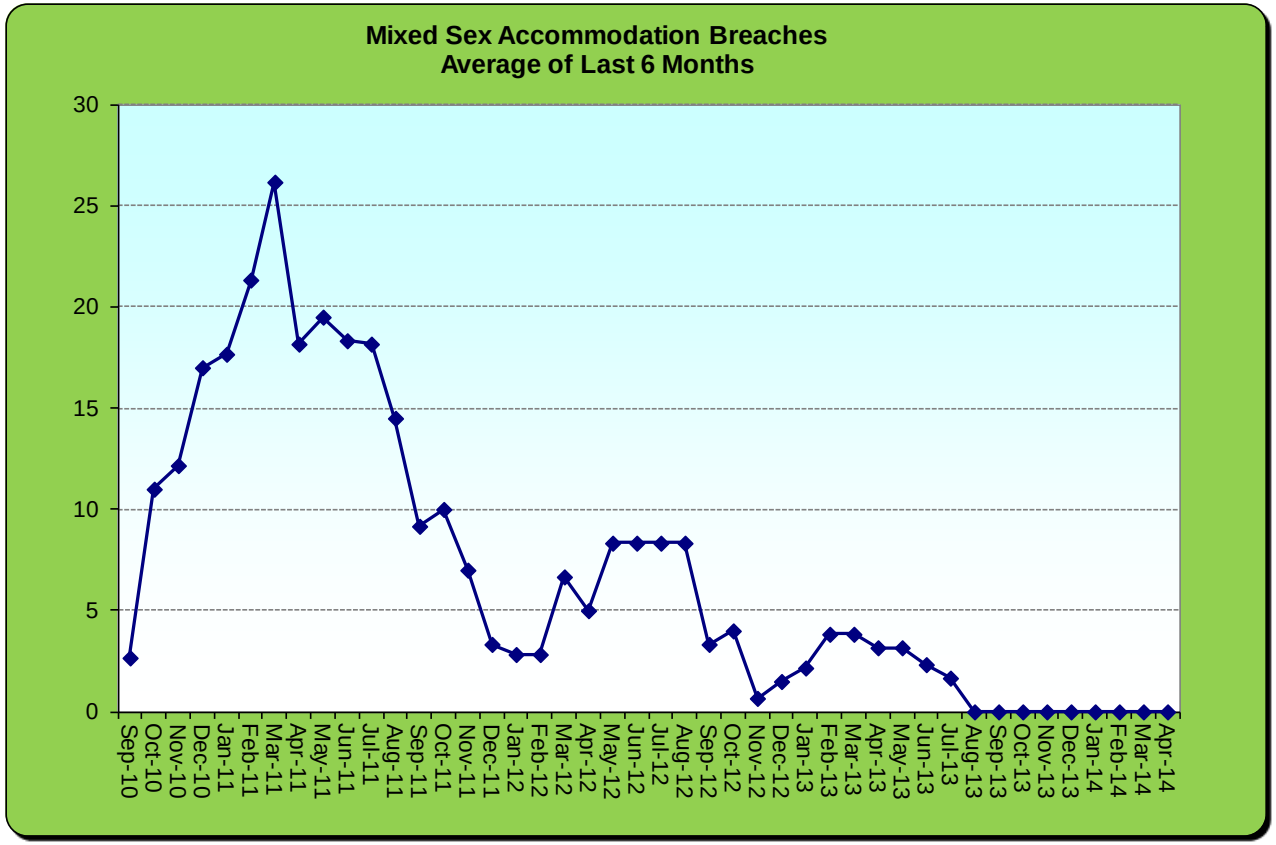
Mixed Sex Accommodation Breaches
Average of Last 6 Months
30
25
20
15
10
5
0
Sep-10
Oct-10
Nov-10
Dec-10
Jan-11
Feb-11
Mar-11
Apr-11
May-11
Jun-11
Jul-11
Aug-11
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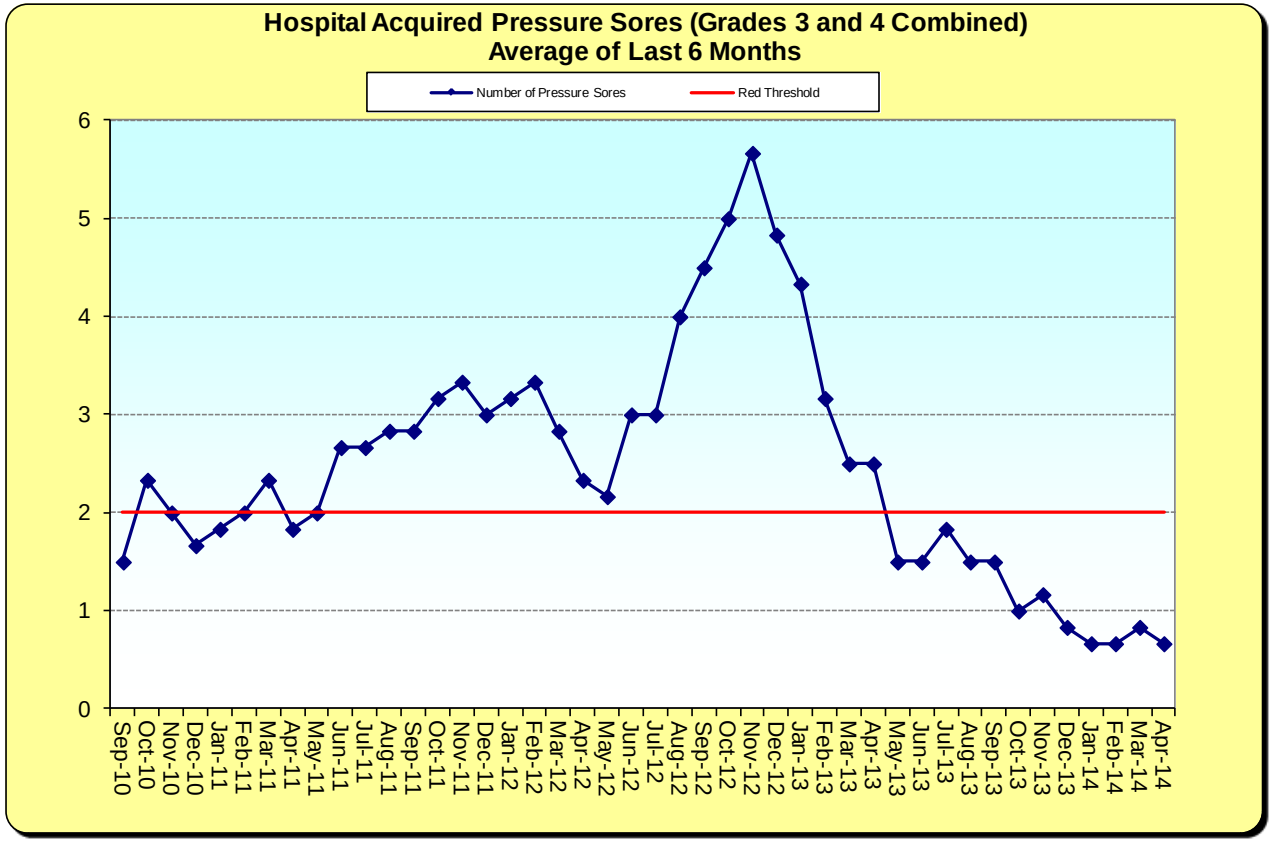
Hospital Acquired Pressure Sores (Grades 3 and 4 Combined)
Average of Last 6 Months
Number of Pressure Sores
Red Threshold
6
5
4
3
2
1
0
Sep-10
Oct-10
Nov-10
Dec-10
Jan-11
Feb-11
Mar-11
Apr-11
May-11
Jun-11
Jul-11
Aug-11
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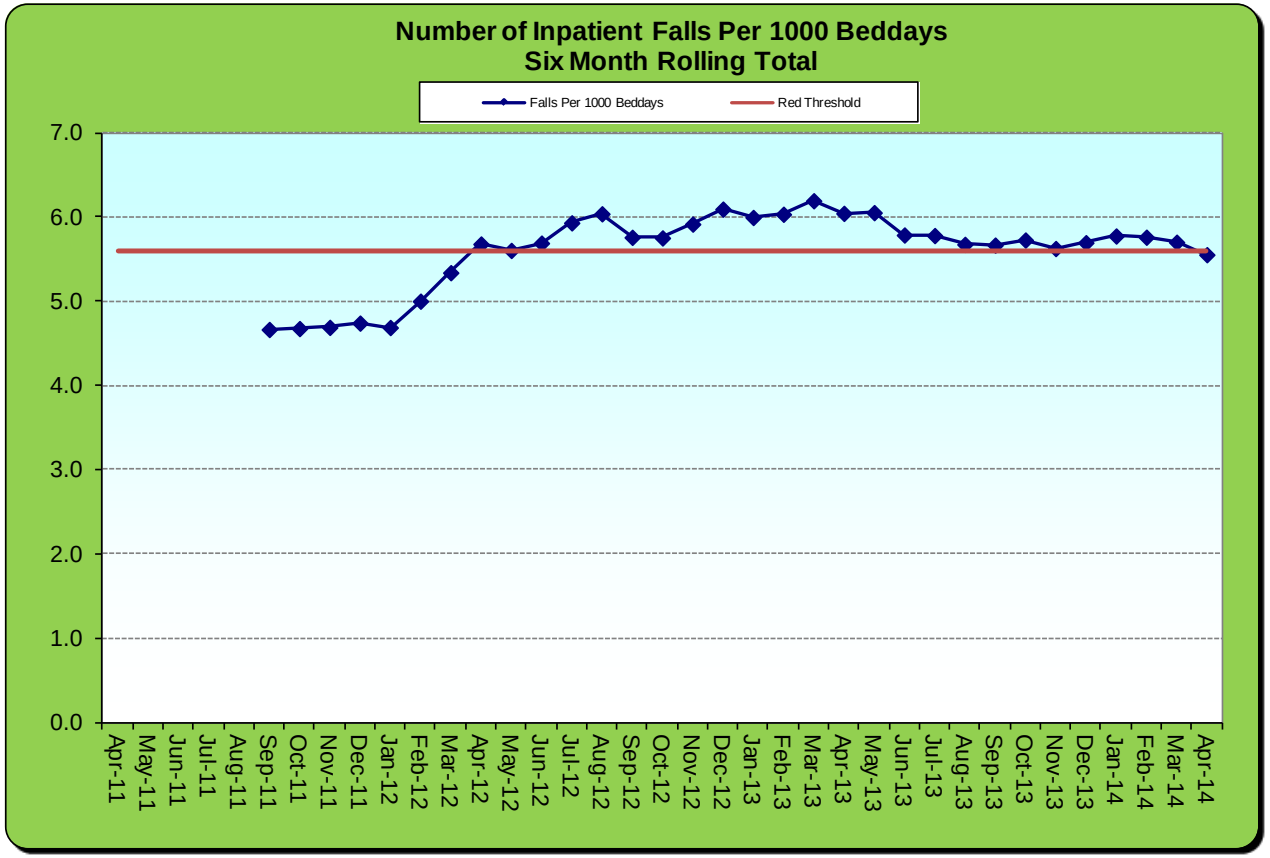
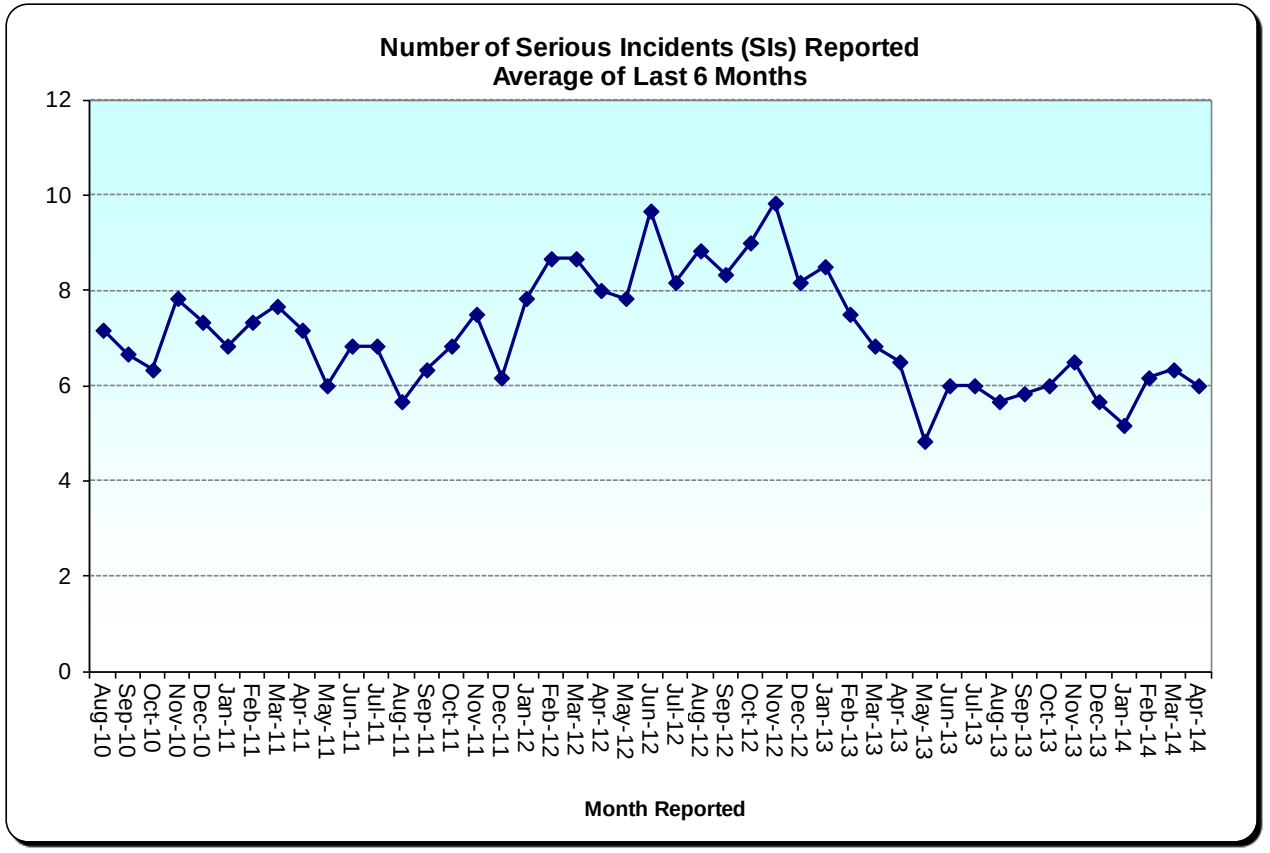
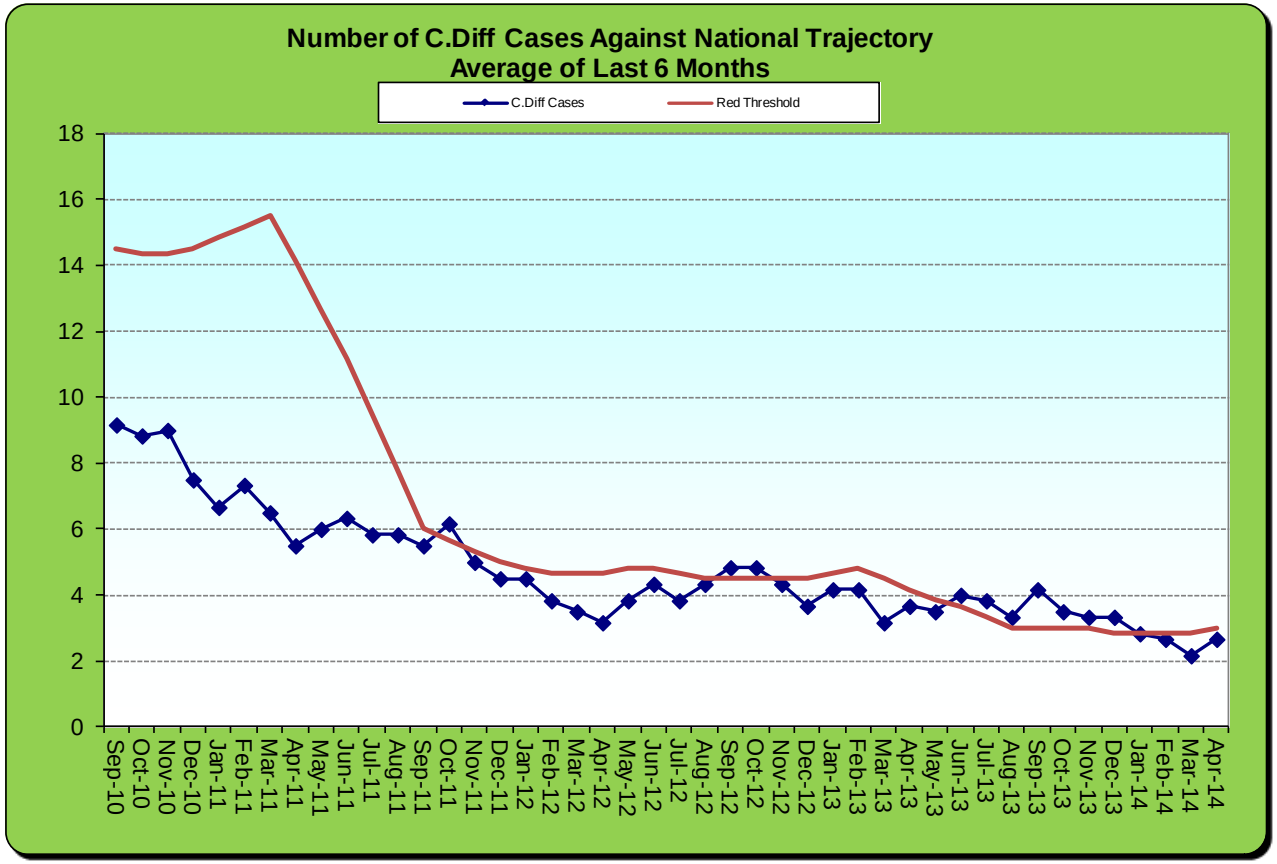

Number of Inpatient Falls Per 1000 Beddays
Six Month Rolling Total
Falls Per 1000 Beddays
Red Threshold
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
Apr-11
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13
Feb-13
Mar-13
Apr-13
May-13
Jun-13
Jul-13
Aug-13
Sep-13
Oct-13
Nov-13
Dec-13
Jan-14
Feb-14
Mar-14
Apr-14


Number of Serious Incidents (SIs) Reported
Average of Last 6 Months
12
10
8
6
4
2
0
Aug-10
Sep-10
Oct-10
Nov-10
Dec-10
Jan-11
Feb-11
Mar-11
Apr-11
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13
Feb-13
Mar-13
Apr-13
May-13
Jun-13
Jul-13
Aug-13
Sep-13
Oct-13
Nov-13
Dec-13
Jan-14
Feb-14
Mar-14
Apr-14
Month Reported


Number of C.Diff Cases Against National Trajectory
Average of Last 6 Months
C.Diff Cases
Red Threshold
18
16
14
12
10
8
6
4
2
0
Sep-10
Oct-10
Nov-10
Dec-10
Jan-11
Feb-11
Mar-11
Apr-11
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13
Feb-13
Mar-13
Apr-13
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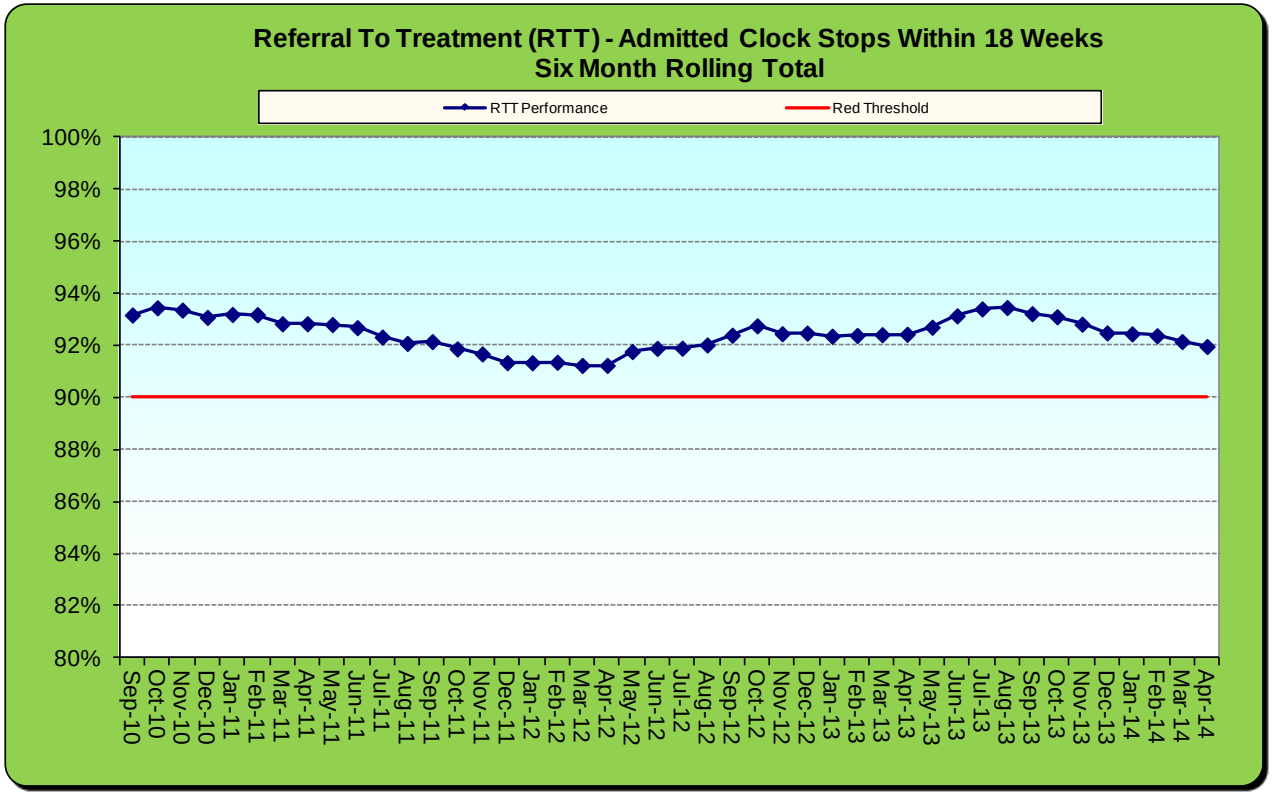
Nov-13
Dec-13
Jan-14
Feb-14
Mar-14
Apr-14


Referral To Treatment (RTT) - Admitted Clock Stops Within 18 Weeks
Six Month Rolling Total
RTT Performance
Red Threshold
100%
98%
96%
94%
92%
90%
88%
86%
84%
82%
80%
Sep-10
Oct-10
Nov-10
Dec-10
Jan-11
Feb-11
Mar-11
Apr-11
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13
Feb-13
Mar-13
Apr-13
May-13
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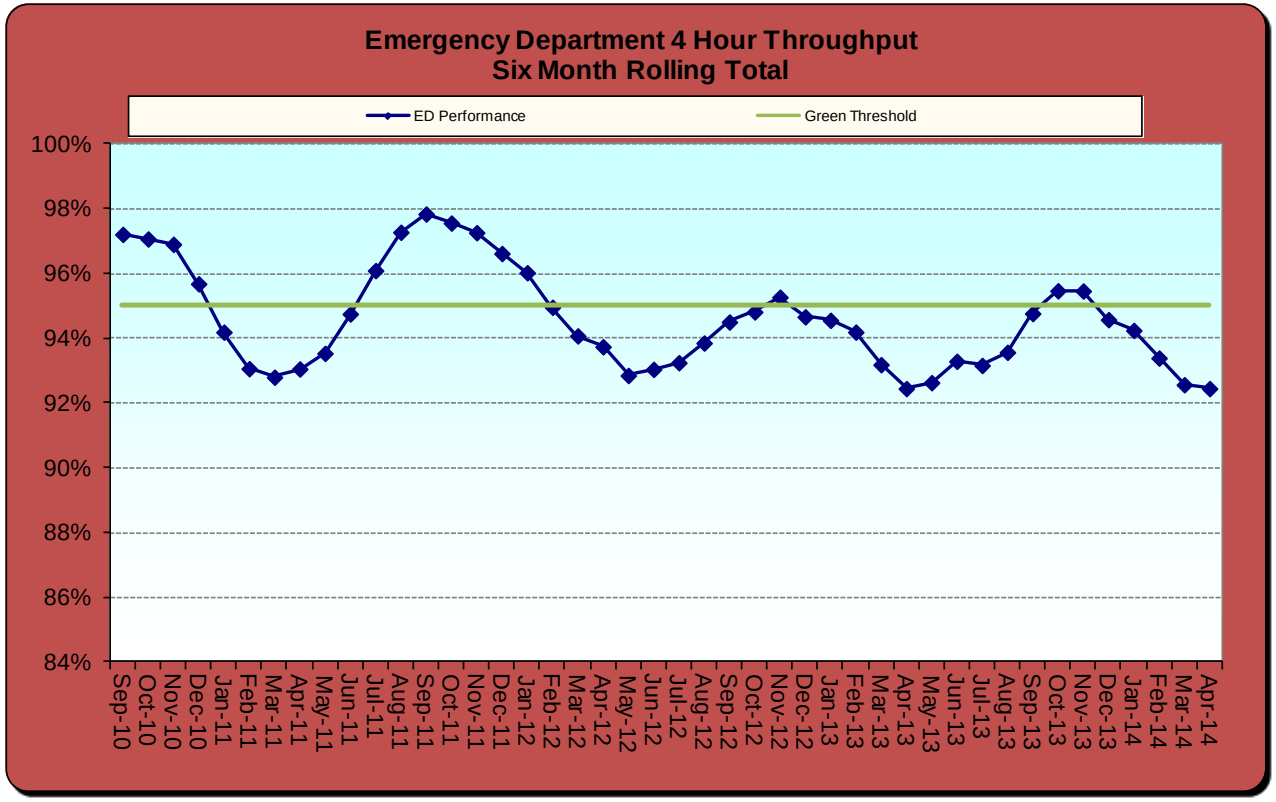
Oct-13
Nov-13
Dec-13
Jan-14
Feb-14
Mar-14
Apr-14


Emergency Department 4 Hour Throughput
Six Month Rolling Total
ED Performance
Green Threshold
100%
98%
96%
94%
92%
90%
88%
86%
84%
Sep-10
Oct-10
Nov-10
Dec-10
Jan-11
Feb-11
Mar-11
Apr-11
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12
Jul-12
Aug-12
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Mar-13
Apr-13
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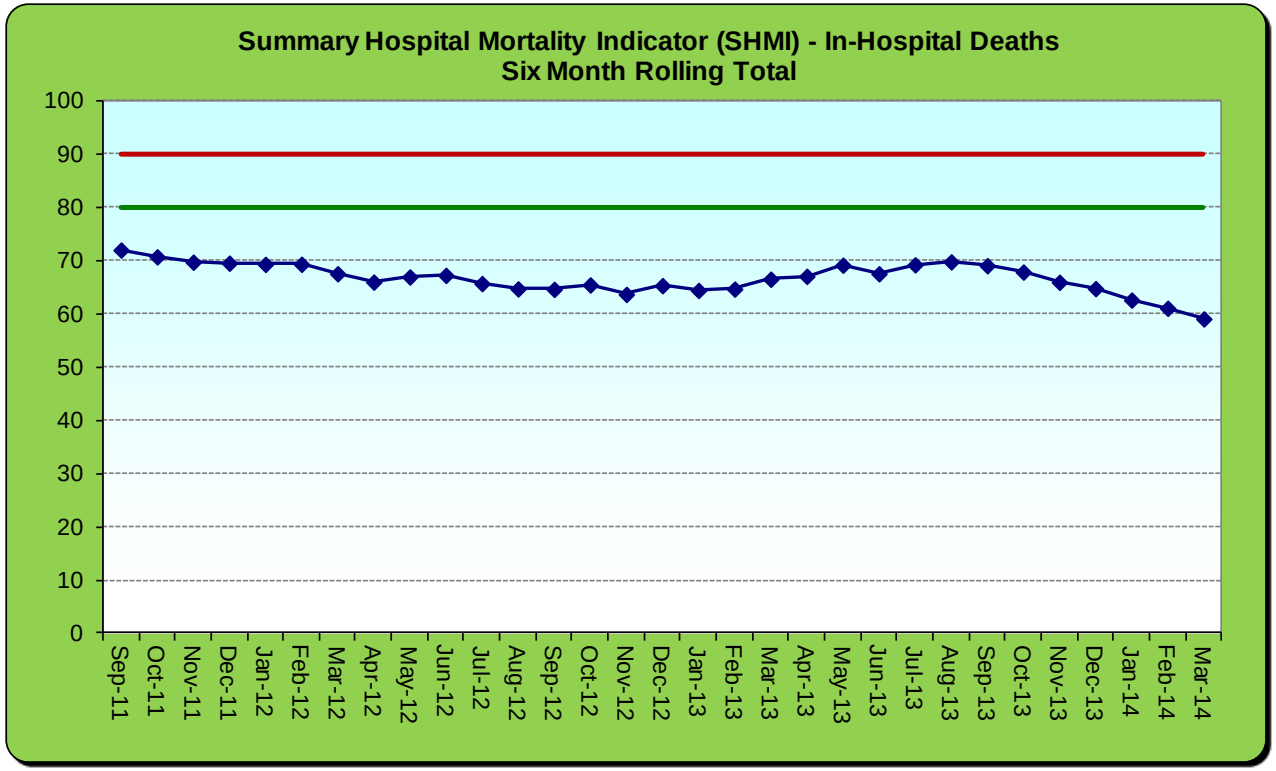
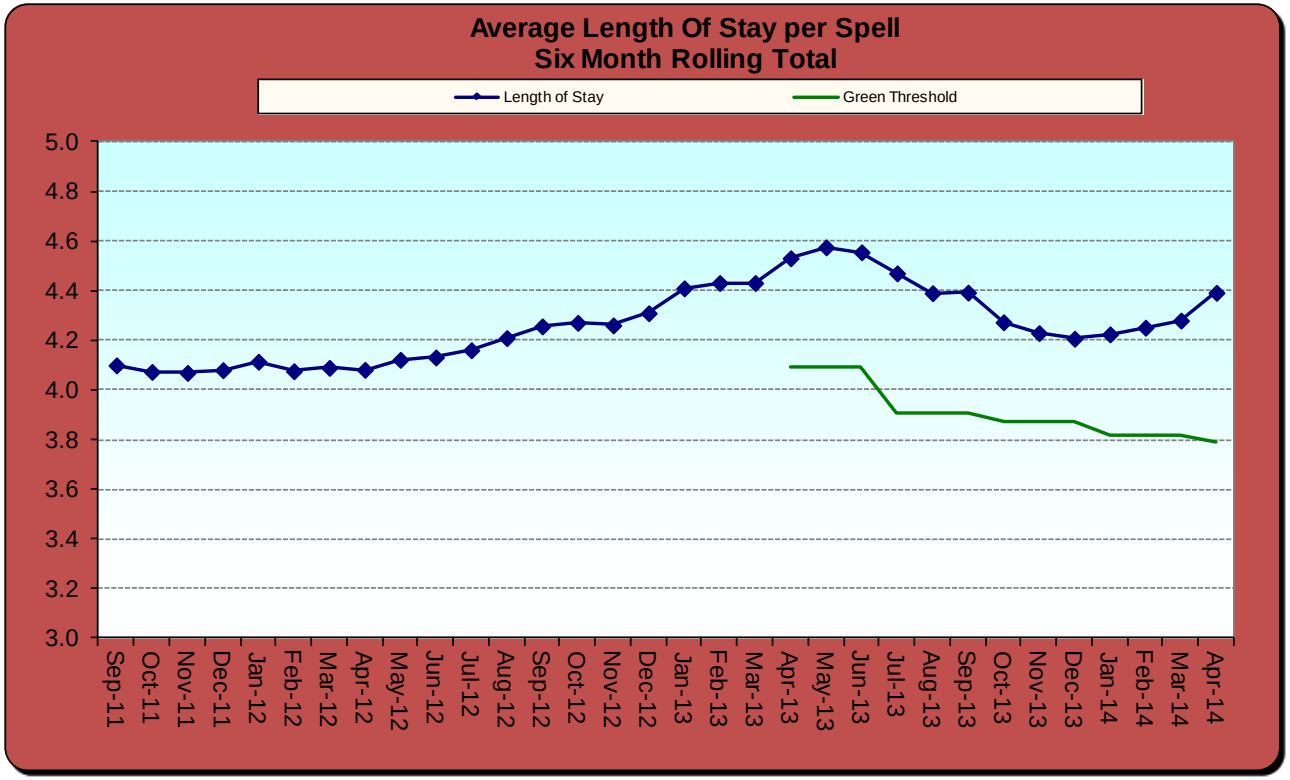
Feb-14
Mar-14
Apr-14


Summary Hospital Mortality Indicator (SHMI) - In-Hospital Deaths
Six Month Rolling Total
100
90
80
70
60
50
40
30
20
10
0
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13
Feb-13
Mar-13
Apr-13
May-13
Jun-13
Jul-13
Aug-13
Sep-13
Oct-13
Nov-13
Dec-13
Jan-14
Feb-14
Mar-14


Average Length Of Stay per Spell
Six Month Rolling Total
Length of Stay
Green Threshold
5.0
4.8
4.6
4.4
4.2
4.0
3.8
3.6
3.4
3.2
3.0
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13
Feb-13
Mar-13
Apr-13
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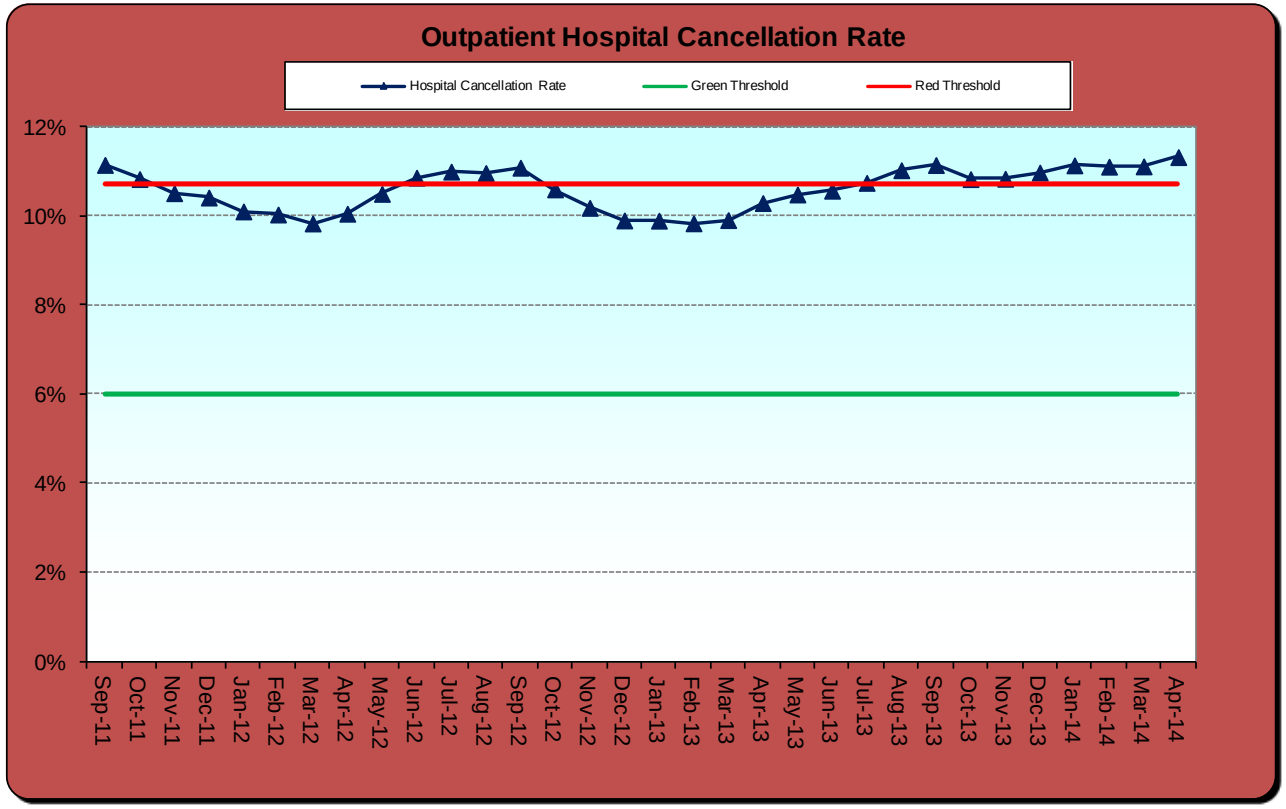
Oct-13
Nov-13
Dec-13
Jan-14
Feb-14
Mar-14
Apr-14


Outpatient Hospital Cancellation Rate
Hospital Cancellation Rate
Green Threshold
Red Threshold
12%
10%
8%
6%
4%
2%
0%
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12
Jul-12
Aug-12
Sep-12
Oct-12
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Jan-14
Feb-14
Mar-14
Apr-14

Organisational Health Barometer – exceptions summary table

Indicator in exception	Exception Report	Additional information
Cumulative number of *C. diff* cases	In the *Quality* section of this report	
A&E 4hour standard	In the *Access* section of this report	
Overall Length of Stay	See *Overview section*	
Theatre Productivity	See *Overview section*	
Cash Releasing Efficiency Savings (CRES) Achievement	See *Overview* section and separate Finance Report.	

SECTION C – Monitor's Compliance Framework

At the end of April the Trust is currently not meeting three of the standards in Monitor's 2014/15 Risk Assessment Framework, for the quarter to date. Exception reports are provided for these three standards, along with *Clostridium difficile* (C. diff) cumulative trajectory, which is above the monthly trajectory set internally, but below the nationally applied limit for the quarter of ten cases, and also Monitor's minimum reporting level of twelve cases.

- A&E 4-hour maximum wait (1.0) – *Access section*
- RTT Non-admitted standard (1.0) – *Access section*
- 62-day Referral to Treatment GP Cancer standard (1.0) – *Access section*
- *Clostridium difficile* cumulative trajectory (1.0) – *Quality section*

Overall the Trust currently has a score of 3.0 against the new Risk Assessment Framework, reflecting the three standards not met for the quarter to date. This would equate to a GREEN risk rating in terms of the Service Performance score alone. However, both the RTT Non-admitted and A&E 4-hour maximum wait standards triggered governance concerns in quarter 4, along with C. diff, due to repeated failures. For this reason Monitor has requested further information as to the causes of the failures of these standards, and the 62-day GP cancer standard, along with the Trust's recovery plans and progress against these for the quarter to date.

Please see the Monitor dashboard on the following page, for details of reported position for quarter 1 2014/15.

PERFORMANCE OVERVIEW

Monitor's Risk Assessment Framework - dashboard

	Number	Target	Weighting	Target threshold	Reported Year To Date	Compliance Framework Q1 13/14	Compliance Framework Q2 13/14	Risk Assessment Framework Q3 13/14	Risk Assessment Framework Q4 13/14	Risk Assessment Framework Q1 14/15*	Q1 Forecast quarter-end*	Notes	Q1 Forecast Risk rating
Monitor Risk Assessment Framework	1	Infection Control - C.Diff Infections Against Trajectory	1.0	< or = trajectory	5	✗	✗	✗	✗	5	✓	Cumulative trajectory: Q1 10; Q2 20; Q3 30; Q4 40; de minimis =12	Achieved
	2a	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	1.0	98%	April figures to be reported in June	✓	✓	✓	✓	99.1%	✓		Achieved
	2b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)		94%	April figures to be reported in June	✓	✓	✓	✓	95.2%	✓		
	2c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)		94%	April figures to be reported in June	✓	✓	✓	✓	97.9%	✓		
	3a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	1.0	85%	April figures to be reported in June	✓	✗	✓	✗	73.5%	✗	62-day GP standard and 62-day screening standard not forecast to be achieved.	Not achieved
	3b	Cancer 62 Day Referral To Treatment (Screenings)		90%	April figures to be reported in June	✓	✓	✓	✓	89.6%	✗		
	4	Referral to treatment time for admitted patients < 18 weeks	1.0	90%	91.9%	Achieved each month	Achieved each month	Achieved each month	Achieved each month	91.9%	✓		Achieved
	5	Referral to treatment time for non-admitted patients < 18 weeks	1.0	95%	93.6%	Achieved each month	Not achieved	Not achieved	Not achieved	93.6%	✗	Standard failed in April so failed for the quarter as a whole.	Not achieved
	6	Referral to treatment time for incomplete pathways < 18 weeks	1.0	92%	92.7%	Achieved each month	Achieved each month	Achieved each month	Achieved each month	92.7%	✓		Achieved
	7	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	1.0	96%	April figures to be reported in June	✓	✓	✓	✓	97.4%	✓		Achieved
	8a	Cancer - Urgent Referrals Seen In Under 2 Weeks	1.0	93%	April figures to be reported in June	✓	✓	✓	✓	97.1%	✓		Achieved
	8b	Cancer - Symptomatic Breast in Under 2 Weeks		93%	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
	9	A&E Total time in A&E 4 hours (95th percentile)	1.0	95%	94.5%	✗	✓	✗	✗	94.5%	✗	95% standard not met in April.	Not achieved
	10	Self certification against healthcare for patients with learning disabilities (year-end compliance)	1.0	Agreed standards met	Standards met	Standards met	Standards met	Standards met	Standards met	Standards met	Standards met		Achieved
		CQC standards or over-rides applied	Varies	Agreed standards met	None in effect	Not applicable	Not applicable	Actions implemented	Not applicable	Not applicable	Not applicable		Achieved
					rating	AMBER-RED	AMBER-RED	GREEN	Triggering escalation	Triggering escalation	Triggering escalation		

3.0
Escalation for further investigation of issues

Please note: If the same indicator is failed in three consecutive quarters, a trust will be put into escalation and Monitor will investigate the issue to identify whether there are any governance concerns. For A&E 4-hours, escalation will occur if the target is failed in two quarters in a twelve-month period and is then failed in the subsequent nine-month period or for the year as a whole. Quarterly figures quoted for the **62-day CANCER STANDARDS** include the impact of breach reallocations for late referrals, which are allowable under Monitor's Compliance Framework. For this reason, the quarterly figures may differ from those quoted in the Access Tracker. For the period shown Q1 and Q3 2013/14 have had corrections applied to the 62-day GP performance figures for breach reallocations.

***Q1 Cancer figures based upon draft figures for April. The C diff figures is shown as the cumulative position against the quarter-end target.**

1.1 QUALITY TRACKER

Topic	ID	Title	Annual Target Green	Annual Target Red	Annual 13/14	Annual 14/15 YTD	Monthly Totals May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	Quarterly Totals 13/14 Q2	13/14 Q3	13/14 Q4	14/15 Q1
Patient Safety																						
Infection Rates	DA01a	MRSA Cumulative Cases Against National Trajectory	0	1	2	1	1	1	1	1	1	1	1	1	1	2	2	1	1	1	2	1
	DA03a	C.Diff Cumulative Cases Against National Trajectory	35	36	38	5	10	14	17	20	25	27	30	34	34	36	38	5	25	34	38	5
	DA02	MSSA Cases Against Trajectory	29	30	27	1	3	1	2	1	5	3	3	3	1	2	2	1	8	9	5	1
	DA05	Number of GRE Bacteraemias	2	4	18	-	1	2	2	1	1	1	2	2	0	3	3	-	4	5	6	-
	DA06	E. Coli Bloodstream Infections	-	-	223	12	18	12	21	17	17	18	17	21	26	22	19	12	55	56	67	12
MRSA Screenings	DD01	MRSA Pre-Op Elective Screenings	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	DD02	MRSA Emergency Screenings	95%	80%	94.8%	96%	94.8%	95.7%	92.3%	93.9%	94.8%	95.2%	94.9%	95.2%	95%	95.2%	95.3%	96%	93.6%	95.1%	95.2%	96%
Infection Checklists	DB01	Hand Hygiene Audit Compliance	95%	80%	96.8%	97.5%	96.2%	97.6%	98.1%	92.4%	97.8%	96.4%	96.1%	96%	98.3%	98.3%	97.2%	97.5%	96%	96.2%	97.8%	97.5%
	DB02	Antibiotic Compliance	90%	80%	88%	91.8%	89.3%	89%	88.3%	85%	86.5%	85.9%	86.5%	86.5%	88.6%	90.1%	90.7%	91.8%	86.7%	86.2%	89.9%	91.8%
Cleanliness	DC01	Cleanliness Monitoring - Overall Score	95%	70%	95%	-	93%	95%	95%	96%	94%	95%	95%	94%	94%	94%	96%	96%	95%	95%	95%	-
	DC02	Cleanliness Monitoring - Very High Risk Areas	95%	95%	96%	-	96%	97%	96%	98%	96%	95%	96%	96%	95%	96%	96%	95%	97%	96%	96%	-
	DC03	Cleanliness Monitoring - High Risk Areas	95%	70%	95%	-	93%	95%	96%	95%	95%	94%	96%	95%	95%	95%	96%	96%	95%	95%	95%	-
Serious Incidents	S02	Number of Serious Incidents Reported	-	-	73	5	2	11	9	3	4	7	5	6	6	9	5	5	16	18	20	5
	S02a	Number of Confirmed Serious Incidents	-	-	64	-	2	10	8	3	4	7	5	6	6	7	-	-	15	18	13	-
	S02b	Number of Serious Incidents Still Open	-	-	7	5	-	-	-	-	-	-	-	-	-	2	5	5	-	-	7	5
	S03	Serious Incidents Reported Within 48 Hours	80%	80%	83.6%	80%	100%	81.8%	66.7%	100%	25%	85.7%	100%	83.3%	100%	88.9%	100%	80%	62.5%	88.9%	95%	80%
	S04	Percentage of Serious Incident Investigations Completed Within Timescale	80%	80%	92.4%	100%	100%	100%	100%	100%	100%	87.5%	100%	100%	87.5%	75%	100%	100%	100%	93.8%	89.5%	100%
	S01	Total Never Events	0	1	2	1	0	1	0	0	0	0	0	1	0	0	0	1	0	1	0	1
Patient Safety Incidents	S06	Number of Patient Safety Incidents Reported	-	-	12074	-	998	965	1134	914	922	1063	1052	955	1058	951	979	-	2970	3070	2988	-
	S06a	Patient Safety Incidents Per 100 Admissions	-	-	9.23	-	8.87	9.22	10.05	8.38	8.45	9.08	9.57	9.38	9.41	9.25	8.94	-	8.97	9.34	9.2	-
	S06b	Patient Safety Incidents Per 100 Beddays	-	-	4	-	3.87	3.98	4.47	3.63	3.82	4.17	4.25	3.79	4.06	3.97	3.71	-	3.98	4.07	3.91	-
	S07	Number of Patient Safety Incidents - Severe Harm	-	-	47	-	3	3	3	1	3	9	4	5	3	6	5	-	7	18	14	-
Falls	AB01	Falls Per 1,000 Beddays	5.6	5.6	5.68	5.08	6.01	5.16	5.64	5.76	5.8	5.96	5.42	5.59	6.1	5.67	5.46	5.08	5.73	5.66	5.74	5.08
	AB03	Repeat Inpatient Fallers	24%	24%	23.3%	33%	21.5%	23.5%	26.7%	24.7%	25.9%	19.4%	25.3%	25%	20%	20.5%	18.8%	33%	25.7%	23.4%	19.7%	33%
	AB02	Patient Falls - Patients Aged 65+	1408	1408	1318	94	119	80	99	115	102	121	93	121	136	111	105	94	316	335	352	94
	AB06a	Total Number of Patient Falls Resulting in Harm	-	-	28	1	2	0	2	1	3	1	4	2	2	4	3	1	6	7	9	1
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.651	0.651	0.656	0.433	0.543	0.66	0.788	0.755	1.078	0.706	0.526	0.555	0.69	0.417	0.417	0.433	0.871	0.596	0.51	0.433
	DE02	Pressure Ulcers - Grade 2	84	120	184	11	14	14	18	18	26	17	12	14	17	9	10	11	62	43	36	11
	DE03	Pressure Ulcers - Grade 3	0	12	13	0	0	2	2	1	0	1	1	0	1	1	1	0	3	2	3	0
	DE04	Pressure Ulcers - Grade 4	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pressure Ulcers Present on Admission	DE07	Pressure Ulcers Present On Admission - Grade 2	-	-	821	82	81	81	73	83	70	54	62	73	60	55	51	82	226	189	166	82
	DE08	Pressure Ulcers Present On Admission - Grade 3	-	-	113	11	15	12	8	11	12	14	5	9	6	5	7	11	31	28	18	11
	DE09	Pressure Ulcers Present On Admission - Grade 4	-	-	38	4	6	3	6	4	1	3	2	2	1	6	2	4	11	7	9	4
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	96%	95%	98%	98.9%	97.1%	97%	96.6%	98.1%	97.9%	98%	98.5%	98.2%	98.6%	98.7%	98.5%	98.9%	97.5%	98.2%	98.6%	98.9%
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	93%	90%	93.4%	96.4%	89.2%	93.2%	91.6%	92.5%	95.6%	94.6%	95.1%	97.1%	94.9%	96.6%	94.5%	96.4%	93.2%	95.6%	95.3%	96.4%
Nutrition	WB04	Dietetics: Nutritional Assessments	85%	85%	86.2%	90.3%	79.9%	79.4%	77.4%	78.5%	83.5%	88.2%	89.8%	93.3%	92.9%	91.6%	91.2%	90.3%	79.7%	90.4%	91.9%	90.3%
	WB03	Nutrition: Food Chart Review	90%	85%	82.5%	94.7%	75.1%	77.4%	72.3%	92.4%	80.9%	83.8%	76.9%	84.1%	91.2%	91.8%	78.2%	94.7%	81.8%	82.1%	87.7%	94.7%
Safety	Y01	WHO Surgical Checklist Compliance	100%	99.5%	99.6%	99.7%	99.7%	99.6%	99.7%	99.5%	99.5%	99.6%	99.5%	99.7%	99.9%	99.6%	99.6%	99.7%	99.6%	99.6%	99.7%	99.7%
Medicines	WA01	Medication Errors Resulting in Harm	1.61%	2.84%	0.68%	-	2.84%	0.66%	0.74%	0%	0.7%	0.61%	0.56%	0%	1%	0.54%	0%	-	0.49%	0.41%	0.52%	-
	WA10a	Medication Reconciliation Within 1 Day (Assessment and BHI Wards)	95%	95%	97.9%	98.6%	89.1%	95.7%	99.1%	98.3%	99%	99.1%	100%	100%	99.1%	99%	100%	98.6%	98.8%	99.7%	99.4%	98.6%
	WA10b	Medication Reconciliation Within 1 Day (BHOC and Gynae Wards)	85%	75%	92%	98.8%	-	-	93.3%	97.5%	89.1%	89.5%	90.8%	83.3%	85%	100%	100%	98.8%	93.6%	88.1%	94.1%	98.8%
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	2.25%	2.5%	1.91%	1.18%	2.05%	1.7%	1.91%	2.1%	1.19%	2.75%	2.32%	2.6%	1.08%	0.91%	1.66%	1.18%	1.74%	2.56%	1.23%	1.18%
NHS Safety Thermometer	AK01	Safety Thermometer - Coverage	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	AK03	Safety Thermometer - Harm Free Care	94.9%	91.3%	94.1%	95.7%	93.1%	92%	91.9%	95.2%	94.5%	93.5%	95.8%	95%	95.6%	96.2%	95.2%	95.7%	93.9%	94.7%	95.7%	95.7%
	AK04	Safety Thermometer - No New Harms	97.7%	95.9%	97.2%	98.2%	96.4%	96.6%	95.9%	97.3%	98.3%	96.7%	97.4%	97.9%	98.5%	97.8%	97.6%	98.2%	97.2%	97.3%	98%	98.2%
	DE05	Pressure Ulcers Reduction (Safety Thermometer)	300	348	198	11	14	16	20	19	26	18	13	14	18	10	11	11	65	45	39	11
	AR02	Early Warning Scores (EWS) Completed Correctly	95%	90%	99%	99%	99%	98%	99%	99%	99%	99%	98%	99%	98%	100%	100%	99%	99%	99%	99%	99%
	AR04	Deteriorating Patient: SBAR	80%	70%	81.4%	50%	76.9%	91.7%	40%	80%	66.7%	93.3%	75%	75%	87.5%	100%	85.7%	50%	66.7%	82.9%	90.5%	50%

QUALITY

Topic	ID	Title	Annual Target Green	Annual Target Red	Annual 13/14	Annual 14/15 YTD	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	Quarterly Totals 13/14 Q2	13/14 Q3	13/14 Q4	14/15 Q1
Clinical Effectiveness																						
Mortality	X03	Summary Hospital Mortality Indicator (SHMI 2012 Baseline) - In Hospital Deaths	80	91	63.8	-	72.4	69	67.1	67.8	70.3	60.9	60.9	61.5	54.7	57.8	57.8	-	68.4	61.1	56.7	-
	X04	Summary Hospital Mortality Indicator (SHMI) - National Data	-	-	94.7	-	-	93.7	-	-	95.7	-	-	-	-	-	-	-	95.7	-	-	-
Learning Disability	AA01	Learning Disability (Adults) - Percentage Risk Assessed	85%	85%	87.4%	100%	93.8%	93.8%	37.5%	80%	88.2%	100%	85%	88.9%	90%	95.2%	100%	100%	65.8%	88.9%	94.4%	100%
	AA03	Learning Disability (Adults) - Percentage Adjustments Made	58%	48%	83.9%	100%	81.3%	93.8%	50%	100%	88.2%	100%	95%	77.8%	95%	90.5%	92.3%	100%	73.7%	91.7%	92.6%	100%
	AA02	Learning Disability (Paediatrics) - Percentage Risk Assessed	90%	85%	89.7%	-	98.2%	70.2%	100%	100%	61.1%	83.8%	90.7%	96.4%	100%	90.9%	96.9%	-	83.8%	89.9%	95.9%	-
Readmissions	C01	Emergency Readmissions Percentage	3%	3%	2.7%	-	2.5%	2.4%	2.6%	2.5%	2.8%	2.7%	2.7%	2.8%	2.9%	2.9%	2.7%	-	2.6%	2.7%	2.9%	-
Maternity	G09	Number of Births in Midwife-Led Unit	100	70	681	84	-	-	72	67	81	80	83	71	79	81	67	84	220	234	227	84
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	95%	90%	77.4%	88.9%	51.5%	73.5%	75.9%	77.1%	96.6%	90.5%	95.5%	87.8%	55.9%	92.6%	85.7%	88.9%	82.8%	90.5%	76.4%	88.9%
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	95%	90%	78.8%	94.4%	36.4%	64.7%	62.1%	68.6%	75.9%	81%	95.5%	100%	97.1%	100%	100%	94.4%	68.8%	94%	98.9%	94.4%
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	90%	80%	61.7%	83.3%	15.2%	47.1%	44.8%	54.3%	69%	71.4%	90.9%	87.8%	52.9%	92.6%	85.7%	83.3%	55.9%	84.5%	75.3%	83.3%
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	50%	50%	55.1%	-	44.2%	48.7%	60%	53.7%	62.2%	58%	36.1%	66.7%	62.2%	56.8%	63.9%	-	58.5%	55.2%	60.8%	-
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	90%	80%	84.2%	-	83.7%	84.6%	91.1%	82.9%	89.2%	86%	83.3%	87.5%	86.7%	79.5%	86.1%	-	87.8%	85.8%	84%	-
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	60%	60%	55.8%	60%	81.3%	50%	35.3%	62.5%	71.4%	73.3%	40%	61.1%	50%	45.5%	50%	60%	55.3%	63.2%	48.8%	60%
Dementia	AC01	Dementia - Find, Assess, Investigate and Refer Q1	90%	80%	67.7%	57.1%	85.7%	96.3%	80.1%	86.2%	86.6%	83.4%	74.9%	49.7%	46.6%	45.3%	46.9%	57.1%	84.5%	68.7%	46.3%	57.1%
	AC02	Dementia - Find, Assess, Investigate and Refer Q2	90%	80%	60.6%	71.7%	87.5%	61.5%	40.4%	52.9%	53.4%	59%	57.7%	66.7%	75.5%	78%	66.7%	71.7%	49.2%	60.7%	73%	71.7%
	AC03	Dementia - Find, Assess, Investigate and Refer Q3	90%	80%	65.4%	47.6%	100%	85.7%	66.7%	62.5%	62.5%	75%	75.9%	61.5%	57.9%	38.5%	52.4%	47.6%	63.6%	70.7%	48.5%	47.6%
Patient Experience																						
Mixed Sex Accom.	M01	Mixed Sex Breaches - Number of Patients	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Monthly Patient Surveys	P01d	Patient Survey - Local Patient Experience Score	85	82	-	-	89	88	88	89	89	88	89	89	88	89	89	-	89	89	89	-
	P01e	Patient Survey - Explaining Medication Side Effects	64	61	-	-	62	63	63	59	63	58	64	61	55	61	63	-	60	61	60	-
	P01f	Patient Survey - Maternity Services	85	83	-	-	92	88	89	85	84	79	81	85	91	81	91	-	85	82	88	-
	P01g	Patient Survey - Kindness and Understanding	90	88	-	-	94	92	94	93	94	93	93	93	93	91	94	-	93	93	93	-
Friends and Family Test	P03	Friends and Family Test Coverage	20%	20%	17.6%	22.8%	8.2%	10.7%	12.4%	14.5%	22.1%	24.7%	25.2%	18.1%	19.7%	22.5%	31%	22.8%	16.2%	22.7%	24.5%	22.8%
	P04	Friends and Family Test Score	63	43	72.7	77	72.3	70.2	74.7	73.5	73.8	73.6	73	70.5	72.7	72.9	71.2	77	74	72.6	72.1	77
Patient Complaints	T01a	Patient Complaints as a Proportion of Activity	0.21%	0.25%	0.212%	0.238%	0.212%	0.195%	0.162%	0.232%	0.202%	0.192%	0.185%	0.199%	0.214%	0.227%	0.282%	0.238%	0.198%	0.192%	0.241%	0.238%
	T03a	Complaints Responded To Within Trust Timeframe	98%	90%	76.4%	93.1%	54.7%	66.7%	80.3%	77.2%	87.8%	84.9%	82.2%	88.1%	76.1%	92%	88.7%	93.1%	81.4%	85%	84.7%	93.1%
	T04a	Complainants Disatisfied with Response	48	48	62	6	8	6	6	11	1	7	2	6	6	3	5	6	18	15	14	6

1.2 SUMMARY

A number of measures are starting to show signs of sustained improvements after periods of challenge, such as our overall falls and pressure ulcer incidence, antibiotic prescribing compliance and Friends and Family Test coverage. The well understood challenges around the dementia measures continue, but the exception report describes a refreshed approach supported by two posts for the next two years, to enable increased focus in this area. Unfortunately one never event occurred in April, details of which are included in the relevant exception report.

At this time of year we review and refresh our quality dashboard to reflect our quality objectives for the new financial year and the details of CQUIN payments being agreed with our commissioners. This results in a somewhat transitional period for the quality dashboard as we finalise our achievements for 2013/14 and start to introduce new measures and thresholds for 2014/15. The majority of changes are planned to take effect in next month's report.

Achieving set threshold (38)	**Thresholds not met or no change on previous month (9)**
- MRSA (Meticillin Resistant Staphylococcus aureus) screening – elective - MRSA screening – emergency - Hand Hygiene Audit - Antibiotic prescribing compliance - Cleanliness monitoring: 1) overall Trust score, 2) very high risk areas and 3) high risk areas - Serious Incidents reported with 48 hours - Serious incident investigations completed within required timescales - Inpatient falls incidence per 1,000 bed days - Falls in inpatients over 65 - Total pressure ulcer incidence per 1,000 bed days - Number of grade 3 hospital acquired pressure ulcers - Number of grade 4 hospital acquired pressure ulcers - Percentage of adult in-patients who had a Venous Thrombo-Embolism (VTE) risk assessment - Percentage adult in-patients who received thrombo-prophylaxis - Patients seen by dietician with 'MUST' (Malnutrition Universal Screening Tool) score of 2 or more - 72 hour Food Chart review	- GRE (Glycopeptide Resistant Enterococci) bacteraemias - WHO surgical checklist compliance - Fractured neck of femur patients seeing an ortho-geriatrician within 72 hours - Fractured neck of femur patients achieving Best Practice Tariff - Number of births in midwifery led unit - Stroke care: percentage spending 90% + time on a stroke unit - Monthly patient survey: explaining medication side effects - Patient complaints as a proportion of all activity - Percentage of complaints resolved within agreed timescale

QUALITY

- Medicines reconciliation performed within one day of admission (Assessment and cardiac wards) - Medicines reconciliation performed within one day of admission (Oncology and Gynaecology wards) - Non-purposeful omitted doses of listed critical medication - Reduction in medication errors resulting in moderate or severe harm - NHS Safety Thermometer – coverage - NHS Safety thermometer- harm free care - NHS Safety thermometer-no new harms - Pressure Ulcer reduction (Safety Thermometer CQUIN) - Deteriorating patient: Early Warning Scores - Summary Hospital Mortality Indicator in-hospital deaths (SHMI) - Risk assessment of adult patients with known learning disability within 48 hours - Learning disability (adults)-percentage adjustments made - Risk assessment of paediatric patients with known learning disability within 48 hours - 30 day emergency re-admissions - Stroke care: percentage receiving brain imaging within 1 hour - High risk TIA (Transient Ischaemic Attack) patients starting treatment with 24 hours - Number of breaches of the same sex accommodation standard - Patient experience local patient experience score - Monthly patient survey: kindness and understanding - Monthly patient survey: maternity services kindness and understanding - Friends and Family Test (FFT) coverage - FFT Score	
Quality metrics not achieved or requiring attention (11)	**Quality metrics not rated (13)**
- MRSA (Meticillin Resistant Staphylococcus aureus) bacteraemias against trajectory - Clostridium difficile cases against national trajectory - Never Events	**Trajectory for 2014/15 being agreed** – MSSA (Meticillin Sensitive Staphylococcus aureus) cases against trajectory

QUALITY

- Repeat inpatient falls - Number of grade 2 hospital acquired pressure ulcers - Escalation of the deteriorating patient using a structured communication tool (SBAR) - Fractured neck of femur patients treated with 36 hours - Dementia admissions-case finding applied - Dementia admissions-assessment completed - Dementia admissions-referred on to specialist services - Number of complainants dissatisfied with our response (not responded in full)	**Metrics for information** - E coli *(Escherichia coli*) blood stream infections (surveillance only) - Number of serious incidents - Confirmed number of serious incidents - Total number of patient safety incidents reported - Total number of patient safety incidents per 100 admissions - Total number of patient safety incidents per 100 bed days - Number of patient safety incidents severe harm - Number of Grade 2 pressure ulcers present on admission - Number of Grade 3 pressure ulcers present on admission - Number of Grade 4 pressure ulcers present on admission - Hospital Standardised Mortality Ratio (HSMR) - Summary Hospital Mortality Indicator including out of hospital-deaths within 30 days of discharge (SHMI)

QUALITY

Summary of Performance against Commissioning for Quality and Innovation (CQUIN) Quality Dashboard Metrics

The details of CQUINs for 2014/15 are currently being agreed with commissioners and will be included in next month's report.

1.3 CHANGES IN THE PERIOD

Performance against the following indicators changed significantly compared with the last reported month:

- Use of SBAR structured communication tool ↓ from 85.7% in March to 50.0% in April.
- Repeat in-patient falls up ↑ from 18.8% in March to 33.0% in April
- 72 hour food chart review up ↑ from 78.2% in March to 94.7% in April
- Friends and Family Test score ↑ from 71.2 in March to 77.0 in April.
- Patient Experience Maternity Services up ↑ from 81 in February to 91 in March

1.4 EXCEPTION REPORTS

Exception reports are provided for ten of the RED rated indicators and two amber indicators* that have been of interest to the Board, thirteen in total.

Please note: an exception report is **not** provided for the number of hospital acquired grade 2 pressure ulcers. This is because this number is below an internally set target of no more than 15 per month, but this remains red rated because the green threshold in the dashboard was set based on a period of under-reporting of grade 2 hospital acquired pressure ulcers in 2010/11 and has not been rebased in subsequent years. This metric will be reviewed for next month.

1. MRSA (Meticillin Resistant Staphylococcus aureus) bacteraemias against trajectory
2. Clostridium difficile cases against national trajectory
3. Never Events
4. Repeat inpatient falls
5. Escalation of the deteriorating patient using a structured communication tool (SBAR)
6. Fractured neck of femur patients treated with 36 hours
7. Dementia admissions-case finding applied
8. Dementia admissions-assessment completed
9. Dementia admissions-referred on to specialist services
10. Patient complaints as a proportion of all activity*
11. Percentage of complaints resolved within agreed timescale*
12. Number of complainants dissatisfied with our response (not responded in full)

QUALITY

Q1. EXCEPTION REPORT: Meticillin Resistant Staphylococcus Aureus (MRSA) cases against trajectory	RESPONSIBLE DIRECTOR: Chief Nurse

Description of how the standard is measured:

Positive blood cultures taken from patients in hospital for more than 2 days. The Trust has a zero tolerance to avoidable MRSA bacteraemia. There are no financial penalties and this does not contribute to the Monitor compliance framework.

Performance in the period, including reasons for the exception:

There was one Trust apportioned case of MRSA bacteraemia in April 2014.

Division	Monthly Objective	Number of cases in the month	Location of patient
Specialised Services	0	0	
Surgery Head & Neck	0	0	
Women's & Children's	0	1	Ward 34
Medicine	0	0	

Widespread screening for MRSA is undertaken in the Trust.

Recovery plan, including expected date performance will be restored:

- Post Infection Review could not identify any specific issues or lapses in care. However, we have taken the opportunity to review processes for the unit and hospital;
- An immediate audit of Aseptic Non Touch Technique practices will be undertaken;
- An audit of compliance with 14 day re-screening, throughout the Bristol Children's Hospital, is in progress.

QUALITY

Q2. EXCEPTION REPORT: *Clostridium difficile* cases against national trajectory	RESPONSIBLE DIRECTOR: Chief Nurse

Description of how the standard is measured:

Patients in hospital for more than 3 days, who have unexplained reasons for diarrhoea and test positive for *Clostridium difficile.*

Monitor measurement: Cumulative year-to-date trajectory, reported quarterly. The national objective set centrally is a limit of 40 cases in the year, with reporting to Monitor against a limit of 10 per quarter (cumulative limits: quarter 1 = 10; quarter 2 = 20; quarter 3 = 30; quarter 4 = 40). Financial penalties are linked to the national objective.

Performance in the period, including reasons for the exception:

There were five Trust apportioned cases of *Clostridium difficile* in April 2014 against an internally set limit of four cases for the month.

Division	Divisional Limit	Number of cases
Medicine	2	3
Surgery, Head & Neck	1	1
Women's & Children's	0	0
Specialised Services	1	1

Recovery plan, including expected date performance will be restored:

- All cases of *Clostridium difficile* infection are visited by the Director of Infection Prevention and Control /Infection Control Doctor/ Microbiologist, Infection Control Nurse and pharmacist within one working day. Each case is assessed to ensure there have been no lapses in care, and to determine whether any additional actions need to be taken by the Trust to avoid the risk of future *C. diff* infections;
- Focused care and management of *Clostridium difficile* positive patients continues on the cohort ward with daily monitoring of patients by the Infection Control Team.

QUALITY

Q3. EXCEPTION REPORT: Never Event	RESPONSIBLE DIRECTOR: Medical Director/Chief Nurse

Description of how the standard is measured:

Never Events are very serious, largely preventable patient safety incidents that should not occur if the relevant preventative measures have been put in place. There are currently 25 different categories of Never Events listed by NHS England.

Performance in the period, including reasons for the exception:

One Never Event occurred in April in the category "Wrong site surgery" whereby during multiple dental extractions an unplanned tooth at the back of the mouth was removed instead of the adjacent one. The WHO Surgical Safety Checklist was completed prior to the treatment and the x-rays were on display. As far as can be established at present, the cause appears to be human error.

The patient was informed of the error as soon as it was identified and an apology was given. Remedial treatment in the form of re-implanting the tooth was offered, but declined. A full Root Cause Analysis investigation is underway.

Recovery plan, including expected date performance will be restored:

- A Never Events Working Party has been set up within the Trust to consider further proactive measures that can be put in place to reduce the risk of systemic Never Events occurring. This will focus on surgical related Never Events in the first instance, which are the most common type of Never Event nationally. NHS England's has published provisional data on Never Events for 2013/14, which shows that a total of 312 Never Events occurred in NHS trusts during 2013/14. Of these, 132 Never Events involved a retained foreign object and 89 Never Events involved wrong site surgery. At least one Never Event was reported by 159 NHS trusts, with the maximum number reported by any single trust being eight.
- The possibility of being able to mark teeth for extraction is being explored.

QUALITY

Q4. EXCEPTION REPORT: Repeat inpatient falls	RESPONSIBLE DIRECTOR: Chief Nurse

Description of how the standard is measured:

The denominator for this standard is inpatients who were discharged in the month who had at least one fall. Repeat inpatient falls is measured as the number patients who had two or more falls during their inpatient stay, expressed a percentage of the patients who had at least one fall.

It is important to note that not all falls incidents can be linked to an in-patient spell and falls may have occurred in months previous to that of the patient's discharge, so the denominator does not equate to the number of in-patient falls which occurred in the month.

Performance in the period, including reasons for the exception:

Performance in April for repeat inpatient falls is 33% (29 repeat inpatient falls out of 88) against an internally set threshold of 24%.The breakdown by admitting division is shown below:

Division	Percentage repeat falls	Number
Medicine	40%	25
Specialised Services	0%	0
Surgery Head and Neck	25%	4
Women's and Children's	0%	0

Unsurprisingly, the majority of repeat falls occur within the Division of Medicine which accommodates the majority of elderly patients and the majority of patients who are at higher risk of falls

Recovery plan, including expected date performance will be restored:

- Areas that have high numbers of falls with harm are providing information through the monthly falls report with a clear narrative on actions that are required to ensure a reduction of harm;
- The safety thermometer data for falls is now included in the monthly falls report for divisions to add narrative and context for their figures; this will then be discussed at the meeting where all the divisions are represented;
- High risk areas, such as South Bristol Community Hospital, Ward 14 and Ward 23 are trialling patient sensor alarm pads, to alert the nurse that the patient has moved so that they can go and check that the patient is safe and give assistance as required – initial results of this trial will be

fed-back to the Falls Group at the end of May;

- The use of a red background falling star magnet on the patient status at a glance boards has been implemented to indicate patients at risk of repeat falls; this will be particularly informative if patients are transferred to new areas where staff aren't familiar with the patient;
- The use of the SBAR format is being trialled when reporting a patient fall to ensure all required actions are in place to reduce the incidence of further falls. This is then printed off and placed in the patients records to ensure all staff aware of the circumstances and required actions;
- A trial using the falls sticker on drug charts placed by Pharmacists is also underway on the Older Peoples, Medical and Surgical Assessment Units, to identify the prescription of drugs that have a known causative factor for increasing a patient's risk of falling;
- The draft of the Enhanced Observation Policy (supporting patients who need one to one care) is currently under review by the Heads of Nursing. This has been developed using the experience of other trusts and will be finalised by the end of May;
- On 18th June 2014 (during Falls Awareness week) a Falls Prevention and Management Event is being held to maintain awareness of the FallSafe Programme;
- Work is currently underway to develop a FallSafe e-learning package for clinical updates within the Trust. It is anticipated that this will be implemented in September 2014;
- In July 2014 University Hospitals Bristol is hosting the South West Regional Falls Leads meeting to facilitate stronger networks in which to develop and share good practice.

QUALITY

Q5. EXCEPTION REPORT: Escalation of the deteriorating patient using a structured communication tool (SBAR)	RESPONSIBLE DIRECTOR: Chief Nurse

Description of how the standard is measured:

Escalation of the deteriorating patient using a structured communication tool (SBAR) is measured as part of the Trust's local extension to the monthly NHS safety thermometer audits. The denominator is all adult inpatients who triggered an early warning score of four or more (which is an indication of a deteriorating patient), and requires them to be escalated to a senior clinician for review.

The process of escalation involves a verbal conversation conveying the patient's condition and issues of concern and should be conducted using a structured communication tool SBAR (Situation, Background, Assessment and Recommendation). When this takes place a red SBAR sticker is placed in the patient's notes alongside the documented content of the conversation.

The standard is measured as the percentage of patients who had corresponding SBAR sticker in their notes with associated narrative expressed as a percentage of patients who had an early warning score of four or more in the previous 24 hours.

The CQUIN target for 2013/14 was 80%, but we are aiming to achieve an improvement to 95% as part of our adult patient safety improvement programme (Safer Care Southwest) by October 2014.

Performance in the period, including reasons for the exception:

Performance in April was 50%; six out of twelve patients with an early warning score of four or more had documented evidence of use of SBAR, which is disappointing after increasing improvement during 2013/14 culminating in a quarter 4 figure of 94.7%.The breakdown of those patients where the standard was not met is shown below:

Division	Ward	Number of patients	Reason
Specialised Services	61	1	The ward has a lot of new nursing staff and a new Ward Sister. This omission has been discussed at the ward safety briefings.
Medicine	10	2	A different Ward Sister has taken up post since the April audit. They have reiterated the importance of using the SBAR sticker to document the escalation at all times with all staff, and will ensure it is part of the safety briefing and key messages for staff over the next few weeks.
	21	1	A doctor was present on the ward at the time the patient deteriorated so the nurses felt there was no need to record an SBAR escalation.

QUALITY

Surgery Head and Neck	6	1	The failure to use the SBAR sticker was an oversight, which has been discussed at safety briefings.
	5a	1	This was forgotten on this occasion as generally they are used when required. The reminder to use SBAR stickers is part of the safety briefings and further teaching can/will be carried out if staff are identified as having a need for further guidance.

Recovery plan, including expected date performance will be restored:

In addition to the local action outlined:

- A deteriorating patient project is underway in 2014/15 which will be used as an opportunity to highlight all aspects of recognising and acting upon deterioration in patients as part of the training and development activities to support the project;
- We are looking at possibilities of using potentially free space on Productive Ward notice boards to display deteriorating patient measures at ward level in an engaging format to support improvement;
- Use of SBAR is already part of essential patient safety training at induction for clinical staff, and there is also a patient safety slot on the clinical update essential training day from April 2014.

QUALITY

Q6. EXCEPTION REPORT: Fractured neck of femur patients treated with 36 hours	RESPONSIBLE DIRECTOR: Medical Director

Description of how the standard is measured:

Best practice tariff for patients with an identified hip fracture requires all of the following standards to be achieved:

1. Surgery within 36 hours from admission to hospital
2. Multi-disciplinary Team rehabilitation led by an Ortho-geriatrician
3. Ortho-geriatric review within 72 hours of admission
4. Falls Assessment
5. Joint care of patients under Trauma & Orthopaedic and Ortho geriatric Consultants
6. Bone Health Assessment
7. Completion of a Joint Assessment Proforma
8. Abbreviated Mental Test done on admission and pre-discharge

Performance in the period, including reasons for the exception:

April's Time to theatre performance was 88.9%. This was under the 90% target, with the standard not being met for two patients out of eighteen. The details of the patients are:

- One patient did not have surgery within 36 hours as they required a specialist surgeon's input for a pathological fracture;
- One patient did not have surgery within 36 hours due to lack of available theatre capacity.

Recovery plan, including expected date performance will be restored:

- Continued daily monitoring of trauma waiting times and escalation within the Division to identify additional theatre capacity when required;
- A month-long audit of the 'Golden Case' protocol, aimed at improving times to theatres, commenced on 12th May to identify further opportunity for improvement in theatre access times.

QUALITY

Q7-9. EXCEPTION REPORT: Dementia **Stage 1 - Find** **Stage 2 – Assess & Investigate** **Stage 3 – Referral on to GP**	**RESPONSIBLE DIRECTOR: Chief Nurse**

Description of how the standard is measured:

Green rating 90% or above / Amber rating 80% - 89% / Red rating below 80%

The National Dementia CQUIN, "Find, Assess and Investigate, Refer (FAIR)" occurs in three parts:

1. **Find**
   The case finding of at least 90% of all patients aged 75 years and over following emergency admission to hospital, using the dementia case finding question and identification of all those with delirium and dementia. This has to be completed within 72 hours of admission
2. **Assess and Investigate**
   The diagnostic assessment and investigation of at least 90% of those patients who have been assessed as at-risk of dementia from the case finding question and/or presence of delirium.
3. **Refer**
   The referral of at least 90% of clinically appropriate cases to General Practitioner to alert that an assessment has raised the possibility of the presence of dementia

The CQUIN payment for 2014/15 has identified milestones for achievement for each quarter. As a provider we need to achieve 90% or more for each element of the indicator for each quarter taken as a whole with a weighting of 25% for each quarter.

Performance in the period, including reasons for the exception:

Stage 1- Find – status RED

Performance in April for Stage 1 was 57.1 % compared with 46.9% in March. This demonstrates a 12% increase from February 2014 (45.3%)

Divisional performance

Medicine 63.6%; Surgery Head & Neck 53.5%; Specialised Services 25%

Stage 2 – Assessment and Investigation –status RED

Performance in April for stage 2 was 71.7% against a target 90%. This demonstrates a marginal improvement from March (66.7%)

QUALITY

Divisional performance

Medicine 68.5%; Surgery Head & Neck 100%; Specialised Services 100%

Stage 3 – Referral on to GP – status RED

Performance in April for Stage 3 was 47.6% compared with 52.4% in March, demonstrating deterioration over the last month.

Divisional performance

Medicine 50%; Surgery Head & Neck 0%; Specialised Services 100%

During March and April 2014 we have focused on improving compliance for stage 1 (asking the dementia case finding question) within the admission areas, which has resulted in a 12% increase over the last two months.

Recovery plan, including expected date performance will be restored:

The following steps have been taken or are in progress to improve compliance of all three stages on the CQUIN FAIR process;

- Development of an Information Technology system to flag, record and monitor all stages of the FAIR process. This system is expected to be in place by the autumn 2014;
- Successful bid to the Clinical Commissioning Groups for two dementia project posts:
    i. Band 7 two year secondment / fixed term project post to focus on the admission areas (Medical Assessment Unit; Older Person's Assessment Unit; Surgical and Trauma Assessment Unit) to ensure the timely screening, assessment and referral on where appropriate. This post will ensure that this process is embedded into daily clinical practice;
    ii. Band 3 two year secondment / fixed term clinical support / administrator post to support the Lead Nurse for Dementia and related project posts in the achievement of the national dementia CQUIN and best practice.

  Both posts were advertised during the week commencing 12th May 2014, with the aim of the post holders commencing in July 2014.
- The new revised admission documentation (for nursing and Allied Health Professional staff) includes the dementia case finding question and is currently being trialled across the divisions prior to wider roll-out in July 2014;
- A sticker is in development to be placed in the medical records to prompt medical staff on next steps (that is stage 2 and stage 3 requirements following a 'yes' answer to the dementia case finding question);
- A care plan has been developed and has been piloted on the older adult care wards. It is currently awaiting ratification from the Matrons forum prior to wider roll-out. The care plan prompts completion of the necessary screening process and multidisciplinary communication at board rounds as to the required follow up. It is anticipated that the care plan will be rolled-out across the Trust in June and audited from July 2014.

QUALITY

Q10. EXCEPTION REPORT: Percentage of complaints per patient attendance in the month	RESPONSIBLE DIRECTOR: Chief Nurse

Description of how the standard is measured:

The number of complaints received by the Trust and either managed by a formal or informal resolution process in agreement with the complainant, as a percentage against the number of patient attendances within the month. This excludes concerns raised and immediately dealt with by front line staff, which are recorded within the Division. A green rating on the dashboard = <0.21%

Performance in the period, including reasons for the exception:

In April 2014, complaints received represented 0.24% of clinical activity (approximately one in every 420 patient episodes of care). This compares to 0.28% in March, prior to which performance had been green-rated for eight of the ten previous months. 0.24% of activity equates to 131 complaints, 60 of which are being progressed through formal resolution.

The Division of Surgery Head & Neck received 47 complaints in April 2014 (65 in March), representing 0.20% of patient activity. Six of these complaints related to care at Bristol Eye Hospital (22 in March). A further nine complaints related to Trauma and Orthopaedics (12 in February), with six of these being in respect of cancelled or delayed appointments or operations.

The Division of Medicine received 28 complaints in April 2014 (29 in March), representing 0.22% of patient activity. Four of these complaints were about the Emergency Department (six in March), two of which related to clinical care received. No other discernible trends were noted apart from four complaints each being recorded for Dermatology and Respiratory.

The Division of Specialised Services received 18 complaints in April 2014 (23 in March), representing 0.25% of activity. Within this total, six complaints were received by the Bristol Haematology & Oncology Centre (three of these concerned communication with patients/relatives) and 12 by the Bristol Heart Institute (shared between outpatients, Cardiac Intensive Care Unit and Wards 51 and 52). No discernible trends were noted.

The Division of Women's & Children's services received 22 complaints in April 2014 (23 in March), overall performance remained green-rated at 0.20% of activity. 16 of these complaints related to Bristol Royal Hospital for Children and six were for St Michael's Hospital. There were no discernible themes or trends noted, with the complaints shared between the Children's Emergency Department, Dermatology, Early Pregnancy Clinic, ENT (Ear, Nose & Throat), Genetics, NICU (Neonatal Intensive Care Unit), Outpatients, Paediatric Rheumatology, Anaesthesia, Orthopaedics and Wards 31, 37, 39, 71, 74 and 78. Seven of these complaints related to clinical care. There were no specific areas/departments identified which would indicate a pattern/trend.

The Division of Diagnostics & Therapies received 9 complaints in April 2014 (7 in March) – this is not recorded as a percentage of patient activity for this Division, due to the low numbers involved. There were no discernible trends or themes identified, with the nine complaints being spread across a

range of different categories and departments.

Recovery plan, including expected date performance will be restored:

The increase in complaints (and potential causes) has been brought to the attention of Divisions and will be discussed by Heads of Nursing at the Trust's Patient Experience Group meeting on 15th May.

QUALITY

Q11. EXCEPTION REPORT: Number and percentage of complaints resolved within Local Resolution Plan timescale	RESPONSIBLE DIRECTOR: Chief Nurse

Description of how the standard is measured:

The number of complaints which are resolved within the timescale originally agreed (or subsequently renegotiated) with the complainant. The target for the percentage to be resolved within the formal timescale is 98% each month.

Performance in the period, including reasons for the exception:

In April 2014, 54 responses out of the 58 which had been due in that month were posted to the complainant by the date agreed (93.1%). This represents an improvement on the 88.7% reported for March 2014.

Four breaches were recorded in total for April, two of which were attributable to the Division of Surgery Head and Neck. The other two breaches were caused by delays during the Executive sign-off process.

The Divisions of Medicine, Specialised Services, Women's & Children's, Diagnostics & Therapies and Facilities & Estates recorded zero breached deadlines in April.

(It should be noted that if a response breaches a deadline because significant amendments are necessary, this is attributed as a divisional breach, even if the Division met the initial response deadline.)

Recovery plan, including expected date performance will be restored:

- Each breached deadline is validated by the Patient Support & Complaints Team and the relevant Divisional Complaints Co-ordinator; as well as being a validation of the breach (data quality check), this also ensures that the Division can look at how the delay could have been avoided and therefore how they will learn from this for the future.
- Performance is discussed and monitored at the Patient Experience Group, chaired by the Chief Nurse;
- All written responses must be received by the Patient Support & Complaints Team four working days before the response is due with the complainant; this is to allow time for the response to be checked prior to Executive sign-off.

QUALITY

Q12. EXCEPTION REPORT: Number of complainants dissatisfied with response	RESPONSIBLE DIRECTOR: Chief Nurse

Description of how the standard is measured:

The number of complainants who are dissatisfied with the response provided to their complaint due to the original investigation being incomplete or inaccurate. The target set for this indicator is nil.

Performance in the period, including reasons for the exception:

In April 2014, six complainants told us that they were dissatisfied with our response to their complaint; this is a small increase on the five cases received in March 2014. The six cases related to complaints in the following Divisions:

- Division of Medicine – two cases
- Division of Surgery, Head & Neck – one case
- Division of Women and Children – three cases

The Patient Support and Complaints Team has reviewed these complaints and returned them to the relevant divisions for further investigation and response to the outstanding concerns.

In the cases from Medicine, both complainants disputed the information contained in the original response; one complainant contacted their MP for further assistance.

In the Surgery Head & Neck case, the complainant disputes the information provided and would like a personal apology from the consultant.

In the cases from Women's & Children's, one complainant disputes the information provided and would like a meeting to discuss concerns further. Two complainants did not feel that all of the issues raised had been addressed.

Recovery plan, including expected date performance will be restored:

- A system has now been implemented to formally verify details of all dissatisfied cases with the Division. This ensures data accuracy and requires the Division to consider whether anything could have been done differently when the initial response was written – for purposes of future learning;
- The corporate Patient Support & Complaints Team continues to monitor response letters to ensure that all aspects of a complaint have been fully addressed; amendments are requested from Divisions if necessary;
- There is also rigorous checking of response letters by the Chief Nurse, to ensure responses are complete and adequate before being sent to the complainant.

1.5 SUPPORTING INFORMATION

1.5.1 QUALITY ACHIEVEMENTS

This month's quality achievements are from the Division of **Medicine**.

Falls reduction Ward 7

- Matron Greenan, Sister Barton and the Band 6 nurses within Ward 7 set their own team the challenge to reduce the number of patient falls by 50% during April from baseline of eight falls in March 2014. The ward team focussed on a 'ZERO tolerance' mind-set strategy to address the issue. This was led by Sister Barton and all of the Ward 7 team, with the support of the wider multidisciplinary team, domestic team, ward clerk team, patients and relatives. This target was achieved with four falls in April which the team is delighted with. We accept that as the numbers are small that the validity at this point of this strategy may be questionable. However there was a determination from the whole team to achieve a much improved standard. The team are working to reduce falls even further and to share their strategy to test it further. At time of writing (19th May) there have been no falls in May;

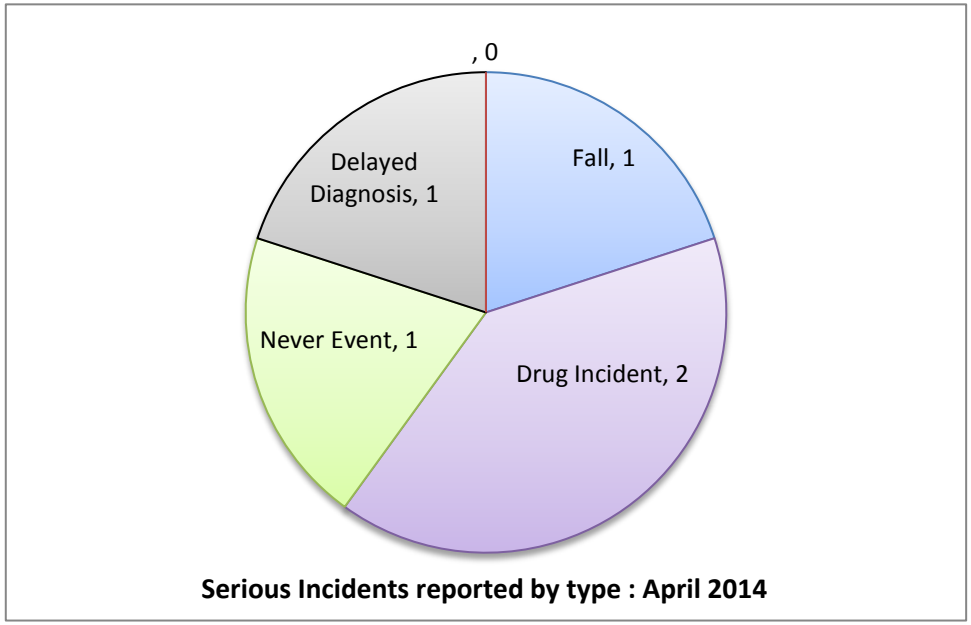
- In quarter 4 the Division achieved a second consecutive quarter below the green threshold for hospital acquired grade 2-4 pressure ulcers, with an incidence of 0.515 per 1000 bed days, against a target of 1.048;

- Divisional performance against the learning Disability CQUIN for quarter 4 showed that risk assessment compliance was at 94.4% and reasonable adjustments recorded at 88.9%. In April 100% compliance was achieved for both measures;

- The Division has also focused on reducing non-purposeful omitted doses of critical medicines, and in quarter 4 achieved 1.75% against a target of 2.25%. There has been further reduction in April to 1.17%;

1.5.2 SERIOUS INCIDENT THEMES

The quality dashboard shows that five serious incidents were reported in April 2014, all but one of these were reported within the 48-hour timescale. The themes of serious incidents reported in April are shown below.



Date of Incident	SI Number	Division	Reported within 48 hours	Status	Incident Details	Initial assessment of harm	Investigation
01/04/2014	2014 10879	Surgery, Head & Neck	Yes	Open	Grade 1 Drug incident: over infusion.	Major	Investigation underway

QUALITY

Date of Incident	SI Number	Division	Reported within 48 hours	Status	Incident Details	Initial assessment of harm	Investigation
29/03/2014	2014 10975	Women's & Children's	No	Open	Grade 1 Drug incident: incorrect infusion.	Moderate	Investigation underway
01/04/2014	2014 11605	Surgery, Head & Neck	Yes	Open	Grade 1 Patient fall	Unclear whether event caused fall or fall caused the event.	Investigation underway
21/04/2014	2014 13078	Surgery, Head & Neck	Yes	Open	Grade 1 Delayed diagnosis: lung cancer	Major	Investigation underway
28/04/2014	2014 14036	Surgery, Head & Neck	Yes	Open	Grade 2 Never Event Wrong site surgery: extraction of unplanned tooth	Moderate	Investigation underway

WORKFORCE

2.1 SUMMARY

For 2014/15 there is a change in the range of indicators used to monitor workforce, with the addition of pay costs, vacancies and the introduction of a target for turnover. A wider range of indicators will be reviewed as part of the quarterly report submitted to the Quality and Outcomes Committee on behalf of the Trust Board. Key Performance Indicators in the quarterly report will include appraisal, essential training and junior doctor new deal compliance, in addition to those which form part of the monthly performance report. The six indicators included in the monthly performance review are summarised in the dashboard below.

 **Achieving (1)**	 **Underachieving (2)**	 **Failing (3)**
- Vacancies compared with target	- Sickness absence - compared with target - Turnover - compared with target	- Workforce expenditure - compared with budget - Workforce numbers - compared with budgeted establishment - Bank and agency usage - compared with target

Targets for sickness absence, turnover and bank and agency are agreed with divisions as part of the operating plan process. For those targets which are failing, exception reports are provided which detail performance against target, and against the previous month. Graphs in the Supporting Information section are continuous with the previous year to provide a rolling perspective on performance.

2.2 EXCEPTION REPORTS

An exception report is provided for the RED-rated indicators, which in April 2014 was as follows:

- Workforce expenditure – red rated against target
- Workforce numbers – red rated against target
- Bank and agency usage – red rated against target

WORKFORCE

W1. EXCEPTION REPORT: Workforce Expenditure	RESPONSIBLE DIRECTOR: Director of Workforce & Organisational Development

Description of how the standard is measured:

Workforce expenditure in £'000 including substantive, bank and agency staff, waiting list initiative and overtime compared with budget.

Performance in the period, including reasons for the exception:

	UH Bristol	Diagnostics & Therapies	Medicine	Specialised Services	Surgery Head & Neck	Women's & Children's	Trust Services (excl. Facilities & Estates)	Facilities & Estates
April 2014	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Actual Expenditure	26,810	3,326	4,034	3,184	6,156	6,326	1,844	1,573
Planned Expenditure	25,925	3,300	3,747	3,138	5,899	6,188	1,899	1,535
variance target +/-	(885)	(26)	(287)	(45)	(257)	(139)	55	(38)

The main reasons for the overspend of £885k on pay were premium payments and excess use of bank and agency: Reasons by division include:

Medicine

The Division has an overspend of £287k on pay this month. Most of this was due to nursing expenditure overspend which was £42k higher than in March. Staff in post, inclusive of bank and agency, remains significantly higher than budgeted and reflects the staffing of unfunded wards and continued use of agency.

Surgery Head and Neck

In month variance was due to reductions in recharges from the anaesthetic rota combined with £83k spent on premium payments. The underlying deficit on pay budgets is £185k.

Specialised Services

Nursing Agency costs in month totalled £40k and overspends of £14k were incurred for maternity leave payments over the funded 1% in the Division.

Diagnostic and Therapies

£59k of the adverse variance relates to Radiology specialist registrar rotations and £21k is due to Pathology agency usage for Consultant backfill.

WORKFORCE

Recovery plan, including progress and expected date performance will be restored:

The backfill in Diagnostics & Therapies for Consultants is likely to be resolved pending the start of an overseas candidate in June to cover vacancies in pathology. The radiology registrar rotations are partly offset from recharges to the Severn Deanery, which should be reflected in future months. However, the largest part of the overspend was due to excess use of bank and agency, and therefore the recovery plan will be the same as detailed in the bank and agency Exception Report.

WORKFORCE

W2. EXCEPTION REPORT: Workforce Numbers	RESPONSIBLE DIRECTOR: Director of Workforce & Organisational Development

Description of how the standard is measured:

Workforce numbers in Full Time Equivalent (FTE) including substantive, bank and agency staff, compared with targets set by Divisions for 2014/15.

Performance in the period, including reasons for the exception:

Total workforce numbers (substantive and bank and agency) increased by 0.4% compared with March 2014. This month, total workforce numbers were 3.1% above budgeted FTE. This compares with March 2014, which was 0.8% above budgeted establishment.

	UH Bristol	Diagnostics & Therapies	Medicine	Specialised Services	Surgery Head & Neck	Women's & Children's	Trust Services (exc. Facilities & Estates)	Facilities & Estates
April 2014	FTE	FTE	FTE	FTE	FTE	FTE	FTE	FTE
Actual Employed	7193.7	942.6	1034.5	777.1	1620.2	1485.7	640.1	693.6
Bank and Agency	393.7	9.5	119.6	58.4	76.3	61.0	34.0	35.0
Total Workforce Numbers	7587.4	952.1	1154.0	835.5	1696.5	1546.6	674.0	728.6
Budgeted Numbers	7355.2	957.6	1035.3	807.4	1674.5	1512.5	642.2	725.7
variance target +/-	(232.2)	5.5	(118.7)	(28.1)	(22.0)	(34.1)	(31.8)	(3.0)
	3.1%	-0.6%	10.3%	3.4%	1.3%	2.2%	4.7%	0.4%
excluding Bank & Agency	-2.2%	-1.6%	-0.1%	-3.9%	-3.4%	-1.8%	-0.3%	-4.6%

Performance by Division was as follows:

Medicine Division

Workforce numbers were over budget by 10.3% (118.7 FTE) compared with 9.5% last month

Specialised Services

Workforce numbers were over budget by 3.4% (28.1 FTE) compared with 3.0% last month

WORKFORCE

Surgery, Head & Neck

Workforce numbers were over budget by 1.3% (22.0 FTE) compared with 0.6% last month

Women's & Children's

Workforce numbers were over budget by 2.2% (34.1 FTE) compared with being on budget last month.

The exception is the result of bank and agency exceeding target. Within the Division of Medicine, the continued usage of unfunded capacity has contributed to the numbers being over budget.

Recovery plan, including progress and expected date performance will be restored:

The main reason for workforce numbers exceeding budgeted establishment was due to excess use of bank and agency, and therefore the recovery plan will be the same as detailed in the bank and agency Exception Report.

WORKFORCE

W3. EXCEPTION REPORT: Bank and Agency compliance	RESPONSIBLE DIRECTOR: Director of Workforce & Organisational Development

Description of how the standard is measured:

Bank and agency usage in Full Time Equivalents (FTE) compared with targets set by Divisions for 2014/15.

Performance in the period, including reasons for the exception:

During April, bank usage increased by 5.0%, compared to the previous month, but agency reduced by 9.0%. Use of bank and agency staff increased from 386 FTE in March to 394 FTE in April. Overall variance from target reduced from 39.3% to 23.1% during the last month. A graph showing the variance is shown in the Supporting Information section. Nursing agency increased by 2.5% (1.0 FTE), and nursing bank increased by 3.1% (6.2 FTE).

Bank and Agency (FTE)	UH Bristol	Diagnostics & Therapies	Medicine	Specialised Services	Surgery Head & Neck	Women's & Children's	Trust Services (exc. Facilities & Estates)	Facilities & Estates
Actual April 2013	456.9	17.1	173.9	42.3	92.4	69.1	26.3	35.7
Actual April 2014	393.7	9.5	119.6	58.4	76.3	61.0	34.0	35.0
Target April 2014	302.8	13.9	112.8	12.5	54.4	52.8	36.1	20.4
	23.1%	-46.2%	5.7%	78.7%	28.7%	13.4%	-6.3%	41.8%

Reasons for the exception include:

- Trust-wide, there was a slight increase in month of bank and agency usage due to workload and clinical needs, extra capacity and administrative workload, to 36% compared to just over 35% last month.
- 15% of usage was due to sickness absence compared with 13% last month.
- Usage to cover vacancies increased to 24.1%, compared with 21.4% last month.
- Within Facilities & Estates, usage to cover vacancies has increased in April to 47.8% compared with 40.7% last month.
- Nursing assistant one to one care increased this month, from 5.6% up to 6.9%.

Recovery plan, including progress and expected date performance will be restored:

Nursing and Midwifery

WORKFORCE

Recruitment

Recruitment to vacancies has been a key factor in the reduced bank and agency usage in nursing and midwifery over the last nine months. Whilst there is an overall reduction in vacancy levels from 5% to 3.2% this month, there are still several areas with high vacancy levels, for example, South Bristol Community Hospital, theatres, midwifery, ward 5a and 5b. Nurse turnover for the month was 10.7%, and unregistered nurse turnover was 16.9%. It is therefore important to continue with recruitment to fill vacancies and to keep pace with turnover. Progress with recruitment this month includes the following:

- Two cohort assessment centres for registered adult nurses were undertaken and a 3 further assessment centres are planned for May;
- An assessment centre approach for nursing assistants was piloted in April 2014, including numeracy and literacy assessments against national standards and assessment of values and behaviours. This is due to be rolled out in June.

Nursing Assistant One to One

The framework and protocol to support the use of nursing assistant one to ones which will form part of the Enhanced Therapeutic Observation Strategy is still being developed by the Division of Medicine, and went to the Nursing Workforce Committee at the end of April. Further work is required to clarify assessment criteria and identify training requirements.

Unfunded Capacity

15.5 FTE of bank and agency usage was attributable to ward 21 in Medicine, which is currently unfunded, pending agreement on capacity and funding as part of the operating plan process.

Rostering Project

Improved usage of Rosterpro through an extensive training programme across ward areas, to ensure that peaks of bank demand are avoided is underway.

In addition, Medicine is reviewing divisional controls to ensure bank and agency is authorised appropriately.

Ancillary Recruitment

In total, there were 60 vacancies being recruited to (headcount) at the end of April across domestic assistants, porters and catering at the end of April. This increase is due to service developments, with new builds for the Bristol Royal Infirmary and Oncology, and also for the Centralisation of Specialist Paediatrics. In total there were 23 new starters in April 2014. However, there were 12 leavers in the same period. Progress this month in ancillary recruitment included the following:

- 29 Domestic Assistants were required for Centralisation of Specialist Paediatrics. By the end of April, 18 have taken up post, with 8 due to start during May, with 4 more in the recruitment process, with a further four undergoing recruitment.
- 14 Domestic Assistant posts are currently being recruited to the Bank.
- Porter posts for the Bristol Royal Infirmary are being recruited to currently

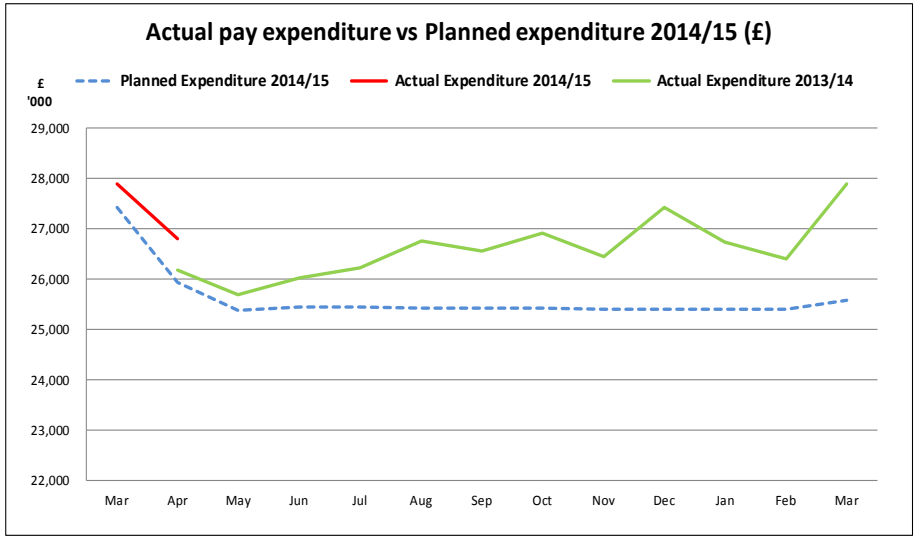
WORKFORCE

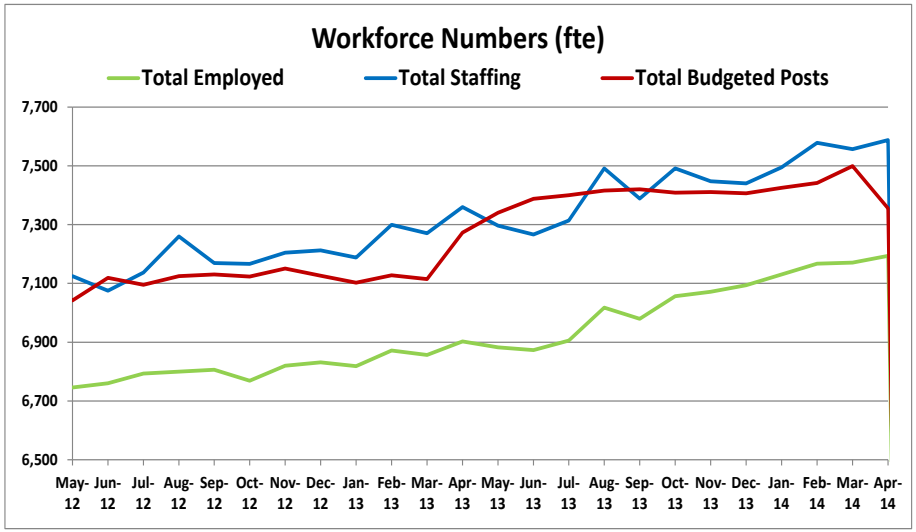
- 18 domestic posts, including supervisors, were advertised in April as part of the development of the Bristol Royal Infirmary, with interviews scheduled for mid-May. Any surplus applicants will be considered for ongoing turnover and the oncology new build.

2.3 SUPPORTING INFORMATION

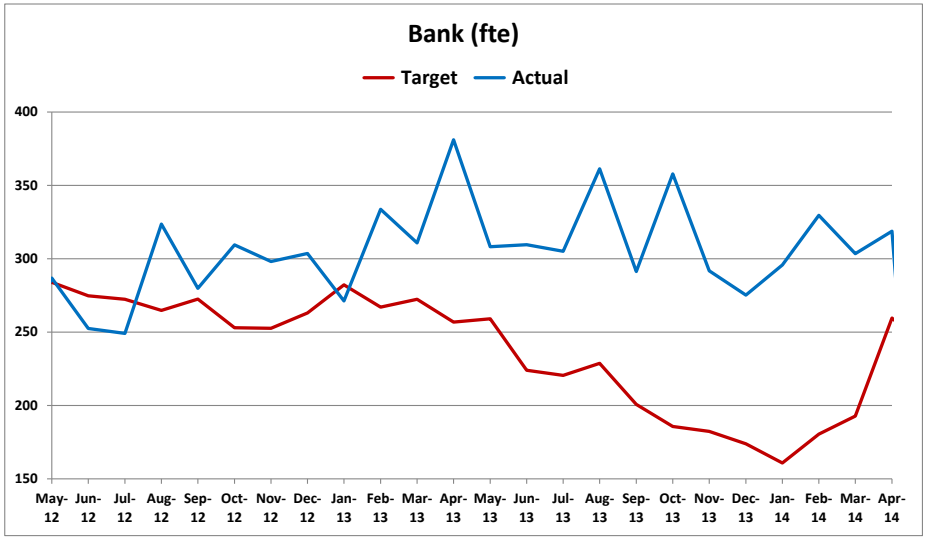
2.3.1 Performance against key workforce standards

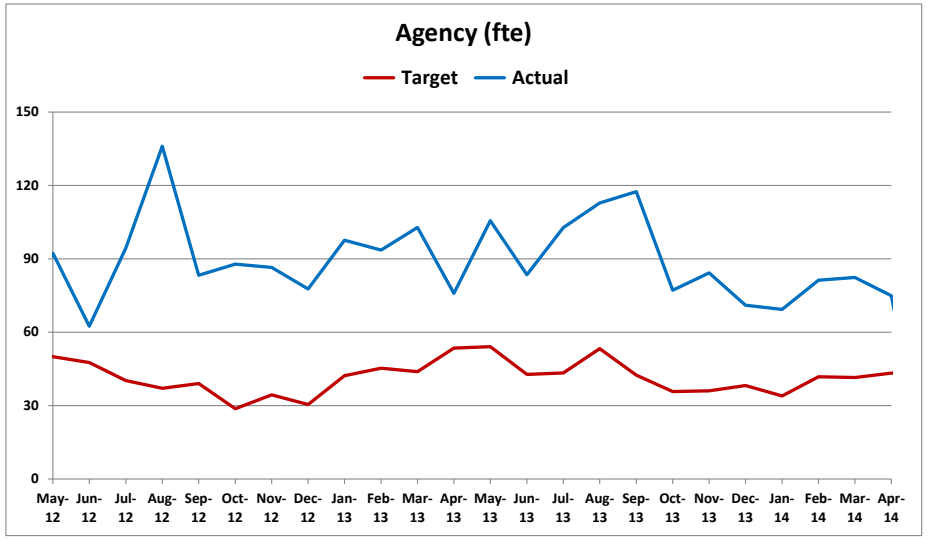
This section provides an outline of the Trust's performance against workforce indicators for workforce expenditure, workforce numbers, and bank and agency usage, with an additional chart to show how the variance against target for agency usage has reduced. There are also graphs to show nursing agency and vacancy rates, sickness rates, and the top five causes of sickness.

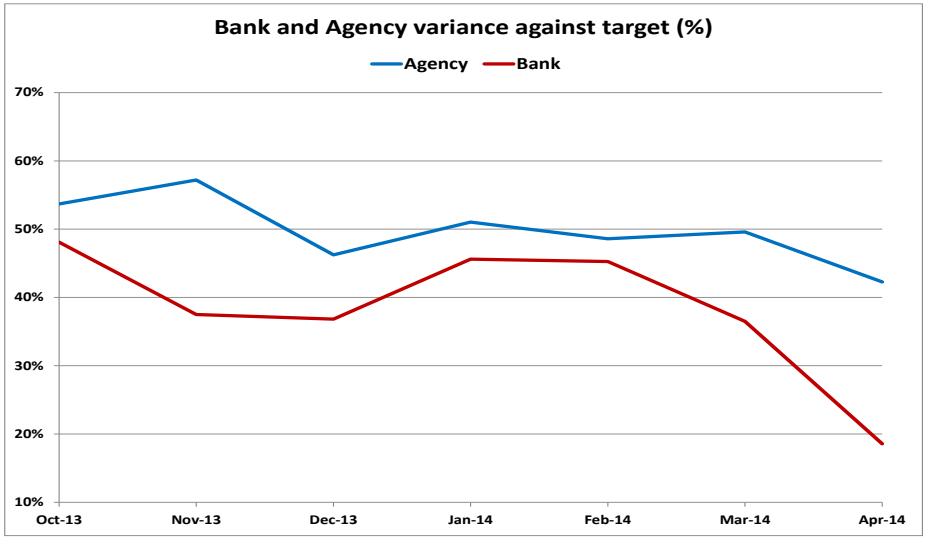


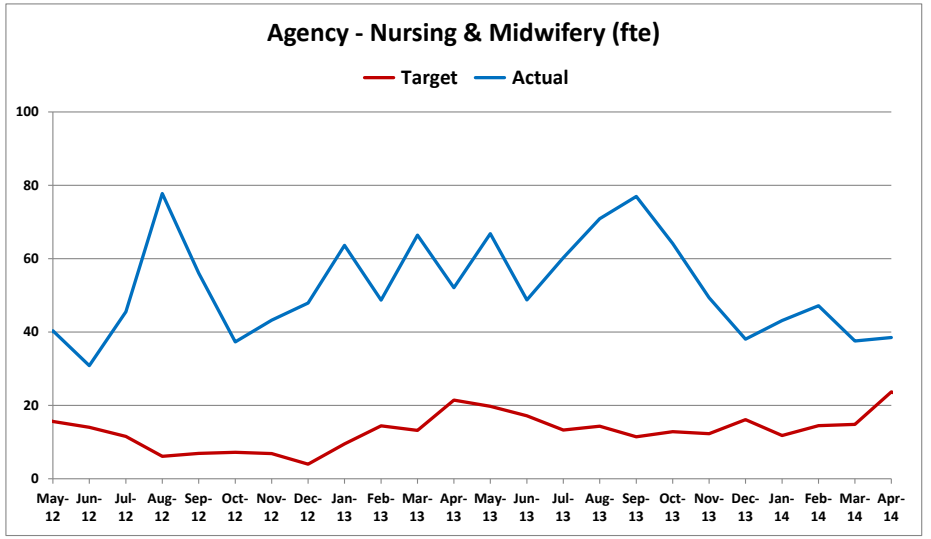


WORKFORCE

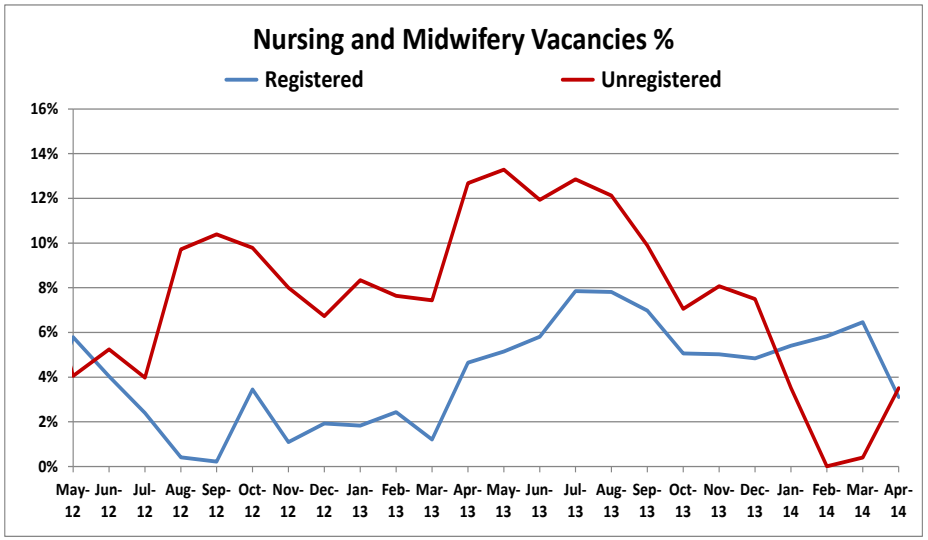

Bank (fte)
Target
Actual
400
350
300
250
200
150
May-12 Jun-12 Jul-12 Aug-12 Sep-12 Oct-12 Nov-12 Dec-12 Jan-13 Feb-13 Mar-13 Apr-13 May-13 Jun-13 Jul-13 Aug-13 Sep-13 Oct-13 Nov-13 Dec-13 Jan-14 Feb-14 Mar-14 Apr-14

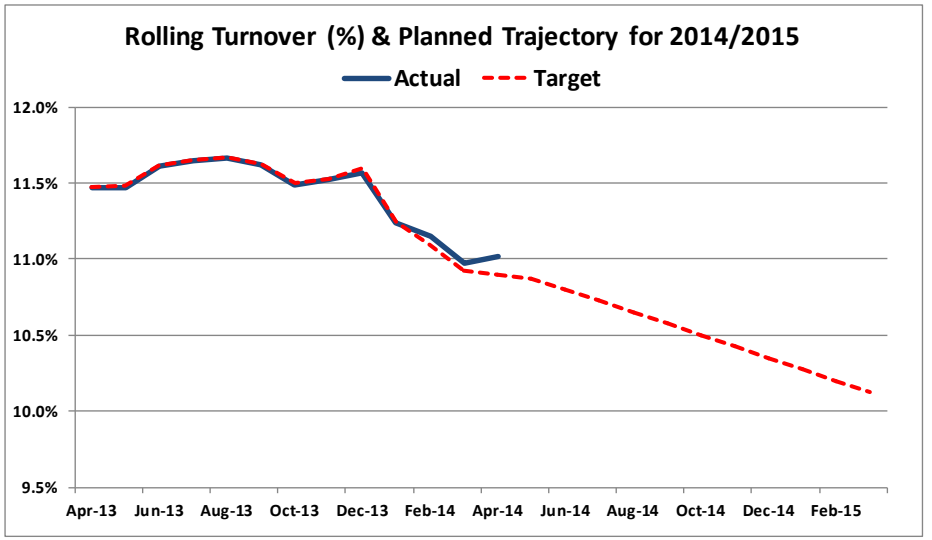

Agency (fte)
Target
Actual
150
120
90
60
30
0
May-12 Jun-12 Jul-12 Aug-12 Sep-12 Oct-12 Nov-12 Dec-12 Jan-13 Feb-13 Mar-13 Apr-13 May-13 Jun-13 Jul-13 Aug-13 Sep-13 Oct-13 Nov-13 Dec-13 Jan-14 Feb-14 Mar-14 Apr-14

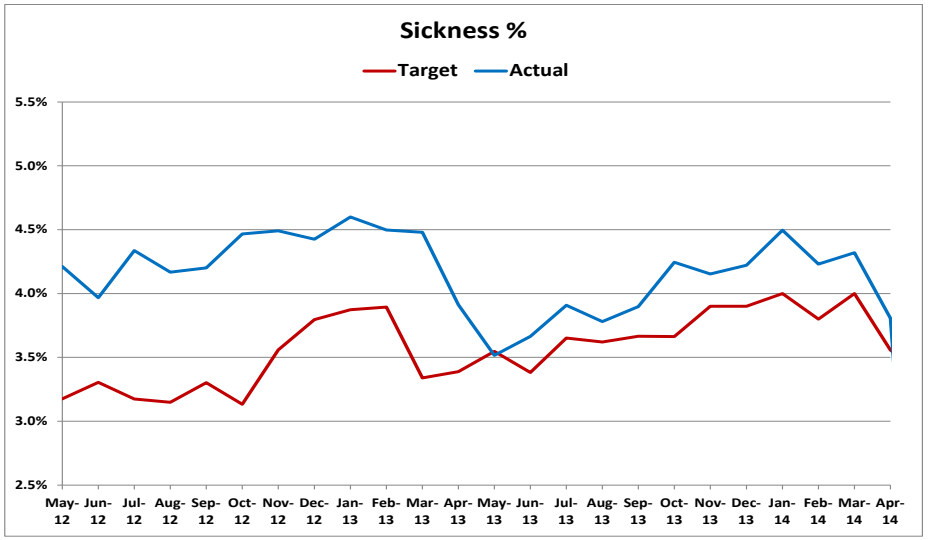

Bank and Agency variance against target (%)
Agency
Bank
70%
60%
50%
40%
30%
20%
10%
Oct-13 Nov-13 Dec-13 Jan-14 Feb-14 Mar-14 Apr-14

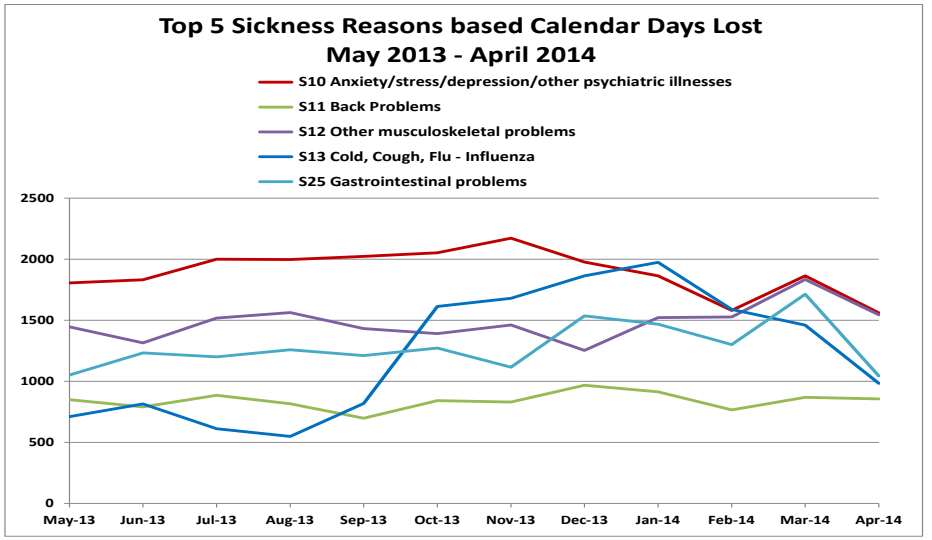

Agency - Nursing & Midwifery (fte)
Target
Actual
100
80
60
40
20
0
May-12 Jun-12 Jul-12 Aug-12 Sep-12 Oct-12 Nov-12 Dec-12 Jan-13 Feb-13 Mar-13 Apr-13 May-13 Jun-13 Jul-13 Aug-13 Sep-13 Oct-13 Nov-13 Dec-13 Jan-14 Feb-14 Mar-14 Apr-14

WORKFORCE


Nursing and Midwifery Vacancies %
Registered
Unregistered
16%
14%
12%
10%
8%
6%
4%
2%
0%
May-12 Jun-12 Jul-12 Aug-12 Sep-12 Oct-12 Nov-12 Dec-12 Jan-13 Feb-13 Mar-13 Apr-13 May-13 Jun-13 Jul-13 Aug-13 Sep-13 Oct-13 Nov-13 Dec-13 Jan-14 Feb-14 Mar-14 Apr-14

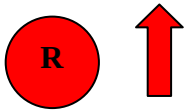
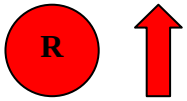
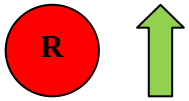
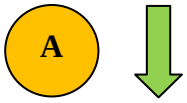
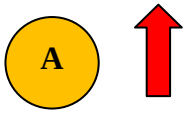

Rolling Turnover (%) & Planned Trajectory for 2014/2015
Actual
Target
12.0%
11.5%
11.0%
10.5%
10.0%
9.5%
Apr-13 Jun-13 Aug-13 Oct-13 Dec-13 Feb-14 Apr-14 Jun-14 Aug-14 Oct-14 Dec-14 Feb-15


Sickness %
Target
Actual
5.5%
5.0%
4.5%
4.0%
3.5%
3.0%
2.5%
May-12 Jun-12 Jul-12 Aug-12 Sep-12 Oct-12 Nov-12 Dec-12 Jan-13 Feb-13 Mar-13 Apr-13 May-13 Jun-13 Jul-13 Aug-13 Sep-13 Oct-13 Nov-13 Dec-13 Jan-14 Feb-14 Mar-14 Apr-14


Top 5 Sickness Reasons based Calendar Days Lost
May 2013 - April 2014
S10 Anxiety/stress/depression/other psychiatric illnesses
S11 Back Problems
S12 Other musculoskeletal problems
S13 Cold, Cough, Flu - Influenza
S25 Gastrointestinal problems
2500
2000
1500
1000
500
0
May-13 Jun-13 Jul-13 Aug-13 Sep-13 Oct-13 Nov-13 Dec-13 Jan-14 Feb-14 Mar-14 Apr-14

2.3.3 Changes in the period

Performance is monitored for workforce expenditure, workforce numbers, bank and agency usage, sickness and turnover. The following dashboard shows key workforce information indicators RAG (Red, Amber, Green) rated for the month of April. Red rated indicators are outside tolerance limits and exception reports are provided for these.

Indicator	RAG Rating[1]	Commentary	Notes
Workforce Expenditure (£)		Workforce expenditure adverse variance from budget increased from 1.7% to 3.4% compared with March 2014.	See summary, supporting information and exception report.
Workforce Numbers (FTE)		Workforce numbers increased by 0.4% compared with March 2014. This month, workforce numbers were 3.1% above budgeted FTE. This compares with March 2014, which was 0.8% above budgeted establishment.	See summary, supporting information and exception report.
Bank/ Agency (FTE)		Agency reduced by 9.0% (7.4 FTE) and bank increased by 5.0% (15.2 FTE) in April 2014 compared with the previous month.	See summary, supporting information and exception report.
Sickness Absence (%)		Sickness reduced by 0.5 percentage points to 3.8%, 0.2 percentage points above the monthly target, compared with March 2014, which was 0.3 percentage points above target. Divisional rates were: Diagnostics & Therapies 2.1%, Medicine 4.2%, Specialised Services 3.7%, Surgery Head & Neck 3.6%, Women's & Children's 3.8%, Trust Services 3.1%, and Facilities & Estates 6.9%.	See summary, supporting information
Turnover (%)		Rolling turnover (with exclusions) increased to 11.0% compared a target of 10.9%. 1.1% above the turnover target trajectory for April.	See summary and supporting information.
Vacancy (%)		The vacancy target is 5% or less. Vacancies reduced from 4.4% to 2.2%. The biggest reduction was in ancillary vacancies, which reduced from 5.2% to 2.3%, and nursing vacancies which reduced from 5% to 3.2% in April compared with March.	See summary and supporting information.

Note: RAG (Red, Amber, Green) rating reflects whether the indicator has achieved the target. The direction of the arrow shows the change from last month. The colour of the arrow reflects whether actual this month is better in relation to the target (green) or further from the target than last month (red). Sickness and bank and agency targets are set by Divisions, and appraisal is a Trust wide target.

2.3.4 Monthly forecast and overview

Measure	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	April 14 Target
Budgeted Posts (FTE)	7272.5	7340.6	7387.6	7399.9	7415.6	7420.3	7408.3	7411.1	7406.4	7424.8	7442.0	7499.3	7355.2	7508.6
Total Staffing (FTE)	6902.7	6882.4	6872.9	6905.5	7017.4	6979.7	7056.7	7071.7	7093.7	7130.2	7167.3	7170.6	7193.7	7230.9
Bank (FTE) Admin & Clerical	83.3	65.8	71.7	75.1	95.3	67.1	80.0	63.9	58.4	59.0	67.4	64.9	71.3	69.6
Bank (FTE) Ancillary Staff	25.3	21.6	27.3	29.8	37.6	27.4	36.7	27.0	25.6	30.7	35.2	34.6	38.0	19.0
Bank (FTE) Nursing & Midwifery	257.6	209.0	200.2	189.6	217.1	188.6	232.2	194.5	184.2	197.0	220.2	197.4	203.6	164.5
Agency (FTE) Admin & Clerical	9.8	17.8	11.3	18.2	19.9	27.3	12.2	14.8	17.4	13.5	27.1	25.7	23.4	10.7
Agency (FTE) Ancillary Staff	7.6	17.2	13.7	12.2	10.5	-0.5	-10.0	10.7	10.5	3.7	0.0	8.3	0.0	3.2
Agency (FTE) Nursing & Midwifery	52.1	66.8	48.7	60.3	70.9	76.9	64.1	49.4	38.1	43.1	47.2	37.5	38.5	23.7
Overtime	79.5	57.0	59.3	62.1	71.1	96.1	67.7	55.8	58.2	60.1	54.7	83.7	76.4	59.53
Sickness absence[1] Rate (%)	3.9%	3.5%	3.7%	3.9%	3.8%	3.9%	4.2%	4.2%	4.2%	4.5%	4.2%	4.3%	3.8%	3.6%
Appraisal (%)	87.3%	86.1%	86.1%	85.9%	86.1%	85.5%	86.1%	87.3%	88.8%	88.5%	87.9%	85.9%	85.2%	85.0%
Rolling Average Turnover[2] (all reasons) (%)	18.6%	18.6%	18.7%	15.9%	18.7%	18.5%	18.4%	18.3%	18.3%	17.9%	18.0%	17.8%	17.7%	
Rolling Average Turnover[3] (with exclusions) (%)	11.5%	11.5%	11.6%	11.7%	11.7%	11.6%	11.5%	11.5%	11.6%	11.2%	11.2%	11.0%	11.0%	10.9
Vacancy[4] Rate (%)	5.1%	6.2%	7.0%	6.7%	5.4%	5.9%	4.7%	4.6%	4.2%	4.0%	3.7%	4.4%	2.2%	≤5%

1. Sickness absence is expressed as a percentage of total whole time equivalent staff in post.
2. Turnover measures the number of leavers expressed as a percentage of the average number of staff in post in the period. Turnover (all reasons) excludes bank, locum and honorary staff.
3. Turnover (with exclusions) excludes bank, locum, honorary and fixed term staff together with junior doctors.
4. Vacancy measures the number of vacant posts as a percentage of the budgeted establishment.

ACCESS STANDARDS

3.1 SUMMARY

The following section provides a summary of the Trust's performance against key national access standards at the **end of April 2014**. It shows those standards not being achieved either in the current ***quarter (i.e. quarter 1)***, and/or the ***month***. The standards include those used in Monitor's Compliance Framework, as well as key standards included within the NHS operating framework and NHS Constitution.

Achieving (14)	**Underachieving (1)**
- 31-day diagnosis to treatment cancer standard - *first treatment* - 31-day diagnosis to treatment cancer standard - *subsequent drug* - 31-day diagnosis to treatment cancer standard – *subsequent radiotherapy* - 31-day diagnosis to treatment cancer standard - *subsequent surgery* - 2-week wait urgent GP referral cancer standard - Referral to Treatment Time for admitted patients - Referral to Treatment Time for incomplete pathways - Genito-Urinary Medicine (GUM) 48-hour access - A&E Left without being seen rate - A&E Time to Initial Assessment - A&E Time to Treatment - A&E Unplanned re-attendance - Ambulance hand-over delays over 30 minutes (year-on-year reduction) - Reperfusion times (door to balloon time of 90 minutes)	- Reperfusion times (call to balloon time of 150 minutes) – *local target not achieved*
Failing (8)	**Not reported/scored (0)**
- A&E Maximum waiting time (4-hours) - Delayed Discharges - Referral to Treatment Time for non-admitted patients - 62-day referral to treatment cancer standard – *GP referred* - 62-day referral to treatment cancer standard – *screening referred* - Last-minute cancelled (LMC) operations + 28-day readmission following LMC - 6-week wait for key diagnostic tests	

*Please note: Performance for the cancer standards is reported by all trusts in the country two months in arrears. The current cancer performance figures shown include the draft figures for April. Indicators are shown as being **failed** where the required standard is not achieved for the quarter to date. Indicators are shown as being **underachieved** if there has been a failure to achieve the national target in the current month, but the quarter is currently being achieved, or where a local standard is not being met.*

3.2 ACCESS DASHBOARD

		Thresholds		Previous	Year to	Month												Quarter			
	Target	Green	Red	YTD	date (YTD)	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15
Cancer	Cancer - Urgent Referrals Seen In Under 2 Weeks	93%	93%	95.0%	96.8%	96.1%	97.1%	96.6%	95.7%	97.2%	95.0%	96.3%	98.0%	95.4%	98.0%	98.4%	Cancer standards report two months in arrears	96.5%	96.4%	97.4%	
	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	96%	96%	97.0%	97.2%	98.2%	97.6%	99.4%	96.5%	94.3%	96.9%	99.5%	97.6%	96.2%	94.0%	97.8%		96.7%	98.0%	96.0%	
	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98%	98%	99.8%	99.8%	100.0%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.9%	99.3%	100.0%	100.0%		100.0%	99.7%	99.7%	
	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	94%	94%	94.9%	94.9%	100.0%	97.2%	96.1%	95.2%	89.3%	100.0%	93.5%	95.0%	93.5%	97.6%	91.8%		94.2%	96.9%	94.1%	
	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	94%	94%	98.7%	97.4%	98.9%	98.2%	97.8%	98.1%	97.1%	97.1%	97.6%	99.0%	92.3%	99.5%	95.6%		97.7%	97.8%	95.7%	
	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85%	85%	84.1%	80.1%	78.5%	85.7%	76.6%	77.9%	82.7%	85.6%	83.1%	85.2%	72.9%	77.4%	74.8%		78.9%	84.6%	75.1%	
	Cancer 62 Day Referral To Treatment (Screenings)	90%	90%	90.0%	93.3%	89.3%	91.2%	95.3%	100.0%	93.9%	91.8%	84.2%	97.6%	98.0%	94.9%	88.9%		96.6%	90.5%	94.4%	
	Cancer 62 Day Referral To Treatment (Upgrades)	Not published	Not published	90.7%	90.1%	100.0%	100.0%	94.3%	88.2%	100.0%	86.7%	84.2%	93.1%	79.3%	75.6%	97.0%		94.2%	88.3%	85.3%	
Referral to Treatment	Referral To Treatment Admitted Under 18 Weeks	90%	90%	93.5%	91.9%	93.2%	94.4%	93.0%	92.8%	92.2%	92.9%	91.6%	92.1%	92.8%	92.4%	90.5%	91.9%	92.7%	92.3%	92.0%	91.9%
	Referral To Treatment Non Admitted Under 18 Weeks	95%	95%	95.8%	93.6%	95.7%	95.7%	92.5%	91.5%	91.3%	92.4%	91.3%	94.0%	92.0%	92.7%	93.1%	93.6%	91.8%	92.5%	92.6%	93.6%
	Referral To Treatment Incomplete pathways Under 18 Weeks	92%	92%	92.3%	92.7%	92.2%	92.8%	92.2%	92.3%	92.6%	92.9%	93.1%	92.2%	92.6%	92.4%	93.1%	92.7%	92.4%	92.7%	92.7%	92.7%
A&E Clinical Quality Indicators	A&E Total time in A&E 4 hours - without Walk in Centre attendances	95%	95%	91.1%	94.5%	95.4%	96.0%	93.8%	95.6%	97.1%	95.1%	95.4%	90.8%	91.6%	90.1%	92.1%	94.5%	95.4%	93.7%	91.3%	94.5%
	A&E Time to initial assessment (95th percentile) - in minutes	15	15	53	14	39	14	14	13	12	13	13	14	12	24	15	14	13	13	14	14
	A&E Time to treatment decision (median) - in minutes	60	60	57	53	51	51	54	47	49	53	53	53	46	55	54	53	50	53	51	53
	A&E Unplanned reattendance rate (within 7 days)	5%	5%	2.7%	2.7%	0.7%	0.7%	0.6%	0.7%	0.6%	2.3%	2.2%	3.0%	2.8%	2.5%	2.4%	2.7%	0.6%	2.5%	2.5%	2.7%
	A&E Left without being seen	5%	5%	2.0%	1.5%	1.4%	1.4%	1.8%	1.7%	1.8%	2.2%	2.1%	2.1%	2.0%	1.8%	1.7%	1.5%	1.7%	2.1%	1.8%	1.5%
Other key access standards	Last Minute Cancelled Operations	0.80%	1.50%	1.65%	0.98%	0.96%	0.82%	1.15%	0.85%	0.72%	0.65%	0.96%	1.02%	1.18%	1.44%	0.92%	0.98%	0.91%	0.85%	1.17%	0.98%
	28 Day Readmissions	95%	85%	89.6%	94.2%	81.3%	89.5%	88.9%	88.4%	93.6%	95.0%	95.0%	92.6%	93.6%	88.6%	89.7%	94.2%	90.1%	94.0%	90.3%	94.2%
	6-week wait for key diagnostics	99%	99%	97.5%	98.3%	98.0%	98.4%	97.7%	98.2%	98.5%	98.9%	99.5%	98.8%	98.0%	99.2%	99.2%	98.3%	98.1%	99.1%	98.8%	98.3%
	Primary PCI - 150 Minutes Call To Balloon Time (direct admissions only)	90%	70%	83.1%	81.8%	66.7%	87.8%	89.7%	84.4%	65.0%	86.2%	91.2%	81.6%	77.5%	82.9%	77.1%		81.5%	86.1%	78.9%	
	Primary PCI - 90 Minutes Door To Balloon Time (direct admissions only)	90%	90%	92.4%	92.7%	87.9%	95.1%	96.6%	90.6%	95.0%	96.6%	97.1%	89.5%	90.0%	91.4%	91.7%		93.8%	94.1%	91.1%	
	Delayed discharges (Green to Go List)	30	41	Not applicable	56.0	62	52	58	60	65	57	50	52	60	73	58	56	61.0	53.0	63.7	56.0
	Ambulance hand-over delays (over 30 minutes) - *year-on-year reduction*	20%	10%	205.0	96.0	105	88	123	52	44	63	70	120	94	137	105	96	73.0	84.3	112.0	96.0

Please note:
Where the threshold for achieving the standard has changed between years, the latest threshold for 2014/15 has been applied in the Red, Amber, Green ratings.
The thresholds for Ambulance hand-over delays are a percentage reduction on the same period last year, in order to take account of seaonal changes in demand.
The standard for Primary PCI 150 Call to Balloon Time only applies to direct admissions - the local target is shown as the GREEN threshold and the national target as the RED.
All **CANCER STANDARDS** are reported nationally two months in arrears. Monthly figures are indicative, until they are finalised at the end of the quarter. The figures shown are those reported as part of the National Cancer Waiting Times data-set. They do not reflect any breach reallocation for late referrals, which is only allowable under Monitor's Compliance Framework.

3.3 CHANGES IN THE PERIOD

Performance against the following national standards changed significantly compared with the last reported period:

- 31-day diagnosis to treatment cancer standard – *first definitive* ↑ (up from 94.0% in February to 97.8% in March)
- 31-day diagnosis to treatment cancer standard – *subsequent surgery* ↓ (down from 97.6% in February to 91.8% in March) – met for the quarter as a whole
- 62-day referral to treatment – *screening referred* ↓ (down from 94.9% in February to 88.9% in March) – met for the quarter as a whole
- 6-week diagnostic wait ↓ (down from 99.2% in March to 98.3% in April)

Please note the above performance figures only show the final reported position and do not show the draft April performance against the cancer standards, although additional information is noted where the draft figures have been validated.

3.4 EXCEPTION REPORTS

Exception reports are provided for seven of the RED rated performance indicators.

Please note that the number of Delayed Discharge patients in hospital at month-end is now reported as one of the access key performance indicators, along with Ambulance hand-over delays over 30 minutes. As a key measure of patient flow, performance against the Delayed Discharges operational target will be reported as part of the A&E 4-hour Exception Report, in months where the 95% standard isn't achieved.

1) Last-minute cancellations
2) 28-day readmission following a last-minute cancellation
3) 62-day referral to treatment cancer standard – GP referred
4) 62-day referral to treatment cancer standard – Screening referred
5) Referral to Treatment Time (RTT) Non-admitted pathways standard
6) A&E 4-hour maximum wait
7) Six week wait for diagnostic tests

ACCESS STANDARDS

A1–A2. EXCEPTION REPORT: Last-minute cancellation + 28-day readmission following a last-minute cancellation	RESPONSIBLE DIRECTOR: Chief Operating Officer

Description of how the target is measured:

1) The number of patients whose operation was cancelled at last minute for non clinical reasons, as a percentage of all admissions.

This standard remains part of the NHS Constitution.

Monitor measurement period: Not applicable

Performance during the period, including reasons for exception:

There were 54 last-minute cancellations (LMCs) of surgery in April (0.98% of operations) which is above the national standard of 0.8%. The main reasons for cancellations in April were as follows:

- 37% (20 cancellations) were due to no ward bed being available to admit a patient to
- 26% (14 cancellations) were due to an emergency patient being prioritised on the day
- 19% (10 cancellations) were due to the morning theatre list running over and/or another patient being more clinically complicated in theatres than expected
- 9% (5 cancellations) were due to the surgeon being ill/unavailable
- 9% (5 cancellations) were due to a range of reasons, with no consistent themes or patterns emerging

Of the 54 cancellations, 19 were day-cases and 35 were inpatients (35% day-cases). On average, seventy percent of the Trust's admissions in a month are day-cases. The higher rate of inpatient cancellations reflects the high cancellation rate due to emergency patients needing to take priority, which is more likely to impact inpatient than day-case procedures.

In contrast to the last month, ward bed availability was the single highest cause of cancellations this month. If there had been no cancellations due to the lack of a ward bed, performance would have been 0.62% against the 0.8% national standard. Unlike in 2013/14, the lack of a critical care bed was not a leading cause of cancellations in the month. This may reflect the opening of the twentieth adult Intensive Therapy Unit (ITU) at the end of February.

In April, 94.2% of patients cancelled in the previous month were readmitted within 28 days of the cancellation, which is marginally below the 95% national standard. There were 3 breaches of standard in the month. Two of these patients were due for readmission to the Bristol Children's Hospital, and were not re-admitted within the target 28 days due to more urgent patients needing to take priority. The remaining patient, due for surgery within the Bristol Royal Infirmary was not seen within 28-days due to a combination of more urgent patients taking priority and clinician leave.

ACCESS STANDARDS

Recovery plan, including expected date performance will be restored:

The following actions continue to be taken to reduce last-minute cancellations and support achievement of the 0.8% standard (*please note: actions completed in previous months have been removed from the following list*):

- Ongoing implementation of 4-hour plans, the actions from which should reduce cancellations related to bed availability (see A&E 4-hour Exception Report – A6);
- Escalation of all LMCs not re-booked within 7 days of cancellation (ongoing); patient list now also being reviewed at the weekly or fortnightly Referral to Treatment Time (RTT) meetings with Divisions;
- Monthly validation of all potential LMCs re-established, to ensure we are not inappropriately reporting last-minute cancelled operations, or failures to re-admit within 28 days, and that we understand the reasons for cancellations (ongoing);
- Outputs of the weekly scheduling meeting are reviewed by Surgery, Head & Neck team, to be clear on the accountability for making sure theatre lists are appropriately booked (i.e. will not over-run), and the necessary equipment/staffing are available (ongoing);
- Weekly reviews of future week's operating lists continue, to ensure the demand for critical care beds is spread as evenly as possible across the week; daily reviews of current demand for critical care beds, and flexible critical care bed-usage across Divisions to minimise cancellations (ongoing);
- Daily e-mails circulated of all on-the-day cancellations within the Bristol Royal Infirmary by the nominated Patient Flow Co-ordinator, to help ensure patients are re-booked within target (ongoing);
- In addition to the opening of the twentieth ITU bed, a further review of critical care capacity is being undertaken, as part of the 2014/15 Operating Model, which is being led by the Senior Leadership Team.

Progress against the recovery plan:

The 0.8% national last-minute cancelled operations standard was not achieved in April. This was primarily due to emergency pressures on beds and theatres. However, performance was significantly better than the same period last year (0.98% April 2014 vs. 1.65% April 2013).

Performance against the 28-day readmission standard was 94.2%, narrowly missing the 95% national standard. This represents a significant improvement on March's performance of 89.7%.

Reducing the level of ward-bed related cancellations remains critical to the achievement of both the last-minute cancelled operations and the 28-day readmission standards. Delivery of the objectives of the 2014/15 Operating Model should reduce levels of last-minute cancelled operations and improve performance against the 28-day readmission standard.

ACCESS STANDARDS

A3-A4. EXCEPTION REPORT:	RESPONSIBLE DIRECTOR: Chief Operating Officer
• **62-day referral to treatment for GP referred patients** • **62-day referral to treatment for Screening referred patients**	

Description of how the target is measured:

The number of patients with confirmed cancers treated within 62 days of referral, as a percentage all cancer patients treated during the period under that standard. There are separate targets for GP and Screening referred patients.

Monitor measurement period: All cancer standards are measured Quarterly (weighted 1.0 in the Risk Assessment framework)

Performance during the period, including reasons for exceptions:

62-day GP referred

Draft performance for April is 73.5% against the 85% standard. However, further validation is still required before national reporting is undertaken in early June. It is expected that the recovery trajectory target of 73.5% will be achieved for the month. The recovery target for the quarter of 75.3% is on track to be met, with the expected impact of validation taken into account.

Performance in quarter 4 2013/14 was confirmed as 75.1% against the 85% standard. Breach analysis has shown the reasons for the breaches to be as follows:

Breach reasons	Average Q4 breaches per month	Percentage of breaches
Late referral	5.2	31%
Medical deferral/Clinical complexity	3.8	23%
Patient choice	1.2	7%
Histology delay	0.3	2%
Outpatient delay	1.2	7%
Delayed admitted diagnostic	1.5	9%
Admin delay/pathway planning issue	1.0	6%
Delayed pathway other provider	1.0	6%
Elective cancellation	0.5	3%
Insufficient capacity	0.8	5%

Two-thirds of the breaches (67%) were due to primarily unavoidable reasons, including late referral, medical deferral, patient choice and delayed pathways at other providers.

The transfer of breast and urology services to North Bristol Trust has left the Trust with a challenging group of pathways to meet the 62-day GP

standard. This is because breast cancers are relatively easy to treat within 62-day of referral because the diagnostic pathways are simple and patients are usually fit enough to proceed to treatment without further intervention. In quarter 4 2013/14, the 85% standard was only achieved for breast and skin cancers at a national level, and national average performance overall for all tumour sites was 84.6%. The Trust is now the only acute provider in the country that provides neither breast nor urology cancer services.

An improvement working group was established in October 2013, focusing primarily on the 62-day cancer pathways. Improvements in performance at a tumour-site level have been realised between quarter 2 and quarter 3, This is especially evident when comparing the Trust's performance against the national average reported for the same quarter. However, the volume and proportion of unavoidable breaches increased significantly during quarter 4, meaning that further improvements now have to be made to offset these additional breaches that are largely outside of the Trust's control.

The improvement work on the high volume tumour sites is ongoing. The focus of this work is informed by monthly breach reviews, and also structured telephone-based interviews which have been carried-out with better performing equivalent providers, to identify good practice from elsewhere. Whilst the telephone interviews provided assurance that there were no obvious differences in the diagnostic or treatment pathways that other providers had in place to treat cancer patients, disappointingly few pathway improvement opportunities were identified through these discussions.

62-day Screening referred:

Draft performance for April is 89.6%. The current under-achievement is due to the management of shared breast screening pathway at other providers, rather than late referrals by the Avon Breast Screening Service, or a failure to achieve the 90% standard for screening pathway managed internally.

Recovery plan, including expected date performance will be restored:

A fortnightly cancer steering group has been established, to take forward the further improvement priorities which have identified from the most recent breach analysis and learning from other providers. The key actions are as follows:

62-day GP referred actions:

- Implement new management for tertiary thoracic surgery peripheral clinics to reduce delays to referrals from other providers (impact from Q4 onwards); following agreements with North Bristol Trust (NBT), surgical review of patients to be conducted on the same day as the Multi-Disciplinary Team discussion of the patient's case, from June, which should reduce the thoracic pathway by 9 days; meetings scheduled with Yeovil District Hospital, Gloucester Hospitals and Taunton & Somerset trusts, to agree the adoption of a similar approach;
- Reduce maximum wait for 2-week wait step to 7 days for 90% of patients (July onwards); demand modelling undertaken for each tumour site; additional clinic capacity to be established throughout June;
- Further improvements in histology turn-around times to be expected with recruitment later in 2014/15;
- Enact new approach to escalation of pathway delays from April onwards, involving the Divisional Management teams; action

completed, escalation to Divisional Directors on a weekly basis where pathway blockages need to be addressed in order to avoid breaches;

- Establish 2.5 additional ENT theatre sessions per week from October 2014 onwards, to reduce the majority of panendoscopy delays; additional capacity currently being sought to bring forward this action
- Implement new approach to critical care cancellations and booking of cases to minimise impact of residual cancellations; action completed; critical care cancellations continue to be tightly managed, with pro-active cancellations taking place as necessary and back-fill of sessions with cases that do not require a critical care bed, to ensure theatre and surgeon capacity is not wasted;
- Establish additional thoracic and hepato-billiary theatre sessions from October 2014, when Vascular service moves to North Bristol Trust
- Schedule additional activity in December 2014, when activity levels are low and breaches can result in quarter 4

62-day GP screening actions:

- Escalation of issues at other providers to Executive level where appropriate.

Progress against the recovery plan:

62-day GP

High volumes of breaches for unavoidable reasons resulted in the 85% standard failing to be achieved in quarter 4. The following improvement trajectory has been agreed, on the basis of the actions identified and expected impact of these actions. Performance for April is currently marginally below trajectory. However, it is currently forecast that performance will improve following final validation.

	Apr-14	May-14	Jun-14	Q1	Jul-14	Aug-14	Sep-14	Q2	Oct-14	Nov-14	Dec-14	Q3	Jan-15	Feb-15	Mar-15	Q4
Trajectory	75.7%	80.5%	65.0%	75.3%	79.9%	82.1%	81.8%	81.3%	86.4%	85.1%	84.1%	85.3%	84.8%	85.4%	87.0%	85.8%
Actual	73.5%															

31-day first definitive

The 31-day first definitive treatment standard was achieved in quarter 4. But due to the risks to achievement of the 96% standard identified in quarter 4 2013/14, the following trajectory has been agreed and progress with achieving this trajectory will be reported to the Board on a monthly basis. Please note that April's figures are still subject to final validation and reporting.

	Apr-14	May-14	Jun -14	Q1	Jul -14	Aug -14	Sep -14	Q2	Oct -14	Nov-14	Dec -14	Q3	Jan -15	Feb -15	Mar-15	Q4
Trajectory	95.9%	96.4%	96.7%	96.3%	96.8%	96.7%	96.8%	96.7%	97.2%	97.2%	96.7%	97.0%	97.2%	96.9%	97.2%	97.1%
Actual	97.4%															

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A5. EXCEPTION REPORT: Referral to Treatment Time (RTT) non-admitted pathways standard	RESPONSIBLE DIRECTOR: Chief Operating Officer

Description of how the target is measured:

The number of patients treated or discharged within 18 weeks of referral, as a percentage of all patients treated or discharged in the month. The Non-admitted target of 95% relates to those patients not requiring an admission as part of their treatment.

Performance is assessed by Monitor at an aggregated Trust level.

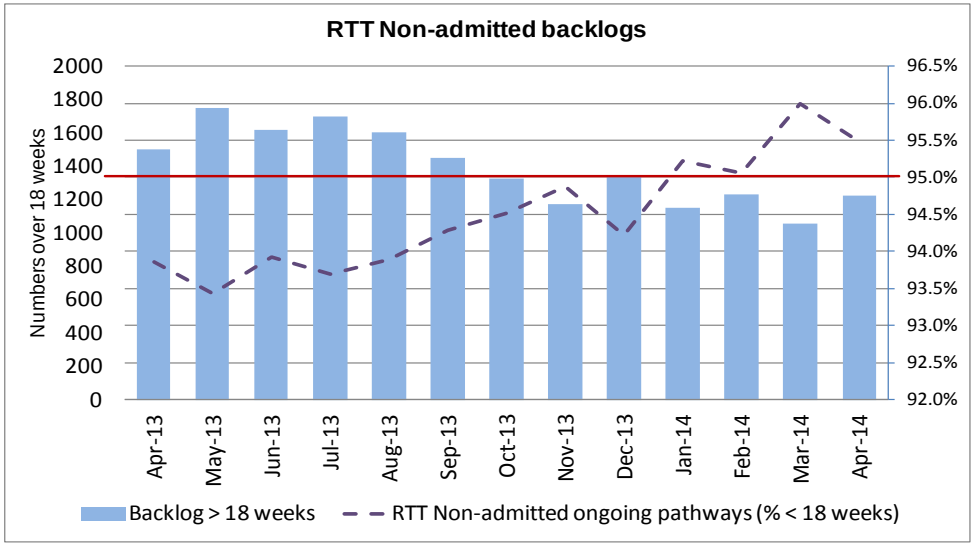
Monitor measurement period: Monthly achievement required but quarterly monitoring

Performance during the period, including reasons for exceptions:

Performance in April was 93.6% against the Non-admitted standard, which is an improvement on the March position of 93.1%, but 1.4% below the 95% national standard.

The failure to achieve the RTT Non-Admitted standard was forecast following the Head & Neck service transfer from North Bristol Trust, due to the number of patients already waiting over 18-week for their first outpatient appointment, at the point of transfer. The forecast failure was flagged to Monitor in the Annual Plan, and re-stated as part of the quarter 2 declaration of compliance. In combination with increases in referrals from GPs, which has resulted in waits for first outpatient appointments lengthening, this led to a failure of the standard in quarter 4, and the Trust flagging to Monitor the potential failure of the standard in quarters 1 and 2 of 2014/15, as part of the quarter 4 declaration and the 2014/15 Annual Plan.

Graph 1 – RTT Non-admitted backlogs versus the percentage of patients on ongoing pathways waiting under 18 weeks.



Good progress has been made in reducing the backlogs of over 18-week waiters. As a result, the percentage of patients on a non-admitted ongoing pathway that are waiting under 18 weeks at each month-end has been above 95% for the whole of quarter 4, and quarter 1 2014/15 to date. However, this has not yet translated into achievement of the 95% standard for clocks stopped in the month.

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The analysis of the breaches confirms that the main reasons for the failure to achieve the 95% standard in April were:

- Additional patients that had waited over 18 weeks from referral being seen for first outpatient appointments within the adult Ear, Nose & Throat and Oral Surgery services following transfer of the waiting list from North Bristol Trust; this is partly due to the volume and length of waits at the time of transfer, but also increases in referral volumes beyond that expected as part of the transfer
- Additional patients being seen for their first outpatient appointment to reduce the waiting times in other dental specialties (included in the RTT speciality 'Other') where waiting times have increased
- Lengthening outpatient waiting times for first appointments in a range of specialties, following increasing volumes of referrals, especially from GPs

Table 1: Performance against the RTT Non-admitted standard at a national RTT specialty level.

RTT Specialty	Under 18 Weeks	18+ Weeks	Total Clock Stops	%age Under 18 Weeks
CARDIOLOGY	115	5	120	**95.8%**
CARDIOTHORACIC SURGERY	17	0	17	**100.0%**
DERMATOLOGY	388	9	397	**97.7%**
E.N.T.	676	82	758	**89.2%**
GASTROENTEROLOGY	25	2	27	**92.6%**
GENERAL MEDICINE	179	1	180	**99.4%**
GERIATIRC MEDICINE	49	0	49	**100.0%**
GYNAECOLOGY	338	4	342	**98.8%**
NEUROLOGY	67	0	67	**100.0%**
OPHTHALMOLOGY	947	26	973	**97.3%**
ORAL SURGERY	346	23	369	**93.8%**
OTHER	2493	249	2742	**90.9%**
RHEUMATOLOGY	103	0	103	**100.0%**
THORACIC MEDICINE	246	8	254	**96.9%**
TRAUMA & ORTHOPAEDICS	86	7	93	**92.5%**
TOTAL	**6075**	**416**	**6491**	**93.6%**

In March, eight of fourteen specialties achieved the 95% standard. In April, ten of fifteen specialties achieved the 95% standard.

Recovery plan, including expected date performance will be restored:

- To improve performance for non-admitted Referral to Treatment (RTT) pathways, a three phase project plan has been developed that focuses

on immediate actions required to bring performance back in line as well as more medium / longer term sustainability improvements.

- A working group was established in February, and has developed the recovery plan for reducing waiting times for first outpatient appointments. This group has been meeting weekly and has developed the activity and waiting list trajectories for reducing outpatient waiting times throughout 2014/15. Weekly monitoring of activity against the plan is now taking place and any deviations from plan are being identified so that mitigating actions can be taken;
- A monthly RTT Steering Group has also been set-up to oversee the progress of the working group as well as to provide a more strategic oversight of RTT performance. This group is responsible for ensuring all the milestones of the project are met as well as overseeing risks, reviewing benchmarking information, providing cross divisional oversight and recognising / promoting best practice;
- To provide external assurance that our recovery plan is 'fit for purpose', the national Elective Care Intensive Support Team (IST) was asked to undertake a review of our action plan, to ensure it is robust as well as to share best practice from other organisations. This was scheduled for the week commencing the 21st April (visit complete, draft report in the process of being finalised).

Progress against the recovery plan:

Weekly activity plans are being implemented, to further reduce the number of patients waiting over 18 weeks. The modelling which has been undertaken of the impact of shortening first outpatient waits forecasts achievement of the 95% standard from October 2014, as shown in the trajectory below. April's reported position confirms achievement of the improvement trajectory in the month.

Non-admitted Trajectory	**Mar-14**	**Apr-14**	**May-14**	**Jun-14**	**Jul-14**	**Aug-14**	**Sep-14**	**Oct-14**	**Nov-14**	**Dec-14**	**Jan-15**	**Feb-15**	**Mar-15**
Patients above target outpatient wait	2,940	2,483	1,998	1,454	844	505	364	207	98	98	0	0	0
Forecast performance against RTT Non-admitted standard	93.1%	93.4%	93.7%	94.1%	94.5%	94.7%	94.8%	95.0%	95.0%	95.0%	95.1%	95.1%	95.1%
Actual performance against the RTT Non-admitted standard	93.1%	93.6%											

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A6. EXCEPTION REPORT: A&E maximum wait 4 hours	RESPONSIBLE DIRECTOR: Chief Operating Officer

Description of how the target is measured:

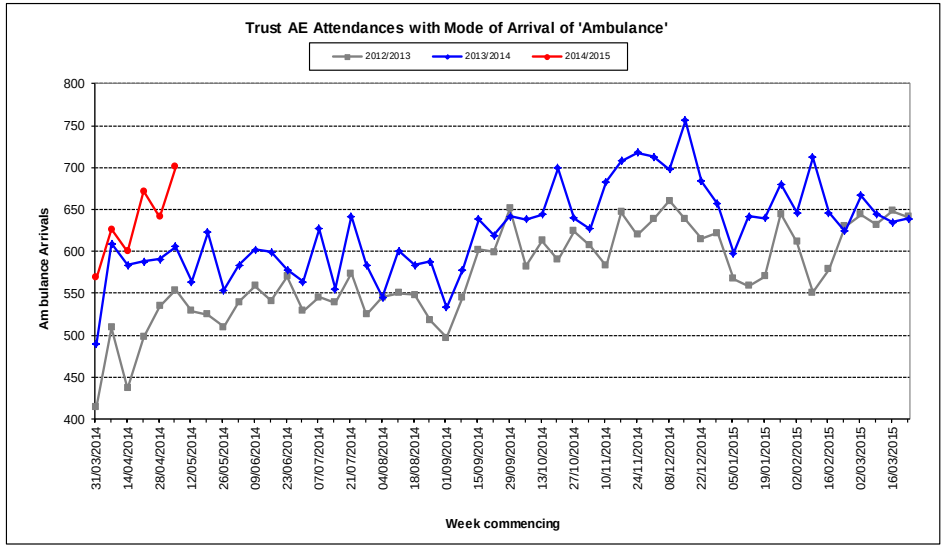
The number of patients admitted, discharged or transferred within 4 hours of arrival in the Trust's Bristol Royal Infirmary (BRI), Bristol Children's Hospital and Bristol Eye Hospitals, as a percentage of all patients seen. The local Walk in Centre attendances are no longer included in the performance figures.

Monitor measurement period: Quarterly

Performance during the period, including reasons for exceptions:

Trust-level performance against the 4-hour standard improved from 92.1% in March to 94.5% in April, but remained marginally below the 95% standard. Performance against the 4-hour standard at the Bristol Children's Hospital was above the 95% standard at 95.6%, which was 0.3% above performance in March. Performance within the BRI remained below the 95% standard at 92.4%, but again showed a significant improvement over performance in the previous month of 88.1%. The Bristol Eye Hospital achieved 100% against the 95% national standard.

Graph 1 – Number of ambulance arrivals into the Trust by month over the last three years.



Ambulance arrivals into the Trust remain high and for the BRI were 8% higher in April than the same period last year. In quarters 2 and 3 2013/14 emergency admissions stayed at similar levels to previous years despite an increase in ambulance arrivals. This was attributed to the work of the Ambulatory Care Unit. However, in April the rise in ambulance arrivals was associated with a similar rise (7%) in emergency admissions via the Emergency Department. This increase in the conversion rate from ambulance arrival to emergency admission requires further investigation, to understand whether this reflects a change in the acuity of patients seen in the period.

The Bristol Children's Hospital experienced a 7% increase in ambulance arrivals in April, relative to the same period last year. But in contrast to the BRI there was a 10% decrease in the level of emergency admissions.

Although there was an increase in length of stay for patients discharged in the month, this reflected more long stay patients being discharged in the period. At month-end there were fewer long-stay patients in hospital than the previous three months. This followed the work undertaken during the

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Breaking the Cycle Together initiative, with reduced levels of delayed discharges being maintained throughout April.

Table 1 – Number of Delayed Discharges on the Green to Go list at the end of April compared with the previous six month-ends

Month	Total number of Green to Go (Delayed Discharge) patients at month-end
October 2013	57
November 2013	50
December 2013	52
January 2014	60
February 2014	73
March 2014	58
April 2014	56

Recovery plan, including expected date performance will be restored:

The Senior Leadership Team is overseeing the delivery of the 2014/15 Operating Model. This covers a programme of seven projects which are targeting improvements in patient flow. Progress updates for the projects are provided in the table below.

Project	Project Aims	Progress on delivery
Breaking the Cycle Together	During week commencing Monday 31st March the Trust ran an initiate a "Breaking the Cycle Together" (BTCT) week with our partner organisations; Bristol Community Health, Clinical Commissioning Group, Commissioning Support Unit and Social Services, to focus on: • To reaffirm and consolidate our standards of patient care; • Using a Major Incident approach to rapidly address barriers to adherence with these standards; • Align our whole organisation's attention from the very top down, to focus and fix issues which get in the way of the quality of care we aim to deliver; • This initiative will be run over a full 7 days, and will	Learning from the successes of the week has been identified and pilot projects are being undertaken at Divisional level to test out ways to move the learning into business as usual. • Medicine Division commenced a piloting for a 'duty manager of the day' supported by a Silver contact to enable rapid escalation of issues preventing flow (in progress) • Surgery, Head & Neck and Specialised Services will commence similar initiatives (by the beginning of June 2014) • A BTCT working group has also been set up to take forward cross divisional learning identified during

	include all inpatient activity.	the week (on-going)
Integrated discharge hub and supporting discharge processes	To co-locate staff from the three key Organisations responsible for managing patients with complex care needs; Bristol City Council, Bristol Community Health and University Hospitals Bristol; to improve efficiency of discharge processes; improve communication, reduce duplication and create an integrated discharge policy and process.	• Implement Discharge champions – including delivery of training programme and embed discharge standards (June 2014) • Area for co-location of teams identified, conversion costs being assessed (**Completed**) • Agree best 'estates' option for integrated team working (June 2014)
Out of hospital solution	To commission further out of hospital transitional care beds to reduce the number of bed days consumed by 'Green to Go' (delayed discharge) patients, thereby reducing Length of Stay (LOS) and bed occupancy to improve patient flow.	• Potential beds identified. Proposal prepared for the Better Care Fund programme board to agree funding arrangements (**completed**). • Criteria and Standard Operating Procedures for Discharge team are under development (Ongoing).
Early Supported Discharge	Effective early supported discharge pathways in place for patients which are provided by either a community partner or UH Bristol, or a combination of both which leads to better patient outcomes, better patient experience and a reduced Length of Stay.	• Undertake current state and future state mapping events (May 2014) • Develop and implement action plans for each pathway (June 2014)
Trust wide review of Critical Care	The project is still being scoped, but will address issues of flow and capacity in adult critical care facilities.	• Long term capacity review planned alongside short term interventions to improve flow between critical care and other areas (is in planning stage).
Weekend discharge – diagnostic and solution	To understand the issues needed to even out patient flow across the seven days of the week and increase the number of discharges that take place at the weekend.	• Engage with Junior Doctor team to support diagnostics and potential solutions (**Completed**) • Develop pilot schemes to: 1) increase/re-align senior clinical input to aid discharge, 2) increase therapy and ancillary services to key areas (June 2014 onwards) • Development of fit for purpose Information Technology tool to identify patients for discharge action over weekend (Implementation June 2014)

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Protected Beds	To develop an operating model that will support elective and urgent tertiary activity to proceed unhindered by periods of high demand for acute medical care through the Emergency Department. This will ensure that all our patient flows are supported, both planned and unplanned care.	• Agree new Operating models including protected bed model (May 2014) • Review Trust-wide escalation policy to support pilot in one area (May 2014) • Implement new model of working across the Trust (July 2014)

The Trust is also supporting a system-wide review of urgent care by the Emergency Care Intensive Support Team (ECIST) taking place in the week commencing 19th May 2014 for one week. The review includes all partner organisations including the Clinical Commissioning Group, Bristol Community Health and Health & Social Care. Feedback following the review will be fed into the Urgent Care Forum who will oversee the system wide action plan based on recommendations from ECIST.

Progress against the recovery plan:

Performance against the 4-hour standard improved significantly following Breaking the Cycle Together initiative at the end of March. Performance in April was 94.5%, which although a marked improvement on the previous month, still fell short of the 95% national standard.

Key milestones for the achievement of the aims of the Operating Model programme of work have been defined and are now being used to inform an improvement trajectory for sustainable achievement of the 95% national standard. At present, achievement of the national standard is considered at risk in quarter 1 and quarter 4 of 2014/15. This is primarily due to uncertainty over the scale of the emergency admissions that will transfer to the Trust following the closure of Frenchay Emergency Department in May 2014, relative to those assumed in the plan, and the ongoing pressures of increasing numbers of ambulance arrivals in conjunction with the increasing ago-profile of patients admitted to the Trust each winter.

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A7. EXCEPTION REPORT: 6-week wait for key diagnostic tests	RESPONSIBLE DIRECTOR: Chief Operating Officer

Description of how the target is measured:

The number of patients waiting over 6 weeks for one of the top 15 key diagnostic tests at each month-end, shown as a percentage of all patients waiting for these tests. The figures include patients that are more than 6 weeks overdue a planned diagnostic follow-up test, such as a surveillance scan or scoping procedures. The national standard is 99%.

Monitor measurement period: Not applicable; the monitoring period nationally is monthly.

Performance during the period, including reasons for exceptions:

Performance in April was 98.3% against the 99% national standard for 6-week diagnostic waits. There were 113 breaches of the 6-week standard at month-end, of which 47 were for gastrointestinal endoscopies, 35 were for Cardiac Stress Echocardiograms, and 24 for MRI scans. The remaining 7 breaches of standard were across a range of diagnostic tests.

The original dip in performance against the 6-week wait standard in 2013/14 resulted from demand for the gastrointestinal endoscopies outstripping available service capacity. This was due to a significant rise in demand for the procedures, which is a pattern that has been seen both regionally and nationally. The rise in demand could not be responded to quickly due to delays in the opening of additional facilities at South Bristol Community Hospital. However, a remedial action plan was developed which addressed this and the backlog of adult endoscopy cases was cleared at the end of May 2013. Of the 47 gastrointestinal endoscopies breaching the 6-week wait standard in April 2014, 21 were for adult endoscopies, the remainder for paediatric endoscopies. Capacity plans are in place to address the small backlog of adult endoscopies, with a significant reduction in the number of long waiters forecast for June. Demand for paediatric gastrointestinal endoscopies remains high and a more sustainable solution to maintaining waiting times is being established.

Demand for Cardiac Stress Echocardiograms also remains high due to changes in NICE guidance for patients with cardiac problems. Capacity is also restricted due to the limited number of staff able to undertake these diagnostic tests. However, despite the increase in demand the number of long waiters has remained broadly the same in recent months due to ongoing work to identify additional capacity. Plans continue to be reviewed to identify ways of further reducing the backlogs. The increase in long waiters for MRI scans in April was a combination of heightened demand in the period and restricted capacity due to the bank holidays. All appropriate patients were offered MRI scans at another local provider. However, under waiting times rules, where patients decline to be seen elsewhere their waiting times cannot be adjusted. Work is ongoing to put in place additional capacity to reduce the numbers of MRI long waiters in May and June.

Recovery plan, including expected date performance will be restored:

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The following actions are being taken to support achievement of the 6-week wait standard in quarter 1. *Please note: actions completed in previous months have been removed from the following list*:

- Additional capacity continues to be identified to minimise the number of patients waiting over 6 weeks for a Stress Echocardiograms;
- A plan has been developed to clear the small backlog of adult endoscopy long waiters, and to ensure maximum waiting times are maintained thereafter;
- A long-term solution is being put in place to support sustainable waiting times for paediatric endoscopies (date to be confirmed);
- Patients requiring a MRI scan continue to be offered appointments at an alternative local provider; additional ad hoc sessions continue to be put in place and capacity sought from other available providers.

Progress against the recovery plan:

The 99% standard wasn't achieved in April, following achievement of the standard for the previous two months. Plans are in place to reduce the number of long waiters, with the current forecast of achievement of the standard again at the end of July.

University Hospitals Bristol NHS
NHS Foundation Trust

Cover Sheet for a Report for a Public Trust Board Meeting, to be held on 28 May 2014 at 10:30 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

7. National Staff Survey results and Action Plan

Purpose

The purpose of the paper is to share an analysis of the 2013 Staff Survey results and action plan in the context of the evolving Staff Experience and Staff Engagement Programme which has already been discussed in detail at the Quality and Outcomes Committee in April. Given the importance of this Programme, which is essentially about cultural change, it was agreed that the headlines should be brought to the full Trust Board.

Abstract

The Staff Experience and Staff Engagement Programme has also been considered by the Transformation Board and other key committees. It is based on the work of Professor Michael West and builds on work achieved over the last few years, particularly around Trust Values. Divisional staff engagement plans are also in place and are being updated in light of the latest staff survey results.

Recommendations

The Board is asked to support the work on improving staff experience and engagement; note the action plan and agree that progress should be monitored through the Senior Leadership Team and the Quality and Outcomes Committee.

Report Sponsor

Director of Workforce and Organisational Development

Appendices

- Appendix 1 – Results of the 2013 Staff Survey – Summary Report
- Appendix 2 – UH Bristol Staff Experience and Staff Engagement Action Plan

National Staff Survey Results and Action Plan

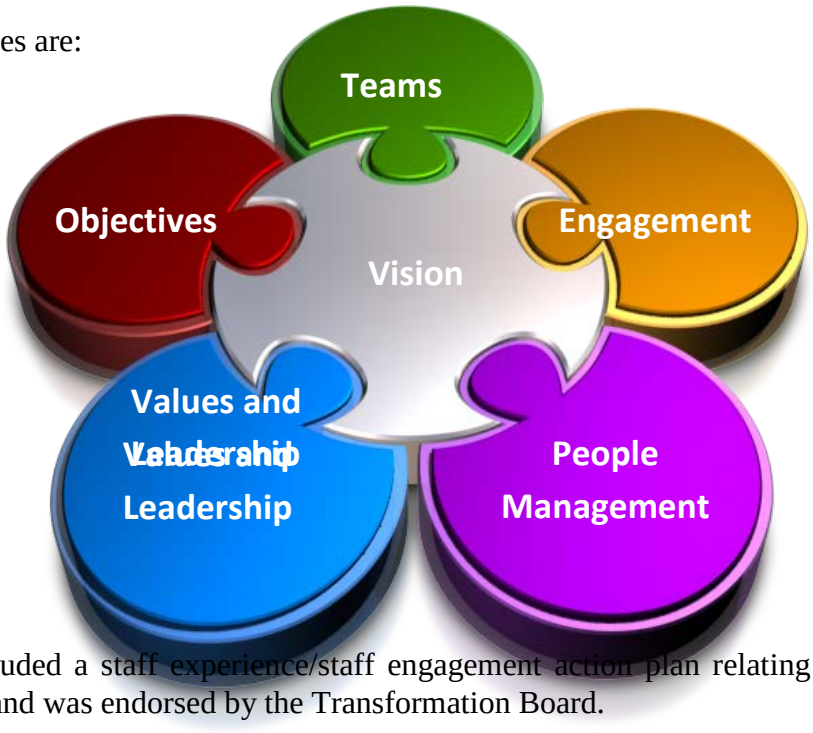
The Purpose of the paper is to share an analysis of the 2013 Staff Survey results and action plan in the context of the evolving Staff Experience and Staff Engagement Programme which has already been discussed in detail at the Quality and Outcomes Committee in April. Given the importance of this Programme, which is essentially about cultural change, it was agreed that the headlines should be brought to the full Trust Board.

The Board is asked to support the work on improving staff experience and engagement; note the action plan and agree that progress should be monitored through the Senior Leadership Team and the Quality and Outcomes Committee.

1.0 Background

In February 2014, the Transformation Board received a seminal paper, '*Staff Experience and Engagement*' concerning the Trust's current and future approach to improving staff experience and staff engagement. Recognising there are many academic theories and approaches concerning engagement and experience, the paper focused specifically on the six elements of staff experience identified by Professor Michael West[1] and used extensively by NHS Employers[2]. Professor West places *engagement* as one key element, rather than the sole focus. He argues that when appropriate and rigorous actions are taken against the following six themes, it results in improved staff experience and engagement and improved patient experience and outcomes and better organisational performance.

These six themes are:



The paper included a staff experience/staff engagement action plan relating to each of the above themes and was endorsed by the Transformation Board.

[1] Michael West is Professor of Organisational Psychology Lancaster University Management School, Visiting Fellow at The King's fund and author of *Quality and Safety in the NHS: Evaluating progress, problems and promise*

[2] NHS Employers, Do Organisational Development

The 2013 Staff Survey results were published in early March 2014, and a high overview is set out in Appendix 1. It was agreed that the survey results should be analysed to assess whether the actions agreed by Transformation Board should be further enhanced to address any new findings.

3.0 2013 Staff Survey Results

It is important to note that the results from the annual Staff Survey are based on a random sample of staff and are only one indicator of the overall staff experience and engagement in UH Bristol. The 2013 Staff Survey response rate was 52% (439 staff out of a sample of 850), compared with 55% the previous year. The number of respondents represents 4.67% of the Trust's total headcount and may not be a fair representation of the opinion of all Trust Staff. Notwithstanding this, the Trust is acting on the key findings.

The Trust will be implementing the national Staff Friends and Family Test (FFT) in June and a full Staff Survey later in the year, which will identify potential new themes and may corroborate existing indications. All information and feedback will be used to check and evaluate our action plans and priorities.

In recent years the Trust has achieved and sustained an overall staff engagement score that is better than average compared with Trusts of a similar type. This is an important consideration. Also, staff recommendation of the Trust as a place to work or receive treatment remains better than average by comparison with all acute Trusts.

In terms of overall trends relating to UH Bristol and the Staff Survey, the table below provides an overview of the total number of findings over the last 5 years:

Indicators	**2009**		**2010 (*)**		**2011 (*)**		**2012 (*)**		**2013 (*)**	
	Number of findings									
In best 20% of acute Trusts	14	35%	14	37%	9	23.7%	6	21.5%	**0**	0%
Better than average	8	20%	15	40%	14	36.8%	8	28%	5	**18%**
Average	9	22.5%	3	8%	6	16%	7	25%	9	32%
Worse than average	6	15%	3	8%	7	18.5%	5	18%	**8**	28%
In worst 20%	3	7%	3	8%	2	5.2%	2	7%	6	21%
Total number of findings	40	100%	38	100%	38	100%	28	100%	28	100%

(*) number of key findings decreased from 40 in 2009 to 38 in 2010 and 2011 and to 28 in 2012 and 2013. Percentages have been added to make relative comparisons.

It is clear from the above table that staff perceptions of their experiences of working for the Trust has deteriorated especially during the last twelve months. It is highlighted that the best scores were during 2010/2011 which is when the Trust completed the 'Values' work.

4.0 Staff Experience and Engagement Action Plan

It is clear that the Trust understands the importance of staff engagement and the wider staff experience agenda and its impact on high quality, safe patient care and is committed to driving forward this critical agenda. However, it will be essential to follow up this commitment with focused action to achieve a step change.

A detailed analysis of the 2013 staff survey results, alongside other workforce metrics including sickness absence levels and causes; staff turnover; has now been undertaken.

The Staff Experience/Engagement paper which was presented to the Transformation Board in February 2014 contained an action plan, with many proposed actions being particularly germane to the areas identified in the 2013 Staff Survey.

Priority actions reinforced by the analysis of the staff survey and the workforce Key Performance Indicators (KPIs) include:

- Developing/encouraging a highly engaged and empowered workforce
- Visible and supportive leadership
- Communication of the Trust's renewed mission and vision
- Improving the quality and effectiveness of staff appraisals
- Developing managers/supervisors skills in objective setting
- Developing high performing teams
- Embedding behaviours that are consistent with our Values

Some additional themes and trends requiring specific organisational focus have also been identified from the 2013 Staff Survey and from broader analysis. These relate to:

- Reducing Work Related Stress
- Improving two-way communications
- Eliminating Physical Violence, Harassment and Bullying
- Improving staff health, well-being and safety.

The overarching action plan that has been developed to date can be found at Appendix 2.

This action plan formed the basis of the detailed discussion at the recent Quality and Outcomes Committee. Although this was agreed in principle, it was acknowledged that this was essentially the basis of a three year cultural change programme and that a few key priorities for focussed action over the next 6-9 months should be identified.

5.0 Early Priorities for improving staff experience and engagement

Following discussion at the Quality and Outcomes Committee and other forums, the emerging themes for priority action are as follows:

- Addressing work-related stress/staff wellbeing
- Visible leadership – mirroring behaviours of the Breaking the Cycle Week
- Equipping all leaders – including front line managers and supervisors
- Sharing the Trust Vision and Mission
- Improving two-way communication and the art of listening
- Supporting managers to undertake difficult communications
- Improving the quality of appraisals across the Trust.

6.0 Ownership and Involvement

It is essential that the action plan and priorities are owned by the Senior Leadership Team, Trust Board and other key leaders across the Trust. However, the action plan includes lead facilitators for each key area to ensure appropriate follow through happens in a timely way.

A working group has been established consisting of lead representatives for each of the key staff groups within the Trust. At its inaugural meeting, the group considered and supported the Staff Experience approach and the draft Staff Experience and Engagement Action Plan along with key findings from the 2013 National Staff Survey. The composition and governance of the group was considered and the objectives in the plan were reviewed. There was considerable enthusiasm for progressing the agenda with pace.

An initial discussion has already taken place with staff side representatives and a further discussion in planned. This includes how staff engagement can be improved through partnership working. We are also keen to discuss our priorities for staff engagement with governors.

Work is also underway across Divisions to identify local actions arising from the recent Staff Survey results and to update Divisional Staff Engagement plans.

7.0 Monitoring and Evaluation

It is proposed that the Trust-wide Staff Experience and Engagement Action Plan and progress in respect of the key priorities will be monitored by the Senior Leadership Team and the Quality and Outcomes Committee. Divisional plans will continue to be monitored by Divisional Boards and reviewed at the Quarterly Performance reviews with Executives.

The evaluation of the Trust's Staff Experience performance will be supplemented throughout the year using data gathered from the imminent introduction of the Staff Friends and Family Test (SFFT). The Trust will also be conducting a full staff survey in quarter three (October – December) which will produce a set of data not previously gathered and will enable a full analysis and overview of the staff experience at UHBristol.

A number of specifically themed 'pulse checks' will also be conducted throughout the year to test and evaluate the progress the action plan.

8.0 Conclusions

It is important not to consider the analysis of the 2013 Staff Survey results in isolation but to view them along with other available information such as workforce metrics and performance indicators as a snapshot of overall staff engagement, experience and perceptions.

Analysis of the Staff Survey results has affirmed the original Staff Engagement and Experience action plan and enabled the important identification of additional themes, resulting in the inclusion in a revised action plan and clear six-month priorities.

9.0 Recommendations

The Board is asked to:

- Support the work on improving staff experience and staff engagement;
- Note the action plan and priorities;
- Agree that progress should be monitored by the Senior Leadership Team and by the Quality and Outcomes Committee on behalf of the Board.

Appendix 1

University Hospitals Bristol NHS
NHS Foundation Trust

Staff Survey Headlines 2013

Overall Staff Engagement

The Trust has sustained its overall staff engagement score with a marginal increase from 3.76 (2012), to 3.77 out of 5. This score is above (better than) average compared with Trusts of a similar type, where the national 2013 average for Acute Trusts was 3.74 out of 5.

Detailed Findings

The Staff Survey is based on 28 key findings, which are expressed as percentage indicators. A pictorial comparison of the percentage breakdown of indicators for 2012 with the results from the 2013 Staff Survey is available is attached.

The Trust scored **above average or average** compared with all Acute Trusts in 2013 in:

- % receiving job-relevant training, learning or development in last 12 months
- % experiencing physical violence from patients, relatives or the public in the last 12 months
- % experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months
- % feeling pressure in the last 3 months to attend work when feeling unwell
- % recommending the Trust as a place to work or receive treatment
- the overall staff engagement score
- % agreeing that their role makes a difference to patients
- % feeling satisfied with the quality of work and patient care they are able to deliver
- % working extra hours
- Support from immediate managers
- % reporting errors, near misses or incidents witnessed in the last month
- Fairness and effectiveness of incidence reporting procedures
- % able to contribute towards improvements at work
- Staff motivation at work
- % believing the Trust provides equal opportunities for career progression or promotion

The Trust scores were **worse than average** in the following areas:

- Work pressure felt by staff
- Effective team working
- % appraised in the last 12 months
- % having well-structured appraisals in the last 12 months
- % experiencing physical violence from staff in the last 12 months
- % reporting good communication between senior management and staff
- % having equality and diversity training in the last 12 months
- % experiencing discrimination at work in the last 12 months

The Trust scores were in the **worst 20%** compared with all Acute Trusts for the following indicators:

- % feeling satisfied with the quality of work and patient care they are able to deliver
- % suffering work-related stress in the last 12 months
- % receiving health and safety training in last 12 months
- % saying hand washing materials are always available
- % witnessing potentially harmful errors, near misses or incidents in last month
- % experiencing harassment, bullying or abuse from staff in the last 12 months

Appendix 2

DRAFT - UH Bristol Staff Experience and Engagement Action Plan
(Outline of 3 year cultural change programme)

Area	Proposed Actions	Proposed Lead/ Facilitator
Vision	Work with our leaders to share the Trust's vision and mission,	Director of Transformation
	Plan and deliver communications to the wider organisation on the renewed mission and vision. Cascade through organisation by managers, with support.	Head of Communications
Objective	Review of appraisal system and application of policy, including improving the quality of appraisals	Deputy Director of Workforce/OD
	Training sessions for managers around appraisals and objective setting	Assistant Director of HR (Teaching & Learning)
People Management	Identify those who have formal leadership/management/supervising roles.	Deputy Director of Workforce/OD
	Equip all leaders and managers to undertake people management, especially developing teams and individuals.	Deputy Director of Workforce/OD
	Evaluate HR policy/practice to ensure focus on high quality care and compassion and on encouraging staff to raise concerns.	Head of HR
	Develop a Trust-Wide Work-Related Stress Action plan.	Health and Wellbeing Lead
	Health and Safety – evaluate policy and practice to focus high quality patient care to support the reporting learning from incidents including physical violence	Health & Safety Manager
	Discrimination – review and scope opportunities for revised e-learning package to support managers	Equality and Diversity Lead
	Structured programme of listening events to follow up Breaking the Cycle Together.	Deputy Director of Workforce/OD

	Development and implement a Staff Recognition and Suggestion Scheme	Assistant Director of HR (Engagement)
	Health and Wellbeing Strategy and plan	Health and Well Being Lead
	Implementation of Family and Friends (Staff) Test and other 'pulse checks' to gauge staff perceptions on a regular basis	Assistant Director of HR (Engagement)
Teams	Agree our short/medium/long term aims in establishing high performing teams to improve care.	Director of Transformation
	Identify "early adopters" where we will pilot these aims. Launch early adopters Launch roll out programme	Director of Transformation
	Train our leaders in is expectations of them in developing their teams (the "what" and the "how") and in managing change.	Assistant Director of HR (Teaching & Learning)
	Incorporate team development goals into business plans and managers' objectives	Deputy Director of Workforce/OD
Values and Leadership	Carry out full evaluation of the Values training delivered to date – including evaluation of behaviours back in the workplace.	Deputy Director of Workforce/OD
	To continue the values training, updating and amending the training in line with the results of evaluation – pay particular attention to the results regarding harassment and bullying and 'respecting everyone'	Deputy Director of Workforce/OD
	Objective included in the appraisal of every leader/manager relating demonstration of consistent values-based behaviour.	Director of Workforce/OD
	360 degree feedback on lived values for all senior leaders	Deputy Director of Workforce/OD

University Hospitals Bristol NHS
NHS Foundation Trust

Cover Sheet for a Report for a Public Trust Board Meeting, to be held on 28 May 2014 at 10:30 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

8. National Inpatient Survey

Purpose

To provide a summary of the Trust's performance in the Care Quality Commission's 2013 National Inpatient Survey

Abstract

The headline results for UH Bristol in the 2013 national inpatient survey are as follows:

- 59 out of 60 UH Bristol scores in the Care Quality Commission's benchmarking analysis were classed as being "about the same as most other Trusts" (i.e. no statistically significant difference from the national average)
- No UH Bristol score was classed as being "better than most other trusts"
- One UH Bristol score was classified as being "worse than most other trusts": whether patients were given sufficient privacy in the Emergency Department

Two reports are provided in relation to this survey:

- Local analysis report: this provides a more detailed analysis of UH Bristol's performance and outlines service improvement activity in relation to the key issues identified
- The Care Quality Commission Benchmark report: this report presents UH Bristol's score on each survey question relative to other Trusts

Recommendations

The Board is recommended to note the reports

Report Sponsor

Chief Nurse

Appendices

1. Local analysis report
2. Care Quality Commission Benchmark report

2013 National Inpatient Survey Results: Local Analysis Report

1. Background

This report provides an analysis of UH Bristol's performance in the 2013 national inpatient survey and outlines service improvement activity in relation to the key issues identified. In total, 156 specialist and acute trusts participated in the survey. As part of the survey, a questionnaire was sent by post to a random sample of 850 UH Bristol adult inpatients (aged 16 and over) who attended during the latter half of July 2013[1]. The Trust received 425 responses - a response rate of 52% - compared to the overall national response rate of 49%[2].

2. Care Quality Commission benchmark report: headline results

This local analysis report is accompanied by the Care Quality Commission's (CQC's) 'benchmark report'. The benchmark report presents UH Bristol's score on each survey question relative to other Trusts[3]. The headline results for UH Bristol are as follows:

- 59 (out of 60) UH Bristol scores in the CQC analysis were classed as being "about the same as most other Trusts" [4]
- No UH Bristol score was classed as being "better than most other trusts"
- One UH Bristol score was classified as being "worse than most other trusts": whether patients were given sufficient privacy in the Emergency Department[5]

The sixty survey questions are also aggregated into ten over-arching section scores. For UH Bristol all of the ten sections were classed as being "about the same as most other trusts".

3. Comparison with the 2012 national inpatient survey results

In the 2012 national inpatient survey, three UH Bristol scores were classified by the CQC as being "better than most other trusts", and none were "worse". Therefore, at face value, UH Bristol's 2013 performance appears to be a deterioration on the previous year's results. However, no UH Bristol score declined to a statistically significant degree between the two

[1] The survey does not include women admitted to maternity units.
[2] The response rate calculation excludes questionnaires that could not be delivered to the patient.
[3] Scores are out of ten, with ten being the best. Scores give a "weight" to all response options to a survey question, rather than just taking the percentage ticking the best possible response option - see Appendix B for further details.
[4] Technically: no statistically significant difference to the mean score across all trusts. In lay terms: in line with the national average.
[5] Two questions in the survey related specifically to the experience of inpatients who were admitted to hospital via the Emergency Department.

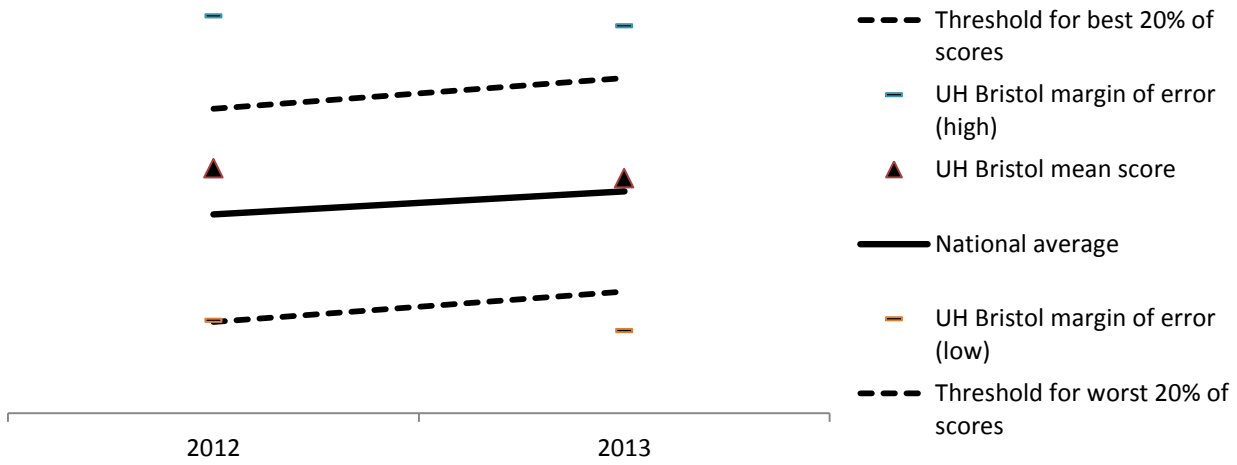
surveys (in fact, the only significant change was an *improvement* on one question: whether patients had been asked to give their view on the quality of care whilst in hospital). This is corroborated by UH Bristol's monthly inpatient survey, which has not detected a decline in patient experience scores for the Trust[6].

To explain why UH Bristol's 2013 overall national survey results appear to have deteriorated when benchmarked against the national average, Chart 1 illustrates the changes between the 2012 and 2013 surveys[7]:

- Overall there was a slight decline across UH Bristol's scores in 2013, but these were well within the margin of error in the survey (i.e. are likely to have been due to chance fluctuation in the data rather than a real effect)
- At the same time, there was a slight increase in the national average score. Whilst this was statistically significant (mainly because the samples at a national level are so large that virtually any change meets this statistical threshold), it was actually a small increase that shouldn't be interpreted as a step improvement in patient experience nationally

The net effect is that, primarily due to natural fluctuation in the data, UH Bristol's scores in 2013 were slightly less likely to feature among the top performing trusts than in 2012. The broad picture is unchanged: UH Bristol is performing in line with the national average in this survey, as has been the case for at least the last five years.

Chart 1: UH Bristol's national inpatient survey performance 2012 to 2013



[6] The UH Bristol monthly inpatient survey adopts a similar methodology to the national survey, but uses much larger sample sizes: approximately 1300 inpatients (or parents of 0-11 year olds) per month are surveyed, compared to 850 per year in the national survey. It is therefore a much more sensitive and timely measure of patient experience and provides data down to a ward-level.

[7] Chart 1 should not be considered a robust statistical analysis, but it is useful for illustrative purposes. The analysis takes a mean across all of UH Bristol's question scores, and applies set confidence intervals of +/- .5 points (the "average" margin of error, based on the overall sample size). For the national average, a mean for each of the sixty questions was calculated across all trusts, along with mean upper and lower percentiles (note that the CQC benchmark report assesses differences from the mean rather than top/bottom 20% thresholds).

4. How good is the national average?

This is a difficult question to answer, as it depends on which specific aspect of their experience patients are asked to assess (see Appendix A for a full list of scores). There is an over-arching satisfaction question in the national survey, which asks respondents to rate their patient experience on a scale of one to ten. The results are summarised in Table 1 below. In total, 27% of respondents nationally gave their experience the highest rating (ten), with 71% giving a rating of between eight and ten. UH Bristol achieved a similar result.

Table 1: overall ratings of patient experience

	UH Bristol	**Nationally**
0 (I had a very poor experience)	0%	1%
1	1%	1%
2	2%	1%
3	0%	2%
4	2%	2%
5	6%	5%
6	7%	5%
7	10%	11%
8	22%	23%
9	25%	21%
10 (I had a very good experience)	26%	27%

This 1-10 rating scale is a relatively new question in the national inpatient survey. It was first used in 2012 and was an early attempt to develop a "net-promoter score" type approach to patient experience, which has since been adopted for the Friends and Family Test (albeit in a very different format)[8]. The question it replaced in the national survey asked respondents to rate the *care* that they received on a five point scale (excellent, very good, good, fair, poor). UH Bristol's monthly inpatient survey has retained this question and 98% of inpatients state that their care at the Trust was excellent, very good, or good[9]. Of these responses, 58% fall in to the "excellent" category.

[8] The net promoter score is a 1-10 numerical scale used by some private sector companies, which purports to measure the likelihood that the customer will recommend their product ("customer loyalty" - which in some contexts has been shown to be correlated with sales growth). The NHS Friends and Family Test asks a "how likely are you to recommend the care?" question, but uses a six-point scale from "extremely likely" to "extremely unlikely" - see:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214941/Friends-and-Family-Test-Publication-Guidance-v2-FOR-PUBLIC_E2_80_A6.pdf

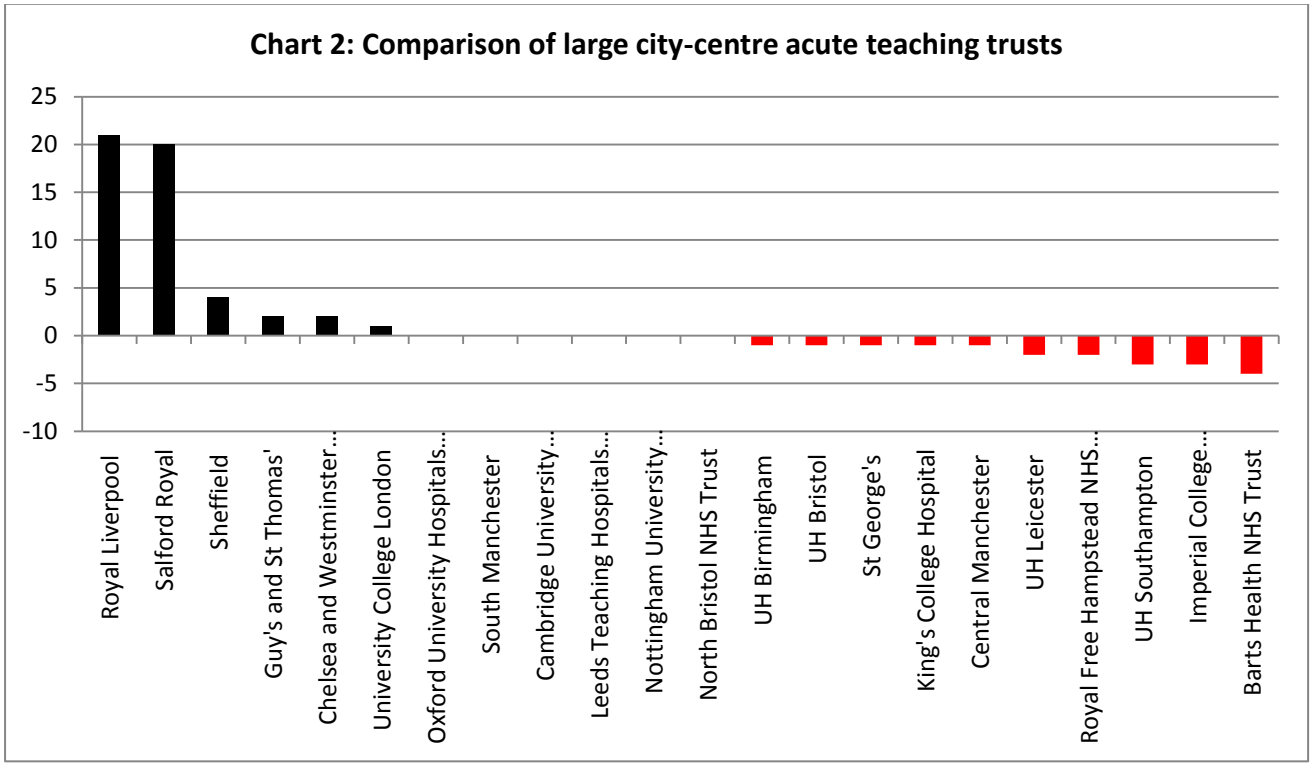
[9] Data from Quarter 3 (October to December) 2013

5. Comparison with selected other trusts

Table 2 presents the number of question scores that the CQC classed as being significantly above or below the "national average" for UH Bristol's geographical neighbours. On this basis an "overall score" is calculated for each trust. Although this is not a sophisticated analysis of the data, it is essentially what the public would see if they carried out their own comparison of trusts via the CQC website. Chart 2 uses the same approach to compare the number of scores that were classed better or worse than the national average for selected large acute teaching Trusts.

Table 2: 2013 national inpatient survey - comparison with "local" Trusts

	A. Number of scores "better than most other Trusts" (/60)	**B. Number of scores "worse than most other Trusts" (/60)**	**"Overall Score" (A-B) 2013**	**2012 overall score**
Gloucestershire Hospitals NHS Foundation Trust	1	1	0	-1
Great Western Hospitals NHS Foundation Trust	0	0	0	-1
North Bristol NHS Trust	0	0	0	-3
Weston Area Health NHS Trust	1	1	0	-6
University Hospitals Bristol NHS Foundation Trust	0	1	-1	+3
Royal United Hospital Bath NHS Trust	0	3	-3	-2



6. Highest UH Bristol scores

Table 3 shows that a number of UH Bristol's highest (best) scores in the 2013 national inpatient survey are around themes of privacy, dignity and cleanliness.

Table 3: Highest 2013 national inpatient survey scores for UH Bristol (all scores are out of ten, with ten being the best possible score)

	UH Bristol score	**Best Trust score**	**CQC classification**
Did you feel threatened during your stay in hospital by other patients or visitors?	9.6	9.9	About the same as most other Trusts
Were you given enough privacy when being examined or treated?	9.4	9.8	About the same as most other Trusts
Were hand-wash gels available for patients and visitors to use?	9.3	10.0	About the same as most other Trusts
Did not stay in mixed-sex accommodation	9.1	9.9	About the same as most other Trusts
Was your admission date changed by the hospital?	9.1	9.8	About the same as most other Trusts
In your opinion, how clean was the hospital room or ward that you were in?	9.0	9.8	About the same as most other Trusts
Did you have confidence and trust in the doctors treating you?	9.0	9.6	About the same as most other Trusts
In your opinion, had the specialist you saw in hospital been given all of the necessary information about your condition or illness from the person who referred you?	9.0	9.6	About the same as most other Trusts
Overall, did you feel you were treated with respect and dignity while you were in the hospital?	9.0	9.7	About the same as most other Trusts

7. Identifying Service Improvements

Based on the CQC benchmark report, the following scores form the basis of UH Bristol's response to national patient surveys:

- Any UH Bristol scores that are below the national average
- Any UH Bristol scores that have declined significantly from the previous survey (note that no UH Bristol scores declined between 2012 and 2013)
- The lowest five scores for UH Bristol (in absolute terms)
- The five UH Bristol scores that are furthest away from the best trust score nationally

The scores that fall in to these categories are shown in Table 4 (over).

Table 4: identifying service improvements from the 2013 national inpatient survey results

		Reason for identification as an issue		
	UH Bristol score (with best Trust's score in brackets)	**"worse than the national average"**	**Among lowest UH Bristol scores**	**Among furthest from the best Trust score**
During your hospital stay, were you ever asked to give your views on the quality of your care?	1.5 (4.6)		X	X
Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?	2.9 (5.9)		X	X
How would you rate the hospital food?	5.6 (8.2)		X	X
Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?	6.7 (9.3)			X
Did a member of staff tell you about medication side effects to watch for when you went home?	5.2 (7.4)		X	
Did a member of staff tell you about any danger signals you should watch for after you went home?	5.6 (7.6)		X	
Were you given enough privacy when being examined or treated in the A&E Department?	8.2 (9.6)	X		
On the day you left hospital, was your discharge delayed?	6.2 (8.9)			X

Most of the issues identified in Table 5 are already being addressed via existing UH Bristol service-improvement programmes/activities. A summary of this activity is provided below, along with any specific new actions that will be monitored by the Trust's Patient Experience Group. In addition, in June 2014 UH Bristol's Deputy Chief Nurse will contact the top scoring Trusts shown in Chart 2 (above) in order to identify any organisational learning.

During your hospital stay, were you ever asked to give your views on the quality of your care?

Although UH Bristol's score on this question improved to a statistically significant degree between 2012 and 2013, it was still the lowest score that the Trust achieved: 15% of respondents stated that they were asked for their views whilst in hospital. This result is likely to be linked to the Trust's Friends and Family Test (FFT) survey, which had a very

similar response rate at that time (July 2013; 17%)[10]. The inpatient FFT response rate is now averaging over 40% at UH Bristol, and so the Trust's score on the national survey question should increase also in 2014. It is important to note that UH Bristol has a comprehensive inpatient feedback programme in place, with a mixture of ward-based and post-hospital methodologies (see Appendix C).

In order to better understand how patients interpret this particular survey question, and how they would like to be engaged about their quality of care whilst in hospital, semi-structured interviews are being carried out with inpatients as part of the Trust's *Face2Face* programme[11]. These results will be reviewed and discussed at the Patient Experience Group in order to identify any further specific actions that can be undertaken to improve this national survey score.

Action 1: The Patient Experience Group to receive and discuss the outcomes of the *Face2Face* patient interview programme, which sought to better understand how patients interpret this national survey question.

Date: June 2014

Owner: Tony Watkin, Patient Experience Lead (Engagement and Involvement)

Action 2: Ensure that a high response rate is maintained in the Trust's Friends and Family Test survey during 2014/15. Performance is reviewed monthly at the Patient Experience Group and is reported to the Trust Board in the Quality Dashboard.

Date: Ongoing

Owner: Heads of Nursing

Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?

All wards and departments should have a supply of Complaints Service information leaflets on display and/or readily available. The Trust's Welcome Guide also contains information about how to make a complaint and is given to patients on admission. There are posters on display in hospital reception areas across the Trust that draw attention to the different ways that people can give feedback, including complaints. The Trust's Patient Support and Complaints Team also now have a more prominent physical location in the new Bristol Royal Infirmary Welcome Centre. However, we know that more needs to be done to increase awareness and this forms an important part of the Patient Support and Complaints Team's work plan for 2014/15. Progress against this work-plan will be monitored by the Patient Experience Group.

[10] The Friends and Family Test is a patient experience survey that was introduced nationally in April 2013. At discharge from hospital all adult inpatients should be provided with the chance to state whether they would recommend the care that they received to their Friends and Family.

[11] This programme uses volunteers to interview patients whilst they are in our care – see Appendix C.

Action 3: Review of hospital signage directing patients and visitors to the Patient Support and Complaints office and explaining how people can make a complaint, with new signage put in place where required.

Date: July 2014

Owners: Estates/Way-finding project/Tanya Tofts, Complaints Team Manager

Action 4: Ensure that all wards have adequate supplies of the Welcome Guide and the patient information leaflet about how to make a complaint, and that these are routinely given out (Welcome Guide) or displayed prominently (how to make a complaint).

Date: June 2014

Owner: Heads of Nursing

Action 5: Update patient information leaflet about how to make a complaint and circulate to wards/departments

Date: July 2014

Owner: Tanya Tofts, Complaints Team Manager

How would you rate the hospital food?

Patient perceptions of hospital food are subjective and often divided. For example, in the national survey, 60% of UH Bristol patients rated the food as “very good” or “good”, with 12% rating it as poor; but it is also one of the top improvement issues that patients raise via their free-text comments in the UH Bristol monthly inpatient survey. These strong differences in opinion make the patient experience of food a particularly difficult issue to assess and improve. Nevertheless, the Trust’s Facilities Department carry out ongoing quality assurance and improvement activities to ensure that the food and food service are of a high standard. Furthermore, the granular patient feedback available from the UH Bristol monthly surveys is reviewed by the Facilities Department to identify areas of the Trust that attract relatively low ratings from patients. In this respect there has been a particular focus on improving the food quality and service on postnatal wards. So far this work resulted in a significant increase in food satisfaction scores in the UH Bristol monthly maternity survey, from 4.9/10 in the 2012/13 financial year to 5.6/10 in 2013/14.

There will naturally be a continued focus on improving food and the food service by the Facilities Department during 2014/15: this will primarily be overseen by the Trust’s Nutrition and Hydration Steering Group, but the survey scores will also continue to be regularly reviewed and discussed at the Patient Experience Group.

Action 6: Quarterly review of the food quality patient survey scores (as part of the national inpatient survey action plan review process) and specific actions identified where necessary.

Date: Quarterly from July 2014

Owner: Dena Ponsford, Facilities Department General Manager (and the Facilities representative on the Patient Experience Group)

Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?

UH Bristol's score on this national survey question increased from 2.7 (/10) in 2005 to 6.7 in 2013[12]. Whilst the 2013 score was in line with the national average, it was one of the five UH Bristol scores that was furthest away from the best trust nationally (9.3). Whilst UH Bristol's inpatients are currently not routinely copied into all letters sent to their GP, it is important to note that they do receive a "discharge summary" before they leave hospital. This provides the patient with key information about their care and medications, and is the same information that is provided to their GP. It is also worth noting that in outpatient settings, new attendees are now routinely asked whether or not they would like to be sent copies of letters that their GP receives from the Trust. A project is also underway to review and rationalise the hospital letters that are currently sent to patients. This will involve obtaining feedback from patients so that we can understand "what makes a good patient letter"?

Action 7: Obtain patient feedback on the content and presentation of patient letters

Date: June 2014

Owner: Tony Watkin (Patient Experience Lead Engagement and Involvement)

Did a member of staff tell you about medication side effects to watch for when you went home?

This issue is perennially one of the lowest scores in the national survey across all trusts, which reflects the difficulties in effectively conveying side-effects information to patients in a systematic but individually-tailored way. Two key developments are coming on-stream at UH Bristol during 2014/15 which should have a positive effect on this score. A new discharge checklist will be launched, which will be used by nurses and clinical staff to ensure that they have provided patients with key information before leaving hospital. This will include potential medication side effects. In addition, the Pharmacy Department are developing an Excel-based tool that can be used by ward staff to generate a list of the main medication side effects for commonly prescribed drugs.

[12] As this result is calculated on the basis of a yes/no response, the score can be directly translated into a percentage (i.e. 36% of respondents said that they received letters to their GP in 2007 compared to 67% in 2013).

Action 8: Launch of the Trust's new discharge checklist

Date: June 2014

Owner: Jo Witherstone, Senior Nurse for Quality

Action 9: Roll-out of the medication side-effects software tool to inpatient wards

Date: June 2014

Owner: Stephen Brown, Head of Pharmacy

Did a member of staff tell you about any danger signals you should watch for after you went home?

It would be difficult to formulate an improvement action specifically in relation to this question, as the term "danger signals" is open to a large degree of subjective interpretation. However, in the Trust's new discharge checklist (see Action 8 above), there is an item to ensure that patients are advised to seek medical assistance from their General Practitioner if they have any concerns about their condition or treatment after leaving hospital.

Were you given enough privacy when being examined or treated in the A&E Department?

This question was answered by respondents who were admitted via the Emergency Department (i.e. emergency admissions). Although UH Bristol scored below the national average on this question, some caution should be attached to this result: this is the first time that this score has been below the national average for the Trust, it was not one of the Trust's lower scores in absolute terms (8.2/10), and the result only just reached the threshold required for statistical significance (which itself was 8.2/10). The 2014 national Emergency Department survey is currently underway, which will allow us to triangulate this result. Furthermore, in order to gain greater insight into this issue and to identify any "quick wins", questions about privacy in the Emergency Department will be incorporated into the *Face2Face* patient interview programme scheduled for May/June 2014. The Emergency Department will also carry out their own interviews/audits every quarter to monitor this issue.

Nevertheless, even if this result is due in part to natural fluctuation in the data, it is also likely to reflect an extremely busy period over the summer in the Bristol Royal Infirmary Emergency Department, with a subsequent impact on privacy for patients (e.g. if they had to be "queued" on arrival/or and assessed in a corridor). There are a number of major Trust projects scheduled for 2014/15 which will focus on improving patient flow through our hospitals (see next item). In addition, privacy issues in the waiting area have been improved by having a screen put in, which allows confidential discussions to take place with patients in this environment.

Action 10: Participation in the 2014 National Accident and Emergency Survey

Date: From May 2014 (headline results due in September 2014)

Owner: Paul Lewis, Patient Experience Lead (surveys and evaluation)

Action 11: *Face2Face* patient interview programme to incorporate questions about privacy in the Emergency Department in order to gain insight into this issue

Date: June 2014

Owner: Tony Watkin, Patient Experience Lead (engagement and involvement)

Action 12: Quarterly "mini" privacy audits carried out by the Emergency Department

Date: From June 2014

Owner: Bernadette Greenan (Matron, Emergency Department)

On the day you left hospital, was your discharge delayed?

Improving patient flow (including delays at discharge) at UH Bristol's hospitals will continue to be a major strategic focus for the Trust during 2014/15. There are at least four Executive Director-led projects in progress or planned in this respect (see below).

Major Trust projects relating to patient flow planned for 2014/15:

- Breaking the Cycle Together: this project, which took place over one week in March 2014, provided an opportunity for UH Bristol and its partner organisations to gain a better understanding of the day to day issues causing delays across the system
- Integrated discharge hub: to co-locate staff from the three local health and social care organisations responsible for managing patients with complex care needs. The aim is to improve the efficiency of discharge processes, improving communication, reducing duplication and creating an integrated discharge policy and process
- Early supported discharge: working with the Trust's community partners to put in place early supported discharge pathways for patients
- Weekend discharge: the project aims to understand the issues needed to even out patient flow across the seven days of the week and increase the number of discharges that take place at the weekend

Appendix A: Comparison to the best Trust score nationally[13]

	UH Bristol score	Best Trust score	Difference
19. Did you feel threatened during your stay in hospital by other patients or visitors?	9.6	9.9	0.4
37. Were you given enough privacy when being examined or treated?	9.4	9.8	0.4
39. Do you think the hospital staff did everything they could to help control your pain?	8.8	9.3	0.6
25. Did you have confidence and trust in the doctors treating you?	9.0	9.6	0.6
8. In your opinion, had the specialist you saw in hospital been given all of the necessary information about your condition or illness from the person who referred you?	9.0	9.6	0.6
36. Were you given enough privacy when discussing your condition or treatment?	8.6	9.2	0.6
57. Were you told how to take your medication in a way you could understand?	8.7	9.4	0.7
58. Were you given clear written or printed information about your medicines?	8.5	9.2	0.7
20. Were hand-wash gels available for patients and visitors to use?	9.3	10.0	0.7
11: Did you share a sleeping area, for example a room or bay, with patients of the opposite sex?	9.1	9.9	0.7
47. Before the operation or procedure, did the anaesthetist or another member of staff explain how he or she would put you to sleep or control your pain in a way you could understand?	8.9	9.6	0.8
67. Overall, did you feel you were treated with respect and dignity while in hospital?	9.0	9.7	0.8
7. Was your admission date changed by the hospital?	9.1	9.8	0.8
55. Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	8.7	9.4	0.8
28. Did you have confidence and trust in the nurses treating you?	8.7	9.5	0.8
40. How many minutes after you used the call button did it usually take before you got the help you needed?	6.7	7.5	0.8
17. In your opinion, how clean was the hospital room or ward that you were in?	9.0	9.8	0.8
18. How clean were the toilets and bathrooms that you used in hospital?	8.8	9.6	0.8
66. Were the letters written in a way that you could understand?	8.5	9.3	0.8
29. Did nurses talk in front of you as if you weren't there?	8.8	9.7	0.9
42. Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?	8.8	9.7	0.9
22. Were you offered a choice of food?	8.8	9.8	1.0
26. Did doctors talk in front of you as if you weren't there?	8.5	9.4	1.0
27. When you had important questions to ask a nurse, did you get answers that you could understand?	8.3	9.3	1.0
32. Were you involved as much as you wanted to be in decisions about your care and treatment?	7.6	8.6	1.0
24. When you had important questions to ask a doctor, did you get answers that you could understand?	8.3	9.3	1.0
68. Overall...	8.1	9.1	1.0
44. Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?	8.4	9.5	1.1
31. Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?	8.0	9.1	1.1
16. Were you ever bothered by noise at night from hospital staff?	8.1	9.2	1.1

[13] Please note that the CQC no longer provide a single report that directly compares UH Bristol with the national average in percentage terms.

	UH Bristol score	Best Trust score	Difference
3. While you were in the A&E Department, how much information about your condition or treatment was given to you?	8.3	9.4	1.1
45. Beforehand, were you told how you could expect to feel after you had the operation or procedure?	7.0	8.1	1.1
33. How much information about your condition or treatment was given to you?	8.1	9.2	1.2
48. After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?	7.7	9.0	1.3
64. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?	8.3	9.6	1.3
43. Beforehand, did a member of staff explain what would be done during the operation or procedure?	8.2	9.5	1.3
50. Were you given enough notice about when you were going to be discharged?	7.2	8.4	1.3
49. Did you feel you were involved in decisions about your discharge from hospital?	7.1	8.4	1.3
9. From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?	8.3	9.6	1.4
62. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	8.2	9.7	1.4
4. Were you given enough privacy when being examined or treated in the A&E Dept?	8.2	9.6	1.4
61. Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?	6.3	7.8	1.5
6. How do you feel about the length of time you were on the waiting list?	8.1	9.7	1.6
35. Do you feel you got enough emotional support from hospital staff during your stay?	7.2	8.9	1.6
14. While staying in hospital, did you ever use the same bathroom or shower area as patients of the opposite sex?	8.2	9.8	1.6
30. In your opinion, were there enough nurses on duty to care for you in hospital?	7.5	9.2	1.7
23. Did you get enough help from staff to eat your meals?	7.7	9.4	1.7
60. Did hospital staff take your family or home situation into account when planning your discharge?	7.1	8.8	1.7
53. How long was the delay?	7.6	9.4	1.8
54. Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?	7.4	9.2	1.8
34. Did you find someone on the hospital staff to talk to about your worries and fears?	6.3	8.1	1.9
63. Did hospital staff discuss with you whether you would need any additional equipment in your home, or any adaptations made to your home, after leaving?	7.5	9.4	2.0
59. Did a member of staff tell you about any danger signals you should watch for after you went home?	5.6	7.6	2.0
56. Did a member of staff tell you about medication side effects to watch for when you went home?	5.2	7.4	2.2
15. Were you ever bothered by noise at night from other patients?	6.3	8.7	2.4
21. How would you rate the hospital food?	5.6	8.2	2.6
65. Did you receive copies of letters sent between hospital doctors and your GP?	6.7	9.3	2.6
51 / 52. On the day you left hospital, was your discharge delayed for any reason?	6.2	8.9	2.7
70. Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?	2.9	5.9	3.0
69. During your hospital stay, were you ever asked to give your views on the quality of your care?	1.5	4.6	3.1

Appendix B: CQC Scoring Mechanism

For survey questions with two response options, the score is calculated in the same was as a percentage (i.e. the percentage of respondents ticking the most favourable response option). However, most of the national survey questions have three or more response options. In the CQC benchmark report, each one of these response options contributes to the calculation of the score.

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

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

The result is then calculated as (81+9)/10 = 9.0

As the survey score is using a relatively small sample to draw conclusions about the wider population, it is an estimate and has a quantifiable margin of error around it. In this particular case the margin of error is +/-0.3, meaning that we can be 95% certain that the "true" score for UH Bristol is somewhere between 8.7 and 9.3.

Conceptually, this is how the CQC classify Trust scores against the national average for each question:

1. Take the mean score across all trusts nationally (i.e. add up all of the Trust scores for this question, and divide this by the number of Trusts). The mean Trust score on the respect and dignity is 8.9
2. For each trust, use the margin of error in their data to give the expected range of scores for that trust. So, given UH Bristol's margin of error for this question is +/-0.3, and national mean score is 8.9, the CQC would expect UH Bristol's score to be between 8.6 and 9.2
3. UH Bristol's score, at 9.0, falls within this range and is therefore classified as being "about the same as most other trusts".

Appendix C: UH Bristol inpatient experience feedback mechanisms

UH Bristol has a proactive inpatient experience feedback programme. This allows the trust to generate "rapid-time" feedback from patients, to measure patient experience across the trust (down to ward-level), to gain an in-depth understanding about the experience of being a patient at UH Bristol, and to engage more widely with our local community.

Method	Purpose
The Friends & Family Test	Rapid-time feedback sought proactively from inpatients at discharge
Comments cards	Rapid-time feedback from patients and the public via comment cards available on wards / clinics
Postal survey programme (monthly inpatient / maternity surveys, annual outpatient survey)	Systematic, robust measurement of patient experience across the Trust, down to a ward level
Annual national patient surveys	To benchmark patient experience against other Trusts / national averages
Face2Face interview programme	Bi-monthly programme to explore inpatient experience themes with patients whilst they are still in our care. Trained volunteers carry out these interviews.
Focus groups, interviews, and engagement activities	In-depth understanding of patient experience for specific patient groups; patient and public involvement in service design, planning and change

Appendix D: Publication Timeline

The CQC National Inpatient Survey reports and the Trust's Local Analysis were released on the following timetable:

18/3/2014	Care Quality Commission (CQC) benchmark report released to the Trust under embargo
19/3/2014	Email from the Trust's Patient Experience Lead (surveys and evaluation) to the Trust's Executives providing the benchmark report and a summary of the key messages from it
8/4/2014	CQC reports released publicly
16/4/2014	Benchmark report and draft local analysis/action plan report reviewed by the Trust's Patient Experience Group
16/5/2014	Benchmark report, local analysis and action plan reviewed by the Senior Leadership Team committee
27/5/2014	Benchmark report, local analysis and action plan reviewed by the Quality and Outcomes Committee of the Trust Board
28/5/2014	Benchmark report, local analysis and action plan reviewed by the Trust Board

Patient survey report 2013

Survey of adult inpatients 2013

University Hospitals Bristol NHS Foundation Trust

Survey of adult inpatients 2013

Making patients' views count

National NHS patient survey programme
Survey of adult inpatients 2013

The Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England.

Our purpose is to make sure hospitals, care homes, dental and GP surgeries, and all other care services in England provide people with safe, effective, compassionate and high-quality care, and we encourage them to make improvements.

Our role is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety, and to publish what we find, including performance ratings to help people choose care.

Survey of adult inpatients 2013

To improve the quality of services that the NHS delivers, it is important to understand what patients think about their care and treatment. One way of doing this is by asking patients who have recently used their local health services to tell us about their experiences.

Information drawn from the survey will be used by the Care Quality Commission as part of our new Hospital Intelligent Monitoring. NHS England will use the results to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health will hold them to account for the outcomes they achieve. The Trust Development Authority will use the results to inform the quality and governance assessment as part of their Oversight Model for NHS Trusts.

The eleventh survey of adult inpatients involved 156 acute and specialist NHS trusts. We received responses from just over 62,400 patients, which is a response rate of 49%. Patients were eligible for the survey if they were aged 16 years or older, had spent at least one night in hospital and were not admitted to maternity or psychiatric units. Trusts were given the choice of sampling from June, July or August 2013. Trusts counted back from the last day of their chosen month, including every consecutive discharge, until they had selected 850 patients (or, for a small number of specialist trusts who could not reach the required sample size, until they had reached 1st January 2013). Fieldwork took place between September 2013 and January 2014.

Similar surveys of adult inpatients were also carried out in 2002 and from 2004 to 2012. They are part of a wider programme of NHS patient surveys, which cover a range of topics including maternity, outpatient and A&E services, ambulances, and community mental health services. To find out more about our programme and for the results from previous surveys, please see the links contained in the further information section.

Interpreting the report

This report shows how a trust scored for each question in the survey, compared with the range of results from all other trusts that took part. It uses an analysis technique called the '**expected range**' to determine if your trust is performing '**about the same**', '**better**' or '**worse**' compared with other trusts. For more information, please see the 'methodology' section below. This approach is designed to help understand the performance of individual trusts, and to identify areas for improvement.

A 'section' score is also provided, labelled S1-S10 in the 'section scores' on page 6. The scores for each question are grouped according to the sections of the questionnaire, for example, 'the hospital and ward,' 'doctors and nurses' and so forth.

This report shows the same data as published on the CQC website (www.cqc.org.uk/surveys/inpatient). The CQC website displays the data in a more simplified way, identifying whether a trust performed 'better,' 'worse' or 'about the same' as the majority of other trusts for each question and section.

Standardisation

Trusts have differing profiles of patients. For example, one trust may have more male inpatients than another trust. This can potentially affect the results because people tend to answer questions in different ways, depending on certain characteristics. For example, older respondents tend to report more positive experiences than younger respondents, and women tend to report less positive experiences than men. This could potentially lead to a trust's results appearing better or worse than if they had a slightly different profile of patients.

To account for this, we 'standardise' the data. Results have been standardised by the age, sex and method of admission (emergency or elective) of respondents to ensure that no trust will appear better or worse than another because of its respondent profile. This helps to ensure that each trust's age-sex-admission type profile reflects the national age-sex-admission type distribution (based on all of the respondents to the survey). It therefore enables a more accurate comparison of results from trusts with different profiles of patients. In most cases this will not have a large impact on trust results; it does, however, make comparisons between trusts as fair as possible.

Scoring

For each question in the survey, the individual (standardised) responses are converted into scores on a scale from 0 to 10. A score of 10 represents the best possible response and a score of zero the worst. The higher the score for each question, the better the trust is performing. It is not appropriate to score all questions in the questionnaire as not all of the questions assess the trusts in any way, for example, they may be descriptive questions such as Q1 asking respondents if their inpatient stay was planned in advance or an emergency; or they may be 'routing questions' designed to filter out respondents to whom following questions do not apply. An example of a routing question would be Q41 "During your stay in hospital, did you have an operation or procedure?"

Graphs

The graphs in this report display the range of scores achieved by all trusts taking part in the survey, from the lowest score achieved (left hand side) to the highest score achieved (right hand side). The black diamond shows the score for your trust. The graph is divided into three sections:

- If your trust's score lies in the orange section of the graph, its result is 'about the same' as most other trusts in the survey.
- If your trust's score lies in the red section of the graph, its result is 'worse' compared with most other trusts in the survey.
- If your trust's score lies in the green section of the graph, its result is 'better' compared with most other trusts in the survey.

The text to the right of the graph clearly states whether the score for your trust is 'better' or 'worse' compared with most other trusts in the survey. If there is no text the score is 'about the same.' These groupings are based on a rigorous statistical analysis of the data, as described in the following 'methodology' section.

Methodology

The categories described above are based on a statistic called the 'expected range' which is uniquely calculated for each trust for each question. This is the range within which we would expect a trust to score if it performed 'about the same' as most other trusts in the survey. The range takes into account the number of respondents from each trust as well as the scores for all other trusts. This means that where a trust is performing 'better' or 'worse' than the majority of other trusts, it is very unlikely to have occurred by chance.

In some cases there will be no red and/or no green area in the graph. This happens when the expected range for your trust is so broad it encompasses either the highest possible score (no green section) or the lowest possible score (no red section).

Please note that if fewer than 30 respondents have answered a question, no score will be displayed for this question (or the corresponding section). This is because the uncertainty around the result is too great.

A technical document providing more detail about the methodology and the scoring applied to each question is available on the CQC website (see further information section).

Tables

At the end of the report you will find tables containing the data used to create the graphs and background information about the patients that responded.

Scores from last year's survey are also displayed. The column called 'change from 2012' uses arrows to indicate whether the score for this year shows a statistically significant increase (up arrow), a statistically significant decrease (down arrow) or has shown no statistically significant change (no arrow) compared with 2012. A statistically significant difference means that the change in the results is very unlikely to have occurred by chance. Significance is tested using a two-sample t-test.

Where a result for 2012 is not shown, this is because the question was either new this year, or the question wording and/or the response categories have been changed. It is therefore not possible to compare the results as we do not know if any change is caused by alterations in the survey instrument, or variation in a trust's performance. Comparisons are also not able to be shown if your trust has merged with other trusts since the 2012 survey. Please note that comparative data is not shown for sections as the questions contained in each section can change year on year.

Notes on specific questions

Please note that a variety of acute trusts take part in this survey and not all questions are applicable to every trust. The section below details modifications to certain questions, in some cases this will apply to all trusts, in other cases only to applicable trusts.

All trusts

Q11 and Q13: The information collected by Q11 “When you were first admitted to a bed on a ward, did you share a sleeping area, for example a room or bay, with patients of the opposite sex?” and Q13 “After you moved to another ward (or wards), did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?” are presented together to show whether the patient has ever shared a sleeping area with patients of the opposite sex. The combined question is numbered in this report as Q11 and has been reworded as “Did you ever share a sleeping area with patients of the opposite sex?”

Please note that the information based on Q11 cannot be compared to similar information collected from surveys prior to 2006. This is due to a change in the questions’ wording and because the results for 2006 onwards have excluded patients who have stayed in a critical care area, which almost always accommodates patients of both sexes.

Q51 and Q52: The information collected by Q51 “On the day you left hospital, was your discharge delayed for any reason?” and Q52 “What was the main reason for the delay?” are presented together to show whether a patient’s discharge was delayed by reasons attributable to the hospital. The combined question in this report is labelled as Q52 and is worded as: “Discharge delayed due to wait for medicines/to see doctor/for ambulance.”

Q53: Information from Q51 and Q52 has been used to score Q53 “How long was the delay?” This assesses the length of a delay to discharge for reasons attributable to the hospital.

Trusts with female patients only

Q11, Q13 and Q14: If your trust offers services to women only, a trust score for Q11 "Did you ever share a sleeping area with patients of the opposite sex?" and Q14 "While staying in hospital, did you ever use the same bathroom or shower area as patients of the opposite sex?" is not shown.

Trusts with no A&E Department

Q3 and Q4: The results to these questions are not shown for trusts that do not have an A&E Department.

Further information

The full national results are on the CQC website, together with an A to Z list to view the results for each trust (alongside the technical document outlining the methodology and the scoring applied to each question):
www.cqc.org.uk/Inpatientsurvey2013

The results for the adult inpatient surveys from 2002 to 2012 can be found at:
http://www.nhssurveys.org/surveys/425

Full details of the methodology of the survey can be found at:
http://www.nhssurveys.org/surveys/705

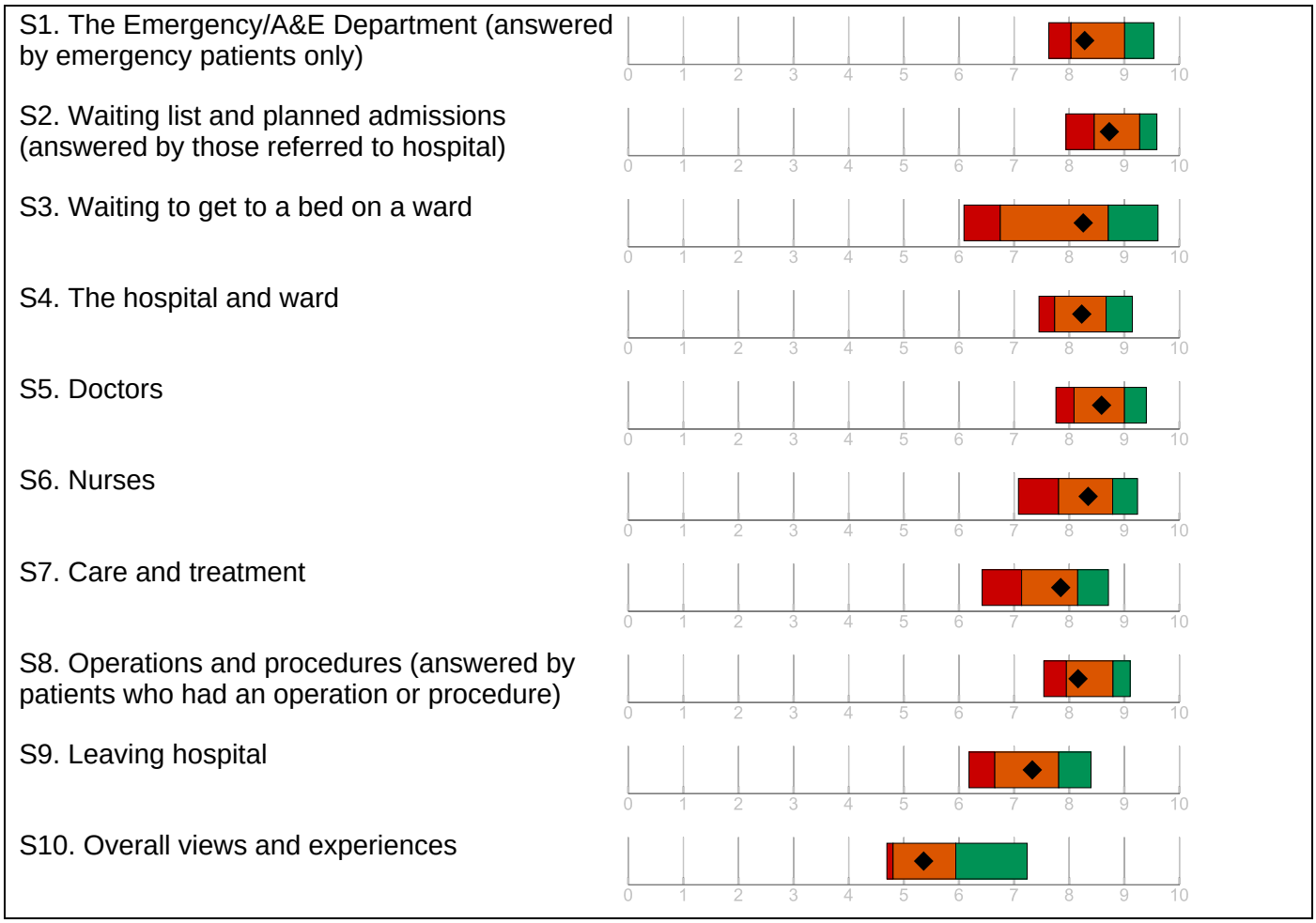
More information on the programme of NHS patient surveys is available at:
www.cqc.org.uk/public/reports-surveys-and-reviews/surveys

More information about how CQC monitors hospitals is available on the CQC website at:
http://www.cqc.org.uk/public/hospital-intelligent-monitoring

Survey of adult inpatients 2013

University Hospitals Bristol NHS Foundation Trust

Section scores



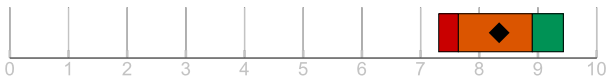
Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
Worst performing trusts		

Survey of adult inpatients 2013

University Hospitals Bristol NHS Foundation Trust

The Emergency/A&E Department (answered by emergency patients only)

Q3. While you were in the A&E Department, how much information about your condition or treatment was given to you?



Q4. Were you given enough privacy when being examined or treated in the A&E Department?

Worse

Waiting list and planned admissions (answered by those referred to hospital)

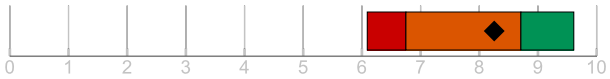
Q6. How do you feel about the length of time you were on the waiting list?

Q7. Was your admission date changed by the hospital?

Q8. Had the hospital specialist been given all necessary information about your condition/illness from the person who referred you?

Waiting to get to a bed on a ward

Q9. From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?



Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
Worst performing trusts		

Survey of adult inpatients 2013
University Hospitals Bristol NHS Foundation Trust

The hospital and ward

Q11. Did you ever share a sleeping area with patients of the opposite sex?

Q14. Did you ever use the same bathroom or shower area as patients of the opposite sex?

Q15. Were you ever bothered by noise at night from other patients?

Q16. Were you ever bothered by noise at night from hospital staff?

Q17. In your opinion, how clean was the hospital room or ward that you were in?

Q18. How clean were the toilets and bathrooms that you used in hospital?

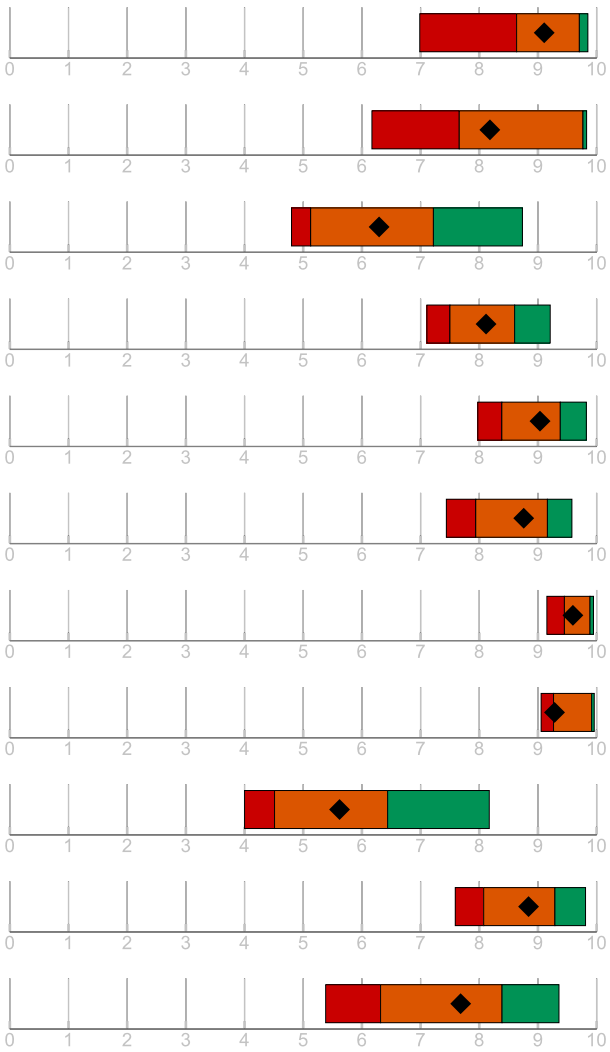
Q19. Did you feel threatened during your stay in hospital by other patients or visitors?

Q20. Were hand-wash gels available for patients and visitors to use?

Q21. How would you rate the hospital food?

Q22. Were you offered a choice of food?

Q23. Did you get enough help from staff to eat your meals?

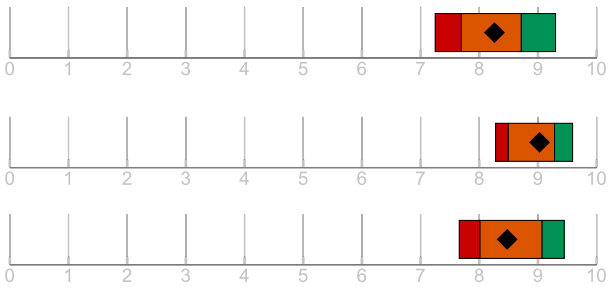


Doctors

Q24. When you had important questions to ask a doctor, did you get answers that you could understand?

Q25. Did you have confidence and trust in the doctors treating you?

Q26. Did doctors talk in front of you as if you weren't there?



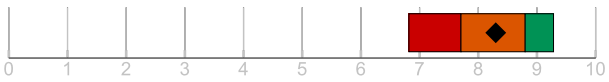
Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
Worst performing trusts		

Survey of adult inpatients 2013

University Hospitals Bristol NHS Foundation Trust

Nurses

Q27. When you had important questions to ask a nurse, did you get answers that you could understand?



Q28. Did you have confidence and trust in the nurses treating you?

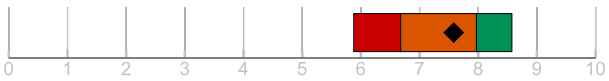
Q29. Did nurses talk in front of you as if you weren't there?

Q30. In your opinion, were there enough nurses on duty to care for you in hospital?

Care and treatment

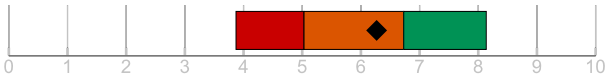
Q31. Did a member of staff say one thing and another say something different?

Q32. Were you involved as much as you wanted to be in decisions about your care and treatment?

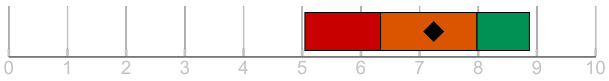


Q33. How much information about your condition or treatment was given to you?

Q34. Did you find someone on the hospital staff to talk to about your worries and fears?

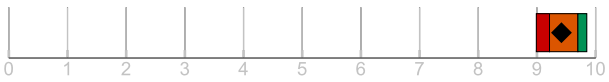


Q35. Do you feel you got enough emotional support from hospital staff during your stay?

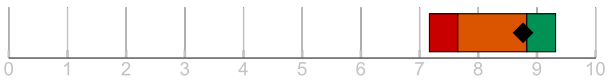


Q36. Were you given enough privacy when discussing your condition or treatment?

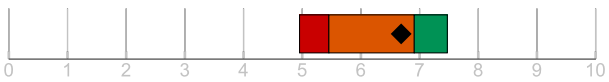
Q37. Were you given enough privacy when being examined or treated?



Q39. Do you think the hospital staff did everything they could to help control your pain?



Q40. After you used the call button, how long did it usually take before you got help?



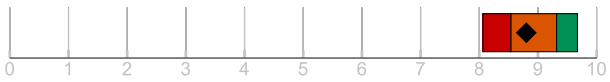
Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
Worst performing trusts		

Survey of adult inpatients 2013

University Hospitals Bristol NHS Foundation Trust

Operations and procedures (answered by patients who had an operation or procedure)

Q42. Did a member of staff explain the risks and benefits of the operation or procedure?



Q43. Did a member of staff explain what would be done during the operation or procedure?

Q44. Did a member of staff answer your questions about the operation or procedure?

Q45. Were you told how you could expect to feel after you had the operation or procedure?

Q47. Did the anaesthetist or another member of staff explain how he or she would put you to sleep or control your pain?

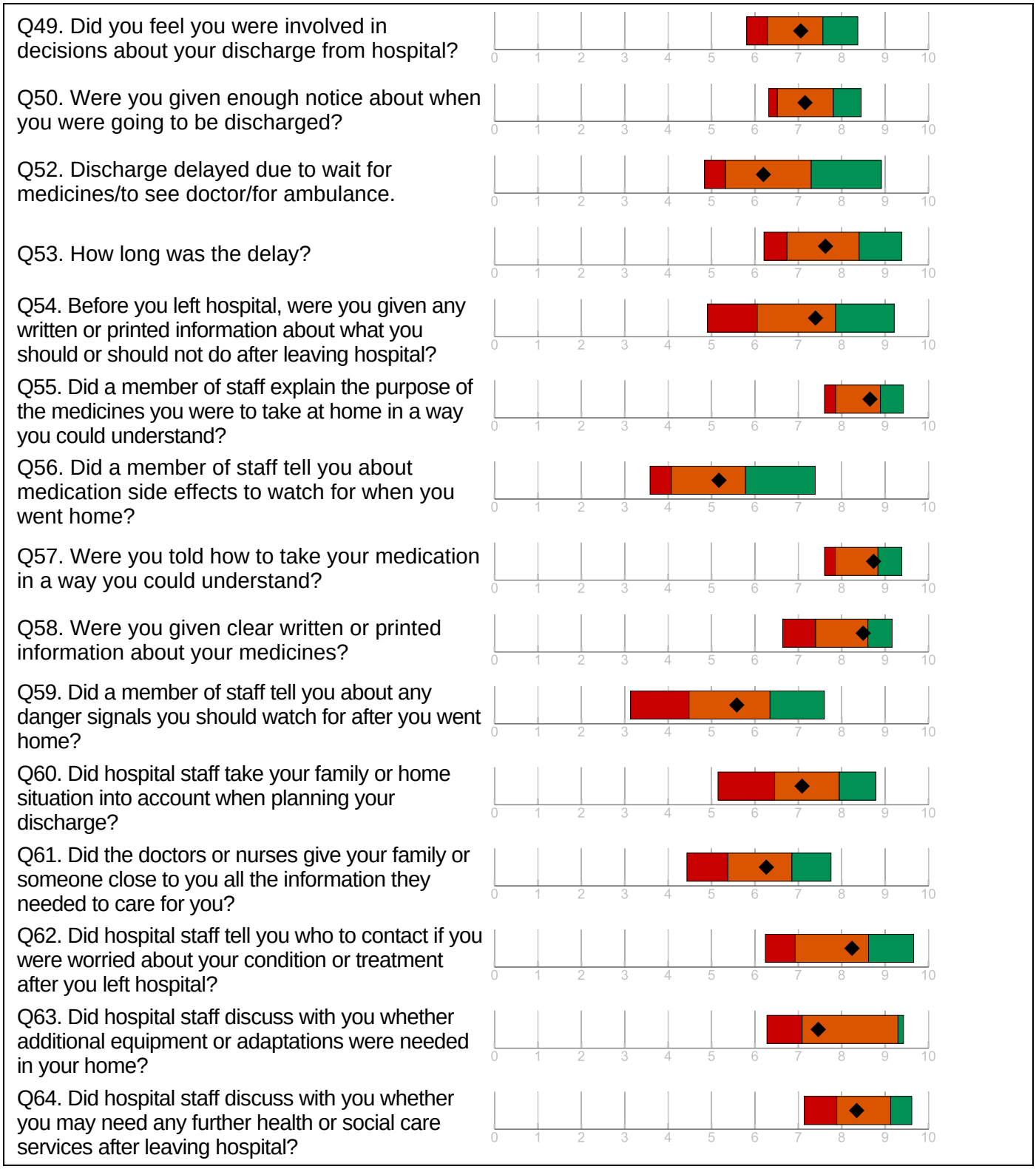
Q48. Afterwards, did a member of staff explain how the operation or procedure had gone?

Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
Worst performing trusts		

Survey of adult inpatients 2013

University Hospitals Bristol NHS Foundation Trust

Leaving hospital



Best performing trusts

About the same

Worst performing trusts

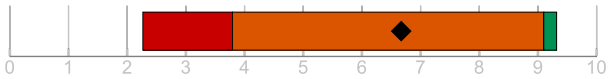
'Better/Worse' Only displayed when this trust is better/worse than most other trusts

◆ This trust's score (NB: Not shown where there are fewer than 30 respondents)

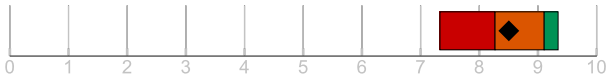
Survey of adult inpatients 2013

University Hospitals Bristol NHS Foundation Trust

Q65. Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?



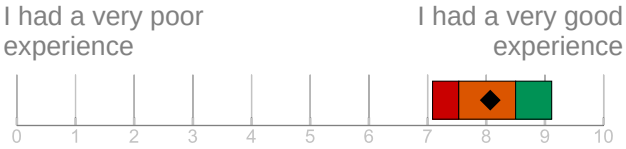
Q66. Were the letters written in a way that you could understand?



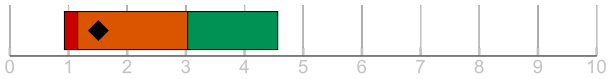
Overall views and experiences

Q67. Overall, did you feel you were treated with respect and dignity while you were in the hospital?

Q68. Overall...



Q69. During your hospital stay, were you ever asked to give your views on the quality of your care?



Q70. Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?

Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
Worst performing trusts		

Survey of adult inpatients 2013

University Hospitals Bristol NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2012 scores for this NHS trust	Change from 2012
The Emergency/A&E Department (answered by emergency patients only)							
S1	Section score	8.3	7.6	9.5			
Q3	While you were in the A&E Department, how much information about your condition or treatment was given to you?	8.3	7.3	9.4	186	8.1	
Q4	Were you given enough privacy when being examined or treated in the A&E Department?	8.2	7.7	9.6	206	8.8	
Waiting list and planned admissions (answered by those referred to hospital)							
S2	Section score	8.7	7.9	9.6			
Q6	How do you feel about the length of time you were on the waiting list?	8.1	6.6	9.7	183	8.7	
Q7	Was your admission date changed by the hospital?	9.1	8.3	9.8	181	9.3	
Q8	Had the hospital specialist been given all necessary information about your condition/illness from the person who referred you?	9.0	7.7	9.6	179		
Waiting to get to a bed on a ward							
S3	Section score	8.3	6.1	9.6			
Q9	From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?	8.3	6.1	9.6	418	8.1	

↑ or ↓	Indicates where 2013 score is significantly higher or lower than 2012 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2012 data is available.

Survey of adult inpatients 2013

University Hospitals Bristol NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2012 scores for this NHS trust	Change from 2012
The hospital and ward							
S4	Section score	8.2	7.5	9.1			
Q11	Did you ever share a sleeping area with patients of the opposite sex?	9.1	7.0	9.9	296	9.2	
Q14	Did you ever use the same bathroom or shower area as patients of the opposite sex?	8.2	6.2	9.8	368	8.5	
Q15	Were you ever bothered by noise at night from other patients?	6.3	4.8	8.7	416	6.6	
Q16	Were you ever bothered by noise at night from hospital staff?	8.1	7.1	9.2	411	8.4	
Q17	In your opinion, how clean was the hospital room or ward that you were in?	9.0	8.0	9.8	415	9.0	
Q18	How clean were the toilets and bathrooms that you used in hospital?	8.8	7.4	9.6	405	8.8	
Q19	Did you feel threatened during your stay in hospital by other patients or visitors?	9.6	9.2	9.9	415	9.8	
Q20	Were hand-wash gels available for patients and visitors to use?	9.3	9.1	10.0	399	9.3	
Q21	How would you rate the hospital food?	5.6	4.0	8.2	388	5.6	
Q22	Were you offered a choice of food?	8.8	7.6	9.8	410	8.5	
Q23	Did you get enough help from staff to eat your meals?	7.7	5.4	9.4	109	7.2	
Doctors							
S5	Section score	8.6	7.8	9.4			
Q24	When you had important questions to ask a doctor, did you get answers that you could understand?	8.3	7.2	9.3	382	8.4	
Q25	Did you have confidence and trust in the doctors treating you?	9.0	8.3	9.6	417	9.3	
Q26	Did doctors talk in front of you as if you weren't there?	8.5	7.7	9.4	416	8.8	
Nurses							
S6	Section score	8.3	7.1	9.2			
Q27	When you had important questions to ask a nurse, did you get answers that you could understand?	8.3	6.8	9.3	372	8.3	
Q28	Did you have confidence and trust in the nurses treating you?	8.7	7.3	9.5	417	8.9	
Q29	Did nurses talk in front of you as if you weren't there?	8.8	7.7	9.7	414	8.9	
Q30	In your opinion, were there enough nurses on duty to care for you in hospital?	7.5	5.9	9.2	416	7.9	

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Survey of adult inpatients 2013

University Hospitals Bristol NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2012 scores for this NHS trust	Change from 2012
Care and treatment							
S7	Section score	7.8	6.4	8.7			
Q31	Did a member of staff say one thing and another say something different?	8.0	7.3	9.1	418	8.2	
Q32	Were you involved as much as you wanted to be in decisions about your care and treatment?	7.6	5.9	8.6	414	7.5	
Q33	How much information about your condition or treatment was given to you?	8.1	6.4	9.2	419	8.2	
Q34	Did you find someone on the hospital staff to talk to about your worries and fears?	6.3	3.9	8.1	278	6.3	
Q35	Do you feel you got enough emotional support from hospital staff during your stay?	7.2	5.0	8.9	271	7.4	
Q36	Were you given enough privacy when discussing your condition or treatment?	8.6	7.6	9.2	415	8.6	
Q37	Were you given enough privacy when being examined or treated?	9.4	9.0	9.8	416	9.5	
Q39	Do you think the hospital staff did everything they could to help control your pain?	8.8	7.2	9.3	267	8.9	
Q40	After you used the call button, how long did it usually take before you got help?	6.7	5.0	7.5	266	6.4	
Operations and procedures (answered by patients who had an operation or procedure)							
S8	Section score	8.2	7.5	9.1			
Q42	Did a member of staff explain the risks and benefits of the operation or procedure?	8.8	8.1	9.7	272	8.8	
Q43	Did a member of staff explain what would be done during the operation or procedure?	8.2	7.7	9.5	274	8.6	
Q44	Did a member of staff answer your questions about the operation or procedure?	8.4	7.8	9.5	246	8.8	
Q45	Were you told how you could expect to feel after you had the operation or procedure?	7.0	6.1	8.1	279	7.2	
Q47	Did the anaesthetist or another member of staff explain how he or she would put you to sleep or control your pain?	8.9	8.3	9.6	228	8.8	
Q48	Afterwards, did a member of staff explain how the operation or procedure had gone?	7.7	6.9	9.0	278	7.9	

↑ or ↓	Indicates where 2013 score is significantly higher or lower than 2012 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2012 data is available.

Survey of adult inpatients 2013

University Hospitals Bristol NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2012 scores for this NHS trust	Change from 2012
Leaving hospital							
S9	Section score	7.3	6.2	8.4			
Q49	Did you feel you were involved in decisions about your discharge from hospital?	7.1	5.8	8.4	397	6.9	
Q50	Were you given enough notice about when you were going to be discharged?	7.2	6.3	8.4	415	7.3	
Q52	Discharge delayed due to wait for medicines/to see doctor/for ambulance.	6.2	4.8	8.9	393	5.7	
Q53	How long was the delay?	7.6	6.2	9.4	388	7.3	
Q54	Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?	7.4	4.9	9.2	407	6.8	
Q55	Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	8.7	7.6	9.4	328	8.4	
Q56	Did a member of staff tell you about medication side effects to watch for when you went home?	5.2	3.6	7.4	293	5.7	
Q57	Were you told how to take your medication in a way you could understand?	8.7	7.6	9.4	301	8.6	
Q58	Were you given clear written or printed information about your medicines?	8.5	6.6	9.2	319	8.1	
Q59	Did a member of staff tell you about any danger signals you should watch for after you went home?	5.6	3.1	7.6	321	6.1	
Q60	Did hospital staff take your family or home situation into account when planning your discharge?	7.1	5.1	8.8	282	7.3	
Q61	Did the doctors or nurses give your family or someone close to you all the information they needed to care for you?	6.3	4.4	7.8	281	6.8	
Q62	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	8.2	6.2	9.7	376	8.1	
Q63	Did hospital staff discuss with you whether additional equipment or adaptations were needed in your home?	7.5	6.3	9.4	102	8.0	
Q64	Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?	8.3	7.1	9.6	203	8.3	
Q65	Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?	6.7	2.3	9.3	373	6.8	
Q66	Were the letters written in a way that you could understand?	8.5	7.3	9.3	247	8.6	

↑ or ↓	Indicates where 2013 score is significantly higher or lower than 2012 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2012 data is available.

Survey of adult inpatients 2013

University Hospitals Bristol NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2012 scores for this NHS trust	Change from 2012
Overall views and experiences							
S10	Section score	5.4	4.7	7.2			
Q67	Overall, did you feel you were treated with respect and dignity while you were in the hospital?	9.0	7.9	9.7	407	9.2	
Q68	Overall...	8.1	7.1	9.1	390	8.2	
Q69	During your hospital stay, were you ever asked to give your views on the quality of your care?	1.5	0.9	4.6	362	0.8	↑
Q70	Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?	2.9	1.3	5.9	322	2.2	

↑ or ↓	Indicates where 2013 score is significantly higher or lower than 2012 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2012 data is available.

Survey of adult inpatients 2013
University Hospitals Bristol NHS Foundation Trust

Background information

The sample	This trust	All trusts
Number of respondents	425	62443
Response Rate (percentage)	52	49

Demographic characteristics	This trust	All trusts
Gender (percentage)	(%)	(%)
Male	54	46
Female	46	54
Age group (percentage)	(%)	(%)
Aged 16-35	9	7
Aged 36-50	11	12
Aged 51-65	25	24
Aged 66 and older	56	57
Ethnic group (percentage)	(%)	(%)
White	88	89
Multiple ethnic group	1	1
Asian or Asian British	2	3
Black or Black British	1	1
Arab or other ethnic group	0	0
Not known	8	6
Religion (percentage)	(%)	(%)
No religion	18	16
Buddhist	0	0
Christian	76	78
Hindu	1	1
Jewish	0	1
Muslim	2	2
Sikh	0	0
Other religion	2	1
Prefer not to say	1	2
Sexual orientation (percentage)	(%)	(%)
Heterosexual/straight	95	94
Gay/lesbian	1	1
Bisexual	1	0
Other	0	1
Prefer not to say	3	4

University Hospitals Bristol NHS
NHS Foundation Trust

Cover Sheet for a Report for a Public Trust Board Meeting, to be held on 28 May 2014 at 10:30 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

9. Implications of National Quality Board Guidance – A guidance to nurse, midwifery and care staffing. Capacity and Capability.

Purpose

The purpose of this paper is to brief board members on the Trust's assessment made against the 10 expectations set out in the Nurse Staff Guide "How to ensure the right people, with the right skills, are in the right place at the right time" published by the National Quality Board.

Abstract

Key Issues:

- Where the Trust is compliant with the new staffing expectations
- Where action is required by the Trust to become compliant with expectations; 1,2,3,7,8 which must be delivered by June 2014.
- A timescale for delivery of other expectations.

Recommendations

This report is recommended to the Board to note the information contained in this report and the actions the Trust is taking to ensure compliance with NQB expectations and NHS England's publication "Hard Truths".

Report Sponsor

Carolyn Mills, Chief Nurse
Helen Morgan, Deputy Chief Nurse

Appendices

1.0 Introduction

1.1 Since the Francis report (2013) there is a greater focus on ensuring that Trusts have the right size and shape of its nursing & midwifery workforce to meet the needs and expectations of its patients. Evidence, which wasn't always available, can now directly attribute failings in care and increased mortality rates to poorly staffed wards. Evidence also suggests that poorly staffed wards increase staff sickness, burnout and reduce staff well-being all which have a direct consequence on outcomes of care, including experience.

1.2 The emphasis on ensuring safe staffing levels has been reinforced with recent publications. In November 2013 The National Quality Board (NQB), sponsored by Jane Cummings, Chief Nursing Officer in England, published new guidance to support providers and commissioners to make the right decisions about nursing, midwifery and care staffing capacity and capability. The guide; outlines a set of expectations of providers and commissioners relating to staffing, and provides advice on how they can be met; signposts readers to existing evidence-based tools and resources, and provides examples of good practice; outlines individual responsibilities of different parts of the workforce in relating to staffing; describes approaches to organisations reporting on staffing levels on a monthly basis; and explains what national organisations will do to underpin the expectations.

1.3 In March 2014, following on from the NQB guidance, NHS England and the Care Quality Commission issued joint guidance to Trusts on the delivery of the 'Hard Truths' commitments associated with publishing staffing data regarding nursing, midwifery and care staff levels.

1.4 This report addresses UHB's response to the recommendations/expectations within these reports.

2.0 NQB expectations

2.1 National Quality Board publication "How to ensure the right people, with the right skills, are in the right place at the right time" (2013), sets out ten expectations aimed at NHS Trusts and Commissioners. The ten expectations are:

1. Boards take full responsibility for the quality of care provided to patients, as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability.
2. Processes are in place to enable staffing establishments to be met on a shift to shift basis.
3. Evidence based tools are used to inform nursing, midwifery and care staffing capacity and capability
4. Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns
5. A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments
6. Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties
7. Boards receive monthly updates on workforce information and staffing capacity and capability is discussed at a public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review.

8. NHS providers clearly display information about the nurses and midwives and care staff present on each ward, clinical setting, department or services on each shift.
9. Providers of NHS services take an active role in securing staff in line with their workforce requirements.
10. Commissioners actively seek assurance that the right people with the right skills are in the right place at the right time within the providers with whom they contract.

3.0 Response to National Quality Board's 10 expectations

Expectations/actions required by Trusts	Trust Response
1. Board takes full responsibility for the quality of care provided to patients and, as a key determinant of quality, and take full and collective responsibility for nursing, midwifery and core staffing capacity and capability	In place. The Trust has in place a process for setting and monitoring nurse staffing levels. The Board of Directors will receive six monthly updates from the Chief Nurse from June 2014 describing/evaluating staffing capacity and capability, following an establishment review, using evidence based tools (where possible). Staffing levels and patient acuity and dependency is currently monitored on an intermittent basis. An options appraisal is being undertaken to procure an IT package which will integrate with Trust's E-rostering system. This will monitor staffing levels and patient acuity and dependency continuously and provide an objective decision support tool for adjusting staffing skill mix/levels on a daily and over a longer time period. This data will support any establishment reviews.
2. Processes are in place to enable staffing establishments to be measured on a shift by shift basis.	There are a number of different processes in place to monitor shift by shift staffing: 1. ERoster 2. escalation procedures/policies 3. daily sitrep monitoring 4. risk based acuity and dependency scoring
3. Evidence based tools are used to inform nursing and midwifery and core staffing capacity and capability.	UHB is using the National Safer Nursing Care acuity tool, supported by other acuity and dependency tools in specialist areas.
4. Clinical and managerial leaders foster a culture of professionalism and responsiveness where staff feel able to raise concerns.	In place through; Trust policies, clinical leadership model, back to the floor, regular forums to meet senior staff, post-Francis listening exercise.
5. A multi-professional approach is taken when setting nursing, midwifery and care establishments	All relevant staff are involved and the Chief Nurse works directly with Heads of Nursing and their teams to review staffing establishments.

6. Nurses, midwives and care staff have sufficient times to fulfil responsibilities that are additional to the direct care duties.	All establishments have a built in uplift to cover study leave, sickness and annual leave. All ward sisters/charge nurses are in a supervisory role.
Action required by Trusts	**Trust Response**
7. Boards receive monthly updates on workforce Information and staffing capacity and capability is discussed at a public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review. The report must include the key points set out in the NBQ report page 12 and reflect a realistic expectation of the impact of staffing on a range of factors. This report: Draws on expert professional opinion and insight into local clinical need and context. Makes recommendations to the Board which are considered and discussed. Is presented to and discussed at the public Board meeting. Prompts agreement of actions which are recorded and followed up on. Is posted on the Trust's public website along with other public Board papers.	The first monthly report is scheduled for the June 2014 Board. The Trust will publish monthly from June 10th 2014, on NHS Choices website, the following this data at an individual ward/speciality and at Trust level. • The number of planned hours over the month of registered nurses/midwifes for the day and night shifts. • The number of planned hours over the month of care staff for the day and night shifts. • The number of actual hours over the month of registered nurses/midwifes for the day and night shifts. • The number of actual hours over the month of care staff for the day and night shifts.
8. NHS providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift. The displays should: Be in an area within the clinical area that is accessible to patients, their families and carers. Explain the planned and actual numbers of staff for each shift (registered and non-registered)	Plans are well underway to ensure boards are in place on each inpatient area to meet the specified requirements by June 2014

Detail who is in charge of the shift. Describe what each member of the team's role is. Be accurate.	
9. Providers of NHS services take an active role in securing staff in line with their workforce requirements	In place
10. Commissioners actively seek assurance that the right people, with the right skills are in the right place at the right time with the providers with whom they contract.	N/A As required UHB will be able to demonstrate to our commissioners the safe staffing assurance systems in place.

Recommendations

Board are asked to:

- note the information contained in this report.
- note the actions the Trust is taking to ensure compliance.
- note the additional level of external scrutiny on Trust staffing establishments, and No of unfilled shifts through displaying at ward level, via NHS choices and public trust board meetings staffing data.

References:

- How to ensure the right people, with the right skills are in the right place at the right time: A guide to nursing, midwifery and care staffing capacity and capability. National Quality Board October, 2013.
- Guidance issued on Hard Truths commitments regarding the publishing of staffing data. NHS England/Care Quality Commission, April 2014.
- Hard Truths: The journey to putting patients first. The Governments response to the Mid Staffordshire NHS Foundation Trust Public Inquiry, January 2014.
- Safe Staffing for nursing in adult inpatient wards in acute hospitals. Nice safe staffing guideline. Draft for consultation may 2014.

University Hospitals Bristol NHS
NHS Foundation Trust

**Cover Sheet for a Report for a Public Trust Board Meeting,
to be held on 28 May 2014 at 10:30 am
in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

10. Finance Report

Purpose

To report to the Board on the Trust's financial position and related financial matters which require the Board's **review.**

Abstract

The summary income and expenditure statement shows a deficit of £0.193m (before technical items) for the first month of the new financial year. This represents an adverse variance of £0.7m against plan. This is not unexpected due to the following factors that are in play.

- The Trust Operating Plan currently shows a £6m deficit
- Savings plans are not phased in equal twelfths
- Activity required to meet higher contracts has not yet been delivered

The key, therefore, is the extent to which the above three factors improve in the coming months. Included in the variance is an assumption on depreciation and reserves which will need to be re-assessed in Month 2. As ever, there must be a health warning about reporting a month 1 position due to the limited time to review the results due to the parallel production and auditing of accounts and the major changes in income targets. However, the quality of the month 1 management accounts has significantly increased over the years.

Recommendations

The Trust Board is recommended to receive this report by the Director of Finance and Information.

Executive Report Sponsor or Other Author

- Sponsor – Director of Finance and Information
- Other Author – Head of Finance

Appendices

- Appendix 1 – Summary Income and Expenditure Statement
- Appendix 2 – Divisional Income and Expenditure Statement
- Appendix 3 – Analysis of pay expenditure
- Appendix 4 – Executive Summary
- Appendix 5 – Summary of Divisional Variances and RAG Ratings
- Appendix 6 – Financial Risk Ratings
- Appendix 7 – Release of Reserves

Trust Board
28th May 2014
Agenda Item 10

REPORT OF THE FINANCE DIRECTOR

1. Overview

The summary income and expenditure statement shows a deficit of £0.193m (before technical items) for the first month of the new financial year.

This represents an adverse variance of £0.7m against plan. This is not unexpected due to the following factors that are in play.

- The Trust Operating plan currently shows a £6m deficit
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The key, therefore, is the extent to which the above three factors improve in the coming months. Included in the variance is an assumption on depreciation and reserves which will need to be re-assessed in Month 2. As ever, there must be a health warning about reporting a month 1 position due to the limited time to review the results due to the parallel production and auditing of accounts and the major changes in income targets. However, the quality of the month 1 management accounts has significantly increased over the years.

The results for April reflect the impact of the significant underperformance on the income from activities heading. The Trust's financial plan includes an increase of £15m on the potential level of income from commissioners in 2014/15. This is a combination of the consolidation of the over performance in 2013/14 into this year's contracts £8m and a further increase in activity for 2014/15 of £7m. Whilst Divisions are making progress in developing and implementing their plans to deliver a higher level of activity this will not be reflected in activity performance until later in the year. It is not surprising therefore to be reporting a significant level of underperformance on income budgets at this stage. Clearly progress will need to be closely monitored in the forthcoming Operational and Financial review meetings by executive directors with divisional management teams.

Linked to the increased income targets is the allocation of additional moneys to Divisions – the contracts transfer – to provide for a corresponding increase, where required, in staffing and non-pay budgets. This is the principal reason for the significant underspending shown against non-pay budgets. It should be noted, however, that divisions will be looking to vire moneys from their central non-pay reserve (where contract transfer funding is held and variances reported this month) to individual budgets in their respective divisions after sign-off by clinical chairs and divisional directors. This will lead to a change in the headline pay and non-pay variances in the first quarter.

As increases in planned activity hopefully come on stream we should expect to see an improvement against income from activities budgets and a corresponding increase in expenditure. For the Trust to maintain a sound financial position the income will need to increase at a faster rate than costs, particularly from July onwards.

The results to 30 April are reflected in the Trust's Risk Assessment Framework - Continuity of Services Risk Rating of 4 (actual 3.5). Further information on the financial risk rating is given in section 6 below and appendix 6.

The table below shows the Trust's income and expenditure position setting out the variances on the four main income and expenditure headings. This generates an overspending against divisional budgets of £0.885m. Detailed information and commentary for each Division is to be considered by the Finance Committee.

Divisional Variances	Variance to 30 April
	Fav/(Adv) £'000
Pay	(693)
Non Pay	1,390
Operating Income	21
Income from Activities	(791)
Sub Totals	(73)
Savings Programme	(812)
Totals	**(885)**

Pay budgets have an overspending of £0.693m in the month. The principal areas of concern are the overspending in Medicine, (£0.166m), Surgery, Head and Neck (£0.221m) and Women's and Children's (£0.120m). For the Trust as a whole, bank, agency, overtime and waiting list initiative and other payments totalled £1.65m in April which is disappointing given the level of nursing recruitment that has taken place.

N**on-pay budgets** show a favourable variance of £1.390m in the month. The underspending relate in the main to the proportion of contract transfer funding.

Operating Income budgets show a favourable variance of £21k for the month.

Income from Activities shows an adverse variance of £0.791m for April. Medicine reports a small over-performance for April. The other Divisions are behind plan at this stage but are working on actions to deliver the contract volumes for the year. It is concerning that the majority of under-performance is in elective and out-patient services.

The table below summarises the financial performance in April for each of the Trust's management divisions.

	Variance to 30 April
	Fav / (Adv) £'000
Diagnostic and Therapies	5
Medicine	(190)
Specialised Services	(87)
Surgery, Head and Neck	(457)
Women's and Children's	(335)
Estates and Facilities	2
Trust HQ	(15)
Trust Services	192
Totals	**(885)**

2. A summary of the main divisional budget changes in April is given at Appendix 7.

3. Savings Programme

The Trust's Savings Programme for 2014/15 is £20.771m. Savings of £0.919m have been realised for April (63.8% of Plan), a shortfall of £0.522m against divisional plans. The Finance Committee will receive a more detailed report on the Savings Programme under item 5.4 on this month's agenda.

	Savings Programme Performance to 30 April			1/12ths Phasing Adj Fav / (Adv)	Total Variance Fav / (Adv)
	Plan	Actual	Variance Fav / (Adv)		
	£'000	£'000	£'000	£'000	£'000
Diagnostics and Therapies	131	154	23	(16)	7
Medicine	182	70	(112)	(72)	(184)
Specialised Services	138	119	(19)	(82)	(101)
Surgery, Head and Neck	348	29	(319)	(62)	(381)
Women's and Children's	267	154	(113)	(31)	(144)
Estates and Facilities	84	89	5	(8)	(3)
Trust HQ	86	87	1	-	1
Other Services	205	217	12	(19)	(7)
Totals	**1,441**	**919**	**(522)**	**(290)**	**(812)**

4. Income

Contract income was £1.23m lower than plan in April. Activity based contract performance at £30.85m for April is £0.99m less than plan. Contract rewards / penalties at a net income of £0.75m have been assumed for this month's report to be in line with plan. Income of £4.95m for 'Pass through' payments is £0.24m lower than Plan.

Clinical Income by Worktype	**Plan**	**Actual**	**Variance**
	£'m	£'m	£'m
Activity Based			
Accident & Emergency	1.08	1.05	(0.03)
Emergency Inpatients	5.56	5.44	(0.12)
Day Cases	2.86	2.63	(0.23)
Elective Inpatients	3.92	3.62	(0.30)
Non-Elective Inpatients	1.39	1.39	-
Excess Bed days	0.55	0.55	-
Outpatients	5.11	4.79	(0.32)
Bone Marrow Transplants	0.68	0.91	0.23
Critical Care Bed days	3.38	3.20	(0.18)
Other	7.31	7.27	(0.04)
Sub Totals	**31.84**	**30.85**	**(0.99)**
Contract Rewards / Penalties	0.75	0.75	-
Pass through payments	5.19	4.95	(0.24)
Totals	**37.78**	**36.55**	**(1.23)**

5. Expenditure

In total, Divisions have overspent by £0.885m in April. The table given in section 1 (page 2) summarises the financial performance for each of the Trust's management divisions. Further analysis of the variances by pay, non-pay and income categories is given at Appendix 2.

Three divisions are red rated[1] for their financial performance for the year to date.

The **Division of Medicine** reports an adverse variance of £190k for April.

The Division has an overspend of £166k on pay this month. Nursing expenditure is overspent by £230k which is the most significant variance, this is caused by staff in post being higher than budgeted due to unfunded extra capacity wards and excess agency costs.

Non-pay budgets have a favourable variance of £124k in April. The favourable variance largely reflects an appropriate share of the contract transfer shown within non pay budgets but not yet allocated to appropriate subjective headings.

The Division reports a favourable variance of £18k in the month on its Operating Income budgets; this is related to research income.

Income from Activities has an over achievement of £18k in the month.

The Surgery, Head and Neck Division reports an adverse variance on its income and expenditure position of £0.457m for April.

Pay budgets have overspent by £221k in the month; this is in line with the operating plan variance. £185k is the underlying pay deficit and the remainder is small underspends on management budgets.

Non pay budgets are underspent by £319k in the month and this is due to the release of $1/12^{th}$ of the nonrecurring funded allocated to surgery and the release of reserves to offset contract underperformance. Clinical supplies are underspent by £87k due to low activity figures

Income from Activities shows a deficit variance of £243k. This is due to underperformance against target in ITU, ENT and T&O offset by over performance in other specialties.

Operating Income budgets show a favourable variance of £69k. This is primarily due to training income in the Dental School.

The Division of Women's and Children's Services reports an adverse variance on its income and expenditure position of £335k for April.

Pay budgets are overspent by £120k in the month as a result of overspendings in nursing areas particularly in Maternity and Children's services. The reason is currently being investigated.

Non-pay budgets show an underspending of £247k in the month this includes unallocated funding linked to the contract transfer which will be more appropriately issued in month 02.

Income from Activities shows an adverse variance of £308k for the month, there have been a wide range of unforeseen adverse income variances which are highlighted in the Divisional report.

Income from Operations show an adverse variance of £10k.

[1] Division has an annualised cumulative overspending greater than 1% of approved budget.

One Division is amber / red rated

Trust Headquarters Services report an overspending of £15k for April.

One Division is amber / green rated

The **Division of Specialised Services** reports an adverse variance on its income and expenditure position of £87k for April.

Pay budgets show an overspending of £34k for the month; this is due to overspends on nursing.

Non pay budgets show a favourable variance of £200k for the month. The key reason for this is the allocation of contract transfer funds.

Operating Income budgets show an adverse variance of £151k. There has been an underperformance on Cardiac Surgery by 18 cases in April due to high acuity of patients resulting in blockages in CICU beds and a reduction in capacity due to the reallocation of cardiac theatre sessions in the hybrid laboratory to cardiology. Cardiology activity has also underperformed due to temporary capacity reductions due to construction works.

The remaining two divisions are green rated.

The **Diagnostic and Therapies Division** reports an underspending for the month of £5k. The overspending in the month on pay and income from activities headings is offset by underspending on non-pay and operating income.

The Facilities and Estates Division reports an underspending for April of £2k.

6. Continuity of Service Risk Rating

The Trust's overall financial risk rating, based on results for the month ending 30 April is 4. The actual financial risk rating is 4.0 (March 4.00). The actual value for each of the metrics is given in the table below together with the bandings for each metric. Further information showing performance to date is given at Appendix 6.

	March	April	Annual Plan 2014/15
Liquidity			
Metric Performance	2.71	0.26	2.53
Rating	4	4	4
Capital Service Capacity			
Metric Performance	3.04	2.36	2.51
Rating	4	3	4
Overall Rating	**4**	**4**	**4**

7. Capital Programme

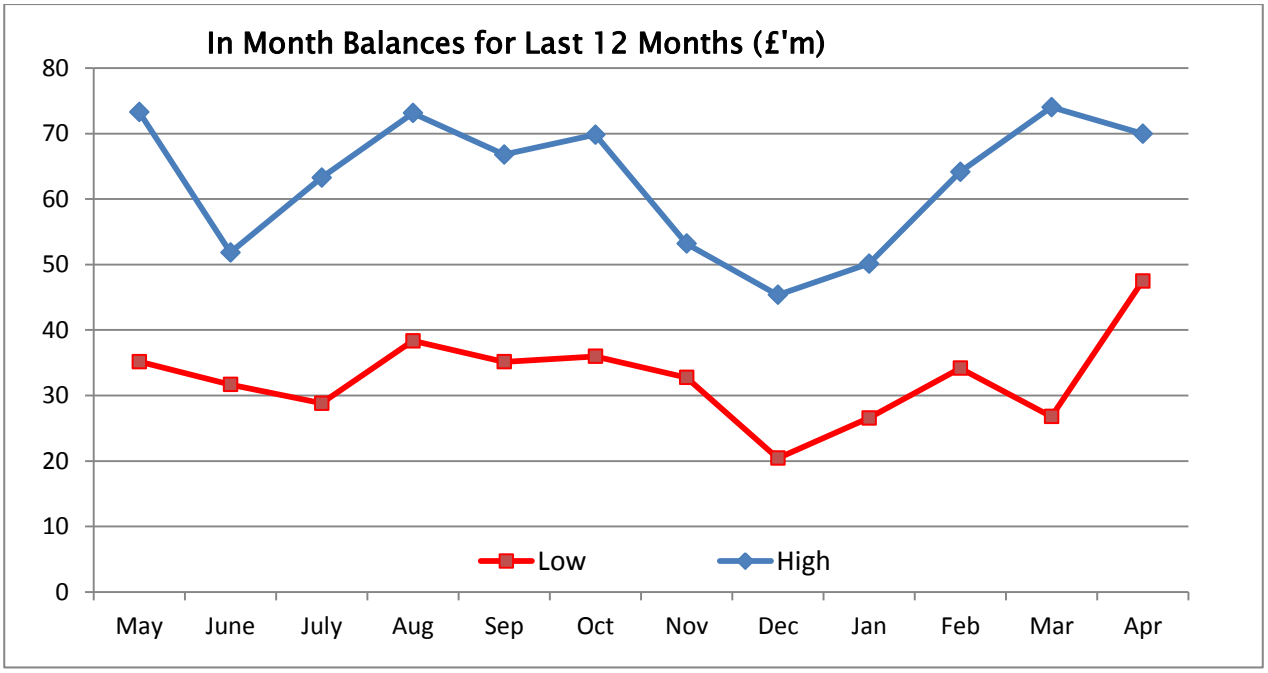
A summary of income and expenditure for the month ending 30 April is given in the table below. Expenditure for the period of £4.909m equates to 73% of the capital expenditure plan.

	Annual Plan	Month Ending 30 April		
		Plan	Actual	Variance Favourable / (Adverse)
	£'000	£'000	£'000	£'000
Sources of Funding				
Public Dividend Capital	2,625	-	-	-
Donations	8,588	-	-	-
Retained Depreciation	19,224	1,500	1,498	(2)
Prudential Borrowing	20,000	-	-	-
Sale of Property	700	-	-	-
Recovery of VAT	954	-	-	-
Cash balances	10,206	5,261	3,411	(1,850)
Total Funding	**62,297**	**6,761**	**4,909**	**(1,852)**
Expenditure				
Strategic Schemes	(33,120)	(4,569)	(2,983)	1,586
Medical Equipment	(5,648)	(1,500)	(1,498)	2
Information Technology	(8,807)	(342)	(245)	97
Roll Over Schemes	(2,958)	(100)	-	100
Operational / Other	(16,121)	(250)	(183)	67
Anticipated Slippage	4,357	-	-	-
Total Expenditure	**(62,297)**	**(6,761)**	**(4,909)**	**1,852**

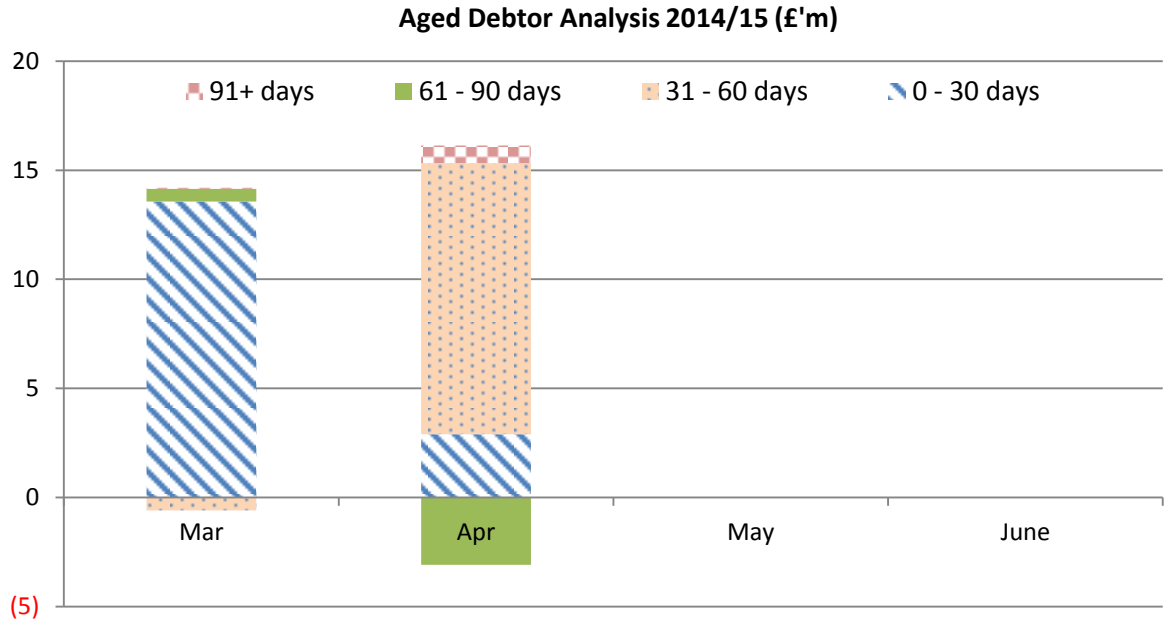
The Finance Committee is provided with further information on this under agenda item 6.

8. Statement of Financial Position (Balance Sheet) and Cashflow

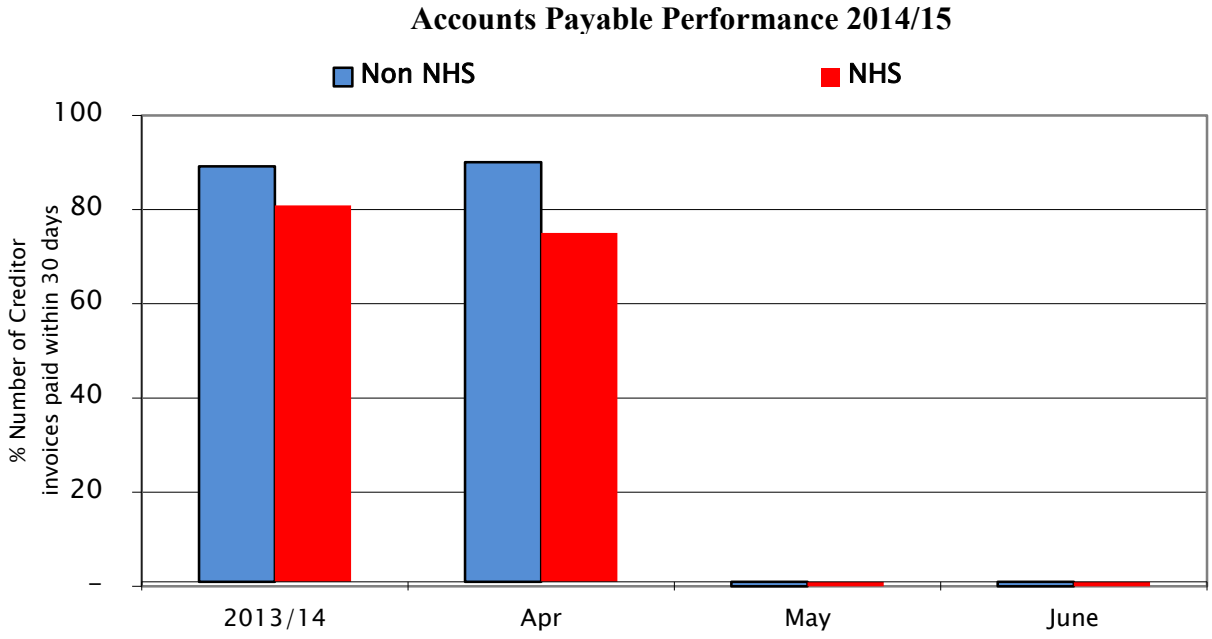
Cash - The Trust held a cash balance of £49.802m as at 30 April. The Trust is to draw down the £20m long term loan agreement with the Independent Trust Financing Facility in May.



Debtors - The total value of invoiced debtors has decreased by £0.569m during April to a closing balance of £13.049m. The total amount owing is equivalent to 8.8 debtor days.



Accounts Payable Payments - The Trust aims to pay at least 90% of undisputed invoices within 30 days. In April the Trust achieved 75% and 90% compliance against the Better Payment Practice Code for invoices paid for NHS and Non NHS creditors.



Attachments

Appendix 1 – Summary Income and Expenditure Statement
Appendix 2 – Divisional Income and Expenditure Statement
Appendix 3 – Monthly Analysis of Pay Expenditure 2014/15
Appendix 4 – Executive Summary
Appendix 5 – Financial Risk Matrix
Appendix 6 – Continuity of Service Risk Rating
Appendix 7 – Release of Reserves April 2014

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST
Finance Report April 2014 – Summary Income & Expenditure Statement

Approved Budget / Plan 2014/15	Heading	Position as at 30th April Plan	Actual	Variance Fav / (Adv)
£'000		£'000	£'000	£'000
	Income (as per Table I and E 2)			
487,012	From Activities	38,255	37,384	(871)
88,447	Other Operating Income	7,299	7,331	32
575,459	**Sub totals income**	**45,554**	**44,715**	**(839)**
	Expenditure			
(305,655)	Staffing	(25,925)	(26,810)	(885)
(192,225)	Supplies and Services	(16,415)	(15,684)	731
(497,881)	**Sub totals expenditure**	**(42,340)**	**(42,494)**	**(154)**
(39,851)	Reserves	(100)	–	100
37,727	**EBITDA**	**3,114**	**2,221**	**(893)**
6.56	**EBITDA Margin – %**		**4.97**	
	Financing			
502	Reserves	31	–	(31)
–	Profit/(Loss) on Sale of Asset	–	–	–
(20,901)	Depreciation & Amortisation – Owned	(1,741)	(1,500)	241
75	Interest Receivable	6	14	8
(338)	Interest Payable on Leases	(28)	(29)	(1)
(3,117)	Interest Payable on Loans	(220)	(220)	–
(8,147)	PDC Dividend	(679)	(679)	–
5,800	**NET SURPLUS / (DEFICIT) before Technical Items**	**483**	**(193)**	**(676)**
	Technical Items			
8,588	Donations & Grants (PPE/Intangible Assets)	–	–	–
(24,204)	Impairments	–	–	–
1,232	Reversal of Impairments	–	–	–
(1,219)	Depreciation & Amortisation – Donated	(102)	(68)	34
(9,803)	**SURPLUS / (DEFICIT) after Technical Items**	**381**	**(261)**	**(642)**

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST
Finance Report April 2014- Divisional Income & Expenditure Statement

Approved Budget / Plan 2014/15	Division	Total Net Expenditure / Income to Date	Variance [Favourable / (Adverse)]					Total Variance to date
			Pay	Non Pay	Operating Income	Income from Activities	CRES	
£'000		£'000	£'000	£'000	£'000	£'000	£'000	£'000
	Service Agreements							
479,438	Service Agreements	37,783	-	-	-	-	-	-
-	Overheads	-	-	-	-	-	-	-
39,161	NHSE Income	3,250	-	-	-	-	-	-
518,599	**Sub Total Service Agreements**	**41,033**	**-**	**-**	**-**	**-**	**-**	-
	Clinical Divisions							
(46,263)	Diagnostic & Therapies	(3,899)	(27)	48	54	(78)	8	5
(65,806)	Medicine	(5,476)	(166)	124	18	18	(184)	(190)
(79,724)	Specialised Services	(6,353)	(34)	200	(1)	(150)	(102)	(87)
(93,760)	Surgery Head & Neck	(8,385)	(221)	319	69	(243)	(381)	(457)
(94,485)	Women's & Children's	(8,400)	(120)	247	(10)	(308)	(144)	(335)
(380,038)	**Sub Total - Clinical Divisions**	**(32,513)**	**(568)**	**938**	**130**	**(761)**	**(803)**	**(1,064)**
	Corporate Services							
(33,020)	Facilities And Estates	(2,736)	(38)	72	(24)	(5)	(3)	2
(22,704)	Trust Services	(1,756)	55	(56)	(23)	-	1	(23)
(5,260)	Other	(1,829)	(142)	328	(62)	(25)	(7)	92
(60,984)	**Sub Totals - Corporate Services**	**(6,321)**	**(125)**	**344**	**(109)**	**(30)**	**(9)**	**71**
(441,022)	**Sub Total (Clinical Divisions & Corporate Services)**	**(38,834)**	**(693)**	**1,282**	**21**	**(791)**	**(812)**	**(993)**
(39,851)	Reserves	-	-	100	-	-	-	100
(39,851)	**Sub Total Reserves**	**-**	**-**	**100**	**-**	**-**	**-**	**100**
37,726	**Trust Totals Unprofiled**	**2,199**	**(693)**	**1,382**	**21**	**(791)**	**(812)**	**(893)**
	Financing							
502	Reserves/Profiling	-	-	(31)	-	-	-	(31)
-	(Profit)/Loss on Sale of Asset	-	-	-	-	-	-	-
(20,901)	Depreciation & Amortisation - Owned	(1,479)	-	241	-	-	-	241
75	Interest Receivable	14	-	8	-	-	-	8
(338)	Interest Payable on Leases	(29)	-	(1)	-	-	-	(1)
(3,117)	Interest Payable on Loans	(220)	-	-	-	-	-	-
(8,147)	PDC Dividend	(679)	-	-	-	-	-	-
(32,428)	**Sub Total Financing**	**(2,393)**	**-**	**217**	**-**	**-**	**-**	**217**
5,800	**NET SURPLUS / (DEFICIT) before Technical Items**	**(194)**	**(693)**	**1,599**	**21**	**(791)**	**(812)**	**(676)**
	Technical Items							
8,588	Donations & Grants (PPE/Intangible Assets)	-	-	-	-	-	-	-
(24,204)	Impairments	-	-	-	-	-	-	-
1,232	Reversal of Impairments	-	-	-	-	-	-	-
(1,219)	Depreciation & Amortisation - Donated	(68)	-	34	-	-	-	34
-	Profiling Adjustment	-	-	-	-	-	-	-
(15,603)	**Sub Total Technical Items**	**(68)**	**-**	**34**	**-**	**-**	**-**	**34**
(9,803)	**SURPLUS / (DEFICIT) after Technical Items**	**(262)**	**(693)**	**1,633**	**21**	**(791)**	**(812)**	**(642)**

Analysis of pay spend 2013/14 and 2014/15

Division		2013/14					2014/15	2011/12	2012/13	2013/14
		Q1 £'000	Q2 £'000	Q3 £'000	Q4 £'000	Total £'000	Apr £'000	Mthly Average £'000	Mthly Average £'000	Mthly Average £'000
Women's and Children's	Pay budget	18,004	18,254	18,456	18,764	73,478	6,188	5,651	5,896	6,123
	Bank	446	514	448	406	1,813	147	171	170	151
	Agency	323	534	254	287	1,398	88	66	123	117
	Waiting List initiative	53	109	122	81	365	18	13	14	30
	Overtime	18	47	73	88	226	27	4	5	19
	Other pay	17,093	17,209	17,690	18,119	70,112	6,047	5,464	5,635	5,843
	Total Pay expenditure	17,933	18,413	18,587	18,981	73,913	6,326	5,717	5,947	6,159
	Variance Fav / (Adverse)	71	(159)	(131)	(216)	(435)	(139)	(66)	(50)	(36)
Medicine	Pay budget	11,063	11,044	11,066	10,978	44,151	3,747	3,684	3,689	3,679
	Bank	938	817	771	779	3,305	251	256	286	275
	Agency	758	681	424	491	2,354	116	60	115	196
	Waiting List initiative	68	45	21	17	151	21	9	12	13
	Overtime	22	57	57	61	197	11	6	6	16
	Other pay	10,195	10,301	10,616	10,631	41,743	3,634	3,385	3,424	3,479
	Total Pay expenditure	11,982	11,901	11,889	11,979	47,751	4,034	3,715	3,842	3,979
	Variance Fav / (Adverse)	(919)	(856)	(823)	(1,002)	(3,600)	(287)	(30)	(154)	(300)
Surgery Head and Neck	Pay budget	17,682	17,750	17,767	17,728	70,927	5,899	5,676	5,774	5,911
	Bank	562	520	447	330	1,859	138	164	187	155
	Agency	186	369	156	97	808	60	48	82	67
	Waiting List initiative	223	550	372	249	1,394	121	60	91	116
	Overtime	29	108	186	162	485	37	12	12	40
	Other pay	17,068	17,276	17,399	17,451	69,195	5,800	5,374	5,623	5,766
	Total Pay expenditure	18,068	18,823	18,560	18,290	73,741	6,156	5,657	5,996	6,145
	Variance Fav / (Adverse)	(386)	(1,074)	(793)	(562)	(2,814)	(257)	19	(222)	(235)
Specialised Services	Pay budget	9,091	9,206	9,186	9,234	36,718	3,138	2,945	2,991	3,060
	Bank	263	314	311	296	1,184	88	79	89	99
	Agency	342	479	542	518	1,882	116	97	99	157
	Waiting List initiative	98	53	133	95	379	21	35	24	32
	Overtime	25	38	60	59	182	10	2	6	15
	Other pay	8,440	8,510	8,492	8,638	34,079	2,948	2,840	2,870	2,840
	Total Pay expenditure	9,167	9,394	9,538	9,606	37,705	3,184	3,053	3,089	3,142
	Variance Fav / (Adverse)	(76)	(189)	(352)	(371)	(988)	(45)	(108)	(98)	(82)

Analysis of pay spend 2013/14 and 2014/15

Division		2013/14					2014/15	2011/12	2012/13	2013/14
		Q1 £'000	Q2 £'000	Q3 £'000	Q4 £'000	Total £'000	Apr £'000	Mthly Average £'000	Mthly Average £'000	Mthly Average £'000
Diagnostic & Therapies	Pay budget	9,894	9,992	9,881	9,759	39,526	3,300	3,105	3,186	3,294
	Bank	96	91	65	54	306	16	43	33	26
	Agency	5	101	102	132	340	22	24	30	28
	Waiting List initiative	41	52	52	80	225	7	11	15	19
	Overtime	86	77	83	69	314	34	23	23	26
	Other pay	9,564	9,582	9,659	9,347	38,153	3,247	2,989	3,124	3,179
	Total Pay expenditure	9,792	9,904	9,961	9,682	39,339	3,326	3,089	3,225	3,278
	Variance Fav / (Adverse)	102	89	(80)	77	187	(26)	16	(40)	16
Facilities & Estates	Pay budget	4,706	4,531	4,611	4,586	18,435	1,535	1,583	1,553	1,536
	Bank	105	140	144	165	555	60	27	24	46
	Agency	109	75	74	88	346	21	117	98	29
	Waiting List initiative	0	0	0	0	0	0	0	0	0
	Overtime	253	254	205	183	895	93	95	94	75
	Other pay	4,161	4,136	4,079	4,021	16,397	1,399	1,319	1,329	1,366
	Total Pay expenditure	4,628	4,606	4,503	4,457	18,193	1,573	1,558	1,545	1,516
	Variance Fav / (Adverse)	78	(75)	108	129	242	(38)	24	8	20
Trust Services (Including R&I and Support Services)	Pay budget	6,480	6,717	8,160	8,135	29,492	2,118	2,240	2,204	2,458
	Bank	170	179	156	176	680	52	23	44	57
	Agency	80	86	108	102	375	64	20	11	31
	Waiting List initiative	0	0	0	0	0	0	(0)	0	0
	Overtime	30	19	20	45	114	11	12	15	9
	Other pay	6,029	6,221	7,472	7,703	27,425	2,083	2,156	2,030	2,285
	Total Pay expenditure	6,309	6,504	7,756	8,026	28,595	2,211	2,210	2,101	2,383
	Variance Fav / (Adverse)	171	213	404	109	897	(94)	30	103	75
Trust Total	Pay budget	76,920	77,494	79,127	79,184	312,726	25,925	24,885	25,292	26,060
	Bank	2,579	2,575	2,343	2,206	9,702	752	762	833	809
	Agency	1,805	2,325	1,660	1,715	7,506	488	432	558	625
	Waiting List initiative	483	809	700	522	2,514	188	128	156	210
	Overtime	463	599	684	667	2,413	223	153	162	201
	Other pay	72,549	73,235	75,409	75,911	297,103	25,159	23,525	24,035	24,759
	Total Pay expenditure	77,879	79,545	80,796	81,020	319,238	26,810	25,000	25,745	26,603
	Variance Fav / (Adverse)	(959)	(2,051)	(1,668)	(1,836)	(6,514)	(885)	(115)	(452)	(543)

NOTE: Other Pay includes all employer's oncosts.

Key Issue	RAG	Executive Summary	Table
Financial Risk Rating	G	The Trust's overall Continuity of Services financial risk rating for the month ending 30th April has been calculated to be 4 (actual score 3.5, March 4.0). The liquidity metric will show an improvement in May in light of the draw down of the £20m loan from the Independent Trust Financing Facility.	Agenda Item 5.1 App 6
Service Level Agreement Income and Activity	A	Contract income, in total, was £1.23m lower than plan in April. Activity based contract performance at £30.85m for the month is £0.99m less than plan. Contract rewards / penalties have been assumed to be in line with Plan for this month at £0.75m. 'Pass through' payments for the month total £4.95m and were £0.24m lower than Plan. An income analysis by commissioner is shown at Table INC 2. Information on clinical activity by Division, specialty and patient type is provided in table INC 3.	Agenda Item 5.2 INC 1
Savings Programme	R	The 2014/15 Savings Programme totals £20.771m. Actual savings achieved for April total £0.919m (64% of Plan before the 1/12ths phasing adjustment), a shortfall of £0.522m against divisional plans.	Agenda Item 5.4

Key Issue	RAG	Executive Summary	Table
Income and Expenditure	A	The deficit before technical items for the first month of 2014/15 is £0.193m. This represents an under performance of £0.676m when compared with the planned surplus to date of £0.483m. Total income of £44.715m is £0.839m lower than Plan. Expenditure at £42.494m is greater than Plan by £0.054m. Financing costs are £0.217m lower than Plan.	Agenda Item 5.3
D&T	G	£5k underspending in April. Shortfall on share of income from activities offset by underspendings on non pay and operating income.	
Med	R	Overspend for April @ £0.19m in line with Operating Plan shortfall of £1.9m. Causal factors are shortfall on savings programme @ £1.2m for year together with cost pressures @ £0.7m pa.	
Spec Serv	AG	Overspending of £87k in April as a result of non achieved savings (£102k) and underperformance on cardiac surgery (patient acuity and reduced theatre capacity) and cardiology (temporary capacity reductions).	
SH&N	R	Overspending for April @ £0.457m is £90k higher than proportion of Operating Plan shortfall. Income shortfall related to schemes to increase activity planned to come on stream later in the year, with partial offset on non pay.	
W&C	R	Overspending for April @ £0.335m is £211k higher than the proportion of Operating Plan shortfall. The main reason is a shortfall against SLA income targets of £308k (in some areas income targets are significantly higher than 2013/14 outturn, and an overspending on pay of £120k mainly relating to Children's nursing pay.	
F&E	G	Underspending of £2k reported for April.	
THQ	AR	Overspending of £15k for April – All departments except Trust HQ report small favourable variances. Trust HQ reports an adverse variance relating to three unfunded posts, cases for funding these posts are being prepared and it is expected that this will be resolved in month 02.	
Capital	A	Expenditure for April was £4.909m. This equates to 73% of the planned expenditure for the period.	Agenda Item 6
Statement of Financial Position and Treasury Management	G	The cash balance on 30th April was £49.802m. The balance on Invoiced Debtors has decreased by £0.569m in the month to £13.049m. The invoiced debtor balance equates to 8.8 debtor days. Creditors and accrual account balances total £67.714m with £2.059m relating to deferred income. Invoiced Creditors - payment performance for the month for Non NHS invoices and NHS invoices within 30 days was 90% and 75% respectively. Payment performance by invoice value is 84% for Non NHS and 93% for NHS invoices.	Agenda Item 7 SFP 1 SFP 2 SFP 3

Appendix 5

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

Finance Report April 2014 - Risk Matrix

Corporate Risk Register Ref.	Description of Risk	Risk if no action taken		Action to be taken to mitigate risk	Lead	Residual Risk		Progress / Completion
		Risk Score	Financial Value			Risk Score	Financial Value	
			£'m				£'m	
741	Savings Programme	High	10.0	Programme Steering Group established. Monthly Divisional reviews to ensure targets are met. Benefits tracked and all schemes risk assessed.	JR	High	6.0	Savings achieved of £0.919m = 53% of Plan to 30th April.
962	Delivery of Trust's Financial Strategy in changing national economic climate.	High	-	Long term financial model and in year monitoring of financial performance by Finance Committee and Trust Board.	PM	High	-	2014/15 Plans are very challenging
2116	Non delivery of contracted activity	High	10.0		JR	Medium	5.0	
1240	SLA Performance Fines	High	3.0	Regular review of performance.	DL	Medium	2.0	
	Commissioner Income challenges	Medium	3.0	Maintain reviews of data, minmise risk of bad debts	PM	Medium	2.0	
1858	Non receipt of pledges of charitable moneys to partly finance capital expenditure	Medium	2.0	Monitoring of capital expenditure. Maintain dialogue with respective trustees.	PM	Medium	1.0	
1623	Risk to UH Bristol of fraudulent activity.	Low	-	Local Counter Fraud Service in place. Pro active counter fraud work. Reports to Audit Committee.	PM	Low	-	

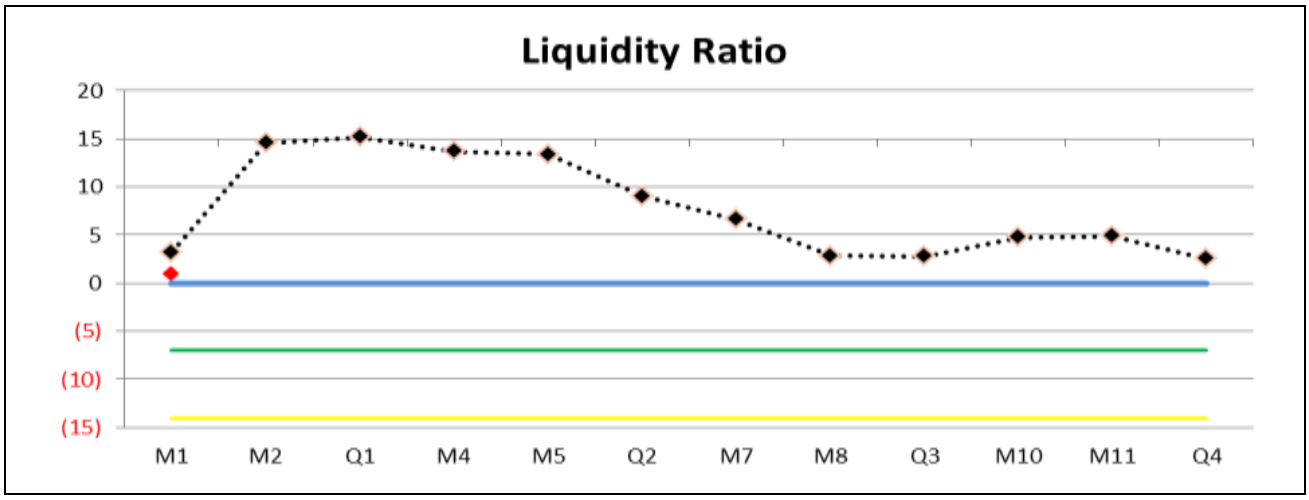
University Hospitals Bristol NHS
NHS Foundation Trust

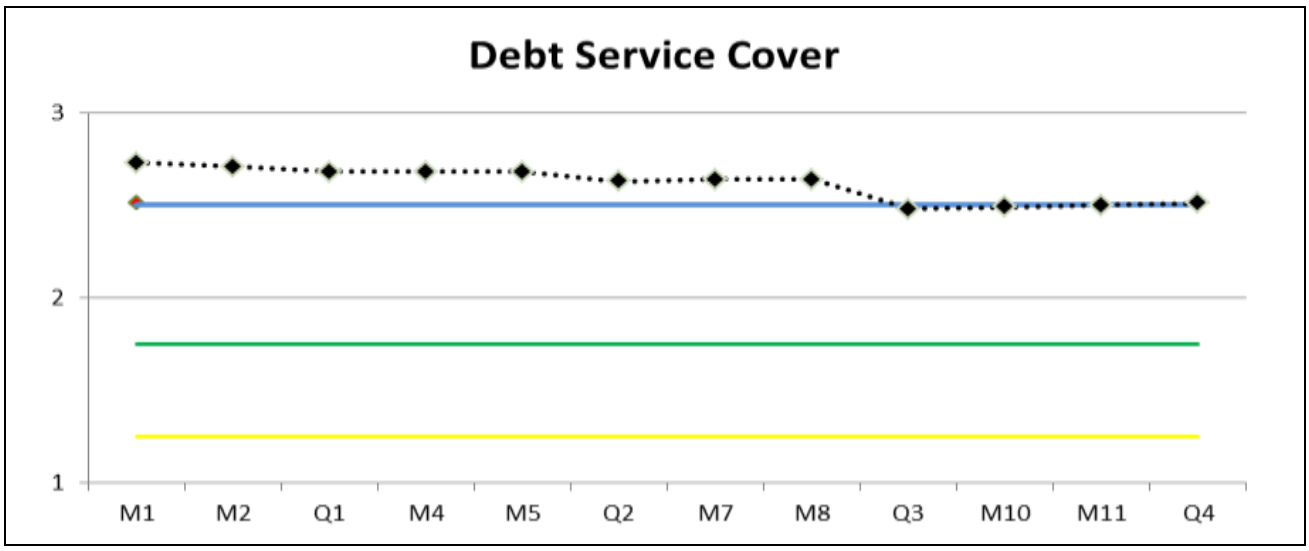
Appendix 6

Continuity of Service Risk Rating – April 2014 Performance

The following graphs show performance against the 2 Financial Risk Rating metrics which came into use from 1st October under the new Risk Assessment Framework. The 2014/15 Annual Plan is shown as the black line against which actual performance will be plotted in red. The metric ratings are shown for **FRR 4 (blue line)**; **FRR 3 (green line)** and **FRR 2 (yellow line)**.

	March 2014	Annual Plan 2014/15	April 2014
Liquidity			
Metric Performance	2.71	2.53	0.26
Rating	4	4	4
Debt Service Cover			
Metric Performance	3.04	2.51	2.36
Rating	4	4	3
Overall Rating	**4**	**4**	**4**





Release of Reserves 2014/15 **Appendix 7**

Significant Reserve Movements

	Contingency Reserve £'000	Inflation Reserve £'000	Operating Plan £'000	Savings Programme £'000	Other Reserves £'000	Non Recurring £'000	Totals £'000
Provision as per Resources Book	2,000	4,468	59,894	(108)	12,885	3,750	82,889
Adjustments to V7		(98)	5,339				5,241
Revised provision	2,000	4,370	65,233	(108)	12,885	3,750	88,130
2013/14 allocations post month 9	(69)				(552)		(621)
Cystic Fibrosis					(300)		(300)
Cancer drugs fund			(4,006)				(4,006)
COO fund	(200)						(200)
Contracts transfer			(22,320)				(22,320)
Liaison psychiatry			(143)				(143)
Support to Divisions			(6,000)				(6,000)
Maternity and CF pathways			(1,282)				(1,282)
CSIP					(990)	(368)	(1,358)
Transformation funding					(500)		(500)
Internal cost pressures						(447)	(447)
CQUINs			(115)				(115)
BRI redevelopment						(237)	(237)
R&D funding reduction	120		2,053				2,173
NI changes		261					261
Loan interest					(3,117)		(3,117)
Capital charges					(444)		(444)
Other	(50)	(100)	(91)	595	(91)		263
Internal reserve movements			1,960		(1,960)		-
Month 1 balance	1,801	4,531	35,289	487	4,931	2,698	49,737

Release of Reserves 2014/15 **Appendix 7**

Divisional Analysis

	Diagnostic & Therapies	Medicine	Specialised Services	Surgery, Head & Neck	Women's & Children's	Estates & Facilities	Trust Services	Other	Totals
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Provision as per Resources Book									
Adjustments to V7									
Revised provision									
2013/14 allocations post month 9	13	44	42	89	191	78	27	137	621
Cystic Fibrosis		300							300
Cancer drugs fund			4,006						4,006
COO fund							200		200
Contracts transfer	1,144	4,587	4,884	6,467	5,027	208	3		22,320
Liaison psychiatry		143							143
Support to Divisions	215	904	980	2,821	985	95			6,000
Maternity and CF pathways					1,282				1,282
CSIP							1,358		1,358
Transformation funding							500		500
Internal cost pressures						57	390		447
CQUINs							115		115
BRI redevelopment						237			237
R&D funding reduction								(2,173)	(2,173)
NI changes	(38)	(40)	(29)	(42)	(64)	(25)	(21)	(2)	(261)
Loan interest							3,117		3,117
Capital charges							444		444
Other	8	48	18	33	46	102	25	(543)	(263)
Internal reserve movements									
Month 1 balance	1,342	5,986	9,901	9,368	7,467	752	6,158	(2,581)	38,393

University Hospitals Bristol NHS
NHS Foundation Trust

Cover Sheet for a Report for the Public Trust Board Meeting, to be held on 28 May 2014 at 9:30 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Item 12 – Policy Review – Capital Investment Policy
Purpose
To present the Capital Investment Policy to the Board, for ratification, following approval by the Finance Committee.
Abstract
The Capital Investment Policy requires annual review and as such it has now been reviewed by the Capital Programme Steering Group (CPSG), Senior Leadership Team (SLT) and the Finance Committee and received approval.
Recommendations
The Board is recommended to **ratify** the policy, which has been approved by the Finance Committee at its May meeting.
Executive Report Sponsor
Director of Strategic Development, Deborah Lee.

Previous Meetings

Executive Team	Senior Leadership Team	Quality and Outcomes Committee	Finance Committee	Audit Committee	Other
	21 May 2014		23 May 2014		CPSG – 12 May 2014

University Hospitals Bristol NHS
NHS Foundation Trust

Finance Committee
23 May 2014
Agenda Item 9.1

CAPITAL INVESTMENT POLICY

Owner	Deborah Lee, Director of Strategic Development	
Version 8	12 May 2014	Submitted to Capital Programme Steering Group – 12 May 2014 Submitted to Senior Leadership Team – 21 May 2014 Submitted to Finance Committee – 23 May 2014 Submitted to Trust Board – 28 May 2014
Version 7	25 March 2013	Submitted to Capital Programme Steering Group – 11 February 2013 Submitted to Finance Committee – 25 March 2013
Version 6	03 February 2012	Submitted to and considered by the Trust Management Executive meeting on 15th February. Submitted to and considered by the Finance Committee meeting on 22nd March. To Trust Board for ratification 27 March.
Version 5	04 February 2011	To be submitted to Trust Executive Group 16 February 2011. To be submitted to Finance Committee to be approved for ratification by Trust Board 23 February 2011. To Trust Board for ratification 28 February 2011.
Version 4	15 October 2010	Submitted to Capital Prioritisation Group 19 October 2010. Submitted to Trust Executive Group 15 December 2010 for consideration.
Version 3	7 December 2009	Submitted to Trust Board for approval 22 December 2009
Version 2	18 July 2008	Submitted to Capital Prioritisation Group 16 July to note. Submitted to Trust Executive Group 23 July 2008 to support. Submitted to Trust Board for approval 29 July 2008
Version 1	24 June 2008	Draft considered at Trust Board 1 July 2008

1. PURPOSE

This policy sets out the governance arrangements for capital investments undertaken by the University Hospitals Bristol NHS Foundation Trust (UH Bristol).

The policy takes into account the best practice guidance issued by Monitor, particularly that contained in *Risk Evaluation for Investment Decisions by NHS Foundation Trusts (REID)* [Monitor, February 2006].

This policy will be subject to annual review by the Board of Directors.

2. SCOPE

The policy applies to capital investments by UH Bristol regardless of the source of funding. Charitably funded projects must be prepared and managed therefore in accordance with the policy.

Particular consideration is given to capital investments which impact on the Trust's Continuity of Services Risk Rating and are classed as major and / or high-risk accordingly.

The full definition of a major or high-risk investment is given in section 4.2.

3. INVESTMENT PHILOSOPHY AND OBJECTIVES

The Trust will invest in opportunities that are consistent with its purpose, vision and objectives.

The statutory and principal purpose of the Trust is the provision of goods and services for the health service in England.

In fulfilling its core purpose, the Trust's mission is to improve the health of the people we serve by delivering exceptional care, teaching and research every day. When appropriate, the Trust will make investment decisions in line with the Trust's business and service intent as set out in the Trust's Clinical Strategy, as summarised below:

- Our strategic intent is to provide excellent local, regional and tertiary services, and maximising the mutual benefit to our patients that comes from providing this range of services;
- Our focus for development remains our specialist portfolio and we aim to expand this portfolio where we have the potential to deliver exceptional, affordable healthcare;
- As a University teaching hospital, delivering the benefits that flow from combining teaching, research and care delivery will remain our key advantage. In order to retain this advantage, it is essential that we recruit, develop and retain exceptionally talented and engaged people;
- We will do whatever it takes to deliver exceptional healthcare to the people we serve and this includes working in partnership where it supports delivery of our goals, divesting or our sourcing services that others are better placed to provide and delivering new services where patients will be better served;
- The Trust's role in community service provision will be focused upon supporting our partners to meet the needs of our patients in a timely way, however, where our patients' needs are not being met, the Trust will provide or directly commission such services;
- Our patients – past, present and future - their families, and their representatives, will be central to the way we design, deliver and evaluate our services. The success of our vision to provide "High quality individual care, delivered with compassion" will be judged by them.

The investment policy sets out the criteria which will be used by the Trust to evaluate potential major and / or high risk capital investment decisions (defined in section 7).

The Trust will also take into account the financial, strategic, quality, operational, regulatory and reputational risk and benefit when evaluating potential investment decisions.

The Trust will not enter into any project that would result in a breach of the terms of its NHS Provider Licence.

4. CAPITAL BUDGET-SETTING

4.1 THE MEDIUM TERM CAPITAL PROGRAMME

The Board of Directors will approve both the size of the Medium Term Capital Programme, taking account of the approved long term financial plan, and the budget allocation between classes of investment in the programme, which will include at a minimum:

- Major strategic projects;
- Operational capital;
- Medical equipment;
- Other equipment;
- Information Technology; and
- Works replacement.

A capital planning process will be integrated into the annual business planning round which will determine the approval route for each class of investment.

The Trust will move towards establishing a rolling replacement programme for key assets.

Guidance will be made available about the process to be followed for each class of capital investment. The guidance will also make specific reference to the process for rapid preparation and approval of spend-to-save schemes.

4.2 IDENTIFICATION OF MAJOR OR HIGH RISK INVESTMENTS

A proposal will be classed as a major investment if its estimated capital cost including VAT exceeds 1% of Trust's turnover or £5.75million based on the 2014/15 plan of £575million.

In accordance with Monitor's REID, high risk investments are defined as:

- Transactions which trigger the requirement to inform Monitor. The criteria for reportable transactions are described in Annex 1; and
- Transactions that may have any one or more of the following characteristics:
    - Significant reputational risk;
    - The potential to destabilise the core business;
    - The creation of material contingent liabilities; and
    - An equity component involving shares.

4.3 BUSINESS CASE REQUIREMENTS

All investment proposals will be supported by relevant business case documentation according to the value of the proposed investment as shown in Table 1 below:

Scheme cost as % of Trust turnover	Documentation required
Up to 0.25%	Short-form business case
Between 0.25% and 1%	Comprehensive business case
More than 1%	Outline Business Case (OBC) and (subject to OBC approval) a Full Business Case (FBC)

Table 1: Thresholds for business case requirement

Any project requiring financial support for production of the appropriate business case prior to scheme approval must have an approved Project Initiation Document.

Detailed templates and guidance for each form of business case is available from the Director of Strategic Development.

4.4 PROJECT SPONSOR

Each capital investment proposal will require Executive Director support who will be the Project Sponsor.

The Project Sponsor is responsible for ensuring that the terms of the Capital Investment Policy and other Trust policies are followed and that business cases follow the appropriate approval route (see section 6).

5. FINANCE COMMITTEE

The Finance Committee will take the role of capital investment committee for the purposes of this policy. It will have delegated authority from the Trust Board for:

- Approving the investment and borrowing strategy and associated policies;
- Setting performance benchmarks and monitoring investment performance;
- Reviewing and revising the Capital Investment Policy on an annual basis for Board approval;
- Obtaining assurance that there is compliance throughout the Trust with the Capital Investment Policy;
- Approving capital investments according to the thresholds outlined in section 6.5 including ensuring that the Trust has the legal authority to enter into a particular investment; and
- Approving Project Initiation Documents for all schemes.

6. APPROVAL ROUTE

6.1 BOARD OF DIRECTORS

The Board will provide oversight of the Finance Committee. It will have the final decision over all major schemes (greater than 1% of the Trust's turnover) and high risk investments as defined in this policy.

The Board will approve the Capital Investment Policy on an annual basis.

6.2 FINANCE COMMITTEE

The Finance Committee will have delegated authority to approve business cases with a value greater than 0.5% and up to and including 1% of Trust turnover, which do not qualify as high risk investments.

It will report its approvals to the Trust Board including an account of the cumulative value of schemes approved in-year.

It will also consider all business cases classed as major and / or high risk and make recommendations for approval or rejection to the Board.

6.3 SENIOR LEADERSHIP TEAM

The Senior Leadership Team will have delegated authority to approve investments greater than 0.25% and up to and including 0.5% of turnover, which do not qualify as high risk investments.

It will report its approvals to the Finance Committee, including an account of the cumulative value of schemes approved in-year.

It will also consider schemes between 0.25% and 1.0% of Trust turnover and which do not qualify as high risk investments. It will make recommendations about these proposals to the Finance Committee.

The Senior Leadership Team may choose to delegate approval of capital investments to the Capital Programme Steering Group.

6.4 CAPITAL PROGRAMME STEERING GROUP

The Capital Programme Steering Group will report to the Senior Leadership Team.

The Group will be responsible for co-ordinating the capital planning process and issuing internal guidance, ensuring that the appropriate initiation and risk assessment documentation is in place for proposed schemes. It will make recommendations about proposals to the Senior Leadership Team and the Finance Committee in line with their respective approval rights. These recommendations will cover both approval of projects and the programming of related expenditure.

The Group will approve capital investments up to and including 0.25% and will report its approvals to the Senior Leadership Team.

The Capital Programme Steering Group will report performance against the capital programme both to the Finance Committee and the Senior Leadership Team.

6.5 SUMMARY

Table 2 shows the thresholds used to determine the business case requirement for schemes which fall within the definition of high risk and / or the definition of a major scheme (see section 4.2). It should be noted that the approval route is the same with all high risk and / or major schemes:

Threshold		Business Case format	Capital Programme Steering Group	Senior Leadership Team	Finance Committee	Trust Board	Council of Governors
Percentage of turnover %	Capital expenditure including VAT* £m						
>1%	>£5.75m	OBC + FBC	✓	✓	✓	✓	✓
>0.25% <=1%	>£1.44m <= £5.75m	Comprehensive					
<=0.25%	<=£1.44m	Short-form					

Table 2: Business case requirement and approval route (high risk or major capital schemes)

For schemes that fall outside of the definition of high risk and / or involve capital expenditure totalling 1% or less than the Trust's turnover of £575million, table 3 shows the thresholds, business case requirement and approval route:

Threshold		Business Case form	Capital Programme Steering Group	Senior Leadership Team	Finance Committee	Trust Board
Percentage of turnover	Capital expenditure including VAT* £m					
>0.5% <=1%	>£2.88m <= £5.75m	Comprehensive	✓	✓	✓	
>0.25% <=0.5%	>£1.44m <= £2.88m	Comprehensive	✓	✓		
<=0.25%	<=£1.44m	Short-form	✓			

Table 3: Business case requirement and approval route (all other)

7. EVALUATION

Business cases will be evaluated against explicit financial and non-financial criteria outlined below.

7.1 FINANCIAL CRITERIA

Proposals which are not classed as a major investment decision will be assessed for scheme affordability.

Business cases for major capital investment (over 1% of turnover) will be expected to demonstrate as a minimum a neutral recurring revenue position including financing costs as follows:

- 3.5% if internally funded or financed through Public Dividend Capital; or
- at the opportunity cost to the Trust of interest, if financed through borrowing.

The Board may choose to waive the requirement to deliver a neutral recurring revenue position where it deems that exceptional circumstances apply. Such circumstances may include mitigation against significant strategic, statutory, regulatory, operational or reputation risks or a desired investment in a quality improvement.

In this case, the Board will make the final investment decision itself, including explicit approval of the cross-subsidy arrangements which should apply to the capital investment in question.

7.2 NON-FINANCIAL CRITERIA

The following non-financial criteria will be used to evaluate all capital investment proposals.

Strategic Fit – the extent to which the proposed investment is consistent with the Trust's Clinical Strategy and strategic aims.

Magnitude / Scope – the scale of the proposed investment and the scope of the potential benefit.

Improving Quality – the extent to which the proposed investment delivers UH Bristol's Quality Objectives and improves patient care (Quality objectives are prioritised annually).

Risk Mitigation - the extent to which the proposed investment addresses existing or anticipated strategic, financial, operational, regulatory, and political or reputational risks.

Weightings will be applied to the scoring of investments against these criteria. The weightings will be formally agreed by the Trust Board as part of the annual review of the Capital Investment Policy. The weightings are shown in Table 4 below:

Criterion	Weighting
Strategic fit	25%
Magnitude / Scope of Benefit	25%
Improving Quality	25%
Risk mitigation	25%

Table 4: Thresholds for business case requirement

A scoring template for the non-financial appraisal of an investment is attached at Annex 2.

8. RISK MANAGEMENT

The non-financial evaluation criteria include risk mitigation and therefore take into account the risk of not entering into a proposed investment.

The Trust will also take into account the risk and return (both financial and non-financial) of making a proposed capital investment. The risks will be fully identified and assessed according to the Trust's standard risk assessment tool. A sample due diligence checklist from Monitor is attached at Annex 3.

The Trust will seek to quantify the risks of a proposed investment in financial terms wherever possible. Business cases for major capital investment will include a quantified risk and mitigation assessment.

The Trust will actively monitor the performance of its investments and ensure that adequate risk mitigation is in place.

9. APPENDICES

Annex 1 – Thresholds for reporting investments to Monitor.
Annex 2 – Scoring Matrix for non-financial evaluation for an investment.
Annex 3 – Simple due diligence checklist to inform risk assessment.

ANNEX 1

THRESHOLDS FOR REPORTING INVESTMENTS OR DIVESTMENTS TO MONITOR

Source: *Risk Assessment Framework*, Monitor, August 2013, appendix C update 24 April 2014

If a transaction meets any one of the criteria below, it must be reported to Monitor.

Ratio	Description	UK Healthcare	Non Healthcare
Assets	The gross assets* subject to the transaction divided by the gross assets of the foundation trust	> 10 %	> 5 %
Income	The income attributable to: • the assets; or • the contract associated with the transaction divided by the income of the foundation trust	> 10 %	> 5 %
Consideration to total NHS FT capital	The gross capital** or consideration associated with the transaction divided by the total capital*** of the foundation trust following completion.	> 10 %	> 25 %

* Gross assets are the total of fixed assets and current assets.
** Gross capital equals the market value of the target's shares and debt securities, plus the excess of current liabilities over current assets.
*** Total capital of the Foundation Trust equals tax payers equity.

Significant Transaction

All reportable transactions will be classified as either material or significant by Monitor. Monitor will classify a transaction as significant, and subject to a detailed review, if the transaction meets one of the following criteria:

- A relative size of greater than 40% in any of the tests set out above;
- A relative size of between 25% and 40% of the tests set out above and an additional risk factor has been identified by Monitor and is considered relevant;
- A relative size of between 10% and 25% of the tests set out above and in Monitor's view, one or more major risk or more than one other risk has been identified by Monitor and is considered re relevant.

A non-exhaustive list of examples of risk factors are set out below to provide an indication of what Monitor may consider to be a major risk or otherwise.

Risk factor	Example of major risk	Example of other risk
Leverage	Capital servicing capacity of the enlarged organisation is <1.75 (as defined in the *Risk Assessment Framework*)	Capital servicing capacity of the enlarged organisation is <2.5 (as defined in the *Risk Assessment Framework*)
Acquirer's experience of services provided by target	A significant change in scope of activity of acquirer	A minor change in scope of activity of acquirer
Acquirer quality	Governance at the acquirer is rated "red" or subject to narrative with a "formal investigation" underway	Governance at the acquirer is subject to narrative description of some concerns
Acquirer financial	Continuity of services risk rating of ≤2 in the acquirer	Continuity of services risk rating of 2*/3 in the acquirer
Target quality	Target is rated "inadequate" by CQC	Target is rated "requires improvement" by CQC
Target financial	Target has significant current and/or historical deficits	Target has minor current and/or historical deficits

SCORING MATRIX FOR NON-FINANCIAL EVALUATION OF AN INVESTMENT

SCORE	STRATEGY FIT		IMPROVING QUALITY	RISK MITIGATION
	Strategic Fit	Magnitude / Scope of Benefit*	Delivery of UH Bristol's Quality Objectives * and Patient Care	
5	Clear evidence that the case **delivers** a **specific & tangible** element of the Trust's Strategy	Small scale investment** / large benefit	Clear evidence that the case **delivers** a **specific & tangible** improvement to delivery of one or more Objectives*	**Extreme** risk score (15 to 25) as per Trust's Risk Assessment Matrix
4	Clear evidence that the case **directly drives** a **specific & tangible** element of the Trust's Strategy	Large scale investment*** / large benefit	Clear evidence that the case **directly drives** a **specific & tangible** improvement to delivery of one or more Objective*s	**High** risk score (8-12) as per Trust's Risk Assessment Matrix
3	Clear evidence that the case **directly drives** the delivery of the Trust's Strategy & Mission	Small scale investment** / moderate benefit	Clear evidence that the case **influences** improvements in delivery of one or more of the Objectives*	
2	Evidence that the case **influences** a **specific** part of or supports the wider delivery of the Trust's Strategy & Mission	Large scale investment*** / moderate benefit	Clear evidence the case **directly delivers** a specific and tangible improvement to patient care	**Moderate** risk score (4 to 6) as per Trust's Risk Assessment Matrix
1	Evidence that the case **influences** the delivery of the Trust's Strategy & Mission	Small scale investment** / limited benefit	Clear evidence that the case **directly drives** the Strategy on improving patient care	**Low** risk score (1 to 3) as per Trust's Risk Assessment Matrix
0	**No impact** on delivering the Trust's Strategy & Mission	Large scale investment*** / limited benefit	**No impact** on patient care improvements	**No risk**, score 0
Scores				
Total score				

*Quality Objectives and Magnitude / Scope: guidance to be developed and reviewed annually by Clinical Strategy Group
** Less than 0.25% of Trust turnover or £1.44m
*** More than 1% of Trust turnover or £5.75m

IT SHOULD BE NOTED THAT SOME INVESTMENTS WILL BE FUNDED WITHOUT RECOURSE TO THIS MATRIX. THESE WILL BE UNAVOIDABLE INVESTMENTS AND EXCEPTIONAL IN THEIR NATURE.

DUE DILIGENCE CHECKLIST TO INFORM RISK ASSESSMENT

Typical due diligence items

Type of process	Area	Example Items
Financial and commercial due diligence	▪ Strategy	▪ Rationale for how proposed investment will deliver value ▪ Strategic and business plans ▪ Business strengths and weaknesses ▪ Competitive dynamics
	▪ Finance	▪ Historical normalised earnings ▪ Most recent 5-year projection ▪ Key assumptions and sensitivity analysis ▪ Working capital strategy
	▪ Operations and manufacturing	▪ Business economics ▪ Customer and supplier relationships/contracts
	▪ Organisation and Management	▪ Management capabilities ▪ Organisation structure ▪ Systems integration ▪ Corporate culture and style
	▪ Research and development	▪ Key research efforts ▪ Research relationships and contracts
Tax and accounting due diligence	▪ Information technology	▪ Security and contingency plans ▪ Types of systems ▪ Outsourced services
	▪ Accounting	▪ Financial reporting systems ▪ Contribution margin ▪ Depreciation schedules
	▪ Finance	▪ Capital structure ▪ Covenants triggered by deal
	▪ Tax	▪ Tax liabilities from non-paid taxes ▪ Tax reserve
	▪ Insurance	▪ Claims history and policy status ▪ Contingent liabilities
Legal due diligence	▪ Corporate structure	▪ Shares outstanding and shareholder interests (if relevant) ▪ Legal entities
	▪ Legal	▪ Indemnification provisions ▪ Outstanding and pending limitation ▪ Licences, patents and trademarks
	▪ Labour	▪ Employment contracts and agreements ▪ Pension provisions and funding levels ▪ Non-paid benefits
	▪ Anti-competitive	▪ Potential anti-trust liabilities ▪ Potential remedies/outcomes
	▪ Environment	▪ Existing and future liabilities ▪ Successor liability ▪ Remediation plans

This is not an exhaustive list of areas to be covered within due diligence. The scope of due diligence will vary depending on the proposed transaction and should be discussed and agreed with the NHS foundation trust's professional advisers.

Source: *Risk Evaluation for Investment Decisions by NHS Foundation Trusts* Monitor, February 2006.

University Hospitals Bristol NHS
NHS Foundation Trust

**Cover Sheet for a Report for a Public Trust Board Meeting,
to be held on 28 May 2014 at 10:30am
in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

13. Governor's Log of Communications

Purpose

The purpose of this report is to provide the Council of Governors with an update on all open questions on the Governors' Log of Communications.

Abstract

The Governors' Log of Communications was established as a means of channelling communications between the governors and the officers of the Trust.
Four items have been entered onto the Governors' Log of Communications since the previous Public Board meeting. These can be seen in Appendix A.

Recommendations

The Trust Board is recommended to note this report by the Chairman

Executive Report Sponsor or Other Author

- Sponsor – Chairman

Appendices

- Appendix A – Governor Log – Items since the previous meeting.

ID Governor Name

93 Mani Chauhan **Title: Feasibility study for potential new car park**

Query 14/05/2014

There was mention of a potential new car park. I appreciate this is sensitive however is there a report or feasibility study on the proposal we can look at?

Will any future car park charges be capped and will they be set by a private operator?

Response 21/05/2014

The Trust Board will receive the Estates Strategy at its June Board which will confirm the intention to provide enhanced car parking provision on the campus. This strategy will seek Board support for an Outline Business Case to be developed by the end of September 2014 when further detail on the car park provision will be available.

Work to confirm the model of operation and charges has yet to be undertaken.

Status Responded

92 Clive Hamilton **Title: Guidance on nurse staffing levels**

Query 17/05/2014

Directors will be aware the The National Institute for Health and Care Excellence have recently issued guidance on nurse staffing levels. The recommended minimum level recommended is 1 nurse for every 8 patients. Are the Non-Executive Directors assured that this minimum level is met throughout the Trust and that nurse staffing is at a safe level in intensive care environments such as High Dependency? Do Non-Executive directors subscribe to the recommendation that the level of safe nursing cover in each ward should be displayed for visiting public and patient reference?

Response 21/05/2014

Pending.

Status Assigned to Executive Lead

91 Clive Hamilton **Title: Targets for 18-week wait time for non-admitted patients - Opthalmology and Paediatric Cardiology**

Query 07/05/2014

The action plans outlined in the Extraordinary board meeting on the 14th April contain an undertaking to bring the 18 week wait time for non-admitted patients back to 95% target by October 2014. There were 2 notable outliers - Ophthalmology and Paediatric Cardiology carried over to target achievement as late as January 2015. Have the Non-Executive Directors received assurance that this is the earliest date possible and if so, why is this?

Response 08/05/2014

Pending.

Status Assigned to Executive Lead

90 Clive Hamilton **Title: Progress of programme to rationalise and standardise in-house documentation**

Query 07/05/2014

When Alison Moon was Chief Nurse, there was a proposed programme to rationalise and standardise in house documentation to reduce confusion and the burden of document entry. Has this programme been completed and do the Non-Executive Directors have assurance that all administrative entry systems are standardised and necessary?

Response 16/05/2014

Some of this work has progressed – the programme is yet to be completed.

Status Responded

ID Governor Name

88 Wendy Gregory **Title: Self-medication**

Query 25/04/2014

[These are supplementary questions following Wendy Gregory's query about self-medication at the January Council of Governors meeting and the response from Stephen Brown, Head of Pharmacy, on 22/04/14.]

Thank you for this response. I am encouraged by the following points.
a) that self-medication, where appropriate is to be encouraged- How widespread is this practice at this stage -a question to note?
b) that patients' own medication can stay with them locked away for medical staffs administration if appropriate
c) there should not be a substantial time delay for new medication to be administered.
I would like to ask how one would define "substantial" as with certain drugs such as Amatrypcyline, Baclofen, Tramadol etc a delay can cause breakthrough of pain which is very difficult to get on top of and can cause a set-back to patients recovery and well being.

Response 16/05/2014

Self-medication:

We recognised in 2012 that the self-medication (or self-administration) process was not being suitably utilised as the Trust's stock of bedside medicines cabinets in many areas had deteriorated and so could not be used for this purpose. Pharmacy therefore led an operational capital proposal for 2013/14 to replace many of the bedside lockers in order to provide suitable cabinets that are fit for purpose, for safe storage of, and appropriate access to, patients medicines. Initially there were suitable cabinets available in some areas such as the Bristol Heart Institute, and so the other ward areas were prioritised and installation of the new cabinets has been progressed in three batches. The first two batches are installed, with good feedback from nursing staff and patients, and the third batch is being installed before the end of May. The wards were prioritised depending on the condition of their current storage for patients' own medicines. In phase 1 cabinets were provided to wards 10, 2, 61, and 15; phase 2 covered wards 5B, 6, 7, 9 and 11; phase 3 will cover wards 78, 11 and 4. Small numbers cabinets have also been provided to wards 100, 200 and 35. There has therefore been an important focus on enabling patient self-administration of medicines through provision of suitably designed hospital bedside medicines cabinets.

Some areas of the Trust that have suitable bedside medicines cabinets are routinely enabling patient self-administration of medicines, such as adult haematology on ward 62 and for Cystic Fibrosis patients on ward 54. All of the wards with new cabinets (detailed above) are using the process for some patients, but it has been recognised that this is still limited. Refresher sessions are therefore currently being scheduled in the coming weeks (being led by Pharmacy and the nursing staff who regularly enable self-administration) to ensure nursing staff are confident when applying the Trust policy and procedures. These sessions are focussing on the self-administration process and the nursing staff assessment of the capacity of patients to safely administer their own medicines.

Time delays:

We have a target that all medicines should be administered within 90 minutes of the specified prescribed time, apart from medicines for Parkinsons disease which should be administered at the actual time specified on the prescription.

Status Responded

87 Mani Chauhan **Title: Cancer treatment targets**

Query 15/04/2014

These questions refer to the matters discussed at the Extraordinary Board Meeting on Monday 14 April 2014.

Question 1: With regards to Cancer 62-day GP analysis. The opening statement reads "85% of patients referred by their GP with a suspected cancer to be treated within 62 days."
Where does this 62 day period come from - is it an overall NHS strategy?

Question 2: How do you define treated - actual treatment or do you mean "an appointment"?

Question 3: If it is actual treatment - how long does it take on average for a patient to be seen for an initial appointment to the hospital after that first GP referral where cancer is suspected? I'm concerned with how many sleepless nights a patient has to suffer before they know they have cancer or not.

Response 08/05/2014

Question 1: The 62 day target is nationally defined, and all NHS providers are expected to meet the target. The target (along with the other cancer waiting times targets) is laid out in the NHS Operating Framework and its importance is reinforced in the Department of Health policy 'Improving Outcomes: A Strategy for Cancer'

Question 2: The 62 day standard measures time from referral to start of treatment, not simply an appointment. There is extensive guidance from the Department of Health on how to apply the Cancer Waiting Times standards, including how to define a treatment. Usually a treatment is the start of an active treatment (surgery, chemotherapy or radiotherapy most commonly) or of palliative care/active monitoring if that is the only course of management being pursued.

Question 3: There is a separate standard for first appointments: a maximum of two weeks to first appointment after a suspected cancer 'fast track' referral from a GP is received. The national target is for this to be met for 93% patients. We consistently achieve this standard at UH Bristol and any 'breaches' are usually due to patients electing to wait longer than the two week period (which we cannot adjust for). In quarter 4 2013/14 the average (mean) waiting time from referral to first appointment for GP fast track referrals was 9.8 calendar days. We are currently working towards reducing the waiting time for first appointment down to one week (7 calendar days) for appropriate specialities, to further reduce the time for diagnosis and treatment, as well as improve patient experience. There will be some areas where this isn't appropriate, for example where patients attend 'one-stop' clinics that enable multiple tests on the same day, which is more convenient for the patient and usually results in a faster overall time to diagnosis.

Status Responded

ID Governor Name

86 Ken Booth **Title: On-street drop-off parking for volunteer drivers**

Query 14/04/2014

The Board will be aware that lengthy discussions with City Council officials lead by Bob Pepper, Director of Facilities and Estates, with a view to the provision of on-street patient drop-off spaces have been un-successful. With the full support of governors Lorna Watson and I have been pressing for spaces to be set aside on both Upper and Lower Maudlin streets, particularly adjacent to the BRI entrance (where there would be no obstruction to traffic) and opposite the Eye hospital entrance (where there are currently pay & display spaces).

This issue poses a serious problem for volunteer drivers in car schemes who bring the elderly and/or infirm to out-patient appointments, as well as to those of us who offer this facility to friends or neighbours on an informal basis. Parking tickets are frequently issued by over-zealous attendants, outside the BRI, which makes volunteer drivers reluctant to provide this service. Short-term (15 minute, parking ticket-free) drop-offs outside the Eye hospital are practically impossible.

Providing easy access to our hospitals should be a priority if we truly believe in our values. This must not be obstructed by red-tape and excuses put forward of council officials. I now ask our Non-Executive Directors to support a direct approach by Robert Woolley to the Mayor, with a view to solving this problem once and for all.

Response 13/05/2014

It is agreed by everyone that the dropping off provision for our city centre hospitals is less than ideal. The hospital sites are very constrained as they are largely covered with buildings, so we sought to discuss with Bristol City Council how the parking spaces on the public highway in and around the precinct could be better used. In addition, representatives of the various volunteer driver organisations sought to have these spaces identified for their exclusive use.

Discussions have taken place with the city council department responsible for the highway and who operate the statutory controls over parking across the city. This included site visits with their manager to look at each of the locations in Lower and Upper Maudlin Street as well as Horfield Road. Among other things we discussed the desirability of reducing the maximum period of stay, to increase turnover and in effect permit more people to make short duration stops outside the hospitals.

The outcome of the discussion and site visits was then considered internally within the Transport Department and fed back to the Trust at a meeting with their manager.

What was then advised to us was that the Council would not be minded to make changes to these areas at this time as they fell into the current city centre CPZ area. The process for making a change is formal and protracted, as we understood it, and would require a consultation process and at this time the council did not wish to pursue that course of action as the previous consultation was lengthy and contentious.

They did not reject the idea of our request when the area comes up for routine review which might be in a couple of years' time.

Bearing in mind that these car parking spaces are on public highway, and are therefore theoretically available for any tax or rate payer, we got the impression that reserving them for purely one interest group i.e. for volunteer drivers, was unlikely to obtain council support. However that view was not formally confirmed as such.

The Executive team will consider how best to re-open these issues with the Council and how to win the support of the Mayor.

Status Responded

85 Mo Schiller **Title: Trust support for staff training**

Query 09/04/2014

What can the trust do to support care assistants/nursing/midwifery assistants financially to allow them to undertake further training to become qualified registered nurses/.midwives/operating department assistants.

Response 16/05/2014

UH Bristol does not provide any direct financial support to fund staff for 3 years to undertake their training.

The training programme at the University of the West of England (UWE) provides all pre-registered nursing places that Health Education South West pay tuition fees for, students depending on their personal circumstances can apply for bursaries but this is unlikely to be able to support them in replacing a salary. Student hardship funds are available from UWE however this is not much and is for a short term crisis and would no way cover salary costs.

Students are able to work on the bank as Health Care Assistants during their training to support them financially, however at present there is no funding available to cover salary costs either from UH Bristol or other bodies.

Status Responded

84 Mo Schiller **Title: Process for cancelling appointments**

Query 09/04/2014

What is the purpose of sending out 1st class letters confirming a cancellation due to black alert 3 days after the booked session is cancelled.Surely speaking with the patient verbally is adequate.

Response 10/04/2014

To follow

Status Assigned to Executive Lead

ID	Governor Name		
83	**Mo Schiller**	**Title:**	**Productive Outpatient initiative**

Query **09/04/2014**

The Productive Out patient initiative was meant to alleviate some of the problems with appointment booking.Why is it that the telephone lines meant to be manned Monday to Friday,9-5pm do not respond to messages when staff are away from their desks.A minimum 36 hours should be adequate for a telephone response.

Response **10/04/2014**

To follow

Status Assigned to Executive Lead

University Hospitals Bristol NHS
NHS Foundation Trust

Cover Sheet for a Report for a Public Trust Board Meeting, to be held on 28 May 2014 at 10:30 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

14. Annual Review of Directors' Interests

Purpose

The purpose of this report is to present the Register of Directors' Interests for consideration by the Trust Board of Directors.

Abstract

The Standing Orders for the Trust Board of Directors, as set out in the University Hospitals Bristol NHS Foundation Trust Constitution, requires that:

"6.8 The Chief Executive will ensure that a Register of Interests is established to record formally declarations of interests of Board Directors. In particular, the Register will include details of all directorships and other relevant and material interests which have been declared by both Executive and Non-Executive Directors, as defined in Standing Order 6.2.

6.9 These details will be kept up to date by means of an annual review of the Register in which any changes to interests declared during the preceding twelve months will be incorporated.

6.10 The Register will be available to the public in accordance with paragraph 32 and 33 of the Constitution and the Chief Executive will take reasonable steps to bring the existence of the Register to the attention of the local population and to publicise arrangements for viewing it."

The attached Register of Directors' Interests reflects the entries provided by Directors at the request of the Trust Secretariat up to Friday 20 May 2014.

Recommendations

The Board is recommended to note the report.

Report Sponsor

Chairman

Appendices

- Directors' and Senior Officers' Interests

Name	Title	Interest Role	Interest Organisation	Remunerated	First Declaration Date	Last Update	End Date
Armstrong, David	Non-executive Director	Director	Head of Profession at Chartered Quality Institute	Y	14/04/2014		
Blake, Kelvin	Non-executive Director	Programme Director	BT	Y	21/04/2011	14/04/2014	
Blake, Kelvin	Non-executive Director	Board Member	BT South West	Y	21/04/2011	14/04/2014	
Blake, Kelvin	Non-executive Director	Trustee	Spinal Injuries Association	N	21/04/2011	19/04/2012	17/05/2013
Blake, Kelvin	Non-executive Director	Trustee	Vassall Centre Trust	N	21/04/2011	17/05/2013	
Blake, Kelvin	Non-executive Director	Governor	Knowle West Childrens Centre	N	21/04/2011	20/03/2012	19/04/2012
Blake, Kelvin	Non-executive Director	Board Member	Bristol Cultural Development Partnership	N	10/11/2011	17/05/2013	
Blake, Kelvin	Non-executive Director	Trustee	Knowle West Media Centre	N	19/04/2012	19/04/2012	
Charlie Helps	Trust Secretary	None	None	N	05/04/2011	14/04/2014	
Dennis, Julian	Non-executive Director	Visiting Professor	Visiting Professor, University of Bath: Water Science and Engineering	Y	14/04/2014		
Donaldson, Sue		None	Nil		14/04/2014		
Fairbairn, Iain	Non-executive Director (Senior Independent Director)	Shareholder, Director	Menopause Support Community Interest Company	Y	18/05/2011	14/04/2014	17/05/2013
Fairbairn, Iain	Non-executive Director (Senior Independent Director)	Shareholder, Director	TTL Holdings Limited	Y	18/05/2011	14/04/2014	
Fairbairn, Iain	Non-executive Director (Senior Independent Director)	Director	Theta Technologies Limited	Y	18/05/2011	14/04/2014	
Fairbairn, Iain	Non-executive Director (Senior Independent Director)	Shareholder, Director	Seedbed Capital Limited	Y	18/05/2011	14/04/2014	
Gardner, Lisa	Non-executive Director	Director	Watershed Arts Trust	N	20/03/2012	14/04/2014	
Gardner, Lisa	Non-executive Director	Shareholder, Associate	Richard Bunker & Company Limited Chartered Accountants	Y	20/03/2012	17/04/2013	17/04/2013
Gardner, Lisa	Non-executive Director	Director	Watershed Trading Limited	N	17/04/2013	17/04/2013	
Gardner, Lisa	Non-executive Director	Interim Director of Finance	Above and Beyond (Charitable Trust UH Bristol)	Y	14/04/2014		
Lee, Deborah	Director of Strategic Development	None	None	N	05/04/2011	14/04/2014	
Mapson, Paul	Director of Finance	None	None	N	05/04/2011	14/04/2014	
Mills, Carolyn	Chief Nurse	None	None		14/04/2014		
Moore, John	Non-executive Director	Management Consultant	ReAlignment Limited.	Y	08/04/2011	17/05/2013	
Moore, John	Non-executive Director	Director	Carbotech Wheels GmbH, (Salzburg)	Y	08/04/2011	04/09/2012	04/09/2012
Moore, John	Non-executive Director	Trustee	Bristol Community Family Trust.	N	08/04/2011	04/09/2012	12/04/2013
O'Kelly, Sean	Medical Director	None	None.	N	16/04/2012	14/04/2014	
Orpen, Guy	Non-executive Director	None	Employee of the University of Bristol - Member of the Senior Management Team at the University of Bristol as Pro Vice Chancellor for Research and Enterprise.	Y	06/09/2012	14/04/2014	
Rimmer, James	Chief Operating Officer	None	None	N	14/07/2011	14/04/2014	
Ryan, Alison	Non-executive Director	CEO	CEO - Weldmar Hospicecare Trust Director - Weldmar Hospicecare Enterprises Ltd Director - Weldmar Hospicecare Trading Ltd	Y	15/04/2014		
Savage, John	Chairman	Executive President	GWE Business West	Y	13/04/2011	05/09/2012	05/09/2012
Savage, John	Chairman	Board Member	South West Regional Development Agency	Y	13/04/2011	05/09/2012	05/09/2012
Savage, John	Chairman	Chairman	South West Regional Skills Forum	N	13/04/2011	18/04/2013	
Savage, John	Chairman	Chairman	Destination Bristol	N	13/04/2011	14/04/2014	
Savage, John	Chairman	Chairman	The Churches Council for Industrial and Social Responsibility	N	13/04/2011	18/04/2013	
Savage, John	Chairman	Financial Director	Bristol Cultural Development Partnership Limited	N	13/04/2011	14/04/2014	
Savage, John	Chairman	Board Member	South West Chambers of Commerce Limited	N	13/04/2011	14/04/2014	
Savage, John	Chairman	Secretary and Treasurer	Bristol Society	N	13/04/2011	05/09/2012	05/09/2012
Savage, John	Chairman	Chairman	The Station (My Place - Youth Centre Development)	N	13/04/2011	18/04/2013	18/04/2013
Savage, John	Chairman	Executive Chairman	Bristol Chamber of Commerce and Initiative	Y	05/09/2012	14/04/2014	
Savage, John	Chairman	Chairman	Learning Partnership West	N	05/09/2012	14/04/2014	
Savage, John	Chairman	Vice Chairman	Wessex Water Customer Scrutiny Group	N	05/09/2012	18/04/2013	
Savage, John	Chairman	Vice Chairman	Bristol Water Customer Scrutiny Group	N	05/09/2012	18/04/2013	
Savage, John	Chairman	Trustee	The Creative Youth Network	N	05/09/2012	18/04/2013	
Savage, John	Chairman	Director	Price Associates Limited	Y	05/09/2012	14/04/2014	
Savage, John	Chairman	Chairman	The Bristol Initiative Charitable Trust	N	14/04/2014		
Savage, John	Chairman	Lay Canon	Bristol Cathedral Chapter	N	14/04/2014		
Savage, John	Chairman	Patron	Bristol Refugee Rights	N	14/04/2014		
Woollett, Emma	Non-executive Director (Vice Chair)	Management Consultant	Woollett Consulting	Y	11/04/2011	14/04/2014	12/04/2013
Woollett, Emma	Non-executive Director (Vice Chair)	Trustee	Above and Beyond	N	11/04/2011	12/04/2013	12/04/2013
Woollett, Emma	Non-executive Director (Vice Chair)	Management Consultant	KPMG for South CSU		22/11/2013	14/04/2014	
Woolley, Robert	Chief Executive	Advisory Group Member	Science City Bristol	N	06/04/2011	18/04/2012	18/04/2012
Woolley, Robert	Chief Executive	Advisory Group Member	Common Purpose Bristol	N	06/04/2011	24/09/2012	24/09/2012
Woolley, Robert	Chief Executive	Board Member	Health Education South West – Board Member of the Governing Body (appointed 1 September 2013 for a period of three years	N	16/09/2013	14/04/2014	
Woolley, Robert	Chief Executive	Director	West of England AHSN Ltd	N	14/04/2014		
Youds, Jill	Non-executive Director	None	None		14/04/2014		